

Brighter Beginnings Program

Data Sharing and HIPAA Business Associate Agreement

THIS AGREEMENT (the "Agreement") by and between Lutheran Family and Children's Services of Missouri, a nonprofit corporation organized in the State of Missouri, (hereinafter "Contractor" and "Business Associate") and the City of Columbia, Missouri, a political subdivision of the State of Missouri, (hereinafter "City"), is entered into on the date of the last signatory noted below (hereinafter "Effective Date"). City and CONTRACTOR are each individually referred to herein as a "Party" and collectively as the "Parties".

WHEREAS, Brighter Beginnings Boone County Home Visiting Collaborative (hereinafter "Brighter Beginnings Program") is a collaborative of home visiting, social service, and healthcare providers that seek to expand and simplify access to support for pregnant families in Boone County;

WHEREAS, the Parties desire to support the Brighter Beginnings Program's efforts to connect parents and families to support healthy pregnancies, healthy births and brighter beginnings in life for all Boone County kids;

WHEREAS, the Brighter Beginnings Program's efforts have resulted in the development of a comprehensive data collection system which contains personally identifiable sensitive data, including but not limited to medical, mental health, and educational information about program participants and their family members;

WHEREAS, the Brighter Beginnings Program database utilizes the REDCap electronic data capture tools hosted by the Missouri Department of Elementary and Secondary Education;

WHEREAS, the program's goals include connecting participating families to home visiting services and to facilitate referrals of families to additional supports and resources including welfare and other assistance programs;

WHEREAS, the Parties desire to engage in data sharing of willing participants to facilitate referrals to support families of children and to support research into program effectiveness by the Columbia Boone County Department of Public Health and Human Services; and

WHEREAS, the Parties desire to share data, which may include closed records including personally identifiable protected health information subject to the Health Insurance Portability and Accountability Act (HIPAA) protections and personally identifiable protected student education records subject to Family Educational Rights and Privacy Act (FERPA) and Individuals with Disabilities Education Act (IDEA) protections, with other providers participating in the Brighter Beginnings Program.

WITNESSETH:

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations in this Agreement, the Parties agree as follows.

1. **PURPOSE:** The purpose of this Agreement is to formalize the understanding between the Parties with regard to data sharing to support the Brighter Beginnings Program and related referrals to other supporting agencies and providers in the Columbia, Missouri.
2. **RESPONSIBILITIES OF THE PARTIES.** The Parties commit to working together in the planning, implementing, and data sharing necessary to support the work and goals of the Brighter Beginnings Program. The Parties also commit to an ongoing discussion of their roles and responsibilities.
3. **CONTRACTOR'S ADDITIONAL RESPONSIBILITIES.** CONTRACTOR shall:
 - a. Comply with the Brighter Beginnings Partnership Standards, including all attachments thereto, which is attached as Exhibit A.
 - b. Prior to sharing the data in the Brighter Beginnings program, obtain all necessary written consent from parents and legal guardians of any child, eligible student(s) (as that term is defined in FERPA), parent or family member whose information and data related to their child and/or family will be shared with the Brighter Beginnings program and the Brighter Beginnings Program provider participants including but not limited to: the City, Lutheran Family and Children's Services of Missouri, First Chance for Children, and Bringing Families Together. The written consent shall comply with FERPA, IDEA, and HIPAA requirements. The written consent must specify the records that may be disclosed and the permitted further disclosures to Brighter Beginnings Program participants and staff; state the purpose of the disclosure is for coordination of referrals and for evaluation of program effectiveness; and identify the party or class of parties to whom the disclosure may be made to include CONTRACTOR, the Columbia Boone County Department of Public Health and Human Services, Lutheran Family and Children's Services of Missouri, First Chance for Children, Bringing Families Together and other Brighter Beginnings program participants.
 - c. After obtaining written consent, timely and accurately enter data into the Brighter Beginnings data sharing program.
 - d. Make any corrections as needed or as requested to data entered into the Brighter Beginnings data sharing program. This includes, but is not limited to corrections or amendments requested by a parent or eligible student pursuant to FERPA and IDEA.
 - e. If CONTRACTOR places a statement in the education records of a student pursuant to FERPA, CONTRACTOR shall include such statement within the contested part of the record for as long as the record is maintained and disclose the statement whenever it discloses the portion of the record to which the statement relates.

- f. Promptly notify CITY when consent has been withdrawn, consent has expired and/or when CONTRACTOR is requested to remove a person's data from the Brighter Beginnings program.
- g. If given access to do so, promptly remove the data from the Brighter Beginnings database when consent has been withdrawn or expired.
- h. Keep information shared confidential to the extent required and allowed by laws, including but not limited to FERPA, IDEA, and HIPAA.
- i. With the written consent of the child's parent(s) and legal guardians(s), allow data sharing with the City, Lutheran Family and Children's Services of Missouri, First Chance for Children, Bringing Families Together and any other providers who participate in the Brighter Beginnings Program who have signed confidentiality agreements substantially in accordance with the terms of this Agreement.
- j. Maintain a record of each disclosure of personally identifiable information from the educational records of each student, as well as the names of the city staff and other agencies who have access to the student data that CONTRACTOR places within the Brighter Beginnings database. For each disclosure, the record must include: the parties who have received personally identifiable information from the education records; and the legitimate interest the parties had in obtaining the information and for what purpose(s).
- k. Provide training on HIPAA, FERPA and IDEA to staff who have access to CONTRACTOR's student data and records.
- l. Obtain software licenses (if any are needed for CONTRACTOR's staff.)
- m. Delete or destroy individually identifiable Brighter Beginnings educational data and records when requested by City, CPS, a parent or eligible student.

4. CITY'S ADDITIONAL RESPONSIBILITIES. City shall:

- a. Provide access for use of the Brighter Beginnings database, which is a private and secure database housed within the Missouri Children's Trust Fund REDCap implementation hosted by the Missouri Department of Elementary & Secondary Education Office of Childhood. .
- b. Provide education and training related to use of the Brighter Beginnings database.
- c. Obtain any software licenses needed for City staff.
- d. Keep information shared about students confidential to the extent required and allowed by laws, including but not limited to FERPA, IDEA and HIPAA.

- e. Share information and data in accordance with Data Sharing Agreements for the Brighter Beginnings Program.
 - f. Upon request, provide a copy of the record of further disclosures to CONTRACTOR within a reasonable time not to exceed 30 days.
 - g. Upon request, allow the following parties to inspect the educational records relating to each student: (i) the parent or eligible student; (ii) CONTRACTOR staff who are responsible for the custody of the records; and (iii) Those persons authorized by FERPA for the purposes of auditing the recordkeeping procedures of CONTRACTOR.
 - h. Delete or destroy individually identifiable Brighter Beginnings educational data and records when requested by CPS, CONTRACTOR, the parent or the eligible student.
5. TERM. The "Term" of this Agreement shall commence on the Effective Date, and shall continue until a date that is one year following the Effective Date. Thereafter, the Agreement may be renewed by the City's Purchasing Agent for one successive term of one year, unless the Agreement is terminated in accordance with the terms set forth herein.
6. TERMINATION.
- a. By Mutual Agreement. This Agreement may be terminated at any time during its Term upon mutual agreement by both Parties.
 - b. By Convenience. With thirty (30) days written notice, either Party may terminate this Agreement for convenience.
 - c. By Default. Either Party may terminate this Agreement in accordance with Section 7.
7. TERMINATION UPON DEFAULT. Upon the occurrence of an event of Default, the non-Defaulting Party shall be entitled to immediately terminate this Agreement. A Party shall be considered in Default of this Agreement upon:
- a. The failure to perform or observe a material term or condition of this Agreement, including but not limited to any material Default of a representation, warranty or covenant made in this Agreement;
 - b. The Party (i) becoming insolvent; (ii) filing a voluntary petition in bankruptcy under any provision of any federal or state bankruptcy law or consenting to the filing of any bankruptcy or reorganization petition against it under any similar law; (iii) making a general assignment for the benefit of its creditors; or (iv) consenting to the appointment of a receiver, trustee or liquidator;

- c. The purported assignment of this Agreement in a manner inconsistent with the terms of this Agreement;
- d. The failure of the Party to provide information or data to the other Party as required under this Agreement, provided that the Party entitled to the information or data under this Agreement requires such information or data to satisfy its obligations under this Agreement.

8. PAYMENTS.

- a. For services rendered, City shall pay CONTRACTOR nine thousand dollars (\$9,000.00) per year.
- b. Payments shall be made in accordance with the Incentive Payment Structure set forth in Exhibit B.
- c. All obligations of the City under this Agreement, which require the expenditure of funds, are conditional upon the availability of funds budgeted and appropriated for that purpose.

9. FERPA AND IDEA COMPLIANCE.

- a. The parties agree to amend the contract as is necessary for the parties to comply with the requirements of FERPA and IDEA, related rules, regulations, and other rules as later promulgated (hereinafter referenced as the regulations promulgated thereunder). Any ambiguity in the contract shall be interpreted to permit compliance with the FERPA and IDEA Rules.
- b. Upon contract termination, City shall either destroy or return to Columbia Public Schools all educational data and records.
- c. If the educational data and records cannot be removed from the Brighter Beginnings database or otherwise destroyed, the FERPA and IDEA protections described herein shall extend to educational records and data held in the Brighter Beginnings database for as long as the records and data are stored in the Brighter Beginnings database. This clause shall survive termination of this agreement.
- d. CONTRACTOR shall indemnify the City from any liability resulting from any violation of the IDEA and FERPA arising from the conduct or omission of CONTRACTOR or its employee(s), agent(s) or subcontractor(s). CONTRACTOR shall reimburse the City for any and all actual and direct costs and/or losses, including those incurred under the civil penalties implemented by legal requirements, including but not limited to FERPA and IDEA, and including reasonable attorney's fees, which may be imposed upon the City under legal requirements, arising from or in connection with CONTRACTOR's negligent or wrongful actions or inactions or violations of this Agreement.

10. HIPAA BUSINESS ASSOCIATE AGREEMENT.

a. Health Insurance Portability and Accountability Act of 1996, as amended – CONTRACTOR and the City are both subject to and must comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) (PL-111-5) (collectively, and hereinafter, HIPAA) and all regulations promulgated pursuant to authority granted therein. CONTRACTOR constitutes a "Business Associate" of the City. The City is a hybrid covered entity.

b. Business Associate agrees that for purposes of the Business Associate Provisions contained herein, terms used but not otherwise defined shall have the same meaning as those terms defined in 45 CFR Parts 160 and 164 and 42 U.S.C. §§ 17921 et. seq. including, but not limited to the following:

i. "Access", "administrative safeguards", "confidentiality", "covered entity", "data aggregation", "designated record set", "disclosure", "hybrid entity", "information system", "physical safeguards", "required by law", "technical safeguards", "use" and "workforce" shall have the same meanings as defined in 45 CFR 160.103, 164.103, 164.304, and 164.501 and HIPAA.

ii. "Breach" shall mean the unauthorized acquisition, access, use, or disclosure of Protected Health Information which compromises the security or privacy of such information, except as provided in 42 U.S.C. § 17921. This definition shall not apply to the term "breach of contract" as used within the contract.

iii. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean CONTRACTOR.

iv. "Covered Entity" shall generally have the same meaning as the terms "hybrid covered entity" or "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the City.

v. "Electronic Protected Health Information" shall mean information that comes within paragraphs (1)(i) or (1)(ii) of the definition of Protected Health Information as specified below.

vi. "Enforcement Rule" shall mean the HIPAA Administrative Simplification: Enforcement; Final Rule at 45 CFR Parts 160 and 164.

vii. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

viii. "Individual" shall have the same meaning as the term "individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502 (g).

- ix. "Individually identifiable health information" is information, including demographic data, that relates to: (a) the individual's past, present or future physical or mental health or condition, (b) the provision of health care to the individual, or (c) the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).
 - x. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
 - xi. "Protected Health Information" as defined in 45 CFR 160.103, shall mean individually identifiable health information: (a) Except as provided in paragraph (b) of this definition, that is: (i) Transmitted by electronic media; or (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium. (b) Protected Health Information excludes individually identifiable health information in (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity (City) in its role as employer.
 - xii. "Security Incident" shall be defined as set forth in the "Obligations of the Business Associate" section of the Business Associate Provisions.
 - xiii. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C.
 - xiv. "Unsecured Protected Health Information" shall mean Protected Health Information that is not secured through the use of a technology or methodology determined in accordance with 42 U.S.C. § 17932 or as otherwise specified by the secretary of Health and Human Services.
- c. BUSINESS ASSOCIATE agrees and understands that wherever in this document the term Protected Health Information is used, it shall also be deemed to include Electronic Protected Health Information.
- d. BUSINESS ASSOCIATE must appropriately safeguard Protected Health Information which BUSINESS ASSOCIATE receives from, or creates or receives on behalf of the City. To provide reasonable assurance of appropriate safeguards, BUSINESS ASSOCIATE shall comply with the business associate provisions stated herein, as well as the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) (PL-111-5) and all regulations promulgated pursuant to authority granted therein.

e. The parties agree to amend the contract as is necessary for the parties to comply with the requirements of HIPAA and the Privacy Rule, Security Rule, Enforcement Rule, and other rules as later promulgated (hereinafter referenced as the regulations promulgated thereunder). Any ambiguity in the contract shall be interpreted to permit compliance with the HIPAA Rules.

f. Permitted Uses and Disclosures of Protected Health Information by BUSINESS ASSOCIATE:

- i. BUSINESS ASSOCIATE may not use or disclose Protected Health Information in any manner that would violate Subpart E of 45 CFR Part 164 if done by the City, except for the specific uses and disclosures in the contract.
- ii. BUSINESS ASSOCIATE may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the City as specified in the contract, provided that such use or disclosure would not violate HIPAA and the regulations promulgated thereunder.
- iii. BUSINESS ASSOCIATE may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502G)(I) and shall notify the City by no later than ten (10) calendar days after BUSINESS ASSOCIATE becomes aware of the disclosure of the Protected Health Information.
- iv. If required to properly perform the contract and subject to the terms of the contract, BUSINESS ASSOCIATE may use or disclose Protected Health Information if necessary for the proper management and administration of BUSINESS ASSOCIATE's business.
- v. If the disclosure is required by law, BUSINESS ASSOCIATE may disclose Protected Health Information to carry out the legal responsibilities of BUSINESS ASSOCIATE.
- vi. BUSINESS ASSOCIATE may not use Protected Health Information to de-identify or re-identify the information in accordance with 45 CFR 164.514(a)-(c) without specific written permission from the City to do so.
- vii. BUSINESS ASSOCIATE agrees to make uses and disclosures and requests for Protected Health Information consistent with the City's minimum necessary policies and procedures.

g. Obligations and Activities of the BUSINESS ASSOCIATE:

- i. BUSINESS ASSOCIATE shall not use or disclose Protected Health Information other than as permitted or required by the contract or as otherwise required by law, and shall comply with the minimum necessary disclosure requirements set forth in 45 CFR § 164.502(b).

ii. BUSINESS ASSOCIATE shall use appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by the contract. Such safeguards shall include, but not be limited to:

- a. Workforce training on the appropriate uses and disclosures of Protected Health Information pursuant to the terms of the contract;
- b. Policies and procedures implemented by BUSINESS ASSOCIATE to prevent inappropriate uses and disclosures of Protected Health Information by its workforce and subcontractors, if applicable;
- c. Encryption of any portable device used to access or maintain Protected Health Information or use of equivalent safeguard;
- d. Encryption of any transmission of electronic communication containing Protected Health Information or use of equivalent safeguard; and
- e. Any other safeguards necessary to prevent the inappropriate use or disclosure of Protected Health Information.

iii. With respect to Electronic Protected Health Information, BUSINESS ASSOCIATE shall use appropriate administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that BUSINESS ASSOCIATE creates, receives, maintains or transmits on behalf of the City and comply with Subpart C of 45 CFR Part 164, to prevent use or disclosure of Protected Health Information other than as provided for by the contract.

iv. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), BUSINESS ASSOCIATE shall require that any agent or subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of BUSINESS ASSOCIATE agrees to the same restrictions, conditions, and requirements that apply to the contractor with respect to such information.

v. By no later than ten (10) calendar days after receipt of a written request from the City or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by the City, BUSINESS ASSOCIATE shall make its internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, created by, or received by BUSINESS ASSOCIATE on behalf of the City available to the City and/or to the Secretary of the Department of Health and Human Services or designee for purposes of determining compliance with the HIPAA Rules and the contract.

vi. BUSINESS ASSOCIATE shall document any disclosures and information related to such disclosures of Protected Health Information as would be

required for the City to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 42 USCA §17932 and 45 CFR 164.528. By no later than five (5) calendar days of receipt of a written request from the City, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by the City, BUSINESS ASSOCIATE shall provide an accounting of disclosures of Protected Health Information regarding an individual to the City. If requested by the City or the individual, BUSINESS ASSOCIATE shall provide an accounting of disclosures directly to the individual. BUSINESS ASSOCIATE shall maintain a record of any accounting made directly to an individual at the individual's request and shall provide such record to the City upon request.

vii. In order to meet the requirements under 45 CFR 164.524, regarding an individual's right of access, BUSINESS ASSOCIATE shall, within five (5) calendar days following a City request, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by the state agency, provide the City access to the Protected Health Information in an individual's designated record set. However, if requested by the City, BUSINESS ASSOCIATE shall provide access to the Protected Health Information in a designated record set directly to the individual for whom such information relates.

viii. At the direction of the City, BUSINESS ASSOCIATE shall promptly make any amendment(s) to Protected Health Information in a Designated Record Set pursuant to 45 CFR 164.526.

ix. BUSINESS ASSOCIATE shall report to the City's Security Officer and Privacy Officer any security incident immediately upon becoming aware of such incident and shall take immediate action to stop the continuation of any such incident. For purposes of this paragraph, security incident shall mean the attempted or successful unauthorized access, use, modification or destruction of information or interference with systems operations in an information system. This does not include trivial incidents that occur on a daily basis, such as scans, "pings," or unsuccessful attempts that do not penetrate computer networks or servers or result in interference with system operations. By no later than five (5) days after BUSINESS ASSOCIATE becomes aware of such incident, BUSINESS ASSOCIATE shall provide the City's Security Officer and Privacy Officer with a description of any remedial action taken to mitigate any harmful effect of such incident and a proposed written plan of action for approval that describes plans for preventing any such future security incidents.

x. BUSINESS ASSOCIATE shall report to the City's Privacy Officer and Security Officer any unauthorized use or disclosure of Protected Health Information not permitted or required as stated herein immediately upon becoming aware of such use or disclosure and shall take immediate action to stop the unauthorized use or disclosure. By no later than five (5) calendar days

after BUSINESS ASSOCIATE becomes aware of any such use or disclosure, BUSINESS ASSOCIATE shall provide the City's Privacy Officer and Security Officer with a written description of any remedial action taken to mitigate any harmful effect of such disclosure and a proposed written plan of action for approval that describes plans for preventing any such future unauthorized uses or disclosures.

xi. BUSINESS ASSOCIATE shall report to the City's Security Officer and Privacy Officer any breach immediately upon becoming aware of such incident and shall take immediate action to stop the continuation of any such incident. By no later than five (5) days after City becomes aware of such incident, BUSINESS ASSOCIATE shall provide the City's Security Officer and Privacy Officer with a description of the breach, the information compromised by the breach, and any remedial action taken to mitigate any harmful effect of such incident and a proposed written plan for approval that describes plans for preventing any such future incidents.

xii. BUSINESS ASSOCIATE's reports required in the preceding paragraphs shall include the following information regarding the security incident, improper disclosure/use, or breach, (hereinafter "incident"): (a) The name, address, and telephone number of each individual whose information was involved if such information is maintained by the contractor; (b) The electronic address of any individual who has specified a preference of contact by electronic mail; (c) A brief description of what happened, including the date(s) of the incident and the date(s) of the discovery of the incident; (d) A description of the types of Protected Health Information involved in the incident (such as full name, Social Security Number, date of birth, home address, account number, or disability code) and whether the incident involved Unsecured Protected Health Information; (e) The recommended steps individuals should take to protect themselves from potential harm resulting from the incident.

xiii. Notwithstanding any provisions of the Terms and Conditions attached hereto, in order to meet the requirements under HIPAA and the regulations promulgated thereunder, BUSINESS ASSOCIATE shall keep and retain adequate, accurate, and complete records of the documentation required under these provisions for a minimum of six (6) years as specified in 45 CFR Part 164.

xiv. BUSINESS ASSOCIATE shall not directly or indirectly receive remuneration in exchange for any Protected Health Information without a valid authorization.

xv. If BUSINESS ASSOCIATE becomes aware of a pattern of activity or practice of the City that constitutes a material breach of contract regarding the City's obligations under the Business Associate Provisions of the contract, BUSINESS ASSOCIATE shall notify the City's Security Officer and Privacy Officer of the activity or practice and work with the City to correct the breach of contract.

xvi. BUSINESS ASSOCIATE shall indemnify the City from any liability resulting from any violation of the Privacy Rule or Security Rule or Breach arising from the conduct or omission of BUSINESS ASSOCIATE or its employee(s), agent(s) or subcontractor(s). BUSINESS ASSOCIATE shall reimburse the City for any and all actual and direct costs and/or losses, including those incurred under the civil penalties implemented by legal requirements, including but not limited to HIPAA as amended by the Health Information Technology for Economic and Clinical Health Act, and including reasonable attorney's fees, which may be imposed upon the City under legal requirements, including but not limited to HIPAA's Administrative Simplification Rules, arising from or in connection with BUSINESS ASSOCIATE's negligent or wrongful actions or inactions or violations of this Agreement.

h. Obligations of the City:

i. City shall notify BUSINESS ASSOCIATE of limitation(s) that may affect BUSINESS ASSOCIATE's use or disclosure of Protected Health Information, by providing BUSINESS ASSOCIATE with the City's notice of privacy practices in accordance with 45 CFR 164.520.

ii. City shall notify BUSINESS ASSOCIATE of any changes in, or revocation of, authorization by an Individual to use or disclose Protected Health Information.

iii. City shall notify BUSINESS ASSOCIATE of any restriction to the use or disclosure of Protected Health Information that the City has agreed to in accordance with 45 CFR 164.522.

iv. City shall not request BUSINESS ASSOCIATE to use or disclose Protected Health Information in any manner that would not be permissible under HIPAA and the regulations promulgated thereunder.

v. City's Privacy Officer. City hereby designates the City's Director of Public Health and Human Services to serve as the City's Privacy Officer for purposes of this contract.

vi. City's Security Officer. City hereby designates the City's Director of Information Technologies to serve as the City's Security Officer for purposes of this contract.

vii. All notices to the City's Privacy Officer and to the City's Security Officer shall be sent in writing, with a copy to the City Counselor, P.O. Box 6015, Columbia, MO 65205-6015.

i. Expiration/Termination/Cancellation - Except as provided in the subparagraph below, upon the expiration, termination, or cancellation of the contract for any reason, BUSINESS ASSOCIATE, at the discretion of the City, either return to the City or destroy all Protected Health Information received by BUSINESS

ASSOCIATE from the City, or created or received by BUSINESS ASSOCIATE on behalf of the City, and shall not retain any copies of such Protected Health Information. This provision shall also apply to Protected Health Information that is in the possession of subcontractor or agents of BUSINESS ASSOCIATE.

- j. In the event the City determines that returning or destroying the Protected Health Information is not feasible, BUSINESS ASSOCIATE shall extend the protections of the contract to the Protected Health Information for as long as BUSINESS ASSOCIATE maintains the Protected Health Information and shall limit the use and disclosure of the Protected Health Information to those purposes that made return or destruction of the information infeasible. If at any time it becomes feasible to return or destroy any such Protected Health Information maintained pursuant to this paragraph, BUSINESS ASSOCIATE must notify the City and obtain instructions from the City for either the return or destruction of the Protected Health Information.
- k. Breach of Contract—In the event BUSINESS ASSOCIATE is in breach of contract with regard to the business associate provisions included herein, BUSINESS ASSOCIATE agrees that in addition to the requirements of the contract related to cancellation of the contract, if City determines that cancellation of the contract is not feasible, City may elect not to cancel the contract but the City shall report the breach of contract to the Secretary of the U.S. Department of Health and Human Services.

11. EU General Data Protection Regulation (GDPR).

- a. The Parties agree that the Brighter Beginnings software database and program were not designed to be compliant with the GDPR. Therefore, all citizens and or residents of any European Union member country shall be provided with referrals, but their personal data shall not be input, stored or transferred using the Brighter Beginnings software database.
- b. With respect to citizens or residents of any European Union member country, the Parties agree not to enter, store, or process data using the Brighter Beginnings software database. If personal data of any citizen or resident of any EU member country is inadvertently entered into, stored or processed within the Brighter Beginnings software database, the Parties shall promptly delete the personal data and records of the citizen or resident of the EU member country from the Brighter Beginnings software database.
- c. CONTRACTOR shall indemnify the City of Columbia and its respective officials, agents, representatives, and employees from any and all claims, liability, loss, damages, costs or expenses which any of them may sustain as a result of the violation of the GDPR or any data breach of data of citizens or residents of EU countries, or claims related to GDPR violations or breach of personal information

of citizens or residents of any EU member country caused by CONTRACTOR or its staff entering, storing, or processing personal data of citizens or residents of EU member countries within the Brighter Beginnings software database.

- d. Should CONTRACTOR use the Brighter Beginnings software database to enter, store, access or otherwise process any data of any citizen or resident of any EU member country, CONTRACTOR shall be solely responsible for compliance with the GDPR and shall be solely responsible for any violations of the GDPR that result from its use of the Brighter Beginnings software database for citizens or residents of any EU member country.

12. CONFIDENTIALITY REQUIREMENTS RELATED TO CLOSED RECORDS. Contractor shall comply with all federal, state, and local laws related to the confidentiality of closed records, including but not limited to Section 2-25.3 of the City of Columbia's Code of Ordinances.
13. PROTECTION OF HUMAN RESEARCH SUBJECTS. With regard to any research or data analysis involving any personally identifiable information of Brighter Beginnings program participants, the Parties shall comply with all federal and state laws, rules, regulations and guidance related to the protection of human research subjects unless the research is considered "Exempt research" pursuant to 45 CFR Section 46.104.
14. GRANT REQUIREMENTS. CONTRACTOR acknowledges state and/or federal grant funds are being used for this project. CONTRACTOR agrees to familiarize itself and comply with all conditions and requirements for the utilization of such grant funds, including, but not limited to those set forth herein and attached hereto. CONTRACTOR shall include in contracts with its subcontractors provisions that require subcontractors to comply with grant requirements.
 - a. CONTRACTOR shall ensure that all employees and volunteers, having direct contact with children younger than 18 years of age as part of the performance of this contract, shall complete the following requirements: (i) Register with the Family Care Safety Registry (FCSR) and provide FCSR screening results to CONTRACTOR prior to working with children and annually after initial registration/screening; and (ii) Complete a state and national, fingerprint-based, criminal background screening through the Missouri Volunteer and Employee Criminal History Services (MOVECHS) program. Said criminal background screenings shall be initiated within 30 days of the Effective Date or within 30 days of hiring, if they were not completed as part of the hiring process.
 - b. CONTRACTOR shall include written acknowledgement of the funding agency's support for the approved project on all marketing, promotional, and/or educational materials produced in relation to, or as a result of the agreement.

- c. CONTRACTOR shall restrict access to any records related to this contract containing personally identifiable information and/or protected health information, and CONTRACTOR shall designate personnel authorized to access these records on a need to know basis.
- d. CONTRACTOR shall, upon the request of the funding agency, allow authorized representatives of the funding agency and the State of Missouri Auditor's office access to all records (in any form) related to this contract. These auditing rights extend for a period of five years from the termination date.
- e. CONTRACTOR shall disclose to the funding agency and to the City any perceived conflicts of interest held by CONTRACTOR that have the potential to negatively affect the grant agreement and this contract.
- f. CONTRACTOR shall comply with the 1964 Civil Rights Act, as amended; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Omnibus Reconciliation Act of 1981; and the Americans with Disabilities Act of 1990, and all other applicable federal and state laws which prohibit discrimination in the delivery of services on the basis of race, color, nationality, origin, age, sex, handicap/disability, or religious beliefs.
- g. CONTRACTOR shall agree to indemnify, defend, and save harmless the City, the State of Missouri, the Office of Administration, the Children's Trust Fund, and their respective officials, board of directors, agents, representatives, and employees from any and all claims, liability, loss, damages, costs or expenses which any of them may sustain:
 - i. By reason of any person's personal injury or death, or property loss or damage sustained as a result of the negligent acts or omissions to act of the CONTRACTOR, its officers, employees, or subcontractors in connection with the performance of the contract;
 - ii. As a result of any contract made between CONTRACTOR and any subcontractor or any other person, firm, or corporation furnishing or supplying work or services in connection with the performance of this project and contract;
 - iii. By reason of libel, slander, violation of the rights of privacy, or other legal injury occasioned by any person, arising out of the publication, translation, reproduction, delivery, performance, use or disposition of any data furnished under this contract or out of the content of or statements contained in such data. However, the provision of this subparagraph shall not apply to claims, liability, loss, damages, costs or expenses caused by or

resulting from the negligent acts or omissions of the State of Missouri, the City of Columbia, or any of their officials, representatives or employees.

15. NO ASSIGNMENT. This Agreement shall inure to the benefit of and be binding upon the Parties and their respective successors and permitted assigns. Neither Party shall assign this Agreement or any of its rights or obligations hereunder without the prior written consent of the other Party.
16. NOTICES. Any notice, demand, request, or communication required or authorized by the Agreement shall be delivered either by hand, facsimile, overnight courier or mailed by certified mail, return receipt requested, with postage prepaid, to:

If to City:
City of Columbia
Department of Health and Human Services
P.O. Box 6015
Columbia, Missouri 65205-6015
ATTN: Rebecca Roesslet, Director

If to CONTRACTOR:
Lutheran Family and Children's Services
916 Bernadette Dr Columbia, MO 65203
ATTN: Heather Wall
Director of Parenting Services

The designation and titles of the person to be notified or the address of such person may be changed at any time by written notice. Any such notice, demand, request, or communication shall be deemed delivered on receipt if delivered by hand or facsimile and on deposit by the sending party if delivered by courier or U.S. mail.

17. NO THIRD-PARTY BENEFICIARY. No provision of the Agreement is intended to nor shall it in any way inure to the benefit of any third party, so as to constitute any such person a third-party beneficiary under the Agreement.
18. AMENDMENT. No amendment, addition to, or modification of any provision hereof shall be binding upon the Parties, and neither Party shall be deemed to have waived any provision or any remedy available to it unless such amendment, addition, modification or waiver is in writing and signed by a duly authorized officer or representative of the applicable Party or Parties.
19. GOVERNING LAW AND VENUE. This Agreement shall be governed, interpreted, and enforced in accordance with the laws of the State of Missouri and/or the laws of the

United States, as applicable. The venue for all litigation arising out of, or relating to this Agreement, shall be in Boone County, Missouri, or the United States Western District of Missouri. The Parties hereto irrevocably agree to submit to the exclusive jurisdiction of such courts in the State of Missouri. The Parties agree to waive any defense of forum non conveniens.

20. GENERAL LAWS. The Parties shall comply with all applicable federal, state, and local laws, rules, regulations, and ordinances.
21. NO WAIVER OF IMMUNITIES. In no event shall the language of this Agreement constitute or be construed as a waiver or limitation for either Party's rights or defenses with regard to each Party's applicable sovereign, governmental, or official immunities and protections as provided by federal and state constitutions or laws.
22. AUTHORITY. The individuals signing this agreement below certify that they have obtained the appropriate authority to execute this Agreement on behalf of the respective Parties.
23. ELECTRONIC SIGNATURE; COUNTERPARTS. This Agreement may be signed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document. Faxed signatures, or scanned and electronically transmitted signatures, on this Agreement or any notice delivered pursuant to this Agreement, shall be deemed to have the same legal effect as original signatures on this Agreement.
24. CONTRACT DOCUMENTS. This Agreement includes the following exhibits, which are incorporated herein by reference:

| <u>Exhibit</u> | <u>Description</u> |
|----------------|----------------------------------------------------------------------------------|
| A | Brighter Beginnings Partnership Standards (inclusive of all attachments thereto) |
| B | Payment Schedule |

In the event of a conflict between the terms of an exhibit and the terms of this Agreement, the terms of this Agreement controls.

25. ENTIRE AGREEMENT. This Agreement represents the entire and integrated Agreement between CONTRACTOR and City relative to data sharing for the Brighter Beginnings Program. All previous or contemporaneous agreements, representations, promises and conditions relating to the Data Sharing for the Brighter Beginnings Program herein are superseded.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF the Parties through their duly authorize representatives have executed this Agreement effective as of the date of the last party to execute the same.

CITY OF COLUMBIA

RR

De'Carlton Seewood, City Manager

Date: _____

ATTEST:

Sheela Amin, City Clerk

APPROVED AS TO FORM:

Nancy Thompson, City Attorney/RW/BT

CONTRACTOR

E-SIGNED by Heather Wall
on 2025-05-29 16:36:00 GMT

Name and Title: Heather Wall, Regional Director

Date: May 29, 2025

ATTEST:

E-SIGNED by Michelle Meier
on 2025-05-29 20:01:52 GMT

Name & Title: Michelle Meier

CERTIFICATION:

I, hereby certify that this contract is within the purpose of the appropriation to which it is to be charged, Account Number 11004440-504990 and that there is an unencumbered balance to the credit of such appropriation sufficient to pay therefor.

By: _____

Matthew Lue, Finance Director

Exhibit A

Brighter Beginnings Partnership Standards



Brighter Beginnings Partnership Standards

Purpose

The purpose of this document is to outline the partnership standards for the Brighter Beginnings home visiting collective.

Overview

Brighter Beginnings Vision: A bright beginning in life for all kids in Boone County

Brighter Beginnings Mission: Promoting equity in maternal and childhood outcomes by building strong connections between Boone County families and individualized home visiting, parent education, and pregnancy support services.

Brighter Beginnings is a collective impact initiative comprised of:

- Columbia/Boone County Department of Public Health and Human Services
- Boone County Community Services Department
- Missouri Children's Trust Fund
- Heart of Missouri United Way
- Nonprofit and governmental organizations providing free and voluntary individualized home visiting, parent education, and pregnancy support services in Boone County, Missouri
- Healthcare providers
- Human services and housing providers

Boone County is home to an array of programs and resources to support pregnant people and families with young children. Brighter Beginnings seeks to expand and simplify access to this support by serving as a single access point to free and voluntary individualized home visiting, parent education, and pregnancy support services in Boone County. To do so, Brighter Beginnings utilizes an online Coordinatized Referral and Intake System (CRIS), through which families can enroll or be enrolled. Based on responses to a brief questionnaire in the CRIS, families are connected to programs that align with their needs and for which they are eligible.

Brighter Beginnings partners also work together to strengthen support systems for families by tracking common indicators of family and child wellbeing, with the goal of improving birth outcomes and kindergarten readiness and addressing disparities in these outcomes. To do so, data is collected from Brighter Beginnings partner programs in a secure centralized database, housed as the Brighter Beginnings project in the Office of Childhood (OCC)/Children's Trust Fund's (CTF) REDCap implementation.

In summary, Brighter Beginnings:

- Administers a Centralized Referral and Intake System (CRIS) to seamlessly connect families to home visiting and/or parent education services that align with their needs and for which they're eligible.
- Aims to increase the level of home visiting and supportive services participation and capacity for families experiencing the most chronic disparities by building trusting relationships with local organizations that develop trusting relationships with them.
- Collects and analyzes partner program and county level demographic and outcome data on child health and well-being, maternal health and well-being, child development, school readiness, and home safety to support improving outcomes for children and families in Boone County.

Program Consumer Eligibility

Brighter Beginnings serves pregnant people, and families with young children, until child's 5th birthday (1,825 days of life) or enrollment into Kindergarten. The CRIS system algorithm accounts for each partner program's consumer eligibility criteria.

Partner Program Eligibility

Nonprofit and governmental programs providing free and voluntary individualized home visiting and/or parent education services to the eligible consumer population in Boone County, Missouri are eligible for Brighter Beginnings partnership.

Brighter Beginnings Partnership Levels

Brighter Beginnings partner programs have the option to participate in the collaborative at four different levels, which are differentiated by participation, programming, and data collection and sharing requirements. See the attached *Brighter Beginnings Partnership Levels* for detailed information about the requirements at each level of partnership.

Centralized Referral and Intake System (CRIS)

The Centralized Referral and Intake System (CRIS) is an online system through which families can enroll or be enrolled in home visiting and/or parent education services in Boone County. Based on responses to a brief questionnaire in the CRIS, families are connected to partner programs that align with their needs and for which they are eligible. CRIS facilitates an equitable distribution of home visiting and/or parent education referrals using an algorithm that assigns incoming referrals to partner programs based on their participation level, eligibility criteria, and availability.

The Brighter Beginnings CRIS is connected to the Children's Trust Fund Missouri Home Visiting Referral System as one of five regional CRIS Networks. This statewide CRIS directs home visiting referrals for Boone County families to the Brighter Beginnings CRIS.

Prioritization System

Research shows that evidenced-based home visiting programs can improve maternal and child outcomes and help reduce racial and ethnic health disparities. Therefore,

Brighter Beginnings utilizes a prioritization system within the CRIS intake and referral process to differentiate partner programs by levels of intensity and consumers by risks and assets. By doing so, consumers with higher levels of risk are referred to more intensive home visiting programming (Tier 1) and consumers with lower risks are referred to less intensive parent education programming (Tier 2).

In order to differentiate consumers by levels of risk, each question contained in the CRIS intake questionnaire is assigned a weighted risk and asset value (see attached *Brighter Beginnings Intake Criteria*). In this approach, risks are positive numbers and assets are negative numbers. In order to address prioritized risks and populations, some criteria are weighted more heavily than others.

The consumer priority score is determined by the overall asset score subtracted from the overall risk score. In the CRIS logic, Consumers with a priority score of a zero or below is considered lower risk and is referred in a round robin to Tier 2 programs. Anyone with a score above a zero is considered higher risk and is referred in a round robin to Tier 1 programs, unless these programs are full, in which case the referrals are matched to an appropriate and available Tier 2 partner program.

Brighter Beginnings Activities

The following is a summary for the required activities for Brighter Beginnings partner programs. Please note that some activities are differentiated by partnership level.

Minimum Standards for Delivery of Home Visiting and/or Parent Education Services

All partner programs (Tier 1 and 2) must provide free and voluntary individualized home visiting and/or parent education services to the eligible consumer population in Boone County, Missouri. Programming requirements are differentiated by tier, as follows:

| Programming Requirements | Tier 2 | Tier 1 |
|--------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------|
| Duration | At a minimum, services must be offered prenatally through age 3 | |
| Dosing | At least monthly Minimum of 60 minutes per visit | At least twice per month ¹ Minimum of 60 minutes per visit |
| Content | Parent education curriculum | Parent education curriculum Case management ² |
| Screenings | ASQ3 or ASQSE ³ | All BB screenings ⁴ |

^{1.} Or, for programs utilizing an evidence-based home visiting model, adherence to the model requirements for dosing.

^{2.} Case management is defined as a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's needs and goals. It is characterized by advocacy, communication, goal-setting, and measurable outcomes.

^{3.} Or equivalent

4. See attached *Brighter Beginnings Screening Schedule*

Coordinated Referral and Intake System (CRIS Utilization)

All partner programs must accept referrals via the Brighter Beginnings CRIS. Tier 1 partner programs must also enter all Boone County families enrolled in programming outside of the CRIS referral process in the CRIS as program self-referrals. Partner programs must respond to and enter referrals in a timely manner, per the attached *Brighter Beginnings CRIS User Instructions*.

Partner program providers must immediately notify Brighter Beginnings of any relevant changes to provider contact information and programmatic changes (program full, eligibility changes, etc.) so that the CRIS can be update accordingly.

Data Collection and Analysis

Data collection and analysis is a critical complement of Brighter Beginnings as it informs practice and is another means of measure in determining whether Brighter Beginnings is addressing collectively the identified health and early childhood disparities that exist within Boone County. Having a formalized data collection process also supports current and potential funding streams for Brighter Beginnings and the provider partners.

To collect and analyze relevant partner program and participant data, Brighter Beginnings utilizes a private and secure project housed within the Missouri Children's Trust Fund project hosted in the Missouri Department of Elementary & Secondary Education Office of Childhood REDCap database. All information is secure and confidential, and only approved staff following all privacy laws will have access to the database and data therein. All public facing reports generated from the database will include only aggregated data.

Impact and Comprehensive program partners must document family demographic information, screening information, and details of services provided in the Brighter Beginnings database, per the required screenings and forms schedules (see attached *Brighter Beginnings Screening Schedule* and *Brighter Beginnings Forms Schedule*). For those partner programs entering home visiting information in the Missouri Department of Elementary & Secondary Education Office of Childhood (MO DESE OOC) home visiting REDCap database, Brighter Beginnings will import the applicable data from the MO DESE OOC database, rather than the program partners entering data directly into the Brighter Beginnings database, provided that the program partners' method of data entry for each data point matches that of the Brighter Beginnings database.

The following are the requirements for partner programs participating in data collection:

1. Partner programs shall document demographic, screening, and services information directly in the Brighter Beginnings database or in an aligned project in the MO DESE OOC home visiting REDCap database and agree to

allow the exporting of the applicable data to the Brighter Beginnings database.

2. For enrolled families with more than one child eligible to receive home visiting services at caregiver upon enrollment, *each child* within the same family requires data entered into REDCap. Each child will require a separate and distinct record with separate and discrete data entry following specific the procedures for adding subsequent children within the database.
3. Using the attached *Brighter Beginnings Informed Consent Form*, partner programs must obtain consent from each participating family to enter in or share data with the Brighter Beginnings database. Partner programs may obtain additional signed consents/authorizations as requested.
4. Program partners that wish to export data from their MO DESE OOC REDcap project to Brighter Beginnings REDCap project must arrange all data points to align with Brighter Beginnings database and grant permission to the Brighter Beginnings Program Coordinator to export the data on a regular basis. Brighter Beginnings will not be able to provide the technical support to appropriately arrange data points from external databases or complete individual program partner exports.
5. The deadline for completing data entry for each month is the **10th** of the following month (e.g. data for all activities from June 1 - June 30 must be entered by July 10).
6. All instruments/tools and forms are to be completed in full in the database per the screening and forms schedules (see attached *Brighter Beginnings Screening Schedule and Brighter Beginnings Forms Schedule*) unless otherwise noted as an agency specific form, or optional in the system.
7. Brighter Beginnings will apply quality assurance measures to ensure data is accurate and complete and notify program partners of any data omission or errors that are observed or need addressed prior to releasing of funds. **It is the Program Partner's responsibility to continuously monitor data for quality assurance. Quarterly disbursement of grant funds may be withheld from any program partner with data entry omissions or errors until or unless remedied. Ongoing or prolonged data omission or errors may result in forfeiture of the grant award.**
8. Brighter Beginnings team will be responsible for reporting aggregate data to Brighter Beginnings funders following individual funders reporting schedules as well as regular data analysis of the purpose of reporting collective outcomes. In addition, aggregate level data may be reported to demonstrate the overall impact of the home visitation and for evaluation and study purposes.

Please Note: Falsification of data is strictly prohibited data falsification will result in immediate forfeiture of current and future potential funding through Brighter Beginnings.

Brighter Beginnings will be requesting available data periodically from the Missouri Department of Health and Senior Services (DHSS), the Department of Social Services (DSS), and Department of Elementary and Secondary Education (DESE). We may utilize limited personally identifiable information (PII) in a secure manner to receive a state assigned Missouri DCN number (benefits case number) that is used to safely received information from these State entities and provide DESE and Missouri Children's Trust Fund evaluators with limited PII to demonstrate what home visiting service are being provided to Missouri families. The data collected assists in the analysis of and reporting on programmatic performance and outcomes among the target population.

Quality Improvement

Quarterly quality improvement (QI) meetings with partner program leadership are coordinated by the Brighter Beginnings Program Coordinator. These QI meetings include a regular review of data entry and importing in the Brighter Beginnings database in order to plan, test, and work to improve practices. Impact and Comprehensive program partners must attend 75% of the quarterly QI meetings (July - June).

Collaborative Meetings

Brighter Beginnings facilitates monthly meetings for program provider partners and quarterly meetings for partners and community stakeholders. These meetings will be designed to be held in a Hybrid fashion, allowing participants to determine what level of participation will meet their individual needs. All programs must participate in at least 75% of monthly partner meetings and 75% quarterly stakeholder meetings annually (July – June).

Training

Subject to funding availability, Brighter Beginnings provides training opportunities for partners and stakeholders. Training topics are informed by input from partners and stakeholders, emerging issues and best practices, and learning from the collective impact work. It is an expectation that program partners participate in these trainings. The Brighter Beginnings Coordinator also informs partners and stakeholders of other relevant training opportunities locally and across the state that are applicable to home visitation work.

Incentives

Subject to funding availability, Brighter Beginnings offers financial incentives for certain levels of partnership. Please (see the attached *Brighter Beginnings Incentive Payment Structure*).

Marketing

Direct marketing of Brighter Beginnings, community outreach, development of referral partners, and engaging potential families for enrollment are the responsibility of the Brighter Beginnings Program Coordinator. Partners are expected to positively promote Brighter Beginnings.

Attachments:

- 1_Brighter Beginnings Partnership Acknowledgment
- 2_Brighter Beginnings Database Use Acknowledgment
- 3_Brighter Beginnings Partnership Levels
- 4_Brighter Beginnings Intake Criteria
- 5_Brighter Beginnings Informed Consent Form
- 6_Brighter Beginnings Screening Schedule
- 7_Brighter Beginnings CRIS User Instructions
- 8_Brighter Beginnings Data Collection Forms Schedule



PARTNERSHIP ACKNOWLEDGEMENT

This Partnership Acknowledgement is entered into by Lutheran Family and Children's Services, hereinafter called "Partner."

Partner agrees to participate in the Brighter Beginnings initiative at the level indicated below, per the *Brighter Beginnings Partnership Standards* (Exhibit A):

| | | |
|--------|-------------------------------------|--------------------------|
| Tier 2 | <input type="checkbox"/> | Referral Network Partner |
| Tier 1 | <input type="checkbox"/> | Core Partner |
| | <input checked="" type="checkbox"/> | Impact Partner |
| | <input type="checkbox"/> | Comprehensive Partner |


Partner shall:

- A. Agree to be incorporated into the Brighter Beginnings Centralized Referral and Intake System (CRIS) and to receive and respond to referrals assigned by the CRIS system.
- B. Based on the level of partnership indicated in this Partnership Agreement, fulfill all required Brighter Beginnings activities.
- C. Provide the individualized home visiting and/or parent education programming, as indicated in below:

| | |
|-----------------------------|-----------------------------------|
| Program Name | Parenting Program |
| Service Area | Boone County |
| Income Eligibility | No limit |
| Ages Served | Prenatally through third birthday |
| Home Visiting Model | None |
| Parenting Curriculum | Nurturing Parenting |

- D. Notify Brighter Beginnings of any relevant changes to Partner contact information.
- E. Immediately notify Brighter Beginnings regarding any legal, financial, or other organizational matters or changes to programming which may impact the Partner's ability to operate and/or deliver individualized home visiting and/or parent education programming, as described in this Partnership Agreement. This includes any potential breaches of legal and ethical practice, as well as to any changes to licensure or accreditation status.
- F. Ensure and certify that all employees and volunteers providing individualized home visiting and/or parent education programming, as described in this Partnership Agreement, have passed criminal background and Family Safety Care Registry checks prior to employment.
- G. Comply with all applicable local/state/federal certification and licensing requirements and applicable laws and to remain in "good standing" with all applicable oversight entities.
- H. Agree to be represented in Brighter Beginnings marketing and materials and on the Brighter Beginnings website.

PARTNER

By:  E-SIGNED by Heather Wall
on 2025-05-29 07:23:24 CDT
Heather Wall, Director of Parenting Services

Date: May 29, 2025



Database Use Acknowledgement

This Database Use Acknowledgement is made by Lutheran Family and Children's Services, hereinafter called "Partner."

Partner agrees to participate in the Brighter Beginnings initiative data collection and sharing.

Partner Agrees to:

- Participate in training to use the Brighter Beginnings database.
- Participate in at least 75% of quarterly data quality improvement meetings.
- Secure a signed Brighter Beginnings informed consent form indicating parent/family agreement for entry of family information in the Brighter Beginnings database. The form can be signed directly in the database or uploaded as a PDF.
- Record data elements included in the Brighter Beginnings data collection plan in the Brighter Beginnings database at the indicated intervals for families served by the Brighter Beginnings partner program.

PARTNER

By: E-SIGNED by Heather Wall
on 2025-05-29 07:23:04 CDT
Heather Wall, Director of Parenting Services

Date: May 29, 2025



| Brighter Beginnings Partnership Levels | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|----------------|-----------------------|
| Partnership Requirements | Tier 2 | Tier 1 | | |
| | Referral Network Partner | Core Partner | Impact Partner | Comprehensive Partner |
| Nonprofit and governmental programs providing free and voluntary individualized home visiting and/or parent education services in Boone County, MO | ✓ | ✓ | ✓ | ✓ |
| Accept referrals through CRIS | ✓ | ✓ | ✓ | ✓ |
| Participate in at least 75% of monthly partner meetings | ✓ | ✓ | ✓ | ✓ |
| Participate in at least 75% of quarterly stakeholder meetings | ✓ | ✓ | ✓ | ✓ |
| Enter all home visiting referrals in CRIS | ✗ | ✓ | ✓ | ✓ |
| Meet minimum standards for home visiting services | ✗ | ✓ | ✓ | ✓ |
| Participate fully in data collection and data sharing activities in Brighter Beginnings REDCap project | ✗ | ✗ | ✓ | ✓ |
| Participate in at least 75% of quarterly data quality improvement meetings | ✗ | ✗ | ✓ | ✓ |
| Accept all home visiting referrals exclusively through CRIS | ✗ | ✗ | ✗ | ✓ |

BRIGHTER BEGINNINGS INTAKE CRITERIA

Priority Score = Risk Score minus Asset Score

| Question | Responses | Risk Score | Asset Score |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|
| Date Completed | | | |
| 1. What is your preferred language? If other, please specify | English Spanish | | |
| 2. What is the primary caregivers relationship/role with the child (this person will be called the "parent" in some of the next questions)? | 1, Biological Mother 2, Biological Father 4, Relative, if relative (specifies grandparent, uncle, aunt, other) 5, Guardian 6, Foster Parent 3, Other Caregiver (if other here or for relative asks for specification. | | |
| 3. What is the Parent's First/Last Name | | | |
| 4. Address/Contact Info (if selects county outside your area, notes to still complete and you all can help them find other resources) | | | |
| 5. Primary Parent's DOB | | 4 ¹ Teen | |
| 6. Primary parent's race | 4, Asian 2, African American/Black 6, American Indian or Alaska Native 1, Caucasian/White 5, Native Hawaiian or Pacific Islander 7, Multiracial 8, Other 9, Declined to answer | 4 ² AA/Black 3 Native Hawaiian or Pacific Islander 3 American Indian or Alaska Native | |
| 7. Primary Parents ethnicity | Hispanic/Latino or Spanish Origin (all races) Non-Hispanic/Latino (all races) | | |

¹ <https://www.cdc.gov/nchs/products/databriefs/db371.htm>

² <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

| | | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|
| 8. Age of youngest child in months (marks prenatal if currently pregnant) | Lists out prenatal and all ages in months/years up to 3-5 years | 0.5 "Prenatal" | |
| 9. Estimated due date (if known)- branches if prenatal | | | |
| 10. How far along (in weeks) is the pregnancy? - branches if prenatal | | | |
| 11. Your children's names, DOB, gender and race / ethnicity –branches from child age | | | |
| 12. Select the option that best describes your housing. | 1, Owns or shares own home or apartment (on the lease) 2, Rents or shares own home or apartment (on the lease) 9, Lives in Public Housing 8, Shared housing/Lives with significant other (not on lease) 3, Lives with Parent or Family Member (not on lease) 4, Sharing Housing (homeless, lives with friends, etc. and not on lease) 10, Transitional or Supportive Housing 7, Some Other Arrangement (not homeless) 5, Homeless and living in an Emergency or Transition Shelter 6, Homeless - Some Other Arrangement (including living on the streets, etc.) 11, Other | | |
| 13. Do you (they) have stable housing? | Yes No Not sure | 1 "No," "Not sure" | |
| 14. Primary Parents Employment | 1, Employed Part Time (less than 30 hours per week) 2, Employed Full Time (30+ hours per week) 3, Unemployed 4, Not Employed due to Disability | | 1 "Full time" |

| | | | |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| | 6, Not Employed due to pregnancy/maternity leave 5, Retired | | |
| 15. Do you know the amount of money you, and the family living with you, make in one week? | Yes No | | |
| 16. If yes, How much money do you, and the family living with you, make in one MONTH? (includes breakdown of type) | | | |
| 17. Auto calculated amount per year | | | |
| 18. How many people are within your household (living with the parent)? – feeds income determination level | | | |
| 19. Computer calculated income level range based on 2021 FPL indicators | | | |
| 20. Check the income range level (based on calculation above) – done on the backend | Very low Low Middle Mid-high High | 2 ³ “Very low,” or “low” | 2 “Mid-high” 3 “High” |
| 21. What is the mother’s or primary parent’s highest level of education completed? | Did not complete high school High school diploma/GED or equivalent Some college, no degree Technical Training or Certification Associate’s degree Bachelor’s degree Master’s degree Doctoral or professional degree Unknown | 2 ⁴ “Did not complete HS,” “HS diploma or equivalent,” “Some college no degree,” “technical training or certificate”, “Associate’s degree” | 2 “Bachelor’s degree,” “Master’s degree,” or “Doctoral or professional degree” |

³ Mohamoud, Y. A., Kirby, R. S., & Ehrental, D. B. (2019). Poverty, urban-rural classification and term infant mortality: a population-based multilevel analysis. *BMC pregnancy and childbirth*, 19(1), 1-11.

⁴ Gage, T. B., Fang, F., O’Neill, E., & DiRienzo, G. (2013). Maternal education, birth weight, and infant mortality in the United States. *Demography*, 50(2), 615-635.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------|-----------|
| 22. Are you interested in receiving assistance from any of these programs? SNAP Medicaid/health insurance WIC Government Housing Assistance TANF Disability/Social Security Supplemental Income (SSDI/SSI) Childcare Subsidy Food Pantry/Local Food Resources | Three columns of checkboxes [YES/NO/ALREADY ENROLLED] | | |
| 23. Do you have local family or friends that can be relied upon for support of help when needed? | Yes No | 0.5 "No" | 0.5 "Yes" |
| 24. Do you feel you need more support? | Yes No Not sure | 0.5 "Yes," "Not sure" | |
| 25. Do you have access to a healthcare provider? | Yes No | 2 ⁵ "No" | 2 "Yes" |
| 26. Do you feel safe? | No Not often Sometimes Often Yes | 1 ⁶ Anything but "Yes" | |
| 27. Over the last two weeks, how often have you felt down, depressed, or hopeless? | Not at all Several days More than half the days Nearly every day | 1 ⁷ Anything but "Not at all" | |
| 28. Has the parent received services for mental health concerns? | Yes No | | |

⁵ Wymelenberg, S. (1990). Science and babies: Private decisions, public dilemmas.

⁶ Ahmed, S., Koenig, M. A., & Stephenson, R. (2006). Effects of domestic violence on perinatal and early-childhood mortality: evidence from north India. *American journal of public health, 96*(8), 1423-1428.

⁷ Jacques, N., de Mola, C. L., Joseph, G., Mesenburg, M. A., & da Silveira, M. F. (2019). Prenatal and postnatal maternal depression and infant hospitalization and mortality in the first year of life: a systematic review and meta-analysis. *Journal of affective disorders, 243*, 201-208.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------|--|
| 29. Would you say that alcohol or other drugs cause issues in your (the parents) life or have they ever in the past? | Yes In the past No/Never Unknown/Declined to Answer | 1 "Yes," or "In the past" | |
| 30. Have you (the parent) received previous home visiting services? | | | |
| 31. Do you have a home visiting agency you would like to use? | HIDDEN | | |
| 32. Which agency would you prefer? | HIDDEN | | |
| 33. Referral person contact info. | | | |
| 34. What are the best ways to contact you? (select all that apply) | Phone call Text Email Facebook | | |
| 35. How did you hear about us? | | | |
| 36. If you wish to receive updates on the status of this referral, including which agency is assigned, please enter your email here. | | | |



Brighter Beginnings Informed Consent

Brighter Beginnings is partnering with _____ **[Provider Partner Name]**
in an effort to make home visiting services available to more caregivers and families.

As part of Brighter Beginnings, your home visitor is able to:

- Provide parenting education and child development information,
- Help you set goals for your child and family,
- Conduct in-home screenings with you
- Help connect you to any needed resources or additional support
- Address any concerns or needs you or your family have

Brighter Beginnings hopes to show how home visiting benefits children and families. This can help more families to receive this free service. Data about your family will be securely stored in the Brighter Beginnings database, which is a private and secure database housed within the MO Children's Trust Fund REDCap implementation hosted by the Missouri Dept. of Elementary & Secondary Education Office of Childhood. All information is kept confidential and only approved staff, that follow all privacy laws, will have access to it. Reports will be used to show the benefits of home visiting services. All reports use what is called "aggregate data"; which means no information can be tied back to any person. Your information is private and confidential.

You have a right to:

- Have your protected health information ("PHI"), or information that can be easily connected to you maintained in a confidential manner following the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Review records for you or your child at any time
- Change your mind about participating in home visiting services, and withdraw this acknowledgement at any time

This acknowledgement form has been explained to me. I have read the acknowledgement form and any questions that I had about the form have been answered. By signing this form, I am agreeing to allow my information to be uploaded to the secure REDcap database managed by Brighter Beginnings Home Visiting Collaborative. In addition, I am agreeing to release all Brighter Beginnings, City of Columbia, and the agency I am working with directly (identified above) from any liability related to the implementation and administration of the program in all of its aspects.

Signed _____

Date _____

| BRIGHTER BEGINNINGS SCREENING SCHEDULE | | | | | |
|--------------------------------------------------------------------------------------------------------|-----------|---------|--------------------------------------------------------|----------------|-------------------------|
| Window | Start Day | End Day | Window by Months | Days in Window | Due Dates |
| ASQ3 (Based on: DOB) ALL CHILD RECORDS (CRs) | | | | | |
| #1 | 142 | 217 | 4.5 to 7 months | 75 | 6 months |
| #2 | 244 | 319 | 7.5 to 10 months | 75 | 9 months |
| #3 | 320 | 395 | 10.5 to 13 months | 75 | 12 months |
| #4 | 503 | 578 | 16.5 to 19 months | 75 | 18 months |
| #5 | 685 | 760 | 22.5 to 25 months | 75 | 24 months |
| #6 | 868 | 943 | 28.5 to 31 months | 75 | 30 months |
| #7 | 1050 | 1125 | 35 to 37 months | 75 | 36 months |
| ASQSE (Based on: DOB-Document in REDCap & Enter in ASQ Online) - ALL CHILDREN RECORDS (CRs) | | | | | |
| #1 | 142 | 217 | 4.5 to 7 months | 75 | 6 months |
| #3 | 320 | 395 | 10.5 to 13 months | 75 | 12 months |
| #4 | 503 | 578 | 16.5 to 19 months | 75 | 18 months |
| #5 | 685 | 760 | 22.5 to 25 months | 75 | 24 months |
| #6 | 868 | 943 | 28.5 to 31 months | 75 | 30 months |
| #7 | 1050 | 1125 | 35 to 37 months | 75 | 36 months |
| Edinburgh/Depression Screen (Based on: DOB) – CAREGIVER RECORD (PCG) – OOC Timepoints | | | | | |
| #1 | 0 | 90 | 0 to 3 months post-delivery (if PG Enrollee) | 90 | Birth to 90 days |
| | | | OR | | |
| #1 | 0 | 90 | 0 to 3 months post enrollment (if Postpartum Enrollee) | 90 | Enrollment to 3 months |
| IPV Screen (Based on: Enrollment) - CAREGIVER RECORD (PCG) – OOC Timepoints | | | | | |
| #1 | 1 | 182 | Enrollment to 6 months | 181 | Enrollment to 6 months |
| Safe Infant Sleep (Based on DOB) - ALL CHILD RECORDS (CRs) | | | | | |
| #1 | 1 | 93 | 0 to 3 months | 92 | First Visit or 0-3 mths |
| #2 | 94 | 186 | 3 to 6 months | 92 | 3 months |
| #3 | 187 | 372 | 6 to 12 months | 185 | 6 months |
| Health Care Utilization Education (Based on: DOB) – ALL CHILD RECORDS (CRs) | | | | | |
| #1 | 0 | 93 | 0 to 3 months | 93 | Birth to 3 months |
| #2 | 155 | 279 | 5 to 9 months | 124 | 6 months |
| #3 | 341 | 465 | 11 to 15 months | 124 | 12 months |
| #4 | 527 | 651 | 17 to 21 months | 124 | 18 months |
| #5 | 713 | 837 | 23 to 27 months | 124 | 24 months |
| #6 | 899 | 1023 | 29 to 33 months | 124 | 30 months |
| #7 | 1085 | 1209 | 35 to 39 months | 124 | 36 months |
| Substance Use (Based on: Caregiver Enrollment Date) - CAREGIVER RECORD (PCG) | | | | | |
| #1 | 1 | 186 | Enrollment to 6 months | 185 | Enrollment to 6 months |
| #2 | 187 | 372 | 6 to 12 months | 185 | 6 to 12 months |
| #3 | 373 | 558 | 12 to 18 months | 182 | 12 to 18 months |
| #4 | 559 | 744 | 18 to 24 months | 181 | 18 to 24 months |
| #5 | 745 | 930 | 24 to 30 months | 106 | 24 to 30 months |
| #6 | 931 | 1116 | 30 to 36 months | 185 | 30 to 36 months |

| BRIGHTER BEGINNINGS 2023-2024 SCREENING SCHEDULE CONTINUED.... | | | | | |
|-----------------------------------------------------------------------|-----------|---------|------------------------|----------------|-----------------|
| Window | Start Day | End Day | Window by Months | Days in Window | Due Dates |
| PCI Screen (Based on: DOB) - ALL CHILD RECORDS (CRs) | | | | | |
| #1 | 155 | 279 | 5 to 9 months | 124 | 6 months |
| #2 | 280 | 465 | 9 to 15 months | 185 | 10 months |
| #3 | 527 | 682 | 17 to 22 months | 155 | 18 months |
| #4 | 713 | 837 | 23 to 27 months | 124 | 24 months |
| #5 | 838 | 1023 | 27 to 33 months | 185 | 28 months |
| Child Insurance Form (Based on: DOB) - ALL CHILD RECORDS (CRs) | | | | | |
| #1 | 1 | 186 | Birth to 6 months | 185 | Initial/Birth |
| #2 | 187 | 372 | 6 to 12 months | 185 | 6 months |
| #3 | 373 | 558 | 12 to 18 months | 185 | 12 months |
| #4 | 559 | 744 | 18 to 24 months | 185 | 18 months |
| #5 | 745 | 930 | 24 to 30 months | 185 | 24 months |
| #6 | 931 | 1116 | 30 to 36 months | 185 | 30 months |
| Parent Insurance Form (Based on: Enrollment) - CAREGIVER RECORD (PCG) | | | | | |
| #1 | 1 | 186 | Enrollment to 6 months | 185 | Enrollment |
| #2 | 187 | 372 | 6 to 12 months | 185 | 6 months |
| #3 | 373 | 558 | 12 to 18 months | 185 | 12 months |
| #4 | 559 | 744 | 18 to 24 months | 185 | 18 months |
| #5 | 745 | 930 | 24 to 30 months | 185 | 24 months |
| #6 | 931 | 1116 | 30 to 36 months | 185 | 30 months |
| #7 | 1117 | 1302 | 36 to 42 months | 185 | 36 months |
| #8 | 1303 | 1488 | 42 to 48 months | 185 | 42 months |
| #9 | 1489 | 1674 | 48 to 54 months | 185 | 48 months |
| #10 | 1675 | 1860 | 54 to 60 months | 185 | 54 months |
| #11 | 1861 | 2046 | 60 to 66 months | 185 | 60 months |
| #12 | 2047 | 2232 | 66 to 72 months | 185 | 66 months |
| #13 | 2233 | 2418 | 72 to 78 months | 185 | 72 months |
| Well Child Visits Form (Based on DOB) – ALL CHILD RECORDS (CRs) | | | | | |
| #1 | 0 | 5 | Birth to 5 days | 5 | Birth to 5 days |
| #2 | 6 | 46 | 6 days to 1.5 months | 40 | 1 month |
| #3 | 47 | 107 | 1.5 to 3.5 months | 60 | 2 months |
| #4 | 108 | 167 | 3.5 to 5.5 months | 59 | 4 months |
| #5 | 168 | 259 | 5.5 to 8.5 months | 91 | 6 months |
| #6 | 260 | 350 | 8.5 to 11.5 months | 90 | 9 months |
| #7 | 351 | 441 | 11.5 to 14.5 months | 90 | 12 months |
| #8 | 442 | 532 | 14.5 to 17.5 months | 90 | 15 months |
| #9 | 533 | 578 | 16.5 to 19 months | 45 | 18 months |
| #10 | 716 | 867 | 23.5 to 28.5 months | 151 | 24 months |
| #11 | 868 | 928 | 28.5 to 30.5 months | 60 | 30 months |
| #12 | 929 | 1125 | 30.5 to 37 months | 196 | 36 months |

| BRIGHTER BEGINNINGS 2023-2024 SCREENING SCHEDULE CONTINUED.... | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|-------------------|--------|-------------------------|
| Window | Window | Window | Window | Window | Window |
| Demographic Update form (Based on: Enrollment, Quarterly) - CAREGIVER RECORD (PCG) | | | | | |
| #1 | 93 | 186 | 3 to 6 months | 93 | 3 months |
| #2 | 187 | 279 | 6 to 9 months | 92 | 6 months |
| #3 | 280 | 372 | 9 to 12 months | 92 | 9 months |
| #4 | 373 | 465 | 12 to 15 months | 92 | 12 months |
| #5 | 466 | 558 | 15 to 18 months | 92 | 15 months |
| #6 | 559 | 651 | 18 to 21 months | 92 | 18 months |
| #7 | 652 | 744 | 21 to 24 months | 92 | 21 months |
| #8 | 745 | 837 | 24 to 27 months | 92 | 24 months |
| #9 | 838 | 930 | 27 to 30 months | 92 | 27 months |
| #10 | 931 | 1023 | 30 to 33 months | 92 | 30 months |
| #11 | 1024 | 1116 | 33 to 36 months | 92 | 33 months |
| #12 | 1117 | 1209 | 36 to 39 months | 92 | 36 months |
| #13 | 1210 | 1302 | 39 to 42 months | 92 | 39 months |
| #14 | 1303 | 1395 | 42 to 45 months | 92 | 42 months |
| #15 | 1396 | 1488 | 45 to 48 months | 92 | 45 months |
| #16 | 1489 | 1581 | 48 to 51 months | 92 | 48 months |
| #17 | 1582 | 1674 | 51 to 54 months | 92 | 51 months |
| #18 | 1675 | 1767 | 54 to 57 months | 92 | 54 months |
| #19 | 1768 | 1860 | 57 to 60 months | 92 | 57 months |
| #20 | 1861 | 1953 | 60 to 63 months | 92 | 60 months |
| #21 | 1954 | 2046 | 63 to 66 months | 92 | 63 months |
| #22 | 2047 | 2139 | 66 to 69 months | 92 | 66 months |
| #23 | 2140 | 2232 | 69 to 72 months | 92 | 69 months |
| #24 | 2233 | 2325 | 72 to 75 months | 92 | 72 months |
| Postpartum Healthcare Visits (Based on: DOB) - ALL CHILD RECORDS (CR) | | | | | |
| #1 | 1 | 186 | Birth to 6 Months | 185 | Within 8 weeks of Birth |
| <ul style="list-style-type: none"> Data is captured by days. Brighter Beginnings only tracks children until they are 36 months of age. Extended time point it is for families that may have enrolled prenatally. Forms marked CAREGIVER SPECIFIC is data collected on mom/caregiver. Forms marked CHILD SPECIFICS are to be completed on ALL children (index or twins/multiples). Forms marked ALL CHILD SPECIFICS (NOT TWINS/MULTIPLES) are to be completed on index child (but are not necessary to complete on twin/multiples due to sharing the same pregnancy). OOO Timepoints = OOC collects it this way, but the other CI sites collect more timepoints. All the remaining timepoints are collected by OOC and the other CI sites. | | | | | |



Brighter Beginnings CRIS User Instructions

These instructions are for Brighter Beginnings partner programs receiving referrals through the Brighter Beginnings Centralized Intake and Referral System (CRIS).

1. When a Brighter Beginnings referral is entered into the CRIS, the partner program that is assigned through the CRIS will receive an email alert. Here is an example:

First Chance for Children (FC4C),

Your agency has received the following **NEW** referral from Brighter Beginnings
#659, Name: Tester T

[Click here to Accept, Decline or Update the Referral](#)

Thank you,

The Brighter Beginnings Team
kelly.schauman@como.gov
 (573) 874-6219
www.brighterbeginnings.org

2. Open the referral by selecting "update the referral," or by logging into the CRIS Dashboard and pulling the referral up in the queue.

Please Note: Once in the queue screen don't select the option "Accept" as that removes the referral from the queue, making it difficult to track. "Accept" is only selected when the family enrolls into the home visiting program.

3. In the CRIS Dashboard, the referral can be seen in your queue.

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Record: 658, Waiting for placement confirmation Created: 01/05/24 11:59 am, 10 hrs and 38 mins Updated: 01/05/24 11:59 am, 10 hrs and 38 mins | Test Swifter Boone MO Prenatal (Pregnant) Priority Score: 7.5 | Bringing Families Together (BFT) <input type="button" value="GO"/> FIRST Attempted Contact Date: <input type="text"/> <input type="button" value="In Progress"/> <input type="button" value="Decline"/> <input type="button" value="Accept"/> |
| Record: 659, Waiting for placement confirmation Created: 01/05/24 12:13 pm, 10 hrs and 24 mins Updated: 01/05/24 12:13 pm, 10 hrs and 24 mins | Tester Test Boone MO 8 months old Priority Score: 3 | First Chance for Children (FC4C) <input type="button" value="GO"/> FIRST Attempted Contact Date: <input type="text"/> <input type="button" value="In Progress"/> <input type="button" value="Decline"/> <input type="button" value="Accept"/> |
| Record: 700, Waiting for placement confirmation Created: 01/05/24 12:20 pm, 10 hrs and 15 mins Updated: 01/05/24 12:20 pm, 10 hrs and 15 mins | Mickey-Test Mouse-Test Boone MO Prenatal (Pregnant) Priority Score: 15.5 | First Chance for Children (FC4C) <input type="button" value="GO"/> FIRST Attempted Contact Date: <input type="text"/> <input type="button" value="In Progress"/> <input type="button" value="Decline"/> <input type="button" value="Accept"/> |

4. Enter the **First Attempted Contact Date**. This is the date in which you first attempted contact with the family, whether contact was successful or not.
5. Enter the status of the referral:

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Record: 700, Waiting for placement confirmation Created: 01/05/24 12:20 pm, 10 hrs and 15 mins Updated: 01/05/24 12:20 pm, 10 hrs and 15 mins | Mickey-Test Mouse-Test Boone MO Prenatal (Pregnant) Priority Score: 15.5 | First Chance for Children (FC4C) <input type="button" value="GO"/> FIRST Attempted Contact Date: <input type="text"/> <input type="button" value="In Progress"/> <input type="button" value="Decline"/> <input type="button" value="Accept"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

In Progress

Select "In Progress" if program partner is still trying to reach/connect with the family.
Enter the reason why the referral is in progress using non-identifying information. (Example A: Attempted phone call, left VM with call back number, for the purpose of scheduling of HV), (Example B: Sent text message for the purpose of scheduling home visit)

Decline

Select "Decline" if:

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| ➤ The family does not qualify for services | These cases will be reassigned to another agency through the CRIS |
| ➤ The agency is full or at capacity | |
| ➤ Family not interested home visiting | These cases will not go back into the queue for another agency |
| ➤ You are unable to reach the family after multiple attempts (Please use more than one means of communication in effort to reach consumer such as a phone call, text, letter, email, message number etc. over the course of at least two weeks, but no more than 4 weeks, before making this selection) | |

The reason you decline determines where the referral goes!

Accept

Select "**Accept**" if the family is going to enroll into the home visiting program.

CRIS adds this family's referral to the program partner's records in **REDCap** (if the partner is participating in data collection)

Please Note: To view the history for each referral, click on the record # in the dashboard queue. This feature allows for easy monitoring of referrals to ensure timely connection to services.

| History | | | | |
|----------------------|------------------------------------|-----------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 12/07/23 2:21 pm | Waiting for placement confirmation | Bringing Families Together (BFT) | | |
| 12/07/23 3:57 pm | Waiting for placement confirmation | Bringing Families Together (BFT) | | 12/7/2023 - Supervisor [redacted] texted Angie Marquez. |
| 12/18/23 1:20 pm | Waiting for placement confirmation | Bringing Families Together (BFT) | | 12/8/2023 - HVS [redacted] sent a text message to family. |
| 12/18/23 1:20 pm | Waiting for placement confirmation | Bringing Families Together (BFT) | | 12/11/2023 - [redacted] sent text message to family. |
| 12/18/23 1:21 pm | Waiting for placement confirmation | Bringing Families Together (BFT) | | 12/18/2023 - HVS [redacted] sent a text message to family. HVS [redacted] attempted to call but could not leave a voice message. |
| 12/27/23 11:35 am | Waiting for placement confirmation | Bringing Families Together (BFT) | | 12/27/2023 - [redacted] texted HVS [redacted] and stated that she has moved to Pettis County out of our coverage area. |
| 12/27/23 11:36 am | Declined | Bringing Families Together (BFT) | Family lives out of the program's service area | [redacted] moved to Pettis County (Sedalia, MO) which is not our coverage area. |
| 12/27/23 11:36 am | Waiting for placement confirmation | Lutheran Family and Children's Services Pregnancy Program | | Initial Contact: 12/27/2023 |
| 12/27/23 11:43 am | Waiting for placement confirmation | Lutheran Family and Children's Services Pregnancy Program | | VM not set up, sent text |
| 01/02/24 11:56 am | Waiting for placement confirmation | Lutheran Family and Children's Services Pregnancy Program | | Attempted another call. VM not set up, sent follow-up text |
| 01/02/24 4:11 pm | Waiting for placement confirmation | Lutheran Family and Children's Services Pregnancy Program | | Confirmed interest and updated address, assigned to case manager [redacted] who will reach out to schedule intake appt |
| 01/05/24 08:37 am | Waiting for placement confirmation | Lutheran Family and Children's Services Pregnancy Program | | intake appt scheduled w/ CM [redacted] for 1/8 at 11am |

Follow these instructions for Brighter Beginnings partner programs adding an external/self-referral
Brighter Beginnings Centralized Intake and Referral System (CRIS).

1. Section: **Who is filling out this referral form?**

Who is filling out this referral form?

- ☐ I'm a Mom (parent or caregiver) referring myself
- ☐ I'm a Dad (parent or caregiver) referring myself
- ☐ I'm another Parent or Caregiver referring myself
- ☐ I'm a Medical Professional and referring someone else
- ☐ I'm a Call Center Employee (including 211) and referring someone else
- ☒ I'm a Home Visiting Agency or Home Visiting (putting in an external referral/self-referral)
- ☐ I'm with DSS - Children's Division/Family Support Division and referring someone else
- ☐ I'm another type of Home Visitor (not putting in self-referral)
- ☐ I'm with a Managed Care Organization (MCO) and referring someone else
- ☐ I'm a person or organization not listed above and referring someone else

Select the option "I'm a Home Visiting Agency or Home Visiting (putting in an external referral/self-referral)"

2. Select "Yes"

Do you have a home visiting agency you would like to use?

- ☒ Yes
- ☐ No

3. Select name of your agency from the drop-down menu.

Which agency would you prefer?

(can be used for external referrals)

Available options:

- Central Missouri Community Action Agency-Early Head Start
- Health Families America-Department of Public Health and Human Services (PHHS)
- First Chance Four Children (FC4C)
- Lutheran Family and Children's Services Pregnancy Program
- Columbia Public School- Parents as Teachers
- Bringing Families Together (BFT)
- Southern Boone Public School- Parents as Teachers

4. Enter First and Last name of the person filling out the questionnaire.

First name of person filling out this questionnaire?

Last name of person filling out this questionnaire?

5. Respond to the subsequent questions remaining within the questionnaire in order to submit and complete the referral.

| BRIGHTER BEGINNINGS DATA COLLECTION FORMS SCHEDULE | | |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Form | How Often/Who's Specific | Due Dates |
| STATIC FORMS (Done Only Once or Doesn't Change) | | |
| Person Identification Form (<i>includes the enrollment date now</i>) | Once – ALL RECORDS (including Prenatal) | Intake/Start – Very First Form |
| Missouri (Brighter Beginnings) Consent | Once – CAREGIVER RECORD (upload or electronic signature – autopopulate to child records) | Intake/Start |
| Intake | Once – CAREGIVER RECORDS | Intake/Start |
| Agency & Eligibility | Once – CAREGIVER RECORD | Intake/Start |
| Baby/Child Information | 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 (if never breastfed then child's DOB) |
| Case Closure Form | Once – ALL RECORDS | Closure (each person needs a closure form when they close, its ok if they close at different times) |
| ONGOING & AS OCCUR FORMS | | |
| Lost to Follow Up Status | As Occurs - CAREGIVER RECORD | When LFU starts/ends |
| Parent Information Form | Initially, and as address changes – CAREGIVERS RECORD | Intake and as address changes – update same (1) form. |
| Family Goals | Intake/ As Occurs – CAREGIVER RECORD | Intake/As goals get created and completed (always have a goal) |
| Home Visits Form | Every Home Visit - CAREGIVER SPECIFIC | As EVERY home visit occurs |
| Prenatal Healthcare Visits | As occurs – CAREGIVERS RECORD | When prenatal healthcare visits occur |
| Child ER/UCC Visits | As Occurs – ALL CHILD RECORDS | As ER/UCC visits happen – ask at every visit |

Highlighted Items should be done at Intake/Enrollment!

*Note: Forms marked CAREGIVER RECORD is data collected on mom/caregiver. Forms marked CHILD RECORD are to be completed on ALL children (index or twins/multiples). Brighter Beginnings is only collecting data on index children (youngest child at enrollment or fetus if pregnant at enrollment), including twins/multiples.

Exhibit B

Incentive Payment Structure

**INCENTIVE PAYMENT STRUCTURE**

Subject to funding availability, incentive payments will be made annually to Brighter Beginnings program partners as follows:

| Partnership Level | | Incentive Type | Amount |
|-------------------|--------------------------|---------------------------------------------|---------|
| Tier 2 | Referral Network Partner | n/a | \$0 |
| | Core Partner | n/a | \$0 |
| Tier 1 | Impact Partner | data collection/sharing | \$9,000 |
| | Comprehensive Partner | data collection/sharing | \$9,000 |
| | | referrals accepted exclusively through CRIS | \$0* |

*Funding currently not available.

The payment period is July 1 – June 30, annually.