



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

After a review of existing perinatal support programs and evidence-based home visiting models, CDPH and the above partners concluded that Family Connects was the model that would best meet Chicago's needs.

The Family Connects model is universal in reach and provides a relatively inexpensive, short-term intervention that has positive impacts on maternal and infant health, as well as linkages to community services; leverages the role and resources of CDPH; and has potential for scaling citywide. More than a home visiting program, Family Connects has a robust community alignment function that engages the community in a structured feedback process that promotes the development of a coordinated system of supports. The service is manualized and includes a fully developed, cloud-based data system to support the implementation, monitoring and evaluation of the service.

Initial Engagement with the Center for Child and Family Health/Family Connects International:

In January of 2019, CDPH and the Early Learning Executive Committee task force began receiving guidance and technical assistance from the Center for Child and Family Health's Family Connects International to plan for implementation of a pilot of the Family Connects nurse home visiting service adapted to Chicago's unique context. Family Connects International is a program under the Center for Child and Family Health in collaboration with Duke University's Center for Child and Family Policy. The pilot launched in September of 2019 with three (3) partner hospitals but was ultimately placed on hold in March of 2020 due to coronavirus. CDPH is reactivating full implementation of the pilot.

2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.

This is a first time requirement - see history as noted above that previous efforts to contract were ultimately stopped due to coronavirus.

When the Family Connects model was selected as the intervention, CDPH began exploring the appropriate mechanism for purchasing the technical assistance, training, program certification, and client database access to plan for and implement a pilot. CDPH learned that the Center for Child and Family Health is the sole and exclusive provider of program planning and certification for the Family Connects model.

CDPH was planning to submit an Exhibit A for these services based on an initial approval from the Comptroller in October of 2018. However, GPAD subsequently rejected an Exhibit A invoice in February of 2019 advising that the invoice lacked sufficient detail and services had to be fully delivered before paid. At that time, services had been initiated but were not complete. CDPH was then advised that an Exhibit A would not be the appropriate procurement mechanism. Use of the Commissioner's authority to approve a pilot was reviewed by the Chicago Department of Law (DOL). On April 23, 2018, DOL determined that the Commissioner's authority does not apply and that CDPH would have to go through DPS to acquire the services. Because the Center for Child and Family Health/Family Connects International had been delivering services since January of 2019, CDPH sought approval for payment by Exhibit B for services rendered from January 2019 through June 30, 2019. This payment was approved on June 18, 2019 with direction to CDPH to work with DPS to determine if the services should be sole-sourced or competitively bid. After consultation with DPS in June of 2019, it was determined that an application for sole source services would be the appropriate procurement path.

A NCRB application was approved in December of 2019 but contracting was not completed due to changes in leadership at the The Center for Child and Family Health and the suspension of the pilot due to COVID-19.

3. Explain attempts made to competitively bid the requirement (attach copy of sources contacted).

No attempts have been made to competitively bid the requirement as no entity other than the Center for Child and Family Health has the ability or authority to provide program planning, technical assistance, and certification for the unique and proprietary Family Connects universal home visiting model. An RFP for professional services was considered as an option but ruled out after consultation with DPS.

4. Describe in detail all research done to find other sources; list other cities, companies in the industry, professional



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these criteria (see attached Review of HHS HomVEE Evidence-Based Home Visiting Models).

5. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?

This contract is requesting funding for 2 years to support a pilot and to create a scaling plan to roll out the program across the city of Chicago. If the pilot of Family Connects Chicago is successful, the intervention will be scaled citywide and there will be contract extensions to support the cost of scaling. Once the program is scaled, funding will be needed to support post certification and maintenance of data system licenses. However, post-certification costs are generally modest as the level of necessary technical support is greatly reduced (vs. needed efforts to scale a program).

ESTIMATED COST

1. What is the estimated cost for this requirement or for each contract, if multiple awards are contemplated? What is the funding source?

The estimated cost is \$262,197.50 per year (\$524,395 total) for the proposed two-year term. The contract will be funded by the Maternal Child Health Block grant awarded by the Illinois Department of Public Health to the Chicago Department of Public Health.

2. What is the estimated cost by fiscal year?

Contract Year	Cost	Service
Year 1	\$262,197.50	Training and technical assistance for initial Family Connects model implementation and preparation for program certification, provision of licenses to client database
Year 2	\$262,197.50	Initial program certification, technical assistance for full implementation, provision of licenses to client database, program evaluation and development of a scaling plan.

3. Explain the basis for estimating the cost and what assumptions were made and/or data used (i.e., budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)

The cost estimate was based on a quotation provided by the Center for Child and Family Health's Chief Financial Officer. The quotation was made by the Center for Child and Family Health based on the cost of providing similar services to other existing Family Connects sites around the U.S.

4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.

The City could not use the Family Connects evidence-based and proprietary model and would have to invest in creating its own universal nurse home visiting and coordinated perinatal referral system model without already proven efficacy. The City need not duplicate this effort when an evidence-based model is immediately available at a reasonable cost.

The Family Connects model was developed over a 10-year period by Duke University at a cost of more than \$5 million dollars for program design, development and evaluation. An additional \$1 million was invested in the development of the cloud-based client database that supports the program. The City is saving the cost of having to design, implement, and evaluate a new program model and develop a comprehensive data system to support it. In addition, as the Center for Child and Family Health provides access to sample marketing materials, family educational materials, assessment guidelines, and forms, the City would save the cost and time of having to develop these materials itself.



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project. Attach a copy of the cost proposal, scope of services, and Temporary Consulting Services Form.

N/A

2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?

Family Connects International is a program within the Center for Child and Family Health in collaboration with Duke University's Center for Child and Family Policy (CCFP)--a leader in child development and wellness and the family unit. CCFP emphasizes the bridge from research to policy and practice through an integrated system of research, teaching, service, and policy engagement. CCFP is a founding member of the university-based Child and Family Policy Consortium, a forum that fosters scientific collaboration around child and family policy issues. The lead developers of the Family Connects model, Dr. Kenneth Dodge and Dr. Robert Murphy, hold leadership positions with the Center for Child and Family Health and CCFP. Both Dr. Dodge and Dr. Murphy are known to be predominant scholars in their field. Their bios are below:

Kenneth A. Dodge, PhD, is the Pritzker Professor of Public Policy and Professor of Psychology and Neuroscience at Duke University. He is also the founding and past director of the Center for Child and Family Policy.

He is a leading scholar in the development and prevention of aggressive and violent behaviors. His work provides a model for understanding how some young children grow up to engage in aggression and violence and provides a framework for intervening early to prevent the costly consequences of violence for children and their communities.

Dodge joined the faculty of the Duke University's Sanford School of Public Policy in September 1998. He is trained as a clinical and developmental psychologist, having earned his B.A. in psychology at Northwestern University in 1975 and his Ph.D. in psychology at Duke University in 1978. Prior to joining Duke, Dodge served on the faculty at Indiana University, the University of Colorado, and Vanderbilt University .

In the Durham area, his research has resulted in Durham Connects, which provides free nurse home visits to all infants born in Durham County. The program connects families to community resources in an effort to improve children's outcomes and has been shown to decrease emergency care costs in an infant's first year of life. The initiative, known as Family Connects, has expanded to other sites throughout the country.

Dodge has published more than 500 scientific articles which have been cited more than 90,000 times. Dodge was elected into the National Academy of Medicine in 2015.

Robert Murphy, PhD, has served as the Executive Director of the Center for Child and Family Health (Durham, NC) since 2004. He is an Associate Professor in the Department of Psychiatry & Behavioral Sciences at Duke University School of Medicine and an Adjunct Associate Professor at the University of North Carolina Chapel Hill School of Public Health. A clinical psychologist with a doctorate from the University of Massachusetts, he completed training and joined the faculty of the Yale Child Study Center, directing evaluation for the National Center for Children Exposed to Violence.

Dr. Murphy is co-principal investigator on a long-term project to reduce community-wide maltreatment in Durham County, NC. He is also one of the developers of Family Connects, a brief, universal, postnatal home-visiting program that is being disseminated nationally. Two randomized controlled trials indicate improved and sustained infant, family, maltreatment; and health service utilization outcomes. He leads efforts to improve military families' access to and use of evidence-based mental health services and is an investigator for the Millennium Cohort Family Study, a longitudinal study of military families and their functioning. He has been active in the National Child Traumatic Stress Network since 2001 .

3. What prior experiences of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?

The Center for Child and Family Health is the sole provider of program planning and certification for the Family Connects model. Family Connects International, a program within the Center for Child and Family Health, grew from Durham Connects, the original program that utilized the Family Connects model. The Family Connects International team has over a decade of experience implementing the model, including their proprietary Family Support Matrix that



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8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources.

N/A

OTHER

1. Explain other related considerations and attach all applicable supporting documents. MBE/WBE/VBE Compliance Plan

The Center for Child and Family Health has identified a WBE-certified agency, Sage Health Strategy, and proposes their participation at 11.44%, exceeding the 5% WBE requirement. Despite its outreach efforts and efforts to identify entities that could deliver supportive services with an evidence-based and proprietary model to MBE-certified and VBE certified agencies and assist agencies, the Center for Child and Family Health has been unable to identify a MBE or VBE with the expertise necessary to support the Family Connects program planning, training, and certification process. The Center for Child and Family Health is requesting a partial waiver of the City's MBE/WBE/VBE requirements. See the attached partial waiver memorandum from the Center for Child and Family Health, CDPH's concurrence memorandum, and documentation of the Center for Child and Family Health's outreach efforts to VBE and MBE-certified agencies and assist agencies.

Funding

CDPH receives the Title V Maternal and Child Health Services Block Grant from IDPH. CDPH has received a two-year award for SFY 2020-2021 and approval to use funds to support this work.




Attachments

In addition to the required NCRB application materials, the following are attached:

1. Review of HHS HomVEE Evidence-Based Home Visiting Models
2. Documentation of Family Connects International's proprietary materials

Project Checklist

Attach required forms for each procurement type and detailed scope of services and/or specifications and forward original documents to the Chief Procurement Officer; City Hall, Room 806.

Date: July 28, 2020	For blanket agreements, original or lead department must consult with other potential departments who may want to participate on the blanket agreement. If grant funded, attach copy of the approved grant application and other terms and conditions of the funding source. Note: 1) <u>Funding</u> : Attach information if multiple funding lines; 2) <u>Individual Contract Services</u> : Include approval form signed by Department Head and OBM; 3) <u>ITGB</u> : IT project valued at \$100,000.00 or more, attach approval transmittal sheet.																																									
Department Name: Health	*By signing this form, I attest that all information provided is true and accurate. <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;"> *Contract Liaison Signature  </div>																																									
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Contract Liaison: Maribel Valdez	Project Description: New sole source(NCRB) contract for Child & Family Health, Inc. to provide to CDPH Family and Child Health program with comprehensive training and technical assistance for Family Connects implementation and certification.																																									
Telephone: 312-747-8828	Funding: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Corporate</td> <td><input type="checkbox"/> Bond</td> <td><input type="checkbox"/> Enterprise</td> <td><input checked="" type="checkbox"/> Grant</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> IDOT/Transit</td> <td><input type="checkbox"/> IDOT/Highway</td> <td><input type="checkbox"/> FHWA</td> <td><input type="checkbox"/> FTA</td> <td><input type="checkbox"/> FAA</td> </tr> </table>	<input type="checkbox"/> Corporate	<input type="checkbox"/> Bond	<input type="checkbox"/> Enterprise	<input checked="" type="checkbox"/> Grant	<input type="checkbox"/> Other:	<input type="checkbox"/> IDOT/Transit	<input type="checkbox"/> IDOT/Highway	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA																															
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Project / Program Manager: Jennifer Vidis	*By signing below, I attest the estimates provided for this contract are true and accurate.																																									
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Email: jennifer.vidis@cityofchicago.org	Vendor Info: Name: Centers for Child and Family Health, Inc. Contact: Kristen Southworth Address: 1121 W. Chapel Hill St, #100, Durham, NC 27701 E-mail: Kristen.southworth@duke.edu Phone: 919-419-3474																																									
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DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

SCOPE OF WORK

Family Connects Program Implementation, Technical Assistance, and Training

Background

There is general agreement across the maternal child health service sector that Chicago's current large and complex system of prenatal and perinatal supports has many strengths but lacks coordination and does not serve at-risk families as efficiently and effectively as it could. This means that mothers, babies, and their families do not always have the support they need at critical times in their lives and development.

To address these limitations, the Chicago Department of Public Health (CDPH) embarked on a research and planning process that engaged expert stakeholders across sectors and communities in a conversation about how we might build a better system for serving Chicago families with newborns. These stakeholders identified a need for a universal perinatal referral system that can connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. After a review of existing perinatal support programs and evidence-based home visiting models, CDPH and its stakeholder partners concluded that Family Connects was the model that would best meet Chicago's needs. Family Connects is a universal postpartum nurse home visiting service with a coordinated perinatal referral system.

An extensive body of research emphasizes that the best results for dissemination of evidence-based practices are achieved when several key elements are included: 1) Leadership and organizational support for the new practice; 2) interactive learning sessions; 3) action periods between learning sessions for guided practice of new skills; and 4) consistent use of a manual for intervention, case-based consultation, mentoring, performance assessment, and fidelity monitoring. In a learning and mentoring model, the cascading knowledge and mentoring from external experts to local experts has several benefits for programs adopting the evidence-based practice. For Family Connects, utilizing this dissemination model would

- Promote local ownership and expertise toward sustainability;
- Preserve best practices as the Family Connects model reaches larger audiences;
- Limit the need for external experts to conduct larger-scale local training sessions, systematically replacing external experts with local leadership;
- Provide a monitoring structure for new programs to adopt standards to be certified as a Family Connects program; and
- Continue support for ongoing certification as a Family Connects Program.



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Services

The vendor will engage with CDPH and its pilot hospitals in the planning and implementation of the Family Connects model in a way that promotes local ownership, preserves best practices, limits the need for additional external experts, provides a monitoring structure to obtain Family Connects certification.

The vendor will provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and secure licenses to the Family Connects client database.

Services will include:

PHASE 1: PLANNING

Organizational Structure and Program Staffing

- Review of site program model including staffing requirements and reporting structure
- Coordinate planning meeting with CDPH team and partners, as appropriate
- Develop, in collaboration with CDPH and partners, a Site Implementation Plan for all core components of Family Connects program model with Chicago innovations

Hospital Engagement

- Provide guidance regarding administrative processes and initiation of home visits with birthing hospitals
- Engage and plan with local hospitals /birthing centers regarding client recruitment and data sharing

Community Alignment Process Development

- Finalize key community alignment processes and procedures
- Participate in meetings of Citywide advisory council and other key stakeholders to support planning for initial service delivery
- Continue guidance in integrating community resources into the Agency Finder the Family Connects® home visit data system tool for communities or use of an approved alternative
- Plan for engagement of health care providers
- Develop plan for training and support of regional community alignment boards

Data System

- Determine all data collection and reporting processes in support of program implementation and evaluation
- Provide licenses for the Family Connects data system and a plan for creating levels of permission and training for users

Funding Sustainability

- Consult on potential revenue sources to support and augment program operations
- Consult on development of a multi-year business plan to support sustainable implementation of the Family Connects model with each hospital.



DEPARTMENT OF PUBLIC HEALTH
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Communications Strategy / Plan Development

- Identify of local communications channels for deployment of education and outreach about Family Connects
- Create a written plan outlining proposed communications strategies and timeline
- Develop a plan for establishing and maintaining an online presence

Evaluation Planning

- Consultation by Family Connects Research and Evaluation staff regarding ongoing evaluation planning and preliminary results.
- Consult with evaluation team and CDPH in planning of implementation evaluation and planning for outcome evaluation
- Consult with evaluation team, CDPH and partners to identify reports and extract processes for evaluation, program monitoring, community alignment and quality improvement

Scaling Plan

- Development of a comprehensive multi-year scaling plan including timeline, funding, staffing, hiring, training, infrastructure and community alignment components
- Participate in planning with other community partners on development of a funding strategy to support scaling

PHASE 2: INSTALLATION

- Provide training and all clinical onboarding of Family Connects Chicago staff
- Support CDPH staff with subsequent training and onboarding of staff post certification
- Support resource development for family referrals
- Provide training for use of and documentation in the Family Connects data system, including refresher and new staff training and technical support for continued use of the system
- Provide continued license management for the data system
- Comprehensive training in the Family Connects model, with Chicago adaptations, including:
 - Nurse Home Visit (NHV) training including model adherence, cultural competency, and quality assurance processes as well as opportunity to observe in-person/virtual home visits
 - Use of the Family Support Matrix to assure inter-rater reliability
 - Post Visit Call (PVC) training including use of Family Support Matrix data, documentation for reporting, and quality assurance practices and procedures
 - Community Alignment training and supportive guidance regarding best practices in collaboration and data sharing as
- Provide resources and training for key areas of competence including safety in home visiting, assessment and mitigation of vicarious trauma, infant feeding, maternal mental health, domestic violence, trauma-informed care, reflective supervision practices and other competencies necessary to delivery of the Family Connects model
- Best practice support for client recruitment
- Supportive guidance for initiation of home visits
- Frequent consultation regarding model adherence and quality assurance



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- Frequent consultation regarding all components of model fidelity including data collection processes, outputs/key performance indicators and community alignment core components
- On-site or virtual fidelity checks by FCI staff including: observation and assessment/documentation of progress in implementing key program components
- Site visit report submitted with updated *Site Implementation Plan* as well as recommendations for ongoing operations and/or remediation steps necessary for full program operation

PHASE 3: IMPLEMENTATION

- Frequent consultation regarding home visit scheduling, adherence, and quality assurance components
- Frequent consultation with FCI staff regarding ongoing implementation of community alignment core components
- Monthly consultation regarding data collection processes and review of key performance indicators.
- On-site or virtual assessment by FCI staff to include:
 - observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
- On-site or virtual assessment report submitted with recommendations for initial certification and/or remediation steps necessary for initial certification

DATABASE LICENSE RENEWALS (biannually)

- Provision of Salesforce licenses to the Family Connects data system


Jennifer Vidis

Chief Program Officer/Deputy Commissioner



July 27, 2020

Jennifer Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis:

This letter confirms receipt, acceptance and agreement to the City of Chicago's standard terms and conditions in regard to the pending contract for Comprehensive Training and Technical Assistance for Family Connects Implementation and Initial Program Certification.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristen Southworth", is written over a horizontal line.

Kristen Southworth

Senior Business Manager

Center for Child & Family Health



July 28, 2020

Jen Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis:

It is my pleasure to present to the Chicago Department of Public Health our proposal for ***Comprehensive Training and Technical Assistance for Family Connects Implementation and Initial Program Certification***. The scope of services outlined herein comprises the key areas of work and activities to be provided by the faculty and staff at the Family Connects International Training Center housed within the Center for Child & Family Health in Durham, North Carolina. The scope of services are designed to support initial Family Connects implementation across multiple jurisdictions across the city of Chicago. In support of this goal, multiple domains of work will be accomplished throughout each year of the project.

These domains are:

PHASE 1: PLANNING

Organizational Structure & Program Staffing

- Review of site program model including staffing requirements and report structure
- Initiation and coordination of planning team meetings
- Collaborative development of an individualized Site Implementation Plan relative to the Critical Components of the Family Connects Model (mutual deliverable between CDPH and FCI)
- Guidance regarding administrative processes and initiation of home visits with birthing hospitals in person and/or virtual meetings* to

- Identification of local communications channels for deployment of education and outreach about Family Connects
- Planning document outlining proposed communications strategies, timeline, and budget
- Development of a plan for establishing and maintaining an online presence

Evaluation (to be continued through all phases):

- Monthly consultation with FCI Research and Evaluation staff regarding ongoing evaluation planning and preliminary results.
- Ad-hoc consultation with UIC evaluation team, CDPH, and City of Chicago, as required.
- Consultation with UIC, Rush and CDPH regarding processes for CDPH and Rush to extract FC data from Salesforce and create analysis datasets for use by UIC and guidance in analysis and planning regarding CQI activities team.

Scaling

- Development prior to the end of Year 2 of contract of a comprehensive multi-year scaling plan including timeline, funding, staffing, hiring, training, infrastructure and community alignment components to be developed in conjunction with FCI staff.

PHASE 2: INSTALLATION

- Prior to certification, all clinical onboarding will be completed by FCI.
- After Certification, CDPH recruit and provide initial FCI Overview training for all vacant positions at site, with consultation provided by Family Connects International.
- Resource development for local operations (Agency Finder)
- Pre-service staff training/education regarding areas of possible family difficulty including infant feeding, maternal mental health, maternal mental health, domestic violence, trauma-informed care, etc.
- Pre-service staff training regarding key areas of competence including safety in home visiting, assessment and mitigation of vicarious trauma, and reflective supervision practices employed in the Family Connects model.
- Documentation (database) training:
 - Refresher database training for already oriented nurses
 - Database training for any newly on boarded site staff
 - Technical support for continued use of FC Salesforce database
 - Continued Salesforce license management
- Family Connects Orientation (to be held at a designated Center of Excellence or online) that includes:

- On-site assessment by FCI staff to include:
 - observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
- On-site assessment report submitted with recommendations for initial certification and/or remediation steps necessary for initial certification

DATABASE LICENSE RENEWALS (biannually)

- Provision of Salesforce licenses to the Family Connects client record database

The budget for this two-year contract is **\$524,395** (\$262,197.50 per year) to cover costs associated with planning and implementation of the pilot and the development of scale-up plans in the city of Chicago over the next two years. Project activities will start on approximately September 1, 2020 and will conclude on August 30, 2022. There is an option to extend the contract for an additional 36 months. This price quotation is valid until September 30, 2022.

We appreciate the opportunity to partner with the city of Chicago and the Chicago Department of Public Health towards supporting all families with new babies with individualized supports to help them flourish and thrive.

Sincerely,



Kristen Southworth
Business Manager
The Center for Child & Family Health

FCI – Chicago Pilot (Phase 1)

Executive Summary: Family Connects International is seeking **\$481,195** (\$240,597.50 per year) to cover costs associated with planning and implementation of the FCI pilot and the development of scale-up plans in the city of Chicago over the next two years.¹ It is broken down into four categories: 1. Executive leadership and oversight; 2. Implementation; 3. Nurse training; and 4. Data and evaluation. The requests include funding to hire a part-time Director for Chicago Family Connects to oversee FCI work in the city and funding to support our WBE partner Sage Health Strategy.

Executive leadership/oversight (\$111,533)

To ensure execution of this large scale rollout of Family Connects within the city of Chicago this project will require a .5 FTE dedicated experienced project lead with the ability to continuously guide this project and to support the development of a comprehensive scale-up plan. The position would convert to a 1.0 FTE in years 3-5. This leader will be based in the Center for Child & Family Health in Durham but will spend a significant amount of time in Chicago both consulting with CDPH and other senior stakeholders and overseeing timely and quality execution of Family Connects deliverables. Family Connects would seek to hire an individual with both public policy and project management expertise to serve as the Family Connects Chicago “internal” Director (and an FCI Director would immediately take on this responsibility in the interim). The cost model and deliverables for this position are delineated below.

Additionally, and towards the objective of ensuring overall project execution with excellence, Family Connects International will require a % of time from leadership at both CCFH and CCFP to oversee various aspects of the work. The roles and deliverables are delineated below.

- ✓ Consultation with CDPH on public funding including public and private insurance coverage
- ✓ Engagement as needed with public officials as a subject matter expert on the model to support ongoing education regarding implementation of Family Connects in the city of Chicago
- ✓ Ongoing development of detailed project management plan with continuous, management timeliness for quality assurance including troubleshooting, identification of root cause, and course correction
- ✓ Oversight of overall project budget including both internal budget and costs of local implementation
- ✓ Lead point of contact for all public entities in Chicago
- ✓ Oversight of ongoing data integration and research plans for timeliness of execution/troubleshooting
- ✓ Liaison with FCI Leadership and CDPH Leadership with ongoing reporting on project plan completion, milestones, and troubleshooting.

¹ ***This proposal does not include costs associated with Salesforce licenses needed for personnel or custom dashboards related to this contract. Chicago will be billed biannually to cover these costs separate from the contract.***

- ✓ Staffing plan
- ✓ Scaling and sustainability plans
- ✓ Communications strategy

Phase 2: Program Installation: Support staff and nurse training

- ✓ Local support staff and nurses are trained and implementing the model
- ✓ Agency Finder

Phase 3: Implementation: Activities include frequent consultation with FCI nurse trainers regarding scheduling, adherence, and quality assurance components; with FCI staff on community alignment core components and data collection processes, and additional on-site training support

- ✓ Continued site visits and fidelity checks/reports to local site implementation team

Data & Evaluation (\$14,298)

The Center for Child and Family Health will contract with the Center for Child & Family Policy at Duke University to support data system development and implementation evaluation for this Pilot initiative. Funds are budgeted to support FCI technical assistance and reporting. The cost model and deliverables are included below.

- ✓ Support Chicago in setting up its local instance of the data system and establishing role and security profiles for all members of the implementation team.
- ✓ Develop reports and dashboards in Salesforce to support data informed decision making by implementing communities and partners, as well as promote feedback loops with community service providers and leaders;
- ✓ Provide training and support in utilizing the Family Connects data system;
- ✓ Develop and maintain technical documentation describing reports available for site use, as well as documentation of all fields in the data system, including variable names, formats, and response options; and
- ✓ Consult with CDPH to support their ability to extract data from Salesforce for the purposes of creating Family Connects analysis datasets available for use by Family Connects evaluators and other implementing partners.

Licenses and custom dashboards for use of the Salesforce Platform to be billed separately

Nurse Training: (\$73,000)

Family Connects International will train nurses from the pilot, contingent on their hiring. FCI nurse trainers will provide guidance to sites regarding hiring process, job descriptions, and expected nursing competencies. The nurses in the Pilot will complete 8 to 12 hours of self-paced modules, three days of training where they will learn about the specific components of the integrated home visit, including understanding the Family Support Matrix, and documentation in the database. Additionally, they will observe and simulate Family Connects visits. There will be



July 15, 2020

Jennifer Vidis
Deputy Commissioner/
Chief Program Officer Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis,

This letter confirms that the pricing and quote dates provided in the proposal ***Comprehensive Training and Technical Assistance for Family Connects Implementation & Initial Program Certification (CTFC)*** are flexible and allow for initiation upon contract execution.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristen Southworth", with a horizontal line above it.

Kristen Southworth
Senior Business Manager
Center for Child & Family Health



July 27, 2020

Jennifer Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis:

This letter outlines the planning and in-person training requirements for certification as a Family Connects ® program.

We are so pleased that the Chicago Department of Public Health has chosen to support implementation of the Family Connects model in the city. As you know, Family Connects (<http://www.familyconnects.org>), is an evidence-based voluntary nurse home visiting program providing support to parents of every newborn in a community at low cost and with demonstrated positive return on investment. The model introduces all families to the local system of care and assesses each family's unique strengths and needs, ensuring they receive what they want and need regardless of demographic factors.

Key to the success within Family Connects is the expert delivery of a protocol based home visit, clinical assessment of infant and mother, systematic identification and nurse-directed brief intervention to address family needs and create appropriate and supportive connections for each family with community resources to provide longer term support in areas such as breastfeeding, child care planning, financial resources, parenting, and professional resources to cope with post-partum depression, domestic violence, substance abuse, or other issues.

The Center for Child and Family Health is the sole and exclusive provider of program planning, training and certification for the Family Connects model. Family Connects International (FCI), a program within the Center for Child and Family Health evolved out of Durham Connects, the original program that utilized the Family Connects model. The Family Connects International team has over a decade of experience implementing the Family Connects model, including their proprietary Family Support Matrix that is used during the nurse home visit to assess the risk and needs of families. As the Center for Child and Family Health is the sole provider of program planning, training and certification, it is the sole holder of comprehensive information and expertise on the implementation of the model. As the support arm for dissemination of the Family Connects model, the Center for Child and Family Health is also the holder of expertise in the successful replication of the model.

In order to ensure that programs across the country are able to implement the Family Connects model to achieve optimal program fidelity and to have a high degree of confidence that they will obtain outcomes consistent with those from the model's rigorous research, Family Connects International requires all communities to engage in a structured process of training and consultation delivered by Family Connects International staff. Family Connects International staff members provide expertise in community-based readiness assessment, program implementation and quality assurance allowing communities to achieve initial and ongoing program certification. Please feel free to let me know if you need additional information regarding the planning and training process or program certification requirement.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kristen Southworth', with a stylized, flowing script.

Kristen Southworth
Senior Business Manager
Center for Child & Family Health



Memorandum

RE: Request for a partial waiver regarding Minority Business Enterprise (MBE) Commitment, Veteran Business Enterprise (VBE) Commitment and Women Business Enterprise (WBE) Commitment for Commodities or Services

DATE: August 7, 2020

TO: Jennifer Vidis, Deputy Commissioner/Chief Program Officer, Chicago Department of Public Health

FROM: Kristen Southworth, Senior Business Manager, Family Connects, International, Center for Child & Family Health Inc.

The Center for Child and Family Health is the sole and exclusive provider of program planning, training and certification for the Family Connects model. Family Connects International (FCI), a program within the Center for Child and Family Health evolved out of Durham Connects, the original program that utilized the Family Connects model. The Family Connects International team has over a decade of experience implementing the Family Connects model, including their proprietary Family Support Matrix that is used during the nurse home visit to assess the risk and needs of families. As the Center for Child and Family Health is the sole provider of program planning, training and certification, it is the sole holder of comprehensive information and expertise on the implementation of the model. As the support arm for dissemination of the Family Connects model, the Center for Child and Family Health is also the holder of expertise in the successful replication of the model.

Sage Health Strategy for \$30,000 per year for two years (11.44% of the total contract each year) be deemed sufficient to meet all requirements.

Should additional information be required, please do not hesitate to reach out to our team.

A handwritten signature in black ink, appearing to read 'Kristen Southworth', written over a horizontal line.

Kristen Southworth

Senior Business Manager

Center for Child & Family Health

Section I: General Contract Information	
Department Name	Chicago Department of Public Health
Department Contact Name	Tonya Tucker
Department Contact Number	(312) 747-1199
Department Contact Email	Tonya.tucker@cityofchicago.org
Contract Number	Purchase Order PO No.
Contract Subject Name	Family Connect International
Contract Initiation Date	12/1/2020
Original Contract Amount	\$524,395
Original Contract Expiration Date	12/31/2022
Budgeted amount for current year	Estimated \$524,395
Year to date expenditure	\$0
Are funds <input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> TIF <input checked="" type="checkbox"/> Grant – Corporate	
What is the funding strip?	019-0U26-413047-0140-220140-PO4120105023-19QQ90
If contract modification or task request is approved, will department have enough funds to cover new expenditure?	Yes
If no, what is the plan to address the short fall?	Moneys will be available
Section II: Contract Modifications	
Complete this section if you are modifying the value of an existing contract.	
Contract Value Increase	
New total contract amount	
New contract expiration date	
Goods/services provided by this contract	Family Connect will use its unique model to coordinate and support the implementation of the Chicago child health system of prenatal and

	perinatal to serve at-risk families effectively and efficiently.
Justification of need to modify this contract	This is a new sole source contract that will go before the NCRB in September for review and approval
Impact of denial	The Chicago child health system will not be improved and as in the present many families at-risk may not receive followed up needed services, which may result in life threatening for these children.
Section III. Issue a Request for Services to a Master Consulting Agreement	
Complete this section if you want to issue a request for services to a Master Consulting Agreement	
Value of planned task order request	
Expiration date of planned task order request	
Scope of services	
Justification of need to issue request for services	
Impact of denial	
Section IV: Assessment of Office of Budget and Management Analyst	
Approve/Deny	APPROVED
OBM Analyst Initials	K.S.
OBM Analyst Name/number	KIEW STEELE



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

To: Shannon E. Andrews
Chief Procurement Officer
Department of Procurement Services

From: Allison Arwady, MD
Commissioner
Department of Public Health

A handwritten signature in black ink, appearing to read 'Allison Arwady'.

Date: July 28, 2020

RE: Non-Competitive Procurement Request; Center for Child and Family Health; Comprehensive Training and Technical Assistance for Family Connects Implementation and Program Certification

The Chicago Department of Public Health (CDPH) requests that the City enter into a non-competitive bid contract with the Center for Child and Family Health to receive technical assistance to implement Family Connects, a universal postpartum nurse home visiting service with a coordinated perinatal referral system.

Family Connects International, the developer and disseminator of the Family Connects model, is a program within the Center for Child and Family Health in collaboration with Duke University's Center for Child and Family Policy. This team holds over a decade of experience implementing the evidenced-based Family Connects model, which provides universal postpartum nurse home visits to conduct maternal and child health assessments and provide family support in the crucial early time period after an infant is born. Family Connects bridges the gap between families and community resources, and has been shown to improve family well-being, maternal health outcomes, infant health outcomes, and parenting behavior.

There is general agreement across the maternal child health service sector that Chicago's current large and complex system of perinatal supports includes many strong programs but lacks coordination and does not serve at-risk families as efficiently and effectively as it should. This means that mothers, babies, and their families do not always have the support they need at critical times in their lives and development.

To address these limitations, CDPH embarked on a research and planning process in Spring of 2018 that engaged expert stakeholders across sectors and communities in a conversation about how we might build a better system for serving Chicago families with newborns. In addition, a task force of the Chicago Early Learning Executive Committee was formed to interpret and translate the research findings into a blueprint for implementation of an evidence-based intervention. Throughout this process, CDPH



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SCOPE OF WORK

Family Connects Program Implementation, Technical Assistance, and Training

Background

There is general agreement across the maternal child health service sector that Chicago's current large and complex system of prenatal and perinatal supports has many strengths but lacks coordination and does not serve at-risk families as efficiently and effectively as it could. This means that mothers, babies, and their families do not always have the support they need at critical times in their lives and development.

To address these limitations, the Chicago Department of Public Health (CDPH) embarked on a research and planning process that engaged expert stakeholders across sectors and communities in a conversation about how we might build a better system for serving Chicago families with newborns. These stakeholders identified a need for a universal perinatal referral system that can connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. After a review of existing perinatal support programs and evidence-based home visiting models, CDPH and its stakeholder partners concluded that Family Connects was the model that would best meet Chicago's needs. Family Connects is a universal postpartum nurse home visiting service with a coordinated perinatal referral system.

An extensive body of research emphasizes that the best results for dissemination of evidence-based practices are achieved when several key elements are included: 1) Leadership and organizational support for the new practice; 2) interactive learning sessions; 3) action periods between learning sessions for guided practice of new skills; and 4) consistent use of a manual for intervention, case-based consultation, mentoring, performance assessment, and fidelity monitoring. In a learning and mentoring model, the cascading knowledge and mentoring from external experts to local experts has several benefits for programs adopting the evidence-based practice. For Family Connects, utilizing this dissemination model would

- Promote local ownership and expertise toward sustainability;
- Preserve best practices as the Family Connects model reaches larger audiences;
- Limit the need for external experts to conduct larger-scale local training sessions, systematically replacing external experts with local leadership;
- Provide a monitoring structure for new programs to adopt standards to be certified as a Family Connects program; and
- Continue support for ongoing certification as a Family Connects Program.



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considered opportunities for leveraging our current resources and workforce of experienced home visiting nurses to meet the expectations of our primary funder, the Illinois Department of Public Health, that we address maternal child health outcomes at a population level.

The task force identified a need for a universal perinatal referral system that can connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. CDPH sought three additional criteria for this system. First, to increase the reach of the service—recognizing barriers to asking families to travel for appointments—and recognizing the importance of observing a family’s home to fully understand their needs, the system needed to include home visits. Second, the home visiting model must be evidence-based to ensure effective service delivery to Chicago’s families and to ensure effective use of the City’s resources. Third, to fully address the priority of reducing adverse maternal and child health outcomes, the system needed to include maternal and child health assessments by a licensed healthcare professional like a registered nurse.

After a review of existing perinatal support programs and evidence-based home visiting models, CDPH and its partners concluded that Family Connects was the model that would best meet Chicago’s needs. The model is universal in reach; provides a relatively inexpensive, short-term intervention that has positive impacts on maternal and infant health as well as linkages to community services; leverages the role and resources of CDPH; and has potential for scaling citywide. More than a home visiting program, Family Connects has a robust community alignment function that engages the community in a structured feedback process that promotes the development of a coordinated system of supports. Furthermore, Family Connects is the only HHS-reviewed evidence-based model that is universal while also having a positive impact on child health, maternal health, and linkages to services.

The Center for Child and Family Health is the sole holder of expertise on implementation of the Family Connects model and the sole provider of Family Connects implementation training and support, program certification, and access to the proprietary home visit protocols and client database. Therefore, the only way to implement Family Connects in Chicago would be to contract with the Center for Child and Family Health.

To meet the needs of Chicago’s families and work towards improving maternal and child health in the city, CDPH requests that a non-competitive bid contract with the Center for Child and Family Health be approved.

The estimated total cost is \$524,395 for a proposed 2-year term. The contract would include an option for 3 one-year renewals.

Thank you for your consideration and assistance in this matter.



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Services

The vendor will engage with CDPH and its pilot hospitals in the planning and implementation of the Family Connects model in a way that promotes local ownership, preserves best practices, limits the need for additional external experts, provides a monitoring structure to obtain Family Connects certification.

The vendor will provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and secure licenses to the Family Connects client database.

Services will include:

PHASE 1: PLANNING

Organizational Structure and Program Staffing

- Review of site program model including staffing requirements and reporting structure
- Coordinate planning meeting with CDPH team and partners, as appropriate
- Develop, in collaboration with CDPH and partners, a Site Implementation Plan for all core components of Family Connects program model with Chicago innovations

Hospital Engagement

- Provide guidance regarding administrative processes and initiation of home visits with birthing hospitals
- Engage and plan with local hospitals /birthing centers regarding client recruitment and data sharing

Community Alignment Process Development

- Finalize key community alignment processes and procedures
- Participate in meetings of Citywide advisory council and other key stakeholders to support planning for initial service delivery
- Continue guidance in integrating community resources into the Agency Finder the Family Connects® home visit data system tool for communities or use of an approved alternative
- Plan for engagement of health care providers
- Develop plan for training and support of regional community alignment boards

Data System

- Determine all data collection and reporting processes in support of program implementation and evaluation
- Provide licenses for the Family Connects data system and a plan for creating levels of permission and training for users

Funding Sustainability

- Consult on potential revenue sources to support and augment program operations
- Consult on development of a multi-year business plan to support sustainable implementation of the Family Connects model with each hospital.



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Communications Strategy / Plan Development

- Identify of local communications channels for deployment of education and outreach about Family Connects
- Create a written plan outlining proposed communications strategies and timeline
- Develop a plan for establishing and maintaining an online presence

Evaluation Planning

- Consultation by Family Connects Research and Evaluation staff regarding ongoing evaluation planning and preliminary results.
- Consult with evaluation team and CDPH in planning of implementation evaluation and planning for outcome evaluation
- Consult with evaluation team, CDPH and partners to identify reports and extract processes for evaluation, program monitoring, community alignment and quality improvement

Scaling Plan

- Development of a comprehensive multi-year scaling plan including timeline, funding, staffing, hiring, training, infrastructure and community alignment components
- Participate in planning with other community partners on development of a funding strategy to support scaling

PHASE 2: INSTALLATION

- Provide training and all clinical onboarding of Family Connects Chicago staff
- Support CDPH staff with subsequent training and onboarding of staff post certification
- Support resource development for family referrals
- Provide training for use of and documentation in the Family Connects data system, including refresher and new staff training and technical support for continued use of the system
- Provide continued license management for the data system
- Comprehensive training in the Family Connects model, with Chicago adaptations, including:
 - Nurse Home Visit (NHV) training including model adherence, cultural competency, and quality assurance processes as well as opportunity to observe in-person/virtual home visits
 - Use of the Family Support Matrix to assure inter-rater reliability
 - Post Visit Call (PVC) training including use of Family Support Matrix data, documentation for reporting, and quality assurance practices and procedures
 - Community Alignment training and supportive guidance regarding best practices in collaboration and data sharing as
- Provide resources and training for key areas of competence including safety in home visiting, assessment and mitigation of vicarious trauma, infant feeding, maternal mental health, domestic violence, trauma-informed care, reflective supervision practices and other competencies necessary to delivery of the Family Connects model
- Best practice support for client recruitment
- Supportive guidance for initiation of home visits
- Frequent consultation regarding model adherence and quality assurance



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CITY OF CHICAGO

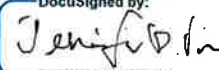
- Frequent consultation regarding all components of model fidelity including data collection processes, outputs/key performance indicators and community alignment core components
- On-site or virtual fidelity checks by FCI staff including: observation and assessment/documentation of progress in implementing key program components
- Site visit report submitted with updated *Site Implementation Plan* as well as recommendations for ongoing operations and/or remediation steps necessary for full program operation

PHASE 3: IMPLEMENTATION

- Frequent consultation regarding home visit scheduling, adherence, and quality assurance components
- Frequent consultation with FCI staff regarding ongoing implementation of community alignment core components
- Monthly consultation regarding data collection processes and review of key performance indicators.
- On-site or virtual assessment by FCI staff to include:
 - observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
- On-site or virtual assessment report submitted with recommendations for initial certification and/or remediation steps necessary for initial certification

DATABASE LICENSE RENEWALS (biannually)

- Provision of Salesforce licenses to the Family Connects data system

DocuSigned by:

B68EF2C9A1DD431...

Jennifer Vidis

Chief Program Officer/Deputy Commissioner



July 14, 2020

Ms. Sandra Bivens
Executive Director
51st Street Business
220 E. 51st Street
Chicago, IL 60615

SENT VIA EMAIL WITH DELIVERY RECEIPT AND READ RECEIPT REQUESTED

Dear Ms. Bivens:

The Center for Child & Family Health intends to submit a proposal in response to a request from the Chicago Department of Public Health to provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and provide licenses to the Family Connects client database. This is intended as a non-competitive procurement due to the designation of the Center for Child & Family Health as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Training and technical assistance regarding the engagement of key health system decision makers in final program planning initiatives,
- Development of core messaging for these stakeholders specific to the Chicago system of care, and
- Training for the use of a customized Salesforce platform for project implementation reporting.

Our efforts to identify potential subcontractors certified by the City of Chicago have not been fully successful. We identified a WBE certified agency to assist in delivering the first two deliverables listed and due to the inability to identify an appropriate MBE or VBE firm certified by the City of Chicago County to participate as a subcontractor or joint venture partner, a request for a partial waiver of the contract goals will be submitted. If you are aware of such a firm, please contact me within ten (10) working days of receipt of this letter.

Under the City of Chicago's MBE/WBE/DBE/VBE Ordinance, your agency is entitled to comment upon this waiver request to the City of Chicago. Written comments may be directed within ten (10) working days of your receipt of this letter to:

Monica Jiminez, Deputy Procurement Officer
Department of Procurement Services
City of Chicago
121 North La Salle Street, Room 806
Chicago, IL 60602



Sincerely,

Kristen Southworth

Kristen Southworth
Senior Business Manager
Center for Child & Family Health

Cc: Jennifer Vidis



July 28, 2020

Jen Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis:

It is my pleasure to present to the Chicago Department of Public Health our proposal for ***Comprehensive Training and Technical Assistance for Family Connects Implementation and Initial Program Certification***. The scope of services outlined herein comprises the key areas of work and activities to be provided by the faculty and staff at the Family Connects International Training Center housed within the Center for Child & Family Health in Durham, North Carolina. The scope of services are designed to support initial Family Connects implementation across multiple jurisdictions across the city of Chicago. In support of this goal, multiple domains of work will be accomplished throughout each year of the project.

These domains are:

PHASE 1: PLANNING

Organizational Structure & Program Staffing

- Review of site program model including staffing requirements and report structure
- Initiation and coordination of planning team meetings
- Collaborative development of an individualized Site Implementation Plan relative to the Critical Components of the Family Connects Model (mutual deliverable between CDPH and FCI)
- Guidance regarding administrative processes and initiation of home visits with birthing hospitals in person and/or virtual meetings* to

support hospital engagement, operational planning, and community engagement support.

- Monthly cohort calls with implementation specialist and other FC sites in this phase of development

Community Alignment Process Development

- Qualitative data collection related to system of care and resources (e.g., focus groups, intercept interviews, process mapping, etc.)
- Finalization of key community alignment processes and procedures (e.g., staffing, data collection, stakeholder participation plans, etc.)
- Coordinated meetings of key stakeholders to support planning for initial service delivery
- Engagement and planning with local hospital systems /birthing centers regarding client recruitment and data sharing
- Continued guidance in integrating community resources into the Agency Finder the Family Connects® home visit data system tool for communities, or use of an approved alternative
- Facilitating Sage Health Strategy subcontract to engage providers
- Community Alignment continued training and support provided via individual consultation and collaborative cohort meetings

Data System Plan

- Determination of all data collection and reporting processes in support of locally determined key performance indicators relative to program implementation and child and family wellbeing.
- Determination of all data collection and reporting processes in support of mandated program reporting for identified key performance indicators relative to program implementation, as well as submission of de-identified client-level data for program monitoring and evaluation. *(NOTE: Any research or evaluation study initiated by CDPH must be approved by Family Connects International in advance of activity and in writing.)*
- CDPH to provide Family Connects International with an estimate on number of Salesforce licenses needed for its use at site, (e.g. nurses, community alignment specialists, and program staff)

Funding Sustainability Planning

- Exploration of revenue streams to support program operations (e.g., Medicaid, Smart Start, MIECHV, Title V, Education, Philanthropy)
- Consultation to support CDPH in development of a 3-year business plan for to support ongoing program operations to allow sustainable implementation of the Family Connects model with each hospital.

Communications Strategy / Plan Development

- Identification of local communications channels for deployment of education and outreach about Family Connects
- Planning document outlining proposed communications strategies, timeline, and budget
- Development of a plan for establishing and maintaining an online presence

Evaluation (to be continued through all phases):

- Monthly consultation with FCI Research and Evaluation staff regarding ongoing evaluation planning and preliminary results.
- Ad-hoc consultation with UIC evaluation team, CDPH, and City of Chicago, as required.
- Consultation with UIC, Rush and CDPH regarding processes for CDPH and Rush to extract FC data from Salesforce and create analysis datasets for use by UIC and guidance in analysis and planning regarding CQI activities team.

Scaling

- Development prior to the end of Year 2 of contract of a comprehensive multi-year scaling plan including timeline, funding, staffing, hiring, training, infrastructure and community alignment components to be developed in conjunction with FCI staff.

PHASE 2: INSTALLATION

- Prior to certification, all clinical onboarding will be completed by FCI.
- After Certification, CDPH recruit and provide initial FCI Overview training for all vacant positions at site, with consultation provided by Family Connects International.
- Resource development for local operations (Agency Finder)
- Pre-service staff training/education regarding areas of possible family difficulty including infant feeding, maternal mental health, maternal mental health, domestic violence, trauma-informed care, etc.
- Pre-service staff training regarding key areas of competence including safety in home visiting, assessment and mitigation of vicarious trauma, and reflective supervision practices employed in the Family Connects model.
- Documentation (database) training:
 - Refresher database training for already oriented nurses
 - Database training for any newly on boarded site staff
 - Technical support for continued use of FC Salesforce database
 - Continued Salesforce license management
- Family Connects Orientation (to be held at a designated Center of Excellence or online) that includes:

- Nurse Home Visit (NHV) training including model adherence, cultural competency, and quality assurance processes as well as opportunity to observe in-person home visits and program operations
- Family Support Matrix training including use of the matrix within the FC high inference interview methodology and program operations to assure inter-rater reliability among nurse home visiting (NHV) staff
- Post Visit Call (PVC) training including use of Family Support Matrix data, documentation for reporting, and quality assurance practices and procedures
- Community Alignment training and supportive guidance regarding best practices in collaboration and data sharing as implemented in other similar implementation sites along with development of site-specific processes and procedures
- Initiation of client recruitment
- Initiation of FC home visits with supportive guidance from FCI staff and consultants
- Quarterly consultation with FCI Nurse Trainer(s) regarding model adherence and quality assurance components for all home visits conducted during this phase
- Frequent consultation with FCI staff and consultants regarding all components of model fidelity including data collection processes, outputs/key performance indicators and community alignment core components
- On-site fidelity checks by FCI staff including: observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
- Site visit report submitted with updated *Site Implementation Plan* as well as recommendations for ongoing operations and/or remediation steps necessary for full program operation
- Monthly cohort meetings with the FCI team and other FC communities

PHASE 3: IMPLEMENTATION

- Quarterly reviews with FCI Nurse Trainer(s) regarding adherence to fidelity and quality assurance components
- Monthly consultation with FCI staff regarding ongoing implementation of community alignment core components via cohort meetings
- Monthly consultation with FCI staff and consultants regarding data collection processes and outputs/key performance indicators
- Monthly submission and review of key performance indicators.
- On-site assessment of key organizational and community alignment processes with written recommendations as needed

- On-site assessment by FCI staff to include:
 - observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
- On-site assessment report submitted with recommendations for initial certification and/or remediation steps necessary for initial certification

DATABASE LICENSE RENEWALS (biannually)

- Provision of Salesforce licenses to the Family Connects client record database

The budget for this two-year contract is **\$524,395** (\$262,197.50 per year) to cover costs associated with planning and implementation of the pilot and the development of scale-up plans in the city of Chicago over the next two years. Project activities will start on approximately September 1, 2020 and will conclude on August 30, 2022. There is an option to extend the contract for an additional 36 months. This price quotation is valid until September 30, 2022.

We appreciate the opportunity to partner with the city of Chicago and the Chicago Department of Public Health towards supporting all families with new babies with individualized supports to help them flourish and thrive.

Sincerely,



Kristen Southworth
Business Manager
The Center for Child & Family Health

FCI – Chicago Pilot (Phase 1)

Executive Summary: Family Connects International is seeking **\$524,395** (\$262,197.50 per year) to cover costs associated with planning and implementation of the FCI pilot and the development of scale-up plans in the city of Chicago over the next two years. It is broken down into four categories: 1. Executive leadership and oversight; 2. Implementation; 3. Nurse training; and 4. Data and evaluation. The requests include funding to hire a part-time Director for Chicago Family Connects to oversee FCI work in the city and funding to support our WBE partner Sage Health Strategy.

Executive leadership/oversight (\$111,533)

To ensure execution of this large scale rollout of Family Connects within the city of Chicago this project will require a .5 FTE dedicated experienced project lead with the ability to continuously guide this project and to support the development of a comprehensive scale-up plan. The position would convert to a 1.0 FTE in years 3-5. This leader will be based in the Center for Child & Family Health in Durham but will spend a significant amount of time in Chicago both consulting with CDPH and other senior stakeholders and overseeing timely and quality execution of Family Connects deliverables. Family Connects would seek to hire an individual with both public policy and project management expertise to serve as the Family Connects Chicago “internal” Director (and an FCI Director would immediately take on this responsibility in the interim). The cost model and deliverables for this position are delineated below.

Additionally, and towards the objective of ensuring overall project execution with excellence, Family Connects International will require a % of time from leadership at both CCFH and CCFP to oversee various aspects of the work. The roles and deliverables are delineated below.

- ✓ Consultation with CDPH on public funding including public and private insurance coverage
- ✓ Engagement as needed with public officials as a subject matter expert on the model to support ongoing education regarding implementation of Family Connects in the city of Chicago
- ✓ Ongoing development of detailed project management plan with continuous, management timeliness for quality assurance including troubleshooting, identification of root cause, and course correction
- ✓ Oversight of overall project budget including both internal budget and costs of local implementation
- ✓ Lead point of contact for all public entities in Chicago
- ✓ Oversight of ongoing data integration and research plans for timeliness of execution/troubleshooting
- ✓ Liaison with FCI Leadership and CDPH Leadership with ongoing reporting on project plan completion, milestones, and troubleshooting.
- ✓ Provide expert testimony as needed in legislative work sessions
- ✓ Partner in engagement with early childhood stakeholders
- ✓ Support dialogue regarding sustainability

For overall FCI Executive Leadership involvement as anticipated to support the Family Connects Chicago Director:

- ✓ Manage ongoing contracting processes between multiple parties
- ✓ Fiscal management of Chicago rollout including staffing, expenses, database subcontracting, and deliverables
- ✓ Medical Director oversight for ongoing clinical skill building and clinical support of Chicago nurses
- ✓ Consultation regarding testimony, health policy, Medicaid reimbursement, engagement with commercial insurers and other interactions with public officials
- ✓ Overall dissemination oversight, continuous quality improvement, and advising regarding implementation and scaling plans and community alignment processes
- ✓ Actively seeking opportunities to connect the Chicago work to private foundation opportunities/interactions and national partners
- ✓ Pro-bono advising of Family Connects founder Dr. Kenneth Dodge regarding implementation and evaluation

Expenses:

Partial salaries/fringe for: (\$108,272 over a 2 year period)

<i>Family Connects Chicago Director</i>	<i>50%</i>
<i>CCFH Budget manager</i>	<i>1.3%</i>
<i>CCFH Medical Director</i>	<i>1.3%</i>
<i>Acting Director of Dissemination</i>	<i>1.3%</i>
<i>National Director of Programs</i>	<i>1.3%</i>
<i>Managing Director</i>	<i>1.3%</i>
<i>Director of Policy & Engagement</i>	<i>1.3%</i>
<i>Director of Research & Evaluation</i>	<i>1.3%</i>
<i>Director of Communications</i>	<i>1.3%</i>

Estimated costs for three 3 day trips to Chicago in Y2 [3 trips (3 days x \$229 (est per diem rate) + \$400 airfare)] = \$3,261

Implementation (\$152,165)

Family Connects will provide implementation oversight for this pilot; this oversight includes community alignment and implementation support. Personnel will support community alignment activities, such as data collection, creating stakeholder participation plans, community relationship building, development of a community agency finder, and setting-up community advisory boards. They will also support sites in organizational structure development, program staffing planning, data system integration, and budget modeling. Personnel will also provide general troubleshooting support throughout the planning and implementation process, as well as liaising with Sage Health Strategy staff on provider engagement activities and the creation of a scale-up plan.

Family Connects International follows a phased planning and implementation model. This process includes four phases; however, we project that this pilot will move through phase three during this 24-month contract. The following steps and key activities represent the combined efforts of Family Connects International, CDPH, and local stakeholders.

Phase 1: Planning: Identifying the Site Implementation Team, initiating planning team meeting, development of the Site Implementation Plan, community alignment process development, data system plan, organizational structure and program staffing, and scaling and sustainability planning

- ✓ Site Implementation Plan
- ✓ Staffing plan
- ✓ Scaling and sustainability plans
- ✓ Communications strategy
- ✓ Participation in the Planning Cohort Group

Phase 2: Program Installation: Support staff and nurse training

- ✓ Local support staff and nurses are trained and implementing the model
- ✓ Agency Finder
- ✓ Participation in the Installation Cohort Group

Phase 3: Implementation: Activities include frequent consultation with FCI nurse trainers regarding scheduling, adherence, and quality assurance components; with FCI staff on community alignment core components and data collection processes, and additional on-site training support

- ✓ Continued site visits and fidelity checks/reports to local site implementation team
- ✓ Participation in the Implementation Cohort Group

Expenses:

Partial salaries/fringe for: (\$140,208 over a 2 year period)

<i>Acting Director for Community Alignment Innovation</i>	<i>35%</i>
<i>Implementation Specialist</i>	<i>50%</i>

Estimated costs for eleven 3 day trips to Chicago [11 trips (3 days x \$229 (est per diem rate) + \$400 airfare)] = \$11,957

Data & Evaluation (\$14,298)

The Center for Child and Family Health will contract with the Center for Child & Family Policy at Duke University to support data system development and implementation evaluation for this Pilot initiative. Funds are budgeted to support FCI technical assistance and reporting. The cost model and deliverables are included below.

- ✓ Support Chicago in setting up its local instance of the data system and establishing role and security profiles for all members of the implementation team.
- ✓ Develop reports and dashboards in Salesforce to support data informed decision making by implementing communities and partners, as well as promote feedback loops with community service providers and leaders;
- ✓ Provide training and support in utilizing the Family Connects data system;
- ✓ Develop and maintain technical documentation describing reports available for site use, as well as documentation of all fields in the data system, including variable names, formats, and response options; and
- ✓ Consult with CDPH to support their ability to extract data from Salesforce for the purposes of creating Family Connects analysis datasets available for use by Family Connects evaluators and other implementing partners.

Expenses:

Partial salaries/fringe for: (\$14,298 over a 2 year period)

<i>Database Analyst</i>	<i>1.3%</i>
<i>Data Programmer (x2)</i>	<i>1.3% (for each programmer)</i>
<i>Data & Site Development Specialist</i>	<i>5%</i>

Nurse Training (\$73,000)

Family Connects International will train nurses from the pilot, contingent on their hiring. FCI nurse trainers will provide guidance to sites regarding hiring process, job descriptions, and expected nursing competencies. The nurses in the Pilot will complete 8 to 12 hours of self-paced modules, three days of training where they will learn about the specific components of the integrated home visit, including understanding the Family Support Matrix, and documentation in the database. Additionally, they will observe and simulate Family Connects visits. There will be specific education provided for the nursing supervisors for each team. About 6-8 weeks after the nurses begin to see families in their sites in Chicago, FCI nurse trainers will travel to conduct site visits to ensure model fidelity at each site. FCI nurse trainers will then provide continued support for sites (both in person and virtually) through the credentialing process.

Any additional nurses will be trained through FCI until the site is certified. At that time, they will be trained by their site with the consultation of an FCI trainer.

- ✓ FCI will support sites with guidance around hiring nurses, including discussion of job descriptions and core competencies for the pilot
- ✓ Nurses will complete FCI training, to include refresher training for nurses previously implementing the FC model
- ✓ Nurses will complete site fidelity visits in Chicago under supervision of FCI

Expenses:

Partial salaries/fringe for:



Acting Director for Nursing

\$58,652 (total for 2 years)

Estimated costs for four 3 day trips to Chicago [4 trips (3 days x \$229 (est per diem rate) + \$400 airfare)] = \$4,348

Estimated costs for training up to 12 new nurses (does not include costs associated with nurse travel, per diem, etc) \$5,000 per unit of 6 nurses = \$10,000

<i>Subtotal</i>	<i>\$350,996</i>
<i>Indirects @ 20%</i>	<i>\$70,199</i>
<i>Subaward to Sage Health Strategy</i>	<i>\$60,000</i>
<i>Estimated Salesforce licenses 2 years x (50 users x \$432 per year)</i>	<i>\$43,200</i>
<i>Grand total</i>	<i>\$524,395</i>



July 15, 2020

Jennifer Vidis
Deputy Commissioner/
Chief Program Officer Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis,

This letter confirms that the pricing and quote dates provided in the proposal ***Comprehensive Training and Technical Assistance for Family Connects Implementation & Initial Program Certification (CTFC)*** are flexible and allow for initiation upon contract execution.

Sincerely,

A handwritten signature in black ink that reads "Kristen Southworth".

Kristen Southworth
Senior Business Manager
Center for Child & Family Health



July 27, 2020

Jennifer Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis:

This letter outlines the planning and in-person training requirements for certification as a Family Connects ® program.

We are so pleased that the Chicago Department of Public Health has chosen to support implementation of the Family Connects model in the city. As you know, Family Connects (<http://www.familyconnects.org>), is an evidence-based voluntary nurse home visiting program providing support to parents of every newborn in a community at low cost and with demonstrated positive return on investment. The model introduces all families to the local system of care and assesses each family's unique strengths and needs, ensuring they receive what they want and need regardless of demographic factors.

Key to the success within Family Connects is the expert delivery of a protocol based home visit, clinical assessment of infant and mother, systematic identification and nurse-directed brief intervention to address family needs and create appropriate and supportive connections for each family with community resources to provide longer term support in areas such as breastfeeding, child care planning, financial resources, parenting, and professional resources to cope with post-partum depression, domestic violence, substance abuse, or other issues.

The Center for Child and Family Health is the sole and exclusive provider of program planning, training and certification for the Family Connects model. Family Connects International (FCI), a program within the Center for Child and Family Health evolved out of Durham Connects, the original program that utilized the Family Connects model. The Family Connects International team has over a decade of experience implementing the Family Connects model, including their proprietary Family Support Matrix that is used during the nurse home visit to assess the risk and needs of families. As the Center for Child and Family Health is the sole provider of program planning, training and certification, it is the sole holder of comprehensive information and expertise on the implementation of the model. As the support arm for dissemination of the Family Connects model, the Center for Child and Family Health is also the holder of expertise in the successful replication of the model.

In order to ensure that programs across the country are able to implement the Family Connects model to achieve optimal program fidelity and to have a high degree of confidence that they will obtain outcomes consistent with those from the model's rigorous research, Family Connects International requires all communities to engage in a structured process of training and consultation delivered by Family Connects International staff. Family Connects International staff members provide expertise in community-based readiness assessment, program implementation and quality assurance allowing communities to achieve initial and ongoing program certification. Please feel free to let me know if you need additional information regarding the planning and training process or program certification requirement.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Southworth".

Kristen Southworth
Senior Business Manager
Center for Child & Family Health



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

To: Shannon E. Andrews
Chief Procurement Officer
Department of Procurement Services

From: Allison Arwady, MD
Commissioner
Department of Public Health

A handwritten signature in black ink, appearing to read "Allison Arwady".

Date: July 28, 2020

RE: Concurrence with Vendor's Request for Partial MBE/WBE/VBE Waiver; Center for Child and Family Health; Comprehensive Training and Technical Assistance for Family Connects Implementation and Program Certification

The Chicago Department of Public Health (CDPH) is in receipt of a memorandum from The Center for Child and Family Health (CCFH) requesting a partial MBE/WBE/VBE waiver in connection with its proposal to deliver Comprehensive Training and Technical Assistance and Program Certification for the Family Connects program model. CDPH has reviewed CCFH's outreach and communication to multiple MBE/WBE/VBE assist agencies and is in concurrence with the waiver request pending review and approval by the Department of Procurement Services.

In its outreach, CCFH has identified a WBE-certified agency, Sage Health Strategy, and proposes their participation at 11.44%/per contract year, exceeding the 5% WBE requirement. CDPH understands that despite CCFH's additional outreach efforts to 6 MBE/VBE-certified assist agencies, it has been unsuccessful in identifying any additional MBE/VBE with the expertise necessary to support the training and certification processes of the Family Connects model. Therefore, CDPH concurs with CCFH's request for a partial waiver.

Thank you for your consideration.



Memorandum

RE: Request for a partial waiver regarding Minority Business Enterprise (MBE) Commitment, Veteran Business Enterprise (VBE) Commitment and Women Business Enterprise (WBE) Commitment for Commodities or Services

DATE: August 7, 2020

TO: Jennifer Vidis, Deputy Commissioner/Chief Program Officer, Chicago Department of Public Health

FROM: Kristen Southworth, Senior Business Manager, Family Connects, International, Center for Child & Family Health Inc.

The Center for Child and Family Health is the sole and exclusive provider of program planning, training and certification for the Family Connects model. Family Connects International (FCI), a program within the Center for Child and Family Health evolved out of Durham Connects, the original program that utilized the Family Connects model. The Family Connects International team has over a decade of experience implementing the Family Connects model, including their proprietary Family Support Matrix that is used during the nurse home visit to assess the risk and needs of families. As the Center for Child and Family Health is the sole provider of program planning, training and certification, it is the sole holder of comprehensive information and expertise on the implementation of the model. As the support arm for dissemination of the Family Connects model, the Center for Child and Family Health is also the holder of expertise in the successful replication of the model.

In light of the fact that Family Connects International (FCI) is the exclusive holder of the expertise to provide the services exclusive to their proprietary evidence-based model, FCI has made a good faith effort to comply with Article 6: Special Conditions Regarding Minority Business Enterprise (MBE) Commitment and Women Business Enterprise (WBE) Commitment for Commodities or Services, as well as the new requirements regarding Veteran Business Enterprise (VBE) Commitment through review of the City procurement policies and procedures, outreach to local agencies certified through this process, and examination of core training and certification processes that can be sub-contacted without infringing on the training and fidelity assessment standards that all Family Connects sites are held to in their certification process.

Efforts to identify core deliverables that can be completed by a local contractor with MBE or VBE certification have not been successful. FCI executed six requests to endorsed "Assist Agencies" to help identify potential certified MBE/VBE to achieve connection to and collaboration with appropriate MBE or VBE agencies as certified by the City. These requests were sent on July 14, 2020 with both Delivery and Read receipt confirmation. The six agencies included; 51 Street Business Association, Chicago Urban League, Chatham Business Association Small Business Development, Illinois State Black Chamber of Commerce, Latin American Chamber of Commerce, and South Shore Chamber, Inc. Only 51st Street Business Association provided the requested return delivery receipt, and no other contact was made from the remaining five agencies regarding the proposal.

In addition, we thoroughly scanned the vendor database for other potential vendors who would be a suitable match and were able to identify a single entity that could reasonably be ascertained to possess the skills and expertise to add value to the overall deliverables of this project. It was determined that this WBE certified agency, (Sage Health Strategy), possesses the skills and expertise to, through training from, coordination with and oversight from FCI faculty and staff, support a discrete number of

activities that will be completed as part of the community alignment component of the Family Connects model. These activities are essential to achieving local stakeholder engagement and community coordination requirements for the model as they relate to health systems, health providers and health plan participation. The scope of work for this engagement includes: systematic health provider /system/plan engagement in the community alignment process (planning through certification), development of a health care “dashboard” of key performance indicators to become part of standard operating process within CDPH and used to drive decisions within the program as well as augment current evaluation efforts, and support in the development of a scaling plan and revenue strategy (through exploration of commercial plan or Medicaid/managed care funding streams) for overall program operations during the two year pilot which includes development of a long-term scaling model by the end of year 2.

Consultation with Sage Health Strategy has revealed the work will cost \$30,000.00 per year and should be completed within two years. With an updated Family Connects International contract, this will amount to 11.44% of the total contract each year which is the required participation for a WBE vendor. Additionally, it will take additional effort from FCI to train, coach, assess, and oversee the WBE staff to be able to perform in their limited role.

Given the proprietary nature of our program, it's connection to rigorous research as an evidence-based model that requires delivery in accordance with the fidelity requirements that tie back to practices used during its rigorous research and the specific training and consultation needs required to support program certification, we are concurrently submitting this memorandum respectfully requesting a partial waiver of the MBE/VBE requirements be considered.

Specifically, we ask for waiver of the requirement to contract with local contractors with MBE and VBE certification and request that a contract with

Sage Health Strategy for \$30,000 per year for two years (11.44% of the total contract each year) be deemed sufficient to meet all requirements.

Should additional information be required, please do not hesitate to reach out to our team.

Kristen Southworth

Kristen Southworth
Senior Business Manager
Center for Child & Family Health

Client#: 1082351

20CENTECHI

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: McGriff Insurance Services, Post Office Box 13941, Durham, NC 27709, 919 281-4500. CONTACT NAME: Terrie Roberts, PHONE: 919 281-4500, FAX: 8887468761, E-MAIL ADDRESS: NCCertificateTeam@mcgriffinsurance.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Alliance of Nonprofits Ins RRG (NAIC # 10023), INSURER B: Key Risk Insurance Company (NAIC # 10885).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, Professional Liab, and Sexual Abuse.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is Additional Insured as required by written contract. Coverage is primary and non contributory and waiver of subrogation applies Umbrella is excess over Professional Liability and Abuse/Molestation Coverage

CERTIFICATE HOLDER: City of Chicago, Dept. of Procurement Services, 121 N. LaSalle Street, Room 806, Chicago, IL 60602. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Angela M. Briel



SCHEDULE D-1
Compliance Plan Regarding MBE/WBE Utilization
Affidavit of Prime Contractor

FOR
NON-CONSTRUCTION
PROJECTS ONLY

MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE D-1 WILL CAUSE THE BID TO BE REJECTED. DUPLICATE AS NEEDED.

Project Name: Comprehensive Training and Technical Assistance for Family Connects

Specification No.: _____

In connection with the above captioned contract, I HEREBY DECLARE AND AFFIRM that I am a duly authorized representative of Center for Child & Family Health Inc.
 (Name of Prime Consultant/Contractor)

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to achieve the MBE/WBE goals of this contract.

All MBE/WBE firms included in this plan have been certified as such by the City of Chicago and/or Cook County, Illinois (Letters of Certification Attached).

I. Direct Participation of MBE/WBE Firms:

NOTE: The bidder/proposer shall, in determining the manner of MBE/WBE participation, first consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services directly related to the performance of this contract.

A. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification, Schedule B form and a copy of Joint Venture Agreement clearly describing the role of each MBE/WBE firm(s) and its ownership interest in the joint venture.

B. Complete this section for each MBE/WBE Subcontractor/Supplier/Consultant participating on this contract:

1. Name of MBE/WBE: Sage Health Strategy
 Address: 205 West Randolph, #510, Chicago, IL 60606
 Contact Person: Elyse Forkosh-Cutler
 Phone Number: 312-391-1112
 Dollar Value of Participation \$ 60,000 over 2 years
 Percentage of Participation % 11.44
 Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed:¹ _____%
Total Participation % 11.44 each year
2. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____

¹ The Prime Contractor may claim an additional 0.333 percent participation credit (up to a maximum of five (5) percent) for every one (1) percent of the value of the contract performed by the MBE/WBE protégé firm.

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

3. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

4. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

5. Attach Additional Sheets as Needed

II. Indirect Participation of MBE/WBE Firms

NOTE: This section need not be completed if the MBE/WBE goals have been met through the direct participation outlined in Section I. If the MBE/WBE goals have not been met through direct participation, Contractor will be expected to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. Only after such a demonstration will indirect participation be considered.

MBE/WBE Subcontractors/Suppliers/Consultants proposed to perform work or supply goods or services where such performance does not directly relate to the performance of this contract:

1. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

2. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

3. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

4. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

5. Attach Additional Sheets as Needed

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

III. Summary of MBE/WBE Proposal

A. MBE Proposal (Direct & Indirect)

1. MBE Direct Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Direct MBE Participation		

2. MBE Indirect Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Indirect MBE Participation		

B. WBE Proposal (Direct & Indirect)

1. WBE Direct Participation

WBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Sage Health Strategy	\$30,000 per year	12.5% per year
Total Direct WBE Participation		

2. WBE Indirect Participation

WBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Indirect WBE Participation		

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

The Prime Contractor designates the following person as its MBE/WBE Liaison Officer:

Bessie Cooke Givens 919-419-3474

(Name- Please Print or Type) (Phone)

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, THAT NO MATERIAL FACTS HAVE BEEN OMITTED, AND THAT I AM AUTHORIZED ON BEHALF OF THE PRIME CONTRACTOR TO MAKE THIS AFFIDAVIT.

Center for Child & Family Health Inc.

(Name of Prime Contractor – Print or Type)

State of: North Carolina

Bessie Cooke Givens

(Signature)

County of: Durham

Bessie Cooke Givens, MPA

(Name/Title of Affiant – Print or Type)

08/25/2020

(Date)

On this 25th day of August, 2020, the above signed officer Bessie Cooke Givens
(Name of Affiant)

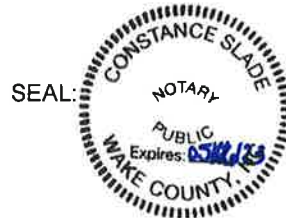
personally appeared and, known by me to be the person described in the foregoing Affidavit, acknowledged that (s)he executed the same in the capacity stated therein and for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

Constance Slade

(Notary Public Signature)

Commission Expires: 05/16/2023



Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
The Center For Child And Family Health, INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **501 (c)(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1121 West Chapel Hill Street Suite 100

6 City, state, and ZIP code
Durham, NC 27701-3080

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
5	8		1	4	4	6	3	0	9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 2/27/20
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Return Name: CENTER FOR CHILD AND FAMILY HEALTH, INC.

SSN: 581446309

Submission ID: 6982492020078sur6mns

Refund: 0

Status: Accepted

Status Date: 3/31/2020

Jurisdiction: Federal

Type: 990

Sub Type: Federal

Service Center: Unknown

Current Acknowledgement Detail

Acceptance Code: Accepted

Debt Code:

PIN Indicator:

Payment Ack: ---

Birth Date Validity: ---

Number of Errors: 0

Error Rejected Codes:

Ack Status Date: 3/31/2020

Expected Refund:: 0

EIC Indicator:

State-Only Code:

State Packet:

Status History

Created

Transmitted to EFC

Accepted

3/31/2020

3/31/2020

3/31/2020



July 27, 2020

Jennifer Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis:

This letter confirms receipt, acceptance and agreement to the City of Chicago's standard terms and conditions in regard to the pending contract for Comprehensive Training and Technical Assistance for Family Connects Implementation and Initial Program Certification.

Sincerely,

A handwritten signature in black ink that reads "Kristen Southworth".

Kristen Southworth
Senior Business Manager
Center for Child & Family Health

This page has been left blank intentionally.

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 7/1/2018, and ending 6/30/2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization CENTER FOR CHILD AND FAMILY HEALTH, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1121 W. CHAPEL HILL ST., SUITE 100
 City or town State ZIP code
Durham NC 27701
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 58-1446309

E Telephone number (919) 419-3474

F Name and address of principal officer:
ROBERT A. MURPHY 1121 W CHAPEL HILL ST., SUITE 100, DURHAM

G Gross receipts \$ 6,912,463

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CCFHNC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1981 **M** State of legal domicile: NC

H(c) Group exemption number ▶

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION PROVIDES SUPPORTIVE SERVICES TO REDUCE OR PREVENT CHILD ABUSE AND NEGLECT</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>16</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>16</u>
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	<u>76</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>10</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 38	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>7,199,082</u>	<u>6,302,305</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>598,260</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,967</u>	<u>1,299</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>7,211,220</u>	<u>6,912,463</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>5,126,766</u>	<u>5,204,970</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>193,195</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>2,021,225</u>	<u>1,851,565</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>7,147,991</u>	<u>7,056,535</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>63,229</u>	<u>-144,072</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>3,686,955</u>	<u>3,509,017</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>615,815</u>	<u>581,949</u>
		<u>3,071,140</u>	<u>2,927,068</u>

Part II Signature Block
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: ROBERT A. MURPHY Date: 3/19/2020
 EXECUTIVE DIRECTOR

Paid Preparer Use Only Print/Type preparer's name: Bryant D Byers Preparer's signature: _____ Date: 3/19/2020 Check if self-employed PTIN: P00117906
 Firm's name ▶ B. DANE BYERS, CPA, PLLC Firm's EIN ▶ 81-2425472
 Firm's address ▶ PO BOX BOX 110282, DURHAM, NC 27709 Phone no. 919-830-3863

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
PREVENT CHILD ABUSE AND NEGLECT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,418,857 including grants of \$) (Revenue \$ 6,900,565)
OFFER SUPPORTIVE SERVICES TO REDUCE OR PREVENT CHILD ABUSE AND NEGLECT. OFFER EDUCATION IN PARENTING AND TO INFORM THE PUBLIC ABOUT CHILD ABUSE AND NEGLECT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 6,418,857

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	76		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6	Did the organization have members or stockholders? 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? 8a	X	
b	Each committee with authority to act on behalf of the governing body? 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13	Did the organization have a written whistleblower policy? 13	X	
14	Did the organization have a written document retention and destruction policy? 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official 15a		X
b	Other officers or key employees of the organization 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 BESSIE COOKE GIVENS 919-419-3474
 1121 W. CHAPEL HILL ST. SUITE 100, DURHAM, NC 27701

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN FAIRBANK MEMBER	0.50 0.00	X								
(2) CAROL P. TRESOLINI TREASURER	0.50 0.00	X		X						
(3) MALIK C. EDWARDS MEMBER	0.50 0.00	X								
(4) CHERYL AMANA-BURRIS MEMBER	0.50 0.00	X								
(5) MARGARET DARDESS IMMEDIATE PAST CHAIR	0.50 0.00	X		X						
(6) MARY ANN FUCHS CHAIR	0.50 0.00	X		X						
(7) THEKLA PAPPAS MEMBER	0.50 0.00	X								
(8) LAURA HALL MEMBER	0.50 0.00	X								
(9) ALISA EDWARDS SMITH MEMBER	0.50 0.00	X								
(10) ROBERT MURPHY EXECUTIVE DIRECTOR	40.00 0.00	X					170,246		42,561	
(11) PAMELA S. GLEAN MEMBER	0.50 0.00	X								
(12) SOPHIA CAUDLE MEMBER	0.50 0.00	X								
(13) ANITA HOLT MEMBER	0.50 0.00	X								
(14) RONALD E. KEENEY MEMBER	0.50 0.00	X								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JENNIFER MCMILLAN RUBIN	0.50									
MEMBER	0.00	X								
(16) CRISTI HURT	0.50									
MEMBER	0.00	X								
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							170,246	0	42,561	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							170,246	0	42,561	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	5,804,305				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	498,000				
	g Noncash contributions included in lines 1a-1f: \$		0				
	h Total. Add lines 1a-1f			6,302,305			
Program Service Revenue	Business Code						
	2a MENTAL HEALTH CLINIC		624110	189,646	189,646		
	b FUNDRAISING DONATIONS - GIFTS		900099	408,614	408,614		
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
g Total. Add lines 2a-2f			598,260				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,299	1,299		
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses			0	0		
	c Gain or (loss)	0	0				
d Net gain or (loss)			0				
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a		0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities. See Part IV, line 19.	a		0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a		0				
	b Less: cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue			Business Code				
11a OTHER INCOME		900099	10,599	10,599			
b			0				
c			0				
d All other revenue			0				
e Total. Add lines 11a-11d			10,599				
12 Total revenue. See instructions			6,912,463	610,158	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	212,807	212,807	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	4,992,163	4,686,654	166,543	138,966
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	605,982	577,892	27,465	625
b	Legal	0			
c	Accounting	93,879	22,966	61,026	9,887
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	733	133		600
13	Office expenses	74,205	45,245	18,104	10,856
14	Information technology	120,896	83,870	18,860	18,166
15	Royalties	0			
16	Occupancy	359,017	316,856	35,517	6,644
17	Travel	138,826	130,751	624	7,451
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	86,335	0	86,335	0
23	Insurance	29,946	0	29,946	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MISCELLANEOUS	63		63	
b	PROGRAM AND PATIENT SUPPLIES	341,683	341,683		
c		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	7,056,535	6,418,857	444,483	193,195
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,695,074	1	2,349,036
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	598,445	4	525,625
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	39,742	9	99,252
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 741,299		
	b Less: accumulated depreciation	10b 206,195	353,694	10c 535,104
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,686,955	16	3,509,017	
Liabilities	17 Accounts payable and accrued expenses	615,815	17	581,949
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	615,815	26	581,949
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,071,140	27	2,927,068
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	0	29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	
33 Total net assets or fund balances	3,071,140	33	2,927,068	
34 Total liabilities and net assets/fund balances	3,686,955	34	3,509,017	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,912,463
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,056,535
3	Revenue less expenses. Subtract line 2 from line 1	3	-144,072
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,071,140
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,927,068

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTER FOR CHILD AND FAMILY HEALTH, INC.

Employer identification number

58-1446309

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations. 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,817,456	8,145,809	7,239,128	7,199,082	6,906,499	36,307,974
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	6,817,456	8,145,809	7,239,128	7,199,082	6,906,499	36,307,974
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						36,307,974

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	6,817,456	8,145,809	7,239,128	7,199,082	6,906,499	36,307,974
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	135	202	409	2,967	1,299	5,012
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	503	1,153,455	23,979	9,171	10,599	1,197,707
11 Total support. Add lines 7 through 10						37,510,693
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96.79%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
6 Total. Add lines 1 through 5.	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	0.00%
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	0.00%
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	0.00%

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a			
b	A family member of a person described in (a) above?		
11b			
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c			

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2			

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1			

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3			

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035.	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2018 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			0
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2014	0		
b Excess from 2015	0		
c Excess from 2016	0		
d Excess from 2017	0		
e Excess from 2018	0		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: CENTER FOR CHILD AND FAMILY HEALTH, INC. Employer identification number: 58-1446309

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?. 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?. 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	741,299	206,195	535,104
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				535,104

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

**Open to Public
Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CENTER FOR CHILD AND FAMILY HEALTH, INC.

58-1446309

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	ROBERT MURPHY						0	
1	EXECUTIVE DIRECTOR						0	
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTER FOR CHILD AND FAMILY HEALTH, INC.

Employer identification number

58-1446309

Form 990, Part I, Line 1: DESCRIPTION OF ORGANIZATION MISSION: OFFERING EDUCATION IN PARENTING

AND INFORMS THE PUBLIC ABOUT CHILD ABUSE AND NEGLECT

Form 990, Part VI, Section B, Line 11B: FORM 990 IS PROVIDED TO THE ORGANIZATION PRIOR TO

FILING WITH THE IRS. NO REVIEW WILL BE CONDUCTED.

Form 990, Part VI, Section B, Line 12C: OFFICERS, EMPLOYEES, AGENTS AND BOARD MEMBERS ARE

REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST WITH ANY VENDORS OR CONTRACTORS. IN

THE CASE OF A CONFLICT OF INTEREST THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE

BOARD OF DIRECTORS AND THAT PERSON SHALL NOT VOTE ON THAT MATTER. THE PERSON SHALL NOT

PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER AND SHALL NOT BE PRESENT

DURING THE VOTING. IF THERE IS A DOUBT TO WHETHER A CONFLICT EXISTS, THE MATTER SHALL BE

RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS. THE OFFICIAL MINUTES OF THE BOARD OF DIRECTORS

SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED PERSON WAS NOT

PRESENT DURING THE FINAL DISCUSSION AND VOTING OF THE MATTER.

Form 990, Part VI, Section C, Line 18: FORM 990 IS AVAILBLE UPON REQUEST.

Form 990, Part V, Section C, Line 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Form 990, Part XII, Line 2C: NO CHANGES WERE MADE FROM THE PRIOR YEAR

Name of the organization

Employer identification number

CENTER FOR CHILD AND FAMILY HEALTH, INC.

58-1446309

Area with horizontal dashed lines for additional information.

FCI Administrative Team Guide

Planning Phase



Program administrators provide overall program management for all components of the Family Connects (FC) model during implementation, including nurse visits, community alignment, data collection, data monitoring, and reporting. The FC site administrative team oversees and ensures completion of the following key milestones and/or deliverables of the Planning Phase before moving on to the Installation Phase, when additional hiring and training can begin. The administrative team must complete the following deliverables during this phase of FC implementation:

1. Initial Funding Worksheet and Budget Template
2. Initial Scaling Plan
3. Site-specific Staffing Plan
4. Community Alignment Plan
5. Communications Plan
6. Legal Agreement Preparation
7. Data Considerations
8. Recruitment Plan
9. Implementation Plan Roll-Up



Who is part of the site administrative team? Team members typically include: 1) an identified Program Administrator or Project Manager; 2) a clinical expert (usually a future Nursing Supervisor); 3) a data-savvy super user or someone to review site data reports; and 4) a Community Alignment Specialist. These team members may be identified and hired over the course of the planning and installation phases of the FC model. More information about these roles follows.

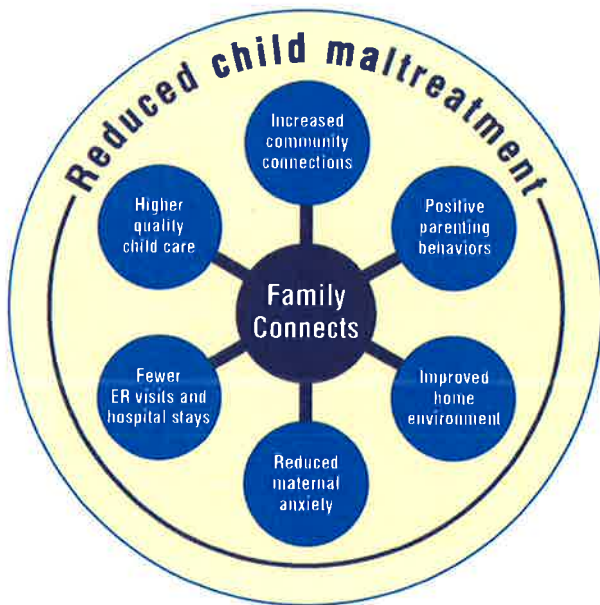
Family Connects: An overview of the evidence

The earliest months of human life are foundational for later development — including social, emotional, and brain development — with the physical and mental health of the parents playing a critical role. Too many families of newborn infants have unmet needs that keep them from achieving successful outcomes for their children, and most communities are not organized in ways that identify and serve these families effectively.

Family Connects International offers an evidence-based model that combines engagement and alignment of community service providers with short-term nurse home visiting beginning in the first month after birth. Family Connects is designed to be delivered to all families with newborns, voluntarily and free-of-charge.

Our aim is to create systems change at the population level — advancing the well-being of all infants and their families by ensuring they have a medical home and are provided with physical- and mental-health screenings, comprehensive assessments, and connections to community resources that support their individual family needs and preferences in the critical first months following birth.

An ongoing, randomized controlled trial of Family Connects published in *Pediatrics* and the *American Journal of Public Health* shows the model has positive affects for families in a number of key areas:



- Mothers were 28% less likely to report possible clinical anxiety.
- Mothers reported significantly more positive parenting behaviors, like hugging, comforting and reading to their infants.
- Mothers expressed increased sensitivity to, and acceptance of, their infants.
- Home environments were improved — safety is improved and the number of learning materials increased.
- Community connections increased by 15%.
- Families used higher quality child care.
- Child maltreatment is reduced.



Connecting every child to a healthy future

Impact on Child Emergency Medical Care

Infants had 50% fewer emergency room visits and hospital overnight stays in the first year of life. Fewer emergencies reduces the cost of health care. The study showed that:

At 6-months of age:

- **Every \$1 spent on the program resulted in a \$3.02 savings on emergency care for infants at age six months.**
 - Calculated per infant emergency medical costs using published rates = \$423 per ER visit and \$3,722 per hospital night
 - Average cost of emergency care for infants in control group = \$165 per ER visit and \$2456 in overnight costs
 - Average emergency medical costs for participating infants = \$165 per ER visit and \$372 in overnight costs
 - Program costs for Family Connects participants = \$500-700

At 24-months of age:

- **Every \$1 spent in program costs resulted in \$3.17 in savings through reductions in total child emergency medical costs billed through age 24 months.**
 - Calculated per infant emergency medical care costs using hospital billing records.
 - Total child emergency medical care billing costs reduced by \$2,217 per child between birth and 24 months
 - Average program costs for Family Connects participants remains the same = \$500-700

Supporting literature

Goodman, W.B., Dodge, K.A., O'Donnell, K.J., Murphy, R.A. (In review). Randomized controlled trial of *Durham Connects*: Effects on child emergency medical care.

Goodman, W.B., Bai, Y., Murphy, R.A., O'Donnell, K., & Dodge, K.A. (In prep). Impacts of universal postnatal home visiting on child maltreatment and emergency medical care through age 5 years.

Goodman, W.B., O'Donnell, K., Murphy, R.A., Dodge, K.A. (2018). Moving beyond program to population impact: Toward a universal early childhood system of care. *Journal of Family Theory & Review*, DOI:10.1111/jftr.12302.

Dodge, K.A. (2018). Toward population impact from early childhood psychological interventions. *American Psychologist*, 73 (9), 1117-1129.

Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting [Special Issue]. *American Journal of Public Health*, 104, S136-S143.

Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., & Sato, J. (2013). Randomized controlled trial evaluation of universal postnatal nurse home visiting: Impacts on child emergency medical care at age 12-months [Special Issue]. *Pediatrics*, 132, S140-S146.

Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J. (2013). Toward population impact from home visiting. *Zero to Three*, 33, 17-23.

Family Connects International is a program of the Center for Child and Family Policy and Sanford School of Public Policy at Duke University

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Revised Jan. 25, 2019



Family Connects System Manual: System Administrator

Version 1.0

(updated April 2019)

Mission Statement:

Family Connects International is committed to improving the health and well-being of children and families by bringing evidence-based solutions to every community, undertaking innovative research and evaluation, and engaging in public policy.

Family Connects International
Box 90539
Duke University
Durham, NC 27708
919-681-8504
familyconnects@duke.edu

www.familyconnects.org

This manual was developed for Family Connects International in collaboration with Asemio. It is intended to be used in conjunction with a number of training videos, also developed in collaboration with Asemio. Your Family Connects point person will share those links.

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Family Connects Salesforce Report Guide

Version 2.0
(Updated April 2019)

Mission Statement:

Family Connects International is committed to improving the health and well-being of children and families by bringing evidence-based solutions to every community, undertaking innovative research and evaluation, and engaging in public policy.

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Duke University
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Family Support Matrix Domains

Support for Health Care	1. Maternal Health
	2. Infant Health
	3. Health Care Plans
Support for Infant Care	4. Child Care Plans
	5. Parent-Child Relationship
	6. Management of Infant Crying
Support for a Safe Home	7. Household Safety/Material Supports
	8. Family and Community Safety
	9. History with Parenting Difficulties
Support for Parent(s)	10. Parent Well Being
	11. Substance Abuse in Household
	12. Parent Emotional Support

Each family is rated as:

1 = No family needs

2 = Needs addressed during visit

3 = Consistently recurrent needs

4 = Emergent intervention needed



COMMUNITY ALIGNMENT MANUAL

August 2019

Krysta Gougler-Reeves, MSW, MPH
Jessica McCoppin, MPH
Jeff Quinn, MPH

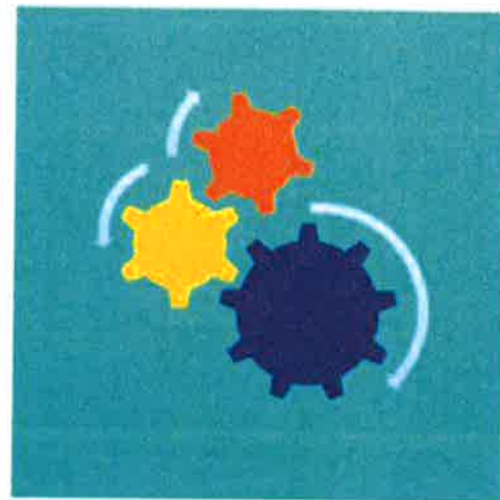
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Family Connects Program Manual

Program developers:

Karen O'Donnell, PhD

Robert A. Murphy, PhD

Kenneth A. Dodge, PhD

