



FY 2023-2024 Programs Report  
October 1, 2023-September 30, 2024  
Table of Contents

Item Number

1. Draft Funding Release Timeline
2. Providers by Platform FY 2023-2024
3. Contract Funding Platforms Overview
4. Draft FY 2023-2024 Outcome Menu
5. Provider Improvement Plan Procedure

Children's Board of Hillsborough County - Funding Release Timeline through FY2026-2027 (Subject to change)

DRAFT Activity Period		Technical Assistance Grant Release	Release New Funding	Investment Grants re-release & new competitive RFP (6-year term)	Leading Grants re-release & new Competitive RFP (4-yr term)	Uniting Grants re-release & new Competitive RFP (5-year term)
22-2023	Oct - Dec	Cycle (1) TA Capacity TA Safety	Investment (4) Focus Areas; Uniting Padres de Crianza; Leading Small Nonprofits; Uniting New Programs; Investment - SDHC Resoure; Water Safety, ITN OST.			
	Jan - Mar	Cycle (2) TA Capacity	Summer Services (w/renewal); Water Re-released; Pediatric Care; Storywalk; ITN Trauma;			
	Apr - Jun					
	Jul - Sep					
23-2024	Oct - Dec	TA Capacity & Safety	Leading; Uniting; & Investment.	For FY 24-2025		
	Jan - Mar		Summer Services			
	Apr - Jun					
	Jul - Sep			Last year of Investment Grants		
24-2025	Oct - Dec					
	Jan - Mar					
	Apr - Jun					
	Jul - Sep					
25-2026	Oct - Dec				For FY 26-2027	
	Jan - Mar					
	Apr - Jun					
	Jul - Sep				Last year of Leading Grants	
26-2027	Oct - Dec					For FY 27-2028
	Jan - Mar					
	Apr - Jun					
	Jul - Sep					Last year of Uniting Grants

<b>DRAFT Providers by Platforms (Active Contracts)</b>					
<b>Children's Board of Hillsborough County (FY 2023-2024)</b>					
<b>(Level 1) INVESTMENT GRANTS</b>					
<b>A contract awarded to an organization that demonstrates working relationships with community-based agencies that impact a large system of care with universal access for children and their families in one or more strategic focus areas.</b>					
<b>Neighborhood / School</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
University of South Florida Board of Trustees, The / <i>Trauma-Informed Schools: Tiered Interventions</i>	1,063,544				
Positive Spin, Inc. / <i>Empowering a Community with Hope (EACH One) (East; West; Sulphur Springs, North Tampa &amp; Temple Terrace)</i>	864,174		○	○	●
<b>County Wide</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
Bay Area Legal Services, Inc. / <i>Lawyers Helping Kids</i>	744,837				●
Champions for Children, Inc. / <i>Parents as Teachers</i>	1,374,990	○	●	○	
Children's Home, Inc., The D/B/A Children's Home Network / <i>Reaching and Inspiring Students Everywhere</i>	1,056,129			●	
Children's Home, Inc., The D/B/A Children's Home Network / <i>Supporting and Empowering Educational and Developmental Services (SEEDS)</i>	2,228,096			●	○
Early Childhood Council of Hillsborough County, Inc. / <i>Community Developmental Screening</i>	711,575		●		
Easter Seals Florida / <i>The Incredible Years</i>	892,350		●	○	○
Florida State University / <i>Successful Start</i>	997,090			●	
Healthy Start Coalition of Hillsborough County, Inc. / <i>*Healthy Families Hillsborough</i>	2,151,930	○	●		○
Healthy Start Coalition of Hillsborough County, Inc. / <i>Healthy Steps Hillsborough</i>	1,118,641	●			○
Healthy Start Coalition of Hillsborough County, Inc. / <i>*Safe Baby Plus</i>	1,359,971	●	○		○
Hillsborough Community College Foundation / <i>Quality Early Education System</i>	2,706,665			●	
HOUSING AUTHORITY OF THE CITY OF TAMPA / <i>Building Hope</i>	1,158,067		●	○	○
Lutheran Services Florida / <i>Children's Board Family Resource Centers</i>	3,188,893	○	○	○	●
Metropolitan Ministries, Inc. / <i>Homeless Family Early Intervention Program (First Hug)</i>	1,448,943	○	○		●
METROPOLITAN MINISTRIES, INC. / <i>Pathways to Hope</i>	1,087,192				●
REACHUP, Inc. / <i>*(GROWTH with Doulas and Dads) Giving Resource Opportunities with Trust and Hope</i>	962,133	●			○
ST. JOSEPH'S HOSPITAL D/B/A ST. JOSEPH'S WOMEN'S HOSPITAL - <i>Community Maternity Clinic</i>	852,644	●			
St. Joseph's Hospital D/B/A St. Joseph's Children's Hospital / <i>Mobile Health and Safety Education</i>	1,083,467	●	○		
University of South Florida Board of Trustees, The / <i>*Hillsborough HIPPY Parent Involvement Project</i>	1,515,582		○	●	○
University of South Florida Board of Trustees, The / <i>Program Wide Positive Behavior Support</i>	805,972			●	

<b>DRAFT Providers by Platforms (Active Contracts)</b>					
<b>Children's Board of Hillsborough County (FY 2023-2024)</b>					
<b>County Wide &amp; Neighborhood</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
Hispanic Services Council, Inc. / <i>La RED de Padres Activos (The Network of Active Parents)</i> South County, Plant City, Palm River, North & West Tampa	1,077,597			○	●
<b>County Wide MATCH Grants</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
Hillsborough County School Readiness, Inc. D/B/A Early Learning Coalition of Hillsborough County, Inc. / <i>School Readiness Funding</i>	775,770			●	
<b>Total Investment Grants</b>					
<b>(Level 2) UNITING GRANTS</b> A contract awarded to an organization that primarily demonstrates a neighborhood focus and a collaborative approach to service delivery that supports one or more strategic focus areas.					
<b>Neighborhood / School</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
Boys & Girls Clubs of Tampa Bay, Inc./ <i>After-Zone and Elementary School Initiative (Just; Desoto; Excelsior Prep)</i>	508,136			●	
Boys & Girls Clubs of Tampa Bay, Inc. / <i>After-Zone and Middle School Initiative (Plant City; Town N Country; South County)</i>	560,000			●	
Champions for Children / <i>Layla's House (Sulphur Springs)</i>	383,555		●		○
Girl Scouts of West Central Florida, Inc. / <i>Girl Scout Troop Program (33603; 33604; 33610; and 33619)</i>	466,066			●	
Gulf Coast Jewish Family and Community Services Inc. / <i>Good Afternoon Friends and Amigos (Reddick and Turkey Creek)</i>	407,695			●	○
Housing Authority of the City of Tampa / <i>Village Link Up (Robles Park Village / C. Blythe Andrews)</i>	343,277				●
Learn Tampa Bay, Inc. Achieve Plant City / <i>Learning Is Fun Together (LIFT) (Plant City)</i>	309,192		○	●	
Parents and Children Advance Together Literacy Ministries (PCAT) / <i>South County Literacy Initiative (Ruskin)</i>	473,756			●	
REBUILDING TOGETHER TAMPA BAY - Safe & Healthy Homes for Families w/ Children	340,000	●			
Success 4 Kids and Families, Inc. / <i>Successful Families (South and East County)</i>	549,174				●
Tampa Metropolitan Area YMCA, Inc. / <i>Sulphur Springs YMCA Out of School Time Program</i>	327,972			●	
University Area Community Development Corporation (UACDC) / <i>Get Moving! Mind, Body and Soul (North Tampa)</i>	324,045	●			

<b>DRAFT Providers by Platforms (Active Contracts)</b>					
<b>Children's Board of Hillsborough County (FY 2023-2024)</b>					
<b>County Wide</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
Big Brothers Big Sisters of Tampa Bay, Inc. / <i>1-to-1 Mentoring (Elementary)</i>	283,400			●	
Big Brothers Big Sisters of Tampa Bay, Inc. / <i>1-to-1 Mentoring (Middle)</i>	283,400			●	
Children's Home, Inc., The D/B/A Children's Home Network / <i>Kinship Hillsborough</i>	560,000		○		●
Children's Museum of Tampa, Inc., The D/B/A Glazer Children's Museum / <i>Learn &amp; Play Tampa Bay</i>	355,613		○	●	
Champions for Children / <i>Baby Bungalow</i>	286,794		●		
Champions for Children / <i>*Family Focus</i>	494,354	●	○		○
Dawning Family Services / <i>A Path to Prevention</i>	450,032				●
Dawning Family Services / <i>Housing for Success</i>	320,636				●
Early Childhood Council of Hillsborough County, Inc. / <i>Inclusion Support Services</i>	511,177			●	○
Easter Seals Florida, Inc. / <i>Early Learning and Intervention Program</i>	574,421				
Family Enrichment Center, Inc., The / <i>Kinship Care</i>	383,589		○	○	●
Famiy Healthcare Foundation, Inc. / <i>Connecting Kids to Care</i>	405,624	●			
Gulf Coast Jewish Family and Community Services, Inc. / <i>Teen Parent Engagement Program</i>	288,464	○	●	○	
Gulf Coast Jewish Family and Community Services, Inc. / <i>Padres de Crianza</i>	345,338				●
Hillsborough Education Foundation, Inc. / <i>Tech Connect</i>	423,550			●	○
Metropolitan Ministries, Inc. / <i>Children's Recreation, Education, Arts &amp; Therapeutic Experience C.R.E.A.T.E. School Age Program</i>	556,229			●	○
Preserve Vision Florida, Inc. / <i>Children's Vision Health and Safety Services</i>	570,000	●			
Redefiners World Languages, Inc. / <i>Multilingual Citizens Program</i>	515,672				●
Spring of Tampa Bay, Inc., The / <i>Family Safety from Domestic Violence</i>	366,046				●
St. Joseph's Hospital D/B/A St. Joseph's Women's Hospital / <i>Supporting Motherhood and More</i>	196,608	●			
University of South Florida Board of Trustees, The / <i>Developing our Children's Skills Programs (HOT DOCS &amp; DOCS K-5)</i>	349,575			○	●
<b>(Level 3) LEADING GRANTS</b> A contract awarded to organizations with programs that are primarily neighborhood and / or faith-based demonstrating innovative service delivery models in one strategic focus area to meet emerging community needs or target underserved populations.					
<b>Countywide Match</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
REDEFINERS WORLD LANGUAGES, Inc. / Americorp Senior Demonstration Program Literacy Tutoring	12,433			●	
Tampa Hillsborough Homeless Initiative / <i>UNITY Information Network</i>	50,000				●
<b>Emerging Needs</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
LIGHTNING FOUNDATION, INC / <i>Lightning Fall Camp</i>	16,200			●	
<b>Neighborhood</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>

<b>DRAFT Providers by Platforms (Active Contracts)</b>					
<b>Children's Board of Hillsborough County (FY 2023-2024)</b>					
Boys and Girls Clubs of Tampa Bay / <i>Brandon Art Masters ! (BAM!)</i>	91,015			●	
Family Enrichment Center, Inc./2024 <i>Summer STEAM-Sational</i>	30,000				
HEART OF ADOPTIONS ALLIANCE, INC / <i>Thrive Adoption Support</i>	74,586	●			
Housing Authority of the City of Tampa / <i>2024 Summer at the Oaks</i>	30,000				
JOSHUA WAY OF HOPE / Life Skills 360 Training Institute	144,912			●	
Parents and Children Advance Together Literacy Ministries (PCAT) / <i>Sulphur Springs Literacy Initiative (Ruskin)</i>	147,498			●	
ReDefiners World Languages, Inc./2024 <i>Summer Spanish Language and Technology</i>	30,000				
Seniors in Service, Inc. / <i>Readers in Motion (Oak Grove Elementary)</i>	119,300			●	
University Area Community Development Corporation (UACDC) ( <i>Get Moving with Water Safety</i> )	30,309	●			
<b>County Wide</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
ALK OF FLORIDA INC. D/B/A RESOURCE EMPOWERMENT CENTRE / <i>Villages Café (Children and Families Engaging)</i>	158,608				●
BRANDON SPORTS AND AQUATICS D/B/A HIGH 5 INC / Water Warriors	96,818				
Children's Museum of Tampa, Inc., The D/B/A Glazer Children's Museum / <i>Children's Board Free Tuesday</i>	76,013				●
Children's Museum of Tampa, Inc., The D/B/A Glazer Children's Museum / <i>Pop Up Play at Plant City CBFRC</i>	35,541				●
Housing Authority of the City of Tampa / <i>Building Family Financial Skills</i>	98,257				●
INSTRUMENTS 4 LIFE, INC / Music Outreach Program (Strategic Initiative)	97,199			●	
School District of Hillsborough County / <i>Renaissance myON Reader</i>	100,000			●	
Nonprofit Leadership Center of Tampa Bay, Inc. / <i>Capacity Building</i>	145,600	○	○	○	○
Tampa Museum of Art / <i>Children's Board Free Family Days</i>	54,814				●
<b>Strategic Initiative: 33603-33610-33619</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
FLORIDA EDUCATION FUND, INC / <i>Code Masters (Strategic Initiative)</i>	68,857			●	
JOSHUA WAY OF HOPE / <i>Building a Stronger Me</i>	104,421			●	
REDEFINERS WORLD LANGUAGES, Inc. / Global Explorers Program	144,000			●	
<b>Zip Codes</b>	<b>Contract Amount</b>	<b>Healthy &amp; Safe</b>	<b>Developing On Track</b>	<b>Ready to Learn</b>	<b>Family Support</b>
BUILDING HEALTHY FUTURES, INC / <i>Art Therapy Program</i> 33604; 33605; 33610; 33612; 33613	157,164				●
Florida Baptist Children's Homes d/b/a One More Child / <i>One More Child Family Support</i> 33603;33605;33610;33612; and 33617	144,000				●
Just Initiative Inc. / <i>Woven Empowerment (WE Program) (33603, 33604, 33605, 33610, and 33612)</i>	106,527				●
ROOTED IN PLAY CORP <i>PopUp Adventure Playground Project</i> 33602;33604;33607; and 33614	33,863		●	○	
<b>Total Leading Grants</b>					

● Primary focus area

○ Secondary/Tertiary focus area(s)

\*Lead Agent with Subcontractors(s)

TA Capacity Building (#TBD)

Newly Awarded TBD

### Level (1) – INVESTMENT GRANTS

A contract awarded to an organization that primarily provides universally accessible services throughout the county with a collaborative approach to service delivery that supports one or more strategic focus areas.

<b>Grant Amount Range</b>	More than \$800,000 - \$3,000,000	
<b>General Governing Policies:</b>	Florida Statutes 125.901. CBHC funding or resources shall not be used to replace funding for which other sources are obligated. Final cost reimbursement request is due 45 days after end of contract term. No funding extensions allowed.	
<b>Core Eligibility:</b>	Not for profit organizations legally operating in the state of Florida and serving Hillsborough County children and their families. Services align with Children's Board mission and focus areas. May utilize subcontractors with agreements to meet outcomes. Final Board approval required.	
<b>Request for Proposal Release Date:</b>	October 2023 (FY 2025 grants start October 1, 2024)	
<b>Current Funding Term and Funding Period:</b>	FY 10/1/2023 to 9/30/2024 <b>Six-Year Period:</b> 10/1/2018 to 9/30/2024	Grant may be awarded after 10/1/2018 but period still ends 9/30/2024
<b>Renewal Process / Annual Review:</b>	<ul style="list-style-type: none"> <li>Contracts that achieve a satisfactory annual contract evaluation are renewed based on available funding until end of the Grant Period.</li> <li>Contracts that demonstrate areas for improvement may be renewed with modifications or a provider improvement plan.</li> <li>A contract may be terminated with (7) days prior written notice.</li> </ul>	
<b>General Terms and Conditions:</b>	<ul style="list-style-type: none"> <li>Standard</li> </ul>	
<b>Administrative Service Organization (ASO):</b>	<ul style="list-style-type: none"> <li>As eligible with case management services; and</li> <li>Staff training is required.</li> </ul>	
<b>Indirect Allowed:</b>	<ul style="list-style-type: none"> <li>Up to 10% maximum of total direct expenditures (if applicable, subcontractors may also allocate up to 10%)</li> </ul>	
<b>Number of Measurable Outcomes and/or Deliverables</b>	<ul style="list-style-type: none"> <li>6-8</li> </ul>	
<b>Lead Agent: (if applicable)</b>	<ul style="list-style-type: none"> <li>\$ 2,500 maximum per subcontract can be added in indirect;</li> <li>Provides administrative, programmatic and fiscal oversight of subcontractor(s); and</li> <li>Serves as main liaison with the Children's Board.</li> </ul>	

### (Level 2) - UNITING GRANTS

A contract awarded to an organization that primarily serves a geographic area or offers accessible services countywide with a collaborative approach to service delivery that supports one or more strategic focus areas.

<b>Grant Amount Range:</b>	\$150,000 to \$799,999	
<b>General Governing Policies::</b>	Florida Statutes 125.901. CBHC funding or resources shall not be used to replace funding for which other sources are obligated. Final cost reimbursement request is due 45 days after end of contract term. No funding extensions allowed.	
<b>Core Eligibility:</b>	Not for profit organizations legally operating in the state of Florida and serving Hillsborough County children and families. Services align with Children's Board mission and vision. May utilize subcontractors with agreements to meet outcomes. Final Board approval required.	
<b>Request for Proposal Release Date:</b>	October 2021 (FY 2023 grants start October 1, 2022)	
<b>Current Funding Term and Funding Period:</b>	FY 10/1/2023 – 9/30/2024 <b>Five-Year Period:</b> 10/1/2022 – 9/30/2027	Grant may be awarded after 10/1/2022 but period still ends 9/30/2027
<b>Renewal Process / Annual Review:</b>	<ul style="list-style-type: none"> <li>Contracts that achieve a satisfactory annual contract evaluation are renewed based on available funding until end of the Grant Period.</li> <li>Contracts that demonstrate areas for improvement may be renewed with modifications or a provider improvement plan.</li> <li>A contract may be terminated with (7) days prior written notice.</li> </ul>	
<b>General Terms and Conditions:</b>	<ul style="list-style-type: none"> <li>Standard or Modified (Letter of Agreement)</li> </ul>	
<b>Administrative Service Organization (ASO):</b>	<ul style="list-style-type: none"> <li>As eligible for case management services; and</li> <li>Staff training is required.</li> </ul>	
<b>Indirect Allowed:</b>	<ul style="list-style-type: none"> <li>Up to 10% maximum of total direct expenditures</li> <li>(If applicable, subcontractors may also allocate up to 10%)</li> <li>(Note: up to 20% if total agency budget less than \$750,000)</li> </ul>	
<b>Number of Measurable Outcomes/Deliverables</b>	<ul style="list-style-type: none"> <li>4-6</li> </ul>	
<b>Lead Agent: (if applicable)</b>	<ul style="list-style-type: none"> <li>\$ 2,500 maximum per subcontract can be added in indirect;</li> <li>Provides administrative, programmatic and fiscal oversight of subcontractor(s); and</li> <li>Serves as main liaison with the Children's Board.</li> </ul>	



### (Level 3) - LEADING GRANT

A contract awarded to an organization that primarily serves a specific geographic area or region with a collaborative approach to service delivery that supports at least one strategic focus area; proposes to meet an emerging need; or targets an underserved population.

<b>Grant Amount Range:</b>	\$10,000 to \$150,000	
<b>General Governing Policies:</b>	<p>Florida Statutes 125.901.</p> <p>CBHC funding or resources shall not be used to replace funding for which other sources are obligated.</p> <p>Final cost reimbursement request is due 45 days after end of contract term.</p> <p>Funding extensions may be allowed based on anticipated grant period or type.</p>	
<b>Core Eligibility:</b>	<p>Not for profit organizations legally operating in the state of Florida and serving Hillsborough County children and families.</p> <p>Services align with Children's Board mission and vision.</p> <p>Executive Director and/or Board approval required.</p>	
<b>Request for Proposal Release Date:</b>	October 2021 (FY 2023 grants start October 1, 2022)	
<b>Current Funding Term and Funding Period:</b>	<p>FY 10/1/2023 – 9/30/2024</p> <p><b>Four-Year Period:</b> 10/1/2022 – 9/30/2026</p>	<p>Grant may be awarded after 10/1/2022 but period still ends 9/30/2026</p>
<b>Renewal Process / Annual Review:</b>	<ul style="list-style-type: none"> <li>Contracts that achieve a satisfactory annual contract evaluation or monitoring for deliverables may renewed based on available funding grant period and/or type of grant (<i>Match, Emerging Needs or Emergency grants may not be subject to renewal</i>).</li> <li>Contracts, as applicable, that demonstrate areas for improvement in their provider evaluation or monitoring may be renewed with a provider improvement plan or modification.</li> <li>A contract may be terminated with (7) days prior written notice.</li> </ul>	
<b>General Terms &amp; Conditions:</b>	<ul style="list-style-type: none"> <li>Standard, Modified (Letter of Agreement) or Award Letter (Terms not applicable)</li> </ul>	
<b>Administrative Service Organization (ASO):</b>	<ul style="list-style-type: none"> <li>As eligible for case management services; and</li> <li>Staff training is required.</li> </ul>	
<b>Indirect Allowed:</b>	<ul style="list-style-type: none"> <li>Up to 10% maximum of total direct expenditures (Note: up to 20% if total agency budget less than \$750,000)</li> </ul>	
<b>Number of Measurable Outcomes/Deliverables</b>	<ul style="list-style-type: none"> <li>3-4</li> </ul>	
<b>Lead Agent:</b>	<ul style="list-style-type: none"> <li>Not Allowed – All awards are direct contracts.</li> </ul>	

### (Level 4) - TECHNICAL ASSISTANCE (TA) GRANTS

One-time awards to organizations with a total budget of less than \$2,000,000 to support efforts in the areas of capacity building. Grantees are required meet contract deliverables specific to their requested proposed project.

<b>Grant Amount Range:</b>	Up to \$10,000	<b>Total Allocation:</b>	\$225,000
<b>General Governing Policies:</b>	Florida Statutes 125.901. No amendments allowed for use of budget lapse. No contract extensions beyond September 30. Funding cannot be used for salaries, direct service, grant writers, audits, construction, or costs related to program, and/or agency start up. Final cost reimbursement due 45 days after end of contract term.		
<b>Core Eligibility:</b>	Not for profit organizations legally operating in the state of Florida and serving Hillsborough County children and families. Requests align with Children's Board mission and vision. Executive Director approval required.		
<b>Request for Application Release Date:</b>	<ul style="list-style-type: none"> <li>Annually in October</li> <li>If (2) cycles, the second release is issued in January</li> </ul>		
<b>Current Funding Term</b>	One-time funding		
<b>Contract Start Date:</b>	Time-limited, up to (6) month grants within CBHC fiscal year.		
<b>Renewal Process / Annual Review</b>	<ul style="list-style-type: none"> <li>Non-renewable</li> </ul>		
<b>General Terms &amp; Conditions:</b>	<ul style="list-style-type: none"> <li>Not applicable: Award Letter</li> </ul>		
<b>Administrative Service Organization (ASO):</b>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>		
<b>Indirect Allowed:</b>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>		
<b>Number of Deliverables:</b>	<ul style="list-style-type: none"> <li>2-3 based on application and approved budget.</li> </ul>		
<b>Lead Agent for Collaborative Contract:</b>	<ul style="list-style-type: none"> <li>Not Allowed – All awards are direct contracts.</li> </ul>		

# 2023-2024 OUTCOMES AND RECOMMENDED MEASURES

The Children's Board evaluates the impact of the services provided to children and families in four focus areas: Children are Healthy and Safe, Children are Developmentally on Track, Children are Ready to Learn and Succeed and Family Support.

The Children's Board has developed a list of outcomes and recommended measures for each of the focus areas. Outcomes are displayed by type with examples of currently approved measurement tools, applicable target populations, and corresponding indicators to evaluate participant performance.

## PERFORMANCE ACCOUNTABILITY

The Children's Board promotes continuous quality improvement by working in close collaboration with our funded partners to evaluate annual program performance. By selecting outcomes and measures from this list, programs work collaboratively with Children's Board staff to develop a matrix/work plan that enables them to examine the ongoing effectiveness of program services.

The Children's Board annually assesses the collective impact and effectiveness of our combined investments within a Results-Based Accountability™ framework by answering the following three questions:

### How Much Did We Do?



Measures the quantity of the services provided. For example, the number of babies born, number of families provided with information and referral services or number of program participants enrolled.



### Is Anyone Better Off?

Measures the effect or impact of the services provided and the level of change produced. Outcomes are categorized by type of change: knowledge/skills, attitudes, behaviors or circumstances. For example, the percent of babies born at appropriate birth weight, the percent of youth with improved self-esteem or the percent of families with improved family well-being.

### How Well Did We Do It?



Measures the quality of the services provided. For example, the number of participants satisfied with the services provided or the percent of staff with necessary training/certifications.



## CHILDREN ARE HEALTHY AND SAFE

The primary goal of Children are Healthy and Safe is to improve overall community health by supporting pregnant women to seek prenatal care, postpartum support, and care for children as they grow.

## CHILDREN ARE DEVELOPMENTALLY ON TRACK

The primary goal of Children are Developmentally on Track is the early identification of children with special needs through developmental screening and referral linkages.

### TARGET POPULATIONS



Parents/Caregivers  
/Professionals



Children Birth -  
Preschool Age



Elementary School  
Age Children



Youth  
(Up to Age 14)

## CHILDREN ARE READY TO LEARN AND SUCCEED

The primary goal of Children are Ready to Learn and Succeed is to support children who are getting ready to enter Kindergarten and provide the necessary resources throughout their school years.

## FAMILY SUPPORT

The primary goal of Family Support is to assist families in attaining services that increase formal and informal supports to improve their overall stability and security.

## DEFINITIONS

**FOCUS AREA** Desired results or conditions for children in our community.  
Example: Children are Developmentally on Track

**OUTCOME TYPE** Outcomes are categorized by the type of expected change shown by participants - knowledge/skills, attitudes, behaviors and circumstances.  
Example: BEHAVIOR

**OUTCOME** Outcomes are the desired participant change that is expected to occur as a result of program activities and services.  
Example: At least 85% of a minimum of # children demonstrate improved social-emotional competence.

**MEASUREMENT** Instruments/tools used to measure the degree of participant change.  
Example: Eyberg Child Behavior Inventory (ECBI)

**INDICATOR** Quantifiable evidence that demonstrates the minimum expected level of change that is required to achieve the outcome.  
Example: A decrease from pretest to posttest of 7 raw score points on the ECBI Intensity Scale for participants with pretest raw scores of at least 131 (clinical range) or a posttest score of 130 or below for participants scoring 130 or below (normative range) at pretest.

**TARGET POPULATIONS** The identified age group of the participants to be measured for each outcome.  
Example:



Children Birth - Preschool Age

## KNOWLEDGE/SKILLS

## TARGET POPULATIONS

**1. At least 85% of a minimum of # individuals (parents/caregivers, professionals, children) have increased knowledge of appropriate health and safety practices.**



1. Life Skills Progression (Safety Subscale): A score of at least 4 on the Safety Subscale.
2. Curriculum Based (per program model). (e.g., nutrition, oral health, safe sleep, newborn care, safe food handling, exercise, wellness, etc.)

## BEHAVIOR

**2. At least 80% of a minimum of # individuals (parents/caregivers, professionals, children) demonstrate appropriate health and safety practices.**



1. Heartsaver CPR AED Skills Sheet: Assessment or Grade of "Pass" on CPR testing checklist.
2. Heartsaver Pediatric First Aid Skills Sheet: Assessment or Grade of "Pass" on First Aid Skills Checklist.
3. Curriculum Based Observation Measures (per program model) (e.g., hand-washing, healthy eating, dental hygiene, bike/pedestrian safety)
4. Child Passenger Safety Seat Checklist
5. Food Diaries (3 day, weekly)

**3. At least 75% of a minimum of # pregnant women attend routine prenatal care visits as prescribed by physician.**



1. Kotelchuck Index (APNCU): A score of 80% or greater (Adequate and Adequate Plus).
2. Life Skills Progression (Prenatal Care Scale): A score of at least 3 on the Prenatal Care Scale.

**4. At least 80% of a minimum of # mothers initiate breastfeeding.**



1. Hospital Breastfeeding Records: Breastfeeding (including expressing) is initiated following birth.



## BEHAVIOR

## TARGET POPULATIONS

## 5. At least 65% of a minimum of # mothers sustain breastfeeding.



1. **Case Notes or Program Client File:** Postnatal mothers will sustain breastfeeding for at least 2 months.
2. **Life Skills Progression (Breastfeeding Scale):** A score of at least 4 on the LSP Breastfeeding Scale.

## 6. At least 90% of a minimum of # children/youth attend well-baby/well-child visits as prescribed by physician.



1. **Pediatric Health Record:** Child's pediatric health record shows evidence of child attending an adequate number of prescribed visits (7 out of 9 prescribed visits during the first 2 years of life; 5 out of 6 prescribed visits in the first year of life or 2 out of 3 prescribed visits between 12 and 24 months of age; 1 out of 2 prescribed visits between 30 months and 3 years of age; 1 out of 1 prescribed visit annually for 4 years of age or older).
2. **Life Skills Progression (Child Well Care Scale):** A score of at least 4 on the LSP Child Well Care Scale.
3. **Well Visit Planner Questionnaire**

## 7. At least 80% of a minimum of # parents/caregivers exhibit fewer symptoms of depression.

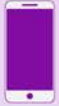


1. **Edinburgh Postnatal Depression Scale:** Edinburgh Postnatal Depression Scale (EPDS) total score of 12 or lower (Females) or 10 or lower (Males) OR a documented referral to a mental health provider for participants with total scores above 12 (Females) or above 10 (Males) or any scores above zero on question #10.
2. **Patient Health Questionnaire (PHQ-9):** A total score of 9 or lower on the final Patient Health Questionnaire PHQ-9 (Pre-natal) for participants scoring 14 or lower at initial screening or a decrease in total score from initial to final score for participants scoring 15 or above at initial screening.
3. **Center for Epidemiologic Studies Depression Scale Revised (CESD-R):** A total score of 15 or lower on the posttest CESD-R for participants scoring below 16 at initial pretest screening OR a decrease in total score from initial pretest screening to posttest for participants scoring 16 or above at initial pretest screening.
4. **Model-Based (program specific)**

## BEHAVIOR

## TARGET POPULATIONS

**8. At least 85% of a minimum of # individuals (parents/caregivers, children) demonstrate increased physical activity.**



1. Energy Expenditure: Metabolic Equivalent Tasks (METs)/MET-Minutes per week of Moderate and Vigorous Physical Activity (MVPA)
2. Monitor-based activity measures (motion/physiological sensor devices)
3. Previous Day Physical Activity Recall/3 Day Physical Activity Recall
4. Children's Physical Activity Questionnaire/Youth Physical Activity Questionnaire

## CIRCUMSTANCE

**9. At least 90% of a minimum of # babies born at appropriate birth weight.**



1. Hospital Discharge Records or Birth Certificate: Infants weighing at least 5.5 pounds (5lbs. 8 ozs) or more.

**10. At least 90% of a minimum of # babies born at term.**



1. Hospital Discharge Records or Birth Certificate: Infants born at 37 weeks gestation or greater

**11. At least 90% of a minimum of # babies born substance-free.**



1. Drug Screen or Hospital Record: Babies born will be substance-free (with the exception of Medication-assisted treatment, MAT)

**12. At least 90% of a minimum of # children/youth have decreased vulnerability to contracting preventable diseases.**



1. Florida Department of Health Florida Certificate of Immunization (HCHD blue form) or Florida Shots Record (must be administering immunizations): Health Care Provider signs off that Part-A Immunizations are Complete OR Part-B Temporary Medical Exemption is complete and that immunizations are on schedule to be completed (680 form) or Part C-Medical Exemption.
2. Model-Based (program specific)



## CIRCUMSTANCE

## TARGET POPULATIONS

**13. At least 80% of a minimum of # children/youth with improved physical fitness.**



1. Body Mass Index (BMI) Charts/ CDC Growth Chart: A 1% decrease in BMI percentile from pretest to posttest for participants with pretest BMI percentiles of 85 or higher (overweight or obese) OR maintain BMI percentiles from pretest to posttest for participants with pretest BMI percentiles of 84 or lower.
2. VO2 Max/Fitness Calculator
3. FitnessGram/Progressive Aerobic Cardiovascular Endurance Run (PACER)
4. Resting Heart Rate
5. Body Composition (% Body Fat) (calipers, bioelectrical impedance analysis)

**14. At least 85% of a minimum of # children/youth at reduced risk of unintentional injury (Examples: drowning, shaken baby, unsafe sleep, exposure to dangers such as poison, weapons or other unsafe conditions).**



1. Life Skills Progression (Safety Subscale): A score of at least 4 on the LSP Safety Subscale.
2. TIPP/Framingham Safety Survey
3. Strengths and Difficulties Questionnaire Parent/Teacher version: A decrease in total externalizing problem score (sum of hyperactivity and conduct subscales) for pretest scores of 11 or higher (4 band categorization) or maintenance of pretest total externalizing problem scores of 10 or lower (close to average or slightly raised) at posttest.
4. Curriculum-Based (Program Specific)

**15. At least 90% of a minimum of # families have safer housing.**



1. Curriculum-Based (Program Specific)

## BEHAVIOR

## TARGET POPULATIONS

**1. At least 85% of a minimum of # parents/caregivers demonstrate behavior consistent with knowledge of age-appropriate child development and expectations.**



1. **Parent Education Profile (PEP) Scale I:** Minimum posttest score of at least a 3 with no decreases from pretest to posttest on Scale I of the PEP.
2. **Nurturing Skills Competency Scale:** 1. A minimum posttest raw score of 40 on Part (C) (Use of Nurturing Skills) of the Nurturing Skills Competency Scale 2.0-B5 Short Version (Parent version). 2. A minimum posttest raw score of 40 on Part (F) (Use of Nurturing Skills) of the Nurturing Skills Competency Scale 2.0 Long Form (Parent version). 3. Posttest Sten score of 4 or higher on Part (F) (About My Use of Nurturing Skills) of the Nurturing Skills Competency Scale 3.0 Short Version (Parent version).
3. **The University of Idaho Survey of Parenting Practices (UISPP):** A 1 step increase in average NOW scores from average THEN scores on the UISPP (completed first year parents/caregivers only).
4. **Home Observation for Measurement of the Environment (HOME):** An increase of at least 3 points in pretest total scores to posttest total scores for participants scoring below the median score (Infant/Toddler median score = 32; Early Childhood median score = 40) at pretest OR maintenance of at least the median score with no decreases at posttest for participants scoring at or above the median score at pretest.
5. **Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO)** (ages 10-47 months): Total domain scores within at least average scoring grid ranges by child age at posttest.
6. **Model-based (program specific).**

**2. At least 85% of a minimum of # parents/caregivers support their child's healthy development. (Note: cannot be combined with parent involvement outcome under Children are Ready to Learn and Succeed for children birth - age 5)**



1. **ASQ-3 Parent Conference Form:** Completed ASQ3 Parent Conference Form with verified completion of activities.
2. **Life Skills Progression (Nurturing, Discipline, Support of Development Scales):** Score of at least a 4 on the final post LSP measure for question 5 – nurturing, and 6 – discipline and 7 support of development.
3. **Curriculum-based (program specific)**



## BEHAVIOR

## TARGET POPULATIONS

**3. At least 75% of a minimum of # children demonstrate improved social-emotional competence.**



1. **Social Skills Improvement System (SSIS) Rating Scales** (ages 3 and up)
2. **Eyberg Child Behavior Inventory** (ages 2 and up): A decrease from pretest to posttest of 7 raw score points on the ECBI Intensity Scale for participants with pretest raw scores of at least 131 (clinical range) or a posttest score of 130 or below for participants scoring 130 or below (normative range) at pretest.
3. **BRIGANCE Inventory of Early Development III** (birth - 5 years)
4. **Developmental Assessment of Young Children (DAYC) 2nd Edition** (birth - 5 years 11 months) Posttest area standard scores of at least 85.
5. **Battelle Developmental Inventory 3rd Edition (BDI-3)** (birth - 7 years 11 months) Posttest area standard scores of at least 85.
6. **Model-based** (program specific).

**4. At least 85% of a minimum of # children demonstrate a secure attachment to a nurturing caregiver.**



1. **Crowell Procedure:** A posttest rating of No/Little Concern for all Parent/Child Interactions identified as Needs Improvement or Primary Focus of Treatment at pretest.
2. **The Observing the Parent-Child Relationship (PCR) Scale:** A final total score of at least 30 points with no decreases in total score from pretest.
3. **Kerns Security Scale (ages 5-14):** An increase in total score from pretest to posttest for participants scoring below 40 at pretest or maintain total pretest scores (with no decreases) of at least 40 at posttest on the Kerns Security Scale.
4. **Modified Brief Attachment Scale (infants to age 4):** An increase in total score from pretest to posttest for participants scoring below 10 at pretest or maintain total pretest scores (with no decreases) of at least 10 on the Modified Brief Attachment Scale.

## CIRCUMSTANCE

**5. At least 95% of a minimum of # children (34 months of age or younger) will access developmental screening services for early identification of developmental concerns.**



1. **Case Notes (including screening scores), referral consent forms:** Total area scores are above the cutoff OR total area scores are close to cutoff and re-screening scores are above the cutoff OR total area scores are close or below cutoff with a referral date to Early Steps (within the fiscal year).

## CIRCUMSTANCE

## TARGET POPULATIONS

**6. At least 95% of a minimum of # children (older than 34 months of age) will access developmental screening services for early identification of developmental concerns before they start Kindergarten.**



1. **Case Notes (including screening scores), referral consent forms:** Total area scores are above the cutoff OR total area scores are close to cutoff and re-screening scores are above the cutoff OR total area scores are close or below cutoff with a referral date to Child Find or ECC screening (within the fiscal year).

**7. At least 85% of a minimum of # individuals have increased concrete supports.**



1. **FRIENDS Family Support Program Outcome Survey:** A score of 5 or higher on TODAY scores for questions 2 and 5.  
 2. **Case Notes:** Date of linkage (within the fiscal year) for referrals to concrete support(s) related to their developmental needs. (Linkage = date when participant's concrete support need was met).

**8. At least 85% of a minimum of # children identified with a hearing concern are linked with a medical assessment.**



1. **Case Notes:** Date of completed medical assessment.

**9. At least 85% of a minimum of # children identified with a vision concern are linked with a medical assessment.**



1. **Case Notes:** Date of completed medical assessment.



## KNOWLEDGE/SKILLS

## TARGET POPULATIONS

### 1. At least 85% of a minimum of # children have improved school readiness skills.



1. **Early Literacy Skills Assessment (ELSA):** Increase in raw scores from pretest to posttest for Comprehension, Phonological Awareness and Concepts about Print Subscales for pretest scores that are below the maximum score or maintenance of the maximum pretest scores and an increase in raw scores from pretest to posttest on Alphabetic Principle or maintenance from pretest to posttest for raw pretest scores of at least 50.
2. **Get Ready to Read Screening Tool (25 item Paper Version):** Achieve a minimum performance level score equivalent to Average as specified by age range at posttest (age 3:0-3:5 = 7 or higher, age 3:6-3:11 = 9 or higher, age 4:0-4:5 = 12 or higher, age 4:6-4:11 = 14 or higher, age 5:0-5:5 = 17 or higher, age 5:5-5:11 = 18 or higher)
3. **Teaching Strategies Gold:** Children who have completed a minimum of two checkpoints (Fall & Spring) will meet or exceed Widely Held Expectations (WHE) in each of the following domains: physical, social/emotional; literacy, cognitive, language and mathematics by Spring check point.
4. **Bracken School Readiness Assessment 3rd Edition (BRSA):** Achieve a minimum performance level score equivalent to Average as specified by age range at posttest: age 3:0-3:2 = 13 or higher, age 3:3-3:5 = 16 or higher, age 3:6-3:8 = 19 or higher, age 3:9-3:11 = 23 or higher, age 4:0-4:2 = 28 or higher, age 4:3-4:5 = 33 or higher, age 4:6-4:8 = 37 or higher, age 4:9-4:11 = 42 or higher, age 5:0-5:2 = 47 or higher, age 5:3-5:5 = 52 or higher, age 5:6-5:8 = 56 or higher, age 5:9-5:11 = 60 or higher, age 6:0-6:11 = 68 or higher.
5. **Model-based (program specific).**

### 2. At least 85% of a minimum of # Early Childhood Education (ECE) practitioners demonstrate increased early literacy skills.



1. **Early Language & Literacy Classroom Observation (ELLCO):** An increase from pretest to posttest in the average "General Classroom Environment Subscale" scores AND the average "Language and Literacy Subscale" scores.

### 3. At least 80% of a minimum of # Early Childhood Education (ECE) practitioners/professionals have increased knowledge of developmentally appropriate practices (DAP).



1. **Gains Survey:** Achieve at least 15 correct responses (75%) on the Gains Survey.
2. **Curriculum-based (per provider model)**

## KNOWLEDGE/SKILLS

## TARGET POPULATIONS

4. At least 75% of a minimum of # parents/caregivers have increased knowledge of strategies to support their child's social-emotional development.



1. Curriculum-based (program specific)

5. At least 80% of a minimum of # children/youth demonstrate improved progress toward academic success.



1. **Developmental Reading Assessment (DRA) Kindergarten:** A posttest DRA level of at least a 2 for participants scoring below a 2 at pretest or an increase of at least 1 level for participants scoring a 2 or higher at pretest.

2. **Developmental Reading Assessment (DRA) 1st Grade:** A posttest DRA (Developmental Reading Assessment) level of at least an 8 for students scoring a 4 or lower at pretest OR a posttest DRA of at least a 12 for students scoring 6 or higher at pretest.

3. **Developmental Reading Assessment (DRA) 2nd Grade:** A posttest DRA (Developmental Reading Assessment) level of at least an 12 for students scoring a 10 or lower at pretest OR a posttest DRA of at least a 18 for students scoring 12 or higher at pretest.

4. **Developmental Reading Assessment (DRA) 3rd Grade:** A posttest DRA (Developmental Reading Assessment) level of at least an 28 for students scoring a 18 or lower at pretest OR a posttest DRA of at least a 34 for students scoring 24 or higher at pretest.

5. **iReady Diagnostic Reading Assessment (Student Diagnostic Growth Report):** A posttest iReady Diagnostic End of Year Reading score of at least the Annual Typical Growth score determined by the pretest iReady Diagnostic Reading assessment.

6. **Social Skills Improvement System (SSIS) Rating Scales Elementary (K-6) – Performance Screening Guide or SEL Edition Screening/Progress Monitoring Scales Reading or Math Subscales:** An increase of at least one level from pretest to posttest on the reading or math skill scale OR maintenance of pretest scores of at least a 4 or 5 at posttest on the reading or math skill scale (case notes to support ratings).

7. Curriculum-based (program specific)

6. At least 80% of a minimum of # children/youth demonstrate improved motivation to learn skills.



1. **Social Skills Improvement System (SSIS) Rating Scales Elementary (K-6)/Secondary (7-12) – Performance Screening Guide Motivation to Learn Subscale:** An increase of at least one level from pretest to posttest on the motivation to learn skill scale OR maintenance of pretest scores of at least a 4 or 5 at posttest on the motivation to learn skill scale (case notes to support ratings).

2. Curriculum-based (program specific)



## KNOWLEDGE/SKILLS

## TARGET POPULATIONS

**7. At least 85% of a minimum of # children/youth achieve improved skills.**  
(Examples: language, digital, financial, arts, STEM)



1. Curriculum Based (per program model)

## ATTITUDES

**8. At least 85% of a minimum of # youth have increased educational aspirations.**



1. Education Expectations and Aspirations Scale: A score of 3 (Probably will) or 4 (Definitely will) on at least one of the 5 after high school questions of the Education and Expectations Aspirations Scale at posttest.
2. Model-Based (per program model)

## BEHAVIOR

**9. At least 85% of a minimum of # youth demonstrate positive relationships with parents and other adults.**



1. Vaux Social Support Record: Increase in total (final) posttest scores from pretest for questions 1-6 or a minimum (final) posttest total score of at least 8 for questions 1-6 on the Vaux Social Support Record.
2. Modified Adapted Parent-Child Attachment Survey (Rochester Youth Development Survey): An increase in total average pretest score to total average posttest score with total average posttest scores of at least 3.0.
3. Positive Relationship with Parents Scale for Teenagers (Child Trends) (Ages 12-17): Increase in total posttest scores from pretest or minimum posttest total scores of at least 18.
4. Model-Based (per program model)
5. Curriculum Based (per program model)

## BEHAVIOR

## TARGET POPULATIONS

**10. At least 85% of a minimum of # parents/caregivers are involved with their child's development, education and/or school.**



1. **Parent Education Profile (PEP) Scale I, II, or III:** A minimum posttest score of at least a 3 with no decreases from pretest on all of the corresponding subscales of the PEP Scale I, II or III.
2. **Get Ready to Read Home Literacy Environment Checklist:** A posttest score of 20 or higher on the Get Ready to Read (GRTR) Home Literacy Environment Checklist (Birth-Preschool age).
3. **Social-Emotional Assessment Evaluation Measure (SEAM) Family Profile:** An increase of 5 or more points from total pretest score to total posttest score on the sum of the 2 subscales (responding to my child's needs and providing predictable schedule/routines and appropriate environment for my child) OR maintain (with no decreases) a total pretest score of at least 50 on the sum of the 2 scales for infants or a total pretest score of at least 90 on the sum of the 2 subscales for toddlers or preschoolers. (Ages 2 months-66 months).
4. **Parent-Teacher-Student COMPACT/Parent Checklist-Revised – Short Form:** Increase in average total score from pretest to posttest or maintain average total score of at least 3.60 on the Revised parent checklist – Short Form AND Parent/student/teacher compact signed by parent. (Elementary School)
5. **Parent and Teacher Involvement Questionnaire:** Parent Version (original): Increase in average score from pretest to posttest on the Parent's Involvement and Volunteering at School subscale (Questions 5-7, 9-10, 18-22) or maintain an average subscale pretest score of at least 3 at posttest on the Parent's Involvement and Volunteering at School subscale (Questions 5-7, 9-10, 18-22) of the Parent and Teacher Involvement Questionnaire: Parent Version (Original). (Grades K-3)
6. **Modified Father Engagement Scale:** An increase from average pretest total score to average posttest total score with average posttest total scores of at least 3.5 OR maintain average pretest total scores of at least 3.5 at posttest.
7. **Curriculum-based (Program Specific)**



**11. At least 75% of a minimum of # Early Childhood Education (ECE) practitioners/professionals demonstrate developmentally appropriate practices (DAP).**



1. **Teaching Pyramid Observation Tool (TPOT)/Teaching Pyramid Infant Toddler Observation Scale (TPITOS):** Practitioners receiving a minimum of 3 months of technical assistance will demonstrate a 2% increase from pretest overall score to posttest overall score on the TPITOS or TPOT OR maintenance of an overall score of 80% and above OR Practitioners receiving a minimum of 6 months of technical assistance will demonstrate a 5% increase from pretest overall score to posttest overall score on the TPITOS or TPOT OR maintenance of an overall score of 80% and above.
2. **Best Practices in Inclusive Early Childhood Education (BPIECE):** Practitioners receiving a minimum of 1 month of technical assistance will achieve or maintain (with no decreases) 95% (38/40) of the indicators on the BPIECE scored at Occasionally or higher at posttest.
3. **Classroom Assessment Scoring System (CLASS):** Practitioners will demonstrate an increase from pretest to posttest in at least: one domain of the Pre-K CLASS, or two dimensions of the Infant CLASS or four dimensions of the Toddler CLASS.
4. **Illinois Children's Mental Health Partnership Self-Reflection tool:** A posttest score of at least a 4 (Competent) on the Self-Reflection tool as rated by consultant and provider (consultant rates provider and provider self-evaluation).
5. **Environmental Rating Scale (ERS):** Practitioners who score an average below a 3.0 at pretest will achieve a .5 global increase. Practitioners who score an average of 3.0 or above at pretest will achieve a .25 global increase.
6. **Ready! for Kindergarten Childcare Provider Observation Assessment Tool:** An increase of at least one level in Total Scores from pretest to posttest (e.g., Deficient to Fair, Fair to Basic, Basic to Above Average, Above Average to Exemplary) OR increase or maintain pretest Total Scores of at least 55 (Exemplary level) at posttest.
7. **Curriculum Based (per program model)**

**12. At least 75% of a minimum of # children demonstrate improved social-emotional competence.**



1. **Social-Emotional Assessment Evaluation Measure (SEAM):** An increase of 4 or more points from pretest to posttest on the Social-Emotional Assessment/Evaluation Measure (SEAM) (observation notes to support ratings).
2. **Social Skills Improvement System (SSIS) Rating Scales Preschool– Performance Screening Guide Prosocial Behavior Scale:** An increase of at least one level from pretest to posttest on the prosocial behavior skill scale OR maintenance of pretest scores of at least a 4 or 5 at posttest on the prosocial behavior skill scale (case notes to support ratings).
3. **Eyberg Child Behavior Inventory (ECBI; ages 2 and up):** A decrease from pretest to posttest of 7 raw score points on the ECBI Intensity Scale for participants with pretest raw scores of at least 131 (clinical range) or a posttest score of 130 or below for participants scoring 130 or below (normative range) at pretest.
4. **BRIGANCE Inventory of Early Development III** (birth - 5 years)
5. **Preschool and Kindergarten Behavior Scales 2nd Edition (PKBS-2)** (ages 3-6)
6. **Developmental Assessment of Young Children (DAYC) 2nd Edition** (birth - 5 years 11 months)
7. **Battelle Developmental Inventory 3rd Edition (BDI-3)** (birth - 7 years 11 months)
8. **Model-based (Program Specific)**

**13. At least 75% of a minimum of # children/youth demonstrate improved positive social behaviors.**



1. **DESSA-mini:** An increase of at least 5 T-score units from pretest to posttest for participants with pretest T scores of 40 or less OR maintain or increase T scores from pretest to posttest for participants with pretest T scores of at least 41 (Case notes to support ratings).
2. **Social Skills Improvement System (SSIS) Rating Scales Elementary (K-6)/Secondary (7-12)– Performance Screening Guide Prosocial Behavior Scale:** An increase of at least one level from pretest to posttest on the prosocial behavior skill scale OR maintenance of pretest scores of at least a 4 or 5 at posttest on the prosocial behavior skill scale (case notes to support ratings).
3. **Social Skills Improvement System (SSIS) SEL Edition Screening/Progress Monitoring Scales:** An increase of at least one point (one level) in the composite score from pretest to posttest OR maintain pretest composite score of at least 20 (periodic case notes to support ratings).
4. **Social Skills Improvement System (SSIS) Rating Scales**
5. **School Social Behavior Scales/Home & Community Social Behavior Scales (Kindergarten - 12 grade)**
6. **Sutter-Eyberg Student Behavior Inventory Revised** (up to age 16)
7. **Model-based (Program Specific)**
8. **Curriculum-based (Program Specific)**

## BEHAVIOR

## TARGET POPULATIONS

**14. At least 90% of a minimum of # children/youth regularly attend school.**



1. **Report Card:** Student attends at least 95% of school days (absent {unexcused} 9 days or less).

**15. At least 85% of a minimum of # youth demonstrate increased school connection/engagement.**



1. **School Engagement Scale – Behavioral, Emotional and Cognitive Engagement:** An increase in total average pretest score to total average posttest score with total average posttest scores of at least a 2.50.
2. **Educational Engagement Scale for Teenagers:** An increase in total pretest score to total posttest score with total posttest scores of at least 19 OR maintenance of a total pretest score of at least 19.
3. **Engagement vs. Disaffection with Learning Student Report**
4. **Identification with School Questionnaire**
5. **Student Engagement Instrument**
6. **“How I Feel About School” Student Survey**

## CIRCUMSTANCE

**16. At least 80% of a minimum of # children are read to or read at least 4 days per week at home.**



1. **Parent Education Profile (PEP) Scale II:** Minimum posttest score of at least a 3 with no decreases from pretest to posttest on Scale II of the PEP and Reading Log indicates frequency of reading activities.
2. **Curriculum-based Reading Log (program specific)**



## CIRCUMSTANCE

## TARGET POPULATIONS

### 17. At least 75% of a minimum of # children demonstrate readiness for Kindergarten.



1. **Get Ready to Read Screening Tool (25 item Paper Version):** Typically developing children will achieve a minimum performance level score equivalent to Average as specified by age range at posttest (age 3:0-3:5 = 7 or higher, age 3:6-3:11 = 9 or higher, age 4:0-4:5 = 12 or higher, age 4:6-4:11 = 14 or higher, age 5:0-5:5 = 17 or higher, age 5:6-5:11 = 18 or higher).

### 18. At least 70% of a minimum of # children maintain or secure inclusive child care placements.



1. **Child Record:** Child maintained current placement in program or secured alternate inclusive program.

### 19. At least 75% of a minimum of # children/youth have improved self-esteem.



1. **Modified Rosenberg Self-Esteem Inventory:** An increase in total score from pretest to posttest OR maintenance (with no decreases from pretest) of a total pretest score of at least 24 on the Modified Rosenberg Self Esteem Inventory.
2. **Child Rosenberg Self-esteem Scale** (age 7 - 12 years): An increase in total self-esteem score from pretest to posttest for participants with pretest scores below 40 OR maintenance of pretest scores of 40 (no decreases) at posttest.
3. **Schwarzer Self-Efficacy Scale:** An increase from overall pretest to posttest score on the 10 question Schwarzer Self- Efficacy Scale.
4. **Individual Protective Factors Index:** An increase in total score from pretest to posttest with a minimum posttest score of at least 13 OR maintenance (with no decreases from pretest) of a total pretest score of at least 42 on the Individual Protective Factors Index Survey.
5. **General Self-Efficacy – Sherer (GSESH)**
6. **Curriculum-based (per program model)**

## CIRCUMSTANCE

## TARGET POPULATIONS

**20. At least 95% of a minimum of # children have on-time grade promotion.**  
(For Reporting Only--Outcome: Children with on-time grade promotion)



1. **End of year report card or summer notice of promotion:** On-time promotion to the next grade level.  
(For Reporting Only: Number of children promoted on-time by grade level)

**21. At least 95% of a minimum of # youth have on-time grade promotion or graduate.**  
(For Reporting Only--Outcome: Youth with on-time grade promotion or graduation)



1. **End of year report card or summer notice of promotion/graduation:** On-time promotion to the next grade level or graduate on-time.  
(For Reporting Only: Number of youth promoted on-time by grade level or number of youth graduated on-time)

**22. At least 70% of a minimum of # Early Childhood Education (ECE) programs demonstrate progress towards achieving or maintaining high quality.**



1. **Business Administration Scale (BAS) /Program Administration Scale (PAS):** An increase in Average BAS Item Score from pretest to posttest or an increase in Average PAS Item Score from pretest to posttest.
2. **Program Quality Assessment (PQA):** An increase in Grand Average Classroom Score (all classrooms summed and averaged) from pretest to posttest for Infant -Toddler or Preschool PQAs or an increase in Average Family Child Care Score (all items summed and averaged) from pretest to posttest for Family Child Care PQAs.
3. **Entrepreneurial Operating System (EOS) Organizational Checkup:** An increase in total EOS Organizational Checup score from pretest to posttest with posttest scores of at least 50.
4. **CIRCLE Environmental Checklist; CIRCLE Infant & Toddler Classroom Environment Checklist:** Environmental Checklist (Preschool & Infant/Toddler) An increase in Grand Average Classroom Score (all classrooms summed and averaged) from pretest to posttest for Infant -Toddler or Preschool Checklist.
5. **Model-based (Program Specific)**

## KNOWLEDGE/SKILLS

## TARGET POPULATIONS

**1. At least 85% of a minimum of # parents/caregivers have increased knowledge of community resources.**



1. Curriculum-based (program specific) {must include specific activities to support formal Information & Referral of community partners}

**2. At least 80% of a minimum of parents/caregivers have increased literacy skills (language, digital or financial).**



1. CASAS/Test of Adult Basic Education (TABE): Increased reading scores of at least 5 points on the CASAS assessment OR increased GE reading scores of at least 0.3 on the Test of Adult Basic Education-TABE.
2. Reading Evaluation Adult Diagnosis (READ)
3. Basic English Skills Test Plus (BEST Plus)
4. Your Money, Your Goals What You Know Self-Assessment: Achieve at least 7 correct responses (70%) by posttest.
5. Curriculum-based (per program model)

**3. At least 80% of a minimum of # parents/caregivers demonstrate progress towards educational success.**



1. Curriculum-based (per program model)

**4. At least 80% of a minimum of # parents/caregivers have increased skills towards achieving economic mobility.**



1. Curriculum-based (per program model)



## KNOWLEDGE/SKILLS

## TARGET POPULATIONS

**5. At least 80% of a minimum of # parents/caregivers have increased parenting skills.**



1. **Adult Adolescent Parenting Inventory-2.5:** Posttest Sten score of 4 or higher on all AAPI-2.5 constructs.
2. **Circle of Security Participant Survey:** An increased Now total average score from Before total average score on parenting skills Questions 3-9.
3. **Adapted Therapy Attitude Inventory:** Achieve a raw score of at least 35 points on the Adapted Therapy Attitude Inventory.
4. **Parenting Sense of Competence Scale**
5. **Model-based (program specific)**

## ATTITUDES

**6. At least 70% of a minimum of # parents/caregivers have reduced stress.**



1. **Perceived Stress Scale:** Decrease in total score from pretest to posttest on the Perceived Stress Scale.
2. **Parental Stress Scale:** Decrease in total score from pretest to posttest on the Parental Stress Scale.
3. **Community Life Skills Scale:** An increase from pretest total score to posttest total score and posttest scores of at least 19 (case notes to support ratings).
4. **Model-based (program specific)**

## BEHAVIOR

**7. At least 95% of a minimum of # parents/caregivers demonstrate positive parent/child or family interactions (No verified child maltreatment).**



1. **Florida Safe Families Network (FSFN) database:** Open participants enrolled for at least 6 months shall have no "verified" finding of child maltreatment during their participation or Closed participants who complete the program will have no "verified" findings more than 12 and up through 24 months after completion.

## BEHAVIOR

## TARGET POPULATIONS

**8. At least 85% of a minimum of # parents/caregivers are involved with their child's development, education and/or school.**



1. **Parent/Teacher Compact Form; Revised Parent Checklist – Short Form:** Increase in average score from pretest to posttest or maintain average score of at least 3.60 on the Revised Parent Checklist – Short Form; Parent/Student/Teacher Compact signed by parent.
2. **Parent Education Profile (PEP) {scale(s) selected based on program model and age of child(ren)}:** A minimum posttest score of at least a 3 with no decreases from pretest on each of the subscale items of the Parent Education Profile Scale.
3. **Get Ready to Read Home Literacy Environment Checklist (Kindergarten age children or younger):** A posttest score of 20 or higher on the Get Ready to Read (GRTR) Home Literacy Environment Checklist.
4. **Fatherhood Research and Practice Network Father Engagement Scale:** An increase from average pretest total score to average posttest total score with average posttest total scores of at least 3.5 OR maintain average pretest scores of at least 3.5 at posttest.

## CIRCUMSTANCE

**9. At least 80% of a minimum of # families have improved family well-being.**



1. **Family Resource Support Guide- Resource Scale:** An increase from average pretest to posttest score with minimum average posttest scores of at least 3.25 OR maintenance or increases in average pretest scores of 3.25 or higher.
2. **North Carolina Family Assessment Scale-G (NCFAS-G):** Posttest scores of at least zero on the 7 overall domains (Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Self-Sufficiency, and Family Health) for participants scoring below a zero at pretest OR increased or maintenance of pretest scores of at least zero at posttest for participants scoring a zero or higher at pretest on the 7 overall domains (case notes to support ratings).
3. **FRIENDS National Resource Center Family Support Program Outcome Survey {program specific questions}**
4. **Parent Assessment of Protective Factors (PAPF):** An increase in total Protective Factors Index Score from pretest to posttest for participants scoring below a 4.0 OR maintenance of pretest scores of at least a 3.0 with no decreases at posttest for participants scoring at or above 3.0 at pretest.
5. **Well-being Assessment (Adult - 12 items) - 100 Million Healthier Lives:** Posttest Life Evaluation score of at least 7 Current life and 8 Future life (Thriving), 4 Financial, 6 Purpose, and 8 Affect balance for participants scoring below these at pretest OR maintain or increase pretest scores (with no decreases) at posttest for participants scoring at or above these scores at pretest.
6. **Curriculum-based (program specific)**



### 10. At least 85% of a minimum of # individuals have increased concrete supports.



1. **FRIENDS National Resource Center Family Support Program Outcome Survey:** A score of 5 or higher on Today scores for questions 2 and 5 on the Family Support Program Outcome Survey.
2. **Protective Factors Survey:** Increased mean score (average) from pre to post test Concrete Support subscale (Q8, Q9, Q11) OR maintenance at posttest of an average pretest score of 6 or higher for the Concrete Support subscale.
3. **Case Notes:** Date of linkage (within the fiscal year) for referrals to concrete support service(s) related to their needs. (Linkage = date when participant's concrete support need was met).
4. **Model-based (Program specific)**
5. **Curriculum-based (program specific)**

### 11. At least 80% of a minimum of # individuals have improved mental well-being.



1. **Children's Functioning Assessment Rating Scale (CFARS):** A decrease of at least 10% from initial to final scores on the CFARS (children).
2. **Functioning Assessment Rating Scale (FARS):** A decrease of at least 10% from initial to final scores on the FARS (adults).
3. **The Strengths and Difficulties Questionnaire (SDQ):** A decrease in total difficulties score or maintain a pretest total difficulties score of 13 or lower (Parent/Teacher 4-10 Form or Teacher 11-17 Form).
4. **Columbia Suicide Severity Rating Scale:** Posttest scores of "No" on at least Questions 3, 4 and 5 on the Columbia Suicide Severity Rating Scale AND a documented linkage to a behavioral health provider.
5. **Warwick-Edinburgh Mental Well-being Scale (WEWMBS) and Short Version (SWEMWBS; 7 items)** (ages 13-74)

## 12. At least 85% of a minimum of # individuals have increased social supports.



1. **North Carolina Family Assessment Scale-G (NCFAS-G; Community/Social Life Scale):** North Carolina Family Assessment Scale (NCFAS-G) posttest scores of at least 0 on the overall Social/Community Life domain for participants scoring below a 0 at pretest OR increase or maintenance of pretest scores of at least 0 at posttest for participants scoring a 0 or higher at pretest for the overall Social/Community Life domain (case notes to support ratings).
2. **Family Support Scale:** An increase in the average total score from pretest to posttest.
3. **FRIENDS National Resource Center Family Support Program Outcome Survey:** A score of 5 or higher on Today scores for questions 1, 2, and 4 on the Family Support Program Outcome Survey.
4. **Family Resource Support Guide Resource Map:** An increase from pretest to posttest in the number of formal and informal supports/resources identified in the participant's network that can be accessed for assistance in meeting goals on the family support plan.
5. **Florida Child and Adolescent Needs and Strengths (CANS) Social Resources Subscale:** A score of either 0 or 1 on the CANS scale of Social Resources at posttest.
6. **NCast Network Survey:** An increase from pretest to posttest in the number of formal and informal supports/resources identified in the participant's network that are also rated as being "Somewhat" helpful or "A great deal" helpful on the NCAST Network Survey.
7. **Ecomap:** An increase from pretest to posttest in the number of informal or formal supports identified in the participant's network as strong/positive connections (supporting documentation in case notes).
8. **Well-being Assessment (Adult - 12 items) - 100 Million Healthier Lives:** A posttest average score of at least 7 on Questions 8-10 for participants with average pretest scores below 7 OR maintain or increase average pretest scores of at least 7 (with no decreases) at posttest.
9. **MOS Social Support Survey:** An increase to an average of 3 points from pretest to posttest for participants with pretest scores less than a 3 or achieve/maintain minimum posttest score of average of 3 on the Emotional/Informational Subscale (Items: 3,4,8,9, 13,16,17,19).
10. **Karitane Parenting Confidence Scale:** An increase of 6 points from pretest to posttest for participants with pretest scores of 35 or less or achieve/maintain minimum posttest score of 40 for those participants with pretest scores above 35.
11. **Protective Factors Survey:** Increased mean score (average) from pre to post test on the Social Support subscale (Q6, Q7, Q10) OR maintenance at posttest of an average pretest score of 6 or higher for the Social Supports subscale.
12. **Multidimensional Scale of Perceived Social Support**
13. **Model-based (Program specific)**
14. **Curriculum-based (program specific)**

## Children's Board of Hillsborough County

<b>Procedure Name:</b> Provider Improvement Plan	<b>Category:</b> Program Support
<b>Effective Date:</b> October 1, 2011	<b>Revision Date:</b> October 1, 2011; May 28, 2013; September 17, 2015; July 9, 2016; May 26, 2017; January 10, 2018; June 1, 2021

### **Purpose:**

In order to ensure that Children's Board of Hillsborough County (CBHC) funding is used in the most effective and efficient manner, funded agencies (known as "Providers") are required to demonstrate how funding is helping children and their families, through contract requirements, program reports and measureable performance outcomes.

CBHC funded agencies that fail to meet the contractual outcomes or deliverables, fiscal requirements (including ASO), or are deemed out of compliance with administrative requirements such as those in the General Terms and Conditions of the contract are identified and resolution strategies are developed through a Provider Improvement Plan (PIP). This procedure outlines levels of non-compliance.

**Out of Compliance Notification:** An Out of Compliance notification may be sent to the Provider prior to a Provider Improvement Plan being recommended.

- Issued when a CBHC staff member has attempted communication but the Provider is non-responsive.
- Contract Manager will inform Director of Programs, upon consultation with the Executive Director, it may be determined that a Provider requires a written notification with an adjusted deadline date for meeting specific directive(s). The notification will include applicable consequences if the expectation is not met.
- Providers who comply with the Out of Compliance directive will be advised in writing.
- Providers who do not comply with the Out of Compliance notification will be notified in writing of the possible consequences that may be imposed with deadline dates included (as applicable) or may be placed on a Provider Improvement Plan (Level will be determined based on circumstances).

Providers that are placed on a (PIP) will be monitored more regularly by the assigned CBHC Contract Manager or Fiscal Representative in addition to standard monitoring requirements.

### **LEVEL 1**

**Contract Issue** – Provider has not successfully addressed or completed a contractual obligation or is Out of Compliance with a contract expectation.

1. Contract Issues may include but are not limited to:

- difficulty in achieving service levels or program outcomes;
- services are not being implemented at the level specified in the contract;
- position vacancies (related to the contract) that have not been filled;

## Children's Board of Hillsborough County

- there is excessive attrition of staff; excessive unexpended funds or other fiscal issues (untimely submissions, inaccuracy, etc.);
- non-compliance with submitting documentation per General Terms and Conditions or deadlines; and
- other contractual or performance concerns.

### 2. Procedures:

a. **Plan Development** – The CBHC Director of Programs will meet with staff assigned to the contract to discuss the identified concerns. The concerns will be shared with the Provider in a face to face meeting. The Contract Manager will document the information on the Provider Improvement Plan form and indicate the effective date next to “Contract Issue”. Once finalized, the Provider Improvement Plan must be signed by the Provider’s authorized official as listed in Attachment (5) of the Provider Agreement in addition to the CBHC Executive Director and Director of Programs.

b. **Monitoring** – Contract Manager will follow up on action steps with other CBHC assigned staff (if applicable) and with Provider based on dates outlined in the plan.

c. **Documentation** - A signed copy of the Provider Improvement Plan form will be placed in the contract file and appropriate electronic master file located on the CBHC shared drive for the appropriate fiscal year.

d. **Notifications** - The CBHC Director of Programs will notify the CBHC Executive Director, and CBHC Senior staff if a Provider has been placed on a (Level 1) “Contract Issue”.

A Provider Improvement Plan form documenting the required actions and due dates will be transmitted to the Provider’s authorized official within seven (7) business days of the meeting.

e. **Extension** – If a Provider requests an extension to complete a Provider Improvement Plan Contract Issue, the extension must be pre-approved by the CBHC Director of Programs.

#### f. **Plan Result:**

- If the Contract Issue is resolved by the deadline date, the Provider will be notified in writing by the CBHC Director of Programs. A copy of the signed result copy of the Provider Improvement Plan will be sent to the Provider and placed in the contract file.
- If the Contract Issue is not resolved by the deadline date(s), including any approved extension, the Provider will be placed on a (Level 2) “Performance Improvement Plan”.

**LEVEL (2)**

**Performance Improvement** – The Provider did not successfully comply with the contract issue (Level 1), out of compliance notification, or has presented an infraction that requires notifying the Provider Board Chair and CBHC Executive Board.

1. Performance Improvement issues include but are not limited to:

- multiple inaccuracies identified by a data integrity check;
- demonstrated weakness in agency infrastructure to support the level of service;
- excessive attrition of staff; excessive unexpended funds or other fiscal issues (repeated untimely submissions, inaccuracy, etc.);
- non-compliance with use of measurement tools or submitting documentation/data as requested; and
- other contractual or performance concerns.

2. **Procedures:**

a. **Plan Development** –CBHC Contract Manager and CBHC Director of Programs will meet with CBHC staff having regular contact or working knowledge of the agency to discuss the identified performance issue(s).

CBHC staff will then meet with the Provider program and/or fiscal staff and any authorized official to discuss pertinent facts, issue(s), actions and deadlines to draft a Provider Improvement Plan form. Once finalized, the Provider Improvement Plan must be signed by the Provider authorized official and Board Chair as listed in Attachment (5) of the Provider Agreement and the CBHC Executive Director or designee.

b. **Monitoring** – Progress under the Provider Improvement Plan will be monitored at specified intervals with updates to assess progress being made in accordance with the deadlines specified.

c. **Documentation** - A signed copy of the Provider Improvement Plan form will be placed in the contract file and appropriate electronic master file located on the CBHC shared drive for the appropriate fiscal year.

d. **Notification** – The CBHC Director of Programs will notify the CBHC Executive Director, CBHC Senior staff, CBHC Executive Board and the Provider's Board Chair if a Provider has been placed on a (Level 2) Performance Improvement.

A Provider Improvement Plan form documenting the required actions, due dates and any potential sanctions will be transmitted to the Provider's authorized official with a copy to the Providers Board Chair within seven (7) business days of the meeting.

e. **Extension** – If the Provider requests an extension, it must be pre-approved by the CBHC Executive Director or designee, and changes must be documented on the Provider Improvement Plan Form. If the Provider Improvement Plan deadlines are approved and extended, performance will be re-evaluated by the amended date.

**f. Plan Result:**

- When the Provider Improvement Plan is successfully completed, the CBHC Executive Board, Provider and Provider Board Chair will be notified in writing by the CBHC Director of Programs. A signed copy of the Provider Improvement Plan will be sent to the Provider and placed in the contract file.
- If the Provider Improvement Plan is not resolved by the deadline date(s), including any approved extension, the Provider will be placed on a (Level 3) "Program of Concern".

**LEVEL 3**

**Program of Concern -** The Provider did not successfully comply with one or all of the action items in the (Level 1) or (Level 2) Provider Improvement Plan, demonstrates new contract violations, and/or has presented an infraction that requires notifying the Provider Board Chair and CBHC Executive Board.

**1. Programs of Concern issues include but are not limited to:**

- Failure to address concerns previously identified;
- Failure to achieve desired service levels or outcomes performance; and
- Failure to utilize CBHC funds according to the budget/budget instructions or repeated lack of fiscal accountability.

**2. Procedures:**

**a. Plan Development** – The CBHC Executive Director or designee and the Provider's authorized official and Board Chair will meet to discuss the contract deficiencies requiring corrective actions and deadlines for completing the required action(s). In addition, CBHC will advise the Provider of any, sanctions to be imposed if the Provider does not satisfactory comply with the Provider Improvement Plan by the specified date(s).

**b. Monitoring** - CBHC will draft a Provider Improvement Plan form. Once finalized, the Provider Improvement Plan must be signed by the Provider authorized official and Board Chair as listed in Attachment (5) of the Provider Agreement and the CBHC Executive Director or designee.

**c. Documentation** – A signed copy of the Provider Improvement Plan form will be placed in the contract file and appropriate electronic master file located on the CBHC shared drive for the appropriate fiscal year.

**d. Notifications** – The CBHC Director of Programs will notify the CBHC Senior Staff, the CBHC Executive Board and the Provider's Board Chair if a Provider has been placed on a (Level 3) Program of Concern.

A Provider Improvement Plan form documenting the required actions, due dates and any potential sanctions will be transmitted to the Provider's authorized official with a copy to the Providers Board Chair within three (3) business days of the meeting.

e. **Extensions** – Not applicable on a (Level 3) Provider Improvement Plan

f. **Plan Result:**

- When the Provider Improvement Plan is successfully completed, the CBHC Executive Board, Provider and Provider Board Chair will be notified in writing by the CBHC Director of Programs. A signed result copy of the Provider Improvement Plan will be sent to the Provider and placed in the contract file.
- If the Provider Improvement Plan is not resolved by the deadline date(s), the appropriate sanctions will be approved by the Executive Director and the most senior CBHC Board officer available.

Sanctions may include but are not limited to:

- Withholding of payments;
- contract termination; or
- suspension of the CBHC Provider Contract in whole or in part. Refer to Attachment (3), General Terms and Conditions, Section (16). Performance.

g. **Notification of Sanctions:**

- Notification will be in writing via certified letter to the Provider's authorized official and to the Provider's Board Chair by the CBHC Executive Director.
- Withholding of reimbursement will be reported to an officer of the CBHC Board.
- Reimbursement may resume after the Provider has met such conditions as the Executive Director and an Officer of the CBHC Board have approved.
- Notice of resuming payment action will be reported at the next Board meeting.
- If the sanctions involve terminating the contract, actions must be taken in accordance with Attachment (3), General Terms and Conditions, Section (16). Termination in addition to completing the Contract Closure Checklist.