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**Division of Social Services**

**REQUEST FOR APPLICATION No. 2024-2025 DSS START RFA**

**State Fiscal year 2024-2025 Substance Abuse Prevention & Treatment Block Grant**

|  |  |
| --- | --- |
| Application Deadline | Friday March 15, 2024 by 5:00 PM |
| Funding Title | Substance Abuse Prevention & Treatment Block Grant  |
| Funding Agency | Department of Health and Human ServicesSubstance Abuse and Mental Health Services AdministrationCenter for Substance Abuse Treatment |
| Estimated Funding available | $6,211,940 |
| Catalogue of Federal Domestic Assistance CFDA No. | 93.959 |
| RFA issuing Agency | North Carolina Department of Health and Human Services,Division of Social Services |
| RFA Posted | Wednesday February 14, 2024 |
| Technical Assistance Webinar | Wednesday February 21, 2024 200 PM – 3:00 PM [CLICK HERE TO REGISTER](https://cffutures.zoom.us/meeting/register/tZ0oce2qqTsqH9RaX2s8wbmzd7TP03evAT96) |
| Period of Performance  | April 1, 2024 through September 30, 2025 |
| E-mail Applications and Questions to | Heather McAllister | Email |  heather.mcallister@dhhs.nc.gov  |

Direct all inquiries to:

NC Department of Health and Human Services

Division of Social Services

Heather McAllister, MSW, LCSW, LCAS, CBIS

820 South Boylan Avenue, McBryde East

2406 Mail Service Center

Raleigh, NC 27699-2406

984-289-0076

**The Request for Application (RFA)** announces the availability of funding based on the Notice of Funding Opportunity (NOFO), authorizing legislation and/or the budget. The RFA requests all the pertinent information and requirements for an applicant to assess their eligibility, competency, and interest in the funding opportunity.

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**Section A -- Funding Opportunity**

# Purpose of Funding Opportunity

For ten (10) contracted counties (also referred to throughout as County or Subrecipient/Grantee) within the state of NC to provide service delivery of child welfare services, case management, peer mentoring support, and treatment coordination for the START model.

The START model seeks to allow children to remain safely at home with their parent or caregiver while the parent is completing services and entering substance use recovery. Once fully implemented in a location, START also aims to provide long-term outcomes by enhancing parental recovery and capacity and ensuring positive long-term outcomes with children remaining free from out-of-home placement. More information about the START program can be found at <https://www.cffutures.org/start/> . In addition, an information session will be held for all counties who are interested in learning more about this funding opportunity and applying to become a START pilot site.

1. **Introduction**

The Sobriety Treatment and Recovery Teams (START) model is a child welfare led intervention that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders (SUD). START is an evidence-based child abuse and neglect prevention service that serves families where substance use has created a safety risk to their children.

The program targets such families with children from ages birth (0) through five (5) who become involved with child protective services where it is determined that the parent’s substance use is the primary child safety factor. START is specifically designed to transform the system-of-care within and between child welfare agencies and SUD treatment providers; it also engages the judicial system and other family serving agencies. It includes a complex array of strategies such as peer mentor supports, quick access to intensive SUD treatment, cross-system collaboration, intensive case management, and a family-centered approach.

Ten (10) counties will work with DHHS, NCDSS and the purveyor at Children and Family Futures (CFF), to implement the START program within those counties. CFF is a twenty-five (25) year-old nonprofit that provides consultation, training, technical assistance, strategic planning, and evaluation services that are focused on the intersection of child welfare, substance use and mental disorder treatment, and court systems. CFF serves as the headquarters for the National START Training and Technical Assistance (TTA) Program. CFF is the only entity that can provide the training, technical assistance, and consultation required to implement the START model. No other entity can train, certify, or otherwise approve teams or dyads to provide START services.

 Ongoing technical assistance (TA), coaching, and consultation will be provided to state and county leadership and county front-line staff to help navigate and work through implementation issues and barriers. Details of Technical Assistance is provided on APPENDIX A.

1. **Background**

American Rescue Plan Act funds included in the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services Substance Abuse Treatment Block Grant (SATBG) have been allocated by the State of North Carolina Legislature to fund the START model in ten (10) counties throughout the state. START is also eligible for inclusion in the state's Title IV-E Five-Year Prevention Plan which would allow the state to transition funding from ARPA to Title IV-E dollars for long-term sustainability. START is rated as a “Supported” Evidence Based Practice (EBP) on the Title IV-E Prevention Services Clearinghouse <https://preventionservices.acf.hhs.gov/> . Inclusion in North Carolina’s Title IV-E Prevention Plan is dependent upon data showing program outcomes are being met.

In North Carolina, parental substance use disorder (SUD) is a top contributory factor to foster home placement. In 2020 more than 6,700 kids were placed in foster care due to parental substance use. Research has repeatedly shown that historically marginalized people are more likely to have their children placed into foster care due to substance use because of higher rates of policing in their communities and because they are more likely to be reported than white community members. This perpetuates an intergenerational cycle of trauma and harm to the children and parents of historically marginalized communities.

The START model has shown to have improved outcomes for families and children receiving child protection services. Mothers in the START program have nearly double the sobriety rate of non-START counterparts; however, children in the START program are about half as likely to enter foster care compared to child protection families with substance use and typically avoid foster care. Recurrence of child abuse and neglect six months after case closure was lower in START than in non-START cases, and after START more Black children remained free of out-of-home placement and child abuse or neglect than Black children in treatment as usual. At case closure, over 75% of START children remained with or were reunified with their parents.

As START is a complex, collaborative model, implementation requires a commitment to a multi-year, cross-system, dedicated effort. These efforts will begin with readiness and feasibility planning followed by standardized training and individualized technical assistance packages necessary for START implementation and certification. The model uses a variety of strategies to promote collaboration and systems-level change within and between child welfare agencies, substance use and mental health treatment providers, the judicial system, and other family-serving entities.

Expected outcomes once fully implemented and firmly established within a community include:

1. Ensure child safety; and
2. Reduce entry into out-of-home care, keeping children in the home with the parents when safe and possible; and
3. Achieve child permanency within the Adoptions and Safe Families Act (ASFA) timeframes, preferably with one or both parents or, if that is not possible, with a relative; and
4. Achieve parental sobriety in time to meet ASFA permanency timeframes; and
5. Reduce repeat child maltreatment and re-entry into out-of-home care; and
6. Expand behavioral health system quality-of-care and service capacity as needed to effectively serve families with parental substance use and child maltreatment issues; and
7. Improve collaboration to transform the system of service delivery between child welfare and SUD/mental health treatment providers.
8. **Scope of Work**

Definitions, Acronyms and Abbreviation

1. ARPA: American Rescue Plan Act
2. ASFA: Adoptions and Safe Families Act
3. CFF: Children and Family Futures
4. Clinical Supervisor: Provides supervision to the family mentors, co-leads START Leadership Team meetings, and clinical staffing for new cases and cases in crisis
5. DHHS: Department of Health and Human Services
6. DSS: Division of Social Services, or “Division”
7. Dyad: Two-member team comprised of an experienced child welfare worker and a peer family mentor
8. FTE: Full-Time Equivalent
9. Peer Family Mentor: an individual who is in long-term recovery for at least three years and can provide peer assistance to the family as they navigate the child welfare system and SUD treatment
10. Service Coordinator: an individual who provides clinical planning and coordination deemed essential to support the model
11. START: Sobriety Treatment and Recovery Teams
12. SUD: Substance Use Disorder
13. TTA: Training and Technical Assistance
14. SATBG: Substance Abuse Treatment Block Grant
15. FFPSA: Family First Prevention Services Act

Dyad Services

START teams are referred to as a dyad which is comprised of a specially trained child welfare worker and a family mentor. The family mentor is an individual who is in long-term recovery for at least two years and can provide peer assistance to the family as they navigate the child welfare system and substance use disorder treatment.

Each county will have a budget to support two dyads which includes salary, fringe benefits, and costs related to supporting the positions. Reference Reimbursement Section B number 11.

Supervisory and Support Services

To support the two dyads, each county will employ a child welfare supervisor who will also be fully trained in the START model. Additionally, each county will have funding for a part-time clinical supervisor who may be an employee or contract staff. The clinical supervisor provides peer supervision to the family mentors as well as co-leads START Leadership Team meetings and clinical staffing for new cases and cases in crisis.

Each county will employ or contract for a service coordinator to provide clinical planning and coordination deemed essential to support the model. The service coordinator provides a holistic assessment for START clients through a Comprehensive Clinical Assessment and makes comprehensive recommendations as part of service plan development. This coordinator clinically follows clients to coordinate services and obtain necessary collateral information. Counties may also choose to employ the Peer Family Mentor within child welfare or through the agency they are contracting the services coordinator through.

The clinical supervisor and service coordinator help ensure integration with Medicaid administrative claiming for social workers and Medicaid-covered services through Medicaid. Additionally, these positions help build strong partnerships with prevention providers and hospital social workers. The supervisory staff and service coordinators work in partnership with the dyads to engage with families more authentically at the point of crisis in the following activities:

1. Weekly interaction with family members by the worker and family mentor
2. Provide weekly drug screens
3. Rapid assessment and engagement in treatment for parents with SUD (including family mentor transports to the first four treatment appointments)
4. Provide linkage to other resources and services in the community (both formal and informal)
5. Provide coaching in three (3) main areas: Recovery, Sober Parenting, Activities of Daily Living
6. Identify triggers and red flags that are signals of a return to use and what to do if they arise
7. Provide weekly clinical staffing to Service Coordinators.

Specialized Service Treatments

Additionally, funding will be available to the counties to pay for drug screens and SUD assessments as well as in-patient SUD treatments that are not covered by Medicaid or state funds. A large percentage of families may need intensive SUD treatment such as an Intensive Outpatient Program (IOP) and a smaller percentage may need inpatient treatment. These funds are limited and will not be available once a county has expended their allotment. These funds cannot supplant Medicaid or other state funded services.

Specialized Training

In addition to the training provided by START, counties will also be required to ensure training for their staff such as child welfare and peer certification training for family mentors and training on accessing and referring to SUD treatment providers. Additionally, counties will be required to obtain training for their staff in Motivational Interviewing, an evidence-based approach to behavior change. Motivational Interviewing should be provided within a child welfare context with specific scenarios and role-plays.

# Eligibility

Counties who apply for the START RFA shall meet the following preliminary requirements by providing evidence in their applications that they are able to implement this model by:

1. Demonstrating they have the volume of reports where SUD is the primary factor and there is one child age 0-5 in the home.  (Each START Dyad is expected to serve between 10-12 families at a time. Funding is for two dyads per county. Start cases are identified during the investigation/assessment process and assigned to a START team).
2. Providing county level data that shows county performance in meeting North Carolina Child Welfare Policies on;
	1. Completion of safety assessments
	2. Completion of risk assessments
	3. Assessing and addressing safe sleep
	4. Adhering to Plan of Safe Care Policy
3. Demonstrate that Child fatality reviews that involve substance use disorder indicate the county child welfare agency followed state child welfare policy for assessing and mitigating risk.
4. Demonstrate they have a strong existing relationship or are willing to develop a relationship with one or more providers of (This may be in the form of a letter of support or existing Memorandum of Agreement):
	1. Substance Use Disorder Service Providers
	2. Medication Assisted Treatment Providers
	3. Prenatal providers, including OBGYN practices
	4. Courts (Child Welfare / Family Court, Family Drug Treatment Court, Adult Drug Treatment Court)
	5. LME/MCOs
	6. Agencies or local organizations others to coordinate SUD related services their communities.
5. Be willing to contract with a provider agency for the components of START, to include Service Coordinator, Clinical Supervisor, Family Mentors (if not hiring directly), and if needed for non-Medicaid or state funded client assessments and services.
6. Be willing to engage in all meetings and activities with Children and Family Futures (START model purveyor).
7. Be willing to meet START program fidelity requirements.
8. Have the capacity for data reporting to support the required federal reporting elements, Reference Table 1 and Table 2 in Section C number 1.
9. Counties currently placed on Corrective Action or completed corrective action in the previous six months are not eligible to apply for this funding.
10. Counties whose operations have been taken over by the state child welfare agency or have had supervision of Child Welfare returned within the last 12 months are not eligible to apply for this funding.

# Federal Award Information

1. Federal Award Identification Number 1B08TI083959-01
2. Federal Award Date 5/17/2021
3. Federal Award Title Substance Abuse Prevention & Treatment Block Grant
4. Federal Awarding Agency DHHS Div Substance Abuse and Mental Health Services
5. Federal Award Project Description Block Grants for Prevention and Treatment of Substance
6. Expected number of Awards 10
7. Assistance Listing (formerly CFDA) Name and Number: 93.959 Block Grants for Prevention and

Treatment of Substance Abuse

1. Cost Sharing or Matching Not Applicable
2. 2 CFR 200 Allowable Cost and Administrative Requirements: Subpart B, General provisions

Subpart D, Post Federal; Award Requirements

Subpart F, Audit Requirements

The following 2CFR policy requirements are excluded from coverage under this assistance listing:

Subpart C, Pre-Federal Award Requirements and Contents of Federal Awards

Subpart E, Cost Principles

Additional Information: Per 45 CFR §75.101(d) Except for §75.202 and §§75.351 through 75.353 of subpart D of this part, the requirements in subpart C of this part, subpart D of this part, and subpart E of this part do not apply to this program. 45 CFR Part 96 - Block Grants, contains the administrative requirements pertinent to this program.

1. Allowable Indirect Cost Up to 5 percent of grant funds may be used for

 administering the grant.

1. **Federal Funding Accountability and Transparency Act (FFATA)**

As an applicant of federal funds, each selected applicant will be required to provide certain information required by the Federal Funding Accountability and Transparency Act (FFATA), including the organization’s Unique Entity Identifier (UEI) number. Please see [www.sam.gov](http://www.sam.gov) for free registration. Additional information about FFATA is available at <https://www.fsrs.gov/>.



**Section B-- Application and Submission Specifications**

# Application Content & Format

The RFA and instructions can be obtained by going to <http://www.ncdhhs.gov>. Applications must be typed and presented with the same topic headings and in the same order as set forth in Section C of this RFA. All applications must include a cover page. The cover page shall include:

1. The applicant’s County name and address
2. Title of the Project
3. Name and contact information of the authorized agency official
4. The website of the agency

**2. Application Deadline**

One complete application, including all attachments must be received no later than 5:00 PM on Friday March 15, 2024. The application must contain the signature of an authorized official of the applicant’s agency electronic signature. Applications received after 5:00 p.m. will be classified as late and will not be considered for funding. Faxed or paper applications will NOT be accepted. Please send your application via email to:

heather.mcallister@dhhs.nc.gov

The Subject line of the email should read “RFA Number 2024-2025 START Application / (Name of the county)”

**3. Written Questions**

All inquiries regarding the funding opportunity must be submitted via email to heather.mcallister@dhhs.nc.gov by February 23, 2024 at 5PM. The Subject line of the email should read “RFA Number 2024-2025 START Questions / (Name of the county)” DSS will post responses to questions by 5 PM on Friday March 1, 2024. DSS will post responses to <https://www.ncdhhs.gov/about/grant-opportunities/social-services-grant-opportunities>

**4. Contractual Services**

Contractual services for purchases of goods or services may be allowed in order to achieve the goals of the project. Subawards for subrecipients may also be allowed. The budget narrative should include justification for the contractual services or subawards.

**5. Application Selection and Scoring**

An evaluation/selection committee will review and score all applications received by 5:00 PM on March 15, 2024. Counties will be selected by the Division of Social Services. The Division of Social Services will ensure that the necessary infrastructure exists within selected counties to fully implement the START model to fidelity. Geographic distribution and the inclusion of small, medium, and large counties will be considered to the extent possible.

The initial Scoring Chart is provided below:

1. Cover Letter 10 POINTS
2. Proposal Summary
3. Understanding of START 20 POINTS
4. Preliminary Requirements 20 POINTS
5. Desire of Engagement 20 POINTS
6. Desire of Participation 20 POINTS
7. Budget and Narrative 10 POINTS

**TOTAL 100 POINTS**

**6. Required Documentation**

Upon approval of the application, the following documents will be required:

1. Signed State and Federal Certifications
2. Completed and Signed Intellectual Property Statement (Attachment A)
3. Documentation of the agency’s Unique Entity ID (UEI) number. To register for a UEI number please follow the instructions on the www.SAM.gov website.
4. Registration with North Carolina e-Procurement
5. Upon award, all agencies are required to be registered as a vendor (at no cost) in the NC e-Procurement system. Please visit <https://eprocurement.nc.gov>, click on Vendor Login and scroll down to “Register”. For questions/guidance, please contact the e-Procurement Help Desk at 888-211-7440.

**7. NC DHHS Division of Social Services, Child Welfare** **reserves the right to:**

1. Modify the application and budget after consulting with the applicant. Items that may be modified include, but are not limited to goals, costs, performance, and reporting requirements.
2. Allow or disallow budget amendments during the performance period of the project.
3. Monitor the program based on the Division’s Subrecipient Monitoring plan.
4. Implement any change or requirement mandated by State or Federal government during the life of the project.

**8. Applicant Financial Capacity**

Applicants must have the financial capacity to operate without reimbursement for at least 90 days of the project period. Applicant funded through this grant must submit all requests for payment and expenditure reports by the 10th of each month following the month of service.

**9. Period of Performance**

April 1, 2024 through September 30, 2025

**10. Cost Reimbursement**

Allowable and appropriate costs must be reasonable and necessary to provide the services. Upon execution of the contract, the Subrecipient must submit via email one signed DSS-1571 III (Administrative Costs Report) to the DSS Program Consultant by the 10th of each month for services provided in the prior month. Please note that the person preparing the invoice must be different from the person authorized to sign it. The DSS-1571 III reports must be accompanied by supporting general ledger documentation. DSS-1571 III reports must be submitted even when no services are provided in a given month. Failure to submit monthly reports may delay receipt of reimbursement. DSS will have no obligation for payments based on expenditure reports submitted later than 30 days after termination or expiration of the contract period. All payments are contingent upon fund availability.

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**Section C – Performance Monitoring**

#  Program Data Collection

The State will provide a format for program data collection, analysis of the data, and reports to be used for continuous quality improvement. For the data elements that need to be collected to calculate the indicators for fidelity to the START model and timeline reference Table 1 and Table 2 listed in Appendix B.

1. **Monitoring**

The Division shall monitor any Contracts resulting from this RFA according to the [NC DHHS/DSS Sub recipient Monitoring Plan](https://files.nc.gov/ncdhhs/documents/files/dss/monitoring/NC-DSS-Sub-Recipient-Contract-Monitoring-Plan-2015-2016-DRAFT.pdf). This includes compliance with federal areas under the [CFR Title 2 Part 200](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl). After the review, the Program Consultant will send a formal written monitoring report letter to the Subrecipient’s Executive Director and Board Chair which contains recommendations and corrective action findings, if applicable. If the Subrecipient remains in non-compliance status, the contract may be terminated due to failure to meet the terms and conditions of the contract.

Audit Requirements:

The Subrecipients will be responsible for meeting the following audit requirements.

* [PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)
* [§ 159-34. Annual independent audit; rules and regulations.](https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_159/GS_159-34.pdf)
* [SUBCHAPTER 03M – UNIFORM ADMINISTRATION OF STATE AWARDS OF FINANCIAL ASSISTANCE](http://ncrules.state.nc.us/ncac/title%2009%20-%20governor%20and%20lt.%20governor/chapter%2003%20-%20state%20budget%20and%20management/subchapter%203m/subchapter%203m%20rules.html)
* [DHHS-58 Program Compliance Supplement](https://files.nc.gov/nctreasurer/documents/files/SLGFD/LGC/LocalGovFiscalMngmt/AnnualAud/2020ComplianceSupp/dhhs-58.pdf)



**Section D – Application Contents and Instructions**

**Guidance to a successful application:**

**Cover Page**

**Cover Letter: (page limit=1)**

**Proposal Summary: (page limit=10)**

The summary encompasses all the key points necessary to communicate the objectives of the project. The **Proposal Summary** must include:

1. Clearly demonstrate the county’s understanding of the START Model;
2. How the county meets and/or exceeds the **Preliminary Requirements**;(Section A, number 5)
3. Clearly demonstrate the county’s willingness to the **Engagement** required to implement the START Model to fidelity and describe the county's plan for recruitment or reorganization / repurpose of current child welfare staff;
4. Clearly describe the county’s plan for hiring or contracting for Peer Specialist/Family Mentor and Service Coordinator and Clinical Supervisor;
5. Clearly demonstrate the county’s willingness to participate in ongoing **Technical Assistance and Trainings.** (Section A, number 2)

# Budget and Narrative

Salary and Fringe: The applicant shall complete: Salary and Fringe tab of the Contract Package A (Excel, available [Public Notices | NCDHHS](https://www.ncdhhs.gov/divisions/social-services/public-notices) or by email, send request to: heather.mcallister@dhhs.nc.gov. The subject line of the email request should state: “2024-2025 DSS START RFABudget Request”. Submit two Salary and Fringe budgets--one for the period of April 1, 2024 – September 30, 2024 and a second one for October 1, 2024 - September 30, 2025. Directions for completing the Salary and Fringe Tab for Contract Package A can be found on the Instruction tab. The Salary and Fringe Total for each county employee position, shall not surpass the following yearly limits.

|  |  |
| --- | --- |
| **Year One**  | **Year Two** |
| Peer Specialist 1 | 21,920 | Peer Specialist 1 | 43,840 |
| Peer Specialist 2 | 21,920 | Peer Specialist 2 | 43,840 |
| Service Coordinator | 28,614 | Service Coordinator | 57,228 |
| Clinical Supervisor  |  7,392 | Clinical Supervisor  | 14,784 |
| Child Welfare Supervisor | 23,725 | Child Welfare Supervisor | 71,175 |
| Child Welfare Social Worker 1 | 37,000 | Child Welfare Social Worker 1 | 75,400 |
| Child Welfare Social Worker 2 | 37,000 | Child Welfare Social Worker 2 | 75,400 |
| **Total**  | **$178,971** | **Total** | **$381,667** |

Please note: Year one is six months, the Child Welfare Supervisor has 50% effort towards the START program in Year One and 75% in Year Two, the Clinical Supervisor is 20% for both time periods.

Operational and Services Expense

The budget information for all operational and services items are shown on Attachment B, one for the period of April 1, 2024 – September 30, 2024 and a second for October 1, 2024 - September, 30, 2025.

#

# APPENDIX A: TECHNICAL ASSISTANCE

Ongoing technical assistance (TA), coaching, and consultation will be provided to state and county leadership and county front-line staff to help navigate and work through implementation issues and barriers. CFF worked with the state to customize a package for consultation, training, and technical assistance (TTA) for every stage of implementation, supporting site readiness, including supporting the development of partnerships between SUD treatment providers, the courts, and other factors. TA will primarily be virtual, but some in-person TA is possible. TA for county leadership will be at least monthly for the first 6-12 months and may reduce to quarterly based on implementation progress and need; TA for frontline staff will be at least monthly once they are identified/hired.

 A series of four START Foundations will be provided by CFF to county leadership, frontline staff, and community partners. Trainings may be virtual or in person. Virtual trainings will be hosted on the CFF Zoom platform. CFF will work with the state and local Steering Committees to determine the order and timing of each training based on readiness, identification of staff, and preparedness to begin serving families.

**Foundations I: Introduction to START** – This six-hour training for child welfare and treatment provider leadership and community partners provides an overview of the National START Model and an introduction to the Essential Components and Fidelity Standards. If available, social workers, family mentors, service coordinators, and other START staff are encouraged to attend.

**Foundations II: Family Mentor Hiring and Supervision** –This six-hour training prepares local START programs for the hiring and supervision of family mentors. Participants for this training include START supervisors and managers. *Note: Use of the processes outlined in the Family Mentor Hiring Guide, which is reviewed during this training, is a requirement for START implementation and ultimately certification. This training will be provided early in the Installation phase to allow hiring to occur before the last foundations training.*

**Foundations III: Treatment Provider Strategies** – This 6-hour training for child welfare and treatment provider leadership and front-line staff will focus on treatment provider strategies within START that support treatment and child welfare outcomes. This training is open to community partners.

**Foundations IV: Child Welfare Practices** – This 6-hour training supports front-line practice of the START model, builds on the material from Foundations I and II and is required for newly formed START teams. This training will be offered for each START team (supervisor, social worker, and family mentor) before they begin to serve families. Child welfare management is encouraged to attend.

The goals of the training, coaching, and consultation are to:

* Ensure that the START model is first understood and selected to match the capacity and readiness of each site, adapted to the jurisdiction with the guidance of the TTA consultants, and then implemented with fidelity.
* Reinforce and coordinate START implementation with related child welfare, court improvement efforts, and other initiatives in the jurisdiction.
* Build the capacity of leaders and practitioners to implement and sustain START independently following

 consultation, training, and technical assistance.

* Support the development of a learning organization culture incorporating program evaluation principles, ongoing quality improvement, and data-driven decisions.



**APPENDIX B: DATA REPORTING REQUIREMENTS**

The tables below include the data elements that need to be collected to calculate the indicators for fidelity to the START model, and other reporting requirements. The state will provide a format for data collection, analysis of the data, and reports to be used for continuous quality improvement.

*Table 1: Required Minimum START Family Data Collection*

|  |  |
| --- | --- |
| **Data Variable** | **Suggested Response Options/Notes** |
| Case identification document (ID) number | A unique number for a case or family that can be linked with adult ID number, child ID number and the Statewide Automated Child Welfare Information System (SACWIS) or Comprehensive Child Welfare Information System (CCWIS). |
| Date of child welfare report/referral | The date when the child welfare report/referral that led to a START referral was received. A family-specific START timeline measure.  |
| Date of referral to START | A family-specific START timeline measure. |
| Accepted to START | Yes or No. Track both cases accepted and not accepted.  |
| Reason not accepted | Eligible – caseloads full, no openingEligible – parent declined participation Eligible – parent failed to attend the initial SDMMNot Eligible – family failed to meet eligibility criteria  Specify: |
| Date of initial SDMM (CFT)Child and Family Team Meeting | A family-specific START timeline measure. |
| Date START case was closed | Used to calculate the duration of START from referral to case closure.  |
| Reasons for START case closure | Closed START case – end servicesClosed START case – continue SUD/MH treatmentFamily (or primary caregiver) moved out of the jurisdictionCase transferred to another unit Voluntary – discontinued participation in START Unique discharge reasons  Specify: |
| Family unification status at START case closure (this refers to the status of the family not specific children) | Unified – child/ren remained with at least one parentthroughout START case Unified – child/ren reunified with at least one parent at or before case closureSeparated – child/ren are in foster careSeparated – child/ren are in the care of other relatives without permanent custodySeparated – child/ren placed with relatives who have permanent custody or guardianship Separated – child/ren are in a pre-adoptive/adoptive home Mixed Status – (e.g., some children may be with the parents and others in foster care). Specify: |

*Table 2: Required Minimum Adult and Child Data Collection*

|  |  |
| --- | --- |
| **Data Variable** | **Suggested Response Options/Notes** |
| **Adults Receiving START Services** |
| Case ID number | This should be the same as the Case ID# stored for the family (see Table 1) |
| Individual adult ID number  | Number to identify a unique individual (adult) that match numbers in the SACWIS/CCWIS system |
| Date of referral for SUD/MH assessment | An adult-specific START timeline measure |
| Date of SUD/MH assessment | An adult-specific START timeline measure |
| Date of first SUD/MH treatment session  | An adult-specific START timeline measure |
| Date of fourth SUD/MH treatment session | An adult-specific START timeline measure |
| Date of birth | Date |
| Gender  | May use options matching the child welfare data system |
| Race | May use options matching the child welfare data system |
| Ethnicity | May use options matching the child welfare data system |
| **Children in START Cases** |
| Case ID number | This should be the same as the Case ID number stored for the family (see Table 1) |
| Individual child ID number  | Number to identify a unique individual (child) that match numbers in the SACWIS/CCWIS system |
| Date of birth | Date |
| Gender  | May use options matching the child welfare data system |
| Race | May use options matching the child welfare data system |
| Ethnicity | May use options matching the child welfare data system |
| **additional adult data collection** |
| Date of second SUD/MH treatment session  | An adult-specific measure |
| Date of third SUD/MH treatment session | An adult-specific measure |
| Primary Parent | Yes or No. Track which parent is the primary adult on the child welfare case. |
| Name of Case Worker | Name to identify case worker who is working with the family and will assist with data related to the case |
| Name of Family Mentor | Name to identify family mentor who is working with the family and will assist with data related to the case |
| Number of children | Number of children receiving START services to ensure all have data entered related to the case |
| Number of parents | Number of parents receiving START services to ensure all have data entered related to the case |
| Number of parents | Percentage of parents served by a START team who achieve sobriety during their START services episode |
| **additional case data collection** |
| SDM Family Risk Assessment Scores at START referral and START case closure | Reduction of risk level to the child as evidenced by Child welfare risk assessment scores at referral and throughout the life of the case at intervals required in the North Carolina Child Welfare Manual |

# ATTACHMENT A

**REQUEST FOR APPLICATION No.**

**Intellectual Property Statement**

The Parties Children and Family Futures, Inc. (CONSULTANT) and add your agency name here acknowledge that either Party may have created written or otherwise documented work product prior to this Agreement (“Works”). Such Party permits Works for limited use pursuant to the terms of this Agreement. This limited use is subject to all intellectual property rights, including copyright, trademark, and moral rights (“IP Rights”), and that Party shall retain its IP Rights to those Works, subject to a nonexclusive, revocable, royalty-free, permission to use such works, solely for purposes consistent with and subject to the provisions of this Agreement, only with advance written permission. The Parties may permit use by third parties only for limited non-commercial purposes consistent with this agreement and only with the advance written permission of the CONSULTANT, such that the CONSULTANT’s works and START Materials shall not be disseminated, transferred or assigned in any way unless the CONSULTANT first approves in writing. Add your agency/contracting entity here and any third-party users shall not act as a trainer or consultant unless agreed to in writing by the CONSULTANT. Upon full execution of this Agreement, CFF considers add you agency name here to be a provisional Affiliate of the National START Model. If the CONSULTANT later certifies add agency name here, they may be represented as a Certified START Affiliate, and such Certified START Affiliate may use the CONSULTANT’s works or START Materials so long as it maintains its status as a Certified Affiliate.

Prior to publication or other dissemination of materials, the Parties shall review and approve such materials, and comply with all other terms in this Agreement.

|  |  |
| --- | --- |
| Subrecipient/Grantee Name: | E-Mail Address:  |
| Subrecipient/Grantee’s Street Address: | Telephone Number: |
| City, State & Street Address Zip: | Name and Title of Authorized Representative: |
| Signature of Authorized Representative: | Date: |

ATTACHMENT B

NC DSS CONTRACTOR PACKAGE A- Year 1 and Year 2

NC DSS Contractor Package A for operational and services items: **Year One**

 ATTACHMENT B

NC DSS CONTRACTOR PACKAGE A- Year 1 and Year 2

NC DSS Contractor Package A for operational and services items: **Year Two**

