

## START RFA Questions and Responses

- For smaller counties, would it be possible to have a blended team, meaning that the SW would have some START families and some non-START families?
  - **Response:** The national standards require that START dyads carry a dedicated caseload of START cases. Full START caseloads can be built slowly if desired, such as when a worker comes to START carrying non-START cases and will need time to complete services or transfer cases, or temporarily when the agency is experiencing a staffing shortage.
  
- I have one more question- could families participate in both Homebuilders and START at the same time?
  - **Response:** Yes, but it would probably be rare. Sometimes families need additional intensive in-home support beyond what the START team provides and more than can be obtained from outpatient clinical services. In these situations, it could be appropriate for the family to be referred to Homebuilders by the START team, which would continue to serve the family during and after Homebuilders services.
  
- Can two smaller counties apply for the grant together?
  - **Response:** This approach has been tried on a limited basis but with some success in other jurisdictions. In order to share resources, the counties should be adjacent to each other and have a strong collaborative relationship among the DSS agencies. They would need to agree on questions such as whether staff could help with services across county lines, who would hire the family mentors, could they share a governance structure, who would supervise the dyads, and whether the service coordinator could support two counties. Two small counties applying together would need to support the application with evidence on how they would mitigate capacity issues due to staff vacancies and evidence that both counties have a formal agreement in place on services delivery to ensure the model is being followed to fidelity.
  
- Can already involved child welfare cases (foster care cases) be referred to START once the program starts?
  - **Response:** No, START cases need to be new referrals to the agency. The START eligibility criteria give guidance to child welfare offices about who to refer and accept into START; one requirement is that the parent and/or family does not have an open case at the time of suspected child abuse and/or neglect report that begins the START timeline. This does not apply to parents or families with previous child welfare agency involvement whose cases have been closed.

- How many cases would meet the threshold for capacity? For instance, how many cases involving substance use as the primary factor per month/year would suffice? Can the dyad build their caseload over a year timeframe?
  - **Response:** When a site begins to serve families the caseload is increased gradually, taking no more than one new case per week for each START worker/mentor dyad. This is due to the intensity of service provision during the early part of the case. Full START caseloads can be built more slowly if desired, such as when a worker comes to START carrying non-START cases and will need time to complete services or transfer cases, or when the agency is experiencing a staffing shortage.
  
- When presented, it sounded like the Child Welfare Worker within the dyad would be the primary child welfare worker. Is this accurate? Or would there be another child welfare worker at the county that handles the foster care case outside of the START case activities (like supervised visitation, medical appointments, etc.)?
  - **Response:** The START worker is the child welfare worker for families with both in-home and out-of-home cases. Our motto is “Once a START case, always a START case.” When a family is being served by START, the START dyad continues to provide services to the family until child permanency is achieved. In some sites, START families may receive additional supportive services such as supervised visitation, transportation, and help with medical appointments by other staff in the organization.
  
- What is the average length of time START cases are open with In-Home Services? Do many cases close at 3 or 6 months?
  - **Response:** START cases are open a minimum of six months and an average of 14-16 months. Because these are moderate to high-risk cases for families with complex issues, it is not common for cases to close at six months. Fifty-percent of cases close within 13 months.
  
- What’s the aftercare support for families at that time?
  - **CFF response:** START cases close when child safety and risk factors have been mitigated and permanency is achieved, and the START dyad will not continue to provide services after that; however, the family is connected with community supports for recovery, mental health, concrete needs, etc., so that they can continue to be stable after their case is closed.
  
- What kind of data would support that we meet NC Child Welfare Policies on completion of safety and risk assessments, assessing and addressing safe sleep, and adhering to the Plan of Safe Care Policy? Would it suffice to explain how we ensure these items are completed accurately on each applicable case?
  - **Response:** This can be case review data you have as a result of your counties CQI processes or OSRI reviews or other reports developed to monitor adherence to policy.

- When you say 2 dyads per county, is the expectation for a county to serve 20-24 families at a time? This may be difficult for some smaller counties.
  - **Response:** Building internal capacity for a dedicated START caseload consists of a gradual transition, particularly when this involves transitioning an existing caseworker's caseload. The national standard is that the START dyad shares a dedicated caseload of only START cases and carries no more than 12-15 families - but if the agency caseload maximum is lower, then the dyad would carry a caseload size at or below the agency standard. North Carolina has set the maximum caseload size at 10-12 per dyad in the RFA. North Carolina's DSS manual caps caseloads for in-home services at 10 per worker, so START teams should follow state policy on caseload size.
  - As an example of a smaller community, Kentucky has one county with a population of 48,000 that began with two dyads and now has three dyads with caseloads of 12-15 cases each. Counties differ in their rates of child welfare involvement, though, so in addition to population, county child welfare data would need to be considered.
  - To help determine the number of potential START cases, we encourage sites to review previous SFY (or other recent 12-month time interval) data to see how many cases were opened, with parental substance use present and at least 1 child in the home ages 0-5 years. A general rule of thumb is that data should show a higher number of eligible cases in a 12-month period than the team could serve, since some families will not be eligible upon further assessment and some may need to be passed up due to capacity or conflicts of interest.
  
- The clinical Supervisor will not be reimbursed by Medicaid for their Services. Is the budget only for services not covered by Medicaid?
  - **Response:** Yes, these funds are for services not covered by Medicaid or State Funded services available from DMH/DD/SAS.
  
- On page 5, in specialized Service Treatments it talks about treatments that may be needed by a family such as Intensive Outpatient Program or inpatient treatment and after state funds are exhausted and they are not covered by Medicaid. Is there a requirement for a county to pay for these services once these funds are exhausted?
  - **Response:** Once the funds are expended counties may elect to cover the treatments but are not required to.
  
- Will this program pay for the motivational interviewing training?
  - **Response:** Limited funding to train Motivational Interviewing is available to counties to be used for staff providing START services only.
  
- When would a county implement the START program?
  - **Response:** Training and technical assistance with CFF would begin immediately upon county selection. Counties will first work on the Installation Stage (i.e., selecting/hiring staff, setting up policies and procedures, setting agreements with treatment providers, training on the model),

which can take approximately 6 months to complete. Services to families should begin as soon as possible once CFF indicates a county is ready.

- Why would one DYAD be expected to handle more than the state mandated caseload standard?
  - **Response:** The national standards say that the START dyad shares a dedicated caseload of only START cases and carries no more than 12-15 families - **but if the agency caseload maximum is lower, then the dyad would carry a caseload size at or below the agency standard.** Caseloads are capped to allow the START dyad to provide much more intensive services than traditional child welfare. North Carolina's DSS manual caps caseloads for in-home services at 10 per worker, so START teams should follow state policy as well.
  
- Can you provide the state and federal certifications we are to sign?
  - **Response:** In the application it reads; "Upon approval of the application, the following documents will be required:" We can email advance copies if requested via email to [heather.mcallister@dhhs.nc.gov](mailto:heather.mcallister@dhhs.nc.gov).
  
- On page 9 it states the applicant must be able to operate without funding for 90 days. Does this mean that there may be one 90 day delay or will further delays ensue?
  - **Response:** This is standard language on all the contracts. After set-up and funding encumbered, payments should be made within 30 days.
  
- The award period being across three fiscal years will budget amendments be allowed to ensure that COLA's, merit raises, costs of contractor's increasing, etc can be absorbed into an amended budget.
  - **Response:** The amounts of salary and fringe listed in the RFA are for the entire 18-month contract period.
  
- When can we expect the link to the recorded session to be sent? We have county officials who could not be on today?
  - **Response:** The NC START Webinar recording can be found at this link.  
<https://cffutures.zoom.us/rec/share/hZnr2GecvC-SOqlhdka0r4xYObgLyyVmjkW59fcQMNzwCbW2hux4ZdivoFo2k02.h6Hxllt76s04dz-y?startTime=1708542200000>
  
- What's the timeframe for a team to reach capacity? When looking at our data, is there a minimum amount of cases with substance use identified as the primary need during a specific time period that you're looking for? Can families currently involved (children in foster care) be referred to START when the teams begin? [Can two smaller counties apply together for the grant? – Answered on page one]
  - **Response:** When a site begins to serve families the caseload is increased gradually, taking no more than one new case per week for each START worker/mentor dyad. This is due to the intensity of service provision during the early part of the case. Full START caseloads can be built more slowly if desired, such as when a worker comes to START carrying non-START cases and will need time to complete services or transfer cases, or when the agency is experiencing a staffing shortage.

- Is capacity (for the RFA) the number of reports that we screen in for children 0-5 with SUD as primary issue?
  - **Response:** To help determine the number of potential START cases, we encourage sites to review previous SFY (or other recent 12-month time interval) data to see how many cases were opened, with parental substance use present and at least 1 child in the home ages 0-5 years. A general rule of thumb is that data should show a higher number of eligible cases in a 12-month period than the team could serve, since some families will not be eligible upon further assessment and some may need to be passed up due to capacity or conflicts of interest.