NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF SOCIAL SERVICES

APPLICATION FOR COMMUNITY RESPONSE PROGRAM
State Fiscal Year 2017-2019

For eligible grantees to provide services to the North Carolina Division of Social Services through a coordinated community response approach to reduce the risk of child abuse and neglect by promoting protective factors that strengthen and support families, through the:

NORTH CAROLINA COMMUNITY RESPONSE PROGRAM

Application Announcement Release Date:	February 22, 2016
Deadline for Letter of Intent and Questions:	March 11, 2016
Deadline for Proposals:	April 1, 2016 at 5:00 p.m.
Attention/Questions:	Gordon Miller Program Consultant Office (919) 527-6425 Gordon.miller@dhhs.nc.gov
Submission Instructions:	Email applications accepted. Late Applications will not be accepted.

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I. GENERAL INFORMATION

A. PURPOSE OF REQUEST

The North Carolina Department of Health and Human Services (NCDHHS), through the Division of Social Services (NCDSS), is seeking proposals from county departments of social services to coordinate new and existing community family support, educational, and health services and minimize the duplication of those services by organizing and collaborating with other organizations in the establishment of a Community Response Program. Community Response Programs are intended to fill a gap in the continuum of child maltreatment prevention programming by reaching out to families who have been reported to local county departments of social services but whose cases have been screened out at intake, closed with a decision of services recommended, closed with a decision of no services needed, or closed with a unsubstantiated finding after an assessment. These services are voluntary and applicants may not charge fees for services.

The Community Response Program's builds upon a family-centered, System of Care approach to child welfare as follows:

- Safety of the child is the first concern.
- Children have the right to their family.
- The family is the fundamental resource for the nurturing of children.
- Parents should be supported in their efforts to care for their children.
- Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions.
- A crisis is an opportunity for change.
- Inappropriate intervention can do harm.
- Families who seem hopeless can grow and change.
- Family members are our partners.
- It is our job to instill hope.

The North Carolina Division of Social Services will fund up to <u>eight county departments of social services</u>. Applicants will demonstrate the capacity to achieve positive outcomes for children and families in communities with risk indicators associated with the incidence of child victimization.

Applicants should use evidence-based or evidence-informed programs and practices for any services delivered or services referred for education, therapy, and/or support programming.

B. AWARD AMOUNT AND TERM

<u>The proposed total annual allocation is $800,000. This allocation will fund up to eight county departments of social services at up to $100,000 each, annually</u>.

The term of any resulting award is anticipated to be for three years, from July 1, 2016 until June 30, 2019. Renewal from year to year is required and is based on availability of funding, grantee performance, and compliance.

All funds are distributed on a reimbursement after expenditure basis. Funds from this grant may not be used to supplant other funds.

C. ELIGIBILITY

Any local NC county department of social services is eligible to apply.

Ensuring the safety, permanence, and well-being of children is a shared community response. County departments of social services do not serve children in isolation and must build community partnerships with organizations that help provide direct services, to positively impact children, youth, and families. County departments of social services must have well-defined, collaborative partnerships with a local community-based agencies.

It is important that the proposed project does not overlap with existing programs in the county. Factors to take into account when considering program overlap are populations served, duplication of program sites, etc…

D. LETTER OF INTENT

All agencies considering applying for these funds **must submit a letter of intent on agency letterhead with signature, by email,** to Gordon Miller at gordon.miller@dhhs.nc.gov . Letter of intent is **due March 11, 2016 by 5 pm** and shall include the following information:

- Name of the agency
- The mailing address, phone number, and fax number of the agency
- A desire to respond to this application.
- The name, title, and email address of the person who will coordinate the application submission.

Applicants will be able to submit questions regarding the application until **March 11, 2016 at 5PM** to Gordon Miller at Gordon.miller@dhhs.nc.gov. Questions shall only be accepted via email for tracking purposes. Please send questions as soon as possible for due consideration. Answers to all questions received will be posted on the NC DSS public notice site http://www2.ncdhhs.gov/dss/pubnotice/ by **March 18, 2016.**

E. TECHNICAL ASSISTANCE WEBINAR

NC DSS has recorded a technical assistance webinar to discuss the application in greater detail. The webinar can be accessed at: http://www2.ncdhhs.gov/dss/pubnotice/
Reviewing the technical assistance webinar is not required, but is highly encouraged.

F. NUMBER OF COPIES

One complete application including a signed cover letter on agency letterhead must be emailed to Gordon.miller@dhhs.nc.gov . An Acknowledgement of Receipt will be provided to all applicants via email.

G. DEADLINE

The closing date for submission of applications is **April 1, 2016.** ***Applications received after 5:00 p.m. will be classified as late and will not be considered for funding.***

H. SELECTION PROCESS

All applications received by the deadline will be forwarded to the award review committee which will review, score and rank the applications with the requirements listed in Section III to be used as factors in the award process. Nothing may be added to or removed from any application after it has been submitted. Although a primary factor, score alone will not be the sole determinant for awards. NC DSS staff will consider overall factors, including program history, when determining final award decisions.

NC DSS anticipates posting award notices on the NC DSS public notice site by **May 2, 2016**. Awards will be deemed final. There are no protest rights.

I. REPORTING

If awarded funding, a funding authorization will be provided to the county department of social services and the following are required reporting for all programs.

Monthly*:*

- Effective the **July 2016 service month, reimbursement after expenditure will be available to authorized** counties. Service Information System (SIS) coding, a program code and application code instruction will be provided to claim reimbursement for Community Response Program/Family Support services (*Title IVB-2 funding*) on the DSS-1571 report.
- Entry of all services/activities in the Protective Factors Database.

Quarterly:

- Completed Performance Status and Protective Factors Survey Reports by October 10th, January 10th, and April 10th. These reports include data on agency functions, program outputs and outcomes.

Annually:

- Completed Performance Status and Protective Factors Survey Reports by July 10th. These reports include cumulative end-of-year data on agency functions, program outputs and outcomes.

J. PROGRAM MONITORING

When each quarter of the service year is complete, agencies submit a Performance Status Report. After the first quarter, a conference call is conducted between the program consultant and agency staff to review the agency's report and ensure that required components of services and fiscal procedures are being implemented and baseline data is being compiled to fulfill the evaluation plan.

For announced on-site monitoring reviews, the program consultant sends a formal written notification letter to the agency at least 30 days prior to the scheduled review date. A preliminary site visit report is discussed and completed at the end of the on-site monitoring review. Within 30 days of an on-site monitoring review, the program consultant sends a formal written monitoring report letter to the agency which contains findings if corrective action is needed. If the agency remains in non-compliance status, the funding may be terminated due to failure to meet the terms and conditions.

Agencies will be monitored at least once during an award cycle according to an established schedule once baseline data is collected, unless other requirements for frequency take precedence. In addition, NC DSS reserves the right to conduct unannounced on-site monitoring reviews. The NC DSS monitoring plan can be found at http://www2.ncdhhs.gov/dss/Monitoring/.

K. REQUIRED TRAINING

All direct service staff who are listed in the budget ***are required*** to attend:

1. *Connecting with Families: Family Support in Practice*. This training is a six-day specialized curriculum designed for family support workers and provides instruction in the skills necessary for working successfully with families in center-based programs, in support groups, and through home visiting. The training is interactive and skill-based. Direct service staff are expected to attend this training within the first fiscal year of program funding. The training can be accessed through the following website https://www.ncswlearn.org/
2. National Alliance of Children's Trust and Prevention Funds free, online training course, *Bringing the Protective Factors Framework to Life in Your Work – A Resource for Action*. This course can be accessed at http://ctfalliance.org/onlinetraining.htm. Staff are expected to attend this training within the first 90 days of funding.
3. Child and Family Team (CFT) training. CFTs are a cross child serving system approach to engaging youth and family in developing their case plan. If the worker has not already attended CFT introductory training, it is important that the Community Response worker complete this within the first year of program funding. Here are some of the available trainings in NC:
    - *Step by Step: An Introduction to Child and Family Teams* https://www.ncswlearn.org/ https://www.ncswlearn.org/ncsts/registrations/documents/currdescriptions/284.pdf (free)
    - *An Introduction to Child and Family Teams: A Cross System Training from the Family's Perspective* https://www.ncswlearn.org/ *https://www.ncswlearn.org/ncsts/registrations/documents/currdescriptions/287.pdf* (free)
    - North Carolina State Collaborative http://nccti.org/ - Modules 201-204 (online for a fee).
    - Some Managed Care Organizations (MCOs) such as Alliance Behavioral Health and Cardinal Innovations offer introductory in person curricula that is similar to the CFT training on the NC State Collaborative training site and sometimes have available seats. Check with your MCO as these would be acceptable trainings.

If your agency is proposing to deliver an evidence-based and/or evidence-informed program or practice, applicants are required to have trained staff and/or facilitators in place prior to a the

funding authorization or shall demonstrate that staff are scheduled to be trained in their chosen evidence-based and/or evidence informed program within the first 6 months of the funding authorization. Applicants proposing Attachment and Biobehavioral Catch-up (ABC) or Parent Child Interaction Therapy (PCIT) must have trained staff who are rostered with the NC Child Treatment Program or staff who are currently being trained in those interventions by the NC Child Treatment Program with the expectation that they will be rostered.

L. PEER NETWORKING

NCDSS will also develop opportunities for peer networking between each of the Community Response Program sites. These forums can be used as a continuous quality improvement strategy to enhance service delivery, allow for information to be shared, such as, lessons learned, success stories, barriers, development of program tools, and best practice material.

II. GOVERNING LEGISLATION AND FUNDING SOURCE

NCDSS is guided by both federal and state legislation designed to protect children and strengthen safe, stable, nurturing families. As such, the following state and federal requirements govern the administration of the North Carolina's child maltreatment prevention services:

Adoption and Safe Families Act (ASFA) of 1997
On November 19, 1997, the President signed into law (P.L. 105-89) the Adoption and Safe Families Act of 1997, to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. ASFA recognized that innovative approaches are needed to achieve the goals of safety, permanency, and well-being and provided a funding mechanism allowing greater flexibility to develop community-based strategies to achieve positive results for families.

Promoting Safe and Stable Families Amendments (PSSF) of 2001 and The Child and Family Services Improvement and Innovation Act of 2011 (public Law (Pub. L.) 112-34)
The purpose of this program is to enable States to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to accomplish the following objectives:

- To prevent child maltreatment among families at risk through the provision of supportive family services.
- To assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively.
- To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.
- To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

III. PROGRAM PURPOSE AND REQUIREMENTS

NCDSS is committed to achieving safety, permanency and well-being for North Carolina's children and their families. Previous efforts to accomplish this have focused on the identification of family

risk factors and deficiencies; however, families have been reluctant to participate in activities that label them "at-risk" for abusing or neglecting their children. Research and initiatives suggest that a Strengthening Families Framework that identifies protective factors can significantly reduce incidences of childhood maltreatment and trauma. The Strengthening Families Framework is an intentional focus on family development and optimal child development that identifies five protective factors that are relevant for the continuum of child welfare services:

- **Parental Resilience**
- **Social Connections**
- **Knowledge of Parenting and Child Development**
- **Concrete Support in Times of Need**
- **Children's Social and Emotional Development**

Quality, child maltreatment prevention focused programming that strives to strengthen family protective factors offers great promise for improving a child's overall well-being. *The North Carolina Community Response Program will support cross-agency collaborative, community-based initiatives to provide outreach, support, and services to individuals and families identified as being at-risk of compromised health and safety to eliminate or reduce those risks by promoting protective factors that strengthen and support families.*

Referrals for services shall be received for families whose cases have been:

- **Screened out at intake, or;**
- **Closed - no services needed, after an initial assessment, or;**
- **Closed - services recommended, after an initial assessment, or;**
- **Closed – Unsubstantiated.**

Community Response Program applicants shall meet ***all*** of the following requirements to be eligible for funding *(a detailed description of each requirement is provided on the subsequent page*s):

1. Provide a Community Response Program targeted to families of children 0-5 years of age.
2. Establish and abide by a referral and assessment protocol.
3. Demonstrate collaborative relationships with community partners in the delivery of services and community child maltreatment prevention strategies.
4. Provide services based on the Principles of Family Support Practice.
5. Demonstrate a commitment to meaningful parent and family engagement.
6. Engage families in Child and Family Team meetings to develop or amend a plan.
7. Ensure families have access to supports and services to meet their basic needs, including economic support, benefits access, employment coaching, and financial literacy programming. This includes, maintaining a flex fund to assist families in crisis.
8. Are designed to achieve positive outcomes for children and families who participate voluntarily. "Participants" is inclusive of parents with children with disabilities, parents with disabilities, racial and ethnic minorities, and members of underserved and underrepresented groups.
9. Provide and/or make referrals to a service or program that demonstrates an acceptable level of evidence-based or evidence informed practice.
10. Are able to demonstrate positive outcomes through the use of outcome accountability and evaluation tools.

1. Community Response Program

Involvement in the Community Response Program is voluntary and services should be delivered without cost to the family. Those families who choose to participate will lead the development of their plan. The Community Response Worker assigned to the family can guide this process, but should in no way develop the plan without collaboration with and majority input from the family.

Research confirms child abuse has a long-term impact on a child's life and the entire community, harming both quality of life and prosperity. Children who experience abuse and/or severe neglect develop toxic levels of stress. If consistent, this high level of stress can damage the developing architecture of a child's brain. These changes to a child's brain caused by exposure to toxic stress can lead to significant behavioral changes. Quality, child maltreatment prevention focused programming that strives to strengthen family protective factors offers great promise for improving a child's overall well-being. ***As such, Community Response Program grantees shall give priority to those families with children 0-5 years of age.***

Research has identified several factors that contribute to the risk of child maltreatment. While not predictive, risk factors commonly identify common features of families, parents/caregivers, children and their environment where abuse or neglect most often occur. Additional targeted populations may include:

- Families and children living in poverty
- Parents/caregivers abusing substances
- Young parents and/or parents of young children (0-5) (*ALL family members will be referred for appropriate services, if a need arises, including those children beyond the targeted age range of 0-5 years).*
- Single parents
- Families experiencing domestic violence
- Parents/caregivers and/or children with disabilities or behavioral health needs
- Fathers, non-custodial parents, and parent companions
- Former adult victims of child abuse and neglect
- Unaccompanied homeless youth and families experiencing homelessness
- Tribal populations
- Military families
- Victims of Human Trafficking

Upon acceptance of a referral to the Community Response Program, the grantee shall:

- Engage the family through outreach.
- Work with the family to collaboratively assess family needs with a focus on both immediate and ongoing concrete family support and financial needs.
- Provide assistance in assessing the family's eligibility for public benefits and help the family apply for these benefits.
- Provide a menu of resources available and work with the family to prioritize their needs by urgency.
- Ensure that children 0-5 have access to high quality childhood education opportunities, including but not limited to Head Start/Early Head Start.
- Identified children, aged 0-5, receive Early Periodic Screening, Diagnosis and Treatment to assess and respond to any developmental concerns.

- Identify and connect families to resources based on family needs and help them navigate these resources and support systems. Parenting education, family support, and behavioral health service referrals should be those identified as evidence-based or evidence-informed.
- Provide financial planning assistance or refer the family to these services in the community to enhance a family's capacity to save and reduce on-going financial strain.
- Conduct a follow up with each family after the case is closed and obtain additional information regarding the projected outcomes of services.
- At 12 months after case closure, review available data to determine if the family has had subsequent reports of child maltreatment, assessments, and or substantiations/services needed findings.
- Assist the family in identifying, building, and maintaining both informal and formal systems.
- Administer a flex fund (up to $10,000) to assist those families in meeting immediate financial needs unable to be met by existing public and private programs. Flex funds shall only be utilized after other informal resources (i.e. family supports and churches) as well as existing community and governmental sources are accessed by the family in partnership with the Community Response Program worker.
- Provide services outside of normal business hours.
- If services cannot be provided in the client's home, another location convenient for the family should be determined and/or transportation assistance and childcare assistance should be provided.
- Administer an agency client feedback/satisfaction survey.
- Administer a retrospective Protective Factor Survey to each family.
- Services shall not extend past a 12 month timeframe.

Written documentation shall be maintained for:

- Referral form for each family (see example in Appendix F).
- Efforts to initially engage the family in services.
- Case notes regarding dates, times, and services provided to the family.
- Financial planning and/or referral.
- Providing and/or referring families to services based on clear links to needs identified by the family.
- A menu of private and public community resources and a process to update the menu on a consistent basis.
- The identification and strategies used to build and maintain a family's informal and formal support system.
- Detailed flex fund logs to include: the purpose of the expenditure, amount, date, staff, supervisor and family signature, and other resources that were attempted prior to accessing the flex fund.
- Family signed Consent to Release Information form to exchange information, as needed, between service providers.
- Efforts to limit transportation and childcare needs of the family during the delivery of services.
- On-going supervisor consultation regarding service delivery.
- Meetings between referral sources and the Community Response Program.
- Client Satisfaction with services.
- Evaluation of services (see retrospective Protective Factor Survey http://friendsnrc.org/protective-factors-survey).

Successful implementation will require dedicated case workers to engage, assess, and partner with families and who have knowledge of available resources in the community. ***Due to the intensity of the scope of work outlined by this Application, applicants must address how many staff will be directly involved in the Community Response work. At minimum, one staff member shall be budgeted as 100% full time employment (FTE) for the delivery of Community Response Program activities***. Additional staff may be identified as supporting the Community Response Program and should be discussed in the scope of work.

2. Referral and Assessment Protocol

Crucial for successful implementation, is the establishment of a standard referral and assessment protocol, prior to the acceptance of families for services. A well-defined referral and assessment protocol ensures a program can document and track: referral sources, characteristics of the families referred, referral concerns, outreach efforts, case planning and family progress, reasons for case closure, and follow-up efforts. In addition to assisting in accurate data tracking, a clear referral and assessment protocol allows for agencies to communicate guidelines for referring families and program objectives to referral sources, families, and community partners. While NCDSS has provided essential components of a Community Response Program, applicants are required to describe in detail their referral and assessment protocol and how they will ensure staff are maintaining adherence to protocols and overall service model. ***Applicants are also required to include the referral form they have developed and plan to utilize.*** Example referral and other program related forms are included in Appendix F. Applicants are encouraged to utilize these forms as reference in the development of agency specific forms. Below are some questions to guide applicants:

- What characteristics or presenting needs would be present for a family to be considered appropriate for services?
- What are some factors that would make a family inappropriate for the services offered through the Community Response Program?
- How will you track families that decline services and the reasons why? If alternative referrals are made for families who decline services, how will you track this information?
- Who will be making the referrals to the Community Response Program? How will you track this referral source? Will you track where the initial CPS referral originated from?
- How will you ensure the referral sources are aware of the services provided by the Community Response Program and how to make a referral?
- What formal communication process will be established between the Community Response Program and the referral source? How frequent will these communications occur (i.e. – weekly, monthly?) What items will be discussed during these communications?
- How will your agency ensure that referral sources and by the referral and assessment protocol.
- Who will be making the initial contact with the family to let them know about voluntary services offered through the Community Response Program?
- How will you be assessing for family strengths and needs and how will you document this?
- How has your agency assessed its knowledge of formal and informal community resources to ensure that appropriate services are offered families, each with unique needs?

3. Collaborative Community Partnership

Preventing child abuse and neglect is not the responsibility of one agency it is a community responsibility. Programs must demonstrate that they are actively developing and participating in on-

going collaborative relationships with community partners to link and deliver appropriate and timely resources to families and identify gaps and/or barriers to a family's ability to access services.

Head Start/Early Head Start, as an example, serves families within the context of the community, and recognizes that many other agencies and groups work with the same families. The objective of collaborative community partnerships is to ensure that agencies collaborate with partners in their communities, in order to provide the highest level of services to children and families, to foster the development of a continuum of family centered services, and to advocate for a community that shares responsibility for the healthy development of children and families of all cultures.

Applicants should also outline involvement with their local Community Child Protection Team (CCPT). Located in all 100 counties, the CCPTs meet to promote a community-wide approach to the problem of child abuse and neglect. The purpose of the CCPT includes identifying gaps and deficiencies with the child protection system, increase public awareness of child protection in the community, advocate for system changes and improvements, and develop strategies to ameliorate child abuse and promote child well-being at a local and state level. Further information on your local CCPT can be found at: http://www2.ncdhhs.gov/dss/ccpt/index.htm

4. Principles of Family Support Practice and the Protective Factor Framework

Family Support Practice and the Protective Factor Framework is based on the premise that primary responsibility for the development and well-being of children lies within the family, and communities must support families as they raise their children. Services include a broad array of activities designed to strengthen families, helping parents to raise their children successfully, become self-sufficient, and take an active role in their communities. Research indicates that when the following 5 Protective Factors are present, family well-being and children's ability to thrive is enhanced:

- **Parental Resilience**
  A parent's ability to effectively cope with the various challenges of parenting and everyday life and their ability to overcome life's challenges. Examples include program activities that help caregivers establish relationships with friends, family, and professionals that provide on-going encouragement and knowledge of accessible community resources.
- **Social Connections**
  Positive relationships with friends, family members, neighbors, and others who can provide concrete and emotional support to parents and caregivers. Examples of programming would strengthen informal and formal support mechanisms for families.
- **Knowledge of Parenting and Child Development**
  Accurate information about raising children and appropriate expectations for their behavior. Examples would be parenting education through parent support groups, facility based education classes, or home visitation.
- **Concrete Support in Times of Need**
  Support and services within the community which can include financial, transportation, and food assistance, job training, and/or mental health services. An example of programming would be providing immediate and accessible resources or support to families in crisis.
- **Children's Social and Emotional Development**
  A child's ability to effectively interact with others positively and articulate their feelings. An example of programming would be providing children and caregivers a safe and nurturing

place to "practice" normal roles and behaviors, strengthening a positive parent-child relationship.

The Strengthening Families Framework identifies seven key strategies that exemplary programs use in their work to build protective factors with families. Similarly, the Principles of Family Support are based on the premise that primary responsibility for the development and well-being of children lies within the family, and communities must support families as they raise their children. While the strategies and principles themselves are consistent across many different kinds of programs, the way in which a program implements the strategies may vary. ***Agencies shall discuss the program strategies that will be implemented to model the Principles of Family Support and the Protective Factor Framework.***

Principles of Family Support	Strengthening Families Framework Seven Key Strategies
• Practitioners work with families to mobilize formal and informal resources to support family development.	• Facilitate Friendships and Mutual Support
• Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.	• Strengthen Parenting
• Families are resources to their own members, to other families, to programs, and to communities	• Respond to Family Crises
• Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.	• Link Families to Services and Opportunities
• Staff and families work together in relationships based on equality and respect.	• Value and Support Parents
• Staff enhances families' capacity to support the growth and development of all family members - adults, youth, and children.	• Facilitate Children's Social and Emotional Development
• Programs are flexible and continually responsive to emerging family and community issues.	• Observe and Respond to Early Warning Signs of Abuse and Neglect

5. Meaningful Parent Engagement

Developing strong relationships between parents and staff is an essential ingredient in the program's ability to connect with parents. When parents and other caregivers feel valued and supported in the context of a learning relationship, the likelihood of their taking responsibility for and making use of new information increases.

Agencies must demonstrate how staff will work proactively with families who are isolated or seem most in need of encouragement and support, drawing them into the social networks and activities available. Grantees are expected to convey a clear message that parents and caregivers are an important and valued part of their children's lives and their community.

Agencies are also required to demonstrate how they provide opportunities for parents and other caregivers to contribute to program planning, governance, and administration. Parents play an essential role in improving the quality of services and offer unique perspective as consumers. Meaningful involvement of families ensures the programming being delivered actually meets the community's needs. Agencies should state in their application how the agency plans to engage and retain parent leaders.

6. Child and Family Team Meetings and Case Planning

The definition of a Child and Family Team has been developed and adopted by the North Carolina Collaborative for Children, Youth and Families. This definition is broad, and should be used to guide the use of Child and Family Teams:

Child and Family Teams are family members and their community supports that come together to create, implement and update a plan *with* the children and family. The plan builds on the strengths of the children and family and addresses their needs, desires and dreams.

Perhaps the most important word in the above definition is the word "with." At all times, Child and Family Teams shall be a family led, youth guided, and agency supported process.

The use of the Child and Family Team is both a philosophy and a practice. As a philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. The children and family team decision making approach is also a practice in that it describes the basic method by and through which an agency seeks to serve children and families.

What makes a Child and Family Team (CFT) meeting different than a case-staffing or traditional approach to planning and decision making in family support practice is that it applies the principles of family-centered practice and the group decision making process.

The purpose of a Child and Family Team is to:

- Reach agreement on which family identified issues and how they will be addressed.
- Develop a plan created using the best ideas of the family, informal, and formal supports.
- Prepare for how all participants will take part in, support, and implement the plan developed by the team.
- Engage and partner with all the people who surround a family and to support the family in building a support network that will eventually sustain them after services provided through the Community Response Program are closed.
- Assure the ideas of the family and their natural supports will be considered with the same weight as those of the professionals in the room. If the family and their natural supports are not given the power to make choices and put forth ideas, they may not feel respected or

heard, and may find the meeting to be a waste of their time. This may also affect the extent to which the family invests in the plan that results from the meeting, potentially adversely affecting positive family outcomes.

Agreed Plans

Through the Child and Family Team meeting process, families and agency staff will develop goals, timetables, and strategies for achieving those goals. How an agency sets goals, implements them, and documents the process can be different for each agency and each family. Agencies should develop a plan with the family within 30 days of meeting with them to assess their needs.

Grantees are discouraged from utilizing a standard case plan form utilized in other settings as it may infer that the process is not a voluntary one (IE. Child Welfare, In-Home Family Services Agreement).

It is also important to keep in mind that sharing goals is intimate work. Goals must be meaningful for families to feel motivated to move towards them, but it can be difficult for families to share these goals with staff when relationships are new. The supportive relationships that staff members create with families over time can open the door to allow families to share, sometimes for the first time, goals related to hard issues like substance abuse or depression. Allow families the time they need to get comfortable with the program. Establish a trusting relationship with the family before expecting them to openly discuss their needs and challenges. It is important to break down large goals into manageable, concrete steps. Be prepared to change direction as family needs and resources change. And always celebrate achievements, both large and small.

Some families participating in the Community Response Program may already be involved with another community programs such as early intervention or social services. In such cases, the family is likely to have a family plan developed through these agencies. It is important to identify a "lead" person or key contact for the family who can coordinate the services. In some cases, the Community Response Program worker will become the lead agency working with the family, and in other cases, the family will continue to work closely with the other organization. Grantees are not to duplicate what other agencies have done in the development of the agreed plan with these families. Rather, grantees should support and complement these existing plans with careful collaboration between all those involved, especially the family. ***Grantees must work with their partners to build upon, as appropriate, information obtained from the family and other community agencies concerning pre-existing plans.***

7. Economic Support to Families

Emerging research has identified the correlation between economic hardship and the risk of future child neglect. While this does not mean that all impoverished families are at risk of maltreating their children, it is important to identify economic stress as a targeted area of intervention for those clients referred to the Community Response Program. Grantees will be required to ensure families have access to supports and services to meet their basic needs, including economic support, benefits access, employment coaching, and financial literacy programming. This includes:

- Provide financial planning assistance or refer the family to these services in the community to enhance a family's capacity to save and reduce on-going financial strain.
- Administer a flex fund (up to $10,000) to assist those families in meeting immediate financial needs unable to be met by existing public and private programs. Flex funds shall only be

utilized after other informal resources (i.e. family supports and churches) as well as existing community and governmental sources are accessed by the family in partnership with the Community Response Program worker.

- Provide assistance in assessing the family's eligibility for public benefits and help the family apply for these benefits.
- Provide a menu of resources available and work with the family to prioritize their needs by urgency.

8. Positive Outcomes for Children and Families

Programs must demonstrate the capacity to achieve positive outcomes for children and families who participate voluntarily in their programs.

The Community Response Program intent is to prevent child maltreatment through the provision of community-based services which impact the family before any confirmed or found incident of abuse or neglect has occurred. Community-based child abuse prevention programs utilize a variety of intensive and specialized strategies in their work with children and families. Regardless of the approach, agencies are ***collectively*** accountable for achieving the following shared vision for families:

Families have enhanced capacity to provide for their children's educational, physical, and emotional needs and children have opportunities for healthy social and emotional development.

9. Evidence Based and Evidence-Informed Practice

Community Response Program agencies ***can provide or at least must refer*** to services or programs that demonstrate an acceptable level of evidence-based or evidence-informed practice (EB/EIP).

Please visit the FRIENDS National Center for Community Based Child Abuse Prevention website at http://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/evidence-based-program-directory for a comprehensive listing and description of EB/EIP programs. The categories are: Emerging/Evidence Informed, Promising, Supported, and Well–Supported. Definitions of each category are clearly defined and are based on other definitions used by existing national registries for evidence-based programs. The categories are organized into a continuum of evidence, with Well-Supported and Supported programs having the strongest level of evidence for effectiveness, followed by Promising programs with moderate evidence. Finally, Emerging and Evidence-informed programs represent those with exploratory evidence.

Programs in one category, do *not* necessarily mean they are "better" than programs in another category. Selection of program services should be based on many factors, such as appropriateness for the population served, community needs, and agency capacity to implement services with fidelity. What *is* critical is that all services funded must at least meet the criteria for Emerging/Evidence Informed programs. That means, in part, that they have: a logic model and a theory of change based on the best research.

- For agencies choosing to deliver an EB/EI program or practice, it is a requirement that agencies demonstrate in the application that there has been careful thought around the selection, implementation, and evaluation of a particular community-based prevention program. Additionally, it required that during planning, agencies seek out support for pre-implementation

assessment, training, in-service and peer support opportunities, coaching/clinical supervision, and evaluation in order to ensure continued model fidelity and program sustainability. Agencies will have to demonstrate that these supports are in place and are able to be sustained throughout the grant award period. This support is considered an allowable cost and should be budgeted accordingly.

- Applicants proposing providing Attachment and Biobehavioral Catch-up (ABC) or Parent Child Interaction Therapy (PCIT) must have trained staff who are rostered with the NC Child Treatment Program or staff who are currently being trained in those interventions by the NC Child Treatment Program with the expectation that they will be rostered.

10. Outcome Accountability and Evaluation

All programs are performance and outcome based. The process of having agencies develop and utilize a logic model guides agencies towards greater outcome accountability. Outcome accountability is demonstrating that the expenditure of staff time, funding, and other resources result in tangible positive changes for children and families. The logic model should be the applicant's 'drawing board' for planning services, linking those services to outcomes, and identifying tools that will measure whether the stated outcomes were achieved. The logic model is intended to be a working document that is referenced and revised regularly by your agency.

NCDSS highly encourages applicants to access the Logic Model training (assessable through the following link http://friendsnrc.org/online-learning-community) prior to drafting their logic model.

The toolkit is comprised of four components:

1. **Building Your Evaluation Plan** – assists programs with a general understanding of outcome evaluation.
2. **Logic Model Builder** - guides users as they create their own logic model.
3. **Outcomes and Indicators**- a menu of common Protective Factor linked outcomes and indicators.
4. **Annotated Measurement Tools** – a listing of commonly used tools to measure outcomes in prevention programs.

In order to support outcome accountability, and provide a framework for outcome evaluation, NCDSS ***requires applicants*** to utilize the FRIENDS National Center Evaluation toolkit in the development of a required logic model: http://friendsnrc.org/evaluation-toolkit. Also on the FRIENDS website, there is information regarding the retrospective Protective Factor Survey that is required to be administered with client's service provision. http://friendsnrc.org/protective-factors-survey

NCDSS has a stated shared vision that ***shall be used for all Community Response Program agencies*** when completing the logic model builder:

Shared Vision

Families have enhanced capacity to provide for their children's educational, physical, and emotional needs and children have opportunities for healthy social and emotional development.

Specific population, inputs (resources), outputs (service strategies), assumptions, outcomes, indicators, and measurement tools are determined by applicants. ***Agencies are required to measure outcomes for 1-2 of the following 5 protective factors:***

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Children's Social and Emotional Development

When composing your logic model keep in mind the following:

- Outcomes are divided into, short-term, intermediate, and long-term. Example of these are:
    - Short-Term (parents attending class; awareness of alternative discipline techniques)
    - Intermediate (a parent practices a new conflict management technique with their child; a parent talks with other parents about how the technique works)
    - Long-Term (A parent is consistently utilizing/practicing the learned parenting techniques with their children)
- Identify the desired change in participant's knowledge, attitudes, skills, or aspirations.
- Please draft realistic outcomes. Applicants should be aware of time-restraints. ***It may not be realistic to state that child abuse and neglect has been prevented if your agency is not having long-term contact with a family. What can be demonstrated is risk factors that contribute to the occurrence of child maltreatment were decreased and family protective factors were increased.***
- Outcomes should be SMART- Specific, Measurable, Achievable, Realistic, and Time-Bound.
- In addition to any agency chosen or curricula specific measurement tools, please list the retrospective Protective Factor Survey and the agency's chosen client feedback/satisfaction survey, as these are required evaluation tools to be used for all programming.
- ***Once you have developed your logic model in the logic model builder, please transfer the data to the following logic model form, which can be adjusted as needed, but should remain 1 page.***

The narrative portion of this section should expand upon the information listed in the Logic Model. Applicants are also encouraged to discuss how their agency will ensure maintenance of model fidelity, if they are delivering an EB/EI program or practice.

IV. GENERAL INSTRUCTIONS & FORMAT

Basic Format

- Type should be 12 point font size.
- The proposal should be typed on 8 ½" x 11" white paper.
- Lines should be double-spaced with no less than 1" margins.
- The Proposal Summary should be numbered sequentially with the Page __of __ format in the upper right hand corner.
- Include a footer identifying the agency submitting the application on all pages.
- Adhere to page limits. ***Do not*** add additional pages when responding to this application.

- Respond to each criteria listed in this application in the order requested. ***Include section headings*** in the Scope of Work as listed in the application checklist.

Cover Letter

A cover letter on agency letterhead must accompany the application. Include in the cover letter: purpose of the request, the specific amount being requested, number of participants to be served, program activities, and the population being served. ***This letter must be signed by the authorized official of the agency***.

Application Order

Use the table below to comply with the maximum page limits in each section. ***The Application Checklist in Appendix A of this application should be completed and all boxes checked for consideration of funding.*** Applications that are incomplete will not be considered for funding.

Section	Maximum Page Limit
Cover Letter on agency letterhead (signed)	1
Application Checklist - completed	1
Scope of Work - will include the following sections (each section should be labeled accordingly and should include page numbers):	
Face Sheet – all sections completed	1
Proposal Summary	2
Needs Assessment	3
Project Design – Include the following: Program Referral Form Logic Model	23
Organizational Capacity - Include the following: Organizational Chart Job Descriptions (for all staff listed in the budget)	2
Sustainability	1
Budget Narrative Draft of Sub-Contract Agreement(s) (if applicable)	N/A

SCOPE OF WORK

Face Sheet

All sections must be completed.

Proposal Summary (Two page limit)

Please provide a clear and concise description of the program. Summarize the major points from your Scope of Work, including: the number of annual participants who will be served (broken out into # of caregivers and # of children), physical location where the participants will be served, the activities proposed (frequency, intensity, and duration), target caseload size for a case manager, any type of curricula/program, and who will administer the program.

Needs Assessment (Three page limit)

Describe the targeted community need the proposed community-based prevention program will address. ***When describing community need, applicants are asked to reference the North***

Carolina County Child Victimization Data and NC County Child Repeat Assessment Data, listed in Appendix B. After review of this data, applicants should speak to factors contributing to the county's child victimization rate and why providing the proposed community-based prevention program may have long-term impact on these rates. Need assessments should be a clear, concise, well-supported statement of what the community problem are and why program is needed. ***Data and noted citations should be used to support need statements***. Proposals shall include:

1. How your agency assessed the current needs of your community (i.e. – collaborative needs assessment process with other agencies and parents, focus groups, accessing other agency's data/reports, etc…).
2. Who is your target population? Where are they located? How were they identified?
3. Socio-economic needs of the community and risk factors of the specific target population. Please state the relationship of the target population to the larger community.
4. Need for community based prevention and a Community Response Program in the identified community. Applicants should reference how the proposed program fits into the community's continuum of services, if it fills an identified gap in services, and/or works to eliminate barriers to a family's ability to access services. If similar services are already being delivered to your community, the proposal should describe why an additional service is needed (i.e., locations factors, time of day factors, funding factors, number of people not being served, etc…).
5. The proposal should include information on the likely outcome for children/youth and families if the program is not established.

You may find some of your county's statistical information at any of the agencies you collaborate with or you may utilize other needs assessments completed by agencies and organizations within your county, i.e., United Way, etc... Additional information can also be found on the web at:

- http://ctb.ku.edu/en/tablecontents/chapter_1003.aspx
- http://quickfacts.census.gov/qfd/states/37000.html
- http://www.ncchild.org/
- http://www.aecf.org/
- http://ssw.unc.edu/ma/index.html
- http://friendsnrc.org/cbcap

Project Design/Activities (Twenty-three page limit, not including logic model and referral form.) Applicants shall describe in how the program will meet ***all 10 requirements listed on pages of this document*** by providing a detailed description of the program design. The following questions should be referenced when drafting your project design section:

Community Response Program

- How will you partner with community-based agencies to deliver this program?
- What populations are you targeting?
- How will you engage families in this program?
- What community resources will you utilize to support families in achieving their goals?
- What staff are dedicated to the Community Response Program?
- What hours will you provide these services and where?

- How will you document services with families?

Referral and Assessment Protocol

- What characteristics or presenting needs would be present for a family to be considered appropriate for services?
- What are some factors that would make a family inappropriate for the services offered through the Community Response Program?
- How will you track families that decline services and the reasons why? If alternative referrals are made for families who decline services, how will you track this information?
- Who will be making the referrals to the Community Response Program? How will you track this referral source? Will you track where the initial CPS referral originated from?
- How will you ensure the referral sources are aware of the services provided by the Community Response Program and how to make a referral?
- What formal communication process will be established between the Community Response Program and the referral source? How frequent will these communications occur (i.e. – weekly, monthly?) What items will be discussed during these communications?
- Who will be making the initial contact with the family to let them know about voluntary services offered through the Community Response Program?
- How will you be assessing for family strengths and needs and how will you document this?
- How has your agency assessed its knowledge of formal and informal community resources to ensure that appropriate services are offered families, each with unique needs?

Collaborative Partnerships

- What other community partners are supporting service delivery?
- Identify any organizations that will act as partners in funding, managing, or providing services for this program and the specific roles that each shall play in executing the Scope of Work.
- How is your agency contributing to community efforts to prevent child abuse and neglect?
- What formal and informal resources are being used to support families?
- How do you communicate your agency's available services to your community?

Principles of Family Support Practice

- How will your agency model the Principles of Family Support?
- How will your agency affirm and strengthen families' cultural, racial, and linguistic identities?
- How do you ensure families are approached with equality and respect?

Meaningful Parent Engagement

- What will meaningful parent engagement look like?
- What incentives will be provided to support participation and retention?
- If transportation or childcare is a barrier for clients, how will your agency work to overcome this barrier?
- How will parents be involved in your agency's continuous quality improvement process?

Child and Family Team Meetings and Case Planning

- How do you intend to incorporate Child and Family Team meetings in your Community Response Program?
- Who will be facilitating these meetings and what training have they received?
- How and when will you develop and document a case plan?
- How will you educate and engage families and their support systems in the Child and Family team and case planning process?
- How will you ensure that you are not duplicating services for an individual family?

Economic Support to Families

- How will you provide and/or assist families in accessing financial support?
- If an individual is providing this service, what is their training?
- How will you determine what public and private financial support the family is already receiving or is eligible for?
- How will you be working collaboratively with your Work First Program?
- How will you administer your flex fund?

Positive Outcomes for Children and Families

- What is the goal of your program?
- What is your identified theory of change?

Evidence-Based Evidence-Informed Practice

- What practice or program are you proposing to deliver and or refer families to?
- What is the supporting research that identifies the practice, program, or curricula as evidence-based or evidence-informed?
- If your agency is proposing to deliver an EB/EI practice or program, how was this practice, program, or curricula chosen?
- If your agency is proposing to deliver an EB/EI practice or program, what is your program implementation timeline?
- If your agency is proposing to deliver an EB/EI practice or program, how will you support implementation?
- If your agency is proposing to deliver an EB/EI practice or program, how will you ensure model fidelity?

Outcome Accountability and Evaluation

- Is the shared Community Response Program Vision listed in the logic model?
- What are the inputs, outputs, assumptions, outcomes, indicators, and measurement tools?
- What are the identified short-term, intermediate, and long-term outcomes?
- Are the outcomes, specific, measurable, achievable, realistic, and time-bound?
- Describe what type of follow-up the agency is providing to clients after case closure and how the information will be incorporated into a continuous quality improvement process.
- Describe how client satisfaction will be measured.
- Describe how available data will be reviewed to determine if the family has had subsequent reports of child maltreatment, assessments, and or substantiations/services needed findings 12 months after case closure and then incorporated into the continuous quality improvement process.
- How will you evaluate client success formally and informally?

- How will you assess program success formally and informally?
- Who will be involved in your continuous quality improvement process?

Organizational Capacity (Two page limit not including job descriptions).
Successful agencies have strong organizational capacity to help achieve their goals. Organizational capacity includes but is not limited to, sound programmatic and fiscal policies and procedures, adequate staff, professional development opportunities, meaningful staff supervision time, engaged board and community stakeholders, sufficient resources, and a strong data and evaluation process.

This section should include, but not be limited to the following (do not mention staff names, only position titles):

- State the mission of the organization and how it relates to programming.
- Describe the history of your organization within the community and provide evidence that it has the capacity to serve and reach the target population.
- Will any of the proposed services be outsourced to a subcontractor? If so, describe how the services will regularly be monitored and performance evaluated.
- Who will oversee the administration and supervision of the proposed services and what are their qualifications?
- Include an **organizational chart** of your agency showing how the program fits into the organization's structure.
- Who will be responsible for submitting budget amendments/realignments and monitoring agency/grant spending?
- Please attach **job descriptions** for positions listed in the budget narrative.

Sustainability Plan (One page limit, not including worksheets).
Applicants must address the potential for continuing the project beyond the initial grant period, as the funding available from this source may not be available on a recurring basis. Sustainability is important because a break in services for families and children may increase risk of child maltreatment. Proposals may include actions that will be taken to ensure continuity of programming and identifying specific funding sources**.** Describe a ***three year sustainability plan*** that includes a plan for diversifying funding for the program. Include the following:

- How the program will be marketed to ensure participation and increase awareness of the program's availability.
- The types of support and resources from the applicant organization and their partners.
- In-Kind resources.
- A funds diversification plan which includes identification of sources and types of local, state and federal funds, as well as foundations or corporate sources.

BUDGET NARRATIVE

Applicants are required to submit a budget narrative for Fiscal Year 2016-17 outlining the proposed use of funds. **Agencies will be expected to submit a new agency budget during the annual renewal process**. Based on the availability of funding, annual funding awards will

remain the same for SFY17, SFY18 and SFY19. The Fiscal Year 2016-17 budget shall equal 1/3 of the 3-year grant cycle award total.

Award amounts do not have a match requirement. At minimum, one staff member shall be budgeted as 100% full time employment (FTE) for the delivery of Community Response Program activities.

The budget narrative must explain each line item and how the expenditures help the program meet the proposed program deliverables. No carry over of unexpended funds is allowed from one fiscal year to another. All funds are distributed on a reimbursement after expenditure basis. Funds from this grant may not be used to supplant other funds.

- Expenditures for travel and daily subsistence must be in accordance with state approved rates. The Office of State Budget and Management (OSBM) prepares the Budget Manual which includes current state approved travel and daily subsistence rates and can be located through the following: http://www.osbm.nc.gov/library
- Funds may not be used to purchase or renovate agency real estate property nor purchase or lease agency vehicles.
- Equipment may be purchased if it can be shown to be essential to the overall goals and outcomes of the program.
- Include a draft sub-contractors agreement if proposed in the budget.

APPENDIX A

NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES
NORTH CAROLINA DIVISION OF SOCIAL SERVICES
SFY 2017-2019
NORTH CAROLINA COMMUNITY RESPONSE PROGRAM

Application Checklist
(All required documents can be accessed in Appendix G)

_____ Cover letter on agency letterhead (signed)

_____ Application Checklist

_____ Scope of Work – will include the following sections:

- _____ Face Sheet
- _____ Proposal Summary
- _____ Needs Assessment
- _____ Project Design (please include the following):
  - Referral form
  - Logic Model
- _____ Organizational Capacity (please include the following):
  - Organizational Chart
  - Job Descriptions (for all staff listed in the budget)
- _____ Sustainability Plan

_____ Budget Narrative:

If applicable, attach a draft subcontractor agreement following the budget narrative.

APPENDIX B
North Carolina County Child Victimization Data

County Name	County Number	All Children Under 18**	Rates per 1,000 children in SFY 13-14 (Point in Time Data)*						
			Abuse and Neglect	Abuse	Neglect	Dependency	All Substantiations	Services Needed	All Child Victimization
Statewide		2285605	0.51	0.41	3.73	0.12	4.77	5.97	10.74
Alamance	1	35359	0.59	0.74	2.40	0.00	3.73	3.68	7.41
Alexander	2	7919	0.13	1.64	14.77	0.13	16.67	11.24	27.91
Alleghany	3	2023	0.99	1.98	3.95	1.48	8.40	14.83	23.23
Anson	4	5432	1.29	1.47	5.15	0.00	7.91	10.86	18.77
Ashe	5	5082	1.77	0.00	5.90	0.00	7.67	16.92	24.59
Avery	6	2847	1.05	0.70	4.21	0.70	6.66	11.59	18.25
Beaufort	7	10076	0.79	0.40	3.47	0.00	4.66	9.53	14.19
Bertie	8	3917	0.00	0.00	1.53	0.00	1.53	1.79	3.32
Bladen	9	7625	0.52	0.39	0.66	0.26	1.83	7.74	9.57
Brunswick	10	20330	0.30	0.79	9.05	0.05	10.19	4.03	14.22
Buncombe	11	48821	1.13	0.29	4.38	0.10	5.90	8.40	14.30
Burke	12	18273	0.44	0.82	6.90	0.05	8.21	15.60	23.81
Cabarrus	13	49714	0.44	0.42	2.92	0.00	3.78	2.33	6.11
Caldwell	14	17559	0.97	0.63	2.16	0.00	3.76	17.14	20.90
Camden	15	2449	0.00	0.00	4.49	0.82	5.31	1.63	6.94
Carteret	16	12737	0.79	0.79	5.10	0.00	6.68	4.79	11.47
Caswell	17	4466	0.00	1.12	3.36	0.00	4.48	3.13	7.61
Catawba	18	35801	0.64	0.56	3.32	0.03	4.55	8.24	12.79
Chatham	19	13766	0.00	1.16	3.49	0.44	5.09	4.79	9.88
Cherokee	20	5019	1.00	0.20	22.32	0.00	23.52	17.73	41.25
Chowan	21	3140	0.64	0.32	4.46	0.00	5.42	3.50	8.92
Clay	22	1908	0.00	0.00	2.10	0.00	2.10	13.10	15.20

Cleveland	23	21803	0.87	1.19	11.05	0.37	13.48	5.14	18.62
Columbus	24	12831	0.62	0.39	6.00	1.17	8.18	3.74	11.92
Craven	25	23681	0.08	0.42	1.14	0.17	1.81	4.98	6.79
Cumberland	26	84793	0.58	0.18	4.27	0.07	5.10	8.42	13.52
Currituck	27	5420	0.74	0.37	15.31	0.00	16.42	9.23	25.65
Dare	28	6925	0.72	0.14	1.73	0.14	2.73	8.81	11.54
Davidson	29	37332	0.29	0.35	1.39	0.03	2.06	8.73	10.79
Davie	30	9227	0.33	0.22	10.73	0.00	11.28	6.83	18.11
Duplin	31	15029	1.00	0.13	12.18	0.27	13.58	7.52	21.10
Durham	32	63557	0.57	0.94	1.43	0.00	2.94	5.27	8.21
Edgecombe	33	13063	0.00	0.61	0.08	0.08	0.77	14.16	14.93
Forsyth	34	86055	0.06	0.28	0.52	0.01	0.87	1.57	2.44
Franklin	35	14533	0.14	0.41	4.33	0.00	4.88	3.58	8.46
Gaston	36	48866	0.31	0.70	4.69	0.08	5.78	3.60	9.38
Gates	37	2532	0.00	1.97	4.34	0.00	6.31	0.00	6.31
Graham	38	1859	1.08	0.54	3.23	0.00	4.85	22.59	27.44
Granville	39	12546	0.08	1.04	4.86	0.08	6.06	2.71	8.77
Greene	40	4655	0.00	0.43	0.43	0.00	0.86	6.23	7.09
Guilford	41	115801	0.27	0.46	2.32	0.32	3.37	1.56	4.93
Halifax	42	11687	0.51	0.09	4.71	0.00	5.31	11.29	16.60
Harnett	43	34401	1.28	0.00	5.03	0.06	6.37	4.53	10.90
Haywood	44	11028	3.54	0.54	7.16	0.09	11.33	16.96	28.29
Henderson	45	21849	0.46	0.37	7.60	0.00	8.43	5.63	14.06
Hertford	46	4849	0.00	0.00	0.00	0.00	0.00	0.82	0.82
Hoke	47	14867	0.20	0.00	1.35	0.40	1.95	1.28	3.23
Hyde	48	1036	1.93	0.00	0.00	0.00	1.93	0.00	1.93
Iredell	49	39833	0.78	0.25	5.27	0.08	6.38	12.78	19.16
Jackson	50	7145	1.54	0.56	9.24	0.00	11.34	16.66	28.00
Johnston	51	47820	0.40	0.06	1.34	0.02	1.82	6.69	8.51
Jones	52	2007	0.00	0.50	0.50	0.00	1.00	1.49	2.49
Lee	53	15651	0.32	0.58	1.34	0.00	2.24	7.67	9.91
Lenoir	54	13654	0.81	0.59	3.15	0.07	4.62	10.47	15.09

Lincoln	55	17780	0.00	0.34	2.14	0.11	2.59	4.95	7.54
Macon	56	6342	0.32	1.42	2.21	0.16	4.11	5.20	9.31
Madison	57	4032	4.46	0.25	21.08	0.50	26.29	5.46	31.75
Martin	58	4931	0.00	0.00	0.00	0.00	0.00	5.68	5.68
McDowell	59	9458	0.42	0.53	5.18	0.32	6.45	17.66	24.11
Mecklenburg	60	245520	0.19	0.26	2.64	0.11	3.20	4.07	7.27
Mitchell	61	2829	0.35	2.47	1.77	0.71	5.30	24.39	29.69
Montgomery	62	6447	0.93	0.16	5.43	0.00	6.52	8.38	14.90
Moore	63	19491	0.21	0.41	4.77	0.10	5.49	2.67	8.16
Nash	64	21778	0.55	0.23	6.15	0.28	7.21	4.59	11.80
New Hanover	65	41844	0.55	0.41	4.25	0.02	5.23	14.22	19.45
Northampton	66	4049	0.25	0.74	0.00	0.00	0.99	2.96	3.95
Onslow	67	47369	0.38	0.32	4.35	0.04	5.09	6.67	11.76
Orange	68	28789	0.03	0.38	1.22	0.03	1.66	9.62	11.28
Pamlico	69	2158	2.32	0.00	2.32	0.00	4.64	4.63	9.27
Pasquotank	70	8698	0.57	0.00	9.43	0.00	10.00	1.72	11.72
Pender	71	12410	0.16	0.16	2.01	0.00	2.33	4.27	6.60
Perquimans	72	2758	1.09	0.36	0.00	0.36	1.81	0.73	2.54
Person	73	8741	1.03	0.34	8.47	0.57	10.41	1.94	12.35
Pitt	74	38423	0.75	0.60	5.31	0.57	7.23	3.23	10.46
Polk	75	3591	0.84	0.00	0.84	0.00	1.68	12.81	14.49
Randolph	76	33909	0.21	0.41	1.80	0.12	2.54	4.42	6.96
Richmond	77	11134	0.99	0.36	2.34	0.09	3.78	3.77	7.55
Robeson	78	35138	0.40	0.57	7.57	0.34	8.88	17.13	26.01
Rockingham	79	19303	0.16	0.47	3.57	0.00	4.20	17.98	22.18
Rowan	80	31697	0.44	0.35	3.03	0.06	3.88	4.04	7.92
Rutherford	81	14346	2.37	0.84	20.08	0.07	23.36	1.46	24.82
Sampson	82	15983	1.19	0.44	4.57	0.25	6.45	4.94	11.39
Scotland	83	8612	1.28	1.63	5.11	0.00	8.02	8.71	16.73
Stanly	84	13242	0.15	0.30	8.61	0.08	9.14	6.49	15.63
Stokes	85	9592	1.15	1.25	6.46	0.10	8.96	6.88	15.84
Surry	86	16375	0.67	0.06	4.21	0.12	5.06	4.76	9.82

Swain	87	3196	2.50	2.19	8.76	0.00	13.45	35.04	48.49
Transylvania	88	5538	1.63	0.00	1.26	0.36	3.25	16.07	19.32
Tyrrell	89	754	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Union	90	61808	0.32	0.52	2.12	0.06	3.02	2.85	5.87
Vance	91	10814	0.55	0.83	7.31	0.55	9.24	14.15	23.39
Wake	92	246175	0.50	0.24	2.31	0.02	3.07	3.80	6.87
Warren	93	3970	0.76	1.01	7.56	0.00	9.33	6.80	16.13
Washington	94	2765	0.72	1.08	0.00	0.00	1.80	2.89	4.69
Watauga	95	7019	0.43	0.85	3.70	1.00	5.98	6.84	12.82
Wayne	96	30150	0.56	0.23	1.86	0.13	2.78	5.47	8.25
Wilkes	97	14790	2.10	0.14	8.11	1.01	11.36	8.05	19.41
Wilson	98	19429	0.87	0.00	4.68	0.26	5.81	1.24	7.05
Yadkin	99	8414	0.24	0.00	5.82	0.00	6.06	2.26	8.32
Yancey	100	3416	2.93	0.00	4.98	0.29	8.20	17.86	26.06

*Source: Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2013). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina. Retrieved [Sept. 2, 2015], from University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

**Annual estimates of the resident child population for counties of North Carolina as of July 1, 2013 using data from the U.S. Census Bureau (http://quickfacts.census.gov/gfd/states/)

APPENDIX C
NC County Child Repeat Assessments Data

Alamance	3563	2880	393	13.6%	81	2.8%	25	0.9%	7	0.2%	5	0.2%	511	17.7%
Alexander	1286	1014	151	14.9%	38	3.7%	2	0.2%	6	0.6%	3	0.3%	200	19.7%
Alleghany	545	285	43	15.1%	27	9.5%	11	3.9%	2	0.7%	16	5.6%	99	34.7%
Anson	683	566	83	14.7%	17	3.0%	0	0.0%	0	0.0%	0	0.0%	100	17.7%
Ashe	1058	726	141	19.4%	42	5.8%	18	2.5%	8	1.1%	4	0.6%	213	29.3%
Avery	394	300	42	14.0%	23	7.7%	2	0.7%	0	0.0%	0	0.0%	67	22.3%
Beaufort	1596	1232	249	20.2%	45	3.7%	7	0.6%	1	0.1%	0	0.0%	302	24.5%
Bertie	176	154	9	5.8%	5	3.2%	1	0.6%	0	0.0%	0	0.0%	15	9.7%
Bladen	600	525	54	10.3%	9	1.7%	1	0.2%	0	0.0%	0	0.0%	64	12.2%
Brunswick	2751	2143	329	15.4%	70	3.3%	26	1.2%	5	0.2%	8	0.4%	438	20.4%
Buncombe	8691	6277	1105	17.6%	409	6.5%	110	1.8%	34	0.5%	5	0.1%	1663	26.5%
Burke	4072	2886	559	19.4%	177	6.1%	65	2.3%	14	0.5%	4	0.1%	819	28.4%
Cabarrus	4091	3368	418	12.4%	86	2.6%	39	1.2%	4	0.1%	0	0.0%	547	16.2%
Caldwell	3956	2678	506	18.9%	171	6.4%	64	2.4%	22	0.8%	26	1.0%	789	29.5%
Camden	107	95	9	9.5%	0	0.0%	1	1.1%	0	0.0%	0	0.0%	10	10.5%
Carteret	2001	1527	265	17.4%	80	5.2%	11	0.7%	4	0.3%	0	0.0%	360	23.6%
Caswell	501	408	91	22.3%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	92	22.5%
Catawba	6612	4712	893	19.0%	272	5.8%	89	1.9%	37	0.8%	9	0.2%	1300	27.6%
Chatham	1048	868	119	13.7%	20	2.3%	7	0.8%	0	0.0%	0	0.0%	146	16.8%
Cherokee	1248	915	173	18.9%	59	6.4%	10	1.1%	3	0.3%	0	0.0%	245	26.8%
Chowan	354	299	27	9.0%	11	3.7%	2	0.7%	0	0.0%	0	0.0%	40	13.4%
Clay	335	290	41	14.1%	2	0.7%	0	0.0%	0	0.0%	0	0.0%	43	14.8%
Cleveland	4752	3430	592	17.3%	167	4.9%	74	2.2%	25	0.7%	14	0.4%	872	25.4%
Columbus	1009	866	119	13.7%	7	0.8%	2	0.2%	1	0.1%	0	0.0%	129	14.9%
Craven	3104	2431	375	15.4%	101	4.2%	25	1.0%	1	0.0%	3	0.1%	505	20.8%
Cumberland	15326	11998	1957	16.3%	506	4.2%	86	0.7%	20	0.2%	4	0.0%	2573	21.4%
Currituck	730	604	83	13.7%	15	2.5%	3	0.5%	1	0.2%	0	0.0%	102	16.9%
Dare	886	729	130	17.8%	12	1.6%	1	0.1%	0	0.0%	0	0.0%	143	19.6%
Davidson	4585	3759	597	15.9%	101	2.7%	9	0.2%	0	0.0%	0	0.0%	707	18.8%
Davie	937	779	94	12.1%	32	4.1%	0	0.0%	0	0.0%	0	0.0%	126	16.2%
Duplin	1857	1485	201	13.5%	60	4.0%	17	1.1%	0	0.0%	0	0.0%	278	18.7%
Durham	7142	5406	833	15.4%	267	4.9%	76	1.4%	29	0.5%	5	0.1%	1210	22.4%

Edgecombe	1711	1359	191	14.1%	56	4.1%	11	0.8%	4	0.3%	0	0.0%	262	19.3%
Forsyth	8825	7006	1060	15.1%	266	3.8%	55	0.8%	13	0.2%	2	0.0%	1396	19.9%
Franklin	1308	1104	139	12.6%	19	1.7%	9	0.8%	0	0.0%	0	0.0%	167	15.1%
Gaston	9795	7172	1192	16.6%	406	5.7%	143	2.0%	26	0.4%	16	0.2%	1783	24.9%
Gates	239	177	30	16.9%	7	4.0%	6	3.4%	0	0.0%	0	0.0%	43	24.3%
Graham	484	311	66	21.2%	21	6.8%	16	5.1%	3	1.0%	1	0.3%	107	34.4%
Granville	1010	845	121	14.3%	16	1.9%	4	0.5%	0	0.0%	0	0.0%	141	16.7%
Greene	445	397	48	12.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	48	12.1%
Guilford	13582	10928	1657	15.2%	367	3.4%	58	0.5%	16	0.1%	5	0.0%	2103	19.2%
Halifax	2253	1794	288	16.1%	51	2.8%	15	0.8%	1	0.1%	4	0.2%	359	20.0%
Harnett	4014	3270	454	13.9%	78	2.4%	34	1.0%	3	0.1%	4	0.1%	573	17.5%
Haywood	2615	1786	376	21.1%	122	6.8%	42	2.4%	9	0.5%	9	0.5%	558	31.2%
Henderson	4132	2835	571	20.1%	215	7.6%	59	2.1%	20	0.7%	7	0.2%	872	30.8%
Hertford	352	284	37	13.0%	11	3.9%	3	1.1%	0	0.0%	0	0.0%	51	18.0%
Hoke	1910	1474	248	16.8%	56	3.8%	12	0.8%	7	0.5%	2	0.1%	325	22.0%
Hyde	5	5	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Iredell	4898	3716	642	17.3%	166	4.5%	57	1.5%	8	0.2%	1	0.0%	874	23.5%
Jackson	1930	1288	238	18.5%	100	7.8%	45	3.5%	7	0.5%	8	0.6%	398	30.9%
Johnston	3445	2913	359	12.3%	70	2.4%	11	0.4%	0	0.0%	0	0.0%	440	15.1%
Jones	154	140	6	4.3%	4	2.9%	0	0.0%	0	0.0%	0	0.0%	10	7.1%
Lee	1002	835	120	14.4%	22	2.6%	1	0.1%	0	0.0%	0	0.0%	143	17.1%
Lenoir	2469	1889	324	17.2%	81	4.3%	12	0.6%	12	0.6%	2	0.1%	431	22.8%
Lincoln	2870	2164	385	17.8%	99	4.6%	19	0.9%	9	0.4%	5	0.2%	517	23.9%
Macon	1048	728	122	16.8%	40	5.5%	23	3.2%	8	1.1%	3	0.4%	196	26.9%
Madison	741	595	103	17.3%	20	3.4%	1	0.2%	0	0.0%	0	0.0%	124	20.8%
Martin	414	376	24	6.4%	7	1.9%	0	0.0%	0	0.0%	0	0.0%	31	8.2%
McDowell	2127	1457	268	18.4%	130	8.9%	24	1.6%	10	0.7%	6	0.4%	438	30.1%
Mecklenburg	32380	24713	4086	16.5%	1129	4.6%	268	1.1%	76	0.3%	39	0.2%	5598	22.7%
Mitchell	661	529	69	13.0%	21	4.0%	7	1.3%	0	0.0%	0	0.0%	97	18.3%
Montgomery	1059	796	116	14.6%	47	5.9%	15	1.9%	2	0.3%	0	0.0%	180	22.6%
Moore	2724	2013	318	15.8%	114	5.7%	41	2.0%	0	0.0%	7	0.3%	480	23.8%
Nash	2652	2154	277	12.9%	85	3.9%	5	0.2%	4	0.2%	4	0.2%	375	17.4%
New Hanover	7951	5580	1120	20.1%	351	6.3%	126	2.3%	23	0.4%	15	0.3%	1635	29.3%
Northampton	298	256	42	16.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42	16.4%
Onslow	7537	5737	980	17.1%	267	4.7%	74	1.3%	12	0.2%	3	0.1%	1336	23.3%
Orange	2340	1885	257	13.6%	38	2.0%	24	1.3%	10	0.5%	2	0.1%	331	17.6%
Pamlico	161	149	8	5.4%	2	1.3%	0	0.0%	0	0.0%	0	0.0%	10	6.7%
Pasquotank	1227	986	169	17.1%	21	2.1%	10	1.0%	0	0.0%	0	0.0%	200	20.3%
Pender	1212	1018	145	14.2%	20	2.0%	3	0.3%	0	0.0%	0	0.0%	168	16.5%

Perquimans	239	199	28	14.1%	6	3.0%	0	0.0%	0	0.0%	0	0.0%	34	17.1%
Person	1073	843	153	18.1%	30	3.6%	3	0.4%	2	0.2%	0	0.0%	188	22.3%
Pitt	4217	3480	475	13.6%	89	2.6%	28	0.8%	0	0.0%	0	0.0%	592	17.0%
Polk	548	374	78	20.9%	27	7.2%	14	3.7%	0	0.0%	0	0.0%	119	31.8%
Randolph	4929	3740	627	16.8%	177	4.7%	34	0.9%	13	0.3%	10	0.3%	861	23.0%
Richmond	1857	1420	237	16.7%	61	4.3%	22	1.5%	3	0.2%	0	0.0%	323	22.7%
Robeson	8334	5876	1142	19.4%	376	6.4%	109	1.9%	36	0.6%	18	0.3%	1681	28.6%
Rockingham	2975	2219	382	17.2%	124	5.6%	42	1.9%	0	0.0%	0	0.0%	548	24.7%
Rowan	6223	4605	785	17.0%	246	5.3%	78	1.7%	21	0.5%	4	0.1%	1134	24.6%
Rutherford	3167	2279	430	18.9%	142	6.2%	38	1.7%	15	0.7%	0	0.0%	625	27.4%
Sampson	1608	1383	159	11.5%	30	2.2%	2	0.1%	0	0.0%	0	0.0%	191	13.8%
Scotland	1885	1407	246	17.5%	73	5.2%	22	1.6%	5	0.4%	0	0.0%	346	24.6%
Stanley	2010	1500	250	16.7%	88	5.9%	16	1.1%	9	0.6%	0	0.0%	363	24.2%
Stokes	1151	913	146	16.0%	37	4.1%	6	0.7%	0	0.0%	0	0.0%	189	20.7%
Surry	2306	1713	252	14.7%	92	5.4%	37	2.2%	9	0.5%	2	0.1%	392	22.9%
Swain	1232	858	198	23.1%	61	7.1%	14	1.6%	3	0.3%	0	0.0%	276	32.2%
Transylvania	1241	860	152	17.7%	60	7.0%	25	2.9%	1	0.1%	5	0.6%	243	28.3%
Tyrrell	91	80	11	13.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	11	13.8%
Union	5373	4129	690	16.7%	153	3.7%	41	1.0%	14	0.3%	12	0.3%	910	22.0%
Vance	2089	1599	273	17.1%	89	5.6%	13	0.8%	0	0.0%	0	0.0%	375	23.5%
Wake	17376	14122	1965	13.9%	466	3.3%	101	0.7%	11	0.1%	2	0.0%	2545	18.0%
Warren	515	429	58	13.5%	10	2.3%	0	0.0%	2	0.5%	0	0.0%	70	16.3%
Washington	231	197	26	13.2%	4	2.0%	0	0.0%	0	0.0%	0	0.0%	30	15.2%
Watauga	790	541	129	23.8%	38	7.0%	8	1.5%	5	0.9%	0	0.0%	180	33.3%
Wayne	3520	2742	447	16.3%	117	4.3%	31	1.1%	1	0.0%	0	0.0%	596	21.7%
Wilkes	2896	2133	383	18.0%	115	5.4%	30	1.4%	15	0.7%	0	0.0%	543	25.5%
Wilson	2281	1838	290	15.8%	67	3.6%	3	0.2%	1	0.1%	1	0.1%	362	19.7%
Yadkin	753	611	110	18.0%	16	2.6%	0	0.0%	0	0.0%	0	0.0%	126	20.6%
Yancey	629	475	66	13.9%	34	7.2%	4	0.8%	2	0.4%	0	0.0%	106	22.3%
Statewide	**301515**	**230864**	**37525**	**16.3%**	**10266**	**4.4%**	**2738**	**1.2%**	**675**	**0.3%**	**305**	**0.1%**	**51509**	**22.3%**

Data covering start date 7/1/2013 and ending 6/30/2015 regardless of the finding.

*Source: Child Services Data Warehouse, run 9/16/2015

APPENDIX D

SFY 2017-2019 COMMUNITY RESPONSE PROGRAM READER RECORDING SHEET

Reader: _____ Total Reader Points Awarded: _____

Applicant: _____ Internal NCDSS Points Awarded: _____

Funding Criteria	Clarification	Maximum Score Possible	Points Awarded
I. Proposal Summary		**6 Maximum Points**	
	▪ Applicant submitted letter of intent by due date (NC DSS will provide this information).	**0-1 point**	
	• Applicant provides a clear and concise summary of proposed services.	**0-5 points**	
	Subtract (-1) point if the applicant exceeded two pages for this section.		
		Subtotal	
II. Needs Assessment		**10 Maximum Points**	
	• Clearly stated sources of needs assessment data.	**0 - 1 points**	
	• Applicant speaks to county's child victimization rate, number or percentage of children receiving repeat assessments, contributing factors, and how the proposed program may mitigate the incidence of child victimization.	**0 - 3 points**	
	• Program fits into the community's continuum of services and is not duplicative.	**0 - 3 points**	
	• The Socio-economic needs of the community, risk factors and specific target population are identified.	**0 - 3 points**	
	Subtract (-1) point if the applicant exceeded 3 pages for this section.		
III. Project Design/Activities		**46 points Maximum Points**	
Community Response Program	• The applicant clearly states how they will partner with community-based agencies in the delivery of services. • The applicant defines the target population. • The applicant describes the variety of formal and informal resource sources that will be used to support families in achieving their goals. • The applicant identifies staff allocated to program activities, at least one of which is 100% dedicated to the Community Response Program. • The applicant describes how they will engage families in the program? • The applicant describes how they will document services with families?	**0-6 points**	

Referral and Assessment Protocol	• The applicant identifies factors that would be present for a family to be considered appropriate for services. • The applicant details factors that would make a family inappropriate for the services offered through the Community Response Program. • The applicant describes, in detail, how they will track items, including: referral sources, characteristics of the families referred, referral concerns, outreach efforts, case planning and family progress, reasons for case closure, and follow-up efforts. • The applicant outlines their formal communication process between the Community Response Program and the referral source. • The applicant identifies who will be making the initial contact with the family to let them know about services offered through the Community Response Program. • The applicant states how they will be assessing for family strengths and needs and how they will document this. • Applicant has included their proposed Program Referral Form.	**0-7 points**	
Collaborative Partnerships	• Community partners who are supporting service delivery are identified. • Applicant discusses how they are contributing to community child abuse/neglect prevention efforts • Formal and informal resources being used to support families are identified. • Applicant describes how it will communicate their available services to the community. • Applicant identifies any organizations that will act as partners in funding, managing, or providing services for this program and the specific roles that each shall play in executing the Scope of Work.	**0-5 points**	
Principles of Family Support Practice	• Applicant discusses how they will support the Principles of Family Support. • The applicant states how they will demonstrate cultural competency.	**0-2 points**	
Meaningful Parent Engagement	• The applicant explains what meaningful parent engagement looks like in their agency. • The applicant discusses how they will support parent engagement and retention. • Parent involvement in the agency's continuous quality improvement process is discussed.	**0-3 points**	
Utilize Child & Family Team Meetings/ Case Planning	• The applicant describes how they will incorporate Child & Family Team (CFT) meetings in their Community Response Program. • The applicant identifies who will be facilitating the CFT meetings and their training received. • The applicant describes how and when they will develop and document case plans. • The applicant states how they will ensure they are not duplicating services for individual families.	**0-4 points**	
Economic Support to Families	• The applicant states how they will determine a family's need and eligibility for economic support. • The applicant states how they will determine what current financial support a family is already receiving. • The applicant identifies who will be providing financial support/guidance to families, and their training received. • Applicant describes how they will be working collaboratively with their Work First Program.	**0-4 points**	

	• The applicant states how they will administer their flex fund.		
Positive Outcomes for Children and Families	• Goal of the program is clearly stated. • Applicant communicates their theory of change	**0-2 points**	
Evidence-Based Evidence-Informed Practice	• Evidence-based or Evidence Informed practice, program or curricula is identified. • Supporting evidence/research is discussed. • If the applicant is proposing to deliver an EB/EI practice or program, they state why it was chosen. • If the applicant is proposing to deliver an EB/EI practice or program, they state the program implementation timeline? • If the applicant is proposing to deliver an EB/EI practice or program, they discuss what resources will be used to ensure model fidelity and support implementation.	**0-4 points**	
Outcome Accountability and Evaluation	• The Community Response Program Shared Vision was used in the logic model. • Inputs, outputs, assumptions, indicators, and measurement tools are listed. • Identified short-term, intermediate, and long-term outcomes stated. • The outcomes are specific, measurable, achievable, realistic, and time-bound. • Applicant states how the agency will be following up with clients after close of services and how information will be incorporated into their continuous quality improvement process. • Applicant describes how available data will be reviewed to determine if the family has had subsequent reports of child maltreatment, assessments, and or substantiations/services needed findings 12 months after case closure and then incorporated into their continuous quality improvement process. • The applicant outlines how they will evaluate client and program success. • The applicant identifies those who will participate in their continuous quality improvement process. • Applicant describes how client satisfaction will be measured.	**0-9 points**	
	Subtract (-1) point if the applicant exceeded twenty-three pages (not including logic model & referral form) for this section.		
		Subtotal	
IV. Organizational Capacity		**12 Maximum Points**	
	• A brief description of the organization's history and structure is provided.	**0 – 2 points**	
	• Organization's mission clearly relates to programming.	**0 – 2 points**	
	• Capacity to serve and reach the target population	**0 - 2 points**	
	• Applicant describes who will oversee the administration and supervision of the proposed services including who will be responsible for submitting budget amendments/realignments and monitoring grant spending. If applicable, they describe if any of the proposed services will be outsourced to a subcontractor and how their performance will be evaluated.	**0 – 2 points**	

	• Organizational Chart is included and provides evidence that there is a support structure in place.	**0 -2 points**	
	• Job descriptions included for all staff position listed in budget.	**0–2 points**	
	Subtract (-1) point if the applicant exceeded two pages (not including job descriptions) for this section.		
		Subtotal	
V. Sustainability		**8 Maximum Points**	
	• A three year plan for possible funding is clearly described including listing available in-kind resources and potential funding sources.	**0 – 5 points**	
	• How the program will be marketed to increase the awareness of the program's availability.	**0 - 3 points**	
	Subtract (-1) point if the applicant exceeded one page (not including worksheets) for this section.		
		Subtotal	
VI. Budget Appropriateness		**18 Maximum Points**	
	• The budget is appropriate and supports the Project Design.	**0 – 9 points**	
	• The budget narrative provides justification for each line item, is clearly articulated, and sufficient to support the goals and activities outlined in the proposal.	**0 – 9 points**	
		Subtotal	
TOTAL POINTS AWARDED	**Please add section subtotals and transfer this amount to the front page of the scoring sheet**		

It is required to complete the following sections. Please bullet point areas of strength and concern.

Areas of Strength:	
Areas of Concern/ Questions Needing Clarification:	

Other Comments:

_____

_____

_____

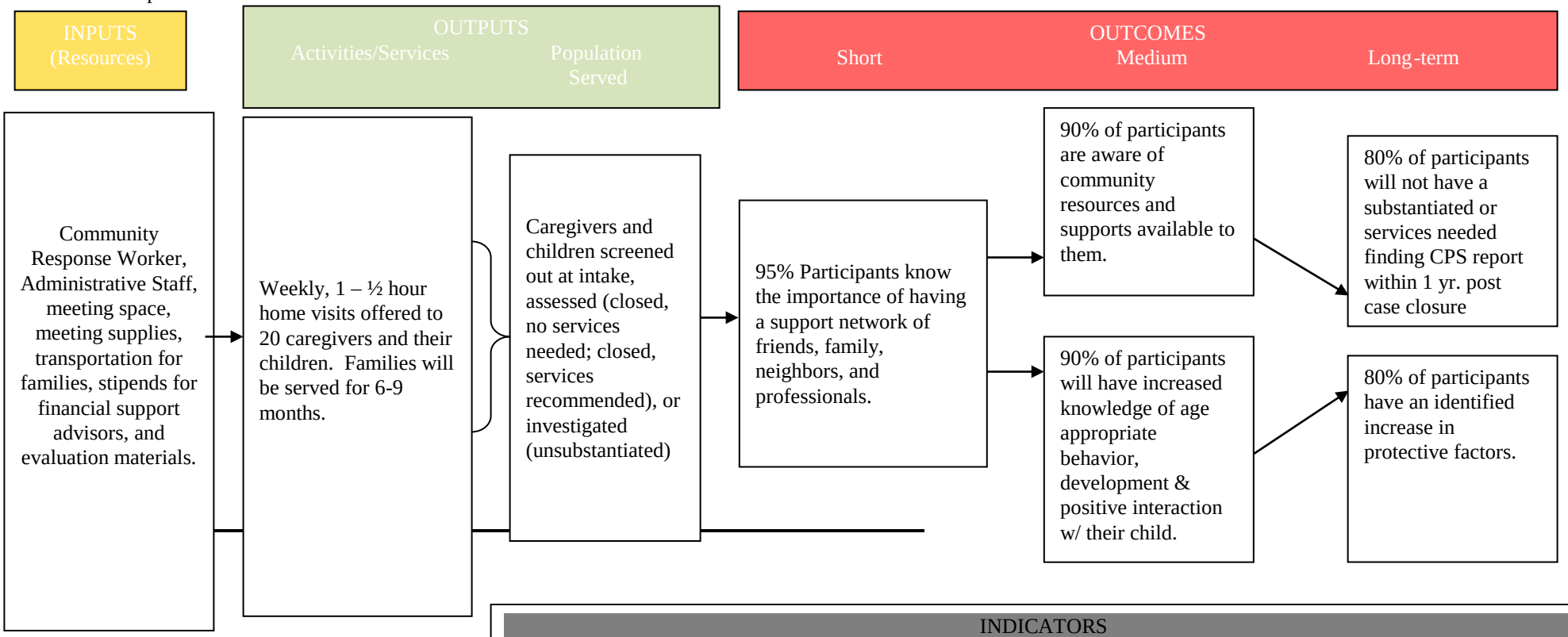
_____

_____

APPENDIX E

SAMPLE Community Response Program Logic Model

Families have enhanced capacity to provide for their children's educational, physical, and emotional needs and children have opportunities for healthy social and emotional development.



ASSUMPTIONS

Research indicates that when parents/caregivers have access to and participate in family support services that build protective factors (5 factors identified in the Protective Factor Framework), it can lead to enhanced family functioning and better developmental outcomes for children.

.

INDICATORS

- Participants will report increase knowledge of and ability to access tangible goods and services.
- Participants will report increased ability to develop and manage a household budget; adaptive skills/ strategies to persevere during times of crisis; ability to cope with stress.
- Participants will report increase knowledge of age appropriate behavior, development and positive interaction between themselves and their children.
- Participants will report increase informal support system.
- Child welfare administrative data will indicate minimal substantiations/SN findings of participants post case closure.
- Participants will report satisfaction with services

MEASUREMENT TOOLS

- Child welfare administrative data
- Retrospective Protective Factor Survey
- Client Satisfaction Survey

APPENDIX F
EXAMPLE PROGRAM REFERRAL & OTHER PROGRAM FORMS

Date of Referral : __/__/____

Referring Agency/Program: _____ Referring Worker Name: _____

Referring Worker Phone #: _____ Referring Worker Email: _____

Name: Primary caregiver: _____ _____ _____
Age: _____ (first, middle, last)

If applicable, partner: _____ _____ _____
Age: _____ (first, middle, last)

Contact information:	Address:	Phone numbers:	E-mail:

Sex: ☐ Female ☐ Male	***Family structure:*** Living with partner: ☐ Yes ☐ No ☐ Unknown Number children in home: # ☐ Unknown	***Caregiver/partner pregnant?*** ☐ Yes ☐ No ☐ Unknown

Primary caregiver employment status:	**Primary caregiver education level:**	**Partner employment status:**	**Partner education level:**
☐ Full-time ☐ Part-time ☐ Not working	☐ HS degree/GED ☐ Less than HS ☐ More than HS	☐ Full-time ☐ Part-time ☐ Not working	☐ HS degree/GED ☐ Less than HS ☐ More than HS

Primary Caregiver Race/ethnicity (check all that apply):	***Primary home language:***
☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ White ☐ Unknown ☐ Other (specify):	☐ English ☐ Spanish ☐ Hmong ☐ Unknown ☐ Other (specify):
Caregiver Disability: ☐ Yes ☐ No ☐ Unknown Notes:	***Child Disability***: ☐ Yes ☐ No ☐ Unknown Notes:

Source of referral to CRP: ☐ CPS ☐ INTAKE	☐ Check if re-referral

[If referred from CPS, check one): ☐ Unsubstantiated ☐ Close, No Services Needed ☐ Closed, Services Recommended

CPS allegation:	***Reasons for referral (<u>check all that apply</u>):***
☐ Neglect ☐ Dependency ☐ Abuse	☐ **Financial** ☐ Unemployment/Underemployment ☐ Utilities ☐ Financial Benefits ☐ Budgeting ☐ Other: ☐ **Healthcare** **Adult:** ☐ Physical Health ☐ Mental Health ☐ Beh. Health/ Substance Abuse ☐ Developmental Disability **Child:** ☐ Physical Health ☐ Mental Health ☐ Behavioral Health ☐ Developmental Disability ☐ **Educational/Behavioral** ☐ Academic Success ☐ Truancy ☐ Parenting/Shared Parenting ☐ Vocational Training ☐ Problems with Home Environment (e.g. unclean, unsafe) ☐ Child Behavior ☐ **Access to Resources** ☐ Housing/Homelessness ☐ Child Care ☐ Transportation ☐ Healthcare/Insurance ☐ Educational ☐ Legal/Custody ☐ Other Community Resources ☐ **Other Concerns** ☐ Domestic Violence ☐ Caregiver Alcohol or Drug Use ☐ Concerns about prenatal care Additional Notes:

Family has had prior involvement with CPS?

☐ Yes ☐ No ☐ Unknown

Notes:

Family/Household Members Who May Participate in or Benefit from CRP services

NAME	DOB	RACE	SEX	RELATION TO PRIMARY CAREGIVER	SIS #
			☐ Male ☐ Female		
			☐ Male ☐ Female		
			☐ Male ☐ Female		
			☐ Male ☐ Female		
			☐ Male ☐ Female		
			☐ Male ☐ Female		
			☐ Male ☐ Female		
			☐ Male ☐ Female		
			☐ Male ☐ Female		

NOTES: _____

_____

Please identify all DSS related program(s) in which the family is currently involved and indicate frequency of contact:

Program	Contact Person	Phone	Frequency

Please identify all external agencies/programs in which the family is currently involved and indicate the frequency of contact:

Program	Contact Person	Phone	Frequency

What factors warranted this referral for the Community Response Program? *(The referral cannot be accepted if this portion is incomplete.)*

Dates and outcomes of attempted contacts prior to enrollment:					
__/__/____	__/__/____	__/__/____	__/__/____	__/__/____	__/__/____
☐ Not available ☐ Declined CRP ☐ Accepted CRP ☐ At capacity/unable to serve at this time	☐ Not available ☐ Declined CRP ☐ Accepted CRP	☐ Not available ☐ Declined CRP ☐ Accepted CRP	☐ Not available ☐ Declined CRP ☐ Accepted CRP	☐ Not available ☐ Declined CRP ☐ Accepted CRP	☐ Not available ☐ Declined CRP ☐ Accepted CRP
CRP decision after family accepts CRP (check all that apply)	☐ CRP staff enroll family in program [Date of enrollment/acceptance]: __/__/____ ☐ Family referred back to CPS prior to CRP enrollment [Date]: __/__/____ ☐ Family referred elsewhere prior to CRP enrollment [Specify where]: ☐ Family deemed ineligible for further CRP intervention [Reason(s)]:				

REPORT TO CPS MADE BY CRP STAFF PERSON AFTER FAMILY ENROLLMENT IN CRP: Yes ☐ No ☐
[IF YES, DATE: __/__/____] REASON(S): _____

DATE OF CASE CLOSURE: [__/__/____]
CASE CLOSE REASON(S):
☐ Service goal(s) attained
☐ Family moved out of area
☐ Family no longer engaged
☐ Service time limit reached
☐ Other: _____

EXAMPLE INCOME AND BENEFITS INVENTORY

First Name: _____ Last Name: _____ Today's Date: __/__/____

Income and Benefits Inventory

"These questions ask about your family's current sources of income and various benefits you may receive or be interested in receiving. Knowing this information will help us assess whether your family has all of the benefits that you may be eligible to receive. Would you be willing to complete this assessment?" ☐ Yes ☐ No	At case opening, currently receiving?	At case closure, currently receiving?
Work First?	☐ Y ☐ N	☐ Y ☐ N
Supplemental Nutrition Assistance Program (SNAP)?	☐ Y ☐ N	☐ Y ☐ N
Medicaid, Medicare, or other health insurance? Record type:	☐ Y ☐ N	☐ Y ☐ N
Medical Assistance Mileage Reimbursement?	☐ Y ☐ N	☐ Y ☐ N
Child support or alimony?	☐ Y ☐ N	☐ Y ☐ N
Child care subsidies or help from the county or city with child care payments?	☐ Y ☐ N	☐ Y ☐ N
Disability benefits (such as Supplemental Security Income or SSI, or OAS-DI)?	☐ Y ☐ N	☐ Y ☐ N
Public housing subsidy or other form of housing assistance?	☐ Y ☐ N	☐ Y ☐ N
WIC (Women, Infants, and Children's assistance)?	☐ Y ☐ N	☐ Y ☐ N
Earned Income Tax Credit (EITC) or state earned income credit?	☐ Y ☐ N	☐ Y ☐ N
Unemployment Insurance?	☐ Y ☐ N	☐ Y ☐ N
Social security benefits (SSA) or any other private or government retirement pension?	☐ Y ☐ N	☐ Y ☐ N
Worker's Compensation as a result of a job-related injury?	☐ Y ☐ N	☐ Y ☐ N
Foster child payments or adoption subsidies?	☐ Y ☐ N	☐ Y ☐ N
Kinship Care payments?	☐ Y ☐ N	☐ Y ☐ N
Utility assistance (e.g., Energy Services)?	☐ Y ☐ N	☐ Y ☐ N
Homestead Tax Credit?	☐ Y ☐ N	☐ Y ☐ N
Crisis assistance or emergency assistance?	☐ Y ☐ N	☐ Y ☐ N
Rent assistance	☐ Y ☐ N	☐ Y ☐ N
Clothing bank/Goodwill voucher use	☐ Y ☐ N	☐ Y ☐ N
Food pantry/community meal use	☐ Y ☐ N	☐ Y ☐ N
Free and reduced school lunch	☐ Y ☐ N	☐ Y ☐ N
Holiday basket/gift sponsorship	☐ Y ☐ N	☐ Y ☐ N
Any other sources of income? (Specify):	☐ Y ☐ N	☐ Y ☐ N

Household Income [Worker will assist in the estimation]: $ _____/week OR $ _____/month

FLEX FUNDING PROVIDED TO FAMILY: Yes ☐ No ☐
AMOUNT: _____ FOR: _____ FOLLOWED-UP: Yes ☐ No ☐
NOTES: _____

LOCAL FUNDING PROVIDED TO FAMILY (NOT IN-KIND SERVICES): Yes ☐ No ☐
AMOUNT: _____ FOR: _____ SOURCE(S): _____

EXAMPLE COMMUNITY RESPONSE PROGRAM ENROLLMENT AND PROGRESS FORMS

For every goal listed, fill this form out.

GOAL: _____

Type of goal: (Select all that apply)

☐Housing ☐Transportation ☐Utilities ☐ Income & benefits ☐Education/job skills

☐Employment ☐Home environment

☐ Legal issue ☐Parenting ☐Prenatal Care ☐Child care ☐Nutrition/food ☐Family planning ☐Family violence

☐Mental Health ☐Child Health ☐Healthcare access ☐ Alcohol/drug use ☐ Budgeting/financial planning

☐Other (describe): _____

Date: _____ Progress Notes: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress Notes: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress Notes: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress Notes: _____	Date: _____ Referral to: _____ Purpose of referral: _____

Summary of Goals

CR Worker Name: _____
Primary Caregiver Name: _____

	Goal:	**Status at Case Closure:**
Date:_____ **Goal Type:** _____ (see types	_____	Date: _____ ☐Goal Completed ☐Significant Progress Made ☐Some Progress Made ☐No change, still a need

on next page)		☐No longer a goal for the family ☐Goal not complete due to resource gap
Date:_____ **Goal Type:** _____ (see types on next page)	_____	Date: _____ ☐Goal Completed ☐Significant Progress Made ☐Some Progress Made ☐No change, still a need ☐No longer a goal for the family ☐Progress made, but goal not complete due to resource gap
Date:_____ **Goal Type:** _____ (see types on next page)	_____	Date: _____ ☐Goal Completed ☐Significant Progress Made ☐Some Progress Made ☐No change, still a need ☐No longer a goal for the family ☐Goal not complete due to resource gap
Date:_____ **Goal Type:** _____ (see types on next page)	_____	Date: _____ ☐Goal Completed ☐Significant Progress Made ☐Some Progress Made ☐No change, still a need ☐No longer a goal for the family ☐Goal not complete due to resource gap
Date:_____ **Goal Type:** _____ (see types on next page)	_____	Date: _____ ☐Goal Completed ☐Significant Progress Made ☐Some Progress Made ☐No change, still a need ☐No longer a goal for the family ☐Goal not complete due to resource gap

EXAMPLE PRIMARY CAREGIVER SELF-ASSESSMENT OF STRENGTHS

First Name: _____ Last Name: _____ Date Completed: ____/____/____

"Please read each statement below, and check the response that indicates whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. If you are unsure, you can say that, too."

	Strongly Agree 1	Somewhat Agree 2	Somewhat Disagree 3	Strongly Disagree 4	Unsure 5
I know how to manage stress.	☐	☐	☐	☐	☐
I know how to "speak up" for what my family and children need.	☐	☐	☐	☐	☐
My family is able to share our concerns and feelings in productive ways.	☐	☐	☐	☐	☐
I know parenting skills that fit my children's ages.	☐	☐	☐	☐	☐
I am aware of how children change as they learn and grow.	☐	☐	☐	☐	☐
I have relationships with people who provide me with support when I need it.	☐	☐	☐	☐	☐
I know who to call and where to go in the community when I need help	☐	☐	☐	☐	☐
Even with our busy schedules, my family finds time to be together.	☐	☐	☐	☐	☐
I feel good about my ability to parent and take care of my children.	☐	☐	☐	☐	☐
I have people to talk to when I am worried about my children or my parenting	☐	☐	☐	☐	☐
When we make decisions like moving or changing jobs, we base them on what is best for all family members.	☐	☐	☐	☐	☐
I am able to meet family's needs with the money and resources I currently have	☐	☐	☐	☐	☐
I know how to seek help from the agencies in my community to get things that my family needs.	☐	☐	☐	☐	☐

EXAMPLE COMMUNITY RESPONSE PROGRAM FEEDBACK FORM

"Please read each statement below, and check the response that indicates whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. If you are unsure, you can say that, too."	***Strongly Agree 1***	***Somewhat Agree 2***	***Somewhat Disagree 3***	***Strongly Disagree 4***	***Unsure 5***
I know how to manage stress.	☐	☐	☐	☐	☐
I know how to "speak up" for what my family and children need.	☐	☐	☐	☐	☐
As a result of this program, I am now accessing benefits or job services that I previously wasn't.	☐	☐	☐	☐	☐
I am aware of how children change as they learn and grow.	☐	☐	☐	☐	☐
I know parenting skills that fit my children's ages.	☐	☐	☐	☐	☐
Even with our busy schedules, my family finds time to be together.	☐	☐	☐	☐	☐
I feel good about my ability to take care of my children	☐	☐	☐	☐	☐
I am able to meet my family's needs with the money and resources I currently have.	☐	☐	☐	☐	☐
Program staff at the Community Response Program treated me with respect.	☐	☐	☐	☐	☐
I have relationships with people who provide me with support when I need it.	☐	☐	☐	☐	☐
The program helped me and my family reach our goals.	☐	☐	☐	☐	☐
My family is able to share our concerns and feelings in productive ways.	☐	☐	☐	☐	☐
The program helped improve my family relationships.	☐	☐	☐	☐	☐
I know who to call and where to go in the community when I need help.	☐	☐	☐	☐	☐
I was able to use the information and contacts my support worker gave me.	☐	☐	☐	☐	☐
The referrals I received helped improve my situation.	☐	☐	☐	☐	☐
I have people to talk to when I have worries about my children or my parenting.	☐	☐	☐	☐	☐
I know how to seek help from the agencies in my community to get things that my family needs	☐	☐	☐	☐	☐
When we make decisions like moving or changing jobs, we base them on what is best for all family members.	☐	☐	☐	☐	☐
I made positive changes in my life because of this program.	☐	☐	☐	☐	☐
Are there things that should be changed in the program to make it better and more helpful in the future?	If yes, please describe (use other side of page if needed):				

THANK YOU FOR TAKING THE TIME TO HELP US IMPROVE OUR SERVICES!

APPENDIX G

ON-LINE DOCUMENTS AND RESOURCES

(Click on the hyperlinks provided below to access each document)

Application Documents:

- Application Checklist
- Face Sheet
- Sample Logic Model
- Budget Narrative Sample with Budget Narrative Tips

Reference Materials:

- Performance Status Monitoring/Quarterly Reporting Tool

Other Helpful Links:

- The Department of Health and Human Services' Office of the Controller' website is http://www.ncdhhs.gov/about/administrative-divisions-offices/office-of-controller
- Prevent Child Abuse North Carolina http://www.preventchildabusenc.org/
- FRIENDS National Center for Community Based Child Abuse Prevention http://friendsnrc.org/
- The Center for the Study of Social Policy (Strengthening Families Initiative) http://www.cssp.org/reform/strengthening-families
- Child Welfare Information Gateway http://www.childwelfare.gov/preventing/
- University of Kansas Community Toolbox http://ctb.ku.edu/en/tablecontents/chapter_1003.aspx
- National Clearinghouse on Families and Youth (organization and community toolkit) http://ncfy.acf.hhs.gov/publications/guide-to-starting-and-managing-a-youth-program/organization
- UNC Management Assistance http://ssw.unc.edu/ma/index.html