the Ounce

Ounce of Prevention Fund
Illinois Birth to Three Institute

FY21 Policy and Procedure Manual

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Organizational Information & Program Standards

A1. About the Ounce of Prevention Fund & the Illinois Birth to Three Institute

The Ounce of Prevention Fund (Ounce) is a public/private not-for-profit organization that works in partnership with community-based programs serving families with young children. The Illinois Birth to Three Institute (IBTI) is the Division within the Ounce that serves as an intermediary of public funds designated for services to meet the specialized needs of pregnant and parenting teens. IBTI partners with community organizations committed to implementing nationally recognized, evidence-based program models that include intensive home visiting as a core feature of their program. Program development, management, and financial support for these Parents Too Soon (PTS) programs are made possible through public funding partnerships with the Illinois Department of Human Services (IDHS), Illinois State Board of Education (ISBE), and the Department of Family and Support Services (DFSS).

OUNCE OF PREVENTION FUND MISSION STATEMENT

The Ounce of Prevention Fund gives children in poverty the best chance for success in school and in life by advocating for and providing the highest quality care and education from birth to age five.

Guiding Principles

The Ounce of Prevention Fund:

- respects the family's critical role in determining their children's futures;
- focuses efforts in communities with limited resources;
- commits to excellent performance and outcomes in all aspects of our work;
- develops professional staff through high quality supervision and training; and,
- commits to sound management of critical resources.

The Ounce integrates its diverse functions as a funding intermediary and capacity builder of community-based programs, and advocates through a unique interdisciplinary approach, which reflects its commitment to a broad and systemic perspective on human development and social problems.

The Ounce views itself as a partner in the development and administration of programs. The IBTI staff members assigned to each funded program utilize a partnership approach in interactions with site staff. They provide active support for outcome oriented services and excellence in implementation of PTS program models including Healthy Families Illinois (HFI), Parents as Teachers (PAT), Nurse Family Partnership (NFP), and Doula. Technical assistance is provided to each funded program by linking it with other Ounce resources such as Ounce Institute, Illinois Policy and OunceNet, which assures achievement of contractual obligations. Individuals whose positions are funded through the IBTI subcontract are provided with comprehensive, competency-based training to ensure their preparedness to implement services with a high degree of fidelity to their program model. In addition, IBTI staff members work with sites to explore and problem-solve the many challenging issues related to providing intensive home visiting services, identify and develop training events that enhance the effectiveness of services, participate in long and short-

term planning, and celebrate successes whether large or small of home visiting programs for pregnant and parenting teens.

ABOUT THE ILLINOIS BIRTH TO THREE INSTITUTE

In September 2007, the Ounce's PTS Division was renamed and became the Illinois Birth to Three Institute. This change was designed to better describe the overall scope of our statewide work. We wanted a name that goes beyond a single program model to reflect our focus on the very early years of life. Further, we selected a name that continues to grow with us as we expand the range of evidence-based models which we support through funding partnerships, technical assistance, and new program development activities. In this way, IBTI will continue to be responsive to the changing nature and unique needs of families, communities, and programs.

In FY09, in an effort to provide families with the highest quality possible home visiting services, IBTI required all programs funded for home visiting to adopt and implement one of three nationally recognized, evidence-based home visiting models: HFI, PAT, or NFP. IBTI will continue to provide the program development support and technical assistance necessary to ensure that all funded sites are fully implementing one of these evidence-based, intensive home visiting models.

IBTI Mission Statement

IBTI promotes the healthy development of families through a framework of program collaboration, reflective practice, and best practice standards. Our work focuses on providing resource allocation, technical assistance, program development, and quality assurance to family support and early childhood programs throughout Illinois.

IBTI Philosophy

IBTI promotes the belief that adolescent parents and their children are best served in the context of family, culture, and community. Comprehensive services are provided by community-based programs to meet the specialized needs of adolescent parents and their children from birth to age five.

Description of Ounce-IBTI Funded Programs

At the end of FY21, the network of programs funded by IBTI includes: 14 PTS-HFI, seven PTS-PAT, and one PTS-NFP. An additional seven agencies that operate long-term home visiting programs funded by other agencies are also funded by the Ounce for Doula services. There are a total of 25 Doula programs funded by the Ounce-IBTI in Illinois.

A2. IBTI Program Outcomes

Desired Outcomes	Indicators of Outcome Achievement
Healthy parent-child relationships	• Improved parent-child relationships as measured by parent efficacy scales • Frequency of father contact • Number of parent-child interaction videos completed and reviewed with parents • Participant rates of indicated child abuse/neglect lower, after program involvement, than rates of pregnant and parenting teens in comparable groups • Number of referrals for infant mental health services
Healthy growth and development of children of pregnant and parenting teens	• Children of participants' immunization rates higher after program involvement, than rates of children from comparable groups • 100% of participants' children enrolled with a medical provider for well-child and tertiary health care • Increased rates of WIC enrollment • 100% of participants' children receive developmental screening on schedule • 100% of children identified as being in need of developmental assessment via the screening process or by staff observation are referred to Child & Family Connections or other appropriate resource for follow-up, if they are not currently receiving services, to address potential developmental issues • Increased rates of breastfeeding initiation and duration for participants recruited prenatally
Reduction in rates of subsequent births	• Participants' subsequent birth rates lower after program involvement, than rates of teens in comparable groups • Rates of contraceptive use among sexually active participants higher after program involvement, than rates of teens in comparable groups
Improved health and emotional development of pregnant and parenting teens	• 100% of participants enrolled with a medical provider for preventive, prenatal, and tertiary healthcare • Number of referrals for mental health assessment and treatment • Number of referrals for intimate partner violence intervention • Number of referrals for substance abuse treatment • Percentage of participants attending groups • Number engaged at the beginning of the third trimester for programs with Doulas

Desired Outcomes	Indicators of Outcome Achievement
Enhanced self-sufficiency	• Improved vocational readiness as measured by increases in educational levels/high school or equivalency attainment and/or vocational training completion after program involvement • Improved rates of work activity for participants age 17 and up after program involvement • 100% of participants learn goal-setting skills and complete at least two Goal Plans per year (including birth plans for Doula sites) • Number of homelessness/transience experiences per participant per year • High school dropout rates among participants lower than rates among comparable groups of teen parents

A3. Illinois Birth to Three Institute
Best Practice Standards

PTS-HFI • PTS-PAT • PTS-NFP

The Ounce recognizes that there are numerous strategies that can be employed to effectively serve pregnant and parenting teens and their young children. The IBTI Best Practice Standards reflect the collective expertise of the IBTI staff and subcontracting programs, representing more than thirty years of experience, as well as the influence of practice and research recommendations from other nationally recognized program models, including HFI, PAT, NFP, and Doula. Programs that follow these principles and best practices for program management and service delivery have the greatest chance for achievement of the desired outcomes with young children and new parents.

Home visiting is the primary service component for IBTI programs. It is the foundation for the relationship between program and participant, and is the overarching method used to achieve the desired outcomes. The Ounce supports a number of additional program components designed to enhance the intensity of services to families, and improve the chance for positive outcomes. These include Assessment services, Doula, Groups (Prenatal, Parenting, and Heart to Heart), and Infant Mental Health (IMH).

The IBTI Best Practice Standards provide the foundation for the partnership between each funded program and the Ounce. These standards are used to mutually assess program performance, success in participant outcome achievement, and subcontract compliance. In order to help sites successfully complete the credentialing or endorsement process that goes along with their chosen model, these standards have been drafted based on the program model expectations. Programs that adhere to these standards will be better prepared for the credentialing or endorsement process.

The IBTI Best Practice Standards are described in three sections:

1 Program Services
- Initial Engagement / Screening & Assessment
- Home Visits (HFI and NFP) or Personal Visits (PAT)
- Doula
- Screening (PAT)
- Prenatal Groups
- Parenting Groups
- Infant Mental Health

2 Program Structure & Governance

3 Subcontract Administrative Requirements

A4. PTS-HFI Best Practice Standards

Initial Engagement/Screening & Assessment

Principle	Practice	Benchmark	Documentation
IE1 - By targeting pregnant and parenting teens, programs can effectively address child abuse, neglect, and other poor outcomes for teens, as well as their young children in a community. *BPS = Best Practice Standard*	IBTI programs target services for pregnant and parenting teens, ages 13-19 at intake, their children, and their families. Exceptions to the target population can be made with prior approval from the Ounce. In programs that serve women of all ages, teens should be given priority.	100% of participants are age 19 or younger at intake.	Participant Files OunceNet Quarterly IV-A
S1IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information. *(BPS 1-2.A, 2-2.C)*	A - For programs using assessments to determine eligibility: programs complete screening before the child is age two weeks and must include scoring.	Programs complete 80% of assessments prenatally or before the child is age two weeks.	Participant Files
	B - For programs using screenings to determine eligibility: programs complete screenings before the child is age two weeks.	Programs complete 80% of screenings prenatally or before the child is age two weeks.	Participant Files
	C - For programs using screenings to determine eligibility: programs complete assessment with 45 days of enrollment.	Programs complete 80% of screenings within 45 days of enrollment, must include scoring, and be completed within 2 visits.	Participant Files
	D - Programs initiate Home Visiting before the child is age three months. Exceptions can be made with prior approval from the Ounce.	Programs initiate Home Visits before the child is age three months 100% of the time.	Case Notes Participant Files

Principle	Practice	Benchmark	Documentation
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of services, and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes. *(BPS 1-1.A)*	A - Programs use the Parent Survey (PS) or a locally adapted assessment tool as the uniform method for early identification of potential participants. With approval from the Ounce, programs may implement alternative methods of identifying participants, while continuing to use the PS as a service-planning tool.	100% of programs assess potential participants using the Parent Survey (PS) or an Ounce approved tool.	FAW Files Participant Files OunceNet Quarterly II-E3
	B - Programs clearly define their target population and maintain annual tracking of the number births and other demographic characteristics within that population to ensure that they screen 100% of the potential participants.	Program has a description of its target population and how the current target population was decided upon including the relevant and up to date community data that was used in the decision making. Both the description and data utilized are comprehensive and up to date within last two years.	Program Abstract
	C - Programs refer families that assess as high-risk to all other applicable services in the community if the program is full.	100% of programs assess families' risk levels and refer to other services as needed.	FAW Files
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	A - Programs conduct positive and persistent outreach for target families and those who screen or assess as high-risk to encourage their voluntary participation in the program.	100% of programs use positive outreach to engage potential participants.	FAW Files Supervisory Documentation
	B - Programs maintain up-to-date signed IBTI consents for services with all participants involved.	100% of participant files contain up-to-date, complete, and signed Ounce consent forms.	Participant Files

Principle	Practice	Benchmark	Documentation
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	C - Staff members obtain signed consent prior to any intake or assessment interview, and entry of participant information into OunceNet. Refusal to sign a consent form for entry of their information into OunceNet does not preclude a family from services.	Programs enter data into OunceNet only after obtaining prior written consent 100% of the time.	Participant Files
	D - Database systems that are used to maintain accurate demographic and programmatic information are up to date.		Healthy Families America Site Tracker (HFAST) All Funder Database Systems
IE5 - Programs are most effective when they use intake and assessment information about family characteristics, background, history, and current functioning to plan services. *(BPS 2-2.D)*	A - Staff members who assess families or gather intake data share that information with Home Visitors, Doulas, Parent Group Service Coordinators, and Program Supervisors.	100% of staff members who complete intakes or assessments share intake information or assessment results with the service team.	Program Narrative Supervision Notes
	B - Re-enrolled families should open with same eligible target child, when continued eligibility applies.	100% of families are re-enrolled with eligible target children, when eligibility applies.	OunceNet Participant Files
	C - HFA Service Plan is to be discussed monthly with families on the most intensive levels.	100% of families who have received an assessment will have a service plan to address risks and stressors competed by the Home Visiting and Supervisor within the identified timeframe.	Supervision Book

PTS-HFI Best Practice Standards

Home Visiting

Principle	Practice	Benchmark	Documentation
HV1 - Home Visiting is the core family support and early childhood education service provided by IBTI programs for pregnant and parenting teens and their children. *(BPS 4-1.B, 4-2.A, 4-3.A, 4-4.A)*	A - Home Visits take place on a schedule determined in partnership with the family, diminishing in intensity as family needs change.	Programs assign 100% of families to a service intensity level.	🗁 Participant Files 🗁 Program Narrative
	B - Home Visitors conduct Home Visits weekly for the first six months of the baby's life with visit frequency beyond that time planned in accordance with HFI guidelines for participant level changes.	100% of participants receive weekly Home Visits for the first six months of their baby's life.	🗁 Case Notes 🗁 HFA Level Change Form 🗁 Supervisory Documentation
	C - Each family's progression to a new level of service, as identified by level change criteria, is reviewed by the family, home visitor, and supervisor. This review serves as the basis for the decision to move the family from one level of service to another.	100% of participant level changes are documented in participant files. Programs are required to use the HFA Level Change forms and are encouraged to use the HFA Celebration Forms to acknowledge participant progress	🗁 Case Notes 🗁 Participant Files 🗁 Supervisory Documentation
	D - Programs offer services to families for a minimum of three years after the birth of the baby. Accelerated services are acceptable when there is a lower parent survey score and level change criteria is met.		🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
HV1 - Home Visiting is the core family support and early childhood education service provided by IBTI programs for pregnant and parenting teens and their children.	E - Programs ensure that families planning to discontinue or close from services have a well thought out transition plan. Transition planning begins six months prior to participant exit. The elements of the programs transition plan are articulated in the program's Policy and Procedure Manual.		🗁 Case Notes 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
HV2 - Home Visiting is of sufficient intensity to impact program outcomes. *(BPS 4-2.B Sentinel Standard, 6-5.A,B)*	A - Home Visits last between 1.0 and 1.5 hours. In certain circumstances, visits between 45 minutes and one hour are acceptable.	80% of Home Visits last between 1.0 and 1.5 hours. All visits should be at least 45 minutes.	🗁 Case Notes
		85% of completed Home Visits take place in the home. Visits outside the home can include virtual visits as well as any other suitable location. No more than 15% of visits per family can be done virtually.	
	B - Programs complete Home Visits with all participants at the expected level of frequency for each family.	Home Visitors complete 75% of expected Home Visits per service intensity level.	🗁 Case Notes
		75% of families receive at least 75% of the appropriate number of home visits based upon the individual level of services to which they are assigned.	🗁 Case Notes
	C – Programs use an evidence-informed curriculum to guide service delivery. Programs are not expected to adhere to this standard until a list of approved curricula is provided by HFA.	Programs submit the name of their chosen curriculum in their Program Abstract for Ounce approval.	🗁 Program Abstract 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
HV3 - Home Visits are parent-child focused, and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship. *(BPS 6-3.A., 6-3.B&E Sentinel Standard, 6-4.A, 6-4.B&C)*	A - Programs routinely address and promote positive parent-child interaction, attachment and bonding, and the development of nurturing parent-child relationships.		🗁 Case Notes 🗁 Supervisory Documentation
	B – Home visitors assess, address, and promote positive child interaction, attachment, and bonding with all families, utilizing CHEERS on all home visits.	100% of parent child activities are documented using CHEERS on every home visit when child is present and awake.	🗁 Case Notes 🗁 Supervisory Documentation
	C - Programs have policies and procedures for strengthening families by addressing challenging issues such as substance abuse, intimate partner violence, developmental delays in parents, and mental health concerns. Practices indicate that the policies are being implemented.		🗁 Case Notes 🗁 Policy & Procedure Manual 🗁 Supervisory Documentation
	D - Programs utilize home safety checklists with families on a routine basis.	Home safety checklists are implemented with families within 45 days of the first completed home visit. Home Visitors are encouraged to use the checklists more frequently if needed to address concerns with families.	🗁 Case Notes 🗁 Participant Files

Principle	Practice	Benchmark	Documentation
HV3 - Home Visits are parent-child focused, and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship. *(BPS 6-6.B Sentinel Standard)*	E - Home Visitors discuss the risks of smoking and provide smoking cessation information to participants who smoke. Materials may also be provided to family members who smoke, if interested.	100% of participants have information regarding tobacco use during pregnancy entered into OunceNet at intake	🗁 Case Notes
		100% of participants have information regarding current tobacco use within 30 days of the first home visit. Information should be updated if status changes during program involvement.	
	F - Home Visitors discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.	100% of participants have information regarding alcohol consumption during pregnancy entered into OunceNet at intake.	🗁 Case Notes
	G - Home Visitors plan and structure each visit to enable parents to understand their child's stages of development, develop age-appropriate expectations, develop successful communication and enjoyable interaction with their child, and develop parental interest and pride in their child's development.	90% of participants complete a maternal efficacy questionnaire within 30 days of the first home visit and every six months thereafter during program enrollment. Programs are only expected to implement maternal efficacy questionnaires for the target child.	🗁 Case Notes 🗁 Participant Files
	H - Home Visitors encourage parents to read to their children.	100% of participants have reading questions in OunceNet updated every six months through implementation of the maternal efficacy questionnaire.	🗁 Case Notes 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
HV3 - Home Visits are parent-child focused, and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship. *(BPS 6-6.B Sentinel Standard)*	I - Home Visitors share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding.	Home Visitors document discussions with participants about breastfeeding in case notes.	🗁 Case Notes
		75% of participants initiate breastfeeding.	🗁 Child Intake
	J - Home Visitors use medically accurate materials in discussing HIV with participants.		🗁 Case Notes 🗁 Participant Files
	K - Home Visitors use universal precautions during work with infants and toddlers.		🗁 Supervisory Documentation 🗁 Team Meeting Notes
	L - All participating children, up to age five, receive developmental screening at the following ages: four, six, nine, and 12 months, every six months from age one through age five. Programs emphasize parental involvement in the screening process.	95% of children have two documented screenings for developmental delay in the first year of life.	🗁 Participant Files
		95% of children have one documented screening for developmental delay in the second year of life.	🗁 Participant Files
		96% of children will have one documented screening for developmental delay during the third year of life.	🗁 Participant Files
		85% of children are up-to-date with expected developmental screenings.	🗁 Participant Files
	M - All participating children, up to age five, receive social emotional screenings at the following ages (in months): two, six, 12, 18, 24, 30, 36, 48, and 60.	75% of children are up-to-date with expected social emotional screenings.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
HV3 - Home Visits are parent-child focused, and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	N - Programs track children who are suspected of having a developmental delay, follow through with appropriate referrals, and follow up to determine if services were received.	Programs follow up on 85% of referrals related to suspected developmental delays to determine if services were received.	🗁 Case Notes 🗁 Participant Files 🗁 Supervisory Documentation
	O - Community-Based FANA (FANA) trained Home Visitors engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.	Home Visitors implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy and engage postpartum participants in postnatal FANA activities at least once within the baby's first month of life.	🗁 Case Notes 🗁 Program Narrative
	P - Home Visitors fully complete written documentation of Home Visits within 72 hours of each visit, and complete related data entry within one week of the Home Visit.		🗁 Case Notes 🗁 Program Narrative 🗁 Supervisory Documentation
	Q - Parent Child Interactions will be observed once a year using the CHEERS Check-In tool or an approved, validated PCI Tool.		🗁 Participant Files
HV4 - In a manner respectful of each participant's cultural and religious beliefs, Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	A - Home Visitors provide all participants with information and support regarding delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.	80% of participants delay subsequent birth during program involvement. (delay = 2 year interval between births)	🗁 Case Notes
	B - Home Visitors update participant information on contraceptive use at a minimum of every six months.	100% of participants have information regarding contraceptive use and STI prevention updated in OunceNet at a minimum of every six months.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
HV5 - Home Visitors build and sustain relationships with participating teens and their children that promote health, self-sufficiency, development of a social support network, and responsible decision-making. *(BPS 7-1.B, 7-2.B)*	A - Home Visitors assist and support teens to return to school and obtain safe, high-quality childcare.	75% of participants who should be enrolled in high school or equivalent educational services are enrolled during the course of program involvement.	🗁 Case Notes 🗁 Participant Files
		100% of participants have education status information updated in OunceNet a minimum of every six months.	🗁 Participant Files
	B - Home Visitors link participating children and parents to a medical provider for routine health care, well-child care, and timely immunizations.	96% of target children have completed the 3-2-2 immunization series by age 12 months.	🗁 Participant Files
		90% of target children have completed the 4-3-3-1 immunization series by age 24 months.	🗁 Participant Files
		98% of target children have two well-child visits in the first year of life (by age 12 months).	🗁 Participant Files
		97% of target children have one well-child visit in the second year of life (by age 24 months).	🗁 Participant Files
		90% of target children have one well-child visit in the third year of life (by age 36 months).	🗁 Participant Files
		90% of target children are up-to-date with immunizations and well-child visits.	🗁 Participant Files
		92% of target children have a documented primary care provider.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
HV6 - Programs conduct Home Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan. *(BPS 6-2.B, 6-2.C) 2-2.A*	A - Home Visitors develop a Family Goal Plan with each participant within 45 days of the first completed Home Visit, and every six months thereafter. Home Visitors and parents review and update the plans on a regular basis. The plans accurately reflect the progress of each family toward the completion of their goals and address parent and child needs, strengths, capacities, and challenges. Home Visitors structure both the plan and Home Visits to support the parent's strengths.	90% of participant files contain up-to-date Family Goal Plans.	🗁 Participant Files
	B - Home Visitors address issues identified in the initial assessment in Home Visits.	Programs have policies and procedures regarding assessment criteria and documentation of assessment narratives that assess for the presence of factors that could contribute to increased risk factors for child maltreatment or other adverse childhood experiences. Policies and procedures identify who completes the narrative and the timeframe for completion.	🗁 Case Notes 🗁 Participant Files 🗁 Supervisory Documentation
	C - Home Visitors update participant outcome information related to employment, medical home, and WIC status in OunceNet at a minimum of every six months.	Home Visitors update 100% of participant outcome information in OunceNet within 30 days of the first completed home visit and then at a minimum of every six months for the duration of program enrollment.	🗁 Participant Files
	D – Home Visitors update participant outcome information related to transience in OunceNet at a minimum of every three months.	Home Visitors update 100% of transience information in OunceNet within 30 days of the first completed home visit and then at a minimum of every three months for the duration of program enrollment.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
HV6 - Programs conduct Home Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.	E - Home Visitors update child outcome information related to childcare and father involvement in OunceNet at a minimum of every six months.	Home Visitors update 100% of child outcome information in OunceNet within 30 days of the child's birth and then at a minimum of every six months for the duration of program enrollment. This standard applies to the target child only. Home Visitors do not need to track this data on non-target children.	🗁 Participant Files
	F - Home Visitors update child feeding information in OunceNet according to the following schedule: at birth, six weeks, six months, and one year. For participants who are breastfeeding after one year, Home Visitors update child feeding information at 18 months and two years, if applicable.	100% of children have up-to-date feeding information in OunceNet. This standard applies to the target child and any subsequent children.	🗁 Participant Files
HV7 - Programs provide Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program.		🗁 Case Notes 🗁 Participant Files 🗁 Staffing Notes 🗁 Supervisory Documentation
	B - Home Visitors and Supervisors encourage the support and involvement of fathers, grandparents, and other primary caregivers.		🗁 Case Notes 🗁 Supervisory Documentation
	C - Programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program's materials reflect the language, ethnicity, and customs of the families served.	Programs identify at least one home visiting curriculum in their Program Abstract. Home Visitors document the use of this curriculum in case notes.	🗁 Program Abstract 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
HV8 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.	A - Developmental Training and Support Program (DTSP) trained Home Visitors utilize home videos of routine activities, observation, inquiry, and reflection as key intervention strategies during Home Visits.	DTSP trained Home Visitors videotape 75% of their participants at least twice per year.	🗁 Case Notes
	B - Home Visitors use the Parent/Child Observation Guide (PCOG) or Mutual Competency Grid (MCG) to review videos internally as part of staff development and participant service planning.	Home Visitors document subsequent discussions of videos using the PCOG or MCG in case notes for videotaped families.	🗁 Participant Files
	B - Home Visitors use the Parent/Child Observation Guide (PCOG) or Mutual Competency Grid (MCG) to review videos internally as part of staff development and participant service planning.	Home Visitors and Supervisors review videotapes of families within the program as part of staff development or service planning. Home Visitors and Supervisors document this review accordingly.	🗁 Participant Files 🗁 Supervisory Documentation 🗁 Team Meeting Notes
	C - Programs keep signed videotaping consent forms on file and use videos only for the stated purpose.		🗁 Participant Files
	D - Home Visitors incorporate issues raised or discussed in review of the tapes (including the PCOG or MCG) into the Family Goal Plan.		🗁 Family Goal Plan 🗁 Staffing Notes 🗁 Supervisory Documentation
HV9 - Due to the high incidence of depression among the population served by IBTI programs, and because maternal depression can significantly impair the parent-child relationship, programs make efforts to identify maternal depression as early as possible and to help depressed participants access services. *(BPS 7-5A.)*	A - Programs have policies and procedures for administration of a standardized depression screen/tool that specify how and when the tool is to be used with all families participating in the program and assure that all staff who administer the tools are fully trained.		🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
HV9 - Due to the high incidence of depression among the population served by IBTI programs, and because maternal depression can significantly impair the parent-child relationship, programs make efforts to identify maternal depression as early as possible and to help depressed participants access services.	B - Referral and follow-up on referrals occurs for mothers whose depression screening scores are elevated and considered to be at-risk of depression, based on the tool's scoring criteria, unless already involved in treatment.		🗁 Case Notes 🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
	C - Programs administering the Edinburgh Postpartum Depression Scale to participants enter the results of these scales into OunceNet.	Unless programs reach another agreement with IBTI, Home Visitors screen 100% of consenting active participants prenatally and twice postpartum (at 4-6 weeks and 6 months). This standard applies to target children and subsequent births.	🗁 Participant Files

PTS-HFI Best Practice Standards

Doula

Principle	Practice	Benchmark	Documentation
D1 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	Programs initiate Doula services at the beginning of the third trimester of pregnancy.	Programs enroll 80% of Doula participants by the seventh month of pregnancy.	Participant Files Program Narrative
D2 - Doula Home Visits are of sufficient intensity to impact program outcomes.	A - Doula Home Visits last between 1.0 and 1.5 hours.	80% of Doula Home Visits last between 1.0 and 1.5 hours.	Case Notes
	B - Programs complete Doula Home Visits with all participants at the expected level of frequency for each family.	Doulas complete 80% of expected Doula home visits.	Case Notes Program Abstract
D3 - Doula Home Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Doulas plan and structure each visit to enable parents to understand each stage of prenatal development, understand and develop enjoyable prenatal and postpartum interaction with their child, and develop parental interest in their child's development.		Case Notes Participant Files
	B - Doulas share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding, using medically accurate materials.	Doulas document discussions with participants about breastfeeding in case notes.	Case Notes
		75% of participants initiate breastfeeding.	Participant Files
	C - Doulas use universal precautions in work with infants and toddlers.		Supervisory Documentation Team Meeting Notes

Principle	Practice	Benchmark	Documentation
D3 - Doula Home Visits are parent-child focused, and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	D - Doulas discuss the risks of smoking during pregnancy and provide smoking cessation materials to participants who smoke. Materials may also be provided to family members, if interested.	100% of participants have information regarding tobacco use during pregnancy entered into OunceNet at intake.	🗁 Case Notes
		100% of participants have information regarding current tobacco use within 30 days of the first home visit. Information should be updated if status changes during program involvement.	🗁 Case Notes
	E - Doulas discuss the risks of alcohol use during pregnancy, and provide materials about alcohol and pregnancy to participants as needed.	100% of participants have information regarding alcohol consumption during pregnancy entered into OunceNet at intake.	🗁 Case Notes
	F - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.	Doulas implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in postnatal FANA activities at least once within the baby's first month of life.	🗁 Case Notes 🗁 Program Narrative
		Doulas attend FANA training and complete FANA certification within one year of hire.	🗁 Supervisory Documentation 🗁 Training Records
	G - Doulas fully complete written documentation of Doula Home Visits within 72 hours of each visit and complete related data entry within one week of the visit.		🗁 Case Notes 🗁 Program Narrative 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
D4 - In a manner respectful of each participant's cultural and religious beliefs, Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.	100% of participants have information regarding contraceptive use and STI prevention entered into OunceNet within 30 days of the first home visit. Information should be updated if status changes during program enrollment.	🗁 Case Notes
D5 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	Doulas develop a birth plan with each participant. This plan may serve as the participants' first Family Goal Plan.	90% of Doula participants have an up-to-date birth plan.	🗁 Participant Files
D6 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	Doulas update child feeding information in OunceNet at birth and at six weeks.	100% of children have up-to-date feeding information in OunceNet. This standard applies to the target child and any subsequent children.	🗁 Participant Files
D7 - Programs provide Doula Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer Doula services on a voluntary basis, using positive and persistent outreach efforts to build family trust, and retain overburdened families in the program.		🗁 Case Notes 🗁 Participant Files 🗁 Program Narrative 🗁 Staffing Notes 🗁 Supervisory Documentation
	B - Doulas encourage the support and involvement of fathers, grandparents, and other primary caregivers.	Case notes and other program documentation reflect the Doula's encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in Doula Home Visits, who is at the birth, and any efforts the Doula makes to engage the father.	🗁 Case Notes 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
D7 - Programs provide Doula Home Visits in a manner that respects the family and cultural values of each participant.	C - Doula programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program materials reflect the language, ethnicity, and customs of the families served.		Program Abstract Program Narrative
D8 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	During the last trimester of pregnancy, program participants receive additional direct services provided through the Doula program. These include prenatal education support, advocacy with medical providers, and preparation of a birth plan.	Doulas complete 80% of Doula Home Visits at the contracted level.	Case Notes Program Abstract Program Narrative
D9 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	A - Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula.	75% of Doula participants have a Doula-attended birth.	Participant Files Program Narrative
	B - Doula programs have established written protocols that outline procedures when Doulas go to the hospital, when Doulas call and utilize backup, and what communication is expected between the Doula and the Doula Supervisor while the Doula is at the birth.		Program Files
D10 - Doula services provide a supportive relationship that addresses the emotional work of the adolescent's emerging role as mother and her developing attachment to her child. Doula services nurture the mother so she can nurture the baby.	Doulas support the young parent's self-determination while encouraging prenatal care, initiation of breastfeeding while promoting emotional availability and engagement with her developing newborn.		Case Notes Participant Files

PTS-HFI Best Practice Standards
Prenatal Groups

Principle	Practice	Benchmark	Documentation
PRE1 - Prenatal Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between the parent and their unborn child. Prenatal Group activities provide opportunities for positive peer interaction.	A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.		Group Plans
	B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).	Prenatal Group documentation reflects the activities and approaches used in Prenatal Group sessions.	Group Plans
	C - Curricula and other materials used in Prenatal Group should be culturally competent and focused on common prenatal issues (programs must discuss the use of supplemental non-prenatal focused curricula with IBTI Program Advisor).	Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.	Group Plans Program Abstract Program Narrative
	D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.		Group Evaluations Group Plans Team Meeting Notes
	E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group sessions.		Process Notes Supervisory Documentation

Principle	Practice	Benchmark	Documentation
PRE2 - Prenatal Groups enhance the intensity and focus of Home Visits with pregnant participants by promoting integration of services. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.	A - Prenatal Group facilitators provide all participants with information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	B - Prenatal Group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate materials.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
PRE3 - Prenatal Groups promote prenatal attachment and bonding by promoting and facilitating a healthy relationship between mother and unborn child, thus helping the parent develop emotional availability for the baby.	A part of each Prenatal Group meeting has activities that encourage connections and positive interactions between the parent and unborn child.	Each Prenatal Group session has a documented parent-child activity.	🗁 Group Plans
PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.	A - Prenatal Group membership and facilitators are as consistent as possible.		🗁 Program Abstract 🗁 Group Plans
	B - Each Prenatal Group meets for a minimum of 1 ½ hours as part of a six-to-eight week session.		🗁 Program Abstract 🗁 Group Plans

Principle	Practice	Benchmark	Documentation
PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.	C - Programs hold a minimum of 24 Prenatal Group sessions during the fiscal year.	Programs hold 90% of planned Prenatal Group sessions.	Program Abstract Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.		Group Plans
	E - Individuals responsible for planning Prenatal Groups submit macro plans on a quarterly basis to their IBTI Program Advisor.		Macro Plans
	F - Prenatal Group arrangements include a nutritious meal or snack.		Program Abstract Group Plans
	G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Group participants.		Group Evaluations Group Plans Policy and Procedure Manual Process Notes
PRE5 - Prenatal Groups enable pregnant women, their partners, and families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.	These groups promote transition to ongoing program services such as Home Visiting and Parent Groups for both enrolled participants and those not yet actively enrolled in the IBTI program.		Group Plans

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Parent Groups*

Principle	Practice	Benchmark	Documentation
PAR1 - Parent Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between parent and child. Parent Group activities provide opportunities for positive peer interaction.	A - A portion of the Parent Group session focuses on the sharing of experiences and ideas of group members about various topics, such as parenting, family planning, health care, career exploration, education, housing, and childcare.		🗁 Group Plans
	B - A wide variety of activities and approaches are encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).	Parent Group plans reflect activities and approaches used in Parent Group sessions.	🗁 Group Plans
	C - Topics, curricula, and other materials used in Parent Group sessions are culturally competent and focused on parenting issues (programs must discuss use of supplemental non-parenting focused curricula with the IBTI Program Advisor).	Parent Group plans identify topics, curricula, and materials used in Parent Group sessions.	🗁 Group Plans 🗁 Program Abstract 🗁 Program Narrative
	D - Planning of Parent Group sessions reflects the input of participants, site staff, and Family Goal Plans.		🗁 Group Evaluations 🗁 Group Plans 🗁 Team Meeting Notes
PAR2 - Parent Groups enhance the intensity and focus of the Home Visits with pregnant and parenting teens. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.	A - Parent Group facilitators provide all participants with information and support regarding the delay of subsequent births, effective family planning, including abstinence, (as the only 100% protection from risk) birth control, and protection from STIs, including HIV/AIDS. Curricula and materials used are medically accurate.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar

Principle	Practice	Benchmark	Documentation
PAR2 - Parent Groups enhance the intensity and focus of the Home Visits with pregnant and parenting teens. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.	B - Parent Group facilitators encourage participants to maintain a medical home for their child and follow up on routine well-child care and immunizations.		Group Plans Quarterly Narrative: Group Topic Calendar
	C - Parent Group facilitators encourage and support teens to return to school and obtain safe, high-quality childcare.		Group Plans Quarterly Narrative: Group Topic Calendar
	D - Parent Group facilitators provide information on unintentional injury prevention, including Shaken Baby Syndrome, home safety, and poison prevention.		Group Plans Quarterly Narrative: Group Topic Calendar
	E - Home Visiting participants are the primary target audience of IBTI Parent Group Services.	100% of Parent Group participants are actively engaged in Home Visits.	Group Roster Participant Files Staffing Notes
PAR3 - Parent Groups are parent-child focused, as well as responsive to the parent and child's developmental and environmental needs.	A - A part of each Parent Group meeting has activities that encourage successful communication and enjoyable interaction between parent and child, and between group members.	Each Parent Group session has a documented parent-child activity.	Group Plans
	B - A portion of the meeting allows parents to meet apart from children.		Group Plans
	C - Childcare arrangements ensure safety and consistency in caregivers. Programs must provide adequate screening and supervision of childcare providers.	Programs screen 100% of childcare providers in the same manner as paid staff. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.	Group Plans Program Narrative
PAR4 - Parent Groups are an ongoing service strategy. The duration of the group must be long enough to sustain relationships that promote trust and goal attainment.	A - Each Parent Group must meet a minimum of forty times per fiscal year, optimally on a weekly basis.	Programs hold 90% of planned Parent Group sessions.	Program Abstract

Principle	Practice	Benchmark	Documentation
PAR4 - Parent Groups are an ongoing service strategy. The duration of the group must be long enough to sustain relationships that promote trust and goal attainment.	B - Parent Group membership and facilitators are consistent.	Parent Group participants are required to attend 75% of Parent Group sessions.	🗁 Group Plans 🗁 Program Abstract
	C - Parent Group plans address content areas in-depth over several weeks through various topics.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	D - Parent Group Service Coordinators submit 10-week macro plans on a quarterly basis to their IBTI Program Advisor.		🗁 Macro Plans
	E - Parent Group documentation includes group micro plans, attendance, and post-group process notes for each session.		🗁 Group Plans
	F - Optimal Parent Group size is six to twelve participants.	Each Parent Group maintains an average attendance of at least five participants.	🗁 Program Abstract
	G - Parent Group arrangements include a nutritious meal or snack and transportation to and from group.		🗁 Group Plans 🗁 Program Abstract 🗁 Program Narrative
	H - Programs complete a written evaluation plan for Parent Group services that includes a procedure for gathering feedback from Parent Group participants.		🗁 Group Evaluations 🗁 Group Plans 🗁 Policy and Procedure Manual 🗁 Process Notes
	I - Staff members use Parent Group meeting records, informal feedback, parent evaluations, and their own observations to improve Parent Group sessions.		🗁 Process Notes 🗁 Supervisory Documentation
PAR5 - Programs provide Parent Groups in consideration of, and as a support to each participant's family and cultural values.	A - Parent Groups provide support for the involvement of fathers, other primary caregivers, and extended family members (i.e., periodic family nights, grandparent events, and fathers' nights).		🗁 Group Plans 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
PAR5 - Programs provide Parent Groups in consideration of, and as a support to each participant's family and cultural values.	B - It is optimal that staff members (volunteer and paid) reflect the cultural values and strengths of the participants' community.		Program Files
PAR6 - All other Parent Groups maintain a primary focus on parenting and target achievement of one or more of the IBTI program goals. These groups are time-limited, and target a specific population other than first-time pregnant and parenting teens. Examples include but are not limited to prenatal groups, school-based groups for pregnant and parenting teens, play groups, co-parenting teen couples' groups, grandparent groups, and father's groups.	A - Other Parent Groups provide a variety of activities for participants prior to and with the goal of formal enrollment in the IBTI program.		Group Plans Program Abstract Program Narrative Quarterly Narrative Report – Group Topic Calendar
	B - Other Parent Groups enhance current group services for enrolled participants or these groups may support or enhance those directly involved with a current participant and child actively enrolled in the IBTI program.		Group Plans Program Abstract Program Narrative Quarterly Narrative Report – Group Topic Calendar
PAR7 - The specialized curriculum known as Heart to Heart is an enhancement to Parent Groups that focuses on child sexual abuse prevention and enhancement of parent-child relationships.	A - Programs implement Heart to Heart in one ongoing Parent Group during the fiscal year if indicated in the Program Abstract. Programs may add additional Heart to Heart groups with Ounce approval.		Program Abstract Program Narrative
	B - Programs utilize Heart to Heart co-facilitators according to the program design.	Programs identify two Heart to Heart co-facilitators in the Program Abstract.	Group Plans Program Abstract Training Records
	C - In order to implement Heart to Heart in a manner that ensures cohesiveness and trust within the group, programs limit Heart to Heart enrollment.	Programs enroll Heart to Heart participants by the third session.	Group Roster

Principle	Practice	Benchmark	Documentation
PAR7 - The specialized curriculum known as Heart to Heart is an enhancement to Parent Groups that focuses on child sexual abuse prevention and enhancement of parent-child relationships.	D - Programs plan and implement a Heart to Heart graduation ceremony as the group's closing activity.	To be eligible to participate in the Heart to Heart graduation ceremony, participants cannot miss more than two sessions.	🗁 Group Roster
		Heart to Heart trained Home Visitors can implement group sessions during Home Visits to allow Heart to Heart group members to participate in graduation. Programs cannot count this towards group attendance in OunceNet.	🗁 Case Notes
	E - Heart to Heart facilitators ensure the completion of a Community Service Project involving group participants and community residents or service providers as part of curriculum implementation.	Programs document the Community Service Project in the Fourth Quarter Narrative Report.	🗁 Group Plans 🗁 Quarterly Narrative Report
	F - Prior to Heart to Heart implementation, each program: 1) Designates a clinical consultant to provide support for Heart to Heart facilitators during program implementation, 2) Identifies clinical treatment resources (such as a sexual assault center) for participants who disclose abuse, 3) Provides verification of an up-to-date child abuse reporting protocol 4) Completes a Heart to Heart Support and Intervention Plan.		🗁 Child Abuse Reporting Protocol 🗁 Program Abstract 🗁 Program Narrative

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Infant Mental Health*

Principle	Practice	Benchmark	Documentation
IMH1 - Infant Mental Health (IMH) services are relationship-focused interventions designed to strengthen, but not replace the core family support strategies of Home Visiting and Parent Groups.	A - Programs target IBTI participants for IMH services.		Participant Files
	B - Clinically trained, Masters level or above (LCPC, LCSW, PhD), practitioners provide IMH services. Programs provide access to professional-level supervision for IMH practitioners.		Program Abstract Program Narrative
	C - Programs base IMH services on an assessment of individual and family needs, with a plan for duration and intensity of contact with the family. Programs also orient and integrate IMH services into the overall outcomes of the program. Not all participants will require clinical services.		Case Notes Participant Files Program Abstract Program Narrative Staffing Notes Supervisory Documentation
	D - Programs offer IMH services in a variety of formats, and offer parents the opportunity to explore and reflect on thoughts and feelings that the presence of their baby awakens.		Participant Files Program Narrative Quarterly Narrative Report
	E - IMH services include consultation with program staff.		Program Abstract Program Narrative Staffing Notes Team Meeting Notes

*Only programs that receive funds specifically for Infant Mental Health are required to adhere to these standards.

PTS-HFI Best Practice Standards

Program Structure & Governance

Principle	Practice	Benchmark	Documentation
SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity, and linked to specific strengths, needs, and risk factors of the target group.	A - Programs clearly identify and define their target population and the planned intensity of services, including frequency and duration of contact.	100% of programs use the HFI level system to determine frequency of Home Visits.	Program Abstract Program Narrative
	B - Programs use income guidelines to determine eligibility for program services.	100% of enrolled participants are below 185% of the Federal poverty level or receiving WIC services.	Income Eligibility Documentation
	C - Short-term services such as community education, Prenatal Group, and Doula are offered to participants under the following conditions: • Services enhance the program's profile in the community as a collaborator and provider of specialized teen parent services.		Program Abstract
	• Participants are teen parents.		Program Abstract
	• No more than 20% of Doula participants receive short-term Doula services.	Programs enroll 80% of Doula participants in Home Visiting services.	Participant Files Program Abstract Program Narrative
	• For short-term Doula Services, participants transition to ongoing family support or home visiting programs offered by community partners.		Participant Files Program Narrative Quarterly Narrative Report
	• The majority of participants attending Prenatal Group have an active IBTI enrollment status.		Group Roster

Principle	Practice	Benchmark	Documentation
SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to specific strengths, needs, and risk factors of the target group.	D - Programs offer creative outreach under specified circumstances for a minimum of three months for each family before discontinuing services.		🗁 Participant Files 🗁 Supervisory Documentation
	E - Programs comprehensively analyze, at least annually, acceptance and retention rates of participants. Programs also address how they might increase their acceptance rate based on the analysis of those refusing services in comparison to those accepting services. See Glossary of Terms (Section A8) for definitions of acceptance and retention rate.	100% of programs measure and analyze their acceptance and retention rates according to the following schedule: • Programs with more than 50 families enrolled in services over a 2 year period complete analysis annually • All program sizes complete analysis every two years. Documentation of this analysis is provided to the Ounce. The measurement of retention should be at various rates (6 mo., 12 mo., etc.) and across multiple timeframes.	🗁 Program Files
	F- Programs track trends and changes in their target population and adjust their program plans as indicated.	100% of programs document trends or changes in their target population, provides a written plan when proposing changes to the target population and includes a data source	🗁 Program Abstract 🗁 Quarterly Narrative Report
	G - Program funding and in-kind support (i.e., facility space) is sufficient to providing services to the target population.		🗁 Program Budget 🗁 Program Budget Narrative
	H - Programs are to maintain a standard operating procedure manual to guide staff in their work.	Manuals are to be updated and reviewed with program staff annually.	🗁 Program Manual

Principle	Practice	Benchmark	Documentation
SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program. *(8-1.B)*	A - Programs maintain full enrollment.	Program enrollment is at least 85% of program capacity (see page 172 for details).	Program Abstract
	B - In order to ensure staff capacity to develop meaningful relationships with participants and deliver quality services, no caseload for a full-time Home Visitor exceeds 25 participants, regardless of the point values of the caseload.	Caseload maximum is 26 points (of any combination of levels) or 25 families.	Program Abstract
	C - Parent Group Coordinators are responsible for group facilitation, session planning and implementation, record keeping, group arrangements, volunteer recruitment, orientation, training, and supervision.	A ratio of .25 FTE per group is required.	Program Abstract
	D - Supervisors have relationships with participants and gather satisfaction surveys annually to ensure responsiveness to participant needs.	Programs complete annual satisfaction surveys with a response rate of at least 25% of actively enrolled participants.	Program Files
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program. *(12-1A,12-1.B, 12-3.A)*	A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis.	Each staff member receives 46 individual supervisions per fiscal year.	Program Abstract Program Narrative Supervisory Documentation
	B - Supervisors and Program Managers receive regular, on-going supervision which holds them accountable for the quality of their work, and provides them with skill development and professional support.	Supervisors and Program Managers receive the level of supervision consistent with what is indicated in the Program Abstract and includes discussion of all families at least once per month, regardless of service level.	Program Abstract Program Files Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program. *(BPS 12-1.D)*	C - Doula programs ensure regular perinatal clinical support of Doulas and Doula Supervisors with face-to-face sessions that take place a minimum of once a month on site.	Programs hold 75% of expected clinical support sessions.	🗁 Clinical Support Notes
	D - Programs base supervision on a process of reflection, stepping back from the work to explore the how's and why's of staff's actions and the impact of the work on that staff person.	Supervision frequency consistent with what is indicated in the Program Abstract, where all families regardless of the level are discussed and documented at least monthly.	🗁 Supervisory Documentation
	E - Supervisors conduct observations of staff's direct work with families in Home Visits and Groups two times per year.		🗁 Supervisory Documentation
	F - A minimum ratio of full-time supervisor to staff of 1:6 is expected. A ratio of 1:5 is optimal.		🗁 Program Abstract
SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources and to provide integrated services for pregnant and parenting teens and their children.	Programs have a 100% FTE Program Director. This person is responsible for program oversight (planning, implementation, and evaluation) and ensuring the coordination and integration of service components.		🗁 Program Abstract
SG5 - Where programs receive funding for Home Visiting and other services such as Groups, Doulas, or IMH, they integrate these services in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.	A - Home Visiting participants are the primary target audience of IBTI Group Services.	100% of Parent Group participants are actively engaged in Home Visiting.	🗁 Group Rosters 🗁 Participant Files 🗁 Staffing Notes 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG5 - Where programs receive funding for Home Visiting and other services such as Groups, Doulas, or IMH, they integrate these services in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.	B - Staff in all service components share information relevant to participants' progress in order to keep services responsive and promote continuity. Programs hold monthly team meetings to coordinate and integrate services to participants.	Programs hold 75% of expected team meetings.	🗁 Program Abstract 🗁 Program Narrative 🗁 Team Meeting Notes
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.	A - All staff members participate in the appropriate Healthy Families America training specific to their role within the program within six months of their date of hire. Program managers hired after January 1, 2018 are required to attend HFA Implementation Training.		🗁 Supervisory Documentation 🗁 Training Records
	B - Staff members have written staff development plans, and Supervisors plan to release staff from their duties to attend training that supports their work.		🗁 Supervisory Documentation 🗁 Training Records
	C - Staff members receive basic and ongoing training in key areas they encounter in their work with families. See Appendix G4 (p. 274) for a complete list of subject matter trainings required for each position.		🗁 Training Records

Principle	Practice	Benchmark	Documentation
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.	D - Prior to direct work with families, programs ensure that all staff members are oriented to: • to child abuse, neglect indicators and reporting requirements • the principles of ethical practice • site's curriculum materials • policy and operating procedures • data collection forms and processes • site's relationship with other community resources • issues of confidentiality • issues related to boundaries • issues related to staff safety		🗁 Quarterly Narrative Report 🗁 Staff Development Plans 🗁 Supervisory Documentation 🗁 Training Records
	E - Programs train and certify staff in the appropriate developmental screening tool within the first six months of hire.		🗁 Supervisory Documentation 🗁 Training Records
	F - Doulas complete IBTI approved training in addition to other Doula certification. Participation in ongoing in-service training is required.	Doulas attend the FSW track of HFA Integrated Strategies training within the first six months of their hire date, and attend the first available Doula Basic training in relationship to their hire date.	🗁 Supervisory Documentation 🗁 Training Records
	G - Doulas and Doula Supervisors attend a DONA approved Birth Doula Training.	Doulas and Doula Supervisors complete DONA training within three months of hire.	🗁 Supervisory Documentation 🗁 Training Records
	H - Programs follow and annually review with staff their policy governing appropriate procedures for addressing child abuse and neglect using defined criteria that is in alignment with state law.	100% of the time the site supervisor or agency manager is immediately notified when abuse or neglect is suspected.	🗁 Program Files 🗁 Supervisory Documentation 🗁 Team Meeting Notes

Principle	Practice	Benchmark	Documentation
SG7 - All IBTI services are responsive to the culture of the families served.	A - Programs select staff for their experience and expertise in working with the community and families served by the program, including an understanding of language, customs, and values.		🗁 Program Files
	B - Programs train staff annually on the specific cultural needs of their participants and target community.		🗁 Team Meeting Notes 🗁 Training Records
	C - Programs implement a sensitivity review of cultural practices that addresses curricula and other materials, training, and service delivery every other year. This review includes input from participants and staff in all areas.	100% of programs conduct a cultural competency every other year.	🗁 Cultural Humility Review 🗁 Program Files
SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families; such as those in which intimate partner violence or substance abuse may be a concern. *(BPS 9-1.A)*	A - See Appendix G4 (p. 274) for a complete list of subject matter trainings required for each position.	100% of programs use Ounce of Prevention Fund role competencies to create annual professional development plans for staff.	🗁 Personnel Files 🗁 Policy and Procedure Manual
	B - Program Managers hired prior to July 1, 2014 should have at least a Bachelor's degree. Criteria above apply to staff hired starting July 1, 2014.		🗁 Personnel Files 🗁 Policy and Procedure Manual
	C - Staff members are open to flexible schedules that allow for connecting with participants who are not available during traditional work hours.		🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG9 - The programs relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families. *(BPS GA-1A)*	A - Programs have a broadly-based advisory/governing group which serves in an advisory or governing capacity in the planning, implementation, and evaluation of program related activities.		🗁 Advisory Group Agendas 🗁 Advisory Group Minutes 🗁 Program Files
	B - Community partners identified as referral sources for screening, assessment, and program intake match the program's target population and meet any specific HFI requirements.		🗁 Program Files 🗁 Program Narrative
	C - To ensure a regular flow of referrals for screening or intake, programs develop and maintain relationships with other community organizations that come into routine contact with pregnant and parenting teens, including but not limited to schools, health clinics, social service agencies, and child welfare programs.		🗁 Program Narrative 🗁 Team Meeting Notes
	D - The site monitors the number of families in the target population that are identified/referred through its system of organizational relationships, and develops strategies to increase the percentage identified and screened.		🗁 Program Files

Principle	Practice	Benchmark	Documentation
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	E - Programs obtain and maintain written linkage agreements through routine communication with collaborating organizations.		🗁 Program Abstract 🗁 Program Files 🗁 Program Narrative
	F - Doula programs develop written linkage agreements (whenever possible) with any hospital(s) where Doulas provide labor and delivery support to guarantee access of Doulas for attending births.		🗁 Program Abstract 🗁 Program Files 🗁 Program Narrative
(BPS 7-3.A)	G - Program interns and volunteers, when utilized, are subject to the same screening processes programs use with paid staff. In addition, volunteers receive the same training and quality of supervision as would a paid staff person with similar duties.	Programs screen 100% of program interns and volunteers in the same manner as paid staff. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.	🗁 Program Files 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	H - To ensure comprehensive services for families once enrolled, programs develop and maintain knowledge of working relationships with service providers that address needs beyond the scope of IBTI services. These include but are not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutritional programs, recreational programs, mental health, early intervention, substance abuse, intimate partner violence services, and childcare.		🗁 Community Resource Directories 🗁 Team Meetings Notes
	I - Programs track and follow up with families and service providers, if appropriate, to determine if the families received needed services. Follow-up with service providers requires signed informed consent.		🗁 Program Files 🗁 Policy and Procedure Manual
	J - Release of information forms used for referrals should be specific to the referral agency and time limited.		🗁 Participant Files 🗁 Policy and Procedure Manual
SG10 - Programs are aware of and sensitive to participants' experiences of services.	Programs contact participants who drop out to gather information for quality improvement. Each program has a procedure for participant exit interviews that helps determine the impact of the program.		🗁 Exit Interview Forms 🗁 Program Files
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	Programs cooperate with Ounce research and evaluation efforts. This includes obtaining informed consent in writing from participants in order to link names, addresses, and telephone numbers to participant identification numbers.		🗁 Participant Files

Principle	Practice	Benchmark	Documentation
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	A - Programs maintain participant files with up-to-date information about service intensity, service content, and participant progress. Programs utilize OunceNet and cooperate with all elements of data collection, training, and reporting information as required by IBTI.	100% of program staff participates in OunceNet training.	🗁 Participant Files 🗁 Training Records
	B - Programs enter information regarding a breakdown of time spent on various components into OunceNet as part of each Home Visit's documentation.		🗁 Participant Files
	C - Programs ensure that all OunceNet computers are equipped with up-to-date virus protection software.	100% of OunceNet computers have up-to-date and functional virus protection software.	🗁 Program Files
	D - Programs adopt and implement policies that restrict and control downloading and installation of files or software to computers used for OunceNet access. See page 126 for specific information on what should be restricted on OunceNet computers.		🗁 Program Files

A5. PTS-PAT Best Practice Standards

Initial Engagement/Screening & Assessment

Principle	Practice	Benchmark	Documentation
IE1 - By targeting pregnant and parenting teens, programs can effectively address child abuse, neglect, and other poor outcomes for teens, as well as their young children, in a community. *ER = Essential Requirement*	A - IBTI programs target services for pregnant and parenting teens, ages 13-19 at intake, their children, and their families. Exceptions to the target population can be made with prior approval from the Ounce. In programs that serve women of all ages, teens should be given priority.	100% of participants are age 19 or younger at intake. Enrolled participants are to be eligible to receive at least two years of services with children between prenatal and kindergarten entry.	🗁 Participant Files
	B - Programs have written recruitment plans that identify approaches and settings in which to recruit the families they are designed to serve.	A written recruitment plan that identifies recruitment approaches and settings that have been in effect for at least three months **or** if the affiliate participates in a centralized intake system, documentation that describes the centralized intake system is needed	🗁 Policy and Procedure Manual 🗁 Program Files
IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	A - Programs provide informational materials that give a clear picture of what families can expect from PAT services.		🗁 Program Files
	B - Programs use informational materials and recruitment strategies that reflect the languages and cultures of the populations to be served.		🗁 Program Files

Principle	Practice	Benchmark	Documentation
IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	C - Whenever possible, programs initiate services prenatally or within six months of the child's birth to ensure adequate support for parents during this period of critical child development and initial relationship between parents and child.	Programs enroll participants within six months of the birth of the child 90% of the time.	🗁 Policy and Procedure Manual
	D - Families that must be placed on a waiting list or are not eligible for services are connected to appropriate resources at the time of intake.		🗁 Program Files 🗁 Policy and Procedure Manual
	E - As part of enrollment, the parent(s) and Parent Educator discuss and sign a mutual participation agreement that includes explanations of at least the following: • the program's services • expectations for participation by the family; and, • record keeping, data collection activities, and use of data.	100% of participant files contain a signed mutual participation agreement.	🗁 Participant Files 🗁 Policy and Procedure Manual
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of service, and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.	A - Programs clearly define their target population and maintain annual tracking of the number births and other demographic characteristics within that population to ensure that they screen 100% of the potential participants.	100% of programs define their target population and track the number of births.	🗁 Program Abstract
	B - Programs that assess a family as high-risk refer that family to all other applicable services in the community if the program is full.	100% of programs assess their families' risk level and refer to other services. At least 75% of families with one or more stressors will receive at least 75% of the required number of visits.	🗁 Program Files

Principle	Practice	Benchmark	Documentation
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of service, and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.	C – Program chooses two outcomes to measure parenting skills, practices, capacity, or stress assessment from the approved tool.	At least 75% of eligible families participate in assessment of parenting skills, practices, capacity or stress using an approved tool.	🗁 Participant Files
		At least 90% of families will be assessed using an approved tool in one or more of the following areas: Parent and Family Health/Well-Being, Child Development or Child Health/Well-Being.	🗁 Participant Files
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	A - Programs conduct positive and persistent outreach for target families and those who screen or assess as high-risk to encourage their voluntary participation in the program.	100% of programs use positive outreach to engage potential participants.	🗁 Supervisory Documentation
	B - Programs maintain up-to-date signed consents for services with all participants involved.	100% of participant files contain an up-to-date, complete and signed Ounce consent form.	🗁 Participant Files
	C - Staff members obtain signed consent prior to any intake or assessment interviews and entry of participant information into OunceNet. Refusal to sign a consent form for entry of their information into OunceNet does not preclude a family from services.	Programs enter data into OunceNet only after obtaining prior written consent 100% of the time.	🗁 Participant Files
	D - Programs have client rights and confidentiality policies and procedures to ensure family privacy.		🗁 Participant Files 🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
IE5 - Family-centered assessment is a mechanism to get to know and genuinely understand the family, to recognize factors that promote family resilience and well-being, and to facilitate goal setting with the family. *(PAT ER 8)*	A - Program staff members complete and document a family-centered assessment within 90 days of enrollment, and then at least annually thereafter, using an assessment that addresses the PAT required areas (parenting, family relationships and formal and informal support systems, parent educational and vocational information, parent general health, parent/child access to medical care, including health insurance coverage, adequacy and stability of income for food, clothing, and other expenses, adequacy and stability of housing).	Family centered assessment was conducted using a PAT approved method. The use of the Family-Centered Assessment Synthesis Record is required when not using one of the four approved tools. At least 75% of families enrolled more than 90 days, had an initial Family-Centered Assessment completed within 90 days of enrollment. At least 75% of families that received at least one personal visit had completed a Family-Centered Assessment in the program year.	🗁 Participant Files
	B - Program staff members maintain a relationship-based, non-judgmental and culturally responsive approach to conducting family-centered assessment and goal setting.		🗁 Supervisor Documentation
	C - Program staff members have the training and support necessary to complete the family-centered assessment according to the program's procedures.		🗁 Supervisory Documentation 🗁 Training Files
IE6 - Programs are most effective when they use intake and assessment information about family characteristics, background history, and current functioning to plan services.	Staff members who assess families or gather intake data share that information with Parent Educators, Doulas, and Parent Group Service Coordinators.	100% of staff members who complete intakes or assessments share intake information or assessment results with the service team.	🗁 Program Narrative 🗁 Team Meeting Notes

A5. PTS-PAT Best Practice Standards
Personal Visits

Principle	Practice	Benchmark	Documentation
PV1 - Personal Visits are the core family support and early childhood education services provided by IBTI programs for pregnant and parenting teens and their children. *(PAT ER 1)*	A - Programs offer services to families for a minimum of three years after the birth of the baby. Whenever possible, participants are to be enrolled prenatally or by six months.		🗁 Policy and Procedure Manual
	B - Assignment of families to Parent Educators takes into consideration several key factors, including the family's primary language and Parent Educator experience with particular family backgrounds and characteristics.		🗁 Supervisory Documentation
(PAT ER 11)	C - Personal Visits take place on a schedule determined in partnership with the family, diminishing in intensity as family needs change. Programs complete at least bi-monthly visits to each family during the program year. Needs characteristics are to be documented.	Programs assign 100% of families to a service intensity level.	🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Program Narrative
	D - Referrals/requests for services are responded to within 3 business days and face to face contact occurs within 1 week of the family agreeing to a visit.		🗁 Participant File 🗁 Personal Visit Record 🗁 Policy and Procedure Manual
	E - Parent Educators build upon and adapt to the home environment, seeking to transfer Personal Visit activities to daily interactions between parent and child.		🗁 Personal Visit Record

Principle	Practice	Benchmark	Documentation
PV1 - Personal Visits are the core family support and early childhood education services provided by IBTI programs for pregnant and parenting teens and their children.	F - Parent Educators address all three areas of emphasis (parent-child interaction, developmental centered parenting, and family well-being) in Personal Visits, including when addressing a family's immediate needs or a crisis situation.		🗁 Personal Visit Record 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
PV2 - Personal Visits are of sufficient intensity to impact program outcomes. *(PAT ER 6)*	A - Personal Visits last between 1.0 and 1.5 hours. In certain circumstances, visits between 45 minutes and one hour are acceptable.	80% of Personal Visits last between 1.0 and 1.5 hours. All visits should be at least 45 minutes.	🗁 Personal Visit Record
		85% of Personal Visits take place in the home. Visits outside the home can include virtual visits as well as any other suitable location. No more than 15% of visits per family can be done virtually.	🗁 Personal Visit Record
	B - Programs complete Personal Visits with all participants at the expected level of frequency for each family.	Parent Educators complete 75% of expected Personal Visits per service intensity level.	🗁 Personal Visit Record
	C - Parent Educators monitor Personal Visit and Group participation rates, and uses a variety of strategies to address engagement of families in services.		🗁 Program Files
	D - All new Parent Educators attend the Foundational and Model Implementation training before delivering PAT services.	100% of Parent Educators have attended the required PAT Trainings before delivering PAT Foundational and Model Implementation Curriculum	🗁 Personal Visit Record 🗁 Program Abstract 🗁 Training Records
PV3 - Personal Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Parent Educators help families recognize and expand upon their existing strengths and protective factors.	90% of participants complete a maternal efficacy questionnaire within 30 days of the first home visit and every six months thereafter during program enrollment.	🗁 Personal Visit Record 🗁 Supervisory Documentation
	B - During each Personal Visit, Parent Educators partner, facilitate, and reflect with families.		🗁 Personal Visit Record

Principle	Practice	Benchmark	Documentation
PV3 - Personal Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship. *(PAT ER 10)*	C - Programs have policies and procedures for strengthening families by addressing challenging issues such as substance abuse, intimate partner violence, developmental delays in parents, and mental health concerns. Practices indicate that the policies are being implemented.		🗁 Case Notes 🗁 Policy & Procedure Manual 🗁 Supervisory Documentation
	D - Parent Educators use the foundational visit plans and planning guide from the foundational curriculum to design and deliver Personal Visits to families.	Parent Educator's plan for each visit, documenting the planning process in a Foundational Personal Visit Plan, or Personal Visit Planning Guide.	🗁 Participant Files
	E - Parent Educators discuss each child's emerging development with the parents, incorporating parent and Parent Educator observations.		🗁 Participant Files 🗁 Personal Visit Record 🗁 Supervisory Documentation
	F - Programs utilize home safety checklists with families on a routine basis.	Home safety checklists are implemented with families within 45 days of the first completed home visit at a minimum. Parent Educators are encouraged to use the checklists more frequently if needed to address concerns with families.	🗁 Participant Files
	G - Parent Educators discuss the risks of smoking and provide smoking cessation information to participants who smoke. Materials may also be provided to family members who smoke, if interested.		🗁 Case Notes
	H - Parent Educators discuss the risks of alcohol use during pregnancy, and provide materials about alcohol and pregnancy to participants as needed.		🗁 Case Notes
	I - Parent Educators encourage families to foster literacy in the home environment.		🗁 Personal Visit Record 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
PV3 - Personal Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	J - Parent Educators share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding.	Parent Educators document discussions with participants about breastfeeding in PVRs.	🗁 Personal Visit Record 🗁 Policy and Procedure Manual
		75% of participants initiate breastfeeding.	🗁 Participant Files
	K - Parent Educators use medically accurate materials in discussing HIV with participants.		🗁 Case Notes 🗁 Participant Files
	L - Parent Educators use universal precautions in work with infants and toddlers.		🗁 Supervisory Documentation 🗁 Team Meeting Notes
	M - Community-Based FANA (FANA) trained Parent Educators engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.	Parent Educators implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in postnatal FANA activities at least once within the baby's first month of life.	🗁 Personal Visit Record 🗁 Program Narrative
	N - Parent Educators monitor and record children's achievement of developmental milestones, using the PAT milestones.	Parent Educators review and update (as applicable) the Milestones record, for each enrolled child, after each visit.	🗁 Developmental Milestones 🗁 Participant Files
	O - Personal Visits are documented no more than two workdays after the visit, using the Personal Visit Record. Related data entry is completed within one week of the Personal Visit.		🗁 Personal Visit Record 🗁 Program Narrative 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
PV4 - In a manner respectful of each participant's cultural and religious beliefs, Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	A - Parent Educators provide all participants with information and support regarding the delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.	80% of participants delay subsequent birth during program involvement. (delay = 2 year interval between births).	🗁 Personal Visit Record
	B - Parent Educators update participant information on contraceptive use at a minimum of every six months.	100% of participants have contraception information updated in OunceNet at a minimum of every six months.	🗁 Participant Files
PV5 - Programs conduct Personal Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.	A - Parent Educators assist and support teens to return to school and obtain safe, high-quality childcare.	75% of participants who should be enrolled in high school or equivalent educational services are enrolled during the course of program involvement.	🗁 Participant Files 🗁 Personal Visit Record
		100% of participants have education status information updated in OunceNet at a minimum of every six months.	🗁 Participant Files
(PAT ER 9)	B - Parent Educators develop a Family Goal Plan with each participant within 45 days of the first completed Personal Visit and every six months thereafter. Parent Educators and parents review and update the plan on a regular basis. Plans accurately reflect the progress of each family toward their goals, and address parent and child needs, strengths, capacities, and challenges. Parent Educators structure both the plan and the Personal Visits to support the parent's strengths.	90% of participant files contain an up-to-date Family Goal Plan.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
PV5 - Programs conduct Personal Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.	C - Goals address at least one of the following areas: parenting, child development and family well-being.	Provide an example of one goal for each area of the standard (remove any family level identifying information): • Parenting • Child development • Family well-being	🗁 Participant Files
	D - Parent Educators update participant outcome information related to employment, medical home, , and WIC status in Ounce Net at a minimum of every six months.	Parent Educators update 100% of participant outcome information in Ounce Net within 30 days of the first completed Personal Visit and then at a minimum of every six months, for the duration of program enrollment.	🗁 Participant Files
	E – Parent Educators update participant information related to transience in OunceNet at a minimum of every three months.	Parent Educators update 100% of participant transience information in Ounce Net within 30 days of the first completed Personal Visit and then at a minimum of every three months, for the duration of program enrollment.	🗁 Participant Files
	F - Parent Educators update child outcome information related to childcare and father involvement in OunceNet at a minimum of every six months.	Parent Educators update 100% of child outcome information in Ounce Net at a minimum of every six months. This standard applies to the target child only. Parent Educators do not need to track this data on non-target children.	🗁 Participant Files
	G - Parent Educators update questions regarding the participants' level of engagement and the Parent Educator's level of concern about the participant at six-month intervals.	Parent Educators update 100% of participant patterns every six months.	🗁 Participant Files
	H - Parent Educators update child feeding information in OunceNet according to the following schedule: at birth and at six weeks, six months, and one year. For participants who are breastfeeding after one year, Parent Educators update child feeding information at 18 months and two years, if applicable.	100% of children have feeding information updated in OunceNet. This standard applies to the target child and any subsequent children.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
PV5 - Programs conduct Personal Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.	I - Programs ensure that families planning to discontinue or close from services have a well thought out transition plan. Transition planning begins six months prior to participant exit. The elements of the programs transition plan are articulated in the program's Policy and Procedure Manual.		🗁 Case Notes 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
PV6 - Programs provide Personal Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program		🗁 Participant Files 🗁 Personal Visit Record 🗁 Staffing Notes 🗁 Supervisory Documentation
	B - Parent Educators individualize Personal Visits in response to a family's culture, languages spoken in the home, needs, interests, and learning styles.		🗁 Participant Files 🗁 Personal Visit Record 🗁 Supervisory Documentation
	C - Parent Educators and Supervisors encourage the support and involvement of fathers, grandparents, and other primary caregivers.	PVRs and other program documentation reflect the encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in the Personal Visit and efforts made to engage the father.	🗁 Personal Visit Record 🗁 Supervisory Documentation
	D - Parent educators use the Parent Educator Resources, Toolkit, and Parent Handouts from the PAT curriculum to share research-based information with families.		🗁 Personal Visit Record
	E - Parent educators connect families to resources that help them reach their goals and address their needs.	At least 60% of the families that received at least one personal visit were connected by their parent educator to at least one community resource in the program year.	🗁 Personal Visit Record

Principle	Practice	Benchmark	Documentation
PV6 - Programs provide Personal Visits in a manner that respects the family and cultural values of each participant.	F - Programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program's materials reflect the language, ethnicity, and customs of the families served.		🗁 Program Files
PV7 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.	A - Developmental Training and Support Program (DTSP) trained Parent Educators utilize home videos of routine activities, observation, inquiry, and reflection as key intervention strategies during Personal Visits.	DTSP trained Parent Educators videotape 75% of their participants at least twice per year.	🗁 Personal Visit Record
	B - Parent Educators use the Parent/Child Observation Guide (PCOG) or Mutual Competency Grid (MCG) to review videos internally as part of staff development and participant service planning.	Parent Educators document subsequent discussions of videos using the PCOG or MCG in case notes for videotaped families.	🗁 Participant Files
		Parent Educators and Supervisors review videotapes of families within the program as part of staff development or service planning. Parent Educators and Supervisors document this review accordingly.	🗁 Participant Files 🗁 Supervisory Documentation 🗁 Team Meeting Notes
	C - Programs keep signed videotaping consent forms on file and use videos only for the stated purpose.		🗁 Participant Files
	D - Parent Educators incorporate issues raised or discussed in review of the tapes (including the PCOG or MCG) into the Family Goal Plan.		🗁 Family Goal Plan 🗁 Staffing Notes 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
PV8 - Due to the high incidence of depression among the population served by IBTI programs, and because maternal depression can significantly impair the parent-child relationship, programs make efforts to identify maternal depression as early as possible, and to help depressed participants access services.	A - Programs have policies and procedures for administration of a standardized depression screening tool that specify how and when the tool is to be used with all families participating in the program, and assure that all staff who administer the tools are fully trained.		🗁 Case Notes 🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation 🗁 Training Records
	B - Referral and follow-up on referrals occurs for mothers whose depression screening scores are elevated and considered to be at-risk of depression, based on the tool's scoring criteria, unless already involved in treatment.		🗁 Case Notes 🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
	C - Programs administering the Edinburgh Postpartum Depression Scale to participants enter the results of these scales into OunceNet.	Unless programs reach another agreement with IBTI, Parent Educators screen 100% of consenting active participants prenatally and twice postpartum (at four to six weeks and six months). This standard applies to target children and subsequent births.	🗁 Participant Files

PTS-PAT Best Practice Standards

Doula

Principle	Practice	Benchmark	Documentation
D1 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	Programs initiate Doula services at the beginning of the third trimester of pregnancy.	Programs enroll 80% of Doula participants by the seventh month of pregnancy.	Participant Files Program Narrative
D2 - Doula Personal Visits are of sufficient intensity to impact program outcomes.	A - Doula Personal Visits last between 1.0 and 1.5 hours.	80% of Doula Personal Visits last between 1.0 and 1.5 hours.	Personal Visit Record
D3 - Doula Personal Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Doulas help families recognize and expand upon their existing strengths and protective factors.		Personal Visit Record Supervisory Documentation
	B - Doulas plan and structure each visit to enable parents to understand each stage of prenatal development, understand and develop enjoyable prenatal and postpartum interaction with their child, and develop parental interest in their child's development.		Participant Files Personal Visit Record
	C - Doulas address all three areas of emphasis (parent-child interaction, development centered parenting, family well-being) in Personal Visits, including when addressing a family's immediate needs or a crisis situation.		Personal Visit Record Supervisory Documentation

Principle	Practice	Benchmark	Documentation
D3 - Doula Personal Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	D - Doulas share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding, using medically accurate curricula and materials.	Doulas document discussions with participants about breastfeeding in PVRs.	🗁 Personal Visit Record
	E - Doulas use universal precautions in work with infants and toddlers.		🗁 Supervisory Documentation 🗁 Team Meeting Notes
	F - Doulas discuss the risks of smoking during pregnancy and provide smoking cessation materials to participants who smoke. Materials may also be provided to family members, if interested.		🗁 Case Notes
	G - Doulas discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.		🗁 Case Notes
	H - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.	Doulas implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in postnatal FANA activities at least once within the baby's first month of life.	🗁 Personal Visit Record 🗁 Program Narrative
		Doulas attend FANA training and complete FANA certification within one year of hire.	🗁 Supervisory Documentation 🗁 Training Records
	I - Personal Visits are documented no more than two working days after the visit. Related data entry is completed within one week of the Personal Visit.		🗁 Personal Visit Record 🗁 Policy and Procedure Manual 🗁 Program Narrative 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
D4 - In a manner respectful of each participant's cultural and religious beliefs, Doulas engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.		🗁 Personal Visit Record
D5 - Programs conduct Doula Personal Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	Doulas develop a birth plan with each participant. This plan can serve as the participant's first Family Goal Plan.	90% of Doula participants have an up-to-date birth plan.	🗁 Participant Files
D6 - Programs provide Doula Personal Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer Doula services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program.		🗁 Participant Files 🗁 Personal Visit Record 🗁 Program Narrative 🗁 Staffing Notes 🗁 Supervisory Documentation
	B - Doulas encourage the support and involvement of fathers, grandparents, and other primary caregivers.	PVRs and other program documentation reflect the encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in the Personal Visit, who is at the birth, and efforts the Doula makes to engage the father.	🗁 Personal Visit Record 🗁 Supervisory Documentation
	C - Doulas certified in the Foundational curriculum use the curriculum to deliver Doula Personal Visits with a focus on child development and parent-child interaction.		🗁 Personal Visit Record 🗁 Program Abstract
	D - Doulas use the Parent Educator Resources, Toolkit, and Parent Handouts from the PAT curriculum to share research-based information with families.		🗁 Personal Visit Record

Principle	Practice	Benchmark	Documentation
D7 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	A - During the last trimester of pregnancy, participants receive additional direct services provided through the Doula program. These will include prenatal education, support, advocacy with medical providers, and preparation of a birth plan.	Doulas complete 80% of Doula Personal Visits at the expected frequency.	🗁 Personal Visit Record 🗁 Program Abstract 🗁 Program Narrative
	B - Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula.	75% of Doula participants have a Doula attended birth.	🗁 Participant Files 🗁 Program Narrative
	C - Doula programs have established, written protocols that outline procedures for when Doulas go to the hospital, when Doulas call and utilize backup, and what communication is expected between the Doula and the Doula Supervisor while the Doula is at the birth.		🗁 Program Files
D8 - Doula services provide a supportive relationship that addresses the emotional work of the adolescent's emerging role as mother and her developing attachment to her child. Doula services nurture the mother so that she can nurture the baby.	Doulas support the young parent's self-determination while encouraging prenatal care, and the initiation of breastfeeding, and promoting emotional availability and engagement with her developing newborn.	75% of participants initiate breastfeeding.	🗁 Participant Files 🗁 Personal Visit Record

PTS-PAT Best Practice Standards

Screening

Principle	Practice	Benchmark	Documentation
S1 - Programs provide developmental screening and referral services to all enrolled families to identify developmental delays and refer families to appropriate early intervention services. *(PAT ER 14)*	A - It is essential that programs complete formal screening (hearing, vision, developmental, and the health record) at least annually for all eligible children.	At least 95% of children receive a complete developmental screening within 90 days of enrollment or birth within the program.	Annual Individual Service Record Health Record Participant Files Policy and Procedure Manual
	B - All children, up to age three, of the family receiving services receive hearing and vision screenings at least once each program year.	100% of children, up to age three, receive functional vision screenings at least once per fiscal year.	Annual Individual Service Record Health Record Participant Files Policy and Procedure Manual Program Narrative
		100% of children, up to age three, receive hearing screening using optoacoustic emissions at least once per fiscal year. Programs can use pure tone audiometry for children 30 months or older.	Annual Individual Service Record Health Record Participant Files Policy and Procedure Manual
	C - Programs have procedures for child screening, rescreening, and referral.		Policy and Procedure Manual Program Files
	D - Prior to screening, parents receive information about the purpose of the screening, how the screening is completed, and what they can expect after the screening is completed.		Participant Files
	E - Screening is conducted with sensitivity to the languages spoken in the home and the family's cultural background.		Participant Files

Principle	Practice	Benchmark	Documentation
S1 - Programs provide developmental screening and referral services to all enrolled families to identify developmental delays and refer families to appropriate early intervention services.	F - All participating children, up to age five, receive developmental screening at the following ages: four, six, nine, and 12 months, and every six months from age one through age five. Programs emphasize parental involvement in the screening process.	95% of children have two documented screenings for developmental delay in the first year of life.	Annual Individual Service Record Participant Files
		95% of children have one documented screening for developmental delay in the second year of life.	Annual Individual Service Record Participant Files
		96% of children have one documented screening for developmental delay in the third year of life.	Annual Individual Service Record Participant Files
		85% of children are up-to-date with expected developmental screenings.	Participant Files
	G - All participating children, up to age 60 months, receive social emotional screening at the following ages: two, six, 12, 18, 24, 30, 36, 48, and 60.	75% of target children receive social emotional screening and the recommended intervals.	Participant files
	H - Screening incorporates parent observations of the child.		Participant Files
	I - Parent Educators share parenting strategies and parent-child activities tied to developmental screening results.		Participant Files Personal Visit Record Supervisory Documentation
	J - Parents receive verbal and written summaries of all developmental screening results.		Participant Files Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
S1 - Programs provide developmental screening and referral services to all enrolled families to identify developmental delays and refer families to appropriate early intervention services.	K - Programs track children who are suspected of having a developmental delay, follow through with appropriate referrals, and follow up to determine if services were received.	Programs follow up on 85% of referrals related to suspected developmental delays to determine if services were received.	🗁 Participant Files
		95% of children delayed are referred to early intervention services.	🗁 Participant Files
S2 - Programs work with participants to help them establish medical and dental homes for their children and help them obtain routine preventive care.	A - Parent Educators ensure that parents and children link to a medical provider for routine health care, well-child care, and timely immunizations.	96% of target children have completed the 3-2-2 immunization series by age 12 months.	🗁 Health Record 🗁 Participant Files
		90% of target children have completed the 4-3-3-1 immunization series by age 24 months.	🗁 Health Record 🗁 Participant Files
		98% of target children have two well-child visits in the first year of life (by age 12 months).	🗁 Health Record 🗁 Participant Files
		97% of target children have one well-child visit in the second year of life (by age 24 months).	🗁 Health Record 🗁 Participant Files
		90% of target children have one well-child visit in the third year of life (by age 36 months).	🗁 Health Record 🗁 Participant Files
		90% of target children are up-to-date with immunizations and well-child visits.	🗁 Participant Files
		92% of target children have a documented primary care provider.	🗁 Participant Files
S3 - Parent Educators maintain proper documentation of screening data and share this information with parents.	Completed screening results are maintained as part of the family file.	At least 75% of children receive a complete health screening by seven months of age or within 90 days of enrollment.	🗁 Participant Files 🗁 Policy and Procedure Manual
		At least 75% of children receive a complete annual child health screening in the program year.	🗁 Participant Files 🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
S4 - Parent Educators promote proper child development by utilizing rescreening and follow-up procedures.	When indicated by screening results, re-screening is done or the Parent Educator provides a resource connection for further assessment.	At least 75% of children receive a complete health screening by seven months of age or within 90 days of enrollment.	🗁 Participant Files 🗁 Policy and Procedure Manual
S5 - Parent Educators promote proper child development by utilizing rescreening and follow-up procedures.	Parent Educators help parents address concerns and barriers in following through on further assessment as needed.	At least 75% of children receive a complete health screening by seven months of age or within 90 days of enrollment.	🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
		At least 75% of children receive a complete annual child health screening in the program year.	🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation

PTS-PAT Best Practice Standards

Prenatal Groups

Principle	Practice	Benchmark	Documentation
PRE1 - Prenatal Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between the parent and their unborn child. Prenatal Group activities provide opportunities for positive peer interaction.	A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.		🗁 Group Plans
	B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).	Prenatal Group documentation reflects the activities and approaches used in Prenatal Group sessions.	🗁 Group Plan
	C - Curricula and other materials used in Prenatal Group are culturally competent and focused on common prenatal issues (programs must discuss the use of supplemental non-prenatal focused curricula with IBTI Program Advisor).	Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.	🗁 Group Plans 🗁 Program Abstract 🗁 Program Narrative
	D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.		🗁 Group Plans 🗁 Group Evaluations 🗁 Team Meeting Notes
	E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group connections.		🗁 Process Notes 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
PRE2 - Prenatal Groups enhance the intensity and focus of Personal Visits with pregnant participants by promoting integration of services. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.	A - Prenatal Group facilitators provide information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	B - Prenatal Group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate materials.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.		🗁 Group Plans
	D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
PRE3 - Prenatal Group services promote prenatal attachment and bonding by promoting and facilitating a healthy relationship between mother and unborn child, helping the parent develop emotional availability for the baby.	A part of each meeting has activities that encourage connections and positive interactions between the parent and the unborn child.	Each Prenatal Group session has a documented parent-child activity.	🗁 Group Plans
PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.	A - Prenatal Group membership and facilitators are as consistent as possible.		🗁 Program Abstract 🗁 Group Plans

Principle	Practice	Benchmark	Documentation
PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.	B - Each Prenatal Group meets for a minimum of one and a half hours as part of a six-to eight-week session		🗁 Program Abstract 🗁 Group Plans
	C - Programs hold a minimum of 24 Prenatal Group sessions during the fiscal year.	Programs hold 90% of planned Prenatal Group sessions.	🗁 Program Abstract 🗁 Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.		🗁 Group Plans
	E - Individuals responsible for planning Prenatal Groups submit macro plans on a quarterly basis to their IBTI Program Advisor.		🗁 Macro Plans
	F - Prenatal Group arrangements include a nutritious meal or snack.		🗁 Program Abstract 🗁 Group Plans
	G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Group participants.		🗁 Group Evaluations 🗁 Group Meeting Record 🗁 Group Plans 🗁 Policy and Procedure Manual
PRE5 - Prenatal Group services enable pregnant women, their partners, and families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.	These groups promote transition to ongoing program services such as Personal Visits and Parent Group services for both enrolled participants and those not yet actively enrolled in the IBTI program.		🗁 Group Plans

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Parent Groups

Principle	Practice	Benchmark	Documentation
PAR1 - Parent Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between parent and child. Parent Group activities provide opportunities for positive peer interaction.	A - A portion of the Parent Group connection focuses on the sharing of experiences and ideas of group members about various topics, such as parenting, family planning, health care, career exploration, education, housing, and childcare.		🗁 Group Plans
	B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).	Parent Group plans reflect activities and approaches used in Parent Group sessions.	🗁 Group Plans
	C - Topics, curricula, and other materials used in Parent Group connections are culturally competent and focused on parenting issues (programs must discuss use of supplemental non-parenting focused curricula with the IBTI Program Advisor).	Parent Group plans identify topics, curricula, and materials used in Parent Group sessions.	🗁 Group Plans 🗁 Program Abstract 🗁 Program Narrative
	D - Planning of Parent Group connections reflects the input of participants, site staff, and goal plans.		🗁 Group Evaluations 🗁 Group Plans 🗁 Team Meeting Notes
	E - Parent Educators facilitate a welcoming group connection environment, opportunities to build social connections and experiences that promote empowerment and leadership.		🗁 Group Plans

Principle	Practice	Benchmark	Documentation
PAR2 - Parent Groups enhance the intensity and focus of the Personal Visits with pregnant and parenting teens. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.	A - Parent Group facilitators provide participants with information and support regarding the delay of subsequent births, effective family planning, including abstinence (as the only 100% protection from risk), birth control, and protection from STIs, including HIV/AIDS. Curricula and materials used are medically accurate.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	B - Parent Group facilitators encourage participants to maintain a medical home for their child and follow up on routine well-child care and immunizations.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	C - Parent Group facilitators encourage and support teens to return to school and obtain safe, high-quality childcare.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	D - Parent Group facilitators provide information on unintentional injury prevention, including Shaken Baby Syndrome, home safety, and poison prevention.		🗁 Group Plans 🗁 Quarterly Narrative: Group Topic Calendar
	E - Personal Visit participants are the primary target audience of IBTI Parent Group Services.	100% of Parent Group participants are actively engaged in Personal Visits.	🗁 Group Roster 🗁 Participant Files 🗁 Staffing Notes 🗁 Supervisory Documentation
	F - Program staff monitors Personal Visit and Group Connection participation rates and uses a variety of strategies to address engagement of families in services.		🗁 Program Files 🗁 Group Documentation
PAR3 - Parent Group services are parent-child focused, as well as responsive to the parent and child's developmental and environmental needs.	A - A part of each Parent Group connection has activities that encourage successful communication and enjoyable interaction between parent and child, and between group members.	Each Parent Group session has a documented parent-child activity.	🗁 Group Plans

Principle	Practice	Benchmark	Documentation
PAR3 - Parent Group services are parent-child focused, as well as responsive to the parent and child's developmental and environmental needs.	B - A portion of the Parent Group connection allows parents to meet apart from children.		🗁 Group Plans
	C - Childcare arrangements ensure safety and consistency in caregivers. Programs provide adequate screening and supervision of childcare providers.	Programs screen 100% of childcare providers in the same manner as paid staff. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.	🗁 Group Plans 🗁 Program Narrative
	D - Across the year, Group Connections address all three areas of emphasis and all ages of children served.		🗁 Group Plans 🗁 Policy and Procedure Manual 🗁 Program Abstract 🗁 Supervisory Documentation
	E - Information tied to the selected area(s) are emphasis are provided as part of the group connection experience.		🗁 Group Plans
PAR4 - Parent Groups are an ongoing service strategy. The duration of the group must be long enough to sustain relationships that promote trust and goal attainment.	A - Parent Group membership and facilitators are consistent.	Parent Group participants are required to attend 75% of group connections to remain enrolled in groups.	🗁 Group Plans 🗁 Program Abstract
	B - Parent Group plans address content areas in-depth over several weeks through various topics.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	C - Parent Group Coordinators submit 10-week macro plans to their IBTI Program Advisor on a quarterly basis.		🗁 Macro Plans
	D - Parent Group documentation includes group micro plans, attendance, and post-group process notes for each Group Connection.		🗁 Group Plans 🗁 Group Connection Planner and Record

Principle	Practice	Benchmark	Documentation
PAR4 - Parent Groups are an ongoing service strategy. The duration of the group must be long enough to sustain relationships that promote trust and goal attainment. *(PAT ER 13)*	E - Each Parent Group meets a minimum of forty times per fiscal year, optimally on a weekly basis.	Programs hold 90% of planned Parent Group connections.	🗁 Program Abstract
	F - Optimal Parent Group size is six to twelve participants.	Each Parent Group maintains an average attendance of at least five participants.	🗁 Program Abstract
	G - Parent Group arrangements include a nutritious meal or snack and transportation to and from group.		🗁 Group Plans 🗁 Program Abstract 🗁 Program Narrative
	H - Group Connections are offered at times and locations convenient for family members.		🗁 Group Plans
	I - The facilities, locations, and materials used are appropriate for the format and size of the program's Group Connections.		🗁 Group Plans
	J - Programs complete a written evaluation plan for Parent Group services that includes a procedure for gathering feedback from Parent Group participants.		🗁 Group Evaluations 🗁 Group Meeting Record 🗁 Group Plans 🗁 Policy and Procedure Manual
	K - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Parent Group connections.		🗁 Group Meeting Record 🗁 Supervisory Documentation
PAR5 - Programs provide Parent Groups in consideration of and as a support to each participant's family and cultural values.	A - Parent Groups provide support for the involvement of fathers, other primary care givers, and extended family members (i.e., periodic family nights, grandparent events, and fathers' nights).		🗁 Group Plans 🗁 Program Narrative
	B - It is optimal that staff members (volunteer and paid) reflect the cultural values and strengths of the participants' community.		🗁 Program Files

Principle	Practice	Benchmark	Documentation
PAR5 - Programs provide Parent Groups in consideration of and as a support to each participant's family and cultural values.	C - Programs use parents as a resource to identify topics for, plan, and facilitate Parent Group Connections.		Group Plans Program Narrative
PAR6 - All other Parent Groups maintain a primary focus on parenting and target achievement of one or more of the IBTI program goals. These groups are time-limited and target a specific population other than first-time pregnant and parenting teens. Examples include but are not limited to prenatal groups, school-based groups for pregnant and parenting teens, play groups, co-parenting teen couples' groups, grandparent groups, and father's groups.	A - Other Parent Groups provide a variety of activities for participants prior to and with the goal of formal enrollment in the IBTI program.		Group Plans Program Abstract Program Narrative Quarterly Narrative Report – Group Topic Calendar
	B - Other Parent Groups enhance current group services for enrolled participants, or these groups may support or enhance those directly involved with a current participant and child actively enrolled in the IBTI program.		Group Plans Program Abstract Program Narrative Quarterly Narrative Report – Group Topic Calendar
PAR7 - The specialized curriculum known as Heart to Heart is an enhancement to Parent Groups that focuses on child sexual abuse prevention and enhancement of parent-child relationships.	A - Programs implement Heart to Heart in one ongoing Parent Group during the fiscal year if indicated in the Program Abstract. Programs may add additional Heart to Heart groups with Ounce approval.		Program Abstract Program Narrative Quarterly Narrative
	B - Programs utilize Heart to Heart co-facilitators according to the program design.	Programs identify two Heart to Heart co-facilitators in the Program Abstract.	Group Plans Program Abstract Training Records
	C - In order to implement Heart to Heart in a manner that ensures cohesiveness and trust within the group, programs limit Heart to Heart enrollment.	Programs enroll Heart to Heart participants by the third session.	Group Roster

Principle	Practice	Benchmark	Documentation
PAR7 - The specialized curriculum known as Heart to Heart is an enhancement to Parent Groups that focuses on child sexual abuse prevention and enhancement of parent-child relationships.	D - Programs plan and implement a Heart to Heart graduation ceremony as the group's closing activity.	To be eligible to participate in the Heart to Heart graduation ceremony, participants cannot miss more than two sessions.	🗁 Group Roster
	E - Programs plan and implement a Heart to Heart graduation ceremony as the group's closing activity.	Heart to Heart trained Parent Educators can implement group sessions during Personal Visits to allow Heart to Heart group members to participate in graduation. Programs cannot count this towards group attendance in OunceNet.	🗁 Personal Visit Record
	F - Heart to Heart facilitators ensure the completion of a Community Service Project involving group participants and community residents or service providers as part of curriculum implementation.	Programs document the Community Service Project in the Fourth Quarter Narrative report.	🗁 Groups Plans 🗁 Quarterly Narrative Report
	G - Prior to Heart to Heart implementation, each program must: 1) designate a clinical consultant to provide support for Heart to Heart facilitators during program; implementation 2) identify clinical treatment resources (such as a sexual assault center) for participants who disclose abuse; 3) provide verification of an up-to-date child abuse reporting protocol; and 4) complete a Heart to Heart Support and Intervention Plan.		🗁 Child Abuse Reporting Protocol 🗁 Program Abstract 🗁 Program Narrative

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Infant Mental Health*

Principle	Practice	Benchmark	Documentation
IMH1 - Infant Mental Health (IMH) services are relationship-focused interventions designed to strengthen, but not replace the core family support strategies of Personal Visiting and Parent Groups.	A - Programs target IBTI participants for IMH services.		Participant Files
	B - Clinically trained, Masters level or above (LCPC, LCSW, PhD), practitioners provide IMH services. Programs provide access to professional-level supervision for IMH practitioners.		Program Abstract Program Narrative
	C - Programs base IMH services on an assessment of individual and family needs, with a plan for duration and intensity of contact with the family. Programs also orient and integrate IMH services into the overall outcomes of the program. Not all participants will require clinical services.		Case Notes Participant Files Program Abstract Program Narrative Staffing Notes Supervisory Documentation
	D - Programs offer IMH services in a variety of formats, and offer parents the opportunity to explore and reflect on thoughts and feelings that the presence of their baby awakens.		Participant Files Program Narrative Quarterly Narrative Report
	E - IMH services include consultation with program staff.		Program Abstract Program Narrative Staffing Notes Team Meeting Notes

*Only programs that receive funding specifically for Infant Mental Health are required to adhere to these standards.

PTS-PAT Best Practice Standards

Program Structure & Governance

Principle	Practice	Benchmark	Documentation
SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to specific strengths, needs, and risk factors of the target group.	A - Programs clearly identify and define their target population, planned intensity of services, including frequency and duration of contact, and program goals and objectives.	100% of programs use the level system to determine frequency of Personal Visits.	Program Abstract Program Narrative
	B - Programs use income guidelines to determine eligibility for program services.	100% of participants are below 185% of the federal poverty level or receiving WIC services.	Income Eligibility Documentation
	C - Short-term services such as community education, Prenatal Group, and Doula are offered to participants under the following conditions: • Services enhance the program's profile in the community as a collaborator and provider of specialized teen parent services.		Program Abstract
	• Participants are teen parents.		Program Abstract
	• No more than 20% of Doula participants receive short-term Doula services.	Programs enroll 80% of Doula participants in Personal Visiting services.	Participant Files Program Abstract Program Narrative
	• For short-term Doula Services, participants transition to ongoing family support or home visiting programs offered by community partners.		Participant Files Program Narrative Quarterly Narrative Report
	• The majority of participants attending Prenatal Group have an active IBTI enrollment status.		Group Rosters
	D – It is recommended that programs offer creative outreach under specified circumstances for a minimum of three months for each family before discontinuing services.		Participant Files Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to specific strengths, needs, and risk factors of the target group.	E - Programs comprehensively analyze, at least annually, acceptance and retention rates of participants. Programs also address how they might increase their acceptance rate based on the analysis of those refusing services in comparison to those accepting services. See Glossary of Terms (Section A8) for definitions of acceptance and retention rate.	100% of programs measure and analyze their family enrollment, service intensity, acceptance, retention, and attrition rates on an annual basis.	🗁 Policy and Procedure Manual 🗁 Program Files
	F - Programs track trends and changes in their target population and adjust their program plans as indicated.	100% of programs document trends or changes in their target population.	🗁 Program Abstract 🗁 Quarterly Narrative Report
	G - Program funding and in-kind support (i.e., facility space) is sufficient to provide services to target population.		🗁 Program Budget 🗁 Program Budget Narrative
	H - Programs work to maintain or strengthen its funding on an ongoing basis.		🗁 Program Budget 🗁 Program Budget Narrative 🗁 Program Files
	I - Program design and staffing is informed by community needs.		🗁 Program Files
SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program. *(PAT ER 13)*	A - Programs maintain full enrollment.	Program enrollment is at least 85% of the program's capacity (see page 172 for details).	🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program. *(PAT ER 16)*	B - In order to ensure staff's capacity to develop meaningful relationships with participants and deliver quality services, no caseload for a full-time Parent Educator exceeds 25 participants, regardless of the point values of the caseload.	Caseload maximum is 26 points (of any combination of levels) or 25 families.	🗁 Program Abstract
	C - Full time 1st year parent educators complete no more than 48 visits per month during their first year, and full time parent educators in their second year and beyond complete no more than 60 visits per month)		🗁 Program Abstract
	D - Parent Group Coordinators are responsible for group facilitation, session planning and implementation, record keeping, group arrangements, and volunteer recruitment, orientation, training, and supervision.	A ratio of .25 FTE per group is required.	🗁 Program Abstract 🗁 Program Narrative
	E - Supervisors have relationships with participants to ensure responsiveness to participant needs.		🗁 Program Files
	F - At least annually, programs gather and summarize feedback from families about the services they've received, using the results for program improvement.	Programs complete annual satisfaction surveys, with a response rate of at least 25% of actively enrolled participants.	🗁 Program Files
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program. *(PAT ER 4)*	A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis. Supervisors document the number of hours spent in supervision for each staff member.	Each staff person receives 46 individual supervisions per fiscal year.	🗁 Program Abstract 🗁 Program Narrative 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program.	B - Supervisors maintain a record of supervision with each Parent Educator as well as documentation of staff meetings.		🗁 Supervisory Documentation
	C - Doula programs ensure regular perinatal clinical support of Doulas and Doula Supervisors with face-to-face sessions that take place a minimum of once a month on site.	Programs hold 75% of expected clinical support sessions.	🗁 Clinical Support Notes
	D - Supervisors and Program Managers receive regular, on-going supervision which holds them accountable for the quality of their work, and provides them with skill development and professional support.	Supervision frequency consistent with what is indicated in the Program Abstract, where all families regardless of the level are discussed and documented at least monthly.	🗁 Program Abstract 🗁 Program Files 🗁 Supervisory Documentation
	E - Programs base supervision on a process of reflection, stepping back from the work to explore the how's and why's of staff's actions and the impact of the work on that staff person.		🗁 Supervisory Documentation
	F - Supervisors observe new Parent Educators delivering one Personal Visit, one Screening, and one Group Connection within six months after PAT training and again at one year. Feedback from the observations is provided to the Parent Educator.		🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
	G - Parent Educators in their second year of employment and beyond are observed by the Supervisor or lead Parent Educator delivering a Personal Visit and provided with written and verbal feedback at least annually. Supervisors use the PAT Personal Visit observation form to record observations of Parent Educators on Personal Visits.		🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program.	H - The Supervisor observes at least one Group Connection quarterly, and reviews corresponding planning/delivery documentation and evaluations for each.		🗁 Supervisory Documentation
	I - A minimum ratio of full-time supervisor to staff of 1:6 is expected. A ratio of 1:5 is optimal.	The number of Parent Educators assigned to the supervisor is adjusted proportionally when the Supervisor is not full-time.	🗁 Program Abstract
(PAT ER 5)	J - Individual, reflective supervision covers and documents case discussion, including individualized service delivery and provides opportunities to address at least the following: • roles, ethics, and boundaries; • skill development; • self-care; and, • data management driven practice.		🗁 Supervisory Documentation
SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources and to provide integrated services for parents and their children.	A - Programs have a 100% FTE Program Director. This person is responsible for program oversight, (planning, implementation, and evaluation) and ensuring the coordination and integration of service components.		🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources, and to provide integrated services for parents and their children.	B - Programs hire well-qualified Supervisors who have at least the following: • At least a bachelor's degree in early childhood education, social work, health, psychology or a related field • At least five years of experience working with families and young children • Strong interpersonal skills • Commitment to reflective supervision, data collection, and continuous quality improvement		🗁 Policy and Procedure Manual
	C - Supervisors attend, at a minimum, the two-day PAT Model Implementation training before supervising Parent Educators. The three-day Foundational training is required.	100% of Supervisors have attended the required PAT Trainings before delivering PAT Foundational and Model Implementation Trainings.	🗁 Training Records
	D - The Supervisor of the Parent Educators accesses a minimum of 10 hours of professional development each year.		🗁 Training Records
SG5 - Where programs receive funding for Personal Visiting and other services such as Groups, Doulas, or IMH, they integrate these services in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.	A - Personal Visit participants are the primary target audience of IBTI Group Services.	100% of Parent Group participants are actively engaged in Personal Visits.	🗁 Group Rosters 🗁 Participant Files 🗁 Staffing Notes 🗁 Supervisory Documentation
	B - Staff in all service components shares information relevant to participants' progress in order to keep services responsive and promote continuity. Programs hold monthly team meetings to coordinate and integrate services to participants.	Programs hold 75% of expected team meetings.	🗁 Program Abstract 🗁 Program Narrative 🗁 Team Meeting Notes

Principle	Practice	Benchmark	Documentation
SG5 - Where programs receive funding for Personal Visiting and other services such as Groups, Doulas, or IMH, they integrate these services in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.	C - Staff meetings cover administrative issues and provide opportunities for review of implementation data, case discussion, peer support, and skill building.		🗁 Program Files 🗁 Staff Meeting Notes
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.	A - Staff members have written staff development plans, and Supervisors plan to release staff from their duties to attend training that supports their work.		🗁 Supervisory Documentation 🗁 Training Records
	B - Programs ensure that all staff members are oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families.		🗁 Quarterly Narrative Report 🗁 Staff Development Plans 🗁 Supervisory Documentation 🗁 Training Records
	C - Staff members receive basic and ongoing training in key areas they encounter in their work with families. These include: child and adolescent development; forming and maintaining an effective helping relationship; child abuse and neglect; intimate partner violence; substance abuse; maternal and child health; mental health; cultural competency; parent-child attachment; and community resources.		🗁 Supervisory Documentation 🗁 Training Records

Principle	Practice	Benchmark	Documentation
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards. *(PAT ER 8)*	D - To be eligible for recertification, Parent Educators access competency-based professional development and training according to the following minimum schedule: • Year one: 20 hours • Year two: 15 hours • Year three and beyond: 10 hours	100% of affiliate Parent Educators are up-to-date with their certification.	🗁 Supervisory Documentation 🗁 Training Records
	E - Programs train and certify staff in the appropriate developmental screening tool within the first six months of hire.		🗁 Policy and Procedure Manual 🗁 Supervisory Documentation 🗁 Training Records
	F - Annually, Parent Educators self-assess and document competencies across the following areas: • family support and parenting education; • child and family development; • human diversity within family systems; • health, safety, and nutrition; and, • relationships between families and communities.		🗁 Supervisory Documentation
	G - Programs follow and annually review with staff their policy governing appropriate procedures for addressing child abuse and neglect in alignment with state law.		🗁 Policy and Procedure Manual 🗁 Program Files 🗁 Supervisory Documentation 🗁 Team Meeting Records

Principle	Practice	Benchmark	Documentation
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.	H - Parent Educator caseloads allow sufficient time for all responsibilities, including: • assisting with recruitment efforts; • assisting with Group Connections; • Personal Visits, including time for planning, travel, and record keeping; • facilitating resource connections; • data collection and documentation; • professional development; and, • supervision and staff meetings		🗁 Supervisory Documentation
	I - Programs have access to a licensed mental health professional that provides consultation to program staff members regarding their work with families.		🗁 Team Meeting Records
(PAT ER 7)	J - Parent educators obtain competency-based professional development and training and renew certification with the national office annually.		🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.	K - Shadowing, mentoring, observation, and training specific to the Parent Educator's role and responsibilities occur throughout the Parent Educator's first year. Shadowing follows completion of Foundational and Model Implementation (FAMI) training and must include one Personal Visit, one Group Connection, and one child screening. Observation occurs within six months of completion of FAMI training and again at one year. A new Parent Educator is observed conducting at least one Personal Visit, one screening, and one Group Connection and is provided with feedback.		🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
	L - Programs prepare staff before they attend PAT training by, at a minimum: reviewing the Affiliate Plan, Model Components, Essential Requirements, and login process for needed resources; and, having Parent Educators shadow at least one Parent Educator delivering a Personal Visit.		🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
	M - Doulas complete IBTI approved training in addition to other Doula certification. Participation in ongoing and in-service training is required.	Doulas attend the three day PAT Foundational training and the two-day PAT Model Implementation training within the first six months of hire, and attend the first available Doula Basic training in relationship to their hire date.	🗁 Supervisory Documentation 🗁 Training Records
	N - Doulas and Doula Supervisors attend a DONA approved Birth Doula Training.	Doulas and Doula Supervisors complete DONA training within three months of hire.	🗁 Supervisory Documentation 🗁 Training Records

Principle	Practice	Benchmark	Documentation
SG7 - All IBTI services are responsive to the culture of the families served.	A - Programs select staff for their experience and expertise in working with the community and families served by the program, including an understanding of language, customs, and values.		Program Files
	B - Parent educators take language and culture into consideration when connecting families to resources.		Participant Files Personal Visit Record Supervisory Documentation
	C - Programs train staff annually on the specific cultural needs of their participants and target community.		Team Meeting Notes Training Records
SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which intimate partner violence or substance abuse may be a concern.	A - Staff members are open to flexible schedules that allow for connecting with participants who are not available during traditional work hours.		Policy and Procedure Manual Supervisory Documentation
	B - Staff and volunteers have experience or education related to parenting, family support, and child development.		Program Files Program Narrative
	C - Programs hire Parent Educators that collectively reflect the languages and cultures of the families being served.		Program Files
	D - Staff members demonstrate the capacity to form positive trusting relationships through clear communication and acceptance of differences in values, beliefs, and practices.		Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which intimate partner violence or substance abuse may be a concern. *(PAT ER 2)*	E - The program's interview process for Parent Educators includes, but is not limited to: • providing a job description that includes clearly defined qualifications and responsibilities; • assessing for effective communication and interpersonal skills and qualities (e.g., conscientious, empathic, accepting, sociable, able to balance multiple roles, perspective, good judgement, personal ethics, and willingness to learn and intervene; and • shadowing a Parent Educator delivering a Personal Visit.		🗁 Program Files
	F - Programs hire Parent Educators with minimum of a high school diploma or GED and two years previous supervised work experience with young children or parents.		🗁 Policy and Procedure Manual 🗁 Program Files
	G - Program interns and volunteers, when utilized, are subject to the same screening processes programs use with paid staff. In addition, volunteers receive the same training and quality of supervision as would a paid staff person with similar duties.	Programs screen 100% of program interns and volunteers in the same manner as paid staff. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.	🗁 Policy and Procedure Manual 🗁 Program Files 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	A - Community partners identified as referral sources for screening, assessment, and program intake match the program's target population and meet any specific PAT requirements.		Program Files Program Narrative
	B - To ensure a regular flow of referrals for screening or intake, programs develop and maintain relationships with other community organizations that come into routine contact with pregnant and parenting teens, including but not limited to schools, health clinics, social service agencies, and child welfare programs.		Program Narrative Team Meeting Notes
	C - The site monitors the number of families in the target population that are identified/referred through its system of organizational relationships, and develops strategies to increase the percentage screened/identified.		Program Files
	D - Programs obtain and maintain written linkage agreements through routine communication with collaborating organizations.		Program Abstract Program Files Program Narrative
	E - Doula programs develop written linkage agreements (whenever possible) with any hospital(s) where Doulas provide labor and delivery support to guarantee access of Doulas for attending births.		Program Abstract Program Files Program Narrative

Principle	Practice	Benchmark	Documentation
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	F - To ensure comprehensive services for families once enrolled, programs develop and maintain knowledge of and working relationship with service providers that address needs beyond the scope of IBTI services. These include but are not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutrition programs, recreational programs, mental health, early intervention, substance abuse, intimate partner violence services, and childcare.		🗁 Community Resource Directories 🗁 Team Meeting Notes
	G - Parent educators are well-informed about how families can access resources.		🗁 Program Files 🗁 Team Meeting Notes
(PAT ER 16)	H - An up-to-date resource network directory is available, covering at least the following resources: • medical care; • mental health care; • social services; and, • educational services		🗁 Community Resource Directory 🗁 Policy and Procedure Manual 🗁 Program Files
	I - Parent Educators connect families to resources that help them reach their goals and address their needs.		🗁 Participant Files 🗁 Personal Visit Record 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
	J - Parent Educators help families prepare for connecting with a resource.		🗁 Case Notes 🗁 Supervisory Documentation
	K - Written permission to exchange information is obtained from families prior to contact with other resources and providers.		🗁 Participant Files
	L - Release of information forms used for referrals should be specific to the referral agency and time limited.		🗁 Participant Files 🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families. *(PAT ER 3)*	M - Parent Educators consult with other organizations serving the family to coordinate services and optimally support the family.		Participant Files Personal Vision Record Policy and Procedure Manual Staffing Notes Supervisory Documentation
	N - Parent Educators follow up with families about the outcomes of recommended resource connections, addressing barriers as applicable		Participant Files Policy and Procedure Manual
	O - Families are asked for feedback regarding their experiences with recommended resources.		Program Files Supervisory Documentation Team Meeting Notes
	P - Parent Educators document resource connections and follow up in the family file.		Participant Files
	Q - Programs have an advisory committee that meets at least once every six months. The advisory committee can be part of a larger committee, community network, or coalition as long as the group includes a regular focus on the PAT program.	A minimum of two advisory committee meetings are to be conducted twice a year with a larger committee, community network, or coalition as long as the group includes a regular focus on the PAT affiliate.	Advisory Board Minutes Policy and Procedure Manual Program Files
	R - The advisory committee includes involvement of program personnel, community service providers, families who have received or are receiving PAT services, and community leaders.	At least annually, data on program services and outcomes are shared with the staff, advisory committee, and other stakeholders, identifying strengths and areas of service that could be improved.	Program Files Advisory Board minutes

Principle	Practice	Benchmark	Documentation
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	S - Programs take an active role in community wide planning for early childhood comprehensive services.		Program Files Team Meeting Notes
SG10 - Programs are aware of and sensitive to participants' experiences of services.	Programs contact participants who drop out of the program to gather information for quality improvement. Each program has a procedure for participant exit interviews that helps determine the impact of the program.		Exit Record Program Files
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	A - Programs cooperate with the Ounce research and evaluation efforts. This includes obtaining informed consent in writing from participants in order to link names, addresses, and telephone numbers to participant identification numbers.		Participant Files
	B - Data on program services are shared with the advisory committee and other stakeholders at least annually.		Policy and Procedure Manual Program Files
	C - Program staff uses information about implementation on an ongoing basis to identify strengths and issues, and make improvements.		Program Files Team Meeting Notes
	D - Programs measure outcomes for the families served.		Policy and Procedure Manual Program Files
	E - The Supervisor or lead Parent Educator uses the Affiliate Quality Assurance Blueprint to monitor fidelity to the PAT model.		Program Files

Principle	Practice	Benchmark	Documentation
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	F - Programs have written process for continuous quality improvement.	Program staff engage as a team in continuous quality improvement using recognized CQI methods.	🗁 Program Files 🗁 Team Meeting Notes
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	A - Programs maintain participant files with up-to-date information about service intensity, service content, and participant progress. Programs utilize OunceNet and cooperate with all elements of data collection, training, and reporting information as required by IBTI.	100% of program staff participates in OunceNet training.	🗁 Participant Files 🗁 Training Records
	B - Programs enter information regarding a breakdown of time spent on various components into OunceNet as part of each Personal Visit's documentation.		🗁 Participant Files
	C - Programs have written policies and procedures that address at least the following: • intake and enrollment; • services provided to families, including family-centered assessment, goal setting and review of progress, Personal Visits, Group Connections, child screening and rescreening, referral and resource connections, and follow up; • family engagement; • transition planning and exit; • confidentiality; • data collection and documentation of services; • orientation and training for new staff; • supervision and professional development; and, • Parent Educator safety.	Programs have written policies and procedures within two years of beginning PAT implementation.	🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability. *(PAT ER 17)*	D - The affiliate annually reports data on service delivery and program implementation through the APR; affiliates use data in an ongoing way for purposes of continuous quality improvement, including participating in the Quality Endorsement and Improvement Process every five years.	100% of programs submit the required documentation for annual recertification to the PAT National Center by August 15 of each year.	🗁 Policy and Procedure Manual 🗁 Program Files
		Programs are to participate in the Quality Endorsement and Improvement Process every five years or when selected by the PAT National Center, unless a deferral is provided by national office	🗁 Program Files
	E - Programs maintain an efficient and comprehensive system of service documentation, data collection, and reporting that includes at least the following: • Family Intake Record; • consent for services; • Foundational plans and Personal Visit Planning Guides; • Milestones record for each enrolled child; • Family Information records; • Child Information record for each enrolled child; • Parent/Guardian Information record for each enrolled child; • Family-Centered Assessment Synthesis records or tools approved by PAT*; • developmental screening results and child health records; • goals record; • resource connections record;		🗁 Annual Individual Service Record 🗁 Annual Summary of Services 🗁 Enrollment Record 🗁 Exit Record 🗁 Health Record 🗁 Policy and Procedure Manual 🗁 Program Files 🗁 Screening Recommendations

Principle	Practice	Benchmark	Documentation
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	• Permission to Exchange Information; • transition plan; and • Family Service record and Exit Summary. *LSP, Family Map, North Carolina Family Assessment Scale for General Services, Mid America Head Start Family Assessment		
	F - Programs ensure that all OunceNet computers are equipped with up-to-date virus protection software.	100% of OunceNet computers are equipped with up-to-date and functional virus protection software.	🗁 Program Files
	G - Programs will adopt and implement policies that restrict and control downloading and installation of files or software to computers used for OunceNet access. See page 126 for specific information on what should be restricted on OunceNet computers.		🗁 Program Files

A6. PTS-NFP Best Practice Standards

Initial Engagement/Screening & Assessment

Principle	Practice	Benchmark	Documentation
IE1 - By targeting pregnant, low-income, first-time mothers, programs can effectively address child abuse, neglect, and other poor outcomes for teens, as well as their young children, in a community. *ME = Model Elements* *(ME 2, 3)*	IBTI funded NFP programs target services for pregnant, low income, first-time mothers.	100% of enrolled participants are below 185% of the Federal poverty level or receiving WIC services.	🗁 Income Eligibility Documentation
		100% of participants are first-time mothers.	
IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally in order to form a trusting connection with new parents, and establish the program as a source of support and information. *(ME 4)*	A – Programs enroll participants early to provide more time for establishing a strong therapeutic relationship while clients typically feel more vulnerable and open. Before the birth of the baby, early enrollment gives the Nurse, Home Visitor, and client a greater opportunity to affect the pregnancy by making health changes earlier.	Programs engage 100% of participants no later than 29 weeks gestation.	🗁 Participant Files
		Programs enroll 60% of participants by 16 weeks gestation or earlier.	🗁 Participant Files
	B - Programs contacts potential participant occurs within 24 hours of receipt of the referral.	Programs follow up on 80% of referrals within 24 hours.	🗁 CIS Referral and Disposition Form 🗁 Program Files
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of service, and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.	A - Programs clearly define their target population and maintain annual tracking of the number of births and other demographic characteristics within that population to ensure they screen 100% of potential participants.	100% of programs define their target population and track the number of births.	🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of service, and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.	B - Programs refer families that assess as high-risk to all other applicable services in the community if the program is full.	100% of programs assess families' risk levels and refer to other services as needed. Using the Strength and Risks (STAR) Framework, the Nurse and participant will develop a visit schedule with 100% of participants to meet the family's need related to strengths and weaknesses.	🗁 Program Files 🗁 Participant Files
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	A - Programs implement positive and persistent outreach for target families and those who screen or assess as high-risk to encourage their voluntary participation in the program.	100% of programs use positive outreach to engage potential participants.	🗁 Supervisory Documentation
	B - Programs maintain up-to-date signed consents for services for all participants.	100% of participant files contain up-to-date, complete, and signed Ounce consent forms.	🗁 Participant Files
	C - Staff members obtain signed consent prior to any intake or assessment interviews and entry of participant information into OunceNet or Efforts to Outcomes. Refusal to sign a consent form for entry of their information into OunceNet or Efforts to Outcomes does not preclude a family from services.	Programs enter data into OunceNet or Efforts to Outcomes only after obtaining prior written consent 100% of the time.	🗁 Participant Files
IE5 - Programs are most effective when they use intake and assessment information about family characteristics, background, history, and current functioning to plan services.	Staff members who assess families or gather intake data share that information with Nurse Home Visitors and Doulas.	100% of staff members who complete intakes or assessments share intake information or assessment results with the service team.	🗁 Participant Files 🗁 Program Narrative 🗁 Team Meeting Notes

PTS- NFP Best Practice Standards

Home Visiting

Principle	Practice	Benchmark	Documentation
HV1 - Home Visiting is the core family support and early childhood education service provided by IBTI programs for pregnant and parenting teens and their children. *(ME 5)*	A - Home Visits take place on a schedule determined in partnership with the family, factoring in NFP expectations for frequency of visits based on participant phase.	Programs assign 100% of families to a service intensity level.	🗁 Participant Files 🗁 Program Narrative
	B - Nurse Home Visitors complete NFP Home Visits on a one-to-one basis: one Nurse Home Visitor to one first-time mother or family.		🗁 Participant Files
HV2 - Home Visiting is of sufficient intensity to impact program outcomes. *(ME 4,7)*	A - Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Visit-to-Visit Guidelines.	100% of participants receive their first Home Visit before the end of their 28th week of pregnancy.	🗁 Participant Files
		Programs implement the following Home Visit schedule with participants: • During the first four weeks of enrollment, programs see participants weekly. • From week five until the birth, programs see participants every other week. • During the first six weeks postpartum, programs see participants weekly. • From postpartum week seven through 20 months, programs see participants every other week. • From 21-24 months, programs see participants monthly.	🗁 Home Visit Form 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
HV2 - Home Visiting is of sufficient intensity to impact program outcomes. *(ME 6)*	B - Home Visits last a minimum of one hour.	80% of Home Visits last a minimum of one hour.	🗁 Home Visit Form
	C - Nurse Home Visitors complete visits in the client's home. In special situations telehealth visits occur, significant information in at least one of the six NFP domains is covered and documented. Clients need to be seen every 90 days (or 3 months) for an in-person visit, even if they are on an adjusted or alternative visit schedule.	85% of completed Home Visits take place in the home. Visits outside the home can include virtual visits as well as any other suitable location. No more than 15% of visits per family can be done virtually.	🗁 Home Visit Form 🗁 Participant Files 🗁 Policy and Procedure Manual
		100% of participants have a signed consent to participate in telehealth visits. 100% of telehealth visits are documented on a home visit record	
	D - Programs use the NFP visit guidelines to guide service delivery.	Programs submit the name of any supplemental curriculum in their Program Abstract for Ounce approval.	🗁 Program Abstract 🗁 Program Narrative
HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Programs routinely address and promote positive parent-child interaction, attachment and bonding, and the development of nurturing parent-child relationships.		🗁 Case Notes 🗁 Supervisory Documentation
	B - Nurse Home Visitors plan and structure each visit to enable parents to understand their child's stage of development, develop age-appropriate expectations, develop successful communication and enjoyable interaction with their child, and develop parental interest and pride in their child's development.	90% of participants complete a maternal efficacy questionnaire within 30 days of the first home visit and every six months thereafter during program enrollment. Programs are only expected to implement maternal efficacy questionnaires for the target child.	🗁 Home Visit Form 🗁 Participant Files

Principle	Practice	Benchmark	Documentation
HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	C - Programs have policies and procedures for strengthening families by addressing challenging issues such as substance abuse, intimate partner violence, developmental delays in parents, and mental health concerns. Practices indicate that policies are being implemented.		🗁 Case Notes 🗁 Policy and Procedure Manual
	D - Programs utilize home safety checklists with families on a routine basis.	Home safety checklists are implemented with families within 45 days of the first completed home visit, then annually, at a minimum. Nurse Home Visitors are encouraged to use the checklists more frequently if needed to address concerns with families.	🗁 Case Notes 🗁 Participant Files
	E - Nurse Home Visitors discuss the risks of smoking and provide smoking cessation information to participants who smoke. Materials may also be provided to family members who smoke, if interested.		🗁 Case Notes
	F - Nurse Home Visitors discuss the risks of alcohol use during pregnancy, and provide materials about alcohol and pregnancy to participants as needed.		🗁 Case Notes

Principle	Practice	Benchmark	Documentation
HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship. *(ME 10)*	G - Nurse Home Visitors, using professional knowledge, judgment, and skill, apply the NFP visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.	Nurse Home Visitors use the following guidelines to plan their time in visits: Pregnancy (cumulative) • Personal Health: 35-40% • Environmental Health: 5-7% • Life Course Development: 10-15% • Maternal Role: 23-25% • Friends & Family: 10-15% Infancy (cumulative) • Personal Health: 14-20% • Environmental Health: 7-10% • Life Course Development: 10-15% • Maternal Role: 45-50% • Friends & Family: 10-15% Toddlerhood (cumulative) • Personal Health: 10-15% • Environmental Health: 7-10% • Life Course Development: 18-20% • Maternal Role: 40-45% • Friends & Family: 10-15%	🗁 Home Visit Form 🗁 Supervisory Documentation
	H - Nurse Home Visitors encourage parents to read to their children.		🗁 Home Visit Form 🗁 Program Narrative
	I - Nurse Home Visitors share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding.	Nurse Home Visitors document discussions with participants about breastfeeding in case notes.	🗁 Home Visit Form
		75% of participants initiate breastfeeding.	🗁 Participant Files
	J - Nurse Home Visitors use medically accurate materials in discussing HIV with participants.		🗁 Case Notes 🗁 Participant Files

Principle	Practice	Benchmark	Documentation
HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	K - Nurse Home Visitors use universal precautions in work with infants and toddlers.		🗁 Supervisory Documentation 🗁 Team Meeting Notes
	L - All participating children, up to age five, receive developmental screening at the following ages: four, six, nine, and 12 months, and every six months from age one through age five. Programs emphasize parental involvement in the screening process.	95% of children have two documented screenings for developmental delay in the first year of life.	🗁 Participant Files 🗁 Program Narrative
		95% of children have one documented screening for developmental delay in the second year of life.	🗁 Participant Files
		85% of children are up-to-date with expected developmental screenings.	🗁 Participant Files
	M - All participating children, up to age 60 months, receive social emotional screening at the following ages (in months): two, six, 12, 18, 24, 30, 36, 48, and 60.	75% of children are up-to-date with expected social emotional screenings.	🗁 Participant Files
	N - Programs track children who are suspected of having a developmental delay and follow through with appropriate referrals and follow up to determine if services were received.	Programs follow up on 85% of referrals related to suspected developmental delays to determine if services were received.	🗁 Case Notes 🗁 Participant Files 🗁 Supervisory Documentation
	O - Community-Based FANA trained (FANA) Nurse Home Visitors engage pregnant participants in prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.	Nurse Home Visitors implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in the postnatal FANA activities at least once within the baby's first month of life.	🗁 Home Visit Form 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	O - Nurse Home Visitors fully complete written documentation of Home Visits within 72 hours of each visit and complete related data entry within one week of the visit.		🗁 Home Visit Form 🗁 Program Narrative 🗁 Supervisory Documentation
HV4 - In a manner respectful of each participant's cultural and religious beliefs, Nurse Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	A - Nurse Home Visitors provide all participants with information and support regarding delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.	80% of participants delay subsequent births during program involvement. (delay = 2 year interval between births)	🗁 Home Visit Form 🗁 Participant Files
	B - Nurse Home Visitors update participant information on contraceptive use at a minimum of every six months.	100% of participants have contraception information updated in OunceNet at a minimum of every six months.	🗁 Participant Files
HV5 - Nurse Home Visitors build and sustain relationships with participating teens and their children that promote health, self-sufficiency, development of a social support network, and responsible decision-making.	A - Nurse Home Visitors apply the theoretical framework that underpins the program, emphasizing self-efficacy, human ecology, and attachment theories, through current clinical methods.		🗁 Home Visit Form 🗁 Supervisory Documentation
	B - Nurse Home Visitors assist and support teens to return to school and obtain safe, high-quality childcare.	75% of participants who should be enrolled in high school or equivalent educational services are enrolled during the course of program involvement.	🗁 Home Visit Form 🗁 Participant Files
		100% of participants have education status information updated in OunceNet a minimum of every six months.	🗁 Participant Files
	C - Nurse Home Visitors link parents and children to a medical provider for routine health care, well-child care, and timely immunizations.	96% of target children have completed the 3-2-2 immunization series by age 12 months.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
HV5 - Nurse Home Visitors build and sustain relationships with participating teens and their children that promote health, self-sufficiency, development of a social support network, and responsible decision-making.	C - Nurse Home Visitors link parents and children to a medical provider for routine health care, well-child care, and timely immunizations.	90% of target children have completed the 4-3-3-1 immunization series by age 24 months.	🗁 Participant Files
		98% of target children have two well-child visits in the first year of life (by age 12 months).	🗁 Participant Files
		97% of target children have one well-child visit in the second year of life (by age 24 months).	🗁 Participant Files
		90% of target children are up-to-date with immunizations and well-child visits.	🗁 Participant Files
		92% of target children have a documented primary care provider.	🗁 Participant Files
	D - Pediatricians receive notification that the newborn she/he is caring for is enrolled in and receives services through the NFP Program.	Nurse Home Visitors complete a Birth Announcement for each client at the time of delivery. They complete the Birth Announcement at the same time they complete the Infant Birth Form.	🗁 Birth Announcement 🗁 Infant Birth Form
HV6 - Programs conduct Home Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.	A - Nurse Home Visitors develop a Family Goal Plan with each participant within 45 days of the first completed Home Visit and every six months thereafter. Nurse Home Visitors and parents review and update plans on a regular basis. Plans accurately reflect the progress of each family toward their goals, and address parent and child needs, strengths, capacities, and challenges. Nurse Home Visitors structure the plan and Home Visits to support the parent's strengths.	90% of participant files contain up-to-date Family Goal Plans.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
HV6 - Programs conduct Home Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.	B - Nurse Home Visitors update participant outcome information related to employment, medical home, transience, and WIC status in OunceNet at a minimum of every six months.	Nurse Home Visitors update 100% of participant outcome information in OunceNet at a minimum of every six months.	🗁 Participant Files
	C - Nurse Home Visitors update child outcome information related to childcare and father involvement in OunceNet at a minimum of every six months.	Nurse Home Visitors update 100% of child outcome information in OunceNet at a minimum of every six months. This standard applies to the target child only. Nurse Home Visitors do not need to track this data on non-target children.	🗁 Participant Files
	D - Nurse Home Visitors update questions regarding the participants' level of engagement and the Nurse Home Visitor's level of concern about the participant at six-month intervals.	Nurse Home Visitors update 100% of participant patterns every six months.	🗁 Participant Files
	E - Nurse Home Visitors update child feeding information in OunceNet according to the following schedule: at birth, six weeks, six months, and one year. For participants who are breastfeeding after one year, Nurse Home Visitors update child feeding information at 18 months and two years, if applicable.	100% of children have up-to-date feeding information in OunceNet. This standard applies to the target child and any subsequent children.	🗁 Participant Files
	F - Programs ensure that families planning to discontinue or close from services have a well thought out transition plan. Transition planning begins six months prior to participant exit, and the elements of the programs transition plan are articulated in the program's Policy and Procedure Manual.		🗁 Case Notes 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
HV7 - Programs provide Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program. Nurse Home Visitors ensure that program participants understand that enrollment in the program is voluntary.	100% of participants enroll on a voluntary basis.	🗁 Home Visit Form 🗁 Participant Files 🗁 Staffing Notes 🗁 Supervisory Documentation
	B - Nurse Home Visitors and Supervisors encourage the support and involvement of fathers, grandparents, and other primary caregivers.	Case notes and other program documentation reflect the program's encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in the Home Visit and efforts made to engage the father.	🗁 Home Visit Form 🗁 Supervisory Documentation
	C - Programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program's materials reflect the language, ethnicity, and customs of the families served.	Programs identify at least one home visiting curriculum in their Program Abstract. Nurse Home Visitors document the use of this curriculum in case notes.	🗁 Program Abstract 🗁 Program Narrative
HV8 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.	A - Developmental Training and Support Program (DTSP) trained Nurse Home Visitors utilize home videos of routine activities, observation, inquiry, and reflection as key intervention strategies during Home Visits.	DTSP trained staff videotapes 75% of their participants at least twice per year.	🗁 Home Visit Form 🗁 Program Narrative
	B - Nurse Home Visitors use the Parent/Child Observation Guide (PCOG) or Mutual Competency Grid (MCG) to review videos internally as part of staff development and participant service planning.	Nurse Home Visitors and Supervisors review videotapes of families within the program as part of staff development or service planning. Nurse Home Visitors and Supervisors document this review accordingly.	🗁 Participant Files 🗁 Supervisory Documentation 🗁 Team Meeting Notes

Principle	Practice	Benchmark	Documentation
HV8 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.	C - Programs keep signed videotaping consent forms on file and use videos only for the stated purpose.		Participant Files
	D - Nurse Home Visitors incorporate issues raised or discussed in review of the tapes (including the PCOG or MCG) into the Family Goal Plan.		Family Goal Plan Staffing Notes Supervisory Documentation
HV9 - Due to the high incidence of depression among the population served by IBTI programs, and because maternal depression can significantly impair parent-child relationship, programs make efforts to identify maternal depression as early as possible and to help depressed participants access services.	A - Programs have policies and procedures for administration of a standardized depression screening tool that specify how and when the tool is to be used with all families participating in the program and assure that all staff members who administer the tool are fully trained.		Case Notes Participant Files Policy and Procedure Manual Supervisory Documentation Training Records
	B - Referral and follow-up on referrals occurs for mothers whose depression screening scores are elevated and considered to be at-risk of depression, based on the tool's scoring criteria, unless already involved in treatment.		Case Notes Participant Files Policy and Procedure Manual Supervisory Documentation
	C - Programs administering the Edinburgh Postpartum Depression Scale to participants enter the results of these scales into OunceNet.	Unless programs reach another agreement with IBTI, Nurse Home Visitors screen 100% of consenting active participants prenatally and twice postpartum (at four to six weeks and six months) including subsequent pregnancies.	Participant Files

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Doula

Principle	Practice	Benchmark	Documentation
D1 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	Programs initiate Doula services at the beginning of the third trimester of pregnancy.	Programs enroll 80% of Doula participants by the seventh month of pregnancy.	Participant Files Program Narrative
D2 - Doula Home Visits are of sufficient intensity to impact program outcomes.	Doula Home Visits last between 1.0 and 1.5 hours.	80% of Doula Home Visits last between 1.0 and 1.5 hours.	Case Notes
D3 - Doula Home Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Doulas plan and structure each visit to enable parents to understand each stage of prenatal development, develop enjoyable postpartum interaction with their child, and develop parental interest in their child's development.		Home Visit Form Participant Files
	B - Doulas share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding, using medically accurate curricula and materials.	Doulas document discussions with participants about breastfeeding in case notes.	Home Visit Form
	C - Doulas use universal precautions in work with infants and toddlers.		Supervisory Documentation Team Meeting Notes
	D - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.	Doulas implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in postnatal FANA activities at least once within the baby's first month of life.	Home Visit Form Program Narrative

Principle	Practice	Benchmark	Documentation
D3 - Doula Home Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	D - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.	Doulas attend FANA training and complete FANA certification within one year of hire.	🗁 Supervisory Documentation 🗁 Training Records
	E - Doulas discuss the risks of smoking during pregnancy and provide smoking cessation materials to participants who smoke. Materials may also be provided to family members, if interested.		🗁 Case Notes
	F - Doulas discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.		🗁 Case Notes
	G - Doulas fully complete written documentation of Doula Home Visits within 72 hours of each visit, and complete related data entry within one week of the visit.		🗁 Home Visit Form 🗁 Program Narrative 🗁 Supervisory Documentation
D4 - In a manner respectful of each participant's cultural and religious beliefs, Doulas engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.		🗁 Home Visit Form 🗁 Participant Files
D5 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	A - Doulas develop a birth plan with each participant. This plan may serve as the participants' first Family Goal Plan.	90% of Doula participants have an up-to-date birth plan.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
D5 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	B - Doulas update child feeding information in OunceNet at birth and at six weeks.	100% of children have up-to-date feeding information in OunceNet. This standard applies to the target child and any subsequent children.	🗁 Participant Files
D6 - Programs provide Doula Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer Doula services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program.		🗁 Home Visit Form 🗁 Participant Files 🗁 Staffing Notes 🗁 Supervisory Documentation
	B - Doulas encourage the support and involvement of fathers, grandparents, and other primary caregivers.	Case notes and other program documentation reflect the Doula's encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in Doula Home Visits, who is at the birth, and any efforts the Doula makes to engage the father.	🗁 Home Visit Form 🗁 Supervisory Documentation
	C - Doula programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program materials reflect the language, ethnicity, and customs of the families served.		🗁 Program Abstract 🗁 Program Narrative
D7 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	A - During the last trimester of pregnancy, program participants receive additional direct services provided through the Doula program. These include prenatal education support, advocacy with medical providers, and preparation of a birth plan.	Doulas complete 80% of Doula Home Visits at the expected frequency.	🗁 Home Visit Form 🗁 Program Abstract 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
D7 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	B - Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula.	75% of Doula participants have a Doula-attended birth.	🗁 Participant Files 🗁 Program Narrative
	C - Doula programs have established, written protocols that outline procedures for when Doulas go to the hospital, when Doulas call and utilize backup, and what communication is expected between the Doula and the Doula Supervisor while the Doula is at the birth.		🗁 Program Files
D8 - Doula services provide a supportive relationship that addresses the emotional work of the adolescent's emerging role as mother and her developing attachment to her child. Doula services nurture the mother so that she can nurture the baby.	Doulas support the young parent's self-determination while encouraging prenatal care, initiation of breastfeeding, and promoting emotional availability and engagement with her developing newborn.	75% of participants initiate breastfeeding.	🗁 Home Visit Form 🗁 Participant Files

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Prenatal Groups

Principle	Practice	Benchmark	Documentation
PRE1 - Prenatal Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between the parent and their unborn child. Prenatal Group activities provide opportunities for positive peer interaction.	A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.		🗁 Group Plans
	B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).	Prenatal Group documentation reflects the activities and approaches used in Prenatal Group sessions.	🗁 Group Plans
	C - Curricula and other materials used in Prenatal Group are culturally competent and focused on common prenatal issues (program must discuss the use of supplemental non-prenatal focused curricula with IBTI Program Advisor).	Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.	🗁 Group Plans 🗁 Program Abstract 🗁 Program Narrative
	D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.		🗁 Group Evaluations 🗁 Group Plans 🗁 Team Meeting Notes
	E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group meetings.		🗁 Process Notes 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
PRE2 - Prenatal Groups enhance the intensity and focus of Home Visits with pregnant participants by promoting integration of services. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.	A - Prenatal Group facilitators provide all participants with information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	B - Prenatal Group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate curricula and materials.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
PRE3 - Prenatal Group services promote prenatal attachment and bonding by promoting and facilitating a healthy relationship between the mother and her unborn child, helping the parent develop emotional availability for the baby.	A part of each meeting has activities that encourage connections and positive interactions between the parent and the unborn child.	Each Prenatal Group session has a documented parent-child activity.	🗁 Group Plans
PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.	A - Prenatal Group membership and facilitators are as consistent as possible.		🗁 Program Abstract 🗁 Group Plans

Principle	Practice	Benchmark	Documentation
PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.	B - Each Prenatal Group meets for a minimum of one and a half hours as part of a six- to eight-week session.		🗁 Program Abstract 🗁 Group Plans
	C - Programs hold a minimum of 24 Prenatal Group sessions per fiscal year.	Programs hold 90% of planned Prenatal Group sessions.	🗁 Program Abstract 🗁 Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.		🗁 Group Plans
	E - Individuals responsible for planning Prenatal Groups submit macro plans on a quarterly basis to their IBTI Program Advisor.		🗁 Macro Plans
	F - Prenatal Group arrangements include a nutritious meal or snack.		🗁 Program Abstract 🗁 Group Plans
	G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Group participants.		🗁 Group Evaluations 🗁 Group Plans 🗁 Process Notes
PRE5 - Prenatal Groups enable pregnant women, their partners, and families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.	These groups promote transition to ongoing program services such as Home Visiting and Parent Groups for both enrolled participants and those not yet actively enrolled in the IBTI program.		🗁 Group Plans

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Infant Mental Health*

Principle	Practice	Benchmark	Documentation
IMH1 - Infant Mental Health (IMH) services are relationship-focused interventions designed to strengthen, but not replace, the core family support strategies of Home Visiting and Parent Groups.	A - Programs target IBTI participants for IMH services.		Participant Files
	B - Clinically trained, Masters level or above (LCPC, LCSW, PhD), practitioners provide IMH services. Programs provide access to professional-level supervision for IMH practitioners.		Program Abstract Program Narrative Staff Profile
	C - Programs base IMH services on an assessment of individual and family needs, with a plan for duration and intensity of contact with the family. Programs also orient and integrate IMH services into the overall outcomes of the program. Not all participants will require clinical services.		Case Notes Participant Files Program Abstract Program Narrative Staffing Notes Supervisory Documentation
	D - Programs offer IMH services in a variety of formats, and offer parents the opportunity to explore and reflect on thoughts and feelings that the presence of their baby awakens.		Participant Files Program Narrative Quarterly Narrative Report
	E - IMH services include consultation with program staff.		Program Abstract Program Narrative Staffing Notes Team Meeting Notes

*Only programs that receive funding specifically for Infant Mental Health are required to adhere to these standards.

PTS- NFP Best Practice Standards

Program Structure & Governance

Principle	Practice	Benchmark	Documentation
SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to specific strengths, needs, and risk factors of the target group.	A - Programs clearly identify and define their target population and the planned intensity of services, including frequency and duration of contact.	Programs use NFP visit guidelines to determine the frequency of Home Visits.	Program Narrative
	B - Programs use income guidelines to determine eligibility for program services.	100% of enrolled participants are below 185% of the Federal poverty level or receiving WIC services.	Income Eligibility Documentation
	C - Short-term services such as community education, Prenatal Group, and Doula are offered under the following conditions: • Services enhance the program's profile in the community as a collaborator and provider of specialized teen parent services. • Participants are teen parents. • No more than 20% of Doula participants receive short-term Doula services. • For short-term Doula services, participants transition to ongoing family support or home visiting programs offered by community partners. • The majority of participants attending Prenatal Group have an active IBTI enrollment status.		Program Abstract
		Programs enroll 80% of Doula participants in Home Visiting services.	Program Abstract Program Narrative
			Participant Files Program Narrative Quarterly Narrative Report
			Group Rosters

Principle	Practice	Benchmark	Documentation
SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to the specific strengths, needs, and risk factors of the target group.	D - It is recommended that programs offer creative outreach under specified circumstances for a minimum of three months for each family before discontinuing services.		🗁 Participant Files 🗁 Supervisory Documentation
	E - Programs comprehensively analyze, at least annually, acceptance and retention rates of participants. Programs also address how they might increase their acceptance rate based on the analysis of those refusing services in comparison to those accepting services. See Glossary of Terms (Section A8) for definitions of acceptance and retention rate.	100% of programs measure and analyze their acceptance and retention rates on an annual basis.	🗁 Program Files
	F - Programs track trends and changes in their target population and adjust their program plans as indicated.	100% of programs document trends or changes in their target population.	🗁 Program Abstract 🗁 Quarterly Narrative Report
	G - Program funding and in-kind support (i.e., facility space) is sufficient to provide services to the population it serves.		🗁 Program Budget 🗁 Program Budget Narrative
SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program. *(ME 12)*	A - Programs maintain full enrollment.	Program enrollment is at least 85% of program capacity.	🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program.	B - In order to ensure staff's capacity to develop meaningful relationships with participants and deliver quality services, no caseload for a full-time Nurse Home Visitor exceeds 24 points which equates to 12 participants at the highest weight or any combination of levels per NHV.	A full-time Nurse Home Visitor who works 40 hours a week has a caseload of 25 participants. Programs prorate this expectation based on FTE and/or work hours.	🗁 Program Abstract
		100% of staff caseloads will be monitored using the IBTI level system at a minimum of once a month	🗁 Program Abstract
	C - Supervisors have relationships with participants and gather satisfaction surveys annually to ensure responsiveness to participant needs.	Programs complete annual satisfaction surveys, with a response rate of at least 25% of actively enrolled participants.	🗁 Program Files
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program.	A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis.	Each staff member receives 46 individual supervisions per fiscal year.	🗁 Program Abstract 🗁 Program Narrative 🗁 Supervisory Documentation
	B - Supervisors and Program Managers receive regular, on-going supervision which holds them accountable for the quality of their work and provides them with skill development and professional support.	Supervisors and Program Managers receive the level of supervision consistent with what is indicated in the Program Abstract.	🗁 Program Abstract 🗁 Program Files 🗁 Supervisory Documentation
	C - Doula programs ensure regular perinatal clinical support of Doulas and Doula Supervisors with face-to-face sessions that occur at a minimum of once a month on site.	Programs hold 75% of expected clinical support sessions.	🗁 Clinical Support Notes

Principle	Practice	Benchmark	Documentation
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program. *(ME 13, 14)*	D - Programs base supervision on a process of reflection, stepping back from the work to explore the how's and why's of staff's actions and the impact of the work on that staff person. Supervisors also assure that staff members have the office and structural components necessary to fulfill their roles.	Supervision frequency consistent with what is indicated in the Program Abstract, where all families regardless of the level are discussed and documented at least monthly.	🗁 Supervisory Documentation 🗁 Supervision Record Client Notes
	E - Supervisors provide Nurse Home Visitors with clinical supervision that demonstrates integration of theories, and facilitates professional development essential to the Nurse Home Visitor role through specific supervisory activities, including one-to-one clinical supervision, case conferences, team meetings, and field supervision.		🗁 Supervisory Documentation
	F - Supervisors conduct observations of staff member's direct work with families in Home Visits and Groups two times per year.		🗁 Supervisory Documentation 🗁 Visit Implementation Scale
	G - A minimum ratio of full-time supervisor to staff of 1:6 is expected. A ratio of 1:5 is optimal. (NFP is 1:8)		🗁 Program Abstract
SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources, and to provide integrated services for pregnant and parenting teens and their children.	Programs have a 100% FTE Program Director. This person is responsible for program oversight (planning, implementation, and evaluation) and ensuring the coordination and integration of service components.		🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
SG5 - Where programs receive funding for Home Visiting and other services such as Groups, Doulas, or IMH, they integrate these services in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.	Staff members in all service components share information relevant to participants' progress in order to keep services responsive and promote continuity. Programs hold monthly team meetings to coordinate and integrate services to participants.	Programs hold 75% of expected team meetings.	🗁 Program Abstract 🗁 Program Narrative 🗁 Team Meeting Notes
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision reflects an investment in staff development in addition to the monitoring of staff activities. Programs provide reflective supervision as described earlier in these standards. *(ME 9)*	A - Staff members have written staff development plans and Supervisors plan to release staff from their duties to attend training that will support their work.		🗁 Supervisory Documentation 🗁 Training Records
	B - Staff members receive basic and ongoing training in key areas they encounter in their work with families. These include child and adolescent development, forming and maintaining an effective helping relationship, child abuse recognition and response, intimate partner violence, substance abuse, cultural competency, parent-child attachment, and community resources.		🗁 Quarterly Narrative Report 🗁 Supervisory Documentation 🗁 Training Records
	C - Programs ensure that all staff members are oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families.		🗁 Quarterly Narrative Report 🗁 Staff Development Plans 🗁 Supervisory Documentation 🗁 Training Records
	D - Home Visitors and Supervisors complete core educational sessions required by the NFP National Service Office and deliver the intervention with fidelity to the NFP model.		🗁 Supervisory Documentation 🗁 Training Records

Principle	Practice	Benchmark	Documentation
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision reflects an investment in staff development in addition to the monitoring of staff activities. Programs provide reflective supervision as described earlier in these standards.	E - Programs train and certify staff in the appropriate developmental screening tool within the first six months of hire.		🗁 Supervisory Documentation 🗁 Training Records
	F - Doulas complete IBTI approved training in addition to other Doula certification. Participation in ongoing in-service training is required.	Doulas attend the first available Doula Basic training in relationship to their hire date.	🗁 Supervisory Documentation 🗁 Training Records
	G - Doulas and Doula Supervisors attend a DONA approved Birth Doula Training.	Doulas and Doula Supervisors complete DONA training within three months of hire.	🗁 Supervisory Documentation 🗁 Training Records
	H - Programs follow and annually review with staff their policy governing appropriate procedures for addressing child abuse and neglect in alignment with state law.		🗁 Program Files 🗁 Supervisory Documentation 🗁 Training Records
SG7 - All IBTI services are responsive to the culture of the families served.	A - Programs select staff for their experience and expertise in working with the community and families served by the program, including an understanding of language, customs, and values.		🗁 Program Files
	B - Programs train staff annually on the specific cultural needs of their participants and target community.		🗁 Team Meeting Notes 🗁 Training Records
SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which intimate partner violence or substance abuse may be a concern.	A - Staff members are open to flexible schedules that allow for connecting with participants who are not available during traditional work hours.		🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which intimate partner violence or substance abuse may be a concern. *(ME 8)*	B - Staff and volunteers have experience or education related to parenting, family support, and child development.		🗁 Program Files
	C - Staff members demonstrate the capacity to form positive trusting relationships through clear communication and acceptance of differences in values, beliefs, and practices.		🗁 Supervisory Documentation
	D - Nurse Home Visitors and Supervisors are registered professional nurses with a minimum of a Baccalaureate degree in Nursing.		🗁 Program Files
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families. *(ME 16, 17)*	A - NFP implementing agencies are located in and operated by organizations known in the community for being successful providers of prevention services to low-income families.		🗁 Program Files
	B - NFP implementing agencies convene a long-term Community Advisory Board that meets at least quarterly to promote a community support system for the program, and to promote program quality and sustainability.	At least annually, data on program services and outcomes are shared with the staff, advisory committee and other stakeholders, identifying strengths and areas of service that could be improved.	🗁 Advisory Group Agendas 🗁 Advisory Group Minutes 🗁 Program Files

Principle	Practice	Benchmark	Documentation
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	C - Community partners identified as referral sources for screening, assessment, and program intake match the program's target population and meet any specific NFP requirements.		🗁 Program Files 🗁 Program Narrative
	D - To ensure a regular flow of referrals for screening or intake, programs develop and maintain relationships with other community organizations that come into routine contact with pregnant and parenting teens, including but not limited to schools, health clinics, social service agencies, and child welfare programs.		🗁 Program Narrative 🗁 Team Meeting Notes
	E - The site monitors the number of families in the target population that are identified/referred through its system of organizational relationships, and develops strategies to increase the percentage screened/identified.		🗁 Program Files
	F - Programs obtain and maintain written linkage agreements through routine communication with collaborating organizations.		🗁 Program Abstract 🗁 Program Files 🗁 Program Narrative
	G - Doula programs develop written linkage agreements (whenever possible) with any hospital(s) where Doulas provide labor and delivery support to guarantee access of Doulas for attending births.		🗁 Program Abstract 🗁 Program Files 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	H - Program interns and volunteers, when utilized, are subject to the same screening processes programs use with paid staff members. In addition, volunteers receive the same training and quality of supervision as would a paid staff member with similar duties.	Programs screen 100% of program interns and volunteers in the same manner as paid staff members. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.	🗁 Program Files 🗁 Program Narrative
	I - To ensure comprehensive services for families once enrolled, programs develop and maintain knowledge of and working relationships with service providers that address needs beyond the scope of IBTI services. These include but are not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutritional programs, recreational programs, mental health, early intervention, substance abuse, intimate partner violence services, and childcare.		🗁 Community Resource Directories 🗁 Program Narrative 🗁 Team Meeting Notes
	J - Programs track and follow up with families and service providers, if appropriate, to determine if the families received needed services. Follow up with service providers requires signed informed consent.		🗁 Program Files 🗁 Policy and Procedure Manual
	K - Release of information forms used for referrals should be specific to the referral agency and time limited.		🗁 Participant Files 🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
SG10 - Programs are aware of and sensitive to participants' experiences of services.	Programs contact participants who drop out of the program to gather information for quality improvement. Each program has a procedure for participant exit interviews that helps determine the impact of the program.		🗁 Exit Interview Forms 🗁 Program Files
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	Programs cooperate with the Ounce research and evaluation efforts. This includes obtaining informed consent in writing from participants in order to link names, addresses, and telephone numbers to participant identification numbers.		🗁 Participant Files
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability. *(ME 15)*	A - Programs maintain participant files with up-to-date information about service intensity, service content, and participant progress. Programs utilize OunceNet and cooperate with all elements of data collection, training, and reporting information as required by IBTI.	100% of program staff participates in OunceNet training.	🗁 Participant Files 🗁 Training Records
	B - Nurse Home Visitors and Supervisors collect data as specified by the NFP National Service Office, and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.	100% of quality assurance activities are documented and monitored at an agreed upon frequency.	🗁 Participant Files 🗁 Program Files
	C - Programs enter information regarding a breakdown of time spent on various components into OunceNet as part of each Home Visit's documentation.		🗁 Participant Files
	D - Programs ensure that all OunceNet computers are equipped with up-to-date virus protection software.	100% of OunceNet computers are equipped with up-to-date and functional virus protection software.	🗁 Program Files

Principle	Practice	Benchmark	Documentation
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	E - Programs adopt and implement policies that restrict and control downloading and installation of files or software to computers used for OunceNet access. See page 126 for specific information on what should be restricted on OunceNet computers.		Program Files Site Support Plan and other NFP continuous quality assurance tools

A7. Subcontract Administrative Requirements

1. USE OF OUNCE PROVIDED COMPUTER EQUIPMENT

A. Use of Ounce Provided Computers

IBTI programs are provided adequate equipment (CPU, monitor, printer, etc.) for the primary purpose of fulfilling reporting requirements associated with Subcontract obligations and for documentation of IBTI services. Computer equipment is also provided for the purpose of Subcontract reporting, communications with Ounce and IBTI staff, and access to the Ounce's Training Institute Web site. Agencies are required to ensure that the following guidelines are followed for equipment to be kept in optimal working condition.

OunceNet Use and Users: Ounce provided equipment is only to be used in support of the IBTI program and with respect to the confidentiality of participant information being entered into OunceNet. OunceNet is only to be used by IBTI funded staff members who have received adequate orientation and training to the use of OunceNet. Orientation is provided initially by the program's designated OunceNet MIS Contact, and is followed with on-site new user training by an OunceNet team member. Technical assistance is available to all users of OunceNet through the OunceNet Help Line. Technical assistance on the use of other software products is not available.

The OunceNet Helpline number is 312-453-1994. The OunceNet e-mail address is: ouncenetsupport@ounceofprevention.org. E-mail messages are monitored by the OunceNet team, just like the Help Line. Feel free to address questions or concerns through e-mail.

OunceNet Problems: Any problems with OunceNet must be immediately reported to a member of the OunceNet team. This is to ensure that all efforts are made to meet data entry deadlines and to ensure the accuracy of OunceNet reports. Reporting requirements are not waived on the basis of equipment malfunctions.

Internet Access: Each IBTI program must ensure that all Ounce provided computers have adequate access to the Internet through a reliable Internet Service Provider (ISP). Management of the Internet connection and the ISP, including the installation of Internet connection equipment, troubleshooting of Internet connectivity problems, and all communications with the ISP are the responsibility of the IBTI funded program. Reporting requirements and deadlines are not waived on the basis of Internet connection disruptions.

Virus Protection and Non-OunceNet Software: Virus protection for OunceNet computers is the responsibility of the IBTI funded program. Given that all OunceNet computers have Internet access, the implementation and maintenance of current virus protection software is required. IBTI funded programs must also adopt and implement policies that restrict and control the downloading and installation of files or software to computers used for OunceNet access. Such a policy should, at a minimum, restrict the downloading and installation of games, music, video, graphics files, browser add-ons, or software applications. Any software installation to an OunceNet computer that is found to inhibit the use of the OunceNet program must be immediately removed.

B. Minimum Technical Requirements for Site Use of OunceNet System

All IBTI Subcontracting agencies are required to utilize OunceNet as the primary method for recording data and reporting on service delivery and participant outcome achievement.

IBTI will continue to provide the operating system needed by program staff to enter data and run reports. In addition, the OunceNet team will provide training and technical assistance on OunceNet for each Subcontract agency as needed. Each Subcontractor must assure that OunceNet is utilized only for the IBTI funded program, and that an acceptable connection to the Internet is maintained, in adherence with the following requirements:

Minimum Hardware Requirements:

- Sufficient number of CPUs to ensure at least a 3:1 OunceNet user to computer ratio
- Each CPU must have the following or better:
    - 1 gigahertz (GHz) or faster 32-bit (x86) or 64-bit (x64) processor
    - 1 gigabyte (GB) RAM (32-bit) or 2 GB RAM (64-bit)
    - 16 GB available hard disk space (32-bit) or 20 GB (64-bit

Minimum Operating System Requirements:

- All operating systems and devices are supported as long as they can run a web browser listed below

Minimum Software Requirements:

- Microsoft's "Internet Explorer 11" or newer, Google Chrome, Mozilla Firefox, or Mobile versions of these
- OunceNet needs JavaScript in order to function properly. This is the default for all web browsers. It is okay to disable JavaScript for other web sites, but please do not disable JavaScript for OunceNet
- Adobe Acrobat Reader version 10.0
- Current and updated version of virus protection software

Ounce of Prevention Fund
Property Transfer/Disposal Form
(Complete one form per item)

To be completed by Site:

Date:
Site Name:
Completed By:

Approved By:

(Program Management Contact Signature) (Fiscal Management Contact Signature)

Type of Action (check one)			
☐ Transfer		☐ Disposal	
Description of Item:			
Make/Model #		Date/Year Acquired	
Serial #		Ounce Tag #	
Location Transferred To or Method of Disposal:			
Reason for Transfer or Disposal:			

Please include the Ounce inventory tag when submitting this form to IBTI.

To be completed by IBTI Procurement Control Accountant

Invoice Number:
Date Acquired:
Program or Funder:
Date Updated in Property Ledger:

CC: IBTI Administration Manager
Division Manager and/or Site Manager

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2. FORMALIZED ACCOUNTING PROCEDURES

To ensure that the expenditure of IBTI Subcontract funds meets Federal and State audit requirements, an agency must have formalized, written accounting procedures. Agencies should follow the accrual method of accounting, enter and track financial data on a general ledger and relevant subsidiary ledgers, allocate costs among multiple funders, provide for separation of duties among fiscal staff, generate timely financial reports, and submit an independent auditor's report to the IBTI Fiscal Advisor on an annual basis.

3. DESIGNATED IBTI SITE CONTACTS

Each program year, Ounce Subcontracting agencies must designate members of their organization who will fulfill specified roles for interface with IBTI staff. Site staff may be assigned to be the contact in one or more of these roles. IBTI will use the designated site contact information to create targeted mailing and e-mail lists, and will assume that the site contact will handle the responsibilities associated with their designated role. Agencies should assign organizational contacts based on the descriptions of the required tasks and the agency expectations of the staff member to fulfill these roles in relationship to ongoing management of the Ounce Subcontract.

Executive Contact: This contact has executive level authority to sign legal contracts on behalf of the Subcontracting agency. The Ounce will contact this person in the event of any funding issues or any substantive program or fiscal concerns regarding the administration of the Subcontract.

Program Management Contact: This is the primary person responsible for overall management of the IBTI program and fiscal matters related to the Subcontract. This includes adherence to the IBTI Best Practice Standards. The IBTI Program Manager works directly with this contact to develop the design of service and annual Program Abstract, and to negotiate the use of IBTI funds. This contract is primarily responsible for the content and timely completion of required reports. This contact supervises direct service staff or supervisors.

Staff Development/Training Contact: This contact is responsible for the supervision of direct service staff, the creation of staff development plans, the oversight of registration for and staff attendance at Ounce Institute training events. This contact is point for all staff communications related to the Ounce Institute, and is responsible for day-to-day interface with site staff in all matters related to training registration, attendance, cancellations, and travel.

Fiscal Management Contact: This contact is the primary person responsible for the overall financial management of the Subcontract, including compliance with the Ounce Subcontract administrative requirements and the internal allocation, oversight, and tracking of Subcontract expenditures.

Fiscal Report Contact: This contact is responsible for the actual preparation, submission, and correction of Quarterly Cost Reports, forecasts, and Amendments. The IBTI Fiscal Advisor works directly with this contact to provide technical assistance and training, if necessary, to ensure submission of accurate financial reports that meet Ounce requirements.

OunceNet/MIS Contact: This contact is the primary liaison with the OunceNet team or other Ounce contacts regarding data reporting issues, initial orientation of new site staff, providing written notification to OunceNet team regarding new user or follow-up training, and distribution of OunceNet or MIS-related correspondence to OunceNet users in the Ounce funded program.

Agency Technology Contact: This is the person responsible for ensuring ongoing compliance with the technical specifications associated with the use of OunceNet. This person works directly with the OunceNet team or other specified Ounce contact to address and resolve technical issues related to OunceNet.

Changes to Contact or Contact Information: To change any of the designated contacts during the fiscal year, notify your IBTI Program Manager in writing and submit all changes in contact information or designation in a Program Narrative Quarterly Report or a revised Abstract, which should be submitted as part of a Subcontract Amendment.

A8. Glossary of Terms

Acceptance rate: The number of participants who accepted program services divided by the number of participants who were offered program services. *(see Best Practice Standards on pages 35, 77, and 116)*

Assurance: A contractual provision a Subcontractor is obligated to satisfy in the course of IBTI program operations.

Birth Plan: A prenatal Individual Family Goal Plan established between a participant and Doula. The plan is focused on the participant's desires for the birth concerning areas such as pain relief, feeding, and Doula and family involvement in the birthing room. The plan, sometimes referred to as a Birth Wish List, is shared with the medical providers either prior to or at the time of admission as a step in advocacy for the parent's desires. (see Best Practice Standards on pages 23, 60, and 108)

Community Education: Services provided by the program to educate community members on pregnancy and parenting topics. These events include those held by the Subcontracting agency.

Contract Compliance: The conforming of an agency's performance to the IBTI Subcontract Agreement, the approved Program Narrative, Program Abstract, Program Budget, and the IBTI Policy and Procedure Manual.

Direct Expenses: Costs of delivering services to or performing activities on behalf of program participants that would no longer be incurred if the program closed.

Doula Clinical Consultation: A contractual position established with a doctor, midwife, nurse, or very experienced Doula in the local area. This individual should be knowledgeable about the medical and hospital procedures surrounding pregnancy and childbirth. This person is available by phone seven days per week, 24-hours per day to respond to Doulas' clinical questions as they arise. This person is also expected to provide monthly face to face contact to review Doula work, provide education and resources, and to consult with the Doula Program Director and Doula Program Supervisor. *(see Best Practice Standards on pages 37, 79, and 117)*

Doula Hospital Service: Doula service that takes place at a hospital. This often includes the birth of the child; however, if a birth does not take place, the hospital service is still recorded. In addition, if a Doula provides support to the participant at the hospital before or immediately after a birth but does not witness the birth, this is still considered an attended birth**.** *Note*: In order to ensure that the Doula receives credit for attending the birth, it is important to enter data on the Doula Data Screen. The Doula Data screen is accessed through the Child Intake screen.

Enrollment Status: The role assigned to indicate the participant's level of engagement in the program. The four possibilities for enrollment status are: New, Creative Outreach, Active, and Closed. Participants must meet the following requirements for each status.

New

- The participant has received an initial contact and has signed a consent form, but has not yet received an activating service.
- Creative Outreach:
- The participant was Active (i.e., received a home visit), but has since disengaged from the program. Programs can use some discretion in deciding when to place a participant on Creative Outreach, but generally speaking, Level 1 participants that have missed more than two-thirds of expected home visits over a two-month period or participants at Level 2 or higher that have missed over half of the expected home visits over a three month period should be placed on Creative Outreach. If a program knows ahead of time that a participant will not be keeping scheduled home visits (because they will be out of town, etc.), the participant may be placed on Creative Outreach before any actual home visits are missed. Creative Outreach status was designed to hold a program slot for the participant while efforts are made to re-engage her. Participants will not be counted in outcome calculations while they are on Creative Outreach status.

Active (both must apply):

- The participant has completed the OunceNet intake process.
- The participant has the necessary activating services.
    - FSW participants are considered active after receiving their first completed Home Visit or Combined Home Visit.
    - Doula participants are considered active after receiving their second completed prenatal Home Visit (two Doula Home Visits, two Combined Home Visits, or one each of Doula and Combined Home Visits) OR a Doula Attended Birth

Closed (one must apply):

- The participant has indicated that she no longer wishes to continue in the program.
- The participant has graduated from or completed the program according to the program's guidelines.
- The participant has died or moved away.
- The participant has been pending in Creative Outreach status for three months without receiving the one Home Visit required to achieve Active status.
- A participant who shows obvious disinterest to intensive outreach efforts from staff may be closed before three months.

Exit Interview: Final documented contact with a participant. This may be conducted face to face or be in written form. The elements include participant's review of progress, achievements, future plans, reason for closure, referrals, and method of tracking participant's address for possible future contact. *(see Best Practice Standards on pages 43, 91, and 124)*

Family Goal Plan: A written plan to be negotiated with each participant that includes the following elements: available resources, identification of goals, and a plan for goal attainment. *(see Best Practice Standards on pages 17, 53, and 103)*

Full Time Equivalency (FTE): The time assigned to IBTI activities represented as a proportion of the agency's standard work week. For example, 1 FTE is the equivalent of one full time employee, and .5 FTE is the equivalent of one half-time employee.

Group Service: Groups provided by the program and conducted by a staff member in which participants learn about pregnancy and parenting issues. *(see Best Practice Standards on pages 27-37, 67-81, and 112-113)*

Home Visits/Personal Visits: The services provided by IBTI site staff for pregnant and parenting teens and their children. Home visits take place in the participant's home on a schedule determined in partnership with the family, and include time for parent-child activities. A service provided by a home visitor or Doula outside of the home may still be considered a home visit if it contains the same length and content as a home visit; however, each model expects a certain percentage of home visits to occur in the home. As stated in the IBTI Best Practices, the average home visit should be one hour to one and a half hours in duration. *(see Best Practice Standards on pages 10, 11, 21, 32, 34, 37, 97, 98, and 109)*

- **Attempted Home Visit**: A scheduled home visit in which the staff member made an active effort to complete but did not take place. Attempted visits include those in which the staff member went to the participant's home at the scheduled time to find the participant absent or unable to complete the visit. Attempted visits do not include those cancelled in advance by the participant or staff member.
- **Combined Home Visit**: A home visit where both a FSW and a Doula are present.
- **Doula Home Visit**: A home visit with Doula services conducted by a Doula.

Homeless: Lacking a fixed, regular, and adequate nighttime residence. This includes those who are "doubled up," a term that refers to a situation where individuals who are unable to maintain their housing situation are forced to stay with a series of friends or extended family members. Those who qualify as homeless may also stay at the following places:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A public or private place not designed for or ordinarily used as a sleeping accommodation for humans.

Indirect Expenses: Organizational costs, exclusive of program services and activities, which are shared and distributed over all of the agency's programs. These include costs which are not easily identifiable with a specific program, but which are, nonetheless, necessary to the program's operation. The classification and assignment of indirect costs should be based on the specified agency's allocation method and only as allowed by the source of funds. If the program did not exist, these costs will still be present.

Individual Contact: A service provided to a participant that falls within the categories of crisis intervention, counseling, health care, or advocacy, but that is not part of a home visit or Doula home visit. This service may take place via a letter, phone call, or face-to-face contact. Programs who provide assessment services should count their assessment visits as individual contacts.

In-Kind Support: The financial equivalent of services provided by volunteers or assets donated to support program activities. *(see Best Practice Standards on pages 35, 77, and 116)*

Intake: The documentation completed upon a participant's initial contact with the program. An intake must be completed to count a participant's data toward program outcomes.

- **Group Roster Only Intake**: The intake for participants attending only group services. Data of participants enrolled in this category are not counted toward program outcomes.
- **Doula-Only Intake**: The intake for participants who receive Doula only services.
- **Full Intake**: The intake for participants who receive home visiting or home visiting and Doula services combined.

Long-Term Services: The full range of home visiting program services provided to a participant on an ongoing basis. Long-term services are meant to include the intensity, duration, and frequency needed to achieve optimum results for participants. Also the term used to distinguish between participants enrolled as FSW/Doula versus those enrolled as Doula only.

Medical Home: A participant and child's routine place of medical care wherein their respective medical charts are located. *(see Best Practice Standards on pages 17, 26, 67, and 104)*

Monitor: Process by which IBTI program staff members assess contractual compliance and progress toward meeting contractual obligations. Methods may include site visits, quarterly reports, and fiscal audits.

OunceNet: The Web based IBTI Management Information System (MIS) used for program documentation, reporting, evaluation, and funding purposes. *(see Best Practice Standards on pages 44, 92, and 124)*

Quarterly Reports: The reports that reflect program and fiscal status for a three month period and that identify progress made toward achieving program benchmarks.

Referral: Services that direct a participant to another program, within the same agency or externally, that will meet the participant's needs. Referrals must be recorded in OunceNet.

Retention rate: The percentage of a given group of participants (e.g. all participants that first enrolled in FY06) that remained in the program for a specified period of time (e.g. 6 months, 1 year, 2 years, etc.). *(See Best Practice Standards on pages 35, 77, and 116)*

Screening: The process of testing a child's development on certain indicators using a standard instrument such as the Denver II, Brigance, Ages and Stages, or Batelle Developmental Inventory Screening. *(See Best Practice Standards on pages 14, 62, and 101)*

- **Rescreen**: The process of repeating a screen that was already performed on the same child. This generally occurs when the child's first score indicated the need for additional screening. A screening qualifies as a rescreen only if the same portion of a screen is repeated on the child. For example, it does not qualify as a rescreen if one portion of the Denver II is performed on 7/1/09 and a different portion of the Denver II is performed on the same child on 7/2/09.

Service Area: The geographic area of current or proposed programming for participants, as defined by the service organization. In Chicago, the service area is generally defined by the community area, while in the rest of the state the service area is usually defined by county.

Service Intensity Level: The frequency of the home visiting services provided to the participant. *(See Best Practice Standards on pages 10, 50, and 97)* The service intensity levels of non-Doula participants are:

- **Level X** – for New or Creative Outreach participants. New participants are those who have been enrolled in the program, but have not yet received activating services. Creative Outreach participants are those whose participation has been inconsistent or interrupted and efforts are being made to re-engage them**.**
- **Level 1P** – for pregnant participants receiving biweekly home visiting
- **Level 1** – for participants receiving weekly home visiting
- **Level 2** – for participants receiving biweekly home visiting
- **Level 3** – for participants receiving monthly home visiting
- **Level 4** – for participants receiving quarterly home visiting

All Doula participants are assigned to the **Doula Home Visiting Model** service level rather than the levels above. The frequency of visits for this Service Intensity Level is based on the Doula Home Visiting Model set forth in the Program Abstract.

Short-Term Participants: Participants targeted for short term or a single service component and not expected to be involved in long term home visiting within the IBTI program.

Staff Assignment: The primary person responsible for service delivery to the participant. This is not always the same staff person who completes the intake.

Staffing: Regular meeting held with direct and supervisory staff to discuss services and issues related to a particular participant's status and progress.

Supervision: The relationship and interaction between an employee and her or his direct supervisor. IBTI believes it is optimal that these relationships seek to ensure quality direct services and support the professional development of staff. The elements include reflection (listening and explaining), collaboration (mutual respect), and regularity (how often, time, structure, and availability). *(See Best Practice Standards on pages 36, 78, and 117)*

Target Child: The pregnancy or child that brings the participant into the program. For participants who are not pregnant at the time of enrollment, the target child is their youngest child. For participants who are pregnant at the time of enrollment, the target child is the child in utero.

Team Meeting: Regularly scheduled meeting held to address agency, team, community, administrative, or other issues related to the IBTI program. *(See Best Practice Standards on pages 38, 83, and 118)*

FY21 Subcontract Application & Submission Information

B1. Subcontract Submission Instructions & Due Dates

1. **IBTI Policy and Procedure Manual:** The FY21 Policy and Procedure Manual and forms are available on the IBTI Website: http://www.opfibti.org.

2. **Subcontract Agreement:** FY21 Award Letters, Boilerplates, and Payment Schedules will be sent to site Executive Contacts vie e-mail by May 1, 2019. This document needs to be reviewed and signed by the Executive Contact or a person authorized to sign contracts on behalf of your organization. The due date for receipt of the Subcontract Agreement is *4:00 p.m. on June 28, 2020.* Failure to return the Subcontract Agreement by the due date will be interpreted as indication that the agency does not wish to renew their Ounce Subcontract. Mail five (5) identical copies (ALL with original signatures and payment schedules attached) of the FY21 Subcontract Agreement to:

   IBTI Administration Manager
   Ounce of Prevention Fund
   33 West Monroe, Suite 1200
   Chicago, IL 60603

3. **Program Abstract and Budget:** Draft abstracts and budgets are due, via e-mail, to ibtiadmin@theounce.org by June 15, 2020. In the subject line of your e-mail, please include the following information: site name, fiscal year, and name(s) of document(s). Final FY21 Abstracts and Budgets are due to ibtiadmin@theounce.org by July 12, 2020. Please use the same naming convention for the final submission e-mail as used for the draft e-mail (site name, fiscal year, name of document).

4. **Program Narratives:** Draft narratives are due upon request typically once every three years and are sent via e-mail to ibtiadmin@theounce.org. In the subject line of your e-mail, please include the following information: site name, fiscal year, and name(s) of document(s). Please use the same naming convention for the final submission e-mail as used for the draft e-mail (site name, fiscal year, name of document).

SUBMISSION NOTES

- Contact the IBTI Program Manager for any questions related to required FY21 documents.
- Please notify the IBTI Program Manager via e-mail five (5) business days prior to the deadline if any portion of the Subcontract submission will be late. Late submissions of required Subcontract documents can delay delivery of site payments, and will be taken into consideration in discussions related to the approval of QIRs and other program expansion discussions.

B2. Subcontract Agreement

OUNCE OF PREVENTION FUND
Subcontract Agreement

This Agreement is by and between the **Ounce of Prevention Fund**, with its principal address at 33 West Monroe, Suite 1200, Chicago, Illinois 60603, hereinafter referred to as the "Agency" and _____ with its principal office at _____, hereinafter referred to as the "Service Subcontractor".

WHEREAS, it is the intent of the parties herein to implement the services consistent with and pursuant to the duties and responsibilities imposed by the Illinois Department of Human Services (IDHS), the Department of Family & Support Services (DFSS) and/or the Illinois State Board of Education (ISBE), depending on source funds as indicated in the annual award letter, and in accordance with the terms, conditions, and provisions hereof, it is agreed as follows:

1. **EFFECTIVE DATE**
This Agreement, for the period of July 1, 2020 through June 30, 2021, shall become effective when the Agency approves the Program Plan and Budget submitted by the Service Subcontractor. The signed Subcontract Agreement is due May 22, 2020. The Service Subcontractor shall submit its final Program Plan and Budget to the Agency no later than July 14, 2020. Costs incurred prior to the effective date hereof, after the expiration date hereof, or after earlier termination pursuant to the provisions of the Subcontract, shall not be paid by the Agency.

2. **TAXPAYER CERTIFICATION** (Service Subcontractor **MUST** complete)
Under penalties of perjury, the Service Subcontractor certifies that _____ is the Service Subcontractor's correct (please check one).

- ☐ Federal Taxpayer Identification Number
- ☐ Social Security Number

The Service Subcontractor is doing business as a (please check one).

- ☐ Individual
- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation (includes Not For Profit)
- ☐ Medical Corporation
- ☐ Governmental Unit
- ☐ Estate or Trust
- ☐ Pharmacy (Non-Corporate)
- ☐ Nonresident Alien
- ☐ Pharmacy/Funeral Home/Cemetery Corporation
- ☐ Tax Exempt/Hospital/Extended Care Facility

The Service Subcontractor also certifies that it does and will comply with all provisions of the Federal Internal Revenue Code, the Illinois Revenue Act, and all rules promulgated thereunder, including withholding provisions and timely deposits of employee taxes and unemployment insurance taxes.

3. **PAYMENT**

A. The maximum amount payable by the Agency to the Service Subcontractor under this Agreement is $ _____ .

The Agency agrees to initiate payment by check to the Service Subcontractor according to the attached payment schedule, upon receipt by the Agency of payment from the fund source, e.g., IDHS, DFSS, or ISBE. The Agency may exercise the right to withhold monthly payments until required reports and/or forms are received and approved.

B. Obligations of the Agency will cease immediately without penalty or further payment being required if, in any fiscal year, the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this Agreement. The Agency shall notify the Service Subcontractor of such funding failure.

C. If the funds awarded are subject to the provisions of the Grant Funds Recovery Act, (30 ILCS 706), any funds remaining at the end of the Agreement period which are not expended or legally obligated by the Service Subcontractor shall be returned to the Agency within forty-five days after the expiration of this Agreement. The provisions of 89 III Adm. Code 511 shall apply to any funds awarded that are subject to the Grant Funds Recovery Act.

D. If applicable, federal funds received under this Agreement shall be managed in accordance with the Cash Management Improvement Act of 1990, (31 U.S.C. 6501 et seq.) and any other applicable federal laws or regulations.

E. The Service Subcontractor agrees to hold harmless the Agency when the Agency acts in good faith to redirect all or a portion of any Service Subcontractor payment to a third party. The Agency will be deemed to have acted in good faith if it is in possession of information that indicates the Service Subcontractor authorized the Agency to intercept or redirect payments to a third party or when so ordered by a court of competent jurisdiction.

F. The Agency reserves the right to decrease the maximum amount payable under this Agreement if: 1) staff and/or consultants are not hired within thirty days after a) effective date of subcontract, b) projected hire date, or c) vacancy occurs; 2) line items are not expended according to schedule or are utilized in a manner that was not authorized, as evidenced in the quarterly expense reports; or 3) if an acceptable amendment reallocating dollars is not submitted within thirty days from the submission of the quarterly expense report, and approved within sixty days from the submission of the quarterly expense report.

G. Grant funds disbursed under this Agreement and held thirty days by the Service Subcontractor will be placed in an interest-bearing account. Any exception to this requirement must be approved, in writing, by the Agency. The provision of the Illinois Grant Funds Recovery Act shall apply.

H. The Service Subcontractor acknowledges that the Agency has entered into a contract with IDHS, DFSS, and/or ISBE to provide certain services, including those described in the Agreement. The terms of this Agreement are subject to the contract executed between the IDHS, DFSS, and/or ISBE and the Agency. The Service Subcontractor agrees to assist the Agency in performing the Agency's obligations under said contract(s).

I. The Service Subcontractor certifies that an amount, no less than 10% of the grant award, is allocated by the Service Subcontractor to supplement Ounce of Prevention Fund/IBTI funds for the services delivered under this Agreement. This contribution may be cash or in-kind.

4. **SCOPE OF SERVICES**

The Service Subcontractor will provide the programs and services described in the Attachment(s) to this Agreement and in accordance with all conditions and terms set forth herein.

The Service Subcontractor agrees to undertake and perform according to the terms of this Agreement, all of their services mutually determined and approved in the most recent Program Narrative, Program Abstract, and Amendments.

The Service Subcontractor agrees to design their Agency-funded Program Plan, based on the program components, principals, and practices listed in the Ounce of Prevention Fund/IBTI Best Practice Standards (see Ounce of Prevention Fund/Illinois Birth to Three Institute FY21 Policy and Procedure Manual, Sections A3-A6). The Program Narrative and Abstract shall be designed to achieve the IBTI Program Outcomes. Once accepted by the Agency, the Program Narrative and Abstract may not be modified without the express written consent of the Agency.

The overall goal of the Ounce of Prevention Fund/IBTI is to provide education and support to children, adolescents, and their families through community-based programs. The following chart delineates the desired outcomes of services to pregnant and parenting teens and their children, with the measurements used to indicate achievement. Sites which provide only Doula services via this Service Subcontract shall meet the outcome measurements with references to Doulas and Doula sites in the chart that follows.

IBTI Outcomes

Desired Outcomes	Indicators of Outcome Achievement (Measures)
Healthy parent-child relationships	• Improved parent-child relationships as measured by parent efficacy scales • Frequency of father contact • Number of parent-child interaction videos completed and reviewed with parents • Participant rates of indicated child abuse/neglect lower, after program involvement, than rates of pregnant and parenting teens in comparable groups • Number of referrals for infant mental health services
Healthy growth and development of children of pregnant and parenting teens	• Children of participants' immunization rates higher, after program involvement, than rates of children from comparable groups • 100% of participants' children enrolled with a medical provider for well child and tertiary health care • Increased rates of WIC enrollment • 100% of participants' children receive developmental screening on schedule • 100% of children identified as being in need of developmental assessment via the screening process or by staff observation are referred to Child & Family Connections or other appropriate resource for follow-up, if they are not currently receiving services, to address potential developmental issues • Increased rates of breastfeeding initiation and duration for participants recruited prenatally
Reduction in expected rates of subsequent births	• Participant subsequent birth rates lower, after program involvement, than rates of teens in comparable groups • Rates of contraceptive use among sexually active participants higher, after program involvement, than rates of teens in comparable groups
Improved health and emotional development of pregnant and parenting teens	• 100% of participants enrolled with a medical provider for preventive, prenatal, and tertiary healthcare • Number of referrals for mental health assessment and treatment • Number of referrals for intimate partner violence intervention • Number of referrals for substance abuse treatment • Percentage of participants attending groups • Number engaged at the beginning of the third trimester for programs with Doulas
Enhanced self-sufficiency	• Improved vocational readiness as measured by increases in educational levels/high school or equivalency attainment and/or vocational training completion after program involvement • Improved rates of work activity for participants age 17 and up after program involvement • 100% of participants learn goal-setting skills and complete at least two Goal Plans per year (including birth plans for Doula sites) • Number of homelessness/transience experiences per participant per year • High school dropout rates among participants lower than rates among comparable groups of teen parents

5. **REQUIRED CERTIFICATIONS**

The Service Subcontractor shall be responsible for compliance with the enumerated certifications to the extent that the certifications legally apply to the Service Subcontractor. The Agency recognizes that not all certifications may apply to the Service Subcontractor. It is the Service Subcontractor's responsibility to determine which certifications apply.

A. **Bribery** – The Service Subcontractor certifies that the Service Subcontractor has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor made an admission of guilt of such conduct which is a matter of record, (30 ILCS 500/50-5).

B. **Bid Rigging** – The Service Subcontractor certifies that it has not been barred from contracting with a unit of State or local government as result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961, (720 ILCS 5/33E-3 or 720 ILCS 5/33#-4, respectively).

C. **Educational Loan** – The Service Subcontractor certifies that it is not barred from receiving State Agreements as a result of default on an educational loan, (5 ILCS 385).

D. **International Boycott** – The Service Subcontractor certifies that neither it nor any substantially owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979, (50 U.S.C. Appx. 2401 et seq.), or the regulations of the U.S. Department of Commerce promulgated under that Act, (15 CFR Parts 730 through 774).

E. **Dues and Fees** – The Service Subcontractor certifies that the Service Subcontractor is not prohibited from selling goods or services to the State of Illinois because it pays dues or fees on behalf of its employees or agents, or subsidizes or otherwise reimburses them, for payment of their dues or fees to any club which unlawfully discriminates, (775 ILCS 25/1, 25/2).

F. **Drug Free Work Place** – The Service Subcontractor certifies that neither it nor its employees shall engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of this Agreement and that the Service Subcontractor is in compliance with all the provisions of the Illinois Drug Free Workplace Act, (30 ILCS 580/3 or 580/4).

G. **Clean Air Act and Clean Water Act** – The Service Subcontractor certifies that it is in compliance with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act, (42 U.S. C. 7401 et seq.) and the Federal Water Pollution Control Act, as amended, (33 U.S.C. 1251 et seq.).

H. **Debarment** – The Service Subcontract certifies that the Service Subcontractor is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this Agreement by any Federal department or agency, (45 CFR Part 76).

I. **Pro-Children Act** – The Service Subcontractor certifies that it is in compliance with the Pro-Children Act of 1994 in that it prohibits smoking in any portion of its facility used for the provision of health, day care, early childhood development services, education, or library services to children under eighteen, which services are supported by Federal or State government assistance (except portions of the facilities which are used for inpatient substance abuse treatment), (20 U.S.C. 6081 et seq.).

J. **Health Insurance Portability and Accountability Act** - The Service Subcontractor certifies that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law No. 104-191, 45 CFR Parts 160, 162 and 164, the Social Security Act, 42 U.S.C. §1320d-2 through 1320d-7, in that it may not use or disclose protected health information other than as permitted or required by law and agrees to use appropriate safeguards to prevent use or disclosure of the protected health information. The Provider shall maintain, for a minimum of six (6) years, all protected health information.

6. **UNLAWFUL DISCRIMINATION**

The Service Subcontractor and its employees shall comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment, and equal employment opportunity including, but not limited to, the following laws and regulations and all subsequent amendments thereto:

A. The Illinois Human Rights Act, (775 ILCS 5).

B. Public Works Employment Discrimination Act, (775 ILCS 10).

C. The United States Civil Rights Act of 1964 (as amended), (42 U.S.C. 2000a-2000h-6). (See also guidelines to Federal Financial Assistance Recipients regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons [Federal Register: February 18, 2002 (Volume 67, Number 13, Pages 2671-2685.)]).

D. Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. 794).

E. The Americans with Disabilities Act of 1990, (42 U.S.C. 12101).

F. Executive Orders 11246 and 11375, (Equal Employment Opportunity) and Executive Order 13160 (2000), (Improving Access to Services for Persons with Limited English Proficiency).

7. **LOBBYING**

The Service Subcontractor certifies that no federal appropriated funds have been paid or will be paid, by or on behalf of the Service Subcontractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal agreement, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal agreement, grant, loan, or cooperative agreement.

If any funds, other than federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence any of the above persons in connection with this Agreement, the undersigned must also complete and submit federal form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

If there are any indirect costs associated with this Agreement, total lobbying costs shall be separately identified in the indirect cost rate proposal, and thereafter treated as other unallowable activity costs.

The Service Subcontractor must include the language of this certification in the award documents for any sub-awards made pursuant to this award. All sub-recipients are also subject to certification and disclosure.

This certification is a material representation of fact upon which reliance was placed to enter into this transaction and is a prerequisite for this transaction, pursuant to 31 U.S.C. Sec. 1352. Any person who fails to file the required certifications shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

8. **CONFIDENTIALITY**

The Service Subcontractor shall comply with applicable state and federal laws and regulations, and the Agency's administrative rules, regarding confidential records or other information obtained by the Service Subcontractor concerning persons served under this Agreement. The records and information shall be protected by the Service Subcontractor from unauthorized disclosure.

9. **LIABILITY**

The Service Subcontractor agrees to indemnify, defend and hold harmless the Agency from and against any and all liability, expense (including court costs and reasonable attorney's fees) and claims for damage of any nature whatsoever, whether known or unknown and whether direct or indirect, as though expressly set forth and described herein, which the Agency may incur, suffer, become liable for or which may be asserted or claimed against the Agency as a result of the acts, errors or omissions, including negligent acts and statutory violations, of Service Subcontractor or as a result of the acts, errors, or omissions of Service Subcontractor's agents, directors, employees, officers, representatives and shareholders unless Service Subcontractor's agents, directors employees, officers, representatives or shareholders were acting pursuant to and in accordance with express written instructions from the Agency. The Service Subcontractor hereby indemnifies the Agency for costs, claims, damages, or other losses incurred or associated with injuries sustained by any agent, director, employee, officer, representative, or shareholder of Service Subcontractor while performing services in accordance with this Agreement which have not been compensated by workers compensation.

10. **MAINTENANCE AND ACCESSIBILITY OF RECORDS**

A. The Service Subcontractor shall maintain, for a minimum of five years from the later date of final payment under this Agreement or the expiration of this Agreement, adequate books, records, and supporting documents to comply with 89 Ill Adm. Code 509.

B. The Service Subcontractor agrees to make books, records and supporting documentation relevant to this Agreement available to authorized Agency representatives, auditors (including the Illinois Auditor General), state and federal authorities, and any other person as may be authorized by the Agency or by state and federal authorities. The Service Subcontractor will cooperate fully in any such audit.

C. Failure to maintain books, records, and supporting documentation shall establish a presumption in favor of the Agency for the recovery of any funds paid by the Agency under this Agreement for which adequate books, records, and supporting documentation are not available to support disbursement.

D. Service Subcontractor agrees to maintain complete records of its activities utilizing the OunceNet Management Information System as its primary method of documentation under this Subcontract. Sites only funded by the Ounce of Prevention Fund for Doula services shall document services in the modified version of OunceNet. Records for each participant shall include signed Ounce of Prevention Fund Consent and Participation Form (rev. 4/1/14), initial referral information, ongoing services provided to the participant, assessments, changes in pregnancy or parenting status, participant service plans (if applicable), parent questionnaires, parent screenings (if applicable), staffing information, legal documents, and correspondence.

E. All Program participant files must include hard copy records that document any outcome indicators submitted to Agency via quarterly reports, e.g., developmental screening records, child immunizations, contraceptive use and health-related information, and educational status. For sites funded for Doula Services through ISBE/DFSS, participant files must contain a completed annual satisfaction survey.

F. The Subcontractor agrees to keep all participant files secured for reason of confidentiality. For reasons of program audits by either the Agency or DHS, these records are to be maintained for six years after termination of this Agreement.

11. **RIGHT OF AUDIT AND MONITORING**

The Agency shall monitor the Service Subcontractor's conduct under this Agreement which may include, but shall not be limited to, reviewing records of program performance in accordance with administrative rules, license status review, fiscal and audit review, Agreement compliance, and compliance with affirmative action requirements of this Agreement.

The Agency may request, and Service Subcontractor will supply, upon request, necessary information and documentation regarding transactions constituting contractual (whether a written contract is in existence or not) or other relationships, paid for with funds received hereunder. Documentation may include, but is not limited to, information regarding Service Subcontractor's contractual agreements, identity of agents, employees, officers, representative or shareholders, and of Service Subcontractor, and any party providing services which will or may be paid for with funds received hereunder, including, but not limited to, management and consulting services rendered to Service Subcontractor.

12. **AUDIT REQUIREMENTS**

The Service Subcontractor will annually submit an independent audit report and/or supplemental revenue and expense data to the Agency in accordance with 89 III Adm. Code 507, (Audit Requirements of the Department of Human Services) within 180 days following the completion of the Service Subcontractor's fiscal year, to enable the Agency to perform fiscal monitoring and to account for the usage of funds paid to the Service Subcontractor under this Agreement. For those organizations required to submit an independent audit report, the audit is to be conducted by a Certified Public Accountant or Certified Public Accounting Firm registered in the State of Illinois.

The audit must provide a clear and traceable accounting of funds received under this Agreement. Additional audit requirements may be contained in the Attachment(s).

The Service Subcontractor shall submit two copies of its independent audit by December 31, 2020 to: IBTI Fiscal Advisor, Ounce of Prevention Fund, 33 West Monroe, Suite 1200, Chicago, IL 60603.

13. **INDEPENDENT SERVICE SUBCONTRACTOR**

The Service Subcontractor is an independent Service Subcontractor and its employees and consultants do not acquire employment rights with the Agency, IDHS, DFSS, ISBE, or the State of Illinois by virtue of this Agreement.

14. **SANCTIONS**

The Agency may impose sanctions on Service Subcontractors who fail to comply with conditions stipulated herein. Sanctions include, but are not limited to, payment suspension, loss of payment, and enrollment limitations (included, but not limited to, conditional, probationary, and termination status), or other actions up to and including subcontract termination.

15. **TERMINATION OF THE AGREEMENT**

Either party may terminate this Agreement at any time, for any reason, upon thirty days written notice to the other party. The Agency may terminate this Agreement immediately in the event the Service Subcontractor substantially or materially breached the Agreement. The Service Subcontractor shall be paid for work satisfactorily completed prior to the date of termination.

16. **POST-TERMINATION/NON-RENEWAL**

Upon notice by the Agency to the Service Subcontractor of the termination of this Agreement or notice that the Agency will not renew, extend or exercise any options to extend the term of this contract, or that the Agency will not be contracting with Service Subcontractor beyond the term of this Agreement, the Service Subcontractor shall, upon demand:

A. Cooperate with the Agency in assuring the transition of recipients of services hereunder for whom Service Subcontractor will no longer be providing the same or similar services or who chose to receive services through another provider.

B. Provide copies of all records related to recipient services funded by the Agency under this Agreement.

C. Grant reasonable access to the Agency to any and all program sites serving recipients hereunder to facilitate interviews of recipients to assure a choice process by which recipients may indicate Service Subcontractor preference.

D. Provide detailed accounting of all service recipients' funds held in trust by Service Subcontractor, as well as the identity of any recipients for whom Service Subcontractor is acting as a representative payee of last resort.

E. The Agency shall not be liable for payment for service provided after the Subcontract termination date. Upon cessation of a continuing contractual relationship for this program, the Service Subcontractor shall return to the Agency all funds received from the Agency, which are in excess of actual costs for providing the Subcontract services which were delivered before the Subcontract was terminated or expired. Such excess of revenue above expenses shall be returned to the Agency by check(s) payable to the Ounce of Prevention Fund, no later than forty-five days after approval by the Agency of the required final fiscal report.

The promises and covenants of this paragraph, specifically, shall survive the term of this Agreement for the purposes of the necessary transition of recipients of services hereunder.

17. **SUB-SUBCONTRACTS**

The Service Subcontractor will not utilize the services of a sub-subcontractor to fulfill any obligations under this Agreement without prior written consent of the Agency.

Any work or professional services sub-subcontracted for shall be specified by written contract, and shall be subject to all provisions contained in this Agreement. The Service Subcontractor shall be liable for the performance of any person, organization, or corporation with which it contracts. The Agency shall not be responsible to any sub-subcontractor.

18. **NOTICE OF CHANGE**

The Service Subcontractor shall give thirty days prior written notice to the Agency (contact person[s] listed on the Abstract) if there is a change in the Service Subcontractor's legal status, federal employment identification number (FEIN), or e-mail and street address. The Agency reserves the right to take any and all appropriate action.

The Service Subcontractor agrees to hold harmless the Agency for any acts or omissions by the Agency, resulting from the Service Subcontractor's failure to notify the Agency of these changes.

In the event the Service Subcontractor, its parent, or related corporate entity, becomes a party to any litigation, investigation, or transaction that may reasonably be considered to have material impact on the Service Subcontract's ability to perform under this Agreement, the Service Subcontractor will immediately notify the Agency in writing.

19. **ASSIGNMENT**

The Service Subcontractor understands and agrees that this Agreement may not be sold, assigned, or transferred in any manner, and that any actual or attempted sale, assignment, or transfer without the prior written approval of the Agency shall render this Agreement null, void, and of no further effect.

20. **MERGERS/ACQUISITIONS**

The Service Subcontractor acknowledges that this Agreement is made by and between the Agency and Service Subcontractor, as Service Subcontractor is currently organized and constituted. No promise or undertaking made hereunder is an assurance that the Agency agrees to continue this Agreement, nor any licensure related thereto, should the Service Subcontractor reorganize or otherwise substantially change the character of its corporate or other business structure. The Service Subcontractor agrees that it will give the Agency prior notice of any such action and provide any and all reasonable documentation necessary for the Agency to review the proposed transaction and to include corporate and shareholder minutes of any corporation which may be involved, as well as financial records. Failure to comply with this paragraph shall constitute a material breach of this Agreement.

21. **CONFLICT OF INTEREST**

The Service Subcontractor agrees that payments made by the Agency under this Agreement will not be used to compensate, directly or indirectly, any person: 1) Currently holding an elective office in the State of Illinois, including, but not limited to a seat in the General Assembly, or, 2) Employed by an office or agency of the State of Illinois with annual compensation in excess of $90,000.00, as provided in the Illinois Procurement Code.

22. **TRANSFER OF EQUIPMENT**

The Agency shall have the right to require transfer (including title) to the Agency of any equipment purchased in whole or in part under the terms of this Agreement. For this Agreement, equipment means any product (tangible and non-tangible) used in the administration and/or operation of the program having a useful life of one year or more and an acquisition cost of at least $500. Upon termination of this Agreement or any subsequent agreement for these services, any equipment exceeding $500 in value at the time of purchase which was purchased with Agency funds shall be returned to the Agency within ninety days, unless otherwise agreed to in writing.

23. **WORK PRODUCT**

Except as otherwise required by law, any work product such as written reports, memoranda, documents, recordings, drawings, data, software, or other deliverables developed in the course of or funded under this Agreement shall be considered a work made for hire and shall remain the exclusive property of the Agency. There shall be no dissemination or publication of any such work product without the prior written consent of the Agency. The Service Subcontractor acknowledges that the Agency is under no obligation to give such consent and that the Agency may, if consent is given, give consent subject to such additional terms and conditions as the Agency may require.

Upon written consent of the Agency, the Service Subcontractor may retain copies of its work product for its own use provided that all laws, rules, and regulations pertaining to confidentiality are observed.

The Service Subcontractor may not copyright the material without the prior written consent of the Agency. The Service Subcontractor acknowledges that the Agency is under no obligation to give such consent and that the Agency may, if consent is given, give consent subject to such additional terms and conditions as the Agency may require.

24. **RELEASES**

In the event that Agency funds are used in whole or in part to produce any written publications, announcements, reports, flyers, brochures or other written materials, the Service Subcontractor agrees to include in these publications, announcements, reports, flyers, brochures and all other such material, the phrase "funding provided in whole or in part by the Ounce of Prevention Fund/Illinois Department of Human Services (or ISBE, or DFSS, based on source funds). Exceptions to this requirement must be requested, in writing, to the Agency and will be considered authorized only upon written notice to the Service Subcontractor.

25. **PRIOR NOTIFICATION**

The Service Subcontractor agrees to notify the Agency prior to issuing public announcements or press releases concerning work done pursuant to this Agreement, or funded in whole or in part by this Agreement, and cooperate with the Agency in joint or coordinated releases of information.

26. **INSURANCE**

The Service Subcontractor shall purchase and maintain in full force and effect during the term of this Agreement, insurance sufficient to cover the replacement cost of any and all real and/or personal property purchased or otherwise acquired, in whole or in part, with funds disbursed pursuant to this Agreement. If a claim is submitted for real and/or personal property purchased in whole with funds from this Agreement, such money shall be surrendered to the Agency. If the Service Subcontractor's cost of property and casualty insurance increases by 25% or more, or if new state regulations impose additional costs to the Service Subcontractor during the term of this Agreement, then the Service Subcontractor may request the Agency to review this Agreement and adjust the compensation or reimbursement provisions thereof in accordance with any agreement reached, all of which shall be at the sole discretion of the Agency and subject to the limitations of the Agency's appropriated funds. As used herein, "sufficient insurance" means $50,000.00 (minimum).

The Service Subcontractor shall purchase and maintain in full force and effect during the term of this Agreement, adequate liability insurance for any client transportation, including insurance coverage for program staff transporting clients in their personal vehicles. As used herein, "adequate liability insurance" means $1,000,000.00 (minimum).

The Service Subcontractor shall furnish, and keep in force and effect at all times during the term of this Agreement, workers' compensation insurance covering all employees of Service Subcontractor.

27. **PERFORMANCE OF SERVICES**

The Service Subcontractor shall be responsible for compliance with all laws and regulations governing compensation and benefits for its employees and subcontractors.

28. **GIFTS AND INCENTIVES PROVISION**

The Service Subcontractor is prohibited from giving gifts to Agency and IDHS, ISBE and/or DFSS employees, (5 ILCS 425/1 et seq.). The Service Subcontractor will provide the Agency with advance notice of the Service Subcontractor's providing gifts, excluding charitable donations, given as incentives to community-based organizations in Illinois and clients in Illinois to assist the Service Subcontractor in carrying out its responsibilities under this Agreement.

29. **RENEWAL**

This Agreement may be renewed unilaterally by the Agency for additional periods. The Service Subcontractor acknowledges that this Agreement does not create any expectation of renewal.

30. **AMENDMENTS**

The Service Subcontractor will seek and receive the Agency's written approval through an amendment before making material programmatic or budgetary changes, or when there are changes in an amount greater than $1000, or 20% of the budgeted amount, whichever is greater, for any line item in the budget.

31. **SEVERABILITY**

If any provision of this Agreement to be declared invalid, its other provisions shall not be affected thereby.

32. **WAIVER**

No failure of the Agency to assert any right or remedy hereunder will act as a waiver of its right to assert such right or remedy at a later time, nor constitute a "course of business" upon which Service Subcontractor may rely, for the purpose of denial of such a right or remedy to the Agency.

33. **LAWS OF ILLINOIS**

To the extent not preempted by federal law, this Agreement shall be governed and construed in accordance with the laws of the State of Illinois.

34. **STATUTORY/REGULATORY COMPLIANCE**

This Agreement and the Service Subcontractor's obligations and services hereunder are hereby made and must be performed in compliance with all applicable federal and state laws and regulations, including any and all licensure and/or professional certification provisions.

35. **REPORTING**

Information is required on a quarterly basis related to program, data and budget. For FY21, an abbreviated program narrative report will be submitted for the 1st and 3rd quarters and the full program narrative report will be submitted for the 2nd and 4th quarters (see section D of the IBTI FY21 Policy and Procedure Manual). All specific funder source requirements for reporting program, data, and budget information must be met. (See Sections D and E in the IBTI FY21 Policy and Procedure Manual for schedule of required submissions.)

The Service Subcontractor agrees to fully participate in the statewide OunceNet Management Information System (MIS) or to implement another data collection tool specified by the Agency. The Service Subcontractor agrees to cooperate with all elements of data collection, training, tracking, and reporting of information as required by the Agency.

36. **COOPERATION WITH AGENCY RESEARCH AND EVALUATION**

The Service Subcontractor agrees to participate in evaluation activities to determine the effectiveness of services. These IBTI evaluation activities will provide valuable information for advocacy and program planning purposes that will support the continuation of IBTI program success. Evaluation activities will include: extensive analysis of all data currently in the OunceNet system as well as screenings or assessments of maternal depression, parent-child interactions, child outcomes, and other areas of possible interest.

37. **SERVICE LINKAGES AND REFERRALS**

The Service Subcontractor assures that linkages and referral procedures are formed with other community programs which provide agreed-upon services not available through the agency's own program. Agreements will be established with local drug, alcohol, mental health treatment, employment and training, community-based youth service programs, and the appropriate Illinois Healthy Families programs to assure that teenage parents and other high-risk groups have access to such programs and services. In Doula funded programs, linkage with local hospitals will be maintained to guarantee Doula access for attending labor and delivery.

The Service Subcontractor assures that in order to ensure effective networking for comprehensive services for adolescents in the target area of this Subcontract, cross-referral mechanisms have been established with the local Family Case Management provider (FCM), and other key service providers. Participation by the Service Subcontractor in local service provider networks is encouraged by the Agency.

38. **MEETINGS AND TRAININGS**

The Service Subcontractor agrees to provide training to meet the training needs of the staff providing services under this Subcontract.

The Service Subcontractor agrees to release the appropriate staff and/or administrative representatives from duties and budget adequate funds to allow staff to attend trainings and/or meetings provided by the Agency.

39. **HIRING**

At the request of the subcontracting agency, Ounce of Prevention Fund staff can be involved in the selection process for Program Management Contacts, Supervisors, Parent Group Coordinators, and Infant Mental Health Clinicians. This includes review of resources and participation in final interviews.

40. **PERSONNEL**

The Service Subcontractor attests that all personnel who directly provide services under this Subcontract are fully qualified to carry out their duties, and that all representations concerning Service Subcontractor personnel (academic credentials, work experience, number of staff, etc.) are true and correct.

The Service Subcontractor agrees to conduct legally permissible inquiries into the background of its employees and subcontractors, and the employees of its subcontractors, who will have direct contact with participants and their children.

The Service Subcontractor will develop job descriptions and staff development plans for all Agency funded (total or partial) positions (including volunteers). Job descriptions will be kept on file at the Service Subcontractor's site and made available to Agency staff upon request.

The Service Subcontractor will notify the Agency in writing of all staff changes. Notification must occur as soon as changes are anticipated or upon written or oral notification of resignation or termination. The Service Subcontractor will not change staffing structure without prior mutual consent from the Agency via an amendment**.**

41. **PROBATIONARY STATUS**

The Agency reserves the right to place the Service Subcontractor on probationary status in the event that services are not being carried out appropriately, in the event of inadequate fiscal compliance, or in the event of noncompliance with reporting requirements delineated herein.

42. **CHILD ABUSE AND NEGLECT REPORTING PROTOCOL**

All Service Subcontractors provide direct service to youth and/or their families. As such, all Service Subcontractors' staff are considered mandated reporters of suspected cases of child abuse and neglect. Service Subcontractors must make available to the Ounce of Prevention Fund, for inspection, the current written agency protocol for reporting and responding to suspected cases of child abuse and neglect.

43. **HEALTHY FAMILIES ILLINOIS (applies to HFI-funded agencies only)**

All sites funded for PTS-HFI must require Healthy Families America Integrated Strategies Training for staff, and must pursue, achieve, and retain credentialing status for their program through Prevent Child Abuse America (PCAA).

44. **PARENTS AS TEACHERS (applies to PAT-funded agencies only)**

All sites funded for PAT-PAT must require Parents as Teachers Foundational and Model Implementation training for staff, and must pursue, achieve, and retain quality endorsement status for their program through Parents as Teachers National Center.

45. **ILLINOIS STATE BOARD OF EDUCATION & THE DEPARTMENT OF FAMILY & SUPPORT SERVICES – FUNDED SITES**

All sites funded to provide services via the ISBE or DFSS contracts will be limited up to 5% administrative or non-direct program costs, per the fiscal requirements of the ISBE and DFSS grants. The limitation will be 18% for all DHS-funded sites. Purchase of single items costing more than $500, and with a useful life of more than one year, through these grants require pre-approval by the funder. All sites must provide a breakdown of fringe costs as an addendum to their Quarterly Cost reports, so that worker's compensation and unemployment compensation can be reported separately. See section B-6 of the FY21 Policy and Procedure Manual for a further explanation of allowable costs under these funding sources. Per the requirements of the funder, DFSS-funded sites must also provide detailed program expenditure information with their Quarterly Cost reports. See Section B-6 of the IBTI FY21 Policy and Procedure Manual for a further explanation of allowable costs under these funding sources. Preliminary fiscal reports for ISBE subcontractors will be due to the Ounce of Prevention Fund twelve (12) days after the close of each quarter of the fiscal year. Preliminary fiscal reports for DFSS funded subcontractors will be due to the Ounce of Prevention Fund five (5) days after the close of each quarter of the fiscal year. DFSS preliminary fiscal reports must also include detailed summaries of program expenditures by line item, and ADP payroll reports of all staff listed in the Personnel Breakout and funded by DFSS. Program reporting will occur via the OunceNet Management Information System and/or hard-copy submission of completed forms provided by the Ounce/IBTI.

46. **OTHER ASSURANCES**

The Service Subcontractor further agrees to carry out any and all additional Assurances attached to the annual Award Letter.

47. **ENTIRE AGREEMENT**

The Service Subcontractor and the Agency understand and agree that this Agreement constitutes the entire agreement between, them and that no promises, terms, or conditions not recited herein or incorporated herein or referenced herein including prior agreements or oral discussions shall be binding upon either the Service Subcontractor or the Agency. In the event there is a conflict between this Agreement and any of the Attachments or documents referenced in the attachments, this Agreement shall control.

In witness whereof, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

This Agreement shall not be assigned to any other agency or organization.

This Agreement is binding when signed and dated by both parties to the Agreement:

_____	_____
Ounce of Prevention Fund	Service Subcontractor
Title: _____	Title: _____
Date: _____	Date: _____

FY 2021 PAYMENT SCHEDULE

JULY 1, 2020– JUNE 30, 2021

FOR SUBCONTRACT WITH

OUNCE OF PREVENTION FUND/ILLINOIS BIRTH TO THREE INSTITUTE

Subcontractor Name

Subcontract Amount: $$196,000

Subcontract Period	Amount	Payment Dates and Conditions
July	$16,333.00	Within two weeks of funding source payment(s) to Agency
August	$16,333.00	September 1, pending approval of any amendments, or funding source payment(s) to Agency, whichever is later
September	$16,333.00	October 1, pending funding source payment(s) to Agency
October	$16,333.00	November 1, pending approval of fiscal and program reports due 10/15 (ISBE drafts) and 10/30 (ISBE finals), or funding source payment(s) to Agency, whichever is later
November	$16,333.00	December 1, pending approval of any amendments, or funding source payment(s) to Agency, whichever is later
December	$16,333.00	January 1, pending funding source payment(s) to Agency
January	$16,333.00	February 1, pending approval of fiscal and program reports due 1/15 (ISBE, DFSS drafts) and 1/30 (ISBE, DFSS, DHS finals) respectively, or funding source payment(s) to Agency, whichever is later
February	$16,333.00	March 1, pending approval of any amendments, or funding source payment(s) to Agency, whichever is later
March	$16,333.00	April 1, pending funding source payment(s) to Agency
April	$16,333.00	May 1, pending approval of fiscal and program reports due 4/15 (ISBE drafts) and 4/30 (ISBE, DFSS, DHS finals), or funding source payment(s) to Agency, whichever is later
May	$16,333.00	June 1, pending approval of any required amendments due 5/8, or funding source payment(s) to Agency, whichever is later
June	$16,337.00	August 1, pending approval of fiscal and program reports due 7/15 (ISBE, DFSS drafts) and 7/30 (ISBE, DFSS, DHS finals), or funding source payment(s) to Agency, whichever is later

B4. Program Narrative

SERVICE AGENCY SUBCONTRACTOR

Agency Name:

Street:

City: **County:** **Zip:**

Phone: **Fax:**

Email:

PRIMARY SERVICE SITE

Program Name:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

Onsite Program Supervisor:

PROGRAM MODEL

☐ Healthy Families Illinois ☐ Parents as Teachers ☐ Nurse Family Partnership

Program Narrative Instructions

Please answer the following questions as thoroughly as possible, providing an in-depth description of the services provided through the Ounce funded program. Please answer the questions as if the reader is not familiar with the program. If a particular question is not relevant to the program, please indicate this by answering "Not Applicable" or "Does Not Apply". If guidance is needed on how to respond to a particular question, please contact the IBTI Program Manager.

I. Community Partnerships and Participant Intake Process

A. COMMUNITY NETWORKING: Name and describe the community organizations, associations or networks (i.e. Local Area Networks, maternal-child health initiatives) that the program participates in on a regular basis, including frequency of meetings.

B. LINKAGE PARTNERS: List the primary agencies that provide referrals to the home visiting program. Also describe the nature and frequency of contact with the organizations listed. Please list the approximate number of referrals received annually from each linkage partner. Please list the names of the high schools in your service area.

C. ELIGIBILITY AND INTAKE: Give a brief overview of the process of determining eligibility for program services. (HFI Programs: Describe the screening and/or assessment process; NFP Programs: Describe how eligibility is determined and the program intake process; PAT Programs: Describe the intake process)

D. WAITING LIST AND REFERRALS: Describe your process for maintaining a waiting list (if applicable). Also list the collaborative partners to whom participants who do not meet the requirements of the target group or those who screen/assess positive when home visiting caseloads are full will be referred.

II. Home Visiting Description

A. CURRICULUM:

1. List all curricula currently used for home visiting, including the tool for developmental screening. PAT Programs: Please include a description of the hearing and vision screening protocol that will be implemented.

2. Describe how the program enhances the parent-child relationship through home visiting.

    a. Include the plan for implementation of CB-FANA activities.

    b. Include the plan for implementation and support of DTSP intervention with families (if applicable).

3. Describe how you address literacy promotion activities in home visiting services.

B. CREATIVE OUTREACH: Describe the process used use for identifying which families will be on "creative outreach" status and how participants will transition to active enrollment or termination.

C. HOME VISITING FREQUENCY: Describe the plan for home visiting frequency, including criteria for increasing or decreasing frequency of home visits.

D. TERMINATION OF PROGRAM PARTICIPATION: Describe the process of transition for participants who are leaving or graduating from the program. Include a description of the participant exit interview process, plan for linking participants with additional resources, and any graduation ceremony that may be held.

E. EVALUATION PLAN: Describe how home visiting services will be evaluated, including process for participant feedback, via program surveys or other methods.

III. Group Services Description

A. RECRUITMENT: Describe steps taken to recruit participants in group services through home visiting, phone calls, and other marketing strategies.

B. RETENTION: Describe activities to maintain attendance and keep participants engaged in group services, including recognition, program incentives and leadership opportunities.

C. PRENATAL GROUP DESCRIPTION: Describe the structure of prenatal groups, including the number of weeks per group cycle, and the primary topics to be covered. List any specific curricula and materials utilized in prenatal groups.

D. PARENTING GROUP DESCRIPTION: Describe projected number of parenting groups per year (including plan for any breaks in group sessions) and primary topics typically covered. Share examples of how participants have input in topic planning. List any specific curricula and materials utilized in parenting groups.

E. OTHER PARENT GROUP DESCRIPTION: (Father's Group, Grandparent's Group, Reading Club, etc.) Describe plan for and nature of any specialized group services to be offered during the year.

F. VOLUNTEERS: Describe your plan for recruitment, screening (including background checks), supervision, and training for volunteers.

G. GROUP LOGISTICAL PLANNING: Describe the plan for the provision of child care, including facilities and staffing, meals and/or snacks, and transportation for group services.

H. EVALUATION PLAN: Describe how group services will be evaluated, including process for participant feedback and evaluation.

I. HEART TO HEART SUPPORT AND INTERVENTION PLAN: Please answer each of the following items as they specifically pertain to suspected or reported abuse disclosed in the Heart to Heart Group. The Child Abuse and Neglect Reporting Protocol is considered foundational to the Heart to Heart Site Support and Intervention Plan. Answers to the following items should detail the reporting/referral process for Heart to Heart.

1. Describe the steps to be taken when a Heart to Heart participant indirectly or directly states that they and/or their children are currently in or have faced an abusive situation.

2. Describe the steps to be taken and the staff involved who will ensure that a participant and their children receive and follow through on appropriate referrals.

3. Describe the steps to be taken to support staff members that experience the disclosure of abuse in a Heart to Heart group.

IV. Doula Service Description

A. Intake Process and Community Partnerships

1. ELIGIBILITY AND INTAKE: Give a brief overview of the process of determining eligibility for Doula services, including how the program will prioritize participants if need exceeds availability of services.

2. WAITING LIST AND REFERRALS: Please describe your process for maintaining a waiting list (if applicable) for Doula services. Also describe the plan for how the program will try to link participants with services who do not meet the eligibility requirements, or during times when Doula caseloads are full.

3. LINKAGE PARTNERS: List the current primary community partners who provide referrals to your Doula program. Also describe the nature and frequency of contact with the organizations listed.

B. Doula Home Visiting

1. CURRICULUM: List materials and curricula used for Doula home visiting. Describe how CB-FANA activities are incorporated into Doula home visiting services.

2. RECRUITMENT AND ENGAGEMENT: Describe the process for recruiting and engaging participants in Doula services.

3. HOME VISITING PLAN: Describe the plan for home visiting frequency by Doulas during the prenatal and postnatal periods, including prenatal clinic visits and any joint visits with home visitors. Describe plan for coordinating Doula and Family Support Worker/Nurse Home Visitor/Parent Educator home visiting. Describe process for developing and utilizing birth plans.

4. DOULA-ASSISTED LABOR AND DELIVERY: Describe the plan for Doulas to provide labor and delivery support to Doula participants. Include plan for when Doula will begin labor support, and how back up support will be provided to Doulas if needed.

5. CLINICAL SUPPORT: Identify provider of clinical support for Doulas, the number of hours available monthly, and the plan for regular contact with Doulas (including follow-up to births), and Doula Program Supervisor.

6. TERMINATION OF PROGRAM PARTICIPATION: Describe the process of termination for Doula participants, including those who transition to long-term home visiting services, and those who do not continue in the home visiting program.

V. Infant Mental Health Services Description

A. STRUCTURE: Describe the staffing structure for Infant Mental Health services, including the use of interns if providing services to participants.

B. CLINICAL SERVICES:

1. Describe the assessment process and/or tool used to determine participant need for clinical services, the targeted number of families to be served at any time, and the expected duration of clinical services.

2. Describe the process for engaging families in Infant Mental Health services and for terminating involvement in this component of the program.

3. Describe the Maternal Depression Screening plan and protocol, including utilization of the clinician, and plan for clinical response when the clinician is unavailable.

C. STAFF CONSULTATION: Describe the plan for utilizing the IMH Clinician for case consultation, staff development, and case staffing.

D. COMMUNICATION: Describe the plan for regular communication to occur among the supervisor, clinician, home visitors, family assessment staff and parent group staff. Describe how staff will share information about the needs of participants.

VI. Program Management

A. SUPERVISION: Describe the structure of supervisory sessions, including topics typically addressed with staff. Describe how reflective supervisory practices are utilized.

B. SERVICE COLLABORATION WITHIN THE PROGRAM: Describe the plan for regular interface between staff across the program. Address how case-specific information, planning, coordination, and collaboration will occur between all service components.

C. STAFF ORIENTATION PLAN: Describe how new staff are oriented to their roles to ensure that they have the needed skills and knowledge to be effective in their positions.

D. DOCUMENTATION OVERSIGHT: Describe the plan for supervisory review of staff documentation, including home visiting, Doula, and group service documentation; and OunceNet data entry.

E. QUALITY ASSURANCE: Identify practices implemented in the agency and program to ensure quality services, such as participant file reviews, home visit shadowing, group service observation, and participant satisfaction surveys.

F. TEAM MEETINGS: Describe plan for regular team meetings in which program, agency, and other operational items are discussed.

G. CASE STAFFINGS: Describe plan for regular review and discussion of services provided to a participant or group of participants.

H. ADVISORY BOARD: Describe the structure, membership, and meeting frequency of the program's Advisory Board. If the Board is currently under development, list the steps in planning and timeline for implementation.

I. HFI PROGRAM MANAGEMENT (IF APPLICABLE)

1. Describe plan for conducting annual cultural sensitivity review activities with staff and participants. List any areas of focus for growth identified to date.

2. Describe the plan for conducting annual analyses of participant engagement and retention. List any areas of focus for growth identified to date.

3. Describe your program's status with HFA credentialing. If already credentialed, describe the internal Quality Assurance activities designed to maintain standards, and any program areas identified as needing strengthening. State anticipated month and year of next HFA Peer Review.

Ounce Use Only

Amendment Number: _____

Subcontract No. 2021-

B5. FY21 Program Abstract

SERVICE AGENCY SUBCONTRACTOR

Agency Name:

Street:

City: **County:** **Zip:**

Phone: **Fax:**

E-mail:

PRIMARY SERVICE SITE

Program Name:

Street:

City: **County:** **Zip:**

Phone: **Fax:**

E-mail:

Onsite Program Supervisor:

PROGRAM MODEL

☐ Healthy Families Illinois ☐ Parents as Teachers ☐ Nurse Family Partnership

HFI PROGRAMS

Credentialing Status:

Date of HFA Accreditation/PAT Endorsement:

FY21 Program Abstract

DESCRIBE COMMUNITY SERVED, COMMUNITY NAMES, COUNTIES, AND POPULATION DEMOGRAPHICS: Include the racial, linguistic, ethnic, and cultural characteristics in your description. Also, include the zip codes of participants eligible for services in the program. Describe target population, include number of births in that population. Describe mechanism for tracking births within the target population and projected number of assessments, if applicable. Please list the names of the high schools in your catchment area.

FY21 Program Abstract

SUBCONTRACTOR CONTACT LIST

Designate individuals from your organization who will fulfill specified roles for interface with Ounce staff in the following categories. You may assign site staff to be the contact in one or more of these roles. The Ounce uses the designated site contact information to create targeted mailing and e-mail lists, and we assume that the site contact will handle the responsibilities associated with their designated role. Assign organizational contacts based on the descriptions of the required tasks and expectations of your agency; of the staff member; to fulfill these roles in relationship to ongoing management of the Ounce Subcontract.

Changes to Contact or Contact Information: To change any of the designated contacts during the fiscal year, notify your IBTI Program Manager in writing, and submit all changes in contact information or designation via the Program Narrative Quarterly Report or an Amendment.

SERVICE AGENCY SUBCONTRACTOR NAME:

EXECUTIVE CONTACT: This contact has executive level authority to sign legal contracts on behalf of the Subcontracting agency. The Ounce will contact this person in the event of any funding issues or any substantive program or fiscal concerns regarding the administration of the Subcontract.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

E-mail:

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

E-mail:

FY21 Program Abstract

PROGRAM MANAGEMENT CONTACT: This is the primary person responsible for overall management of program and fiscal matters related to the Ounce Subcontract. This includes adherence to the IBTI Best Practice Standards. The IBTI Program Manager works directly with this contact to develop the design of service and annual Program Abstract, and to negotiate the use of IBTI funds. This contract is primarily responsible for the content and timely completion of required reports. This contact supervises direct service staff or supervisors.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

E-mail:

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

E-mail:

STAFF DEVELOPMENT/TRAINING CONTACT: This contact is responsible for the supervision of direct service staff, the creation of staff development plans, the oversight of registration for and staff attendance at Ounce Institute training events. This contact is the point person for all staff communications related to the Ounce Institute, and is responsible for day-to-day interface with site staff in all matters related to training registration, attendance, cancellations, and travel.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

E-mail:

FY21 Program Abstract

FISCAL MANAGEMENT CONTACT: This contact is the primary person responsible for the overall financial management of the Subcontract, including compliance with the Ounce Subcontract administrative requirements and the internal allocation, oversight, and tracking of Subcontract expenditures.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

E-mail:

FISCAL REPORT CONTACT: This contact is responsible for the actual preparation, submission, and correction of Quarterly Cost Reports, forecasts, and Amendments. The IBTI Fiscal Advisor works directly with this contact to provide technical assistance and training, if necessary, to ensure submission of accurate financial reports that meet Ounce requirements.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

E-mail:

OUNCENET/MIS CONTACT: This contact is the primary liaison with the OunceNet team or other Ounce contacts regarding data reporting issues, initial orientation of new site staff, providing written notification to OunceNet team regarding new user or follow-up training, and distribution of OunceNet or MIS-related correspondence to OunceNet users in the Ounce funded program.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

E-mail:

FY21 Program Abstract

AGENCY TECHNOLOGY CONTACT: This person is responsible for ensuring ongoing compliance with the technical specifications associated with the use of OunceNet. This person works directly with the OunceNet team or other specified Ounce contact to address and resolve technical issues related to OunceNet.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

E-mail:

FY21 Program Abstract

PROGRAM STAFFING

List all staff members that provide direct services and program supervision that appear on page two (2) in the Personnel section of the Budget. For each staff member listed by name and job title, show the distribution of % FTE in Program in the Direct Services and % Supervision columns (i.e., adding the numbers in the Direct Services and % Supervision columns will equal the number in the % FTE in Program).

Name/Title	% FTE Agency	% FTE Program	Direct Services					% Supervision	Supervised By	Freq. of Individual Supervision
			% HV	% Doula	% PGS	% FAW	% IMH			
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		

FY21 Program Abstract

PROGRAM STAFFING, continued

Name/Title	% FTE Agency	% FTE Program	Direct Services					% Supervision	Supervised By	Freq. of Individual Supervision
			% HV	% Doula	% PGS	% FAW	% IMH			
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		
	%	%	%	%	%	%	%	%		

INTERNAL PROGRAM MANAGEMENT

Staffing (review of participant or group of participant cases)	☐ Weekly or more frequently	☐ Twice a month	☐ Monthly	☐ Quarterly
Team Meetings	☐ Weekly or more frequently	☐ Twice a month	☐ Monthly	☐ Quarterly
Doula Clinical Support: Meetings with Doulas	☐ Weekly or more frequently	☐ Twice a month	☐ Monthly	☐ Quarterly
Doula Clinical Support: Meetings with Doula Supervisor	☐ Weekly or more frequently	☐ Twice a month	☐ Monthly	☐ Quarterly

FY21 Program Abstract

HOME VISITING SERVICES

Name/Title	% HV Supervision	% HV Direct Services	Point Capacity of Caseload (% HV Direct Services x 26)
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	
Program Capacity: Total Point Value			
Total Point Value to maintain at any one time (Total Point Value x 85%)			

Please indicate the name(s) of the core curricula used in the home visiting program:

1.

2.

3.

Reference Note:

WEIGHTED CASELOAD SYSTEM

Level 1P	Level 1	Level 2	Level 3	Level 4	DHVM	Creative Outreach
2 pts.	2 pts.	1 pt.	.5 pts.	.25 pts.	1 pt.	.5 pts.

When the participant is active in both the home visiting and Doula components, the Doula Home Visiting Model is used.

FY21 Program Abstract

DOULA SERVICES

If not applicable to this program, please check here ☐

Name/Title	% FTE in Doula Home Visiting	% FTE in Prenatal Group Services	Caseload Size at any Time**
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	

Total # of Participants Receiving Doula Home Visiting Services in FY21

# Enrolled	
# Short-term*	
Total**	

*Participants targeted for short-term or a single service component and not expected to be involved in long-term home visiting within the IBTI program.

**1 FTE Doula is expected to serve a minimum of 23 participants per year; caseload size at any time is expected to be a minimum of nine

Perinatal Clinical Support Provider in FY21

Name:

Agency:

Credentials:

Please indicate the name(s) of the core curricula used for prenatal home visiting:

1.
2.
3.

FY21 Program Abstract

DOULA HOME VISITING MODEL

Indicate the number of visits each month in the staff columns to illustrate the program model of Doula Services.

ENROLLED PARTICIPANT	# Doula Visits	# Combined Visits*	Total suggested Doula visits	# HV Visits	Total # of Visits	Total # suggested visits
Prenatal Month 7**			**2-4**			**3-5**
Prenatal Month 8			**3-5**			**4-6**
Prenatal Month 9			**3-5**			**4-6**
Total Prenatal Visits			**8-14**			**11-17**
Postnatal Month 1			**4-5**			**4-6**
Postnatal Month 2**			**2-3**			**3-5**
Total Postnatal Visits			**6-8**			**7-11**
Total Visits to Participant			**14-22**			**18-28**

SHORT-TERM PARTICIPANT	# Doula Visits	# Combined Visits*	Total suggested Doula visits	# HV Visits	Total # of Visits	Total # suggested visits
Prenatal Month 7**			**2-4**			**3-5**
Prenatal Month 8			**3-5**			**4-6**
Prenatal Month 9			**3-5**			**4-6**
Total Prenatal Visits			**8-14**			**11-17**
Postnatal Month 1			**4-5**			**4-6**
Postnatal Month 2**			**2-3**			**3-5**
Total Postnatal Visits			**6-8**			**7-11**
Total Visits to Participant			**14-22**			**18-28**

*Combined Visit refers to a single home visit where both a Doula and home visitor (for an enrolled participant) or Doula and a community partner (for a short-term participant) are present.

**Programs may choose to have Doulas visit prior to the third trimester of pregnancy or after the baby turns three months old, but there are no contractual expectations for these visits.

FY21 Program Abstract

PARENT GROUP SERVICES – ONGOING PARENT GROUPS

If not applicable to this program, please check here ☐

Enter information for each ongoing group for which a Group Profile will be created in OunceNet. Note: "Cycle" refers to the number of times the same group is held for the same returning core of group members.

Group Name and Staff (includes volunteers)	# of Sessions				Total Group Sessions	# in Groups Enrolled	# in Groups Short-term	Meeting Day/Time	Location*	Meals	Child Care	Trans.
	Q1	Q2	Q3	Q4								
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Total # of Sessions												
Total # of Participants to be Served												

***** LOCATION CODES**
S= School-based
C= Center-based
O= Other facility, i.e., church, other agency

Please list the name(s) of the core group curricula used:

1.

2.

3.

FY21 Program Abstract

PARENT GROUP SERVICES – PRENATAL GROUPS

If not applicable to this program, please check here ☐

Enter information for each ongoing group for which a Group Profile will be created in OunceNet.

Group Name and Staff (includes volunteers)	# of Sessions				Total Group Sessions	# in Groups Enrolled	# in Groups Short-term	Meeting Day/Time	Location*	Meals	Child Care	Trans.
	Q1	Q2	Q3	Q4								
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Total # of Sessions												
Total # of Participants to be Served												

**** FREQUENCY OF SESSION CODES**
EOM= Every two months/every other month
M= Monthly
2M= Twice a month
W= Weekly or more frequently

***** LOCATION CODES**
S= School-based
C= Center-based
O= Other facility, i.e., church, other agency

FY21 Program Abstract

PTS/HFI SITES – FAMILY ASSESSMENT SERVICES

If not applicable to this program, please check here ☐

Please indicate which model you are using to determine program eligibility:

☐ Kempe Family Stress Checklist

☐ One Step Eligibility Screening

Programs using the Kempe Family Stress Checklist, please complete the following table:

Name/Title	% FTE in Agency	% FTE FAW	# Completed Assessments per Year
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	
Total (minimum of 192 assessments per year per 100% FTE)			

Programs using the One Step Eligibility Screening, please provide the number of screenings to be completed during the fiscal year:

FY21 Program Abstract

CLINICAL/INFANT MENTAL HEALTH SERVICES

If not applicable to this program, please check here ☐

Name/Title	% FTE in Agency	% FTE IMH
	%	%
	%	%

Staff Consultation	
Modality (case staffing, individual staff consultation, training)	**Frequency**

Clinical Work with Families			
Estimated number served at any one time:		**Estimated average # of sessions per family:**	
Estimated number served annually:			

Group Facilitation		
Name of Group	**Frequency**	**Est. # Served**

Other (briefly describe other planned work and estimate numbers of participants served)	

FY21 Program Abstract

COMMUNITY EDUCATION

If not applicable to this program, please check here ☐

Event Name/Staff	Frequency	# Attendees Expected
Total		

FREQUENCY CODES

A = Annually	3Y = Three times per year	2Y = Twice per year
Q = Quarterly	M = Monthly	2M = Twice per month
W = Weekly or more frequently	AN = As Needed	NA = Not applicable

Community education events are events utilized to promote your program or to keep the community informed about program activities. Examples include, but are not limited to, presentations to high schools, maternity fairs, health fairs, agency open houses, etc. If you have any questions about whether or not an event is considered community education, please contact your Program Manager or Program Advisor.

FY21 Program Abstract

LIST OF REQUIRED SUPPORTING DOCUMENTATION

The following documentation is to be maintained on-site and made available to Ounce staff for inspection upon request:

Consent to Participate (see pages 182-184): *All participant files will contain the IBTI Program Consent to Participate form (rev. 5/7/19).* This signed form indicates participant's consent to receive services, rights to confidentiality, and consent to share information (intake, services usage, and life events) with the Ounce, DHS, ISBE, DFSS, and the Governor's Office of Early Childhood. The consent form is available on the Ounce/IBTI Web site (www.opfibti.org) or through your Program Advisor.

Child Abuse & Neglect Reporting Protocol
Date last revised:

Screening & Assessment:
If not applicable to this program, please check here ☐

If funded for HFI, list written agreements with the agencies providing screening and referral sources for the program.

Agency	Nature of Agreement	Date signed by collaborating agency

Doula Services:
If not applicable to this program, please check here ☐

If funded for Doula Services, written agreements with the hospitals specified below, stating that hospitals will allow Doulas to have access to labor and delivery.

Hospital	Nature of Agreement	Date signed by hospital

FY21 Program Abstract

HEART TO HEART SITE SUPPORT AND INTERVENTION PLAN

If not applicable to this program, please check here ☐

Complete the following chart about your agency's plans for Heart to Heart staff and implementation.

Staff and Resource Information

Staff Positions	**Name of Staff Member**
Program Director	
Heart to Heart Program Contact: name, e-mail address, and phone number	
Clinical Consultant	
Community Resources	**Agency Name**
Sexual Assault Counseling	
Intimate Partner Violence Counseling	

	Facilitators (2 facilitators per group required)	**Projected # of Participants (specify language)**	**Projected Start Date**	**Projected Graduation Date**
Heart to Heart Group 1		**# English –** **# Spanish –**		
Heart to Heart Group 2 (requires Ounce approval)		**# English –** **# Spanish -**		
Heart to Heart Group 3 (requires Ounce approval)		**# English –** **# Spanish -**		

B6. Participant Consents

Illinois Birth to Three Institute

Parents Too Soon Pregnant & Parenting Program

Ounce of Prevention Fund
Illinois Department of Human Services
Chicago Department of Family & Support Services
Illinois State Board of Education
Governor's Office of Early Childhood

Participant Name:_____ID# _____

Agency Name:_____

I understand that my participation in the program is voluntary and may include meetings with home visitors, attendance of parent groups, developmental screenings, mood screenings, and parenting questionnaires.

To make sure that the above agency can better serve, coordinate, and evaluate their work with me, I give permission for them to share the following information from my records only with the Ounce of Prevention Fund/Illinois Department of Human Services/Chicago Department of Family & Support Services/Illinois State Board of Education/Governor's Office of Early Childhood: 1) intake information, including my name; 2) service use information; 3) history of life events; 4) responses to all screenings and questionnaires (including developmental screenings, mood screenings, and parenting questionnaires).

All information I am providing will be held strictly confidential to protect the privacy of my family and me. I understand that my information may also be used together with information from all participants to 1) evaluate the program, 2) plan for the program, and 3) promote the program. All information used will only be presented in the form of summary reports to Ounce departments, funders, or legislative (political) audiences. None of these reports will ever identify me as an individual or provide any of my individual information.

I have been informed that my information will be stored in locked files, in password protected computer files, or in secured, password-protected, electronic files in the OunceNet online information management system. Only the Ounce of Prevention Fund/Illinois Department of Human Services/Department of Family & Support Services/Illinois State Board of Education/Governor's Office of Early Childhood can access any of my information through reports available to them. I understand that I may ask at any time what information is held and in what way it is held, and I have the right to object to these. I understand that I have the right to inspect and copy the information held, that no information may be released to any other person or organization without my written consent, and that I may withdraw this authorization in writing at any time. I give my consent and request to be a participant at the above agency.

Ounce of Prevention Fund is committed to preserving individual privacy rights on the Internet. Ounce of Prevention Fund will only hold your personal information for as long as is necessary for the purposes for which it is collected. The Ounce of Prevention Fund uses industry-leading technology to keep your personal information as secure as possible. Please let us know if you have any questions.

Parents Too Soon Pregnant & Parenting Program

Ounce of Prevention Fund
Illinois Department of Human Services
Chicago Department of Family & Support Services
Illinois State Board of Education
Governor's Office of Early Childhood

Consent to Participate

Participant Name:_____ID#_____

Agency Name:_____

Date: ___ / ___ / ___ (mo./day/yr.) Signed: _____ Participant

Please supply the name & address of two people who will know where to contact you.

Contact Person_____
Address _____
City _____
State _____ Zip Code _____
E-mail _____
Phone # _____

Contact Person_____
Address _____
City _____
State _____ Zip Code _____
E-mail _____
Phone # _____

_____
Signature of Parent/Guardian if Participant is a Minor
(Optional According to Agency practices, not required for evaluation)

_____
Witness (Name & Position of Staff Person)

5/07/2019

Illinois Birth to Three Institute

Parents Too Soon Pregnant & Parenting Program

Ounce of Prevention Fund
Illinois Department of Human Services
Chicago Department of Family &
Support Services
Illinois State Board of Education
Governor's Office of Early Childhood

Nombre de la participante:_____ID#_____

Nombre de la Agencia:_____

Yo entiendo que mi participación en el programa es voluntaria y puede incluir el reunirme con visitantes del hogar, atender grupos para padres, y completar pruebas del desarrollo, pruebas del humor emocional, y cuestionarios sobre el ser padre.

Para que la agencia nombrada previamente pueda mejor servir, coordinar, y evaluar sus esfuerzos conmigo, yo autorizo que compartan la siguiente información de mis expedientes solamente con Ounce of Prevention Fund/Illinois Department of Human Services/ Chicago Department of Family & Support Services/Illinois State Board of Education/Governor's Office of Early Childhood: 1) información de iniciación, incluyendo mi nombre; 2) información sobre el uso de servicios; 3)información sobre eventos de vida; 4) respuestas a toda prueba y todo cuestionario (incluyendo pruebas del desarrollo, pruebas del humor emocional, y cuestionarios sobre el ser padre).

Toda información que estoy dando será tratada con estricta confidencialidad para proteger mi privacidad y la de mi familia. Entiendo que mi información también podrá ser usada junto con información de todos participantes para: 1) evaluación del programa, 2) planeamiento para el programa, y 3) promoción del programa. Toda información sólo será dada en informes resumidos dirigidas a departamentos internos del Ounce, financiadores, o audiencias legislativas (políticas). Ningunos de estos informes me identificarán individualmente ni darán ninguna de mi información individual.

He sido informada que mi información será almacenada en archivos bajo llave, en archivos electrónicos protegidos con clave, o en archivos asegurados y protegidos con contraseña electrónicos en el sistema de información en línea del OunceNet. Solo Ounce of Prevention Fund/Illinois Department of Human Services/ Chicago Department of Family & Support Services/Illinois State Board of Education/Governor's Office of Early Childhood tendrá acceso a mi información por medio de reportes disponibles específicamente para su uso. Entiendo que en cualquier momento puedo preguntar sobre los métodos y tipos de información que será almacenada y que tengo el derecho de negar cualquiera de estos. Entiendo que tengo el derecho a inspeccionar y copiar información almacenada, que ninguna información será dada a otra persona u organización sin mi permiso por escrito, y que puedo retirar esta autorización por escrito en cualquier momento. Doy mi consentimiento y pido ser participante de la agencia nombrada previamente.

Ounce of Prevention Fund está comprometido a preservar derechos privados individuales en el internet. Ounce of Prevention Fund solo mantendrá su información personal por la cantidad de tiempo necesaria para los propósitos por las cuales fue reunida. Ounce of Prevention Fund usa tecnología de la más avanzada para mantener su información personal lo más seguro posible. Por favor déjenos saber si tiene cualquiera pregunta.

Parents Too Soon Pregnant & Parenting Program

Ounce of Prevention Fund
Illinois Department of Human Services
Chicago Department of Family & Support Services
Illinois State Board of Education
Governor's Office of Early Childhood

Consentimiento para Participar

Nombre del Participante:_____ID# _____

Nombre de la Agencia:_____

Fecha: ___ / ___ / ___ (mes/dia/año) Firmada: _____ Participante

Por favor dénos el nombre y la dirección de dos personas que sabrán como contactarla

Persona de Contacto #1 _____
Dirección _____
Ciudad _____
Estado _____ Código Postal _____
Correo electrónico _____
Número de teléfono _____

Persona de Contacto #2 _____
Dirección _____
Ciudad _____
Estado _____ Código Postal _____
Correo electrónico _____
Número de teléfono _____

_____
Firma del Padre/Guardián de la Participante si es Menor de Edad
(Opcional dependiedo de la práctica de la agencia, no se require para evaluación)

_____
Testigo (Nombre y posición del personal)

5/07/2019

B7. Budget Form Instructions

Each subcontractor is required to develop and submit for approval an annual budget. The budget should describe how the program plans to spend the Ounce grant plus any match used for the home visiting/doula program. The budget should:

- Align with the Program Abstract – The budget should support the array of services you are proposing in your abstract (e.g., if your abstract lists 4 FTE home visitors, then those salaries should be accounted for, either as direct costs or match) on your budget.
- Include at least a 10% match – This can be cash or in-kind. Common sources of match are the value of building occupancy, executive salaries, or indirect costs that are legitimately allocated to the program but for which the agency is no seeking Ounce reimbursement.
- Break out costs to be charged by the source funding – Many agencies will receive a subcontract from the Ounce that consists of funding from more than one public funding stream. In some cases funding from those different streams is earmarked for specific purposes (e.g., an agency's IDHS funding might be designated for home visitors while the ISBE portion of their funding is earmarked for doulas). It is important therefore that the appropriate staff are charged to the designated funding stream so that the service numbers produced by that staff person may be reported to the appropriate state entity. Also, please note that funding sources may have different definitions of allowable costs. See page --- for details.
- Efficiently translate into services for participants – While the Ounce recognizes that there are overhead costs associated with operating a home visiting program, we also have a fiduciary responsibility to our public funders to ensure that indirect costs caps are not exceeded and that reasonable service levels are provided with the funding. Therefore, the percentage of the Ounce funding that is used for "non-program" costs (= indirect costs plus any occupancy and utility costs) cannot exceed 18%
- Articulate a rationale for allocating shared costs – If any indirect costs are charged to the contract, a written explanation of the allocation method and rationale must accompany the budget. Please see pages 193-194 for further discussion of indirect costs definitions and acceptable allocation methods.
- Not contain any costs that are not allowable – Please see page 195 for more details on allowable vs. non-allowable costs.

The Ounce recognizes that the initial budget represents the best preliminary projection of how funding will be spent, but that that projection often needs to be adjusted as the year progresses. Therefore there are opportunities throughout the year to amend the budget. See section C for a further explanation of the amendment process.

All amounts are to be expressed in whole dollars; each line item is to be rounded to the nearest dollar amount. If the change amount is over fifty cents, round it off to the next dollar amount to minimize rounding errors. (Ex. If an item cost $5.67, rounded off to the nearest dollar is $6.00. If an item costs $5.47, rounded off to the nearest dollar is $5.00.) The Budget Forms are provided as an Excel workbook that includes the following:

1. Instructions
2. Budget Narrative – to be used during the initial budget submission process outlining in detail planned expenses for the upcoming year.
3. Matching Fund Budget – to be used during the initial budget submission process outlining proposed matching contributions to supplement program activities by the agency for the upcoming year
4. Approved Consolidated Budget and Expense Summary – to be used 1) during the initial budget submission process outlining lump sum expenses by budget line item as described in Budget Narrative (see above); and, 2) to submit on a quarterly basis reporting actual expenses in line with the approved budget
5. Personnel Breakout Section – to be used 1) during the initial budget submission process outlining detailed breakout of staffing expenses by position as described in Budget Narrative (see above); and, 2) to submit on a quarterly basis reporting actual expenses in line with the approved budget
6. Variance Analysis – to be submitted with 2nd and 3rd Quarter Cost Reports, describing under spending or overspending of budget line items
7. Amended Budget Narrative – to be used throughout the fiscal year for Amendments in budgets
8. Proposed Amended Budget – to be used throughout the fiscal year for Amendments in budgets
9. Proposed Amended Personnel Breakout Section – to be used in conjunction with the Proposed Amended Budget to reflect changes in staffing or personnel costs
10. Signature Page – to be used after approval of budgets (initial and amendments) for all applicable monetary changes

BUDGET NARRATIVE

While the Budget can be seen as the foundation of a program, the Budget Narrative is like a window showing what the program looks like and how costs will be incurred. A Budget Narrative should be self-contained, and should not require the reading of the Program Abstract to understand how funds will be spent. **The Budget Narrative must provide a breakdown for all program costs (Match and Ounce).**

As mentioned above, the purpose of the Budget Narrative is to provide an understanding of how funds will be spent. For most of the line items in the budget, a written description of the component costs and the general purpose of the expenditures will suffice. For other line items more detail will be required. For allocated costs, such as Occupancy, Utilities, and Indirect, provide the calculation used to arrive at the total cost, including the allocation method. For Other Costs (line IVg) provide a detail of costs making up this line item by type and amount. Finally, for Office Supplies, Program Supplies, and Equipment, disclose whether or not any one item exceeds $500 in cost. If an item in excess of $500, including peripherals, shipping, and installation, is to be purchased state in the Budget Narrative that three quotes from three different vendors with a letter explaining the purchase decision will be provided to the IBTI Fiscal Advisor for approval.

MATCHING FUND BUDGET

The Matching Fund Budget must be submitted annually with the Subcontract Agreement. List the names and amounts to be received by other sources.

BUDGET/EXPENSE SUMMARY

Subcontract Number: List Subcontract number in upper right corner of all pages (see Award Letter).

Name and title of preparer: The name and title of the report preparer must be listed.

Date: The date must reflect the date report was submitted. If the report is revised subsequent to submission, indicate "**REVISED**" adjacent to the date field and use date of revision as the new report date.

I. **Personnel Services**

Salaries and Wages: Enter gross salaries or wages earned by the agency's full-time and part-time employees (including clerical temporaries) for the Ounce program. Do not include those engaged on an individual contract basis.

II. **Fringes**

Payroll Taxes and Benefits: Enter amount paid by the agency under its own or other employee health and retirement benefits plans, Social Security and other taxes payable by the employer under federal, state, or local law, compensation insurance premiums paid by the employer, and any other benefits provided to the employee at the employer's expense. Beginning in FY21, we are removing the cap on "fringe rates" (i.e., Total Fringes / Total Personnel Services), however as is the case with any expenses charged to the contract, fringe rates must be reasonable and necessary. To determine the percentage, divide the Fringes by the Personnel Services (% = Total Fringes / Total Personnel Services).

III. **Consultants**

Enter the costs of any consultants to direct program activities. Also enter the costs of all other services supporting program activities. Housekeeping, janitorial, maintenance, and other ancillary services should be reported on line IVg (Other Contractual Services: Other).

IV. **Other Contractual Services**

a. Conference Fees: Enter the cost for conference registration fees. In the Budget Narrative include the date(s), city, and state of the conference or convention. *Out-of-state conferences require written pre-approval by the IBTI Program Manager.* When a staff development conference registration fee is paid in the current year, but the actual conference is held in the next project year: A staff development conference registration fee could be budgeted/obligated/expended in the current year to take advantage of a discounted rate for a conference occurring in the next project year with prior approval from the state agency. The conference travel costs (air fare, mileage, hotel, per diem) must be budgeted/obligated/expended when the travel has occurred (in the next project year).

b. Program Event Fees: Enter costs for program event fees (e.g., admission fee for museums, zoo). In the Budget Narrative include the date(s), city, and state of the program event. *Out-of-state activities require written pre-approval by the IBTI Program Manager.*

c. Occupancy: Enter all costs arising from the agency's occupancy and use of land, building, and offices. Enter only those costs directly related to program operations. Comprehensive hazard/property liability insurance (if direct cost) can be reported here. *DFSS funded sites: rent is not an allowable expense and cannot be charged to the Ounce Subcontract. See page 240 for a full list of allowable and unallowable costs.*

d. Utilities: Enter all utility costs (gas, electric, water, waste removal). Enter only those costs directly related to program operations. *ISBE/DFSS funded sites: utilities are not an allowable expense and cannot be charged to the Ounce Subcontract.*

e. Communications: Enter only those costs directly related to program operations. Costs reported here would include telephone, cellular and internet service (including OunceNet).

f. Postage & Shipping: Enter costs for postage and shipping. Enter only those costs directly related to program operations. *ISBE/DFSS funded sites: Postage and Shipping are considered non-program costs.*

g. Other: Enter all costs for the Ounce/IBTI program which are not properly reported elsewhere in the "Possible Categories for Other Services" space provided at the bottom of the Budget worksheet as some funders require a detailed breakdown for reporting purposes. Please only identify costs which are directly related to program operations including: housekeeping/janitorial services, building maintenance, childcare services, bookkeeping, audit, legal, non-occupancy insurance, maintenance contracts on equipment (including OunceNet computers)

For ALL DHS and MIECHV funding, agency-shared/allocated costs must be reported on the Indirect line. See additional discussion on direct and indirect cost classification and allocation methodology on pages 191-193.

V. **Travel**

a. Participant Travel: Transportation costs for participants including payments for public transportation, e.g., bus rentals for program events, field trips, and agency-owned/leased vehicles used specifically for transportation of participants (depreciation/lease payments, insurance, plates/stickers, gas, repairs, and maintenance). Also include lodging (if applicable) for program events.

Bus passes provided to participants must be tracked using a log sheet that lists the item given, the amount or value, and the name and signature of the participant to whom the item is given.

c. Local Staff Travel: Enter costs of operating agency owned/leased vehicles related to serving participants (depreciation/lease payments, insurance, plates/stickers, gas, repairs, and maintenance), and mileage reimbursement (personal vehicles).

d. Conference/Meeting Travel: Enter costs of travel for program staff such as meals, lodging, transportation (airfare, train, car rental, gas, tolls, mileage reimbursement for personal vehicles). For non-Ounce meetings or events, please include date, city, and state of the event in the budget narrative. Ounce meetings or events would include:

- Annual IBTI meetings with sites
- Training Institute events
- Conferences (*out-of-state requires written pre-approval by the IBTI Program Manager*)

VI. **Supplies**

a. Food: Enter costs of food, refreshments, snacks, for participant and group activities only. *Do not include* costs associated with staff meetings or staff development trainings as these costs should be listed in the Conference/Meeting Travel Line.

b. Office Supplies: Enter costs of office supplies and equipment used for program operations. *Office equipment costing $500 or less must be recorded here. ISBE/DFSS funded sites: Office Supplies are considered non-program costs.*

c. Program Supplies: Enter costs of supplies used for program activities and events. Gifts and incentives to participants may be in non-cash form only. Gift cards are allowable only in denominations of $10 or less per participant and only if given as a program incentive. Sites distributing gift cards must use a log sheet to track the name of the participant to whom the gift card is provided. If the total dollar amount reported on this line exceeds $500, detail must be provided, or the following statement may be used: "No one item will exceed $500". Promotional items such as calendars, pens, buttons, magnets, posters, and stationary *are not allowable expenses. Office equipment costing $500 or less with a useful life of less than one year and is used only by the Ounce funded program must be recorded here.*

VII. **Furniture and Equipment**

Furniture and Equipment costing more than $500 (per single item, including peripherals, freight, and installation charges) with a useful life of greater than one year must be listed here. Depreciation and lease payments would also be recorded here.

For purchases of furniture and equipment where the cost exceeds $500 (single item, including peripherals, freight, and installation charges) sites must adhere to the following guidelines:

a. The site is required to obtain bids from three vendors.
b. The bids and a letter explaining which vendor was selected and why will then be submitted to the IBTI Fiscal Advisor for approval.
c. Upon review, the IBTI Fiscal Advisor will notify the site Fiscal Management Contact via e-mail with a decision regarding approval.
d. *ISBE funded sites: prior approval from ISBE is required before a decision can be made on the purchasing request. DFSS funded sites: furniture and equipment are not allowable expenses and cannot be charged to the Ounce Subcontract.*

When Ounce provided computers are replaced, still functional equipment may be used for any purpose that supports the IBTI program. Computers purchased by the Ounce that are more than five years old may be disposed of as the site sees fit. A Property Transfer/Disposal form MUST be completed and submitted to the IBTI Fiscal Advisor (see page 126). For computers purchased by the site with Subcontract funds, disposal is based on the number of years the item is carried on the site's balance sheet.

VIII. **Indirect**

Enter all indirect costs incurred for the Ounce/IBTI program. The classification of costs as indirect should be based on your agency's allocation method. All agency-shared or allocated costs should be reported here.

Additional discussion on direct and indirect cost and cost allocation methodology can be found on page 180.

Non-direct program costs must not exceed 18% (15% Indirect plus 3% other non-program costs; if indirect is less than 15%, non-program costs may exceed 3%) for DHS and 5% (non-program costs only) of total funding for ISBE and DFSS funding, respectively. For ISBE and DFSS, budget line items such as Office Supplies, Postage and Shipping are considered non-program costs.

PERSONNEL BREAKOUT SECTION

Column 1 – Position Title, Employee Name, Effective Date, Term Date, % FTE: List the Position Title, Employee Name, Effective Date, Term Date (if applicable when employee is no longer funded by program),% FTE for staff assigned to the Ounce Program. Include only one person per position per line. Direct service personnel and two program supervisory levels above should be listed first, followed by any administrative support staff. Please insert a blank row between direct service personnel and administrative support staff. For all Ounce funded positions, please notify the IBTI Fiscal Advisor via e-mail within 72 hours of any changes in staff, staff allocations, or any other variations from the approved operating budget.

Full-Time Equivalency (FTE): In order to calculate what percentage of FTE an employee has been allocated to a particular program, it must first be determined how many hours a person works in the agency

in order to be considered full-time. Then determine the number of hours per week the employee will be assigned to the Ounce program. Include both time reimbursed by the Ounce and matched by the agency.

If the agency considers a 40-hour workweek to be full-time and a full-time staff person is assigned to the Ounce program for 20 hours a week, the time worked in the Ounce program can be stated as a percentage of the total number of hours worked per week. For example, twenty hours is 50 percent of 40 hours; therefore, someone who works 20 hours of a 40 hour work week is considered 50% FTE.

Column 2 – Total Annual Salary Exclusive of Fringes: Total Annual Salary is the total expected salary a staff person will receive from the agency for the fiscal year, including Ounce funds and other sources. *Do not include subtotals and totals for Column 2. Round to the whole dollar.* EX. If the change amount is over 50 cents, round it off to the next dollar amount. If an item cost $5.67 rounded off to the nearest dollar is $6.00. If an item costs $5.47 rounded off to the nearest dollar is $5.00.

Column 3 – Program Total: Program Total is sum of the sources (Match plus Ounce), exclusive of fringes. The total Personnel Services for Program Total must equal Line Item 1, Column 2 on the Approved Consolidated Budget and Expense Summary page.

Column 4 – Match Total: Enter wages to be paid on behalf of agency for positions listed, exclusive of fringes. The Total Personnel Services for Match Total must equal Line Item 1, Column 3 on the Approved Consolidated Budget and Expense Summary page.

Column 5 – Ounce Total: Ounce Total is the sum of the components (PTS DHS + Doula DHS + MIECHV + DFSS + ISBE). The Total Personnel Services for Ounce Total must equal Line 1, Column 4 on the Approved Consolidated Budget and Expense Summary page.

Column 6 – Ounce Component – PTS DHS Funds: Enter the total amount of wages to be paid for positions listed that will be reimbursed by PTS funds, exclusive of fringes. The total Personnel Services for PTS DHS must equal Line 1, Column 5 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the IBTI Fiscal Advisor.*

Column 7 – Ounce Component – Doula DHS Funds: Enter the total amount of wages to be paid for positions listed that will be reimbursed by Doula DHS funds, exclusive of fringes. The total Personnel Services for Doula DHS must equal Line 1, Column 6 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the IBTI Fiscal Advisor.*

Column 8 – Ounce Component – MIECHV Funds: Enter the total amount of wages to be paid for positions listed that will be reimbursed by MIECHV funds, exclusive of fringes. The total Personnel Services for MIECHV must equal Line 1, Column 7 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the IBTI Fiscal Advisor.*

Column 9 – Ounce Component – Department of Family & Support Services (DFSS): Enter the total amount of wages to be paid for positions listed that will be reimbursed by DFSS funds, exclusive of fringes. The total Personnel Services for DFSS must equal Line 1, Column 8 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the IBTI Fiscal Advisor.*

Column 10 – Ounce Component – Illinois State Board of Education (ISBE): Enter the total amount of wages to be paid for positions listed that will be reimbursed by ISBE funds, exclusive of fringes. The total Personnel Services for ISBE must equal Line 1, Column 9 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations, regardless of funding stream, require immediate e-mail notification to be sent to the IBTI Fiscal Advisor.*

Columns 11-16: These columns are to be used for Quarterly Cost Reports only and should be left blank for Budget submission.

REPORTING PROGRAM COSTS

In a multi-program organization, all costs can be divided into two types:

Direct Costs: Costs which are clearly and easily attributable to a specific program; costs which, if program operations ceased, would no longer be incurred in staff salaries (including administrative and support staff whose employment is dependent on continued program operations), program consultants, program event fees, staff and participant travel, program supplies, other expenses that are easily identifiable with and can be traced directly to program activities.

Indirect Costs: Costs which would continue to be incurred even if the program was no longer operating, i.e., executive/administrative salaries, legal, audit, insurance, or costs which cannot be directly tied to program operations. Indirect expenses are often pooled and allocated across programs using an appropriate allocation method.

When determining whether costs can be charged to a program, the following basic criteria should be considered:

- **Attributable** – The cost must benefit and be directly or indirectly attributable to a program activity.
- **Allowable** – The cost must be allowable under the terms of the Subcontract (see Section E8 for a list of disallowable costs).
- **Reasonable and necessary** – The cost must be reasonable and necessary for the operation of program activities.
- **Consistently applied** – Costs incurred for the same purpose must be applied consistently throughout agency programs. For example, a cost that has been classified as direct, and charged to a program as such, cannot also be included in the agency's indirect cost pool.

Any cost that does not meet any of the above criteria should not be charged to the program.

Indirect costs are all other costs not classified as direct, but which nonetheless, support program operations. These are sometimes referred to as Management and General, or Finance and Administrative costs. Rule of Thumb: If an agency cost is **not directly identifiable with**, and **traceable to**, any specific program and its activities, and an **allocation is required**, it should be reported as **indirect** on the Budget.

Pooling Indirect Costs

Some costs may be pooled prior to allocation, provided all costs have the same cost driver. For example: Rent, Utilities, and Janitorial Services may be pooled, since they could all have square footage of space occupied as their cost driver. For Personnel Administration and Executive Management expenses, number of employees or FTE's might be more appropriate. Finance, Accounting, and Audit expenses could be pooled using percentage of cash disbursements. Other expenses, such as Legal and Insurance might be pooled using percentage of assets, or percentage of total direct funding in allocating out. *Capital expenditures and/or other costs stipulated as disallowable (see Section E6) should not be included in the pool of indirect costs.*

Examples of Allocation Methods:

- square footage of space occupied (rent, utilities, janitorial): program square footage divided by agency square footage
- % FTE for program (office supplies, equipment rental, executive, personnel administration): program FTE divided by agency FTE
- Direct costs of program (staff salaries, consulting, other contractual, travel, supplies): total program direct costs divided by total agency direct

A written Cost Allocation Method/Plan for indirect expenses must be included in the Budget Narrative. It must clearly indicate:

- methodology used (ex: FTE);
- how the rate was derived using agency data (ex: 7.5 Program FTE/35 Agency FTE); and,
- the type of indirect cost the rate is being applied against (ex: Executive salaries).

The allocation methodology must be fair, reasonable, and consistently applied across all programs in your agency.

RESTRICTIONS BY FUNDING SOURCE

DHS

Non program costs are restricted to 18% of the total of DHS funds (15% Indirect plus 3% other non-program costs; if Indirect is less than 15%, non-program costs may be more than 3%). Non program costs are the following:

1) Personnel Breakout Section: site staff members that fall into the following categories are considered to be non-program costs: administrative, fiscal, janitorial, maintenance, or supervisors who are two or more levels above supervisors directly overseeing program staff.
2) Fringes: any fringe costs associated with the non-program staff listed above.
3) Occupancy: all costs associated with this line item.
4) Utilities: all costs associated with this line item
5) Postage and Shipping: all costs associated with this line item
6) Other Costs: cost items such as audit fees, payroll costs, legal, janitorial, maintenance and bookkeeping costs.
7) Office Supplies: all costs associated with this line item
8) Indirect: all costs associated with this line item.

ISBE

Non-program costs are restricted at 5% of the total ISBE funds.
Restricted or disallowable costs:

1) Administrative costs are costs that would continue to be incurred if the program were no longer operating, i.e. executive/administrative salaries, legal, audit, insurance or costs which cannot be directly tied to program operations. Per ISBE guidelines, Office Supplies, Postage, and Shipping are considered part of Administrative costs. Administrative costs must be specifically identifiable rather than allocated in order to be allowable under the 5% allowance.
2) Utilities are completely disallowable.
3) Equipment requires ISBE approval before a purchase can be made. Please see page 192 for guidance.

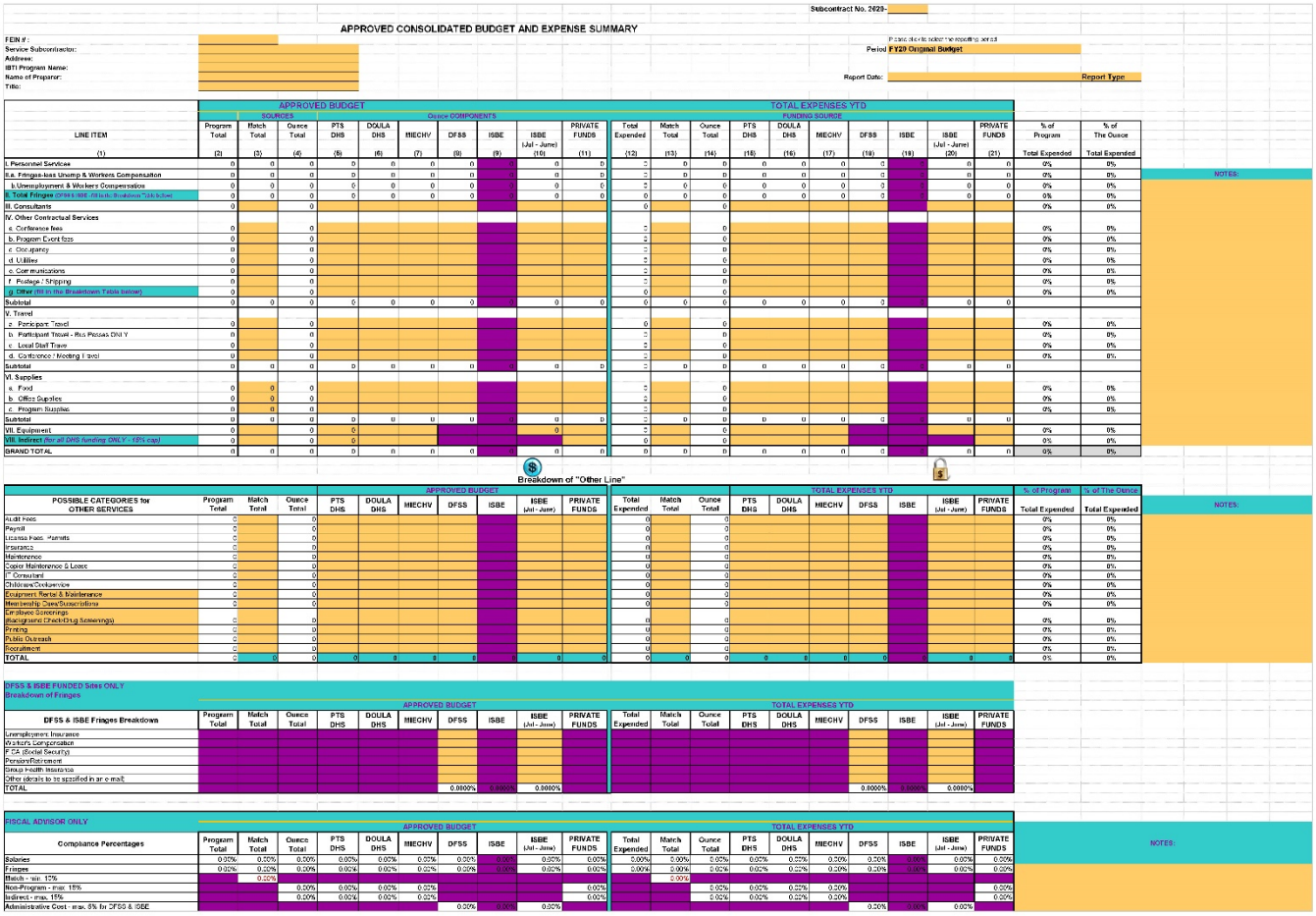
DFSS

Non-program costs are restricted to 5% of the total of DFSS funds.
Restricted or disallowable costs:

1) Postage/Shipping, Office Supplies, and Other costs in combination with administrative costs are allowable only to 5% of the total funded by DFSS. Administrative costs are costs that would continue to be incurred if the program were no longer operating, i.e. executive/administrative salaries, legal, audit, insurance or costs which cannot be directly tied to program operations. Administrative costs must be specifically identifiable rather than allocated in order to be allowable under the 5% allowance.
2) Equipment, Occupancy, and Utilities are disallowable.

see page 251 for a comprehensive list of allowable and unallowable expenses

B8. Budget Forms



Subcontract No. 2020-

APPROVED CONSOLIDATED BUDGET AND EXPENSE SUMMARY

FEIN #:
Service Subcontractor:
Address:
IBTI Program Name:
Name of Preparer:
Title:

Please check to select the reporting period
Period: FY20 Original Budget

Report Date:
Report Type:

LINE ITEM	APPROVED BUDGET – SOURCES: Program Total	Match Total	Ounce Total	APPROVED BUDGET – Ounce COMPONENTS: PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	TOTAL EXPENSES YTD: Total Expended	Match Total	Ounce Total	TOTAL EXPENSES YTD – FUNDING SOURCE: PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	% of Program Total Expended	% of The Ounce Total Expended
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)		
I. Personnel Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
II.a. Fringes-less Unemp & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
II. b Unemployment & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
II. Total Fringes (DFSS & ISBE Fringes Breakdown Table below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
III. Consultants	0		0					0			0		0					0			0%	0%
IV. Other Contractual Services																						
a. Conference fees	0		0								0		0								0%	0%
b. Program Event fees	0		0								0		0								0%	0%
c. Occupancy	0		0								0		0								0%	0%
d. Utilities	0		0								0		0								0%	0%
e. Communications	0		0								0		0								0%	0%
f. Postage / Shipping	0		0								0		0								0%	0%
g. Other (fill in the Breakdown Table below)	0		0								0		0								0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
V. Travel																						
a. Participant Travel	0		0								0		0								0%	0%
b. Participant Travel - Bus Passes ONLY	0		0								0		0								0%	0%
c. Local Staff Travel	0		0								0		0								0%	0%
d. Conference / Meeting Travel	0		0								0		0								0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
VI. Supplies																						
a. Food	0	0	0								0		0								0%	0%
b. Office Supplies	0	0	0								0		0								0%	0%
c. Program Supplies	0	0	0								0		0								0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
VII. Equipment	0		0	0					0		0		0								0%	0%
VIII. Indirect (for all DHS funding ONLY - 10% cap)	0		0	0							0		0								0%	0%
GRAND TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%

NOTES:

Breakdown of "Other Line"

POSSIBLE CATEGORIES for OTHER SERVICES	APPROVED BUDGET: Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	TOTAL EXPENSES YTD: Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	% of Program Total Expended	% of The Ounce Total Expended
Audit Fees	0		0								0		0								0%	0%
Payroll	0		0								0		0								0%	0%
License Fees - Permits	0		0								0		0								0%	0%
Insurance	0		0								0		0								0%	0%
Maintenance	0		0								0		0								0%	0%
Copier Maintenance & Lease	0		0								0		0								0%	0%
IT Consultant	0		0								0		0								0%	0%
Childcare/Daycare/ce	0		0								0		0								0%	0%
Equipment Rental & Maintenance	0		0								0		0								0%	0%
Membership Dues/Subscriptions	0		0								0		0								0%	0%
Employee Screenings (Background Checks/Drug Screenings)	0		0								0		0								0%	0%
Printing	0		0								0		0								0%	0%
Public Outreach	0		0								0		0								0%	0%
Recruitment	0		0								0		0								0%	0%
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%

NOTES:

DFSS & ISBE FUNDED Sites ONLY
Breakdown of Fringes

DFSS & ISBE Fringes Breakdown	APPROVED BUDGET: Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	TOTAL EXPENSES YTD: Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS
Unemployment Insurance																				
Workers Compensation																				
FICA (Social Security)																				
Pension/Retirement																				
Group health insurance																				
Other (details to be specified in an e-mail)																				
TOTAL							0.0000%	0.0000%	0.0000%								0.0000%	0.0000%	0.0000%	

FISCAL ADVISOR ONLY

Compliance Percentages	APPROVED BUDGET: Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	TOTAL EXPENSES YTD: Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS
Salaries	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Fringes	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Match - min. 10%		0.00%										0.00%								
Non-Program - max. 15%			0.00%	0.00%	0.00%	0.00%				0.00%			0.00%	0.00%	0.00%	0.00%				0.00%
Indirect - max. 15%			0.00%	0.00%	0.00%	0.00%				0.00%			0.00%	0.00%	0.00%	0.00%				0.00%
Administrative Cost - max. 5% for DFSS & ISBE							0.00%	0.00%	0.00%								0.00%	0.00%	0.00%	

NOTES:

Subcontract No. 2020 - 0

PERSONNEL BREAKOUT SECTION

Quarterly Period: FY20 Original Budget Report Type

PERSONNEL (if personnel is being moved to a new position or new person has replaced someone, please list who they are replacing.)					Annual Salary	APPROVED BUDGET										TOTAL EXPENSES YTD									
						SOURCES	Ounce COMPONENTS									FUNDING SOURCE									
Position Title	Employee Name (Last Name, First Name)	Effective Date (In first Quarter program)	Term Date	% FTE*	Exclusive of Fringes	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Sept - June)	PRIVATE FUNDS	Total Expended	Match Total	Ounce Total	PTS DHS	Doula DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	NOTES:
(1)					[2]	[3]	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
a						0		0								0		0								
b.						0		0								0		0								
c.						0		0								0		0								
d.						0		0								0		0								
e.						0		0								0		0								
f.						0		0								0		0								
g.						0		0								0		0								
h.						0		0								0		0								
i.						0		0								0		0								
j.						0		0								0		0								
k.						0		0								0		0								
l.						0		0								0		0								
m.						0		0								0		0								
n.						0		0								0		0								
o.						0		0								0		0								
p.						0		0								0		0								
q.						0		0								0		0								
TOTAL Personnel Services						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Fringes-less Unemployment & Workers Compensation						0		0								0		0								
Unemployment & Workers Compensation						0		0								0		0								
TOTAL - Fringes						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
GRAND TOTAL						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

* %FTE (Program) based on total full time hours in your Agency's work week (i.e. 40 or 37.5) <---(Please fill in blank).

MATCHING FUND BUDGET

Subcontract No. 2020 - 0

4)

CASH MATCH

BUDGET LINE	CATEGORY		AMOUNT	SOURCE OF FUNDS
I.	Personnel Services	$		
II.a	Fringes-less Unemp & Workers Compensation	$		
II.b	Unemployment & Workers Compensation	$		
III.	Consultants	$		
IV.	Other Contractual Services			
a.	Conference fees	$		
b.	Program Event fees	$		
c.	Occupancy	$		
d.	Utilities	$		
e.	Communications	$		
f.	Postage / Shipping	$		
g.	Other	$		
V.	Travel			
a.	Participant Travel	$		
b.	Local Staff Travel	$		
c.	Conference/Meeting Travel	$		
VI.	Supplies			
a.	Food	$		
b.	Office Supplies	$		
c.	Program Supplies	$		
VII.	Equipment	$		
VIII.	Indirect	$		
	Total Cash Match	$	0	

IN-KIND MATCH

DONATED SERVICE/ITEM	BUDGET LINE	NAME OF DONOR		VALUE	BASIS OF VALUATION
			$		
			$		
			$		
			$		
			$		
			$		
		Total In-Kind Match	$	0	
		GRAND TOTAL (Cash and In-Kind)	$	0	

FY20 Amended Budget Narrative

to be included with ALL FY20 amended budget submissions

Service Subcontractor:	0
Subcontract No. 2020-	0

Type of Budget *(check (x) one please):*

Amended Budget	
• QIR	x
• Other (specify):	

Purpose (brief):	

I. Personnel Services

If personnel is being moved to a new position or new personnel is being hired, please do not forget to mention who they are replacing.

Approved Ounce Total:	$0	Amended Ounce Total:	$0
Approved Match Total:	$0	Amended Match Total:	$0
Approved Program Total:	$0	Amended Program Total:	$0

Title	Effective Date	Name	% FTE	Real Annual Salary	Program Total	Ounce Salary		Match	
						%	$	%	$
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0
0	1/0/1900	0	0%	0	0	0.00%	0	0.00%	0

II. Fringe Benefits

Approved Ounce Total:	$0	Amended Ounce Total:	0.00%
Approved Match Total:	$0	Amended Match Total:	0.00%
Approved Program Total:	$0	Amended Program Total:	0.00%
% of Ounce:	0%	% of Ounce:	0.00%
% of Program Total:	0%	% of Program Total:	0.00%

Unemployment & Worker's Compensation (please include monetary total & % breakdown):

For Program Total	$	%	For Ounce Funding	$	%
Fringes (excluding Unemployment & Worker's Compensation)	0		Fringes (less Unemployment & Worker's Compensation)	0	
Unemployment & Worker's Compensation	0		Unemployment & Worker's Compensation	0	
TOTAL Unemployment & Workers Comp	$0	0.00%	**TOTAL Unemployment & Workers Comp**	$0	0.00%

*If using the 'Other" Line, please describe in detail what "Other" includes for both Program Total and OPF Funding.

III. Consultants

Approved Ounce Total:	$0	Amended Ounce Total:	$0
Approved Match Total:	$0	Amended Match Total:	$0
Approved Program Total:	$0	Amended Program Total:	$0

FY20 Amended Budget Narrative

to be included with ALL FY20 amended budget submissions

IV. Other Contractual Services												
							Approved Ounce Total:	$0		Amended Ounce Total:	$0	
							Approved Match Total:	$0		Amended Match Total:	$0	
							Approved Program Total:	$0		Amended Program Total:	$0	
a. Conference Fees		Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
	Amended:	Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
b. Program Event Fees		Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
	Amended:	Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
c. Occupancy		Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
	Amended:	Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
d. Utilities		Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
	Amended:	Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
e. Communications		Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
	Amended:	Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
f. Postage and Shipping		Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
	Amended:	Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
g. Other (detailed breakdown needed by funding stream)		Ounce Total:	$0		Match Total:	$0		Program Total:	$0			
	Amended:	Ounce Total:	$0		Match Total:	$0		Program Total:	$0			

Possible Categories for Other Services	PRIVATE FUNDS	PTS-DHS	DOULA-DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	Notes
Audit Fees	0	0	0	0	0		0	
Payroll	0	0	0	0	0		0	
License Fees, Permits	0	0	0	0	0		0	
Insurance	0	0	0	0	0		0	
Maintenance	0	0	0	0	0		0	
Copier Maintenance & Lease	0	0	0	0	0		0	
IT Consultant	0	0	0	0	0		0	
Childcare/Cookservice	0	0	0	0	0		0	
Equipment Rental & Maintenance	0	0	0	0	0		0	
Membership Dues/Subscriptions	0	0	0	0	0		0	
Employee Screenings (Background Check/Drug Screenings)	0	0	0	0	0		0	
Printing	0	0	0	0	0		0	
Public Outreach	0	0	0	0	0		0	
Recruitment	0	0	0	0	0		0	
TOTAL	0	0	0	0	0		0	

FY20 Amended Budget Narrative

to be included with ALL FY20 amended budget submissions

V. Travel								
					Approved Ounce Total:	$0	Amended Ounce Total:	$0
					Approved Match Total:	$0	Amended Match Total:	$0
					Approved Program Total:	$0	Amended Program Total:	$0
a. Participant Travel	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
Amended:	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
b. Participant Travel - Bus Passes ONLY	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
Amended:	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
c. Local Staff Travel	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
Amended:	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
d. Conference/Meeting Travel	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
Amended:	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		

VI. Supplies								
					Approved Ounce Total:	$0	Amended Ounce Total:	$0
					Approved Match Total:	$0	Amended Match Total:	$0
					Approved Program Total:	$0	Amended Program Total:	$0
a. Food (participants ONLY; UNALLOWABLE FOR AGENCY STAFF	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
Amended:	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
b. Office Supplies NOTE: No one item will exceed $500 in cost.	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
Amended:	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
c. Program Supplies NOTE: No one item will exceed $500 in cost.	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		
Amended:	Ounce Total:	$0	Match Total:	$0	Program Total:	$0		

FY20 Amended Budget Narrative

to be included with ALL FY20 amended budget submissions

VII. Furniture & Equipment	Approved Ounce Total:	$0	Amended Ounce Total:	$0
One single item over $500 - needs 3 bids regardless of funding source or agency's agreement;	Approved Match Total:	$0	Amended Match Total:	$0
UNALLOWABLE for DFSS/Prior approval needed for ISBE	Approved Program Total:	$0	Amended Program Total:	$0

VIII. Indirect	Ounce Total:	$0	Amended Ounce Total:	$0
This budget line is allowable for all the DHS funding ONLY - MAX. 15%	Match Total:	$0	Amended Match Total:	$0
	Program Total:	$0	Amended Program Total:	$0

*__INDIRECT RELATED:__ ISBE & DFSS require a detailed breakdown; therefore, the "Indirect Line" cannot be used as a generic placeholder.

B9. Guidelines for Completing Budget Section

1. E-mail the final Budget by July 15, 2021 to ibtiadmin@theounce.org. In the subject line of your e-mail, please include the site name, fiscal year, and name of the document.
2. Date must reflect the date report was submitted. For revised reports, mark *"REVISED"* and list date of revision.
3. Columns and Rows must be added correctly. *Round off line items to the nearest dollar.* (EX. If the change amount is over 50 cents, round it off to the next dollar amount. If an item cost $5.67 rounded off to the nearest dollar is $6.00. If an item costs $5.47 rounded off to the nearest dollar is $5.00.) Program Total (Column 2) must equal Match Total (Column 3) plus Ounce Total (Column 4). Ounce Components (Columns 5-9) must equal Ounce total (Column 4).
4. Personnel Services and Fringes (Lines I and II, Columns 2-9) must equal Personnel Breakout Section Total Personnel Services and Fringes (Columns 3-10).
5. Non-direct program costs must not exceed 18% (15% Indirect + 3% other non-program costs; if Indirect is less than 15%, non-program costs may exceed 3%) of total funding for DHS and 5% (non-program costs ONLY) of total funding for ISBE and DFSS funded sites, respectively (Columns 5-9).
6. Supplies and/or Equipment (Line VIb-c or Line VII) any increases over $500, provide detail or the statement "No one item will exceed $500". *Single Item includes peripherals, shipping, and installation.*
7. Grand Total for Ounce Total (Column 4) must equal amount listed on Award Letter.
8. Match Total (Column 3) must be greater than or equal to 10% of Ounce Total (Column 4).
9. The Personnel Breakout Section (Breakout 1 tab) must be completed including Names, Titles, Date of Hire/Termination, and % FTE (Column 1). Columns 2-10 as appropriate must be completed for all positions listed.
10. The Personnel Breakout Section, Ounce Total (Column 5) must equal the sum of dollars allocated to each component in Columns 6-10.
11. Approved Matching Fund Budget (Match tab) must equal Match Total on Approved Consolidated Budget and Expense Summary (Budget Tab, Column 3).
12. Approved Matching Fund Budget (Match tab) must be fully completed, indicating funding source of cash match and requested additional information for in-kind match.
13. The Budget Narrative must be completed for all lines and must match the Budget and supporting schedules.

Amendment Forms & Instructions

C1. Amendment Submission & Due Dates

Amendments document the quality of Subcontract management and show an awareness of how changes to a program affect costs and services. Please make sure Amendments are complete and stapled in the correct order. The Program Abstract should detail any programmatic changes in the program, while the Fiscal Narrative should detail any fiscal changes in the program. In an Amendment, it is important to list not only **what** the change is, but also to explain **why** this change is needed. Please see below for the applicable criteria for amendment submission.

An Amendment is required if there are significant changes in the Program Narrative or Abstract. An Amendment is also required if any line item (Column 2) changes in an amount greater than $1000.00, or 20% of the budgeted amount, whichever is greater (total of Match and Ounce funds). This includes either an *increase* or *decrease* in a line item. Sites are also strongly encouraged to submit an Amendment when a funded position has been vacant for a quarter or longer. Amendments may also be requested by the IBTI Program Manager or IBTI Fiscal Adviser if there are concerns regarding under spending.

SUBMISSION AND APPROVAL PROCESS

1. **Draft Amendments**: Draft Amendments must be e-mailed to the IBTI Program Manager. The submission of a draft Amendment helps to ensure that final copies will be approved. A complete e-mail copy (pages 1-6) of the Amendment must be submitted in order for the draft to be reviewed, including the following:
   1) Request for Subcontract Amendment
   2) Amended Budget and Narrative
   3) Program Abstract and Narrative, if applicable.

   The IBTI Program Manager will complete an initial review of the Amendment and will forward the amendment to the IBTI Fiscal Advisor for fiscal review. Draft Amendments can be submitted at any time during the fiscal year, based on the guidelines for Amendment on page 203, with the exception of the fourth quarter. Fourth quarter draft Amendments are due to the IBTI Program Manager by May 8th (due the next business day if due date falls on a weekend). **Please notify your IBTI Program Manager via e-mail five (5) business days prior to the fourth quarter draft Amendment deadline if your Amendment will be late.** Adherence to the due date for fourth quarter Amendments is *critical* due to the Ounce's need to submit accurate final budget Amendments to funders.

   ISBE/DFSS funded agencies: Due to tight deadlines from the funder, the draft of the fourth quarter Amendment should be an accurate forecast of spending through year-end. Sites should discuss any large shifts of ISBE/DFSS funds in the fourth quarter with the IBTI Program Manager and Fiscal Advisor before submitting an amendment.

2. **Final Review/Submission**: The IBTI Fiscal Advisor will notify the site's Program Management and Fiscal Report Contacts of approval of the draft Amendment. Upon notification, the site will then submit one (1) electronic version to the IBTI Fiscal Advisor. *Please do not submit final copies until notified to do so.*

Due dates for final Amendments will be negotiated with the IBTI Fiscal Advisor upon review and approval of the draft Amendment, with the exception of fourth quarter Amendments. Final hard copy Amendments for the fourth quarter are due to the IBTI Fiscal Advisor by June 15th. Failure to submit the fourth quarter Amendment by this date may result in the Amendment not being processed and delays in final payments being made to sites.

The Ounce of Prevention Fund's acknowledgment that the Amendment will be late *does not* constitute an extension being granted. Extensions will be granted by your IBTI Program Manager on a case-by-case basis and for emergencies only. Sites will be notified of the Ounce of Prevention Fund's decision via e-mail within two (2) business days after the receipt of a written extension request. ***The timeliness of Amendments is important, as the criteria for receiving QIR funding, which may become available during a fiscal year, is tied to the Ounce's receipt of accurate, complete, and timely reports.***

C2. Amendment Instructions

In order to meet the requirements of the Subcontract with the Ounce, changes to the Program Narrative, Abstract, and Budget during the fiscal year must be submitted via a Request for Amendment. This section describes the steps to follow if such a request is needed. The IBTI Program Manager is available to assist in planning for changes with respect to the impact on services, program outcomes, and budget. Once a draft of the Amendment is completed it should be submitted according to the submission guidelines on page 214.

An Amendment is required if there are significant changes in the Program Narrative or Abstract. An Amendment is also required if any line item (Column 2) changes in an amount greater than $1000.00, or 20% of the budgeted amount, whichever is greater (total of Match and Ounce funds). This includes either an *increase* or *decrease* in a line item. Sites are strongly encouraged to submit an Amendment when a funded position has been vacant for a quarter or longer. Amendments may also be requested by the IBTI Program Manager or IBTI Fiscal Adviser if there are concerns regarding under spending. The Ounce reserves the right to decrease the maximum amount payable under the Subcontract Agreement if:

1) staff and/or consultants are not hired within thirty days after a) effective date of Subcontract, b) projected hire date, or c) vacancy occurs,
2) line items are not expended according to schedule or are utilized in a manner that was not authorized, as evidenced in the Quarterly Cost Report, or
3) if an acceptable Amendment reallocating dollars is not submitted within thirty days from the submission of the Quarterly Cost Report, and approved within sixty days from the submission of the Quarterly Cost Report.

Draft Amendments are to be submitted, via e-mail, to the IBTI Program Manager in accordance with the schedule outlined in Section C1. When a final agreement has been reached between the IBTI Program Manager and the Program Management Contact, the IBTI Program Manager will then forward the draft Amendment to the IBTI Fiscal Advisor for the second part of the internal review and approval process. Once all corrections are made (if needed), the IBTI Fiscal Advisor will send an electronic Signature Page that must be signed and returned to the Fiscal Advisor by mail. The date on page six (6) will reflect the date the amendment was signed by the site.

The Ounce requires four weeks to review and approve draft Amendments. If the Amendment contains no errors, a copy of the Amendment, counter-signed by IBTI and marked *Approved*, will be sent to the site. Never change any budget figures in the Quarterly Fiscal Report until a signed, approved Amendment has been received.

Amendments that do not follow the submission guidelines will be returned to the site for corrections; therefore delaying the processing of the Amendment.

Ounce Use Only

Amendment Reference Number: FY21-

C3. Request for Subcontract Amendment

FY21 Quarter #:

Agency Name:

Program Name:

Subcontract #:

Packets that are incomplete or not received in this specified order may be returned.
Please be sure to have original signatures on the Proposed Amended Budget signature page.

- ☐ Amendment Purpose and Changes to Program Plan (Page 2)
- ☐ Amendment Fiscal Narrative (Page 3)
- ☐ Proposed Amended Budget (Page 4)
- ☐ Proposed Amended Personnel Breakout Section (Page 5)
- ☐ Proposed Amended Budget signature page (Page 6)

Subcontractor _____ Subcontract 2021-_____

A. Purpose of Amendment

A1. Please check all that apply:

- ☐ Reallocation of funds across budget line items in excess of $1,000 or 20%, whichever is greater
- ☐ Increase in Subcontract amount due to Quality Improvement Request award
- ☐ Correction(s) to originally submitted Budget, Program Abstract and/or Narrative
- ☐ Restructuring of staff positions or FTE allocation
- ☐ Updating of staff or agency information
- ☐ Other

A2. Briefly describe the above proposed changes:

B. Changes to the Program Plan:

B1. If there are changes to the Program Abstract, please attach a revised Abstract.

Check here if there are proposed changes to the Program Abstract. ☐

B2. If there are changes to the Program Narrative, please attach a revised Narrative.

Check here if there are proposed changes to the Program Narrative. ☐

C. Fiscal Narrative

For fiscal/budget changes, refer to the approved Budget, and describe each line item to be amended. **Include the budget variance** for each category. Use additional pages if necessary.

Check here if there are proposed changes to the Budget. ☐

Personnel

Fringe

Consultants

Other Contractual Services:

Travel

Supplies

Equipment

Indirect

Subcontract No. 2020- 0

PROPOSED AMENDED BUDGET

FEIN # : 0
Service Subcontractor: 0
Address: 0
ISTI Program Name: 0
Name of Preparer: 0
Title: 0

Date: DRAFT

	APPROVED BUDGET			AMENDED BUDGET										
	SOURCES			SOURCES			Ounce COMPONENTS							
LINE ITEM	Program Total	Match Total	Ounce Total	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul-June)	PRIVATE FUNDS	NOTES:
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
I. Personnel Services	0	0	0	0	0	0	0	0	0	0	0	0	0	
II.a. Fringes-less Unemp & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	
b.Unemployment & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	
II. Total Fringes	0	0	0	0	0	0	0	0	0	0	0	0	0	
III. Consultants	0	0	0	0		0								
IV. Other Contractual Services														
a. Conference fees	0	0	0	0		0								
b. Program Event fees	0	0	0	0		0								
c. Occupancy	0	0	0	0		0								
d. Utilities	0	0	0	0		0								
e. Communications	0	0	0	0		0								
f. Postage / Shipping	0	0	0	0		0								
g. Other **(fill out the Breakout Table below)**	0	0	0	0		0								
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	
V. Travel														
a. Participant Travel	0	0	0	0		0								
b. Participant Travel - Bus Passes ONLY	0	0	0	0		0								
c. Local Staff Travel	0	0	0	0		0								
d. Conference / Meeting Travel	0	0	0	0		0								
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	
VI. Supplies														
a. Food	0	0	0	0		0								
b. Office Supplies	0	0	0	0		0								
c. Program Supplies	0	0	0	0		0								
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	
VII. Equipment	0	0	0	0		0	0							
VIII. Indirect ***(for all DHS funding ONLY)***	0	0	0	0		0	0							
GRAND TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	

	APPROVED BUDGET			AMENDED BUDGET										
POSSIBLE CATEGORIES for OTHER SERVICES	Program Total	Match Total	Ounce Total	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	NOTES:
Audit Fees	0	0	0	0		0								
Payroll	0	0	0	0		0								
License Fees, Permits	0	0	0	0		0								
Insurance	0	0	0	0		0								
Maintenance	0	0	0	0		0								
Copier Maintenance & Lease	0	0	0	0		0								
IT Consultant	0	0	0	0		0								
Childcare/Cookservice	0	0	0	0		0								
Equipment Rental & Maintenance	0	0	0	0		0								
Membership Dues/Subscriptions	0	0	0	0		0								
Employee Screenings (Background Check/Drug Screenings)	0	0	0	0		0								
Printing	0	0	0	0		0								
Public Outreach	0	0	0	0		0								
Recruitment	0	0	0	0		0								
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	

DFSS & ISBE FUNDED Sites ONLY
Breakdown of Fringes

	APPROVED BUDGET			BREAKDOWN OF AMENDED BUDGET									
DFSS & ISBE Fringes Breakdown	DFSS	ISBE (July-Aug)	ISBE	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS
Unemployment Insurance	0.00%	0.00%	0.00%							0.0000%	0.0000%	0.0000%	
Worker's Compensation	0.00%	0.00%	0.00%							0.0000%	0.0000%	0.0000%	
FICA (Social Security)	0.00%	0.00%	0.00%							0.0000%	0.0000%	0.0000%	
Pension/Retirement	0.00%	0.00%	0.00%							0.0000%	0.0000%	0.0000%	
Group Health Insurance	0.00%	0.00%	0.00%							0.0000%	0.0000%	0.0000%	
Other (details to be specified in an e-mail)	0.00%	0.00%	0.00%							0.0000%	0.0000%	0.0000%	
TOTAL	0.00%	0.00%	0.00%							0.0000%	0.0000%	0.0000%	

	APPROVED BUDGET			AMENDED BUDGET										
Compliance Percentages	Program Total	Match Total	Ounce Total	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	NOTES:
Salaries	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Fringes	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Match - min. 10%	0.00%	0.00%	0.00%		0.00%									
Non-Program - max. 18%	0.00%	0.00%	0.00%			0.00%	0.00%	0.00%	0.00%				0.00%	
Indirect - max. 15%	0.00%	0.00%	0.00%			0.00%	0.00%	0.00%	0.00%				0.00%	
Administrative Cost - max. 5% for CPS and ISBE	0.00%	0.00%	0.00%							0.00%	0.00%	0.00%		

Subcontract No. 2020- 0

PROPOSED AMENDED PERSONNEL BREAKOUT SECTION

PERSONNEL If personnel is being moved to a new position or new personnel is being hired, please list who they are replacing.					Annual Salary	AMENDED PERSONNEL BREAKOUT SOURCES									
Position Title	Employee Name Last Name, First Name	Effective Date in the Ounce program	Term Date	% FTE*	Exclusive of Fringes	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	NOTES:
(1)					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
a.						0		0								
b.						0		0								
c.						0		0								
d.						0		0								
f.						0		0								
g.						0		0								
h.						0		0								
i.						0		0								
j.						0		0								
k.						0		0								
l.						0		0								
m.						0		0								
n.						0		0								
o.						0		0								
p.						0		0								
q.						0		0								
r.						0		0								
s.						0		0								
TOTAL Personnel Services						0	0	0	0	0	0	0	0	0	0	
Fringes-less Unemployment & Workers Compensation						0		0								
Unemployment & Workers Compensation						0		0								
TOTAL - Fringes						0	0	0	0	0	0	0	0	0	0	
GRAND TOTAL						0	0	0	0	0	0	0	0	0	0	

* %FTE (Program) based on total full time hours in your Agency's work week (i.e. 40 or 37.5) <--- (Please fill in the blank)

Subcontract No. 2020- 0

SIGNATURE PAGE

The Approved OPF Grand Total is: $ 0

The Amended OPF Grand Total is: $ 0

Do not fill in the box below:

The Effective Date of this amendment is: _____

The amended monthly payment schedule is:

July		November		March	
August		December		April	
September		January		May	
October		February		June	
					0.00

All other terms of the July 1, 2019 Subcontract Agreement will remain in effect through June 30, 2020.

Ounce of Prevention Fund

Date of Signature

Service Subcontractor

Date of Signature

C4. Guidelines for Completing the Fiscal Section of the Amendment

1. Amendment must be complete (all six pages), and stapled in the correct order. Amendments are not complete without the Request for Subcontract Amendment.
2. Fiscal Narrative must be completed for line changes greater than $1,000, or 20% of the budgeted amount, whichever is greater, in the Program Total (both Match and Ounce), and must match Proposed Budget Amendment (Amended Budget tab).
3. Approved Budget (Columns 2-4) must match the Approved Budget of the original Subcontract Budget or Amended Budget in the most recently approved Amendment.
4. Columns and Rows must be added correctly. Before entering, round off line items to the nearest dollar (cells are to be used for data entry only – do not use formulas). Program Total (Column 2) must equal Match Total (Column 3) plus Ounce Total (Column 4). The sum of Ounce Components (Columns 8-12) must equal Ounce total (Column 7).
5. Personnel Services and Fringes (Lines I and II, Columns 5-12 of Amended Budget) must equal Personnel Breakout Section Total Personnel Services and Fringes (Columns 3-10) respectively.
6. Ounce Fringes (Line II, Column 7) must not exceed 28% of the Ounce Personnel Services (Line I, Column 7) (Line II divided by Line I).
7. Non-direct program costs must not exceed 18% (15% Indirect + 3% other non-program costs; if Indirect LINE costs are less than 15%, non-program costs may exceed 3%) of the total of DHS funding and 5% (non-program costs only) of total funding for ISBE and DFSS, respectively (Columns 8-10).
8. For Supplies and/or Equipment (Line VIb-c or VII) any increases over $500 (in total) must be accompanied by detail or statement "No single item to exceed $500". $500 single item including peripherals, shipping, and installations.
9. Match Total (Column 6) must be greater than or equal to 10% of Ounce Total (Column 7).
10. If there is any change in personnel services, the Personnel Section (Amended Breakout tab) must be completed including: Names, Titles, % FTE, start and end dates of employment (if applicable). Columns 2-10 must be completed for all positions, including those not requiring Amendments.
11. Total Approved and Total Amended Ounce funding amounts must match on the Signature Page.
12. The effective date and payment schedule must be left blank.
13. The Subcontract beginning and ending dates must be correct.
14. The Amendment must contain original signatures and be dated.

Program Reports & Instructions

D1. Submission of Program Narrative Quarterly Reports

Quarterly Reports contain required data, fiscal and program information. Some specific requirements for reporting are related to the type of services provided and whether source funding is IDHS, ISBE, or DFSS. The Program Management Contact should review all information related to the Quarterly Report by the indicated due dates and prior to submission.

Program Information (All): In order to provide the best report information possible, the person who supervises or coordinates the component should complete the appropriate section of the report. An electronic copy of the report should be sent to ibtiadmin@theounce.org. See page 137 (#3) for instructions on what to include in the subject line of your e-mail.

Submit the Abbreviated Version of the Program Narrative Quarterly Report (page 236) for the first and third quarters. It consists of only questions 1-4 under Section I. The Complete Version of the Program Narrative Quarterly Report (page 222) should be completed for the second and fourth quarters. Please use the report Cover Page (page 221) for each report submission.

If there are attachments that cannot be sent electronically (newspaper articles, etc.) these may be sent to the Ounce's Chicago office:

IBTI Administration Manager
Ounce of Prevention Fund
33 West Monroe, Suite 1200
Chicago, IL 60603

For HFI programs, the Ounce will send copies of the HFI Quarterly Report directly to IDHS; therefore, there is no need to send quarterly reports to DHS in FY21.

Due Dates: All Program Narrative Quarterly Reports are to be submitted to ibtiadmin@ theounce.org. *no later than 4:00 p.m.* on the specified due date. If the due date falls on a weekend, the report is due the following Monday.

First Quarter:	October 30	**Third Quarter**:	April 30
Second Quarter:	January 30	**Fourth Quarter**:	July 30

Quarterly Data: OunceNet is used to generate required IDHS, ISBE, and DFSS Quarterly Reports. Any areas of poor performance as reflected on the OunceNet Quarterly Report should be addressed as a part of the answer to Question #2 in the Program Narrative Quarterly Report.

OunceNet Quarterly Reports will be downloaded by IBTI on the same day your agency's Program Narrative Quarterly Report is due (see above). These reports do no need to be submitted in hard copy to the Ounce or DHS. It is imperative that all data pertaining to the previous quarter be accurately entered into OunceNet by the end of the day on the 21st of the month following the close of the quarter. ***DFSS FUNDED AGENCIES:*** IBTI must submit reports to DFSS within two (2) business days of the close of the quarter; therefore, all data pertaining to the previous quarter MUST be entered into OunceNet by the end of the day on the first (1st) of the month following the close of the quarter.

DHS Common Outcomes: Data fields related to the calculations of this report must be entered by the end of the day on the 19th of the month a quarterly report is due. Information for this report includes immunizations, well-child visits, subsequent births, developmental screenings, and GED/HS graduation. IBTI downloads your program data to run this report and submits the DHS Common Outcomes Report on the 20th of the month following the close of the quarter. No separate report is to be submitted by your program.

Fiscal Information: See Section E for complete instructions.

Sites with funding ONLY from IDHS:
Cost reports are due by e-mail to ibtiamdin@theounce.org and the IBTI Fiscal Advisor (eaioanei@theounce.org) on the following schedule:

- October 20 (First Quarter)
- January 20 (Second Quarter)
- April 20 (Third Quarter)
- July 20 (Fourth Quarter)

Sites with ANY funding from ISBE:
Cost reports are due by e-mail to ibtiadmin@theounce.org and the IBTI Fiscal Advisor (eaioanei@theounce.org) on the following schedule:

- October 12 (First Quarter)
- January 12 (Second Quarter)
- April 12 (Third Quarter)
- July 12 (Fourth Quarter)

Sites with ANY funding from DFSS:
Cost reports are due by e-mail to ibtiadmin@theounce.org and the IBTI Fiscal Advisor (eaioanei@theounce.org) on following schedule:

- October 5 (First Quarter)
- January 5 (Second Quarter)
- April 5 (Third Quarter)
- July 5 (Fourth Quarter)

DFSS funded sites must provide supporting documentation from their payroll systems to support individuals paid from DFSS funds reported in the Personnel Breakout Section. These reports are to be submitted with every quarterly cost report. This documentation, like the cost reports, must be cumulative.

All Sites: E-mail the final approved cost report to ibtiadmin@theounce.org. See page 137 (#3) for what to include in the subject line of your e-mail.

OTHER INSTRUCTIONS:

1. **Revisions**: Revised report sections should be sent directly by e-mail to the IBTI staff member requesting the changes.
2. **Late Reports**: Notify your IBTI Program Manager via e-mail five (5) business days prior to the Program Narrative Quarterly Report deadline if any section of the report that will be late. *The timeliness of reports is important, as the criteria for receiving QIR funding, which may become available during a fiscal year, is tied to the Ounce's receipt of accurate, complete, and timely reports.*

IBTI Doula Site
Quarterly Reporting Requirements
Source funds: Includes DFSS or ISBE

Aunt Martha's	Family Focus Aurora
Catholic Charities	Family Focus Englewood
Child Abuse Council	Pilsen Wellness Center
Christopher House	Spero Family Services
Easter Seals CDC	

REPORT or DOCUMENTS	When Due (see note below)	Submission Instructions
Program Narrative Quarterly Report (Abbreviated Version)	First Qtr. October 30 Third Qtr. April 30	e-mail to ibtiadmin@theounce.org mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office
Program Narrative Quarterly Report (Complete Version)	Second Qtr. January 30 Fourth Qtr. July 30	e-mail to ibtiadmin@theounce.org mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office
ISBE Quarterly Cost Reports	First Qtr. October 12 Second Qtr. January 12 Third Qtr. April 12 Fourth Qtr. July 12	e-mail to IBTI Fiscal Advisor (eaioanei@theounce.org) and ibtiadmin@theounce.org
DFSS Quarterly Costs Reports	First Qtr. October 5 Second Qtr. January 5 Third Qtr. April 5 Fourth Qtr. July 5	e-mail to IBTI Fiscal Advisor (eaioanei@theounce.org) and ibtiadmin@theounce.org
ISBE/DFSS Parent Questionnaires* individual forms for each family new and returning served in FY21 (only one questionnaire needs to be completed for each Doula family – either at the end of Doula services or the end of the fiscal year, whichever comes first)	First Qtr. October 30 Second Qtr. January 30 Third Qtr. April 30 Fourth Qtr. July 30	e-mail to IBTI Program Manager (tsmall@theounce.org or michelejb@theounce.org) and ibtiadmin@theounce.org

*****Parent Questionnaires can be downloaded from the ISBE Website: www.isbe.net/research/htmls/pfa_prev_init.htm

Note: Report due dates that fall on weekend are due next business day.
Mail hard copy required report sections to:

IBTI Administration Manager
Ounce of Prevention Fund
33 West Monroe, Suite 1200
Chicago, IL 60603

IBTI Doula Site
Quarterly Reporting Requirements
Source funds: IDHS only

Center for Children's Services

Children's Home

Marillac Social Center

One Hope United

YWCA of Rockford

REPORT or DOCUMENTS	When Due (see note below)		Submission Instructions
Program Narrative Quarterly Report (Abbreviated Version)	First Qtr. Third Qtr.	October 30 April 30	e-mail to ibtiadmin@theounce.org mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office
Program Narrative Quarterly Report (Complete Version)	Second Qtr. Fourth Qtr.	January 30 July 30	e-mail to ibtiadmin@theounce.org mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office
Quarterly Cost Reports	First Qtr. Second Qtr. Third Qtr. Fourth Qtr.	October 20 January 20 April 30 July 30	e-mail to IBTI Fiscal Advisor (eaioanei@theounce.org) and ibtiadmin@theounce.org

Note: Report due dates that fall on weekend are due next business day.

Mail hard copy required report sections to:

IBTI Administration Manager
33 West Monroe, Suite 1200
Chicago, IL 60603

D2. FY21 Program Narrative Quarterly Report

FY21 Quarter #: ☐ **1** ☐ **2** ☐ **3** ☐ **4**

Agency Name:
Program Name:
Subcontract #:
Address:
Program Model:
- ☐ **Healthy Families Illinois**
- ☐ **Nurse Family Partnership**
- ☐ **Parents as Teachers**

Program Management Contact:
E-mail:

Fiscal Report Contact:
E-mail:

ILLINOIS BIRTH TO THREE INSTITUTE
Program Narrative Quarterly Report
Complete Version

Directions: The IBTI Quarterly Program Narrative Report can be found in an electronic version at http://www.opfibti.org. Please note that questions appearing on separate pages need to stay on separate pages due to the information being shared within the Ounce. If there is no response for a particular question, please select N/A where appropriate or indicate "No updates", "Not applicable", or "No activity in this quarter". The IBTI program staff strongly encourages you to reflect and enter something for Questions #8 and #11, as these are the two questions that address the quality of life within the program.

Submit all pages of this form.

SECTION I. SUBCONTRACT COMPLIANCE

Please submit, either electronically or via hard copy, a current organizational chart that shows the Agency's overall operations. The IBTI funded program should be clearly labeled. (2nd Quarter only)

1. **Staff Changes**: If there were any new hires, terminations, leaves of absences, or ongoing vacancies in the program during the last quarter, please complete the chart below.

☐ N/A

New Hires	**Name/Position**	**Person Replacing**	**Start Date**	
Terminations	**Name/Position**	**Last Date of Employment**		
Ongoing Vacancies	**Position**	**Person who last held position**	**Date position became vacant**	
Leaves	**Name/Position**	**Date leave began**	**Anticipated date leave will end (if known)**	**Type of leave***

*P-paid out of contract funds, I-paid for by disability or other non-contract funds, U-unpaid

FY21 Program Narrative Quarterly Report

2. **Program Contact Updates:** Please use the tables below to update any contact information for your program, including changes to the contacts listed in your Program Abstract.

☐ No changes

SERVICE AGENCY
Agency Name:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:

PRIMARY SERVICE SITE
Program Name:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:

Executive Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

Program Management Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

FY21 Program Narrative Quarterly Report

Staff Development Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

Fiscal Management Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

Fiscal Report Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

OunceNet/MIS Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

Agency Technology Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

FY21 Program Narrative Quarterly Report

3. **Factors Affecting Program Services**: List anything (besides staffing) you would like us to know about that has impacted services reported in the OunceNet Quarterly reports.

☐ No Change

4. Please provide an update on any current research projects (i.e., Doula RCT, MIHOPE, etc.), program expansion, or other innovations happening in your program. Please include any program modifications, challenges, or successes the program is experiencing as a result of these enhancements.

FY21 Program Narrative Quarterly Report

5. Describe any deaths to PTS-HFI, PTS-PAT, PTS-NFP, or Doula-only participants (child or adult) this quarter.

☐ N/A

A. If you are you still working with the family or processing the death with staff, please describe the work being done.
B. Do you need any additional support or resources in this area?

6. Describe any DCFS report that program staff became aware of in the quarter (even if alleged incident occurred prior to this quarter) where the alleged victim of abuse or neglect was a child of a family served in the program. State whether the person who reported the abuse or neglect was program staff or another source. If known, state the outcome of the investigation (indicated, unfounded, or pending). Describe the nature of the alleged abuse or neglect. If the program was not the source of the report, describe how report came to the attention of the program staff.

A. Do you need any additional support or resources in this area?

7. **Staff Development**

A. Optional: List non-Ounce training or in-service workshops attended by staff, and the sources of those trainings.

☐ N/A

B. List comments, questions, or current issues regarding the use of the Web site for the Ounce Training Institute.

☐ N/A

C. List requests you have of Ounce/IBTI staff including technical assistance, training, materials, etc.

☐ N/A

FY21 Program Narrative Quarterly Report

8. **Community and Service Access Issues**: List all barriers to serving pregnant and parenting teens and their children under age five that the program has encountered this quarter. (For example, this may include problems experienced at the DHS local office, policies that exclude needy families, or resource limitations.)

☐ N/A this quarter

☐ See last quarterly report – same issues exist

☐ New information to report – see below

9. **Services to Short-Term Participants**: Describe the nature and extent of services provided to participants and families not formally enrolled in the program.

10. **Program Experience**: Describe observations of or lessons learned about the participants, their families, and the communities in which services are provided.

FY21 Program Narrative Quarterly Report

11. **Advocacy Efforts on Behalf of Participants**: List and explain all legislative contacts or activities conducted this quarter. This may include meetings, calls, or letters to legislators, legislative information that was shared with parents, or advocacy training for staff and/or parents.

☐ None this quarter

12. **Public Relations**: List and attach all media contacts made during this quarter. Mail copies of printed or published materials to the Ounce's Chicago office.

☐ None this quarter

FY21 Program Narrative Quarterly Report

13. **Program Success or Anecdote**: Describe a story of a participant who has benefited from the program**.**

14. **Innovation**: Describe ideas for new program development or new approaches taken to enhance current IBTI services.

FY21 Program Narrative Quarterly Report

15. **Outstanding OunceNet Issues**: Please list any chronic, unresolved issues the program is experiencing related to OunceNet equipment, OunceNet connectivity, or needs for OunceNet technical assistance/training. Please describe any communication with the OunceNet team related to the issue(s).

16. **OunceNet Functioning**: Please identify any unresolved issues experienced during the quarter related to OunceNet and reporting program activity/data. Please describe any communication with the OunceNet team related to this issue.

17. Describe any changes that you would like to see in OunceNet in the future.

18. Please describe any other technology issues or needs the site is experiencing related to the implementation of the IBTI program.

FY21 Program Narrative Quarterly Report

SECTION II. HOME VISITING

1. Describe one home visit during the quarter that demonstrates how the program focuses on the **parent-child relationship and one other IBTI outcome** from the following list:

   - Self-sufficiency
   - Child's Health/Development/Well-Being
   - Teen's Health/Development/Well-Being
   - Delay of Subsequent Birth

   Please select a different outcome for each of the two quarterly narratives written during the fiscal year.

   Describe how planning/preparation/debriefing occurred, as well as the topic and materials used.

2. **Mother/Baby Questionnaires**: Describe staff's experience with completing questionnaires this quarter. Describe how questionnaires are used to guide service delivery.

FY21 Program Narrative Quarterly Report

SECTION III. CLINICAL/INFANT MENTAL HEALTH SERVICES

☐ N/A (Only sites funded for Infant Mental Health services need complete this section)

1. **Work with Families** – Briefly describe services provided by the IMH Clinician to IBTI families during the previous two quarters. Please assign each family a separate number and use the same number if the family is listed on subsequent reports during the fiscal year so that we can determine an unduplicated number served. **Please do not list participant names on the table below**.

Participant	# of Sessions	Nature of work (a brief narrative description of focus of work, e.g. maternal depression, infant regulatory issues, etc.)
#1		
#2		
#3		
#4		

2. **Staff Consultation** - Describe IMH consultation provided to staff over the last two quarters.

   # of Individual case consultations _____

   # of Case staffings attended _____

   # of Staff trainings _____

   Other (please describe other types of staff consultation provided and numbers of each type):
   _____

3. **Other Services** - Please describe any other services (e.g. parent groups, etc.) provided to the program by the IMH Clinician during the last two quarters. List numbers of each type of activity (if group, indicate the number of group sessions, indicate if one-time event, etc.).

   _____
   _____

FY21 Program Narrative Quarterly Report

SECTION IV. GROUP SERVICES & COMMUNITY EDUCATION

☐ N/A (Only programs providing group services complete this section)

1. **Prenatal or Parenting Groups**: Describe one group session from this quarter that demonstrates how the program focuses on the **parent-child relationship and one other IBTI outcome** from the following list:

   - Self-sufficiency
   - Child's Health/Development/Well-Being
   - Teen's Health/Development/Well-being
   - Delay of Subsequent Birth

   Please select a different outcome for each of the two quarterly narratives written during the fiscal year.

   Describe how planning/preparation/debriefing occur, as well as the topic and materials used. Please attach a copy of the Quarterly Narrative Topic Calendar.

2. **Community Education**: List the topics and activities of community education events held during the quarter. Community education events are events utilized to promote your program or to keep the community informed about program activities. Examples include, but are not limited to, presentations to high schools, maternity fairs, health fairs, agency open houses, etc. If you have any questions about whether or not an event is considered community education, please contact your Program Manager or Program Advisor.

FY21 Program Narrative Quarterly Report

SECTION V. HEART TO HEART

☐ N/A (Only sites funded for Heart to Heart complete this section)

Heart to Heart Start Date: _____

1. Number of Sessions:
   - A. Who facilitated H2H?
   - B. What parent-child activities were used?
   - C. How many participants were members of a previous year's Heart to Heart group?
   - D. Describe the role and nature of clinical supervision provided to staff in addressing issues that arose during Heart to Heart this year.
   - E. Describe the nature of any disclosures of abuse and the steps taken by staff on referrals and follow through on referrals given.
   - F. Describe the nature of the community project conducted by the Heart to Heart group or reasons it was not implemented.
   - G. Please list suggestions for revisions to the Heart to Heart program or curriculum.

2. Attach any printed materials related to Heart to Heart that were produced (e.g., graduation invitations, graduation programs).

FY21 Program Narrative Quarterly Report

SECTION VI. DOULA SERVICES

☐ N/A (Only sites funded for Doula services complete this section)

1. Briefly describe the coordinated work (Doula, HV/NHV/PE, PGSC) provided to one participant who delivered within the quarter. Include prenatal, labor and delivery, as well as post-partum involvement.

2. Describe the program activities accomplished by the Doulas this quarter other than home visits and assisted births (e.g., collaboration meetings, prenatal groups).

3. Describe challenges and successes in providing Doula services encountered this quarter.

4. Discuss the efforts and type of contacts made between other community services, the linkage contacts and agency staff for clinical support that occurred this quarter. Include any contacts made with hospitals.

5. List community organizations that provide ongoing services for participants receiving short term Doula services.

6. List Chicago Public Schools attended by participants receiving Doula services.

ILLINOIS BIRTH TO THREE INSTITUTE
Program Narrative Quarterly Report
Abbreviated Version

Directions: Submit this version of the Program Narrative Quarterly Report in Quarters 1 & 3. Please note that questions appearing on separate pages need to stay on separate pages due to the information being shared within the Ounce of Prevention Fund.

Submit all pages of this form.

SECTION I. SUBCONTRACT COMPLIANCE

1. **Staff Changes**: If there were any new hires, terminations, leaves of absences, or ongoing vacancies in the program during the last quarter, please complete the chart below.

   ☐ N/A

New Hires	**Name/Position**	**Person Replacing**		**Start Date**
Terminations	**Name/Position**	**Last Date of Employment**		
Ongoing Vacancies	**Position**	**Person who last held position**		**Date position became vacant**
Leaves	**Name/Position**	**Date leave began**	**Anticipated date leave will end (if known)**	**Type of leave***

*P-paid out of contract funds, I-paid for by disability or other non-contract funds, U-unpaid

FY21 Program Narrative Quarterly Report

2. **Factors Affecting Program Services**: List anything (besides staffing) that has impacted the program's effectiveness to meet contractual obligations this quarter (e.g., changes in available community services, linkage agreements, safety).

☐ No Change

3. Describe any deaths to PTS-HFI, PTS-PAT, PTS-NFP, or Doula-only participants (child or adult) this quarter.

☐ N/A

A. If you are you still working with the family or processing the death with staff, please describe the work being done.
B. Do you need any additional support or resources in this area?

4. Describe any DCFS report that program staff became aware of in the quarter (even if alleged incident occurred prior to this quarter) <u>where the alleged victim of abuse or neglect was a child of a family served in your program</u>. State whether the person who reported the abuse or neglect was program staff or another source. If known, state the outcome of the investigation (indicated, unfounded, or pending). Describe the nature of the alleged abuse or neglect. If the program was not the source of the report, describe how report came to the attention of the program staff.

☐ N/A

A. Do you need any additional support or resources in this area?

D3. Quality Improvement Request

QIR INSTRUCTIONS

Site Program Management Contacts may submit one or more proposals to request additional funds by using a Quality Improvement Request (QIR) form. The purpose of a QIR award is to provide supplemental funding for short-term activities and materials (one time purchase) that would enhance the quality of services for participants within the fiscal year. QIRs are accepted throughout the year, and as funds become available, awards are given only to sites that meet all eligibility criteria.

Eligibility criteria include:

- No outstanding audit findings, under spending, or unresolved fiscal issues;
- Site is up-to-date on submission of all required reports;
- Site is fully staffed for those positions funded by IBTI;
- Nature of the proposal addresses short-term needs or creative program efforts that target IBTI outcomes;
- There are no program performance issues or existing Improvement Plan.

QIRs are to be submitted by e-mail to the IBTI Program Manager. The QIR form is used for discussion and negotiation purposes and it follows the outline of an Amendment. Requests typically range from $500 to $5,000 and require submission of an Amendment when approved. QIR funds must be used in the same fiscal year in which they are awarded. A QIR award does not increase base funding in the next year.

ILLINOIS BIRTH TO THREE INSTITUTE
FY21 Quality Improvement Request

Agency:_____ Subcontract #: _____

Program Management Contact: _____

Date Submitted: _____

Please complete the following forms and submit by e-mail to the IBTI Program Manager. Use one form for each proposal submitted.

Requested Amount: $ _____

I. Briefly describe what you propose to do with QIR funding this fiscal year.

II. Describe the direct impact on participants or staff.

III Describe how this proposal relates to the present Program Plan and how it would enhance the quality of services.

Quality Improvement Request

IV. Description of Expenses by Line Item Category

Provide dollar amounts and description of services and/or items to be purchased. (Use this form when computing the Fiscal Narrative for the Amendment.)

Personnel (Salaries and Fringe Benefits) _____

Consultants/Contractual _____

Travel _____

Supplies _____

Equipment _____

Financial Reports & Instructions

E1. Submission of Fiscal Quarterly Reports

1. Fiscal Quarterly reports are due by e-mail *no later than 4:00 p.m.* on the dates listed below. Reports are to be sent to ibtiadmin@theounce.org and the IBTI Fiscal Advisor (eaioanei@theounce.org) unless otherwise indicated. See page 137 (#3) for instructions on what to include in the subject line of your e-mail. For Program Narrative Quarterly Reporting requirements, please refer to Section D of this manual. All reports are due the next business day if the due date falls on a weekend.

   Sites with funding <u>ONLY</u> from IDHS
   Cost reports are due on the following schedule:
   - October 20 (First Quarter)
   - January 20 (Second Quarter)
   - April 20 (Third Quarter)
   - July 20 (Fourth Quarter)

   Sites with <u>ANY</u> funding from ISBE
   Cost reports are due on the following schedule:
   - October 12 (First Quarter)
   - January 12 (Second Quarter)
   - April 12 (Third Quarter)
   - July 12 (Fourth Quarter)

   Sites with <u>ANY</u> funding from DFSS
   Cost reports are due on following schedule:
   - October 5 (First Quarter)
   - January 5 (Second Quarter)
   - April 5 (Third Quarter)
   - July 5 (Fourth Quarter)

   DFSS funded sites must provide supporting documentation from their payroll systems to support individuals paid from DFSS funds reported in the Personnel Breakout Section. These reports are to be submitted with every quarterly cost report. Cost reports must be cumulative.

   All Sites: E-mail the final approved cost report to ibtiadmin@theounce.org. See page 136 (#3) for what to include in the subject line of your e-mail.

2. Please notify the IBTI Fiscal Advisor via e-mail five (5) business days prior to the Quarterly Cost Report deadline if any section will be late. *The timeliness of reports is important, as the criteria for receiving QIR funding, which may become available during a fiscal year, is tied to the Ounce's receipt of accurate, complete, and timely reports.*

Variance Analysis:

In order to proactively identify any potential underspending or funding shortages, we ask that you explain significant variances in planned spending when you submit your quarterly cost reports.

On your first quarter report, if expenditures for any category are less than 15% or more than 35% of the total amount budgeted for that category for the year, please provide a brief narrative explanation (e.g., “we had a vacancy” or “we bought new equipment in the first quarter.”)

For the second quarter report, a narrative explanation of any line items expended less than 40% or greater than 60% is required. For the third quarter report, explanatory narratives for line items less than 65% or greater than 85% expended are required. In composing the narrative, please explain why there is a difference or what happened to cause the difference. The narrative will be similar to that found in an Amendment. The narrative, which can be created in Excel and submitted with the second and third quarter cost reports, should be titled Variance Analysis, and should have the agency name and Subcontract number in the upper right corner. An Excel template, titled Variance Analysis, is provided in the FY21 Budget workbook for your convenience.

Financial forecasts are an important budgeting tool and reflect sound fiscal management. Forecasts identify possible areas of under spending and can be used as a baseline for constructing an Amendment. Year-end under spending is a very serious matter. Proper management of funding includes timely identification of areas of potential under spending, discussion with the IBTI Program Manager as to potential uses in other areas of the program, or possible return of funding for redistribution to other IBTI programs. Please contact the IBTI Program Manager as soon as you realize there will be significant under spending within the program. Timely return of excess funding will not result in penalties or reduction in future funding.

E2. Fiscal Quarterly Report Instructions

Fiscal Quarterly Reports *must be* submitted in the same format as the form sent with the Subcontract packet (Approved Consolidated Budget and Expense Summary and Personnel Breakout Section only). ***Do not use forms from previous fiscal years.***

If there have been *approved* Amendments to the original Budget, make sure that the figures listed in Columns 5-12 of the Approved Proposed Amended Budget match the new Approved Budget section of the Approved Consolidated Budget and Expense Summary page. The IBTI Fiscal Advisor will make the new adjustments and submit an updated version to the site requesting the change.

The YTD Columns must be completed on the Approved Budget and Expense Summary and Personnel Breakout Section (on the following page).

Please do not make changes to previously reported expenses. If adjustments need to be made to a previous quarter's expenses, please notify the IBTI Fiscal Advisor via e-mail.

DIRECT EXPENSES

Column 11 – Total Expenses YTD - Match Total: Line Items I through II will be carried over from the Personnel Breakout Section (Breakout 1 tab) column 11 (Match Total) rows TOTAL Personnel service through TOTAL Fringes; Line Items III through IV enter the total actual accrued operating costs of the program paid by the agency from other funds or received from other sources, such as non-cash items (donated goods and services), cumulative at the end of each quarter.

Column 12 – Total Expenses YTD – Ounce Total: This column is locked and will be calculated automatically.

Column 13 – Total Expenses YTD – PTS DHS: Line Items I through II: will be carried over from the Personnel Breakout Section column 13 (PTS DHS) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

Column 14 – Total Expenses YTD – Doula DHS: Line Items I through II: will be carried over from the Personnel Breakout Section column 14 (Doula DHS) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

Column 15 – Total Expenses YTD - MIECHV: Line Items I through II: will be carried over from the Personnel Breakout Section column 15 (MIECHV) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

Column 16 – Total Expenses YTD –DFSS: Line Items I through II: will be carried over from the Personnel Breakout Section column 16 (DFSS) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

Column 17 – Total Expenses YTD – ISBE: Line Items I through II: will be carried over from the Personnel Breakout Section column 17 (ISBE) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

The sum total YTD expenses for Ounce DHS, Ounce non-DHS and Match (Columns 11-17) must not exceed Program Total (Column 2) by more than $1000.00, or 20% of the budgeted amount, whichever is greater, for each line. **This rule applies to Line I Personnel totals on the budget summary and not against each line (position) in the Personnel Breakout Section.**

Line II - Fringes:

The Subcontract allows a maximum of 28% Fringe costs as a percentage of Personnel Services for the Ounce dollars. This maximum percentage is measured each quarter. Any dollars spent in excess of the maximum amount should be placed in the Match Total column. During the course of the year, if these rates drop below the maximum allowable percentages, costs previously reported as match in Column 11 (Match Total) may be moved to the current quarter (Columns 11-17) to increase these rates to the maximum allowed.

Breakout of "Other Line" box should also be completed.

PERSONNEL BREAKOUT

In this section, list only one staff member per line. If a particular position is held by more than one person during a fiscal year, list each staff member separately; including the dates of employment (please list the date of hire and/or termination date). When a staff position has been vacated or a rehire has occurred, change the amounts in Column 4 (if agency match) and Columns 6-10 (Ounce Components) for the previous staff person to reflect actual salary expenses year-to-date. For the vacant position or the new staff person, enter the pro-rated salary in Column 4 (if agency match) and Columns 6-10. This is the difference between the program salary approved for the position and the actual salary expensed for the previous staff person. If a position is vacant at the end of the quarter, a new line must be created to show salary balance, with Column 1 stating *"VACANT"* in lieu of employee name.

Staff no longer funded by the Ounce/IBTI Subcontract must remain on the Quarterly Cost Reports for wages paid in the current fiscal year. If the Personnel Breakout Section does not contain an adequate number of lines, please e-mail the IBTI Fiscal Advisor to add additional lines or additional pages, as needed. The additional page should contain the remaining staff totals for the Personnel Breakout section. The Personnel Breakout section should contain staff salary information (Column 2 Totals for this column are not required).

Column 11 – Total Expenses YTD - Match Total: This column will be used to enter the total actual accrued personnel costs of the program paid by the agency from other funds or received from other sources as in-kind items (donated goods and services), cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 11) on the Summary page. Total Fringes must equal Fringes (Line II, Column 11) on the Summary page.

Column 12 – Total Expenses YTD – PTS DHS: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 13) on the Summary page. Total Fringes must equal Fringes (Line II, Column 13) on the Summary page.

Column 13 – Total Expenses YTD – Doula DHS: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 14) on the Summary page. Total Fringes must equal Fringes (Line II, Column 14) on the Summary page.

Column 14 – Total Expenses YTD - MIECHV: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 15) on the Summary page. Total Fringes must equal Fringes (Line II, Column 15) on the Summary page.

Column 15 – Total Expenses YTD –DFSS: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 16) on the Summary page. Total Fringes must equal Fringes (Line II, Column 16) on the Summary page.

Column 16 – Total Expenses YTD – ISBE: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 17) on the Summary page. Total Fringes must equal Fringes (Line II, Column 17) on the Summary page.

The sum total YTD Personnel Services and Fringe expenses for Ounce DHS, Ounce Non-DHS, and Match (Columns 11 through 16) must not exceed Program Total (Column 3) by more than $1,000.00, or 20% of the budgeted amount, whichever is greater. This rule now applies to personnel totals on the breakout and budget summary and not against each line (position listed) in the Personnel Breakout Section, as was previously done.

Subcontract No. 2020-

APPROVED CONSOLIDATED BUDGET AND EXPENSE SUMMARY

FEIN #:
Service Subcontractor:
Address:
IBTI Program Name:
Name of Preparer:
Title:

Please click to select the reporting period
Period: FY20 Original Budget

Report Date:
Report Type

LINE ITEM	APPROVED BUDGET SOURCES: Program Total	Match Total	Ounce Total	Ounce COMPONENTS: PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	TOTAL EXPENSES YTD FUNDING SOURCE: Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	% of Program	% of The Ounce
(1)	(2)	(3)	(4)	(6)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	Total Expended	Total Expended
I. Personnel Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
II.a. Fringes-less Unemp & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
b.Unemployment & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
II. Total Fringes (DFSS & ISBE - fill in the Breakdown Table below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
III. Consultants	0		0								0		0								0%	0%
IV. Other Contractual Services																						
a. Conference fees	0		0								0		0								0%	0%
b. Program Event fees	0		0								0		0								0%	0%
c. Occupancy	0		0								0		0								0%	0%
d. Utilities	0		0								0		0								0%	0%
e. Communications	0		0								0		0								0%	0%
f. Postage / Shipping	0		0								0		0								0%	0%
g. Other (fill in the Breakdown Table below)	0		0								0		0								0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
V. Travel																						
a. Participant Travel	0		0								0		0								0%	0%
b. Participant Travel - Bus Passes ONLY	0		0								0		0								0%	0%
c. Local Staff Travel	0		0								0		0								0%	0%
d. Conference / Meeting Travel	0		0								0		0								0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
VI. Supplies																						
a. Food	0	0	0								0		0								0%	0%
b. Office Supplies	0	0	0								0		0								0%	0%
c. Program Supplies	0	0	0								0		0								0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
VII. Equipment	0		0	0					0		0		0								0%	0%
VIII. Indirect (for all DHS funding ONLY - 15% cap)	0		0	0							0		0								0%	0%
GRAND TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%

NOTES:

Breakdown of "Other Line"

POSSIBLE CATEGORIES for OTHER SERVICES	APPROVED BUDGET: Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	TOTAL EXPENSES YTD: Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	% of Program	% of The Ounce
Audit Fees	0		0								0		0								0%	0%
Payroll	0		0								0		0								0%	0%
License Fees, Permits	0		0								0		0								0%	0%
Insurance	0		0								0		0								0%	0%
Maintenance	0		0								0		0								0%	0%
Copier Maintenance & Lease	0		0								0		0								0%	0%
IT Consultant	0		0								0		0								0%	0%
Childcare/Cookservice	0		0								0		0								0%	0%
Equipment Rental & Maintenance	0		0								0		0								0%	0%
Membership Dues/Subscriptions	0		0								0		0								0%	0%
Employee Screenings (Background Check/Drug Screenings)	0		0								0		0								0%	0%
Printing	0		0								0		0								0%	0%
Public Outreach	0		0								0		0								0%	0%
Recruitment	0		0								0		0								0%	0%
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%

NOTES:

DFSS & ISBE FUNDED Sites ONLY
Breakdown of Fringes

DFSS & ISBE Fringes Breakdown	APPROVED BUDGET: Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	TOTAL EXPENSES YTD: Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS
Unemployment Insurance																				
Worker's Compensation																				
FICA (Social Security)																				
Pension/Retirement																				
Group Health Insurance																				
Other (details to be specified in an e-mail)																				
TOTAL							0.0000%	0.0000%	0.0000%								0.0000%	0.0000%	0.0000%	

FISCAL ADVISOR ONLY

Compliance Percentages	APPROVED BUDGET: Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS	TOTAL EXPENSES YTD: Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	DFSS	ISBE	ISBE (Jul - June)	PRIVATE FUNDS
Salaries	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Fringes	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Match - min. 10%		0.00%										0.00%								
Non-Program - max. 18%			0.00%	0.00%	0.00%	0.00%				0.00%			0.00%	0.00%	0.00%	0.00%				0.00%
Indirect - max. 15%			0.00%	0.00%	0.00%	0.00%				0.00%			0.00%	0.00%	0.00%	0.00%				0.00%
Administrative Cost - max. 5% for DFSS & ISBE							0.00%	0.00%	0.00%								0.00%	0.00%	0.00%	

NOTES:

E3. Guidelines for Completing Fiscal Quarterly Report

1. Submit the report to: ibtiadmin@theounce.org with a copy to the IBTI Fiscal Advisor (eaioanei@theounce.org) on or prior to the specified due date. See page 137 (#3) for instructions on what to include in the subject line of your e-mail.

   For corrected reports: *a final electronic version must be submitted to the IBTI Fiscal Advisor.*

2. Date must reflect the date report was submitted. For revised reports, type *"REVISED"* replacing original report date with latest date of revision. *Please use the following date format: October 5, 2012.*

3. Approved Budget (Columns 2-9) must match the Approved Budget of the original Subcontract Budget or Amended Budget in the most recently approved Amendment.

4. Columns and Rows must be added correctly. Before entering, round off line items to the nearest dollar (cells are to be used for data entry only - do not use formulas). (EX. If the change amount is over 50 cents, round it off to the next dollar amount. If an item cost $5.67 rounded off to the nearest dollar is $6.00. If an item costs $5.47 rounded off to the nearest dollar is $5.00.)

5. The sum of Total Expenses YTD Match, PTS DHS, Doula DHS, MIECHV, DFSS, and ISBE (Approved Consolidated Budget and Expense Summary Page/Columns 11-17, Personnel Breakout Section/Columns 11-16) must not exceed Program Total (Approved Consolidated Budget and Expense Summary Page 1/Column 2, Personnel Breakout Section/Column 3) by more than $1000.00, or 20% of the budgeted amount, whichever is greater.

6. Personnel Services and Total Fringes (Approved Consolidated Budget and Expense Summary Page, Lines I and II/Columns 11-17) must equal Personnel Breakout Section Total Personnel Services and Total Fringe (Personnel Breakout Section, Columns 11-16).

7. Total Fringes (Line II/Columns 13-17) must not exceed 30% of the Ounce Total Personnel Services (Line I/Columns 13-17) (Line II divided by Line I).

8. *Non-direct program costs must not exceed 18% (15% Indirect LINE plus 3% other non-program costs; if Indirect LINE costs are less than 15%, non-program costs may exceed 3%) for DHS and 5% (non-program costs ONLY; there is NO INDIRECT) of total funding for ISBE and DFSS funded sites, respectively (Columns 8-10).*

9. Grand Totals YTD (Columns 11-17) must not exceed Grand Total Ounce Amount (Column 4).

10. *Final Cost Report only*: Total Expenses YTD Match Grand Total (Column 11) must be greater or equal to 10% of Total Expenses YTD Ounce Grand Total (Columns 13-17).

11. *Personnel Section*: Names, Titles, and % FTE must be listed. Start and end dates must be listed for all employees holding positions less than a full subcontract period. Columns 2-16 must be filled out completely for all positions listed.

12. *Second and Third Quarter reports only*: please include narrative on budget variances per financial forecast instructions in Section E1. See page 242

E4. Submission of Independent Audit Reports

Submission of your agency's FY21 independent audit report is due December 31, 2020. If your fiscal year ends in a period similar to the Ounce, please contact the IBTI Fiscal Advisor and inform of the expected submission time frame. Within 180 days following the completion of the fiscal year, the agency shall provide the Ounce with an independent audit report (with findings if applicable) and audited financials, along with a supporting schedule, of the program expenses by funding source including expenses incurred under the Ounce Subcontract.

The audit report must be prepared in accordance with Generally Accepted Auditing Standards (GAAP), and Government Auditing Standards (GAS) issued by the Comptroller of the United States. If an agency receives federal funds greater than the threshold $500,000 stipulated by the Office of Management and Budget (OMB) Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Institutions," it must also obtain an A-133 federal audit.

The agency also certifies that it understands that *the Ounce is required to monitor and follow up with the agency to ensure the resolution of any findings arising from an A-133 audit which are related to the Ounce's Subcontract.*

The agency shall submit one electronic or two (2) paper copies of its prior fiscal year audited financials by December 31, 2021 to:

IBTI Fiscal Advisor
Ounce of Prevention Fund
33 West Monroe, Suite 1200
Chicago, IL 60603

If your agency operates on a fiscal year other than July-June, please contact the IBTI Fiscal Advisor with the estimated submission date.

E5. Travel Reimbursement Rates

REIMBURSEMENT RATE STRUCTURE

The following rates will apply to IBTI subcontractors unless otherwise communicated.

Type of Reimbursement	**Rate**
Mileage -Commuting mileage to and from work are not reimbursable expenses	$.56 cents/mile (as of 1/1/2021)

Parking
-Valet parking is not reimbursable except for $30/day in the City of Chicago

Meals - Excluding tips. Tips are not reimbursable.

Breakfast	$ 5.50
Lunch	$ 5.50
Dinner	$17.00

Outside the State of Illinois:
Meals - Excluding tips. Tips are not reimbursable.

Breakfast	$ 6.50
Lunch	$ 6.50
Dinner	$19.00

Lodging

There are five different categories for lodging in the State of Illinois:

1. Chicago Metro - See Federal Rate at http://www.gsa.gov/portal/category/100120
2. Suburban Cook County - $132 (plus tax)
3. DuPage, Kane, Lake, McHenry and Will Counties - $80 (plus tax)
4. Downstate Illinois - Champaign, Kankakee, LaSalle, McLean, Macon, Madison, Peoria, St. Clair, Rock Island, Sangamon, Tazewell, and Winnebago Counties - $70 (plus tax)
5. All other Illinois counties - $60 (plus tax)

Outside the State of Illinois:
New York City - $110 (plus tax)
All other out-of-state locations - $90 (plus tax)

**Out of State travel requires written pre-approval from Program Manager*

E6. Allowable/Unallowable Costs (DHS)

1) In general, expenses are reimbursable if the expenses are:

   A) Necessary and related to the provision of program services;

   B) Reasonable to the extent that a given cost is consistent with the amount paid by similar agencies for similar services;

   C) Not specified as not reimbursable in this section;

   D) Not illegal

2) Agencies are required to maintain a cost allocation plan, if they receive more than one source of funding or operate more than one program.

3) Prior written approval is required for research expenses. Program evaluation expenses are not considered research expenses.

4) Promotional items such as calendars, pens, buttons, magnets, posters, and stationary are not allowable expenses.

Expenses not reimbursable without prior written authorization:

1) Compensation for members of the agency's governing body. This does not include reimbursement for travel or other agency related business expenses incurred by these members for business related to an Ounce-funded program;

2) Expenses related to entertainment of persons other than individuals who receive services through an Ounce-funded program;

3) Individual staff or agency association dues are not reimbursable except for the following situations:

   A) Dues for purchasing relationships that result in a cost saving on purchases.

   B) Dues for membership that provide agency staff with professional training and resources necessary to provide services funded by the Ounce;

4) Costs of attending professional meetings; e.g., meetings and conventions are not allowable except for those costs related to activities to enhance or improve the Ounce-funded program services. Costs for attending the Ounce trainings and workshops can be reimbursed.

5) Fund-raising expenses;

6) Bad debts;

7) Charities and grants (the cost of employee educational assistance can be reimbursed);

8) The following types of interest expenses:

   A) Interest on funds borrowed for investment purpose;

   B) Interest on funds to create more than two months of working capital;

C) Interest on funds borrowed for the personal benefit of any person;

D) Interest on funds borrowed without a prior time-limited written agreement for the purchase of land, buildings, and/or equipment, until such assets are actively used in support of program services;

E) Interest in excess if the current market rate paid to individuals or organizations in less than "arm's length" transactions;

F) Interest charges on intra-agency fund loans, e.g., interest recorded in the capital fund on cash loaned to the operating fund;

G) Interest expense to the extent that interest income was realized by the investment of excess operating funds;

9) Depreciation on fixed assets acquired with the Ounce funds;

10) Cost of production of a program product funded by the Ounce that is saleable, including wages and material costs;

11) In-kind contributions;

12) Alcoholic beverages;

13) The portion of the cost of automobiles furnished by the agency related to personal use by employees, including transportation to and from work, is unallowable as a fringe benefit or indirect cost;

14) Costs of fines, penalties, legal services, resulting from or in relation to the failure of an agency to comply with federal, state, and local laws and regulations, are unallowable, except when incurred as a result of compliance with specific provisions of an award or program or instructions specified in writing and pursuant to the terms of a grant;

15) Goods or services for personal use or purchased at less than an "arm's length" transaction for an amount greater than the fair market value;

16) The cost associated with lobbying any elected official of local, state or federal government is unallowable, including:

A) Expenses incurred in attempts to influence the outcome of any federal, state, or local election, referendum or initiative;

B) Expenses incurred in attempts to influence the introduction, enactment, or modification of federal or state legislation; and,

C) Expenses incurred in connection with legislative liaison activities when such activities are carried in support of, or in preparation for, unallowable lobbying. Costs associated with providing technical and factual information on a topic directly related to the performance of a program funded by the Ounce, through hearing testimony, statement, or letters to elected officials or a representative body, are not considered lobbying cost and are allowable;

17) Relocation cost of agency employees, except in the following situations:

A) The move is for the benefit of the agency;

B) Reimbursement is in accordance with an established written policy consistently followed by the agency; and,

C) The reimbursement does not exceed the employee's actual (or reasonably estimated) expenses;

19) Gratuities;

20) Political contributions;

21) Related party transactions except for the following situations:

A) When the items for which expenses are incurred are consistent with fair market value; and,

B) There is evidence of approval in the minutes of the agency's governing body;

22) Costs associated with goods or services paid in a "conflict of interest" situation.

23) While beverages and snacks are allowable for participant meetings, food for staff meetings is not an allowable cost.

(Source: Amended at 26Ill. Reg. 8547, effective May 31, 2002)

Additional costs not considered for reimbursement by the Illinois State Board of Education and the Department of Family & Support Services:

ISBE

Restricted or disallowable costs:

1) Administrative costs are allowable only to 5% of the total funded by ISBE. Office Supplies and Postage/Shipping are considered Administrative costs.
2) Utilities are completely disallowable
3) Equipment requires prior approval from ISBE before purchases can be approved by the Ounce

DFSS

Restricted or disallowable costs:

1) Equipment
2) Postage/Shipping, Office Supplies, and Other costs in combination with administrative costs are allowable only to 5% of the total funded by DFSS.
3) Rent and Utilities are not allowed.

E7. Fiscal Monitoring Requirements

The following documents must be made available for fiscal audit reviews:

Related to IBTI Funds & Staff	**General to Organizations**
- All equipment provided by the Ounce including computers, printers, video equipment, etc. - General Ledger Entries - Cash Disbursements Journal - Cash Receipts Journal - Deposit Receipts - Cost Allocation Plan - Payroll Register - Canceled Checks - Personnel Files - Job Descriptions - Time Sheets - Original Expense Receipts (Invoices/Supporting Documentation)	- Accounting Procedures - Chart of Accounts - Table of Organization - Tax Returns (Forms 990 and 941) - Unemployment Compensation Form UC-3 - Personnel Policies - Insurance Policies - Board of Directors List

The Ounce Institute

F1. Training Logistics & Registration

The Ounce Institute provides professional learning opportunities to an array of home visiting and center-based professionals across multiple evidence-based models including Healthy Families America (HFA), Parents as Teachers (PAT), Nurse Family Partnership (NFP), Early Head Start (EHS), and Head Start (HS). The Ounce Institute also provides training and technical assistance support to other models and program enhancements such as Baby TALK, Doula, and Infant Mental Health. A wide range of professional learning opportunities are offered which promote the acquisition of the understanding, knowledge, and skills needed to work successfully with children and families.

Supervisors are encouraged to partner with their staff to choose the trainings that match current skill levels and training needs. Ounce professional learning opportunities are provided across a developmental continuum, from introductory to advanced.

Ounce event sessions are held at the Ounce offices in Springfield or Chicago, unless otherwise specified. Event locations and dates for each session can be found on the Ounce Institute Website.

Registration
To participate in an event session, you must first enroll on the Ounce Institute website. Programs funded by IDHS, MIECHV, ISBE, and DFSS are provided a range of Ounce professional learning free of charge.

To enroll, please go to: www.theounce.org/ILPD

The websites contains valuable resources and information about professional learning opportunities, updates, and schedule changes. Event information can be seen on the training website, including full event descriptions, learning objectives, and scheduled session dates. Registering for a session is as simple as a click of the mouse. Space is limited, so early registration is recommended.

Attendance is based on funding eligibility.

Registration, Confirmation, and Cancellation
Once you have completed the Ounce Institute enrollment form and your enrollment has been approved, you may register for sessions through Browse Training Catalog under the Professional Development tab on the main menu bar.

After registering in a session, you will receive an e-mail confirmation. To view all sessions in which you are registered, go to the Professional Development tab and click on My Transcript.

To cancel your registration from a session select Withdraw under the Options for that session. If you cannot cancel your registration online, please contact the Ounce Institute Training Coordinator at OISupport@theounce.org or 312-453-1832.

If your registration is cancelled after the registration deadline, your agency may be responsible for any costs associated with failure to cancel on time. **If your program incurs PAT cancellation fees, your program will be invoiced directly by the PAT National Office and your program will be responsible for payment to the PAT National Office.**

NOTE: Registrations for Ounce professional learning sessions are not accepted by phone or fax.

Continuing Education Units (CEUs)/Certificate of Completion & Evaluation and Evidence of Completion Forms (I.S.B.E. 77-21)

The Ounce Institute is an Illinois Department of Financial and Professional Regulation approved sponsor of training events for which social work and registered nurse CEUs are awarded and also an ISBE approved provider for Evaluation and Evidence of Completion forms (ISBE 77-21) for education professionals. CEUs/Certificate of Completion are available for print through your account via the My Transcript page on the Ounce Institute's website.

To request ISBE Evaluation and Evidence of Completion forms (ISBE 77-21) please download, complete, save, and return the ISBE Evaluation for Workshop, Conference, Seminar, Etc. (77-21A) form. Completed forms should be sent via email to OISupport@theounce.org.

Please make sure to complete the form in its entirety. The form must contain the correct information to be valid. To obtain the information required for the Evidence of Completion form (ISBE 77-21B) please access your transcripts on the Ounce website. Below is what is needed and the steps to locate your transcripts on your Ounce Institute's website (www.theounce.org/ILPD) account:

1. Evaluation Information Required:
    - Title of Professional Development Activity
    - Training Date
    - Location (Facility, City, State)
    - Name of Provider: The Ounce of Prevention Fund - Ounce Institute

2. Here are steps on how to access your transcripts:
    - Go to the Ounce Institute's professional development website and log In: www.theOunce.org/ILPD
    - Go to the Professional Development tab, scroll down to My Transcripts.
    - Locate the Active button on the page, click on the arrow pointing down.
    - Change it to Completed.
    - Click on the title of the event.

3. Evaluation Form: https://www.isbe.net/Documents/77-21A_evaluation.pdf

4. Please provide your Illinois Educator Identification Number (IEIN) along with your ISBE 77-21A Evaluation form.

5. Submit completed evaluation to OISupport@theounce.org

Some Ounce Institute courses may be applied toward the following credentials offered through Gateways to Opportunity (http://www.ilgateways.com):

- ECE Credential: Level 1 and Level 2-5
- Illinois Director Credential
- Infant Toddler Credential
- Family Child Care Credential
- Family Specialist Credential Technical Assistance Credential

For more information, please contact Yaya Torres, the Ounce Institute Training Coordinator:

Ounce Institute Contact
Yaya C. Torres
Training Coordinator
Ounce of Prevention Fund
33 W. Monroe Street, Suite 1200
Chicago, IL 60603
312-453-1832
ytorres@theounce.org

F2. Travel & Lodging

Starting in FY19 and per funder requirements, lodging for attendance at Ounce Institute sessions will be paid for by the Ounce through the partner agency. Therefore, all accommodations and any questions concerning lodging will be handled directly by the partner agency. Site contract amounts have been increased to account for this change.

Please see the below standard travel guidelines for your reference:

GSA partners with the lodging industry to provide federal travelers with Federal Travel Regulation (FTR) compliant accommodations within per diem rates for select high-volume travel destinations in and outside of the Continental United States.

https://www.gsa.gov/travel/plan-book/gsalodging174

Per Diem Rates are set by fiscal year, effective October 1 each year. Find current rates in the continental United States ("CONUS Rates") by clicking the link below:

https://www.gsa.gov/travel/plan-book/per-diem-rates

The Governor's Travel Control Board has negotiated discounted lodging rates with a total of 351 hotels. The Preferred Hotel Listing can be accessed using the link below:

https://www2.illinois.gov/cms/Employees/travel/Pages/PreferredHotel.aspx

You can reserve parking ahead of time by using Spot Hero or Park Whiz with the links below:

www.spothero.com

www.parkwhiz.com

Use the links below for a map of the training locations:

Click here for Google Map of Chicago training location.

Click here for Google Map of Springfield training location.

F3. Home Visitor & Supervisor Competencies

Ounce Institute events are built around learning objectives that satisfy one or more of the following professional competencies for home visitors and supervisors in early childhood and family support programs. Using an established set of competencies allows for the creation of comprehensive, accurate, and relevant professional development opportunities based on knowledge, skills, and attitudes. Skilled home visitors and supervisors with established levels of competence will be better equipped to provide quality early childhood and family support services to families.

Home Visitor Competencies

Dynamics of Family Relationships: The ability to identify and understand interactions and communication between parents and young children, other members of individual families, and professional staff and families.

Early Child and Adolescent Development: The capacity to understand and identify typical and atypical changes and expectations in early childhood, adolescent growth and development within the context of environment, culture, and family systems.

Family and Community Relationships: The capacity to build effective professional relationships within community systems with and on behalf of young children and families.

Family Support and Parenting Education: The capacity to support the personal and educational growth of individual family members in an effort to encourage self-sufficiency.

Health and Safety: The capacity to promote and support the mental, physical, and emotional well-being of all family members through all stages of development.

Learning Environments: The capacity to understand individual and group motivation and behavior to create and facilitate a learning environment that encourages positive social interaction, active engagement in learning, and intrinsic motivation and self-esteem.

Professional Development: The capacity to recognize oneself as a professional and as such support and guide one's own professional development.

Supervisor Competencies

Building Community Relationships: The ability to identify, build, and maintain collaborative partnerships with community service agencies serving families.

Building Staff Relationships: The ability to effectively communicate with staff, listen to concerns, support and encourage ideas and work, develop teams, manage conflict, relate to people in written, verbal, and non-verbal communication, and encourage staff to communicate clearly and effectively with each other.

Leadership: The ability to direct and support staff in their efforts to engage, support, and serve families enrolled in family support and parent education programs.

Leadership in Cultural Diversity: The ability to create program systems and encourage staff to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, communities, and protects and preserves the dignity of each.

Organizational Development: The ability to develop internal program capacity to be effective and efficient in its mission, and to sustain itself over the long term.

Personnel Management: The ability to manage staff or employee needs, determine necessary qualifications, recruit, train, maintain performance records and benefits, delegate responsibility, give and receive constructive feedback, and motivate others to achieve specific goals.

Professional Development: The ability to help staff at all levels to develop and function to the best of their abilities in order to achieve program goals, objectives, and priorities.

Program Design and Implementation: The ability to plan, monitor, and control all aspects of a program to achieve objectives on time and to the specified cost, quality, and performance.

F4. Suggested Tracks for Staff Development

Use the chart below as a guide to select training courses based on the program model used with families in your program. The chart is structured by program model and extends over a multiyear period. Supervisors can use this chart to help program staff design an individual professional development plan.

	Healthy Families America			Nurse Family Partnership			Parents as Teachers		
Basic and Core Trainings	**1**	**2**	**3**	**1**	**2**	**3**	**1**	**2**	**3**
Achieve OnDemand: Basics of Home Visiting-Online	•			•			•		
Ages and Stages Questionnaire-3 (ASQ-3)	•			•			•		
Ages and Stages Questionnaire-3—Online	•			•			•		
Baby TALK Professional Development Training									
Childbirth Education for Doulas and Home Visitors	•	•		•	•		•	•	
DONA-Approved Three-Day Birth Doula Training	•			•			•		
Doula Basic Training	•			•			•		
Healthy Families America Foundations for Family Support/Healthy Families America Parent Survey	•								
Mandated Reporting for Illinois Home Visitors - Online	•			•			•		
Parents as Teachers Foundational and Model Implementation							•		
Foundations for Practice									
Achieve OnDemand: Being Present with Families-Webinar	•	•		•	•		•	•	
Achieve OnDemand: Building Engaging and Collaborative Relationships with Families-Webinar	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Challenges in Home Visiting: Substance Abuse- Online	•	•		•	•		•	•	
Achieve OnDemand: Intimate Partner Violence in Home Visiting- Online	•	•		•	•		•	•	
Achieve OnDemand: Intimate Partner Violence Safety Planning-Webinar	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Exploring Values and Beliefs around Parenting- Webinar	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Foundations of Infant Mental Health in Home Visiting-Online	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Home Visiting Boundaries-Webinar	•	•		•	•		•	•	
Achieve OnDemand: Home Visiting Safety-Webinar	•	•		•	•		•	•	

Achieve OnDemand: Home Visiting with Families during Pregnancy-Online	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Matching Family Needs to Resources- Webinar	•	•		•	•		•	•	
Achieve OnDemand: Safety Planning-Webinar	•	•		•	•		•	•	
Achieve OnDemand: The Impact of Trauma in Home Visiting-Online	•	•	•	•	•	•	•	•	•
Achieve OnDemand: The Impact of Intimate Partner Violence on Children-Webinar	•	•	•	•	•	•	•	•	•
Achieve OnDemand: The Reach of Trauma in Families-Webinar	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Trauma in Families and Communities-Webinar	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Understanding Substance Abuse through the Family Lens-Webinar	•	•	•	•	•	•	•	•	•
Adolescent Development and Parenting	•	•		•	•		•	•	
Bilingual Family Support in Spanish	•	•	•	•	•	•	•	•	•
Challenges to Home Visiting: Intimate Partner Violence-Online	•	•		•	•		•	•	
Challenges in Home Visiting: Perinatal Depression-Online	•	•		•	•		•	•	
Challenges to Home Visiting: Substance Abuse- Online	•	•		•	•		•	•	
Community-Based Family Administered Neonatal Activities (CB-FANA)	•	•	•	•	•	•	•	•	•
Doula In-Services—Primary and Combined	•	•	•	•	•	•	•	•	•
Early Childhood Development: Infancy	•	•		•	•		•	•	
Early Childhood Development: Toddlerhood	•	•		•	•		•	•	
Futures Without Violence- Healthy Moms, Happy Babies Curriculum on Intimate Partner Violence	•	•		•	•		•	•	
Impact of Culture on Early Childhood Professionals	•	•		•	•		•	•	
Life Skills Progression Assessment Tool	•	•		•	•		•	•	
Parent Group Facilitation and Dynamics	•	•		•	•		•	•	
Strategies for Father Involvement in Home Visiting	•	•		•	•		•	•	
Supporting and Encouraging Breast Feeding	•	•		•	•		•	•	
Advanced Practice	**1**	**2**	**3**	**1**	**2**	**3**	**1**	**2**	**3**
Achieve OnDemand: Partnering for Change: Having the Conversation- Webinar	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Promoting Effective Parenting with Motivational Interviewing		•	•		•	•		•	•
Ages and Stages Questionnaire: Social Emotional (ASQ: SE 2)	•	•	•	•	•	•	•	•	•
Developmental Training and Support Program	•	•	•	•	•	•	•	•	•
Heart to Heart Curriculum Training		•	•		•	•		•	•
Infant Mental Health Learning Group (invitation only)		•	•		•	•		•	•
Parent Child Relationship Cohort Series		•	•		•	•		•	•

Promoting Literacy and Language Development in Families	•	•	•	•	•	•	•	•	•
Support For Supervisors									
Achieve OnDemand: Implementing Tools to Enhance Supervision- Webinar	•	•		•	•		•	•	
Achieve OnDemand: Maintaining Boundaries in Home Visiting for Supervisors-Webinar	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Reflective Supervision- Webinar	•	•		•	•		•	•	
Achieve OnDemand: Supervising Home Visitors-Online	•	•	•	•	•	•	•	•	•
Achieve OnDemand: The Impact of Trauma in Supervising Home Visitors-Online	•	•	•	•	•	•	•	•	•
Achieve OnDemand: Trauma for Supervisors: Putting the Pieces Together-Webinar	•	•	•	•	•	•	•	•	•
Doula Supervisors Learning Community	•	•	•	•	•	•	•	•	•
Doula Supervisors Training Series	•	•		•	•		•	•	
Infant Mental Health Learning Group (invitation only)		•	•		•	•		•	•
Parents as Teachers Supervisors Learning Community							•	•	•
Policy and Procedure Manual: Effective Design and Implementation- Online	•	•	•	•	•	•	•	•	•
Reflective Supervision: Supporting Those who Support the Family	•	•		•	•		•	•	
Supervisors Reflective Practice Groups	•	•	•	•	•	•	•	•	•

F5. Healthy Families America Wrap-Around Training

The table below indicates Ounce Training events that either meet requirements for wrap-around training for accredited HFA programs, or partially meets specific topic requirements within the wrap-around requirement. **Please Note**: Additional Ounce training that serves to meet required training, but is not referenced below may be offered throughout the year. Sites are encouraged to seek information from local training entities or other Illinois resources, such as Prevent Child Abuse Illinois, regarding some of these required trainings.

Accreditation Requirement	HFA BPS Reference Number	Ounce Training Event
Required in the First 3 Months of Service		
Infant Care	11-1.A	Doula Basic Training; Supporting and Encouraging Breastfeeding
Child Health and Safety	11-1.B	Safe Sleep, Grief and Self-Care
Maternal and Family Health	11-1.C	Supporting and Encouraging Breastfeeding; Childbirth Education for Doulas and Home Visitors; Challenges to Home Visiting: Perinatal Depression-Online
Required in the First 6 Months of Service		
Infant and Child Development	11-2.A	Early Childhood Development: Infancy; Early Childhood Development: Toddlerhood; ASQ -3; ASQ:SE 2; Promoting Literacy and Language Development
Supporting the Parent-Child Relationship	11-2.B	Developmental Training and Support Program; Infant Mental Health Learning Group; CB-FANA; Adolescent Development and Parenting; Strategies for Father Involvement in Home Visiting; Achieve OnDemand: Foundations of Infant Mental Health in Home Visiting-Online
Staff Related Issues	11-2.C	Achieve OnDemand: Home Visiting Boundaries-Webinar; Reflective Supervision; Achieve OnDemand: Home Visiting Safety-Webinar; Policy and Procedure Manual: Effective Design and Implementation
Mental Health	11-2.D	Infant Mental Health Learning Group; ASQ:SE 2; Challenges to Home Visiting: Perinatal Depression – Online; Achieve OnDemand: The Impact of Trauma in Home Visiting-Online; Achieve OnDemand: Trauma in Families and Communities-Webinar
Prenatal	11-2.E	Doula Basic Training; CB-FANA; Childbirth Education for Doulas and Home Visitors; Achieve OnDemand: Home Visiting with Families during Pregnancy-Online
Family Goal Process	11-2.F	Webinar available through HFA: http://www.healthyfamiliesamerica.org/webinars/
Required in the First 12 Months of Service		
Child Abuse and Neglect	11-3.A	Mandated Reporting for Illinois Home Visitors; Heart to Heart
Family Violence	11-3.B	Challenges to Home Visiting: Intimate Partner Violence; Mandated Reporting for Illinois Home Visitors; Futures Without Violence- Healthy Moms, Happy Babies Curriculum on Intimate Partner Violence; Achieve OnDemand: Intimate Partner Violence in Home Visiting- Online; Achieve OnDemand: Intimate Partner Violence Safety Planning-Webinar; Achieve OnDemand: The Impact of Intimate Partner Violence on Children-Webinar

Substance Abuse	11-3.C	Challenges to Home Visiting: Substance Abuse; Achieve OnDemand: Understanding Substance Abuse through the Family Lens-Webinar; Achieve OnDemand: Partnering for Change: Having the Conversation- Webinar
Family Issues	11-3.D	Strategies for Father Involvement in Home Visiting; Adolescent Development and Parenting
Role of Culture in Parenting	11-3.E	Impact of Culture on Parenting; Bilingual Family Support; Achieve OnDemand: Exploring Values and Beliefs around Parenting- Webinar
11-4 Ongoing Training		
The site ensures that home visitors, supervisors, and program managers hired to Healthy Families for more than twelve months receive ongoing training which takes into account the individual's knowledge and skill base. All staff require annual training in child abuse and neglect updates and at least one training designed to increase understanding of the unique cultural characteristics of the service population.		

Appendices

G1. IBTI Staff List

Springfield Office
2800 Montvale Drive
Springfield, IL 62704
1-217-522-5510

Chicago Office
33 W. Monroe, Suite 1200
Chicago, IL 60603
1-312-922-3863

Staff Person/Office	Title	Email Address
Mark Valentine Chicago	Director, IBTI	mvalentine@theounce.org
Nick Wechsler Chicago	Director for Program Development	nweschler@theounce.org
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Cristina Gonzalez del Riego Chicago	Program Manager	cristinagr@theounce.org
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Shawanda Jennings Chicago	Program Specialist	sjennings@theounce.org
Laurie Roxworthy Chicago	Program Specialist	lroxworthy@theounce.org
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Whitney Walsh Springfield	Assistant Director	wwalsh@theounce.org

Ounce Institute Contacts

Staff Person/Office	Title	Email Address
Kelly Woodlock Chicago	Director, Professional Development	kwoodlock@theounce.org
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Bill McKenzie Springfield	Senior Training Manager	bmckenzie@theounce.org
Barbara Terhall Chicago	Training Manager & PAT Illinois State Leader	bterhall@theounce.org
Ariel Chaidez Chicago	Training Manager	achaidez@theounce.org
Gabrielle Caroselli Chicago	Operations Manager	gcaroselli@theounce.org
Victoria Martin Springfield	Senior PAT Training Specialist	vmartin@theounce.org
Jessica Wilkin Springfield	Operations Coordinator	jwilkin@theounce.org
Yàyà Torres Chicago	Ounce Institute Training Coordinator	ytorres@theounce.org

G2. IBTI Program Staff Assignments

SITE	PROGRAM NAME	PROGRAM MODEL	LOCATION	PROGRAM MANAGER	PROGRAM ADVISOR
Advocate Illinois Masonic Medical Center (Chicago)	*Doula-only*	HFI-Doula	Chicago	Michele Brown	N/A
Aunt Martha's Youth Service Center/Center for Children's Services Division	Healthy Families Illinois Danville	PTS-HFI/Doula	Danville	Tracy Small	N/A
Aunt Martha's Youth Service Center	Aunt Martha's Healthy Families Park Forest	PTS-HFI/Doula	Park Forest	Tracy Small	Iris Gonzalez
Catholic Charities-Jadonal E. Ford Center for Parenting	Roseland/Altgeld Adolescent Parent Program	PTS-PAT/Doula	Chicago	Tracy Small	Iris Gonzalez
Catholic Charities of the Dioses of Joliet	*Doula-only*	PTS-Doula	Joliet	Michele Brown	N/A
Child Abuse Council of Illinois	Healthy Families – Rock Island County	PTS-HFI/Doula	Rock Island	Michele Brown	N/A
CHASI-Children's Foundation	*Doula-only*	PTS-Doula	Bloomington	Michele Brown	N/A
CHASI-Sycamore	*Doula-only*	PTS-Doula	Sycamore	Michele Brown	N/A
Children's Home Association of Illinois	Good Beginnings-Healthy Families	PTS-HFI/Doula	Peoria	Tracy Small	N/A
Christopher House	Teen Parent and Infant Development Services	PTS-PAT/Doula	Chicago	Tracy Small	Mary Towers
Easter Seals	Teen Family Support	PTS-HFI/Doula	Rockford	Tracy Small	Mary Towers
Family Focus Aurora	Teen Parent Services	PTS-HFI/Doula	Aurora	Tracy Small	Iris Gonzalez
Family Focus DuPage	*Doula-only*	PTS-Doula	Bensenville	Michele Brown	N/A
Family Focus Englewood	Englewood Healthy Families	PTS-PAT/Doula	Chicago	Tracy Small	Mary Towers
Family Focus Lawndale	Family Focus Lawndale Teen Parent Services	PTS-PAT/Doula	Chicago	Tracy Small	Mary Towers
Fayette County Health Department	*Doula-only*	PTS-Doula	Vandalia	Michele Brown	N/A

SITE	PROGRAM NAME	PROGRAM MODEL	LOCATION	PROGRAM MANAGER	PROGRAM ADVISOR
Henry Booth House	*Doula-only*	PTS-Doula	Chicago	Michele Brown	N/A
Marillac Social Center	Project Hope	PTS-PAT/Doula	Chicago	Tracy Small	Mary Towers
Metropolitan Family Services	Parents as Partners	PTS-PAT	Chicago	Tracy Small	Iris Gonzalez
New Moms, Inc.	New Moms	PTS-PAT/Doula	Chicago	Tracy Small	Iris Gonzalez
One Hope United	Healthy Families Illinois	PTS-HFI/Doula	Waukegan	Tracy Small	Iris Gonzalez
Pilsen Wellness Center	Unidos Formando Un Futuro	PTS-HFI/Doula	Chicago	Tracy Small	Iris Gonzalez
Sangamon County Health Department	Healthy Families Sangamon County	PTS-HFI	Springfield	Tracy Small	N/A
Spero Family Services	Best Beginnings-Nurse Family Partnership	PTS-NFP/Doula	Mt. Vernon	Tracy Small	N/A
Stephenson County Health Department	Healthy Families Illinois Stephenson County	PTS/HFI-Doula	Freeport	Michele Brown	N/A
Teen Parent Connection	Healthy Families	PTS-HFI-Doula	Glen Ellyn	Michele Brown	Mary Towers
VNA Health Care	VNA Healthy Family	PTS-HFI /Doula	Aurora	Michele Brown	Iris Gonzalez
YWCA of Metropolitan Chicago	Harris YWCA Young Parents Program	PTS-PAT	Chicago	Tracy Small	Mary Towers

G3. Resources

This list provides website information for frequently requested organizations that share IBTI's interest in the well-being and healthy development of parents and children birth to age three.

Ounce of Prevention Fund	www.theounce.org
Illinois Birth to Three Institute **Subcontract Materials & OunceNet**	www.opfibti.org
Alan Guttmacher Institute	www.guttmacher.org
DONA International	www.dona.org
Erikson Institute	www.erikson.edu
Federal Grants	www.grants.gov
First Books	www.firstbook.org
Foundation Center	www.foundationcenter.org
Getting Grants	www.govspot.com
Healthy Families America	www.healthyfamiliesamerica.org
Illinois Caucus for Adolescent Health	www.icah.org
Illinois Coalition Against Domestic Violence	www.ilcadv.org
Illinois Coalition Against Sexual Assault	www.icasa.org
Illinois Department of Human Services	www.dhs.state.il.us
Illinois Department of Public Health	www.idph.state.il.us
Illinois State Board of Education	www.isbe.net
La Leche League	www.llli.org
National Campaign to Prevent Teen Pregnancy	www.teenpregnancy.org
Non-Profit Guides	www.npguides.org
Nurse Family Partnership	www.nursefamilypartnership.org
Parents as Teachers	www.parentsasteachers.org
Planned Parenthood Federation of America	www.plannedparenthood.org
Prevent Child Abuse America	www.preventchildabuse.org
Prevent Child Abuse Illinois	www.preventchildabuseillinois.org
Voices for Illinois Children	www.voicesforkids.org
Zero to Three	www.zerotothree.org

G4. Best Practice Standards Appendices

PTS-HFI Structure and Governance: Standard SG6

1) The following topics should be covered within three months of hire for direct service staff and within 18 months for program managers:
    - sleeping;
    - feeding/breastfeeding;
    - physical care of baby;
    - crying/comforting baby;
    - home safety;
    - Shaken Baby Syndrome;
    - SIDS;
    - seeking medical care;
    - well-child visits/immunizations;
    - seeking appropriate childcare;
    - car seat safety;
    - failure to thrive;
    - family planning;
    - nutrition;
    - prenatal/postnatal healthcare; and,
    - prenatal/postpartum depression and warning signs for when to call the doctor.
2) The following topics should be covered within six months of hire for direct service staff and within 18 months for program managers:
    - language/literacy development;
    - physical/emotional development;
    - identifying developmental delays;
    - brain development;
    - supportive attachment;
    - positive parenting strategies;
    - discipline;
    - parent-child interaction;
    - working through difficult relationships;
    - stress/time management;
    - personal safety;
    - burnout prevention;
    - ethics;
    - crisis intervention;
    - emergency protocols;
    - promotion of positive mental health;
    - signs of mental health issues;
    - depression;
    - working with families with mental health issues; and,
    - referral resources.

3) The following topics should be covered within three months of hire for direct service staff and within 18 months for program managers:
    - etiology of child abuse and neglect;
    - working with survivors of abuse;
    - life skills management;
    - engaging fathers;
    - multi-generational families;
    - teen parents;
    - relationships;
    - HIV/AIDS;
    - working with diverse cultures/populations;
    - culture of poverty; and,
    - values clarification.

PTS-HFI Structure and Governance SG8

1) Screening and selection of program managers includes consideration of characteristics including but not limited to:
    - solid understanding of and experience in managing staff;
    - administrative experience in human services or related field including experience in quality assurance and improvement and site development; and,
    - a Master's degree in public health or human services administration or fields related to working with children and families or a Bachelor's degree with three years of relevant experience.
2) Screening and selection of supervisors includes consideration of characteristics including but not limited to:
    - a Master's degree in human services or fields related to working with children and families or a Bachelor's degree with three years relevant experience;
    - solid understanding of and/or experience in supervising and motivating staff, as well as providing support to staff in stressful work environments;
    - knowledge of infant and child development and parent-child attachment;
    - experience with family services that embraces the concepts of family-centered and strength-based service provision;
    - knowledge of maternal-infant health and dynamics of child abuse and neglect;
    - experience in providing services to culturally diverse communities and families
    - experience in home visitation with strong background in birth to three prevention services;
    - infant mental health endorsement level III or IV (if available); and,
    - experience with reflective practice preferred.
3) Screening and selection of direct service staff, volunteers, and interns that perform the same function include consideration of personal characteristics including but not limited to:
    - minimum of a high school diploma or equivalent;
    - ability to establish trusting relationships;
    - acceptance of individual differences;

- experience and willingness to work with the culturally diverse populations that are present among the site's target population;
- knowledge of infant and child development;
- open to reflective practice; and,
- infant mental health endorsement level I or II preferred (if available).