

**State of Missouri
Children's Trust Fund
Contractual Service Agreement Renewal
Child Abuse Prevention Projects
FY 2026**

The contractual service agreement renewal is between the Children's Trust Fund, hereinafter referred to as CTF, and the City of Columbia on behalf of the Boone County Department of Public Health and Human Services, P.O. Box 6015/1005 W. Worley St., Columbia, MO 65203, hereinafter referred to as the Provider.

WHEREAS, CTF is authorized under section 210.172(3)(a) RSMo., to enter into contracts with public or private agencies, schools, or qualified individuals to establish community-based educational and service programs designed to prevent or alleviate child abuse or neglect;

WHEREAS, CTF originally awarded a contract to the provider in State Fiscal Year (FY) 2023, for child abuse prevention programming as described in the original application for funding;

WHEREAS, the Provider has the expertise and ability to perform the services outlined in the approved FY 2026 grant renewal application (Attachment 1); and

NOW, THEREFORE, and in consideration of the mutual promises, terms and conditions stated herein, the Parties do now AGREE as follows:

- Contract Renewal Period: Contract number CTF-CI-2302 is renewed for a period of twelve (12) months beginning on July 1, 2025, and ending June 30, 2026, at which time the contract will terminate.
- Maximum Cost: The maximum cost of this contract agreement renewal shall not exceed \$128,850.00.
- Final Invoice: The final invoice will be submitted to CTF no later than June 15, 2026, and may include predictable project expenses through June 30, 2026.
- Data collection: Project data collection will include all forms required by CTF data collection (Attachment 2) in addition to any forms used to capture project-specific data elements.
- CQI: Provider understands that they are responsible for 1) training their data collection partners on project data collection and use of REDCap for reporting; 2) performing regular (e.g., quarterly) quality assurance reviews of data reported in the site's REDCap project; and 3) facilitating continuous improvement of data quality and any project-specific metrics.
- Reporting: Provider will report CTF Collective Impact Program performance measures to CTF via a quarterly REDCap survey, aggregated MIECHV benchmarks achieved by their data partners to CTF via an annual REDCap survey, and other aggregated data as mutually agreed upon by Provider and CTF.
- CRIS: Provider understands they are responsible for 1) training all referral partners on how their Coordinated Referral and Intake System (CRIS) operates; 2) monitoring all referrals sent through their CRIS to ensure timely response; and 3) performing regular (e.g., quarterly) quality assurance reviews of CRIS functioning (e.g., referral response time, distribution, non-acceptance rates, etc.).
- The contract will now include all the obligations under the request for proposals, the original agreement, and all amendments made to the original agreement during the contract period including this renewal.

De'Carlton Seewood

Printed Name of Contract Officer

City Manager

Title



Signature of Contract Officer

Date

Approved as to form:

Nancy Thompson, City Counselor

Executive Director, Children's Trust Fund

Date

2024-2025 CTF HOME VISITING GRANT REDCap FORMS SCHEDULE (Page 1 of 3)		
Form	How Often	Due Dates
REQUIRED STATIC FORMS (Done Only Once)		
Person Identification Form (includes the enrollment date now) *	Once – ALL Records	Intake/Start – Very First Form!
Funding Source Form*	Once - ALL Records	Intake/Start - Very Beginning!
HV Transfer Family IDs	Once - ALL Records	Intake/Start - ONLY if a family is transferring to YOU from another HV program
Intake & Referral Form*	Once - Caregiver Record	Intake/Start
Program Consent Form*	Once - Caregiver Record (auto populates date into child's data)	Intake/Start - BEFORE data collection (excluding the forms above)
Agency & Eligibility Form	Once - Caregiver Record	Intake/Start
Baby/Child Information Form*	Once - ALL CHILD RECORDS	Intake and/or Child's birth
Breastfeeding Start Form*	Once - ALL CHILD RECORDS	Intake and/or Child's Birth
Breastfeeding End Form*	Once - ALL CHILD RECORDS	Date Stopped Breastfeeding
Case Closure Form*	Once - ALL RECORDS	Closure - Very Important!
REQUIRED ONGOING & AS OCCUR FORMS		
Lost to Follow Up Status*	As Occurs - CAREGIVER RECORD	When LFU starts/ends
Parent Information Form*	Initially & as address/HV updates are needed	Intake/Start & as updates occur
Home Visits Form*	At Every Home Visit - CAREGIVER RECORD	As home visits occur (includes 2 MIECHV questions)
Family Goals	As Occurs - CAREGIVER RECORD	As any new goals occur - per person
Child ER/UCC Visits*	As Occurs - ALL CHILD RECORDS	As ER/UCC visits happen - ask at each home visit
Referrals Form*	As Occurs	As Referrals Happen
Highlighted Items should be done at Intake/Enrollment!		
<p>Forms marked CAREGIVER RECORD are to be completed on the mothers record as they are a mom specific form. Forms marked ALL CHILD RECORDS are to be completed on ALL child records (index, twins/multiples OR subsequent children). REMINDER: Don't make it hard on yourself, follow your pop up window!</p>		

2024-2025 CTF HOME VISITING GRANT REDCap FORMS SCHEDULE (Page 2 of 3)

Form	How Often	Due Dates
OPTIONAL - AGENCY SPECIFIC FORMS (Only see if required by your agency/model)		
FROG Scale (HFA only)	Once at Intake (CAREGIVER RECORD)	Initially – Intake Screening tool
HFA Service Plan	Once (CAREGIVER RECORD)	See Supervisor
HFA Level 1 - Level 2 Form	As Level Changes - CAREGIVER RECORD	As levels change
HFA Level 2 - Level 3 Form	As Level Changes - CAREGIVER RECORD	As levels change
HFA - Completion of Level 3 and HFA Services Form	As Level Changes - CAREGIVER RECORD	As levels change
HFA Staff Supervision Document (Separate link)	As needed - separate survey link	As needed - separate survey link
Groups, Graduation, Other	Ongoing-As Occurs	If a group, graduation or other event occurred – see Supervisor
Attempted Visit Documentation	Ongoing – As Occurs (CAREGIVER RECORD)	If attempted a visit – see Supervisor
Phone/letter Documentation	Ongoing – As Occurs (CAREGIVER RECORD)	If Communicated via phone/letter
Visit Documentation (HFA requirements included)	Ongoing – As Occurs (CAREGIVER RECORD)	At Every Home Visit
PCP Child Form	As Occurs - ALL CHILD RECORDS	Intake/As Changes/Updates
Prenatal Healthcare Visits	As Occurs - CAREGIVERS RECORD	When healthcare visits occur - OOC pulls this information from birth records, so not required to enter
Immunizations	As Occurs - ALL CHILD RECORDS	AAP Timeframes in REDCap (as occurs)
Parent ER/UCC Visits	As Occurs (CAREGIVER RECORD)	AS ER/UCC Visits Happen
PCG Primary Healthcare Provider	As Changes - CAREGIVER RECORD	Initially, and as changes occur
AAPI Form	Ongoing - as occurs, can be put on a schedule - CAREGIVER RECORD	Ongoing - as occurs, can be put on a schedule
Beck's Depression Inventory	Ongoing - as occurs, can be put on a schedule - CAREGIVER RECORD	Ongoing - as occurs, can be put on a schedule
Columbia- Suicide Severity Rating Scale	Ongoing - as occurs, can be put on a schedule - CAREGIVER RECORD	Ongoing - as occurs, can be put on a schedule
Post 90-Day Follow Up Form	Once - CAREGIVER RECORD	90 days after closure. Case is not moved to closed cases DAG until 90-Day follow up complete, can be moved to a 90-day follow up DAG
CD Involvement Form	Ongoing (monthly for DESE)	Updated as required