

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE ADMINISTRATOR FOR THE DEPARTMENT OF YOUTH AND FAMILY DEVELOPMENT TO EXECUTE A CONTRACT WITH SIGNAL CENTERS FOR THE BABY UNIVERSITY PROGRAM FOR A TWELVE (12) MONTH TERM WITH THE OPTION TO RENEW FOR FOUR (4) ADDITIONAL TWELVE (12) MONTH PERIODS, FOR AN ESTIMATED ANNUAL AMOUNT OF THREE HUNDRED TWENTY-FIVE THOUSAND DOLLARS (\$325,000.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That the Administrator for the Department of Youth and Family Development is hereby authorized to execute a contract with Signal Centers for the Baby University Program for a twelve (12) month term with the option to renew for four (4) additional twelve (12) month periods, for an estimated annual amount of \$325,000.00.

ADOPTED: _____, 2015

/mem

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: 3/12/15

Preparer: Natalie Finnell

Department: Purchasing

Brief Description of Purpose for Resolution/Ordinance: Res./Ord. # _____ Council District # _____

A resolution authorizing the Administrator of Youth and Family Development to execute a contract with Signal Centers for the Baby Univer

The estimated annual expenditure is \$325,000.00

The proposed contract will be for a twelve (12) month term with the option to renew for four (4) additional twelve (12) month periods.

Name of Vendor/Contractor/Grant, etc. Signal Centers
Total project cost \$ 325,000.00
Total City of Chattanooga Portion \$ _____
City Amount Funded \$ 325,000.00
New City Funding Required \$ _____
City's Match Percentage % _____

New Contract/Project? (Yes or No) Yes
Funds Budgeted? (YES or NO) _____
Provide Fund _____
Provide Cost Center _____
Proposed Funding Source if not budgeted _____
Grant Period (if applicable) _____

List all other funding sources and amount for each contributor.

| Amount(s) | Grantor(s) |
|-----------|------------|
| \$ _____ | _____ |
| \$ _____ | _____ |
| \$ _____ | _____ |

Agency Grant Number _____

CFDA Number if known _____

Other comments: (Include contingency amount, contractor, and other information useful in preparing resolution)

Approved by: _____

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

Please submit completed form to @budget, City Attorney and City Finance Officer

Revised: October, 2011

sity Program.

| Committee Member | Evaluation Criteria | Total Possible Points | Signal Centers | Creative Discovery |
|-------------------------|-------------------------------|------------------------------|-----------------------|---------------------------|
| Sherry Hutsell | General | 5 | 4 | 3 |
| | Problem Statement and Summary | 5 | 5 | 3 |
| | Proposal Plan | 20 | 20 | 10 |
| | Services and Implementation | 25 | 20 | 10 |
| | Staffing and Facilities | 20 | 15 | 8 |
| | Budget | 25 | 20 | 10 |
| | Total | | | 80 |
| Toccora Johnson | General | 5 | 5 | 5 |
| | Problem | 5 | 5 | 5 |
| | Proposal | 20 | 17 | 14 |
| | Services | 25 | 23 | 20 |
| | Staffing | 20 | 18 | 16 |
| | Budget | 25 | 23 | 23 |
| | Total | | | 91 |
| Stacy Richardson | General | 5 | 5 | 5 |
| | Problem | 5 | 5 | 2 |
| | Proposal | 20 | 20 | 15 |
| | Services | 25 | 25 | 20 |
| | Staffing | 20 | 20 | 14 |
| | Budget | 25 | 25 | 20 |
| | Total | | | 100 |
| Karitsa Mosley | General | 5 | 5 | 5 |
| | Problem | 5 | 5 | 5 |
| | Proposal | 20 | 20 | 20 |
| | Services | 25 | 25 | 20 |
| | Staffing | 20 | 20 | 15 |
| | Budget | 25 | 25 | 20 |
| | Total | | | 100 |
| Jason McKinney | General | 5 | 5 | 5 |
| | Problem | 5 | 5 | 5 |
| | Proposal | 20 | 18 | 15 |
| | Services | 25 | 22 | 15 |
| | Staffing | 20 | 15 | 12 |
| | Budget | 25 | 22 | 20 |
| | Total | | | 87 |
| Allen Coffman | General | 5 | 4 | 4 |
| | Problem | 5 | 4 | 3 |
| | Proposal | 20 | 15 | 14 |
| | Services | 25 | 19 | 17 |
| | Staffing | 20 | 17 | 13 |
| | Budget | 25 | 19 | 15 |
| | Total | | | 78 |
| GROUP TOTAL | | | 536 | 423 |

Signal Centers

Baby University Proposal

Summary, Mission, Vision, and Rationale

Signal Centers proposes to serve as lead agency for the administration of Baby University. The key strategies introduced in this proposal are:

- intensive case management
- small caseload size
- frequent engagement
- linkages to community partnering services
- shared data
- external review and monitoring

The mission of Baby University is to coach families to effectively prepare children for life-long success. The work of Baby University will be accomplished through a consortium of collaborative partners uniting to work with families in the East Side and East Lake communities through Baby University case managers. Each partnering agency brings expertise, resources, and the commitment of the leaders to be a part of the Network Management Team, thereby providing buy-in, along with coordinated, synergistic efforts. Signal Centers will provide intensive case management, oversight, fiscal monitoring, and will serve as the convener of the partnership. Our vision is for Baby University to become a model for helping families across Hamilton County and Chattanooga access appropriate services, navigate those service processes, and prepare children for life-long success.

Every parent hopes to see his/her child succeed academically, graduate from high school, then college, find a fulfilling relationship, and secure the job of his/her dreams. But what happens at the start of that child's life may have the biggest impact on whether those hopes are realized. Child development experts have decades of data demonstrating how the earliest years have the greatest impact on life and the biggest return on investment.

Early childhood experiences create the blueprint for the brain's architecture. As that brain is being built, mothers have the opportunity to make sure that good nutrition, low stress and healthy lifestyle give the baby his/her best start possible. With a good start during Mom's pregnancy, the baby has much better odds to be born at full term with a healthy birth weight. **Baby University starts by supporting mothers to have the basic building blocks of healthy pregnancies with good prenatal care.** Early brain development is the most prolific during pregnancy through age three. Early childhood experiences affect brain development, and, therefore, great opportunities exist to have impact upon life-long success. It also means that babies and toddlers are especially vulnerable to negative influences and stress. **Baby University will capitalize on this**

window of opportunity by using evidence-based interventions to partner with families in creating positive early experiences and limiting negative experiences.

Language skills are one of the keys to life-long success and most parents enjoy interacting with their babies and naturally converse with them. Parents can maximize this growth by increasing the amount and quality of their child's speech by reading books, singing songs, telling stories and listening to their children. Verbal interaction creates a language-rich environment that nurtures literacy. **Baby University will help parents understand the impact that they can have by intentionally focusing on interactions that will help infants and toddlers experience an explosion of vocabulary and set the stage for effective language development and communication throughout life.**

Stress is a factor in child maltreatment. The ACES Study (Adverse Childhood Experiences) describes the stress poverty creates on the family, including community violence, concentrated neighborhood poverty, high unemployment, domestic violence, substance abuse, disorganization and deterioration of the family, parental lack of understanding of child development and the needs of the child, mental health issues, and transient non-biological caregivers in the home. Children under the age of four and children with disabilities are most vulnerable. Coaching parents and caregivers to provide stability in the home through employment, stable housing, access to health care, and positive social networks will lessen the stress that leads to abuse and neglect. **Baby University will use the protective factors identified by the ACES Study and Strengthening Families to build family resilience and strong child outcomes. Training parents to understand developmental stages will help them have realistic expectations and also encourage development. Ultimately, reducing negative childhood experiences, abuse, and neglect will give children the best possible life.**

Research indicates maternal education, health, and well-being have the greatest influence on child health, well-being, and educational success. Teen pregnancy often disrupts education and a career path, while also creating challenges in parenting. **Baby University will address teen pregnancy by helping teens access prenatal care, continue their education, and delay a second pregnancy until after high school.**

In order to help review each submission, qualified applicants for this proposal should submit a detailed plan including some/all of the activities listed in this document. This plan should include the following headings:

Activities: This section will identify what the applicant plans to do with participants to achieve the short, mid, and long-term goals identified.

Target Population: Pregnant women, teens, or families with newborns to age one are the preferred participants although others will be accepted. The program will be open to all residents of Hamilton County, but will focus recruitment on the East Lake and East Side areas of Chattanooga. The program is specifically designed to strengthen the competencies and address needs of at-risk families.

Intake: The Baby University case managers will be housed within the Chattanooga Housing Authority site at East Lake Courts. Staff will preferably do the initial intake at the homes of potential participants. The intake session will be a rapport-building interview using motivational interviewing techniques and Strengths Based Coaching.

Case Management: The proposed model would enroll approximately 75 families in the East Lake and East Side communities through a director and three case managers who would, in essence, walk each family through the processes, referrals, and activities to ensure outcomes for the families and the model. 100 other families may have interventions but not enroll in the program. Case managers will provide direct services including in home visits, arranging and leading support groups, providing one-on-one coaching and mentoring, intervening to lessen risk for the families, and referrals for services. Case managers will follow along with families to support the referrals and prevent regression.

A major factor in the success of Baby University will be the relationships built between participants and service providers. Our plans include small caseload size (1:25) so that bi-weekly contact (minimum) can be made with every participant. Each family enrolling in the program will have meetings with their case manager to assess strengths and needs. The GAF (Global Assessment of Functioning) or WHODAS (World Health Organization Disability Assessment Schedule), ACES (Adverse Childhood Experiences), and Beck Depression Inventory will be part of the assessment process.

Family Plan: Case managers will utilize the Strengths Based Coaching approach, based upon the model from the Francis Institute for Child and Youth Development, Metropolitan Community College, Kansas City, Montana. The family leader, usually the mother, will work with the case manager to develop goals for the family to include education goals for parents and children, health and safety goals, as well as employment goals for the parents. Any basic needs, social and emotional and developmental concerns, medical issues, and/or relational problems will be addressed in the plan. The development of the plan will include the following assessments as appropriate: GAF (Global Assessment of Functioning), WHODAS (measures social, occupational, and relational functioning), Ages and Stages Questionnaire, Brigance Screening Tool, ACES Questionnaire, Beck Depression Inventory and others, as needed. The GAF or WHODAS and Beck Depression Inventory will be given at the beginning of the process and then can be measured against later results (a description of these tools is attached).

Referrals for service: Case managers will work with participating families to arrange services as needed. A list of services provided by collaborative partners is below:

- Prenatal care
- Developmental screenings for children
- Employment services/Job development/Job readiness/Job placement
- Parent training and coaching
- Home visitation
- Parent mentoring in the home

- Nurse visitation in the home
- Food and nutrition assistance
- Connection to subsidy programs
- Early literacy programs
- Books, toys etc.
- Transportation support
- Expertise in English as a Second Language (ESL) and the Hispanic/Latino community
- Concrete supports, such as food and emergency assistance
- Parent training
- Free and low-cost access to quality early childhood education
- Home-based and center-based services for children with special needs
- Mental health services
- Smoking cessation programs
- Health and nutrition supports
- Substance abuse interventions
- Exercise and wellness opportunities
- Access to technology
- Community cafes to connect parents with each other
- Educational opportunities
- ESL classes

Target Population + Outreach Plans: Baby University will be available City wide but should also target outreach to areas with high percentage of high-risk population. This section should detail the methods of outreach and what areas will be targeted by the applicant.

Targeted Population:

The targeted outreach areas will include East Lake and the area surrounding East Side Elementary School. Below is data about East Lake and East Side.

Ochs Center for Metropolitan Studies provided data from the 2010 Census and American Family Survey (2007-11) outlining the need in this area of our city.

The percentage of under 5 population in the city of Chattanooga (6.4 percent) is slightly larger than the percentage of under 5 population in Hamilton County (6.1 percent). In the Flat Top area 3.2 percent of the children are under 5 while East Lake (10.5) and Highland Park (10.0) have larger rates of children under age 5.

Between 2000 and 2010 East Lake, Highland Park and North Brainerd saw the white population decline over 25 percent, while Ooltewah (65.7 percent) and Downtown (64.0 percent) saw large increases of whites.

One of the changes to the county is the rising number of Hispanics. Hispanics

tend to settle in the southern part of the urban core such as Highland Park (25.7 percent) and East Lake (17.3 percent) and the southeastern section of the county such as Ooltewah, Summit, and Collegedale.

- Percent of Owner-occupied housing in East Lake = 41.9%
- Percentage of Owner Occupied Houses with a Mortgage that are Considered Cost Burdened (over 30% of income spent on housing) in East Lake = 52.3%
- Percent of Single Parent Families with Children under 18 in East Lake = 64.2%
- Education Rates in East Lake, Percentage with High School Diploma = 31.9%; Percentage with Bachelor Degree or higher = 6.9%
- Percent of Population 16 and Older in the Labor Force in East Lake = 60.7%
- Mean Household Income in East Lake = \$39,919
- Poverty Rates for East Lake = 48.9%
- Percentage of Families using SNAP in East Lake = 42%

Data are derived from the Census decennial survey in 2010 and the American Community Survey (ACS) of years 2007-2011.

United Way of Greater Chattanooga reports their 211 Information and Referral Program received 3,637 calls from 1,600 individuals within zip codes 37404 and 37406 between January and October of 2014.

Callers' ages ranged from 19 to 92 years old. Below is a description of these calls.

Employment: 626 callers (40%) reported unemployment and 120 clients (7.5%) indicated needing help finding a job. Of those needing help finding a job, 86 (72%) were women.

Education: 865 callers (54%) answered the educational attainment question. Of those answering the education question, 308 (36%) did not have a high school education and 87 individuals were not educated beyond 9th grade.

Income: Reported median monthly income of callers--\$693

Of the 1506 callers reporting food stamp status, 1147 (76%) indicated they received food stamps (SNAP)

Children under age 5: Of the 222 callers responding to the question "Do you have any children under the age of 5 years old in your household?", 114 (51%) indicated a total of 174 children under 5 years old.

| | |
|---|----|
| Request for information about a child care center | 5 |
| Request for health information | 86 |
| Request for public assistance information | 24 |
| Request for pregnancy information | 1 |

Emergency Assistance

Top requests (5,040 total) were emergency requests for basic needs. See list below of needs referrals identified by major code and those with 4 or more:

| | |
|-------------|------|
| Grand Total | 5040 |
| Food | 2505 |
| Utilities | 1081 |
| Housing | 413 |

| | |
|--|-----|
| Individual and family support services | 295 |
| Material goods | 249 |
| Information services | 89 |
| Health supportive services | 48 |
| Transportation | 37 |
| Employment | 35 |
| Education support services | 34 |
| Tax organizations and services | 24 |
| Outpatient health facilities | 24 |
| Public assistance | 24 |
| Legal services | 20 |
| Legal assistance | 19 |
| Specialty medicine | 14 |
| Donor services | 14 |
| Recreation | 13 |
| Animal services | 9 |
| Social insurance programs | 8 |
| Volunteer opportunities | 8 |
| Consumer regulation | 7 |
| Mental health evaluation | 7 |
| Arts and culture | 7 |
| Consumer assistance and protection | 5 |
| Money management | 4 |
| Death/Burial | 4 |
| Public works | 4 |

These data clearly identify the needs of this area and also demonstrates that residents are reaching out for intervention. It also includes a significant representation of minorities including both African American and Hispanic/Latino populations.

Recruitment of participating families

Program Participation: No wrong door is the policy for entry into the program. Any service provider, community member, or even the families themselves can recommend and refer to the program. Participating families must, however, commit to a long-term relationship with Baby University and work with case managers to assess progress.

Recruitment: Baby University case managers will work with local service providers, including United Way's 2-1-1 and Building Stable Lives Life Coaches, for this community, and the Department of Youth and Family Development to identify and engage families. Some of the Baby University Network Management Team partners, such as Chattanooga Housing Authority's Upward Mobility Program and La Paz, have unique access to families who are in need of additional supports. All Network Management Team partners have agreed to help identify potential participants and encourage enrollment.

Incentives: The Baby University case managers will identify incentives, while meeting with families, but enrollees may have access to discounted child care or food assistance.

Enrollees will be eligible for special family outings and activities.

Levels of Participation:

- Enrollment will be for families who commit to intensive case management and agree to make a family plan. Case managers will make biweekly contact with the family throughout the grant and will provide intensive case management. Families who engage will be eligible for incentives. Target: 75 families or 25 families per case manager. We anticipate as more grants are secured, case managers will be added and more families will be reached.
- Service provision to families who need just a bit of help or who are not yet ready to commit to the program. Case managers will make referrals and offer assistance but will not do intensive follow up. Target: 100 families.

Collaboration plan: Applicants should include information about how they plan to coordinate with the City's Youth and Family Development Department and other service providers to ensure participants have access to additional services beyond the scope of Baby University.

The mission of the Baby University is to coach families to effectively prepare children for life-long success. To that end, Signal Centers has spoken with Coach Jennings and been assured that Youth and Family Development Department would be part of the collaborative team. The East Lake Recreation Center will be a community building site used to engage families and therapeutic recreation will work with the families to promote health, exercise, fitness, and wellness.

The Network Management Team will consist of significant players serving before birth through 2 year olds, and parents, within Hamilton County, with Signal Centers as lead/fiscal agency. Many more partners will be engaged, should Signal Centers' application be successful. The following is a list of collaborative partners already committed, along with a brief description of the services they will offer.

- Chattanooga Housing Authority – Upward Mobility Program
- Child Care Resource & Referral/Signal Centers - provides parent education, child care provider referrals, helps parents choose quality child care, trains child care providers, implements the Strengthening Families Statewide initiatives
- Children's Home/Chambliss Shelter – child care, Head Start, Pre K, parenting education
- Hamilton County Health Department -
 - Well Child- included Early Periodic Screening, Diagnosis and Treatment (EPSDT)/Well Child exams, immunizations, lead screening
 - Pediatric Primary Care (Sequoyah Clinic)
 - Car Seat Safety program - education regarding car seats, booster seats, and seat belts for children; provision of car seats for eligible clients

- Baby and Me - tobacco cessation assistance for pregnant women
- Help Us Grow Successfully (HUGS) and Parents as First Teachers (PAFT) – home visiting programs focusing on family, health, growth and development; referral assistance; parenting skills and early childhood education information.
- Women, Infants, and Children (WIC)- nutrition education and food supplemental program for pregnant women, infants and children up through age 4 years; breast feeding education and support.
- Children’s Special Services (CSS) - assistance with medical needs, insurance for children with special health care needs
- Family Planning- reproductive health including pre-conceptual care, pregnancy testing, sexually transmitted disease screenings, birth control, and referrals.
- Clinics in 4 locations – downtown (Third Street), Ooltewah, Birchwood, and Soddy Daisy. Many services are on a sliding scale fee system; TennCare and private insurances accepted.
- Head Start/Early Head Start - free early childhood education, health and home visitation
- Hamilton County Baptist Association – provides support to ESL families
- La Paz – provides services to the Latino community
- Ochs Center – will provide research, collect and analyze data, provide monthly reports to Signal Centers and to the City of Chattanooga on service provision and progress
- READ 20 – support early literacy and kindergarten readiness, donate books to the families enrolled
- Signal Centers’ Early Children’s Services– provide home-based services for any children with disabilities, provide discounted child care and summer camp experiences for children of all abilities, developmental screenings
- Signal Centers’ Employment Services – provide job readiness training, work with employers to advocate for employment
- Signal Centers’ Technology Services – provide loaned equipment, toys, technology services to overcome deficits
- Special Transit Services – provide transportation as needed
- United Way of Greater Chattanooga – support early childhood development by providing and monitoring the developmental progress of children through Ages and Stages Questionnaires, enrollment in the Imagination Library program for free monthly books, referrals through the United Way 2-1-1 information and referral program, and support through the United Way of Greater Chattanooga Building Stable Lives initiatives in East Lake (lead agency for the Life Coach-Partnership for Families, Children and Adults)
- Youth and Family Development / City of Chattanooga – work collaboratively with partners to engage families in community activities through East Lake Recreation Center, City initiatives, Therapeutic Recreation and more
- Other partnerships will be sought, as needed

The agencies and programs listed above already have the infrastructure in place to provide parenting education and support, promote health and safety, work with young children that may have a possible developmental delay, strengthen families, provide access to additional community services and provide data necessary to make this a true model for serving families and children in Hamilton County and Chattanooga.

Outputs + Outcomes + Data Collection Procedure: This section should list all intended outputs and outcomes of the program. Outputs should usually be measured by volume (ex: # of people trained), and outcomes should assess the impact the program is having on the community. In addition, proposals should include information about data collection, assessments, and reporting to the City.

Baby University will help children gain the tools needed during early childhood to be successful in school and life. It will help families move from dependency on local social services systems, and subsidy systems toward greater self-sufficiency while helping the family build a network of support that will provide the healthy relationships needed for high functioning families.

Activities will focus around six main areas: prenatal care, teen pregnancy, child welfare, early childhood education with a focus on literacy and language development, family wellbeing, and parents moving toward independence.

Children will receive the best start possible by helping expectant women to engage in healthy habits, access prenatal care, and learn about health and safety for infants and toddlers, including safe sleep practices. The families will focus on maximizing the brain architecture of the infants and toddlers by coaching and supporting families to provide the best environment and optimal early childhood experiences. Families in Baby University will receive coaching and training in a wide variety of vital skills including:

- Stages of development
- Social and emotional development
- Language development
- Health and safety
- Safe sleep practices
- Protective factors
- Managing behavior

The families will grow stronger through the provision of opportunities for mothers and families to access educational advancement, employment, a strong social network, and needed resources, as well as encouraging and supporting fathers' involvement with the children. Intentional interventions to reduce adverse childhood experiences and health risks will help children have the foundation for lifelong learning. The informational chart directly following the narrative outlines long-term outcomes, short-term outcomes, interventions, outputs, and data sources. Also, descriptions of the tools and service models are attached.

Data Collection, Analysis and Reporting

The Ochs Center for Metropolitan Studies will play an important role in tracking and measuring programmatic outcomes, as well as informing process improvements throughout the Baby University implementation process. The inclusion of this agency within Baby University's Network Management Team provides the crucial element of an outside, unrelated party performing monitoring and evaluation procedures. The Ochs Center team includes members with planning, research, and outcomes identification expertise. Additionally, for Baby University, Signal Centers will augment our team with academic professionals from the University of Chattanooga at Tennessee who possess extensive subject matter expertise as it relates to early childhood development.

The Ochs Center will:

- Develop intake survey for Baby University participants to establish baseline data, characterize cohort, and identify unique challenges
- Develop Baby University participant satisfaction survey to identify ongoing programmatic opportunities and challenges
- Review input and output data as entered in the software systems by Baby University case managers; query case managers on any data or activity volume inconsistencies
- Provide training to Baby University staff on outcomes and data reporting
- Provide Signal Centers with twice-monthly outcomes analysis of Baby University activity
- Provide Signal Centers with a year-end outcomes analysis report and other reports as requested

Signal Centers will provide the city with a comprehensive quarterly report on the project and will provide other data and information as requested.

Budget: The initial budget for this project \$325,000. The applicant must provide a detailed explanation how the funds will be spent. In addition, applicants should include a plan for leveraging the City's commitment to gain more funding to make Baby University a sustainable initiative.

Detailed Budget:

| EXPENSE OBJECT LINE-ITEM CATEGORY | GRANT CONTRACT | GRANTEE MATCH (participation) | TOTAL PROJECT |
|--|----------------|-------------------------------|----------------|
| Salaries & Wages - 1 Coordinator and 3 Case Managers | 157,500 | | 157,500 |
| Benefits & Taxes | 31,000 | | 31,000 |
| Professional Services – Ochs Center and annual audit | 35,000 | | 35,000 |
| Supplies | 12,000 | | 12,000 |
| Telephone and Internet | 7,000 | | 7,000 |
| Postage and Shipping | 300 | | 300 |
| Occupancy - Space provided by CHA | - | 18,000 | 18,000 |
| Printing & Publications | 7,000 | | 7,000 |
| Employee Travel | 28,800 | | 28,800 |
| Specific Assistance To Individuals: | | | |
| Boot Camp and Training events | 5,000 | | 5,000 |
| Transportation | 500 | | 500 |
| Incentives | 500 | | 500 |
| Food | 1,000 | | 1,000 |
| Professional Organization Dues | 400 | | 400 |
| | | | - |
| Indirect Cost | 39,000 | 9,750 | 48,750 |
| | | | - |
| GRAND TOTAL | 325,000 | 27,750 | 352,750 |

Sustainability:

The potential for sustainability lay in the fact the infrastructure is already in place for all of the services being delivered. The infrastructure of Baby University will, however, require additional sustainable funding. As the program expands, Signal Centers would work with the City to write grants and solicit funds to add managers and case managers, increase data collection and analysis, add technology, and incentives for participation. Based on the acceptance of in-kind gifts for space, services, and materials from all of the partner agencies, it would be appropriate to assume that additional funding could be garnered from capacity building grants and funds through local and national foundations and state government.

Key deadlines: Applicants should include a timeline for implementation and monitoring.

- March 2015: Planning and meeting with key stakeholders
- March 2015: Recruit leadership for the grant
- March 2015: Employ the director
- April 2015: Director and administrators visit Elementary Schools - East Lake and East Side to engage school personnel in helping recruit potential participants who may be pregnant but also have older children in school.
- April 2015: Employ 3 case managers
- April 1 - 3: Set up offices/orientation for new staff
- April 6 - 9: Baby University Case Manager Boot Camp for new staff
- April 10: Network Management Team with staff
- April 13 – 17: Begin engagement with the community.

The expectation is case managers will engage with several families each week and recruit two to three new families per week to enroll in the program until their caseload is stable at 25. The Baby University case managers will connect with every family at least every other week (every week in the beginning stages).

The City will not bear liability for any costs incurred in the preparation and delivery of proposals, nor is the City authorized to compensate firms submitting proposals for the Project.

- Long-term outcomes:
- Children succeed in school and life
 - Families embrace healthy lifestyles and long term stability

| <i>Short term outcomes / indicators</i> | <i>Measured by</i> | <i>Outputs:</i> | <i>Data source</i> | <i>Inputs: Activities and services</i> |
|---|--|-----------------|--|---|
| Pregnant teens will receive prenatal care and avoid risky behaviors including smoking and substance use | Full term pregnancies; Keeping prenatal appointments; Baby's Birth weight > 5 lbs; | 10 | Health department;; case manager; observation; parental report | Case management; Youth and Family Development provides positive support and recreation opportunities; Hamilton County Health Department (HCHD) Family Planning program provides pre-conceptual and pregnancy care as well as family planning; HCHD health clinics provide comprehensive services |
| Pregnant Teens will remain in school/ return to school/ pursue the GED | Teen remains in school or obtains the GED | 10 | Parental report; report card information; GED certification | Case management; referral to afterschool programs |
| Teen mothers will delay another pregnancy till after graduation or GED attainment | Avoidance of subsequent pregnancy until post-graduation | 10 | Parental report; HCHD report | HCHD Family Planning program and comprehensive services |

- Long-term outcomes:
- Children succeed in school and life
 - Families embrace healthy lifestyles and long term stability

| Short term outcomes / indicators | Measured by | Outputs: | Data source | Inputs: Activities and services |
|--|--|---|---|---|
| Families are involved with fewer negative experiences such as child maltreatment, addiction, death, and/or imprisonment of immediate family member | ACES questionnaire- Children will have scores of 4 or less on the questionnaire; Case manager report on abuse, neglect, addiction, arrests, imprisonment, and death | 25 | Case manager; Family self-report; Comparing percentage of trauma of the enrolled population with the general population of the community | Case Management; CCR&R parent education; HUGS and PAFT provide in home support and education |
| Parents of infants, toddlers and preschoolers avoid unregulated care and choose 2 and 3 star rated child care providers | child care placement and provider star ratings | 25% (this percentage is ambitious due to the population avoiding child care and preferring relative care) | Family report and CCR&R provider star ratings | CCR&R provides training and referrals to parents; Chambliss Center for Children, Early Head Start, Head Start, and Signal Centers will provide subsidized or free child care |

- Long-term outcomes:
- Children succeed in school and life
 - Families embrace healthy lifestyles and long term stability

| Short term outcomes / indicators | Measured by | Outputs: | Data source | Inputs: Activities and services |
|--|--|-----------------------------|---|---|
| Children will achieve developmental milestones on time | Ages and Stages Questionnaire and the Brigance will be administered at regular intervals | 80% of children on caseload | United Way, Signal Centers Early Intervention services will administer screening tools | United Way, Signal Centers, and TEIS provide screenings and referrals |

Long-term outcomes:
 • Children succeed in school and life
 • Families embrace healthy lifestyles and long term stability

| Short term outcomes / indicators | Measured by | Outputs: | Data source | Inputs: Activities and services |
|--|--|--|--|---|
| Children will achieve developmental milestones on time | Parents participation in training / coaching regarding: <ul style="list-style-type: none"> • Stages of development • Social and emotional development • Language development • Health and safety • Safe sleep practices • Protective factors • Managing behavior • strengthening families, • Early Learning Developmental Standards (TN ELDS) | 75% of parents with children under age 5 | Service provider and case management reports from in home visits | Case management; CCR&R parent engagement services; HCHD provides in home services including HUGS and PAFT; Signal Centers Early Childhood Education; United Way Early Childhood Initiatives |

- Long-term outcomes:
- Children succeed in school and life
 - Families embrace healthy lifestyles and long term stability

| Short term outcomes / indicators | Measured by | Outputs: | Data source | Inputs: Activities and services |
|---|---|---------------------------------------|--|---|
| Children enter kindergarten ready for school | READ 20 kindergarten screening and guide; Participation in Early Head Start, Head Start, Pre K or 2 or 3 star child care programs; HUGS, PAFT, and the HCHD | 100% of children enrolled since birth | Scores on kindergarten screening; and the 4 year old READ 20 Guide | United Way will provide ASQ screenings and referrals; HCHD provides in home services including HUGS and PAFT; Early Head Start and Head Start programs as well as Pre K programs offer free quality early childhood education |
| Parents read for 20 minutes daily to their children to provide a foundation for lifelong literacy | READ 20 pledge and log | 80% of new parents | Collection of pledge and logs | READ 20 will mentor parents and provide books to families; United Way will enroll all children in the Imagination Library |
| Older children and teens will succeed in school | Measure truancy and suspensions by school absences, measure school success by testing, review of grades, and tracking of engagement with afterschool activities | 90% of those enrolled from birth | Parental report; Report card information; Case manager report | Youth and Family Development provides afterschool programming, educational support; case management |

- Long-term outcomes:
- Children succeed in school and life
 - Families embrace healthy lifestyles and long term stability

| Short term outcomes / indicators | Measured by | Outputs: | Data source | Inputs: Activities and services |
|---|---|--|---|---|
| Parents ensure that babies and toddlers have access to health care, are immunized, and have well child visits to his/her medical home (either a primary care physician or the HCHD) | Report by health department workers and case managers | 100% | Parents will self-report; Health care workers and case managers will observe; child care admittance requires vaccination report | HCHD provides Well child exams/EPSDT, immunizations, and lead screening; pediatric primary care; car seat safety program; HCHD Health Clinics and Children's Special Services provides access to health care and insurance for children |
| Mothers will engage in good prenatal care and avoid activities that would adversely affect the birth of their child | Full term pregnancy; Baby's birth weight >5 lbs.; | 20 | Health department; Parental Self report; Case manager report | HCHD provides the "Baby and Me" smoking cessation program; HCHD clinics; case management |
| Parents of infants will use safe sleep habits, maintain a smoke free home, and follow other health and safety recommendations | observation by case manager | 90% of newborns in the caseload to age two | Case manager; home visitation programs | CCR&R infant toddler parent training and coaching; case management, PAFT, HUGS, Children's Special Services |

Long-term outcomes:

- Children succeed in school and life
- Families embrace healthy lifestyles and long term stability

| Short term outcomes / indicators | Measured by | Outputs: | Data source | Inputs: Activities and services |
|---|--|------------------------------|---|--|
| Families have improvements in health and well-being, along with an increase in support system. Parents will also show an increase in occupational and social functioning. | Scores on GAF or WHODAS; Beck Depression Inventory | 75% of enrolled families | GAF or WHODAS | HCHD WIC program provides healthy food for women, infants and children; 211 will accept SNAP applications; case management, United Way Building Stable Lives services; Youth and Family Services (through recreation centers for gathering and developing positive networks) |
| Parents will obtain/maintain reliable transportation | Family self-report | To be determined by caseload | Case manager observation and family self-report | Case Management; STS will help with transportation plans |
| Parental relational, occupational and social functioning will increase | GAF or WHODAS, Beck Depression Inventory | 75 | Case manager and family will review WHODAS scores | Case Management; United Way BSL services; Youth and Family Services Recreation Centers provide a natural gather point for families to develop positive networks |

Long-term outcomes:
 • Children succeed in school and life
 • Families embrace healthy lifestyles and long term stability

| Short term outcomes / indicators | Measured by | Outputs: | Data source | Inputs: Activities and services |
|---|--|-----------------|--|---|
| Parents will progress toward stability by: <ul style="list-style-type: none"> • Securing a stable job and maintaining employment for 6 months • Maintaining a residence for one year • Exiting one or more subsidy programs within a year of enrollment • Obtaining a GED or high school diploma • Engaging in post-secondary training | Verification by employer, pay stubs or income tax return; CHA case management visits; DHS/SNAP/Families First records; receipt of GED/diploma; completion of training or post-secondary training | 80% | Verification of employment by pay stub; Chattanooga Housing Authority; case managers; DHS; and service providers | Case management; CHA Upward Mobility Program; Employment Services; United Way Building Stable Lives services; CHA Upward Mobility services; La Paz and Hamilton County Baptist Association's ESL support; Signal Centers' Assistive Technology Services program |

Baby University

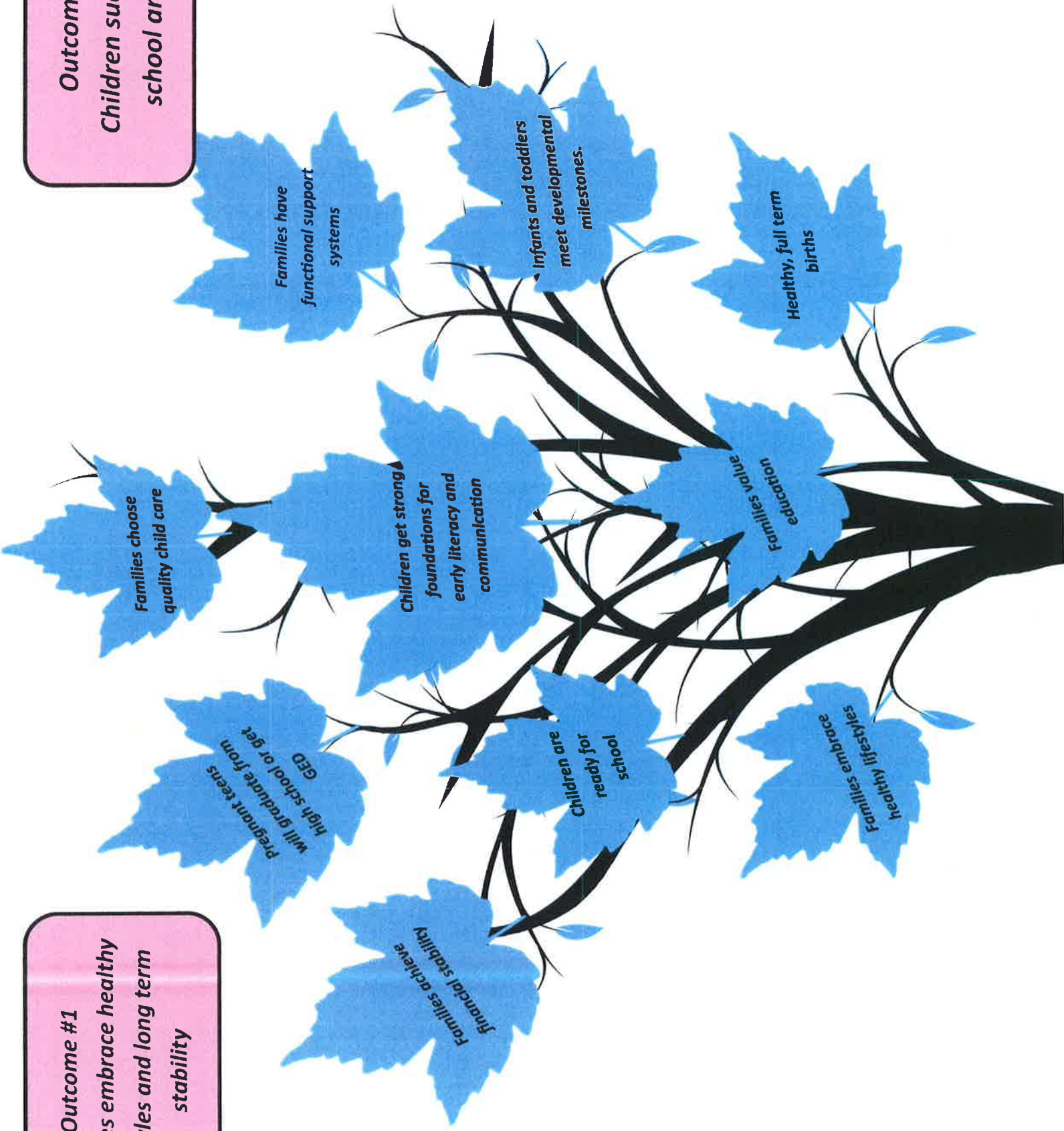
Staff Professional Development

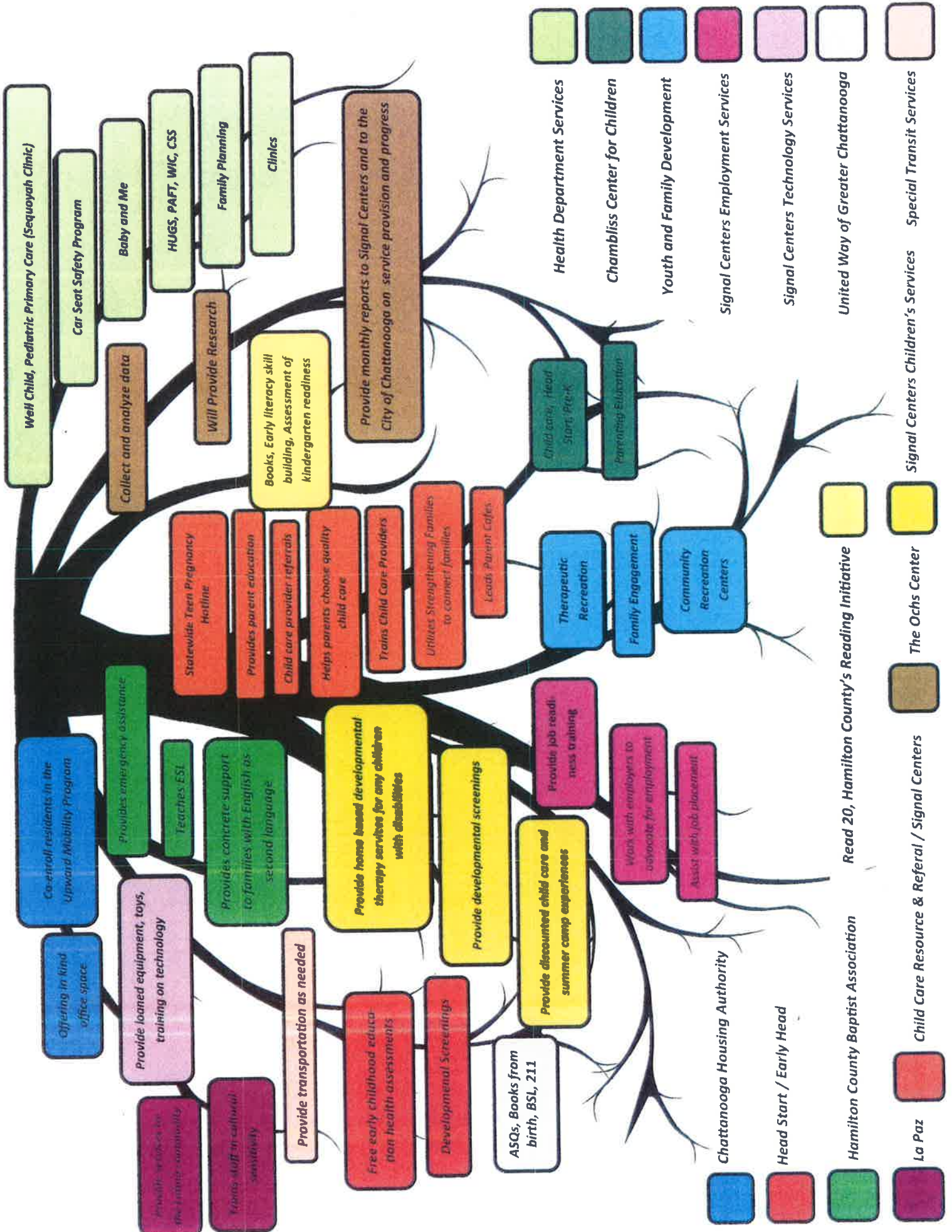
Pre-Service Training Topics

| | |
|--|---|
| Stages of Readiness for Change | Donna McConnico, CEO, LPC, NBCC |
| Strengthening Families | Heather Hicks, Coordinator, CCR&R |
| Parent Engagement | Dr. Michele Valadie, Director of Home Based Services, Signal Centers |
| Understanding Poverty | Phil Acord, President, CEO, Chambliss Center for Children |
| Cultural Competency/ ESL work | Stacy Johnson, Executive Director, La Paz |
| How to Train Parents | Heather Hicks/Monica Stone |
| TA/Relationship Building | Elaine Piper, Coordinator, CCRR |
| In Home Services | HUGS, PARENTS AS FIRST TEACHERS |
| Maternal and child health | Becky Barnes, Health Department |
| Prenatal care, family Planning | Hamilton County Health Department |
| Choosing Child Care | Michelle Kelly, Director of Southeast CCR&R |
| Infant Toddler Topics | Mel Chambers, Infant Toddler Specialist, CCR&R |
| Health and Safety | Karen Wright, Health Coordinator, CCR&R |
| Early Learning Developmental Standards/Child Development (TNELDS) | Head Start |
| Brain Development | Karen Wright, Health Coordinator, CCRR |
| Social Emotional Development (CSEFL) | CCR&R |
| Literacy and Communication | Shawn Kurrelmeier-Lee, Chief Reading Officer, READ 20, Hamilton County |

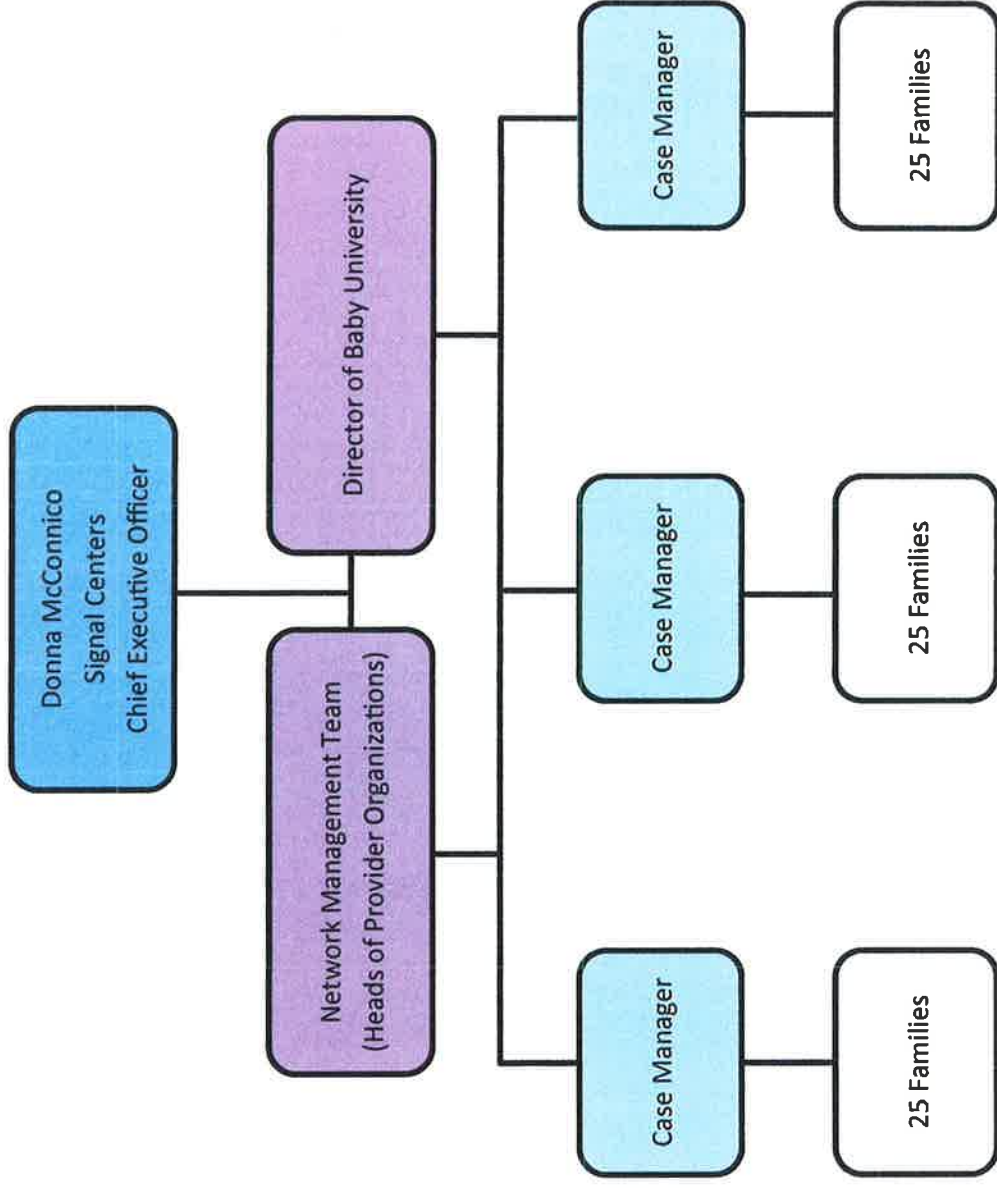
Outcome #1
Families embrace healthy lifestyles and long term stability

Outcome #2
Children succeed in school and life

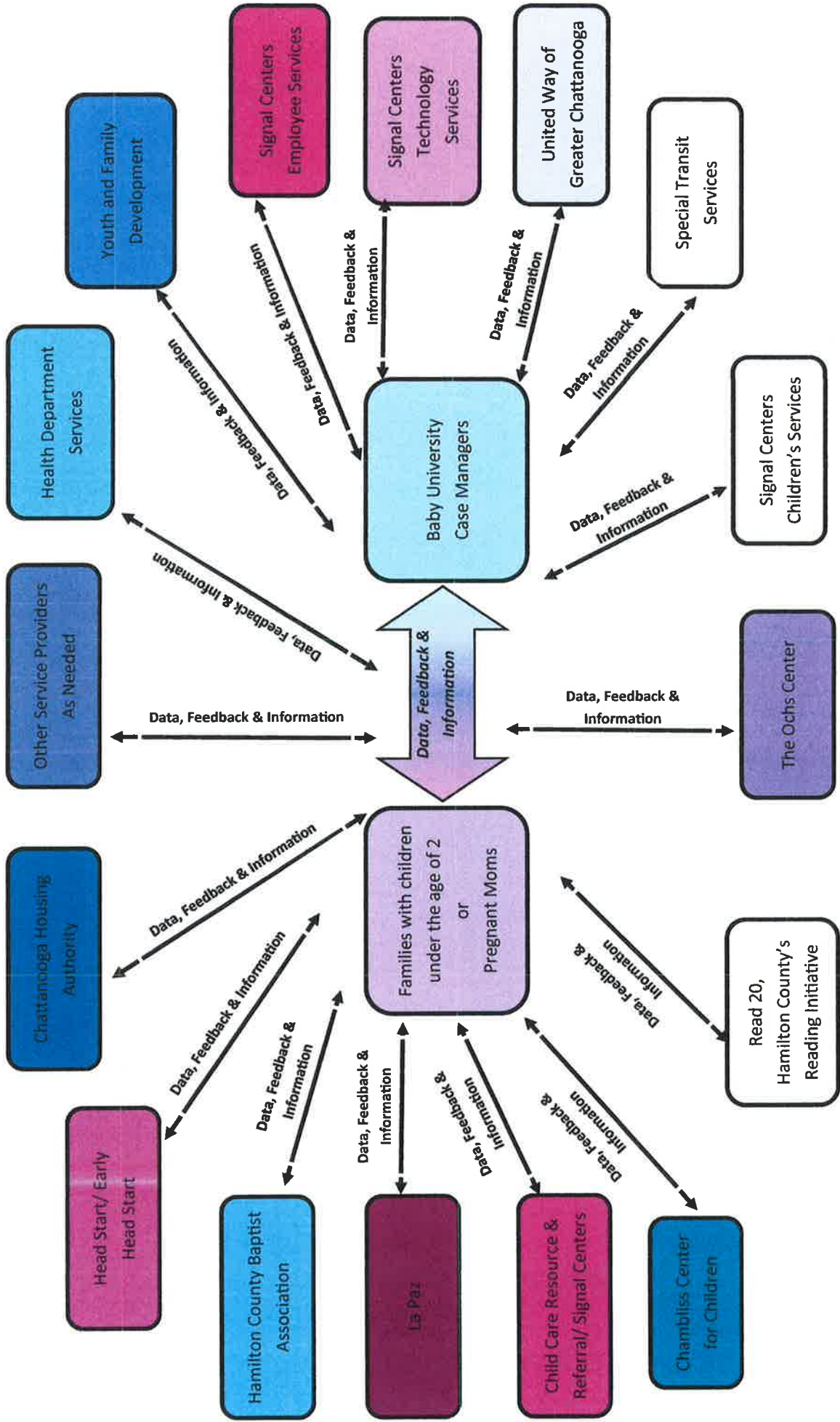




Baby University Organizational Structure



Baby University Service Providers



Addenda

Subject: RFP: Baby University -- Addendum #2

Date: Friday, December 5, 2014 at 4:16:46 PM Eastern Standard Time

From: Finnell Natalie

The purpose of this addendum is to extend the submission date and to add an informational meeting.

Informational Meeting: December 18, 2014 at 3:00 PM in the Mayor's Large Conference Room.

Submission of RFP: January 8, 2015 at 4:00 PM

Please respond via email that you have received this addendum.

Thank you,

Natalie J. Finnell

Procurement Analyst

City of Chattanooga

101 E. 11th Street

Chattanooga, TN 37402

P: 423-643-7232

Donna McCulloch
12.23.14

**Request for Proposals: Baby University
Addendum # 3**

The revised Submission date for this RFP is January 30, 2014 at 4:00 PM EST.

An informational meeting was held on 12/18/14 at 3:00 PM the following is a summary of the discussion.

- There is no favored proposer and the goals and outcomes portion of the RFP was written based on examples from similar initiatives implemented throughout the country. Multiple proposals are the desired outcome of this RFP solicitation and the City in no way favors any particular agency.
- What is the expectation for the proposals that are turned in because the RFP document is vague? The RFP is purposely vague to allow for creativity. We will however provide a rubric and a framework document. (See below)
- What is the timeline for beginning the project? The City expects that the program will be up and running around April or May of 2015.
- How can we ask questions and communicate with Jason McKinney and YFD? All questions and communications should be emailed to Natalie Finnell. The answers will be forwarded to all agencies that have expressed an interest in submitting a proposal.
- Will Multiple Awards be made? The City reserves the right to make multiple awards if it is in the best interest of the City.
- Can space rental be part of the budget? Yes, but City owned property should be utilized.
- Should assessments be part of the budget? Yes, some performance based reporting should be included but we understand that the budget is limed.
- If overhead costs are going to be included in the budget, they should be distributed among the other line items and not as a single line item.
- The BCBST foundation allocated \$75,000.00 to this project, so the budget in your proposal should reflect both the City and BCBST funds.
- We are expecting to serve between 85-100 parents in the first year of service.

Below are the Proposal Format and the Evaluation Criteria.

Proposal Format:

The following items should be included in each proposal. There is no length requirement for the proposal narrative. The only requirement is that each section is addressed in a manner that fully explains the proposer's strategy.

- A. Proposed Program Overview**
 - **Activities**
 - **Target Population + Outreach Plan**
 - **Collaboration Plan**
- B. Timeline: Implementation + Monitoring**

C. Outcome Measurements + Data Collection Procedure

D. Budget

Evaluation Criteria:

Selection of Contractor(s) for contract/agreement, negotiations, and/or formal presentations will be based on an objective evaluation of the following criteria:

#1 A. General – 5%

- 1 Proposal properly interprets the Request for Proposal
- 2 Proposal contains no technical errors.
- 3 Proposal contain no discrepancies, omissions, ambiguous, and/or misleading statements.

#2 B. Problem Statement and Background Summary – 5%

- 1 Proposal demonstrates good understanding of the problem.

#3 C. Proposal Plan (Objectives and Tasks) – 20%

- 1 Proposal cites specific tasks clearly.
- 2 Difficult areas are identified and details for overcoming them are given.
- 3 Proposal represents an idea or technical approach that is backed by research.

#4 D. Services and Implementation – 25%

- 1 Proposal clearly defines deliverables
- 2 Proposal includes a practical, realistic implementation plan, and schedule, showing a familiarity with City procedures and policies, as well as demonstrated ability to meet budgets and schedules without compromising sound practice.

#5 E. Staffing and Facilities – 20%

- 1 Proposal shows ability to manage a project of this size.
- 2 Proposal includes plans for specific key personnel assignment.
- 3 Submitter shows understanding of targeted population and accessibility requirements.

#6 F. Budget - 25%

- 1 Budget is clearly described and quantified.
- 2 Value of the proposal

Please sign below stating that you have received and read Addendum #3 : RFP: Baby University. Include the signed Addendum with the proposal that you submit.

Denna McCune

Signature

Signal Centers, Inc.

Agency

12-23-14

Date

11/10/14 RFP: Baby University -- Addendum #1

Below you will find summarized answers to all the questions asked during the information meeting held on 11/7/14 . Respond via email that you have received this addendum.

- 1) Siskin Children's Institute stated that they do not feel that they are the appropriate agency to respond to this RFP in its entirety. They are however, willing to partner with other agencies to provide support in the areas that they specialize in – parenting support for children with disabilities, developmental pediatrics, early learning center, home based visiting program, etc. If your firm is interested in partnering with Siskin for your RFP submission contact Linda McReynolds for more information – linda.mcreeynolds@siskin.org
- 2) Clarification on the section that relates to the mid/long term outcomes was requested. The RFP submissions should provide a framework and activities that promote and lead to the behavioral changes specified in the Baby U_Supportingdoc.
- 3) Clarification on the section of the RFP that relates to the ability to raise funds was requested. Specifically how many points on the scoring rubric are related to raising funds? A scoring rubric will be made available in a later addendum. The purpose of requesting that an organization include a plan for leveraging the City's commitment to gain more funding is to make Baby University a sustainable initiative. Also to insure that the organization is stable and not totally dependent on the City's funding. The City has staked out a clear commitment to this project but yearly budgets can't be predicted.
- 4) Clarification regarding the service area was requested. Services should be provided by meeting people where they are and providing them with the services that they need. Resources that are already in place can be connected as well.

Lastly it was stated that this RFP is not meant to be so prescriptive that it does not allow for creativity.

Natalie J. Finnell
Procurement Analyst
City of Chattanooga
101 E. 11th Street
Chattanooga, TN 37402
P: 423-643-7232
Finnell_n@chattanooga.gov

Donna M'Conico, Dec. 1, 2014
CEO

AFFIRMATIVE ACTION PLAN

For
Bid Number PDS-RFP4

Signal Centers, Inc.

(Name of Firm)

The above named Firm, herein after referred to as "Proposer", having prepared and hereby submitting a Proposal to the City of Chattanooga "City" in response to an advertisement or Request for Proposal, hereby attests that they are an equal opportunity employer and has abided by the Affirmative Action Plan of the City of Chattanooga in the completion of all requirements of this Request for Proposal and preparation of this Proposal and if awarded a contract with the City, hereby agrees to re-attest compliance for the duration of the Contract. The Affirmative Action Plan of the City of Chattanooga is as follows:

1. The Firm will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or handicap. The Firm will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, national origin, or handicap. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay, or other forms of compensation, and selection for training, including apprenticeship. The Firm agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The Firm will, in all solicitations or advertisements for employees placed by or on behalf of the Firm, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin, or handicap.
3. The Firm will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice advising the said labor union or workers' representatives of the Firm's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. During the term of this contract the following non-discriminatory hiring practices shall be employed to provide employment opportunities for minorities and women:
 - a. All help wanted ads placed in newspapers or other publications shall contain the phrase "Equal Employment Opportunity Employer".
 - b. Seek and maintain contracts with minority groups and human relations organizations as available.
 - c. Encourage present employees to refer qualified minority group female applicants for employment opportunities.
 - d. Use only recruitment sources which state in writing that they practice equal opportunity. Advise all recruitment sources that qualified minority group members and women will be sought for consideration for all positions when vacancies occur.
5. Minority statistics are subject to audit by City of Chattanooga staff or other governmental agency.
6. The Firm agrees to notify the City of Chattanooga of any claim or investigation by State or Federal agencies as to discrimination.



(Signature of Firm's Principal)

CEO, Signal Centers, Inc.

(Title and Name of Firm)

12.2.2014

(Date)

MODEL AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF HAMILTON

DRUG-FREE WORKPLACE AFFIDAVIT
OF FIRM

NOW COMES AFFIANT, who being duly sworn, deposes and says:

1. He/She is the principal officer for [insert name and address of firm];
1. That the firm has submitted a statement of qualifications to the City of Chattanooga for services in connection with "BABY UNIVERSITY, CHATTANOOGA, TENNESSEE, BID NUMBER PDS-RFP4"
2. That the firm employs no less than **five (5)** employees;
3. That Affiant certifies that the firm has in effect, at the time of submission of its Proposal to perform the services referred to above, a drug-free workplace program that complies with §50-9-113, Tennessee Code Annotated.
4. That this affidavit is made on personal knowledge.

Further Affiant saith not.

Donna M'Conico
AFFIANT

SUBSCRIBED AND SWORN TO before me this 2nd day of December 20 14.

Tyrosheina Sanders
NOTARY PUBLIC



My commission expires: 2/20/16

Certificate of Liability Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|--------------------------------------|---------------|
| PRODUCER Insurance Incorporated 2551 Georgetown Road Cleveland, TN 37311 | CONTACT NAME: Shelly Emerson PHONE (A/C, No, Ext): (423) 472-5051 E-MAIL ADDRESS: semerson@insuranceinc.net | FAX (A/C, No): (423) 472-2470 | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Signal Centers, Inc 109 N Germantown Rd Chattanooga, TN 37411 | INSURER A : Arch Insurance Company | | 10724 |
| | INSURER B : Eastern Alliance Ins Group | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|--|--|-----------|----------|------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: | | | NCPKG0297000 | 12/31/2013 | 12/31/2014 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | NCAUT0297000 | 12/31/2013 | 12/31/2014 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | NCFXS0297000 | 12/31/2013 | 12/31/2014 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 03-0000081952-00 | 12/31/2013 | 12/31/2014 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | |

CERTIFICATE HOLDER

City of Chattanooga
 101 E. 11th Street
 Chattanooga, TN 37402

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Assessments and Tools

1
2
3
4

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
 - 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6.
 - 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
7.
 - 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
8.
 - 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
9.
 - 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
10.
 - 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.

11.
0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12.
0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13.
0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14.
0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly.
15.
0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16.
0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17.
0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18.
0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19.
0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.

- 20.
- 0 I am no more worried about my health than usual.
 - 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
 - 2 I am very worried about physical problems and it's hard to think of much else.
 - 3 I am so worried about my physical problems that I cannot think of anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I have almost no interest in sex.
 - 3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

| Total Score | Levels of Depression |
|-------------|---|
| 1-10 | These ups and downs are considered normal |
| 11-16 | Mild mood disturbance |
| 17-20 | Borderline clinical depression |
| 21-30 | Moderate depression |
| 31-40 | Severe depression |
| over 40 | Extreme depression |

Global Assessment of Functioning (GAF) Scale

(From DSM-IV-TR, p. 34.)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

| Code | (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.) |
|-------------------|--|
| 100 91 | Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms. |
| 90 81 | Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members). |
| 80 71 | If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational or school functioning (e.g., temporarily failing behind in schoolwork). |
| 70 61 | Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships. |
| 60 51 | Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers). |
| 50 41 | Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job). |
| 40 31 | Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school). |
| 30 21 | Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends). |
| 20 11 | Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute). |
| 10 1 0 | Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death. |
| | Inadequate information. |



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

| In the past <u>30 days</u> , how much <u>difficulty</u> did you have in: | | | | | | |
|--|---|------|------|----------|--------|----------------------|
| Understanding and communicating | | | | | | |
| D1.1 | <u>Concentrating</u> on doing something for <u>ten minutes</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.2 | <u>Remembering</u> to do <u>important things</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.3 | <u>Analysing and finding solutions to problems</u> in day-to-day life? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.4 | <u>Learning a new task</u> , for example, learning how to get to a new place? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.5 | <u>Generally understanding</u> what people say? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.6 | <u>Starting and maintaining a conversation</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| Getting around | | | | | | |
| D2.1 | <u>Standing for long periods</u> such as <u>30 minutes</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D2.2 | <u>Standing up</u> from sitting down? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D2.3 | <u>Moving around inside your home</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D2.4 | <u>Getting out of your home</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D2.5 | <u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]? | None | Mild | Moderate | Severe | Extreme or cannot do |

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36

Self

| In the past 30 days, how much difficulty did you have in: | | | | | | |
|---|--|------|------|----------|--------|----------------------|
| Self-care | | | | | | |
| D3.1 | Washing your whole body? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D3.2 | Getting dressed? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D3.3 | Eating? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D3.4 | Staying by yourself for a few days? | None | Mild | Moderate | Severe | Extreme or cannot do |
| Getting along with people | | | | | | |
| D4.1 | Dealing with people you do not know? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D4.2 | Maintaining a friendship? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D4.3 | Getting along with people who are close to you? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D4.4 | Making new friends? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D4.5 | Sexual activities? | None | Mild | Moderate | Severe | Extreme or cannot do |
| Life activities | | | | | | |
| D5.1 | Taking care of your household responsibilities? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.2 | Doing most important household tasks well? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.3 | Getting all the household work done that you needed to do? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.4 | Getting your household work done as quickly as needed? | None | Mild | Moderate | Severe | Extreme or cannot do |

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36

Self

If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1.

| Because of your health condition, in the past <u>30 days</u> , how much <u>difficulty</u> did you have in: | | | | | | |
|--|---|------|------|----------|--------|----------------------|
| D5.5 | Your day-to-day <u>work/school</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.6 | Doing your most important work/school tasks <u>well</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.7 | Getting all the work <u>done</u> that you need to do? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.8 | Getting your work done as <u>quickly</u> as needed? | None | Mild | Moderate | Severe | Extreme or cannot do |

| Participation in society | | | | | | |
|------------------------------|--|------|------|----------|--------|----------------------|
| In the past <u>30 days</u> : | | | | | | |
| D6.1 | How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.2 | How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.3 | How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.4 | How much <u>time</u> did <u>you</u> spend on your health condition, or its consequences? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.5 | How much have <u>you</u> been <u>emotionally affected</u> by your health condition? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.6 | How much has your health been a <u>drain on the financial resources</u> of you or your family? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.7 | How much of a problem did your <u>family</u> have because of your health problems? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.8 | How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36

Self

| | | |
|----|--|------------------------------------|
| H1 | Overall, in the past 30 days, <u>how many days</u> were these difficulties present? | Record number of days _____ |
| H2 | In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition? | Record number of days _____ |
| H3 | In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition? | Record number of days _____ |

This completes the questionnaire. Thank you.



The Adverse Childhood Experiences (ACE) Study

ABOUT THE STUDY: What everyone should know!

Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health. After all the identifying information about the patients was removed, the Centers for Disease Control and Prevention processed the information the patients provided in their questionnaires,

Here's What We Learned:

Many people experience harsh events in their childhood. 63% of the people who participated in the study had experienced at least one category of childhood trauma. Over 20% experienced 3 or more categories of trauma which we call Adverse Childhood Experiences (ACEs).

- 11% experienced emotional abuse.
- 28% experienced physical abuse.
- 21% experienced sexual abuse.
- 15% experienced emotional neglect.
- 10% experienced physical neglect.
- 13% witnessed their mothers being treated violently.
- 27% grew up with someone in the household using alcohol and/or drugs.
- 19% grew up with a mentally-ill person in the household.
- 23% lost a parent due to separation or divorce.
- 5% grew up with a household member in jail or prison.

ACEs seem to account for one-half to two-thirds of the serious problems with drug use. They increase the likelihood that girls will have sex before reaching 15 years of age, and that boys or young men will be more likely to impregnate a teenage girl.

Adversity in childhood causes mental health disorders such as depression, hallucinations and post-traumatic stress disorders.



The more categories of trauma experienced in childhood, the greater the likelihood of experiencing:

- alcoholism and alcohol abuse
- chronic obstructive pulmonary disease (COPD)
- depression
- fetal death
- poor health-related quality of life
- illicit drug use
- ischemic heart disease (IHD)
- liver disease
- risk for intimate partner violence
- multiple sexual partners
- sexually transmitted diseases (STDs)
- smoking
- obesity
- suicide attempts
- unintended pregnancies

If you experienced childhood trauma, you're not alone.

Talk with your family health practitioner about what happened to you when you were a child. Ask for help.

For more information about the ACE Study, [email carolredding@cestudy.org](mailto:carolredding@cestudy.org), visit www.cestudy.org, or the Centers for Disease Control and Prevention at: <http://www.cdc.gov/NCCDPHP/ACE/>



Good news! You can do something about ACEs.

Think about your early years. Do not be afraid to remember and talk about your own experiences. More than 60 percent of people report at least one ACE. What have you learned about how to overcome adversity and protect yourself? Then, use what you have learned to build resiliency and protect your child from the effect of ACEs.

Build resiliency with protective factors.

Parents make a significant difference in their child's life. **Instead of adverse childhood experiences, try to expose your child to awesome childhood experiences!** One of the most important things a parent can do is spend time with their child, letting them know that they are loved, that they have a purpose in life, and that they have people they can go to if bad things happen. This is called building resiliency. Resiliency happens when the child has "protective factors"—like a shield to protect them from ACEs. Examples of protective factors are:

- Parents who are strong, loving, supportive and resilient
- Parents who read and talk to their children
- Having healthy relationships with parents, other family members and friends
- Learning good communication skills
- Learning why and how to make good choices

Challenges will always exist in life, but children who have protective factors—who have become more resilient—can make it through them more successfully and become healthy adults.

Use appropriate parenting strategies.

- Teach children how to respond to aggression and how not to be a victim.
- Use appropriate discipline strategies.
 - Set rules and limits. **Children want and need you to teach them what is allowed.**
 - Then, if children continue to have challenging behavior:
 - Redirect children toward positive behaviors.
 - Avoid yelling and spanking.
 - When calm, have discussions about why they should behave a certain way.
- Be consistent. It is stressful to hear mixed messages. If you do not mean it, do not say it.
- Avoid exposure to violence in the media, at home and in the community. Otherwise, children will learn to think that violence is normal.
 - Limit media with lots of violence.
 - Do not let your child grow up in a home where they are repeatedly exposed to people who are physically or emotionally hurtful.

When ACEs cause problems:

- **Listen to your child's needs, fears and concerns.** You may need to modify daily activities to help them through a rough period. Give lots of support and reassurance. Let your child know that you and other supportive adults are always available.
- **Talk!** Do not feel embarrassed to ask for help. Think about how ACEs affect you and your parenting. If ACEs are causing problems in your home, talk to family members, trusted friends or a professional. Your pediatrician or health care provider can review your individual situation and recommend resources, as needed.

Resources in Tennessee:

- CDC website about ACEs www.cdc.gov/ace/index.htm
- Kidcentral tn - Resources for parents in Tennessee www.kidcentraltn.com
- Learn appropriate parenting strategies www.healthychildren.org and www.playnicely.org
- Community services and resources www.211.org
- Parent Helpline [1-800-CHILDREN](tel:1-800-CHILDREN) or [1-800-356-6767](tel:1-800-356-6767)

Your program logo(s) will be placed here.



Protecting Your Child's Health From Toxic Stress

Why talk about toxic stress? We all work hard to stay healthy but if we don't talk about toxic stress and adverse childhood experiences, our best efforts will not result in a healthy life. Adverse childhood experiences (ACEs) are stressful or traumatic experiences that occur during childhood. Some stress is normal but too much can cause problems.

The Center for Disease Control and Prevention (CDC) measured these ACEs:

Exposure to these caregiver behaviors:

- Humiliating child
- Insulting child
- Swearing at child
- Pushing, grabbing, slapping child
- Making child afraid of being hurt
- Inappropriate sexual contact
- Child did not feel loved
- Family members not supportive

Exposure to these household issues:

- Domestic violence
- Household member with substance abuse
- Household member with mental illness
- Household member attempted suicide
- Parental separation or divorce
- Incarcerated household member

What health problems are associated with ACEs?

In the CDC study, 17,000 people participated. **More than 60 percent of people had been exposed to at least one ACE!** Twelve percent of people had been exposed to four or more. ACEs can cause stress and problems in children but may also result in problems throughout life. The more exposure to ACEs, the more likely it was that people had these problems:

- | | | |
|-----------------|-----------------------------|----------------------------|
| • Heart disease | • Intimate partner violence | • Substance abuse issues |
| • Diabetes | • Depression | • Multiple sexual partners |
| • Obesity | • Suicide attempts | • Unintended pregnancies |
| • Cancer | • Poor anger control | • Fetal death |
| • Liver disease | • Smoking | |

Are there other ACEs: Yes, although not studied in the CDC study, other ACEs are:

- | | |
|---------------------------------|---------------------------------------|
| • Witnessing community violence | • Bullying by peers, siblings, others |
| • Poverty | • Death of a parent |
| • Homelessness | |

Why are ACEs associated with health problems?

Adverse childhood experiences may cause toxic stress. If there are no protective factors, such as strong parents, then toxic stress steers people toward unhealthy habits such as overeating, smoking, alcohol abuse, drug abuse and early sexual behavior. ACEs may cause genetic changes by turning on or turning off genes that affect health (see Figure). **For good health, children need protective factors and awesome childhood experiences.**

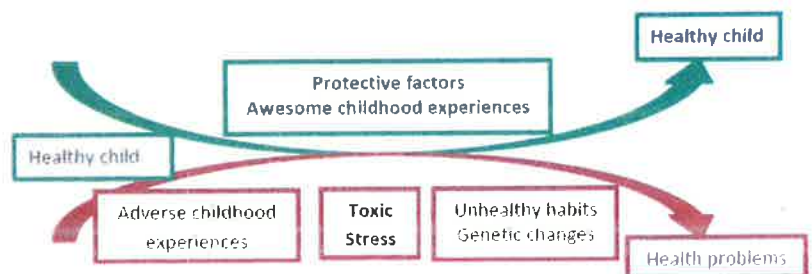


Figure: Why ACEs are associated with health problems.



Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often...**
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often...**
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever...**
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

Letters of Collaboration

United Way
of Greater Chattanooga

100 West 11th Street
Chattanooga, TN 37402
423.249.1100
www.uwgc.org

12-1-14



Natalie Finnell
City of Chattanooga
101 East 11th Street, Suite G-13
Chattanooga, Tennessee 37402

Dear Ms. Finnell:

The United Way of Greater Chattanooga (UWGC) is pleased to be partner with Signal Centers, Inc. in the proposal for Baby University.

UWGC will partner with Signal Centers in the following ways:

- Providing and monitoring the developmental progress of children ages 0-5 through the parent Ages and Stages Questionnaires and providing referrals for those families whose children indicate a potential developmental delay
- Enrollment of all children ages 0-5 in the Imagination Library program which provides a free monthly book mailed to each child in the Baby University program
- Providing specific 2-1-1 data and referrals to assist with targeted outreach to at-risk families
- Collaboration with the United Way's Building Stable Lives program in East Lake

The United Way of Greater Chattanooga has partnered with Signal Centers since 1960. Signal Centers and UWGC partnered on the development and implementation of the *Parents' Place* which began in 1999 and Signal Centers served as the lead agency in this community collaboration which provided services to parents in the greater Chattanooga area. Signal Centers currently participates in the UWGC Early Childhood Institute which helps build quality childcare programs through teacher training and support. UWGC also supports the Signal Center Adult Services program and Assistive Technology programs which are included in the collaborative partnership for this proposal.

UWGC supports these collaborative partnerships outlined in the Request for Proposal (RFP) for the City of Chattanooga's Baby University. Signal Centers' 57 years of experience in early childhood development combined with the data and programmatic support that will be provided through this partnership will help ensure the success of this project in meeting the long-term goals of Baby University.

If you have any questions, please don't hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Jamie Bergmann".

Jamie Bergmann
Executive Vice President



City of Chattanooga
Department of Youth and Family Development
Head Start / Early Head Start Program

Lurone Jennings, Sr.
Administrator

Sherry L. Hutsell
Director

Natalie Finnell
101 East 11th Street, Suite G13
Chattanooga, Tennessee 37402

Dear Ms. Finnell,

We are writing to commit our support for Signal Centers Proposal to be the lead agency on Baby University. Signal Centers is an excellent collaborative partner and we have worked closely with them for nearly 20 years. Our collaboration includes serving typical children and children with developmental delays from 6 weeks to 5 years. Parent training and family engagement is a large component of our relationship and remains critical to successful outcomes for children.

To support this partnership, we will commit to recruiting participants from the East Lake and East Side areas for our Head Start and Early Head Start Programs. We will also provide training and leadership in helping new staff work with families in poverty, and we will serve on the Managing Network, offering expertise and information that will be helpful.

We are excited to partner with Signal Centers on this project.


Sherry Hutsell
Director



HAMILTON COUNTY, TENNESSEE

CHATTANOOGA—HAMILTON COUNTY HEALTH DEPARTMENT

November 24, 2014

Letter of Intent to Partner and Collaborate with Signal Centers in the Baby University Model

The mission of the Baby University is to support and educate parents to help prepare their children for life-long educational success.

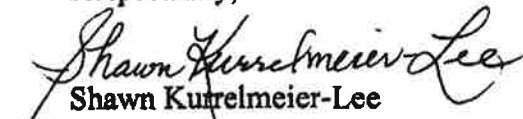
A collaborative consortium consisting of all the significant players serving before birth through 2 year olds and their parents in Chattanooga and Hamilton County, with Signal Centers as lead/fiscal agency is being established as a model for service delivery for families in the East Side and East Lake communities. Collaborative partners will include from within Hamilton County Government:

- **Read 20, Hamilton County's Reading Initiative**
- **Health Department Services:**
 - **Well Child-** included EPSDT/Well Child exams, immunizations, lead screening
 - **Pediatric Primary Care** (Sequoyah Clinic)
 - **Car Seat Safety program**—education regarding car seats, booster seats, and seat belts for children; provision of car seats for eligible clients
 - **Baby and Me-** tobacco cessation assistance for pregnant women
 - **HUGS and PAFT** – home visiting programs focusing on family, health, growth and development; referral assistance; parenting skills and early childhood education information.
 - **WIC-** nutrition education and food supplemental program for pregnant women, infants and children up through age 4 years; breast feeding education and support.
 - **CSS-** Children's Special Services—assistance with medical needs, insurance for children with special health care needs
 - **Family Planning-** reproductive health including pre-conceptual care, pregnancy testing, STD screenings, birth control; referrals.
 - **Clinics in 4 locations** – downtown (Third Street), Ooltewah, Birchwood, and Soddy Daisy. Many services are on a sliding scale fee system; TennCare and Private insurances accepted.

The work will be focused on providing parental education for parents of young children, prenatally through age 2, in order that they can prepare their children to be ready to be successful in school and throughout life.

The agencies and programs listed above already have the infrastructure in place and provide parenting education, work with young children, and provide data necessary to establish this service delivery model for serving families and children across Hamilton County.

Respectfully,


Shawn Kurrelmeier-Lee
Read 20



Becky Barnes
Hamilton County Health Department



November 24, 2014

City of Chattanooga, Purchasing
Ms. Natalie Finnell
101 East 11th Street, Suite G13
Chattanooga, TN 37402

Re: Ochs Center Support for Signal Center's Baby University Proposal

Dear Ms. Finnell:

The Ochs Center is pleased to submit this letter of support for Signal Center's Baby University Proposal to the City of Chattanooga. With a mission of providing independent data analysis and policy research to improve the quality of life for all members of the greater Chattanooga community, the Ochs Center is pleased to learn of the City's Baby University initiative and the promise it holds for parents and their young children.

We hope to have an opportunity to join Signal Centers and other initiative partners in ensuring Baby University is a successful and sustainable program. The Ochs Center will play an important role in tracking and measuring programmatic outcomes, as well as informing process improvements throughout the Baby University implementation process.

The Ochs Center team includes members with planning, research, and outcomes identification expertise. Additionally, for the Baby University project, we will augment our team with academic professionals from the University of Chattanooga at Tennessee who possess extensive subject matter expertise as it relates to early childhood development. The Ochs Center's prospective scope of work to support Baby University is outlined below. The Ochs Center will:

- Develop intake survey for Baby University participants to establish baseline data, characterize cohort, and identify unique challenges
- Develop Baby University participant satisfaction survey to identify ongoing programmatic opportunities and challenges
- Review input and output data as entered in the software systems by Baby University case managers; query case managers on any data or activity volume inconsistencies
- Provide Signal Centers with twice-monthly outcomes analysis of Baby University activity
- Provide Signal Centers with a year-end outcomes analysis report

The Ochs Center has worked with Signal Centers on multiple occasions, always in the context of better informing decision-making and programmatic activities to improve outcomes. Committed to best practices in both its programmatic work and in its collection and use of outcomes data, Signal Centers is an outstanding partner and, we believe, will excel at Baby University leadership.



Please let us know if you require any additional information regarding the Ochs Center's work to support Baby University.

Sincerely,

Dr. Mary Tanner
Executive Director (Interim)
mtanner@ochscenter.org

CHATTANOOGA HOUSING AUTHORITY

BOARD OF COMMISSIONERS

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TN Relay 711
www.chahousing.org

MAILING ADDRESS
P.O. BOX 1486
CHATTANOOGA, TN 37401-1486

November 24, 2014

Natalie Finnell
City of Chattanooga
101 East 11th Street, Suite G-13
Chattanooga, Tennessee 37402

Dear Ms. Finnell:

As Executive Director of the Chattanooga Housing Authority (CHA), I am pleased to be a collaborating partner in the proposal for Baby University submitted by Signal Centers, Inc. The CHA will partner with Signal Centers in the following ways:

- The provision of data to assist with targeted outreach to at-risk families
- The provision of space at East Lake Courts, as an in kind contribution
- Collaboration with the CHA's Self-Sufficiency program

The CHA feels strongly these collaborative efforts will enhance the potential for success in reaching the goals of Baby University, outlined within the Request for Proposal (RFP). Signal Centers' 57 years of experience in early childhood development combined with the data and space provided through our partnership will allow for the activities defined within the RFP to begin almost immediately, thereby maximizing the probability of the short, mid, and long-term goals of Baby University being reached both quickly and effectively.

CHA and Signal Centers have a long history of collaboration, beginning with the Families First Program. Signal Centers collocated staff at housing sites throughout Chattanooga in order to enhance accessibility for our community's at-risk citizens. Signal Centers' staff members Carolyn Boyd and Donna McConnico have served as interviewers for residents who apply to our Self-Sufficiency Program. Additionally, Signal Centers has been a resource for many CHA residents who are in need of child care and/or assistance, due to a disability.

Please feel free to contact me, should you have questions at 423.322.5133

Regards,

A handwritten signature in blue ink that reads "EF McCright".

Elizabeth F. McCright
Executive Director



SPECIAL TRANSIT SERVICES, INC.

November 24, 2014

Natalie Finnell
City of Chattanooga
101 East 11th Street, Suite G-13
Chattanooga, Tennessee 37402

Dear Ms. Finnell:

Please accept this letter from Special Transit Services as an indication of our intent to be one of the collaborating partners in the Baby University initiative, should Signal Centers be awarded this grant. STS has an extensive history of providing transportation to families who are dealing with challenges of living in poverty and in need of medical attention. We have long partnered with Signal Centers to meet the needs of children of all abilities and backgrounds throughout the region. Specific to the proposal, we will offer guidance and services to provide assistance with transportation.

I am confident our collaborative effort with Signal Centers will assist in fully realizing the goals of this project. Please feel free to contact me directly, should you have any questions.

Regards,

A handwritten signature in blue ink, appearing to read "Wayne Owens", is written over a light blue circular stamp.

Wayne Owens, Executive Director
Special Transit Services, Inc.

Bios/Vitae of Key Staff Involved with Project

Donna Christian McConnico

Chief Executive Officer

Signal Centers

109 North Germantown Road

Chattanooga, TN 37411

(423)698-8528

Donna_McConnico@signalcenters.org

Educational experience

Master of Science, Counseling, Alabama State University
Master of Education, Southwestern Baptist Theological Seminary
Bachelor of Science, Sociology, Memphis State University

Licenses and Certifications

Licensed Professional Counselor, Tennessee
National Certified Counselor
Master Addiction Counselor

Professional experience

Administrator of various programs that support families; 2000 - present:

- Chief Executive Officer, Signal Centers
- Director of Adult Services, Families First, Signal Centers
- District Coordinator, Family Services Counseling, University of Tennessee

Director of Clinical Counseling Services: 1993 - 2000

- Clinical Director, Family and Children's Services, Chattanooga, Tennessee
- Clinical Director, Family Guidance Center, Montgomery, Alabama
- Clinical Director, Lighthouse Counseling Center, Montgomery, Alabama

Minister of Education for Young Adults: 1981 - 1993

- First Baptist Church, Montgomery, AL
- Dawson Memorial Baptist Church, Birmingham, AL

Community Service / Memberships

Unbought Unbossed Award Winner
Tennessee's Young Child Wellness Council Member 2013-present
Miracle League Board Member 2013 - present
READ 20 Board Member, 2007 – present
Special Transit Systems, Board Member, 2007 – present
Och's Center, Board Member 2010 - present
American Counseling Association, 1998 - present
Hamilton County Pre K Steering Committee, Member, 2005 – present

CAROLYN J BOYD

7423 Woodland Bay Drive • Harrison, TN 37343 • 423-521-3147 cboyd127@aol.com

SUMMARY OF EXPERIENCE

- Direct the coordination, administration and budgets of ongoing programs including the implementation, management, supervision and evaluation of the organization's programs in accordance with the Federal and State standards and the best practices of noted organizations in the field.
- Provide senior-level leadership, oversight, and control.
- Proficient in the communications conduit to the Executive Director and conducts periodic briefings/status updates. Escalates decisions to Executive Director as necessary.
- Management activities include providing and interpreting policy, creating an environment that fosters sustainable momentum for the program (i.e., removing barriers both inside and outside the program, and periodically reviewing program progress and interim results to ensure alignment with the overall strategic vision.
- Experience in the direction of programs such as the Family Advocacy Program (HOPE VI) and the Families First Program Employment Services. Provide case management services for the former residents of the Spencer McCallie Homes and individuals on the SNAP (TANF). The goals of the Programs were to connect the residents to needed programs, services, and training to assist them in their goal to be self-sufficient.
- Advanced individuals with disabilities in becoming self-sufficient through community participation and job placement. Marketed Signal Centers' employment services to the community. Served as a primary contact between the Division of Rehabilitation Office and Signal Centers Supported Employment Services program.

PROFESSIONAL EXPERIENCE

- **Chief Program Officer**, Signal Centers, Inc., Chattanooga, TN (present)
- **Manager, Employment Services**, Signal Centers, Inc., Chattanooga, TN
- **Program Coordinator, Family Advocacy Program**, Signal Centers, Inc., Chattanooga
- **Program Coordinator, Employment Services**, Signal Centers, Inc., Chattanooga, TN
- **Director, Children / Family Services**, Signal Centers, Inc., Chattanooga, TN
- **Social Counselor II**, Tennessee Department of Human Services, Chattanooga, TN
- **Coordinator, Adolescent Pregnancy Program**, Bethlehem Community Center, Chattanooga, TN
- **Vocational Evaluator/ Training Instructor**, Goodwill Industries, Chattanooga, TN

EDUCATION

M. S. Research Psychology, University of Tennessee at Chattanooga, 1993

Bachelor of Arts, Psychology, University of Tennessee at Chattanooga, 1982

References are available upon request.

Shawn Kurrelmeier-Lee
Chief Reading Officer
Read 20
Hamilton County Government
109 ML King Building, 317 Oak Street
Chattanooga, Tennessee 37403
(423) 209-6190 (423) 209-6191 fax (423) 227-4320 cell
Email: sklee@hamiltontn.gov

Results oriented, mission-driven, manager with over 30 years of professional experience in program development with an M.B.A. A proven leader with a successful track record in education, special education, strategic planning, board development, leadership training, executive coaching and community collaboration. An enthusiastic motivator with the ability to integrate educational expertise and system strategies to create an environment focused on measurable outcomes. Experience in public speaking, public relations, communications, networking, human resources, fundraising requests and grant writing.

**Hamilton County Government's
Read 20**

2006-present

Chattanooga, Tennessee
Chief Reading Officer

Responsible for leadership of the community-wide reading initiative for Hamilton County, as the CRO, Shawn leads this community-wide initiative. Read 20's mission, as a public/private partnership, is to create a community of readers by promoting the importance of reading with children at least 20 minutes a day. Read 20 is committed to accomplishing its mission through 1) increased public awareness; 2) improved utilization of existing resources; and 3) greater community involvement.

Since inception in 2006, Read 20 has completed many of the tactics under each of its three goals that support the mission:

Goal 1: Promote early childhood literacy

- Distribution of more than 492,702 books worth over \$4,434,318
- Facilitated 8,789+ hours of read aloud activities for children and families
- Facilitated area public elementary schools to include reading 20 minutes everyday as part of every student's homework
- Developed Read 20's Kindergarten Readiness Guide for parents and child care givers for 4 year olds and developed the Hamilton County Department of Education and Read 20's Kindergarten Screening Tool currently being utilized in all Hamilton County public elementary schools (44)

Goal 2: Create meaningful community partnerships by increasing efficiency and effectiveness of existing community resources

- Provided comprehensive list of early literacy resources housed on Read 20's website
- Coordinated 1,584 separate events/opportunities for modeling read alouds
- Recruited 436 read aloud volunteers through Read 20 programs
- Developed over 735 partnerships with area agencies, universities, schools and programs

Goal 3: Activate the Read 20 message of reading with children at least 20 minutes a day

- Provided opportunities for on-going training, including resources for 2,919 teachers in schools/child care centers in the region
- Conducted research on reading with children through a survey process and analyzed socio-economic implications for success
- Recognized 57,067 students reading on/above grade level in public elementary schools
- Coordinated community literacy efforts and activities in 18 at risk communities

PUBLIC EDUCATION FOUNDATION

September 2003-2006

Chattanooga, Tennessee

Vice President

Responsible for the leadership and vision of three major components of the Public Education Foundation: Leadership Initiative, Teacher Quality Initiative and Community Engagement.

- ❖ Leadership Initiative provides leadership training and development for a range of needs including those of aspiring leaders to district central office personnel
- ❖ Teacher Quality Initiative provides training for teacher development and conducts research on the qualities of highly effective teaching
- ❖ Community Engagement Initiative is a collaborative program involving integration of schools, families and community partnerships with key community organizations
- ❖ Responsible for fundraising, fiscal management, marketing, public relations, accountability, administration, and all operations of the Public Education Foundation
- ❖ Fostered and maintained relationships with multi-year and multimillion dollar national foundations
- ❖ Led the internal aspects of research based strategic planning with the board of directors and key staff.
- ❖ Provided leadership for staff implementation planning and on-going assessments of all implementation strategies
- ❖ Developed and maintained efficient infrastructural systems for the entire organization

Shawn Kurrelmeier-Lee

Education

| | |
|--|-------------|
| University of Tennessee at Chattanooga , Chattanooga, Tennessee Masters of Business Administration, Marketing Specialization, Minor in Personnel | 1988 |
| Vanderbilt University , Nashville, Tennessee Masters of Science, Major in Elementary Education/Curriculum and Instruction | 1981 |
| George Peabody College for Teachers , Nashville, Tennessee Bachelors of Science, Major in Elementary Education/Special Education and Music | 1979 |

Memberships

| | |
|---|---------------------|
| Commissioner for NCASES (National Commission for the Accreditation of Special Education Services) Vice President 2009, Secretary/Treasurer 2010 to 2013 | 2003-2013 |
| Member of NAPSEC (National Association of Private Schools for Exceptional Children) Conference Planning Committee 1998-2012; Diversity Committee 1999-2007 Speaker for annual conference-concurrent sessions 2001, 2003, 2004 | 1995-Present |
| Board Member of Women's Leadership Institute Chair of Annual Leadership Event 2006 Chair of Leadership Studies Program 2010-2014 Member at large on Executive Committee 2010-2012 | 2003-Present |
| Member of Downtown Rotary Club Chair of Literacy Committee, 2009-2014 Chair of Non-Profit Committee 2009-2012 | 2009-Present |
| Member of Alpha Delta Kappa, Chi Chapter of Tennessee Treasurer 2010-2014 | 2009-Present |

Past Memberships

| | |
|---|-------------------|
| Board Member of North Chattanooga Council Chamber of Commerce Secretary 2001, Vice President 2002 | 2000-2003 |
| Chairperson Children's Committee CMRA (State Association of Over 50 Rehabilitation Agencies--lobbying state and national issues) | 1994 -2000 |
| Leadership Chattanooga Class of 1999 Entertainment Chair for CultureFest 1999, 2000, and 2001 | 1998-1999 |
| Board Member of Signal Centers, Inc. Chair of Program Committee 2010-2012 | 2006-2012 |
| Board Member of Metropolitan Ministries Member of Marketing Committee | 2009-2012 |
| Board Member of Re:Start, The Center for Adult Education Chair of Governance Committee 2007-2008 President 2009 Past President 2010 Secretary 2011 | 2006-2012 |

Honors

| | |
|--|-----------------------|
| Joint Resolution by Association of United Way Agency Executives Appreciation for providing outstanding leadership leading to an enhancement and strengthening of the relationship between the United Way of Greater Chattanooga and its partner agencies | September 2003 |
| 2007 Women of Distinction Recognition American Lung Association Award | May 2007 |
| Alpha Delta Kappa - Recognizing Excellence for Doing Good Award | January 2011 |

Rebekah T. Barnes
250 Garden Road
Chattanooga, Tennessee 37419
(423) 821-0079 (residence)
(423) 209-8000 (business)
BeckyB@HamiltonTN.gov

EDUCATION

1977 – Bachelor of Science in Nursing, University of Tennessee Chattanooga
Magna Cum Laude

PROFESSIONAL EXPERIENCE

2000 to Present – Administrator, Health Services Division
Hamilton County Government/Regional Director - TDH
Chattanooga-Hamilton County Health Department
921 East Third Street
Chattanooga, Tennessee 37403

Administratively responsible to the Hamilton County Mayor for the operation of the Health Department and its divisions including Administrative Services, Case Management Services, Clinical Health Services, Community Health Services, and Environmental Health Services. Additional responsibilities as one of four Administrators for Hamilton County Government. Responsible for staff of 280 and FY2014-2015 budget of \$21.7 million.

Chattanooga-Hamilton County Health Department:

| | |
|-----------|--|
| 1988-2000 | Director of Clinical Services |
| 1987-1988 | Chairman of Home Health Department |
| 1984-1987 | Supervisor of Home Care |
| 1980-1984 | Public Health Nurse |
| 1978-1979 | University of Tennessee Hospital Charge Nurse Knoxville, Tennessee |
| 1975-1978 | Parkridge Hospital Various Positions Chattanooga, Tennessee |

PROFESSIONAL AFFILIATIONS

- Tennessee Public Health Association (1980 to Present)
Past President, 1995-1996
Board Member, Committee Chairs
- Southern Health Association (1987 to Present)
President, 2006-2007
Past Secretary, Treasurer, and Governing Council Representative
- National Association of City & County Health Officials (2000 to Present)
- Women's Leadership Institute, Board Member (2003 to Present)
Vice-President, 2005
Executive Board Secretary, 2004
- Air Pollution Control Bureau, Executive Board (2004 to Present)
- American Public Health Association (1995 to Present)
- Hospice of Chattanooga (1990-1994)
Board Member, Past Secretary
- WRCB Children's Advisory Panel (1992-1994)
- Family & Children's Services Advisory, Committee Member (1987 to Present)
- Tennessee Department of Health, Renal Disease Advisory Committee (1989-1993)
- Sigma Theta Tau (1992 to Present)
(National Honorary Society of Nursing)
- Nursing Advisory Boards, Chattanooga State, UTC, Cleveland State
- Tennessee Association for Home Care (1994-1987)
Past Board Member

HONORS AND AWARDS

- Tennessee Public Health Association
Distinguished Service Award (1998)
- March of Dimes, Salute to Women in Medicine (1995)
- Tennessee Health Department of the Year Award (2003)
- Southern Health Association's Howell Special Meritorious Service to Public Health Award (2005)
- Tennessee Public Health Association
R.H. Hutcheson, Sr., M.D. Award (2011)

Curriculum Vitae

Diana Kreider

Chattanooga-Hamilton County Health Department
921 E. Third Street; Chattanooga, TN
Phone: 423.209-8226
Email: dianak@hamiltontn.gov

Education

- Master of Science in Nursing, Community Health** December 1989
University of Tennessee, Memphis
- Bachelor of Science, Nursing** May 1980
Mississippi University for Women, Columbus MS

Professional Experience

- Public Health Nursing:** Chattanooga-Hamilton County Health Department 1986 – Present
 - **Case Management Services Director;** 2013 – Present

Management of the Case Management Service Division; working with case management programs serving children and families; as well as the Ryan White Medical Case Management program and Renal Prevention Program. General Responsibilities included: Department management; program development and supervision.
 - **Maternal-Child Health Program Manager** 1992 – 2013

Management of the MCH Section in Clinical Services Division; working with multiple programs promoting positive growth and development for children and families (Well Child, Immunizations, Family Planning; Prenatal; WIC, Infant Mortality Initiative; Fetal Infant Mortality Review; Women’s Health). General Responsibilities include: program planning, development, and promotion; grant compliance and financial management; protocol development and implementation; staff development and supervision; data collection and management; community collaboration.
 - **Clinic Manager; Child Health Clinic** 1989 - 1992

Management of the Child Health Clinic; working with well child service programs promoting positive growth and development for children and WIC. General Responsibilities included: clinic management; staff development and supervision.
 - **Public Health Staff Nurse** 1986 - 1989

Performance of general nursing tasks in large, outpatient pediatric clinic; served as 'back-up nurse' for TB program; assisted with special HIV outreach activities.

Hospital Nursing: Parkridge Hospital, Chattanooga, TN 1980 - 1986

Worked in various positions that mainly focused on medical/surgical units with emphasis on GYN, urology, and neurological care; Positions held: Post Op Short Stay Unit Coordinator (1985 - 1986); Charge Nurse, Medical-Surgical Floor (1983-1985), Staff Nurse, Medical-Surgical Floor (1980 - 1983).

Professional Associations and Organizations:

- Sigma Theta Tau International Honor Society
- Tennessee Public Health Association
- Southern Health Association
- UTC School of Nursing; Maternal Child Grant Advisory Committee (2006- 2013)
- Chattanooga Family Justice Alliance (CFJA) 2006 - present
- CFJA Health Care Taskforce (2006-2012)
- Domestic Violence Mortality Review Team (2008-2012)
- Interfaith Hospitality Network (Family Promise) board member - (1995-2001)
- Hamilton County Low Birth Weight Task Force (1998 - 2001)
- Small group facilitator (Christ Care), Trinity Lutheran Church (2008- present)

TAMMY M. BURKE
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Chattanooga, TN 27403
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423 209-8001 (fax)
TammyB@hamiltontn.gov

E D U C A T I O N

University of TN at Chattanooga 1980 - 1984
Chattanooga, TN
Bachelor of Science in Nursing

E M P L O Y M E N T

Chattanooga-Hamilton County Health Dept. 1985 - *PRESENT*
Chattanooga, TN

Current - DIRECTOR OF CLINICAL SERVICES

MAJOR DUTIES: RESPONSIBLE FOR THE MANAGEMENT OF THE CLINICAL SERVICES SECTION OF THE HEALTH DEPARTMENT. THIS INCLUDES, PRIMARY CARE, COMMUNICABLE DISEASE CONTROL; MATERNAL AND CHILD HEALTH SERVICES, DENTAL AND SUPPORT SERVICES.

PAST - PROGRAM MANAGER OF COMMUNICABLE DISEASE CONTROL

MAJOR DUTIES: PROGRAM MANAGEMENT TO INCLUDE FORMULATION OF POLICIES, SECURING FUNDING AND PROCURING STAFF IN AN EFFORT TO CONTROL COMMUNICABLE DISEASE IN HAMILTON COUNTY. PROGRAMS INCLUDE: SEXUALLY TRANSMITTED DISEASE CONTROL, HIV/AIDS PREVENTION EDUCATION & CARE MANAGEMENT, TUBERCULOSIS CONTROL, GENERAL EPIDEMIOLOGY OF REPORTABLE DISEASES, IMMUNIZATION OUTREACH (CHILDREN AND ADULT), IMMIGRATION SERVICES, AND INFECTION CONTROL SERVICES.

PAST - CLINICAL SUPERVISOR - SEXUALLY TRANSMITTED DISEASE CONTROL

MAJOR DUTIES: PROVISION OF CLINICAL MANAGEMENT OF THE SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM

PAST - CLINICAL SUPERVISOR - TUBERCULOSIS CONTROL

MAJOR DUTIES: PROVISION OF CLINICAL MANAGEMENT OF THE TUBERCULOSIS CONTROL PROGRAM.

PAST - STAFF NURSE - SEQUOYAH HEALTH CENTER

MAJOR DUTIES: ASSESSMENT AND EDUCATION OF THE WELL CHILD,

CONTRACEPTING FEMALES, AND PRENATAL PATIENT
PAST - STAFF NURSE - PRENATAL INTERVENTION PROGRAM

MAJOR DUTIES: ASSESSMENT AND EDUCATION OF THE PREGNANT
PATIENT AND FAMILY

PAST - STAFF NURSE - HEALTH PROMOTION AND WELLNESS

MAJOR DUTIES: HEALTH RISK APPRAISALS, EDUCATIONAL
PRESENTATIONS ON HEALTH RELATED TOPICS

P R O F E S S I O N A L A F F I L I A T I O N S

TENNESSEE PUBLIC HEALTH ASSOCIATION (1992 TO PRESENT)

REGIONAL VICE PRESIDENT 1998 – 1999 - PLANNED REGIONAL
EDUCATIONAL MEETING

ARRANGEMENTS CHAIR 1999 -2000 – PLANNED ALL ARRANGEMENTS
FOR THE TPHA ANNUAL CONFERENCE

LEGISLATIVE COMMITTEE CHAIR 2001 – 2002

SOUTHERN HEALTH REPRESENTATIVE 2005 - 2012

RESOLUTIONS COMMITTEE CHAIR 2006 – 2007

PRESIDENT 2004-2005

SOUTHERN HEALTH ASSOCIATION (1994 TO PRESENT)

GOVERNING COUNCIL 1995 TO PRESENT

FIRST VICE PRESIDENT 1999 – 2000

TPHA REPRESENTATIVE 2005 – 2012

PRESIDENT 2007

PROJECT ACCESS OF CHATTANOOGA (2004 – PRESENT)

OPERATIONS COUNCIL

PATTI HOLMES, RN, BSN

357 Rock Creek Trail
Signal Mountain, Tennessee 37377
423-619-3823
Pattiholmes324@gmail.com

EMPLOYMENT

PROGRAM MANAGER MATERNAL CHILD HEALTH 2013-Present
Chattanooga Hamilton County Health Department *Chattanooga, Tennessee*

Responsible for MCH Programs: Family Planning, Child Health (physicals, head checks, Newborn Screenings), WIC, Prenatal Services. Program information received in which it is analyzed, then the information is distributed to appropriate clinic managers to implement in the clinical settings as appropriate. Responsible for managing 6 managers, 5 clinics and over 80 staff members. Responsible for 6 budgets and grant reporting for Title X funding through the state.

PROGRAM MANAGER SUPPORT SERVICES 2008-Present
Chattanooga Hamilton County Health Department *Chattanooga, Tennessee*

Responsible for clinical services support programs: Quality Management, which includes lab procedures, audits, clinic safety, CPR, credentialing of licensed professionals. Tennessee Breast and Cervical Cancer program, which includes breast and cervical screening for women who are eligible for the program, case management of women who are diagnosed with breast or cervical cancer and presuming them in TennCare. Responsible for hiring and managing part time nurses and clerical staff. Responsible for 17 Health Department protocol manuals, updating at least every 2 years and periodically as the standard of care has been updated.

FAMILY HEALTH CLINIC-PEDIATRIC CLINIC SUPERVISOR 2003-2008
Chattanooga Hamilton County Health Department *Chattanooga, Tennessee*

Responsible for maintaining clinic operations on a daily basis so staff and client needs are met. Supervise 22 staff members. Responsible for staff evaluations, time sheets, maintaining work within our protocol, interviewing and hiring new employees, budget.

FAMILY HEALTH CLINIC-PEDIATRIC STAFF MEMBER 2002-2003
Chattanooga Hamilton County Health Department *Chattanooga, Tennessee*

Responsible for meeting client/public needs by administering childhood immunizations, WIC, and children's physicals, and any other assignments deemed necessary.

LABOR AND DELIVERY NURSE 2000-2002
Erlanger Hospital *Chattanooga, Tennessee*

Responsible for laboring patients low risk and high risk patients that may be pre-term or pre-eclampsia, circulator in operating room for c-sections.

MED-SURG NURSE 1998-2000
Memorial Hospital *Chattanooga, Tennessee*

Responsible for patients with cardiac conditions such as: congestive heart failure, pre and post

open heart surgery, arteriograms, myocardial infarction.

EDUCATION

BACHELOR OF SCIENCE IN NURSING
University of Tennessee at Chattanooga
BLS certified

1998
Chattanooga, Tennessee

PROFESSIONAL MEMBERSHIP

Tennessee Public Health Association, Southern Health Association, Susan G. Komen
Chattanooga Affiliate Board member, certified Spin instructor AAAI/ISMA

John M. Bilderback, M.S.

921 East Third Street
Chattanooga, TN 37403
Telephone: (423) 209-8090
Email: JBilderback@hamiltontn.gov

EDUCATION

Master of Science: Health and Human Performance - Clinical Exercise Physiology
University of Tennessee at Chattanooga

Bachelor of Science: Exercise Science - Fitness and Wellness
University of Tennessee at Chattanooga

PROFESSIONAL EXPERIENCE

January 2008 - Present

Step ONE Program Manager
Chattanooga-Hamilton County Health Department
Project Director for Grow Healthy Together Chattanooga (RWJF Grant)

The Step ONE Program manager oversees the implementation of former Hamilton County Mayor Claude Ramsey's initiative to reduce obesity. This position's responsibility is to implement programs, provide media interviews when requested, develop policies, present at professional conferences, and identify environmental conditions to improve the health of Hamilton County residents.

Accomplishments of Step ONE under my leadership

- The successful implementation of a three year \$150,000.00 Junior League Healthy Starts grant
- The establishment of the Partnership for Healthy Living, a professional network of 250 individuals and organizations interested in cooperating together on various health-related projects in the community;
- Creation and establishment of a Community Garden grant program awarding 35 grants to local groups enabling them build and operate teaching gardens in food desert neighborhoods
- The award of a 4 year \$350,000.00 Robert Wood Johnson Foundation *Healthy Kids, Healthy Communities* Grant in December of 2009 to develop neighborhood-lead solutions for healthy food access, increased access and opportunities for physical activity, develop community capacity, identify and implement solutions, and develop policies with residents and organizations, which promote health.
 - Current accomplishments under my leadership
 - Co-creator of the Chattanooga Mobile Market
 - Developing two Leadership Advisory Councils in East and South Chattanooga to guide and lead the process

- Over \$1,370,000.00 of infrastructural and systematic improvements have been made through these councils and our organizational partners
- 45th Street Park project was awarded a \$300,000.00 Community Development Block Grant for revitalization and is being executed by Chattanooga Parks and Recreation
- CARTA has been awarded and is executing a livability grant in excess of \$400,000.00, which is being informed by the Step ONE staff and committees and is resulting in additional bus shelters being installed across the focus area and City of Chattanooga
- Creation of the Healthy Living Fund to support projects and allow for fundraising by the Leadership Advisory Committees
- Development of and successful adoption of an "Open Use" policy for all elementary school playgrounds by the Hamilton County Board of Education

July 2007 – December 2007

Step ONE Public Health Educator - Junior League Healthy Starts Grant
Hamilton County Health Department

- Implemented a 3-year, \$150,000 grant provided by the Junior League of Chattanooga to combat childhood obesity in Hamilton County
- Developed community interventions in local restaurants, schools, and the home
- Coordinated with Junior League representatives and their volunteers to assist with Step ONE programming as needed including organizing the NACo forum and managing interns
- Participated in outreach such as public speaking on health, nutrition, exercise, and weight management; health fairs; and other community events

June 2003 – spring 2009

Adjunct Instructor for Department of Health and Human Performance
University of Tennessee at Chattanooga

- Instructed students on basic principles of health and wellness, nutrition, lifestyle choices, behavior modification, and various athletic activities
- Worked with students with varying degree of health knowledge, backgrounds, skill levels, and goals
- Courses taught include a variety of undergraduate health and activity courses and a graduate course on nutrition.

April 2001 – April 2003

Case Manager

Downtown Chattanooga Sports Barn

Supervised and individually managed approximately forty Blue Cross Wellfit participants.

- Provided exercise prescription and nutritional advice for individuals with hypertension, diabetes, asthma, arthritis, obesity, and miscellaneous cardiac conditions
- Worked extensively one-on-one with special case patients such as those with post-polio syndrome, multiple sclerosis, HIV/AIDS, post-mastectomy, and overweight children
- Conducted on-site recruitment and health fairs for the corporate wellness program
- Lectured monthly on a wide range of health-related topics
- Oversaw general exercise floor area
- Performed fitness evaluations, testing and health risk assessments

ADDITIONAL INVOLVEMENTS

- **Boards**
 - Board Member Chattanooga Area Transportation Authority (CARTA) July 2014 to present
 - Board Member Chattanooga Neighborhood Enterprise (CNE) 2012 to present
 - Chairperson for the program committee
 - Member of the executive committee
- **Advisory Committees**
 - Transportation Planning Organization Multimodal Advisory Committee member 2014
 - Chattanooga Mobile Market Advisory Board
 - Co-chair of the People working group for Thrive 2055
 - Member of the Core Technical Team for the 2040 Regional Transportation Plan
 - Serving as a user tester for the DOT/FHWA/CDC Transportation and Health Tool
 - Beta-tester for the Childhood Obesity GIS/Community Commons (RWJF funded project)
 - Creative Discovery Museum's child health exhibit *Good For You*
 - Member of the host committee for the Pro Walk/Pro Bike 2010 Conference held in Chattanooga
 - Member of the Tennessee Obesity Taskforce Advisory Committee
 - Co-chair of the Built Environment Active Transportation Subcommittee
 - Member of the Tennessee Grocery Access Taskforce
 - Co-leader for the South East Tennessee Grocery Access Taskforce team
- **Guest Lecturer at UTC**

- Co-creator of the Chattanooga Mobile Market
- Presented at the request of the Robert Wood Johnson Foundation at the international AIGA *Head, Heart, Hand Conference* in 2013

PROFESSIONAL AFFILIATIONS, CERTIFICATION, AND AWARDS

- Selected as a Vanguard for the 2014 Next City Vanguard Conference
- Chattanooga-Hamilton County Health Department employee of the quarter in 2013
- American College of Sports Medicine Professional Member (ACSM)
- Member of the Obesity Society
- ACSM Health and Fitness Specialist certified since 2000
- American Heart Association CPR, AED, and First Aid certified

DR. MICHELE VALADIE

**507 S. Sweetbriar Avenue
Chattanooga, TN 37412
(423) 834-3549**

michele_valadie@signalcenters.org

WORK EXPERIENCE

Special Education Teacher

August 1993 to 1996

Siskin School, Chattanooga, Tennessee

Responsibilities: Taught functional skills to children with a variety of disabilities; supervised classroom assistants; organized all academic and functional activities for children.

Early Intervention Coordinator/Lead Teacher

1996-1997

Siskin School, Chattanooga, Tennessee

Responsibilities: Worked with both children and their parents in maximizing each child's potential to develop utilizing early intervention; responsible for intake, organizing assessments for several therapists and following through with recommendations; trained Siskin staff in completing all special education paperwork; did trainings on a variety of topics; participated in training the community on disabilities as requested.

Assistant Director of Educational Programs

1998-2001

Siskin School, Chattanooga, Tennessee

Responsible for setting up all in-service for the entire staff; organized all classroom staffings for the teachers; helped the teachers to write Individualized Educational Programs for every child; helped with oversight of a daycare that was owned and operated by Siskin School; had oversight of the training and daycare budget; liason between the teachers and the Director of the school; helped with setting up and organizing all educational programs; did training in the community on disabilities as requested.

Inclusion Consultant/Training Specialist

2003-present

Signal Centers, Inc., Chattanooga, Tennessee

Responsible for training and working on-sight with childcare providers in a ten county radius in the areas of behavior management, various disabilities and classroom management techniques.

Director of Homebased/Community Services

2010-present

Signal Centers, Inc., Chattanooga, Tennessee

Responsible for Early Interventionists in a 10 county area who provide services in the home and childcare centers for families/providers with children with special needs in compliance with Part C to IDEA.

Adjunct Professor

2004 - 2013

University of Tennessee at Chattanooga

Responsible for teaching undergraduates in the ECHD department: Assessment of the Young Child, Young Exceptional Learners and Strategies for Early Learners.

EDUCATION

Doctorate of Education: Learning and Leadership (2012)
University of Tennessee at Chattanooga, Tennessee

Master of Education: Diagnostic-Prescriptive Education (1990)
University of Tennessee at Chattanooga, Tennessee

Bachelor of Arts: Psychology (1981)
Loyola University, New Orleans, Louisiana

PROFESSIONAL ORGANIZATIONS

National Association for the Education of Young Children
Chattanooga Association for the Education of Young Children
Southern Early Childhood Association

PUBLICATIONS

Valadie, M., Johnson, L., & Rutledge, V. (2008) Are early childcare providers ready for inclusion? The International Child and Youth Care Network, 118, Dec. 2008.
<http://www.cyc-net.org/cyc-online/cyconline-december2008.html>

REFERENCES UPON REQUEST

Joyce Bridges

Director, Child Care Resource and Referral Network

Chief Officer of Statewide Initiatives, Signal Centers, Inc.

Ms. Bridges oversees the statewide operation of the Child Care Resource and Referral Network and is responsible for the direction and implementation of policies and procedures, contractual compliance, and budget and fiscal integrity. She directly supervises the CCR&R Network Management staff which includes data management, parent engagement initiatives, quality assurance, training, and technical assistance delivered to licensed child care providers, parents, and communities within all 95 counties. She works directly with funders the Departments of Human Services and Health and is responsible to them for the distribution and supervision of grant funds.

Ms. Bridges has been an educator her entire career starting in the elementary and secondary classrooms. She also has experience in Adult education and higher education and continues to offer training on a state and national level. She collaboratively designed, wrote, and delivered content for eight (8) on-line training modules for TN DHS licensed child care providers. Further, she oversaw the creation, implementation, and policy setting for a web site designed to inform parents of the need for quality child care. She co-wrote, produced, and managed "Health and Safety, Child Care Best Practices" Video for statewide distribution and dissemination. She designed and developed Targeted Technical Assistance system and data collection form used by Tennessee Child Care Resource and Referral Network. Initiated and delivered workshop for Network on strategies and skills for delivery of technical assistance and implementation of data collection form. Ms. Bridges initiated and implemented Quality Assurance Plan for statewide Network in order to deliver results to management and funders based on contract criteria. She also designed Professional Development Plan and data collection form requested by the Star Quality Advisory Council in conjunction with the Department of Human Services and Tennessee State University.

She is the recipient of the Tennessee Association for the Education of Young Children Outstanding Service Award winner and continues to sit on the Board for TAEYC.

Heather Hicks, Strengthening Families Coordinator for Tennessee Child Care Resources and Referral Network, holds a Master of Education degree in Early Childhood from the University of Tennessee Chattanooga. As Network Coordinator, Ms. Hicks develops, implements, and maintains the oversight and responsibilities of Strengthening Families across the State of Tennessee. Her work includes integrating Strengthening Families principles into existing trainings, mentoring and support groups for early child care providers, coordinating the development of parent education materials and activities and identifying best practices for community relationship building. Previously, she served as the Project Manager for a 3.6 million grant from the U.S. Department of Education (Early Childhood Educator Professional Development award) to the University of Tennessee at Chattanooga. Project REEL (Resources for Early Childhood Educators) provided 120 hours of professional development to over 200 early childhood educators on the topics of preventing challenging behaviors and promoting social/emotional, oral language, literacy, and numeracy development. Her work on Project REEL involved coordinating all grant activities that included family involvement, strategies for promoting development for children with special needs and/or is English language learners with grant partners, early childhood educators, and directors from across the state of Tennessee. In addition, she provided professional development, coordinated the 11 regional specialists, assisted with data collection, observation, surveys, report writing and the development of the numeracy module. She has co-authored chapters and presented at national, state and local conferences on her work with early childhood educators.

Her dedication to scholarship and professional development are evident in her scholarly activities and awards. Ms. Hicks is a national trainer for the National Alliance of Children's Trust and Prevention Funds, the membership organization for state children's trust and prevention funds, which provides the nation's infrastructure to support children and their families. Ms. Hicks is a member of the National Association for the Education of Young Children. She has presented at numerous national and state conferences on a variety of topics that include Strengthening Families in the early childhood classroom, and the use of environmental print to enrich literacy, and is co-author on two chapters regarding professional development for early childhood educators in a book edited by two internationally regarded scholars in the field of early childhood educator professional development. Ms. Hicks was named UTC Outstanding Student Teacher in 2005, and received the Tennessee Association for the Education of Young Children Graduate Student Award in 2004.

Michelle Kelly

Michelle Kelly is the Coordinator of the Southeast, South Central and Upper Cumberland Child Care Resource and Referral (CCR&R) and has been with CCR&R for 8 years. She has been in the Early Childhood field for 18 years working with children from ages 6 weeks to school-age. Over the years she has experienced a variety of roles in the field, including student teacher, classroom lead teacher, assistant director, director and supervisor for three after school child care sites. She earned a degree in Child and Family Studies/Child Development from the University of Southern Mississippi.

She joined the Southeast CCR&R in January 2006 as a Specialist working on the Project REEL (Resources for Early Educators Learning) grant, focused on early childhood literacy for child care providers. The goal of this grant was to train a group of early childhood educators on specific literacy strategies to implement in their classrooms. When the grant was complete in 2008, Michelle moved into a Child Care Specialist role, working with and training child care providers in Hamilton County and soon after moved into the Assistant Coordinator role.

In October 2009, Michelle became the Coordinator of the Southeast Child Care Resource and Referral. The Southeast CCR&R staff serves child care providers and parents in Hamilton County and nine surrounding counties through technical assistance, targeted technical assistance, support and training. Beginning in July, 2014 Michelle became the Coordinator for the Upper Cumberland and the South Central region CCR&R. She manages the out-stationed staff in those areas to support and train child care providers, connect with parents and the community.

Michelle has also served the early childhood community through service with the Chattanooga Area Association for the Education of Young Children (CAAAYC). She has served on this association's board for 5 years in various positions. Recently, she was the 2014 Conference Co-Chair for the Tennessee Association for the Education of Young Children (TAEYC) conference in Chattanooga. Her efforts led to the first TAEYC conference app for attendees to utilize during the conference, as well as a program filled with motivating speakers. Michelle and her co-chair lead the committee to bring a successful early childhood conference to Chattanooga, which saw over 600 attendees.

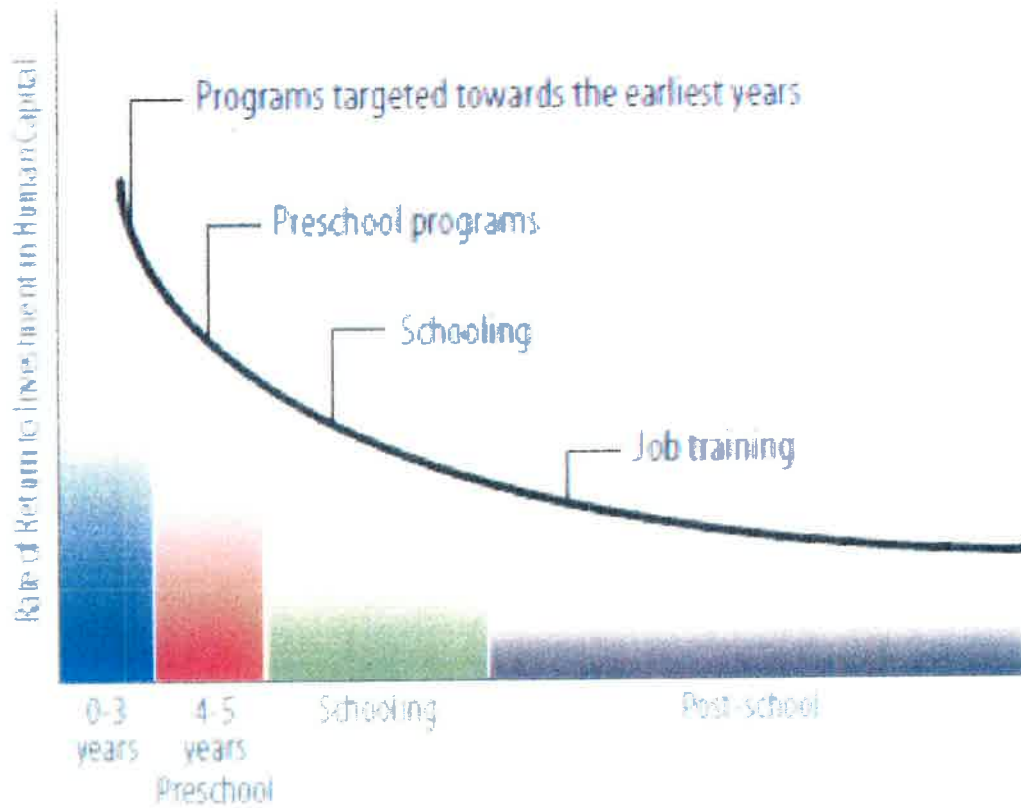
Melody Chambers

Ms. Chambers is an Infant Toddler Specialist for the Southeast Child Care Resource and Referral Center located at Signal Centers, Inc. She is responsible for delivering training and technical assistance to child care providers, parents and the community at large in Hamilton, Rhea, Meigs, McMinn, Polk, Bledsoe, Grundy, Marion, and Sequatchie Counties. She has been instrumental in raising assessment scores in infant and toddler classrooms in licensed child care agencies throughout her service delivery area. In addition, she has experience with teen parents and has counseled parents and students. She has directed child care programs in Chattanooga and been an activity therapist at Moccasin Bend Hospital.

Ms. Chambers is a lifelong resident of Chattanooga and earned her BS from Tennessee State University in Nashville, TN. She has many years of experience with children, teachers, and parents and is held in high regard by those she serves.

Supporting Material

RATES OF RETURN TO HUMAN CAPITAL INVESTMENT AT DIFFERENT AGES



SOURCE: J.J. Heckman, "Skill formation and the economics of investing in disadvantaged children." *Science*, 312(5782):1900-2, (June 2006).

Tennessee Child Care Resource and Referral

The Tennessee Child Care Resource and Referral Network provides resources for parents, child care professionals, employers, and the community that support quality care and development of our children.

- Parents are served through face to face contact, distribution of materials, and responses to requests for support in knowing more about child development, behavior management, child health and safety, and other parenting related topics.
- Child care professionals receive training in topics that include health and safety, behavior management, child development, administration of programs and other topics as needed.
- Employers are assisted in ways which are individualized such as brochures, training, and face to face contact concerning why quality child care is an important component of the economy.
- The development of children is impacted through the training of parents, child care professionals and employers. As adults who are responsible for children become aware of the tremendous influence that developmentally appropriate practice has on how children grow and flourish, children are allowed and encouraged to make progress toward becoming creative, strong and capable adults.

The program is funded through a grant from the Tennessee Department of Human Services and the Tennessee Department of Health and is managed by Signal Centers, Inc. The grant provides services statewide with designated staff serving Hamilton County.

Tennessee Child Care Resource and Referral

Infant Toddler Services

Supporting the quality of infant/toddler care and assuring best practices in licensed care is a main focus for the CCR&R. To accomplish this, Signal Centers, Inc. maintains eight Infant and Toddler Specialists to work closely with the local CCR&Rs, and develop an infant and toddler component focusing on developmentally appropriate practices, safe sleep, parent engagement, health and safety. These Specialists are located across the state, work from their home area, and provide targeted technical assistance to the local CCR&R staff and/or child care providers across the state. In addition, these Specialists provide training on the *Program for Infant/Toddler Care* philosophy and *The Creative Curriculum for Infants and Toddlers* to CCR&R staff and/or child care agencies. Overall, the Specialists are the primary support for child care providers, parents, and the local CCR&R staff in the area of infant and toddler care.

Since the 2008 inception of the Infant Toddler Initiative within the CCR&R the Infant Toddler Specialists have delivered 1,257 child care provider trainings and delivered 9988 instances of technical assistance to either child care providers or parents.

The **Infant and Toddler Specialists** under the direction of the CCR&R Network Coordinator focus on the following:

- a. Researching the best practices in infant and toddler care and training Network Management Staff and/or local CCR&R staff on those topics
- b. Training CCR&R staff, infant and toddler care providers, DHS staff, and other DHS or funder-requested groups
- c. Providing technical support to the local CCR&R staff
- d. Developing, delivering, and implementing parent education materials and activities
- e. Assisting with seeking grant funds targeted to increase infant and toddler care initiatives within the CCR&R
- f. Coordinating infant and toddler care events in conjunction with local CCR&Rs
- g. Identifying and targeting infant and toddler concerns for each CCR&R service delivery area

- h. Analyzing on a regular basis the ITERS-R scores for the state to identify agencies that need technical assistance**
- i. Coordinating targeted technical assistance based on the ITERS-R scores of each infant and toddler care provider**
- j. Researching ways to increase infant and toddler care capacity statewide and**

Child Care Resource and Referral Parent Engagement

The Child Care Resource and Referral Network directly engage parents to increase their knowledge of quality child care, what to look for when choosing quality child care, what are best practices in child care, what do they need to know about child development, safe sleep, SIDS, and other health and safety related topics.

We currently prioritize our resources by serving those families using the child care certificate program CCR&R specialists are visiting WIC offices, DHS offices, pediatricians, libraries, teen pregnancy centers, family centers, family resource centers, and other community organizations in order to find those parents who are in the greatest need of our services.

Since July, 2014 the CCR&R has delivered 296 parent education or information sessions statewide to 879 parents. This would include all training and support assistance. The Southeast CCR&R has held 33 parent education or information sessions to 114 parents. The Southeast CCR&R serves Hamilton, Bledsoe, Meigs, McMinn, Rhea, Marion, Sequatchie, Grundy, and Polk counties.

Tennessee Child Care Resource and Referral

Strengthening Families

The Child Care Resource and Referral Network are dedicated to improving the outcomes for children while they are in the Department of Human Services licensed child care and/or with their parents in the home setting. Those outcomes include school readiness following the state model Ready Communities, Ready Schools, Ready Families, and Ready Children. (Donna, a link to kidcentraltn.org could go here or you could add an addendum of the complete school readiness model) To support a ready family which improves the likelihood of child success in school the CCR&R uses the Strengthening Families approach.

The Strengthening Families approach benefits all families; builds on family strengths, buffers risk and promotes better outcomes; builds on and can be integrated into existing programs, strategies, systems and community opportunities; can be implemented through small but significant changes in everyday actions; grounds itself in research, practice and implementation knowledge. These characteristics of the SF approach are based on the five Protective or Promotive Factors: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need and Social and Emotional Competence of Children.

The CCR&R trains administrators of child care programs, child care teachers, and parents on the SF approach and offers technical assistance as needed. Knowledge of this approach assures that families get what they need in order to do the best for their children. Training and technical assistance engages parents in the education process and empowers them to make good decisions for their children and themselves.

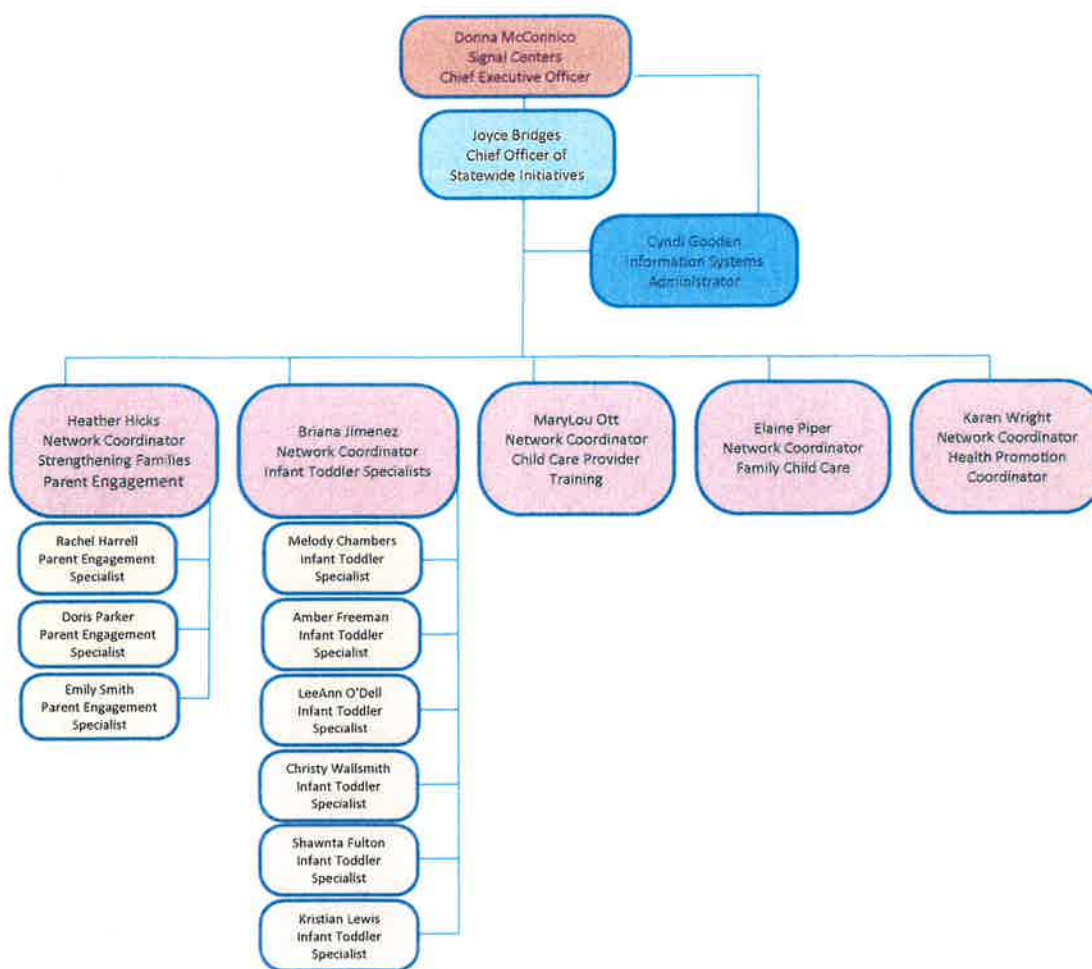
Since 2008 the Parent Engagement Specialists have delivered 806 child care provider trainings and delivered 3861 instances of technical assistance to either child care providers or parents.

The CCR&R has a network coordinator (Heather Hicks) and three (3) parent engagement specialists who support the referral, education, and training needs of all parents seeking quality child care, with a priority focus on teen parents and parents with children enrolled in programs accepting certificates. These Specialists are located across the state, work from their home area, and provide targeted technical assistance to the local CCR&R staff and/or child care providers across the state.

The Parent Engagement Specialists, under the direction of the Network Coordinator (H. Hicks) are responsible for:

- a. Identifying the criteria for quality child care**
- b. Educating parents seeking child care on the quality rating system**
- c. Supporting parents and the local CCR&R staff in the referral process**
- d. Researching the best practices in preventing child abuse and neglect, parenting through the Strengthening Families approach, and training Network Management Staff and/or local CCR&R staff on those topics**
- e. Training CCR&R staff, teen parents and parents of children in child care who are funded through the certificate program, DHS staff, and other DHS or funder-requested groups on the Strengthening Families approach using protective factors and strategies**
- f. Providing technical support to the local CCR&R staff on Strengthening Families approach, protective factors and strategies**
- g. Developing parent education materials and activities to assist child care providers implementing the Strengthening Families approach**
- h. Coordinating parenting events in conjunction with local CCR&Rs**
- i. Identifying and targeting child abuse and neglect prevention through Strengthening Families and parenting concerns for each CCR&R service delivery area**
- j. Analyzing on a regular basis research results on components of high quality child care in the state to identify areas to target for technical assistance**
- k. Interacting with agencies who serve teen parents and parents of children participating in the certificate program to identify needs**
- l. Coordinating the formation of parent support groups (parent and community cafes) across the state**
- m. Helping parents access the services of the local CCR&R to learn about and obtain quality child care.**

Tennessee Child Care Resource and Referral Network Programmatic/Organizational Structure



STRENGTHENING FAMILIES™: AN OVERVIEW

Across the country, people and programs are focusing on protective factors in their work with families. Protective factors are attributes of families that help them to succeed and thrive, even in the face of risk and challenges. A protective factors framework summarizes scientific research and outlines a course of action to help families and youth reduce stress, address risk factors and promote healthy development. The overarching goal of a protective factors framework is the promotion of child, youth and family well-being.

The Center for the Study of Social Policy (CSSP) leads two initiatives based on parallel frameworks of protective factors: [Strengthening Families](#) (for families of young children) and [Youth Thrive](#) (for youth and their families and caregivers). [Strengthening Families](#) is about protecting and nurturing young children while promoting their development. It's also about providing support to parents so that they can build their protective factors and be the best parents they can be, even in times of stress.

What is Strengthening Families?

Over the last decade, the Center for the Study of Social Policy (CSSP) has built Strengthening Families into one of the most widely recognized approaches to child abuse and neglect prevention in the country. At its heart, Strengthening Families is about how families are supported to build key protective factors that enable children to thrive.

The five protective factors at the foundation of Strengthening Families also offer a framework for changes at the systems, policy and practice level – locally, statewide and nationally. Nationwide, 42 states and two U.S. territories have integrated Strengthening Families into some aspect of their child and family service systems, and 33 states and one territory actively participate in the Strengthening Families National Network.

Programs across the country are using the Strengthening Families self-assessment and other implementation tools to inform practice and adopt small but significant changes that positively impact families. Similarly, thousands of child and family serving professionals have received training on Strengthening Families. For example, between 2011 and 2012, more than 70,000 professionals were reached by state training and professional development activities. In addition, more than 1,000 people completed a seven-module online training course in the first two years it was available.

Strengthening Families

Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- **Parental resilience:** Managing stress and functioning well even when faced with challenges, adversity and trauma
- **Social connections:** Positive relationships that provide emotional, informational, instrumental and spiritual support
- **Knowledge of parenting and child development:** Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development
- **Concrete support in times of need:** Access to concrete support and services that address a family's needs and helps minimize stress caused by challenges
- **Social and emotional competence of children:** Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships

For more information, visit
www.strengtheningfamilies.net

States and communities are integrating Strengthening Families into at least one of four key sectors: early care and education; child abuse and neglect prevention; home visiting and child welfare. In each of these fields, Strengthening Families offers:

- An intuitive explanation of what families need to thrive, and what programs can do to support them
- A common framework and a shared set of results for families
- A broad range of concrete, low- and no-cost actions that many types of programs can implement
- Free and easily accessible tools to support implementation at the program, policy and systems levels

Early Care and Education

Across the country, Strengthening Families is being used to reshape how early care and education programs engage parents in their children's development and to help them build strong relationships between family members and staff. Twenty-four states provide training and technical assistance to programs through child care resource and referral agencies. Twenty states have already or are considering integrating Strengthening Families into their Quality Rating Improvement Systems (QRIS) designs.

Child Abuse and Neglect (CAN) Prevention

Strengthening Families is being broadly used in states to reframe and engage partners who previously did not see themselves as having a role to play in child abuse and neglect prevention. More than half of all states train prevention providers using the protective factors framework and have written the protective factors into their RFPs for CAN prevention dollars, 15 states are using the protective factors as a framework for local prevention planning efforts, 16 states have designed public awareness campaigns around the protective factors and eight states have integrated the protective factors into mandated reporter training.

Home Visiting

Strengthening Families is being used in at least 12 states as a framework for coordinating and aligning across different home visiting program models – and as a shared outcomes framework with the many other services and supports families need. In 13 states, Strengthening Families is formally included in plans for implementation of the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) program.

Child Welfare

A growing number of states are adopting Strengthening Families as a framework for supporting the well-being of children in child welfare by building the protective factors of their caregivers. Twenty-three states recently reported using strategies such as incorporating the protective factors into training for child welfare workers or their child welfare practice model, using the factors to revise assessment tools and other materials, strengthening partnerships between child welfare and early care and education programs and using the framework to set programmatic and performance expectations. Five states are also using Title IV-E waivers to test various ways of implementing Strengthening Families within their child welfare systems.

Tools and Resources

Strengthening Families is supported by helpful materials that can easily be adopted and adapted for any program or service sector.

Strengthening Families Program Self-Assessment – exemplary practices identified in the initiative's foundational field research form the basis of a self-assessment for child- and family-serving programs. It helps programs assess how well their activities, services and policies are helping families to build protective factors. <http://www.cssp.org/reform/strengthening-families/resources/changing-programmatic-practice>

Strengthening Families Online Data System – includes the self-assessment and parent and staff surveys which help programs plan for improvements and provide aggregated data for local or state tracking and decision-making. <http://www.mosaic-network.com/gemslive/cssp/>

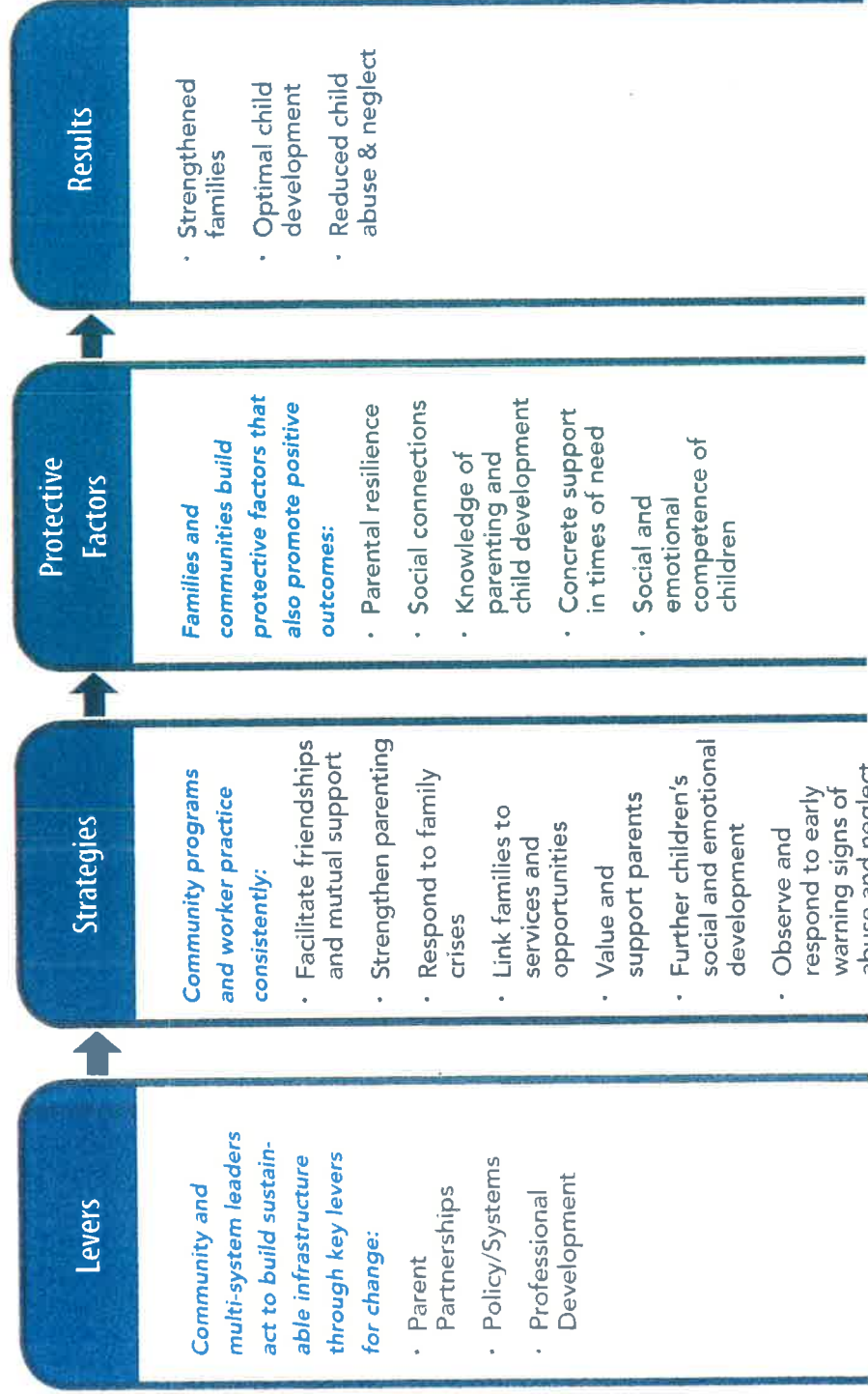
The National Alliance of Children's Trust and Prevention Funds offers a free, **online training curriculum** and a **training of trainers** for an in-person curriculum. <http://trainers.ctfalliance.org/>

CSSP manages the **Strengthening Families National Network** to connect leaders of state and local initiatives, encourage peer sharing, identify trends and key issues and explore innovative approaches to integration. <http://www.cssp.org/reform/strengthening-families/around-the-nation>

Mobilizing partners, communities and families to build family strengths, promote optimal development and reduce child abuse and neglect

The Strengthening Families Approach

- Benefits ALL families
- Builds on family strengths, buffers risk, and promotes better outcomes
- Can be implemented through small but significant changes in everyday actions
- Builds on and can become a part of existing programs, strategies, systems and community opportunities
- Is grounded in research, practice and implementation knowledge



STRENGTHS BASED COACHING

Based on the model from the Francis Institute for Child and Youth Development,
Metropolitan Community College, Kansas City, MO.

Strengths Based Coaching is an **intentional**, systematic process of **individual** support in the context of a **partnership** that uses a variety of strategies over a period of time to enhance accomplishments and achieve mutual goals

Stages

- Getting Started
- Gather Information
- Conduct Assessments
- Identify Goals and Strategies
- Implement the Plan and Provide Support
- Progress Review
- Conclude Coaching Services

Five Big Ideas for Strengths Based Coaching

- Develop **positive relationships** with coachees
- **Exchange “rightness” for curiosity** about coachees
- Develop **partnerships** that share power, authority & decision-making
- Engage in **coachee-driven interactions building on coachee’s strengths**
- Provide a ratio of **80% positive feedback to 20% “needs work” feedback**

Why People Don’t Change

1. **Don’t know *what* they are supposed to do**
2. **Don’t know *how* to do the task**
3. **Think they’re doing it right – have *no feedback***
4. **Don’t know *why* they should do it**

Core Beliefs of Effective Coaches

- People are inherently good and want to contribute and improve
- People are doing the best they can based on their present moment awareness
- People make mistakes, but not on purpose
- Mistakes are learning opportunities
- People support what they create
- People prefer to be coached, not bossed
- People appreciate clear, honest feedback
- Coaching helps people “buy-in” to improving
- Developing a relationship is **ESSENTIAL**

Fundamentals of Building Relationships

Basic Human Needs:

- I need...to be seen
- ... to be heard
- ... to be respected

... to be safe

... to belong

... to connect

... to contribute

When all my basic needs are met, then I'm ready to learn ... ready to serve.

In a strengths-based partnership there is collaboration:

Shared power

Shared authority

Shared decision-making

Signal Centers' Children's Services

Children are the cornerstone of Signal Centers, as in 1957, programs were first offered to nine children with cerebral palsy. Children's Services have expanded to encompass so much more, with over 120 children serviced by the two sites – Chattanooga and Cleveland.

The Chattanooga Children's Program serves both typically-developing children and those with disabilities/special needs. Low student-to-teacher ratios are maintained, thus enabling individualized attention. The school includes both center-based and home-based programs for children 6 weeks to 5 years of age. Programming includes:

- Classrooms with inclusion opportunities
- Active parental involvement
- Low-teacher to student ratio
- Highly educated and trained staff
- Accessible playgrounds
- Home based services for infants and toddlers with developmental delays and therapy needs
- Speech, feeding, occupational, and physical therapy integrated in the classroom activities

The Star-Quality Child Care Program is a voluntary program that recognizes child care agencies that exceed minimum licensing standards. These agencies can receive a rating of one, two, or three stars. Signal Centers is a Tennessee-approved preschool with a 3 star rating.

Signal Centers' Employment Services

Throughout the agency's history, Signal Centers maintains an outstanding record of consistent performance in workforce experience by providing education, training, and employment services to individuals that present with barriers to educational achievement and economic self-sufficiency. We have long-provided employment services for individuals with disabilities, partnering with Tennessee's Division of Rehabilitation Services and Georgia Rehabilitation Agency, while including other collaborations with similar agencies. Most recently, the City of Chattanooga has funded our employment services through our Adult Services Program.

Signal Centers has had established partnerships with the Department of Human Services to provide programming for families who were participants in the TANF program; The Chattanooga Housing Authority, through their HOPE VI project; and The Southeast Tennessee Career Center's Youth Employment Program.

Signal Centers' Assistive Technology Services

Signal Centers believe that all children have the right to participate in everyday activities, particularly children with disabilities. Assistive technology (AT) can be thought of as any item that supports a child's ability to participate actively in his or her home, childcare program, school, or other community settings. Assistive technology devices can be "low tech" such as Velcro or colored highlighters or "high tech" items such as computers and augmentative communication devices. Assistive Technology can promote learning opportunities of infants and toddlers in their natural environment and support their successful inclusion in all activities. For example, through toy adaptation, a child may successfully play with a toy. Or he/she may communicate their needs and make choices through communication devices. Training parents and family members on the use of technology supports its successful integration and use in the child's daily activities.