

# Support to Under Resourced Families of Children with Special Health Care Needs

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*RFP for Coronavirus State and Local Fiscal Recovery Funds*

## ***FIRST***

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# Application Form

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## *Question Group*

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Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

## **Coronavirus State and Local Fiscal Recovery Funds\***

Name of Project.

Support to Under Resourced Families of Children with Special Health Care Needs

## **Amount of Funds Requested\***

\$595,500.00

## **Recovery Fund Eligible Category\***

Please select one:

Enhance behavioral and mental health services

## **Brief Project Description\***

Provide a short summary of your proposed project.

COVID-19 halted many services for children with special health care needs. Going more than a year without access to in-person services, children and their families will need individualized supports. FIRST provides direct services and advocacy to persons with special health care needs and their families to foster healthy, inclusive and self-determined lives. We prioritize research-based models to ensure that families are

getting the best support available. FIRST proposes to increase capacity in our existing, high-quality programs for two years to meet the increased behavioral and mental health needs of families disproportionately affected by Covid-19. We will expand the reach and/or intensity in these activities:

- supporting families to navigate the multiple systems they need to get the services their children
- providing parenting skills groups
- supporting childcare staff with social emotional support systems
- improving access to mental health services for young children and families

## Project Plan\*

Explain how the project will be structured and implemented, including timeframe.

Because this proposal expands existing programming, activities can start when funding is secured.

1. Add 1 peer case manager to support families in navigating the multiple systems they need to engage for services. Special health care needs parents face obstacles including the stigma of disabilities, lack of education, low literacy, poverty, lack of resources, cultural bias, and language obstacles. Many parents needing services are overwhelmed with the variety of regulations and processes. The silos created by service systems make it difficult for parents and even professionals to navigate. Many parents who are under-resourced simply give up, and preventable issues go untreated, which leads to children who do not reach their full potential. NC's current Medicaid Transformation is adding to this confusion. This additional staff will provide case management support, individual peer support, and support at team meetings.

2. Increase the number and variety of evidence-based or evidence-informed parenting programs in Buncombe County. FIRST has offered each of the following parent skill-building programs for years. In July 2021, our funding from the NC Children's Trust Fund was not renewed, leaving only the Triple P program in Buncombe County. However, Triple P does not specifically offer group supports for Latinx families and parents with trauma histories, leaving a gap in populations COVID-19 has hit particularly hard. The following programs fill those gaps, and FIRST has built a reputation for offering this service in the community:

- Circle of Parents Program - continue to support these families - 2 Latinx groups and 1 for parents of children with challenging behaviors

- Incredible Years - continue to offer to 2 groups for families of young children

- Circle of Security - add 2 more groups for Latinx and young families.

3. Add 1.5 staff positions to build the capacity of partnering childcare centers to support the increased social-emotional needs of all children post-COVID-19. Our Sunshine Project has provided individual support to childcare staff, tied to child referrals, since 2006, and this work will continue. However, to meet the broader social-emotional needs of children returning to care after 15 months of relative isolation in high-stress environments, Sunshine Project will add more program-wide supports: staff trainings, informational sessions, and technical assistance for directors to develop responsive, equitable behavior policies and processes. All individual and program-wide interventions are based on the evidence-based Social-Emotional Foundations for Early Learning (SEFEL) Pyramid Model. Improving skills of childcare staff to support responsive relationships with adults is key to the development of children.

4. Improve Access to Mental Health Services

Enhance our internship program for LCMHC graduates focused on special health care needs families.

Over 2 years, 4 interns will increase their experience to work with this population.

## Statement of Need\*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

The families affected by the shutdowns of businesses were disproportionately families with children with special health care needs whose child care centers closed or that could only engage with virtual learning. Single parents had limited support to help juggle jobs and their child's virtual learning, if they even had a job

that would allow to be home with their children. The increased stressor for parents - many parents of children with disabilities who did not have skills to be their child's teacher, parents with immigration status who could not access any support available to citizens and some of these working parents were frontline workers during putting their safety at risk. Many families are still having to make the choice to work or keep their children safe.

The support of our case managers/community navigators who helped parents navigate the multiple systems helped many families get the information and support. The parents in our parent groups, Incredible Years, Circle of Parents and Circle of Security report their parenting skills improved due to the programs. The needs of children in childcare center were higher due to the stressors on their parents and childcare staff, which did not give them the safe and secure environment that all children need. Those children with more severe disabilities did have access to more supports like respite staff, if there was staff available. Many families were not able to access that support but so parents become the primary caregiver, teacher and therapist.

Our proposal will continue the supports that parents and children received that was vital during Covid-19 and will not be available if the funding proposal is not funded. 91% of parents served over the last year, report that what they learned from these programs specifically helped them during Covid-19.

### [Link to COVID-19\\*](#)

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

All community based services were stopped during Covid, all early interventions services for children with disabilities moved to virtual only and public school services changed multiple times over the last 16 months. Most students did not return to in person classes until March of 2021 and some families withdrew their children from school. The supports to children and parents were limited to the computer screen, even our parent groups were done virtually.

Research has shown the impact on children in Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations (Singh 2020): There are about 1 in every 6 children within the age group of 2-8 years who have some or the other neurodevelopmental, behavioral or emotional difficulty (CDC, 2019). These children with special needs [autism, attention deficit hyperactivity disorder, cerebral palsy, learning disability, developmental delays and other behavioral and emotional difficulties] encounter challenges during the current pandemic and lockdown (CDC, 2019). They have intolerance for uncertainty and there is an aggravation in the symptoms due to the enforced restrictions and unfriendly environment which does not correspond with their regular routine. Also, they face difficulties in following instructions, understanding the complexity of the pandemic situation and doing their own work independently. ....these children lack access to resource material, peer group interactions and opportunities of learning and developing important social and behavioral skills in due time may lead to regression to the past behavior as they lose anchor in life, as a result of this their symptoms could relapse (Lee, 2020). These conditions also trigger outburst of temper tantrums, and conflict between parents and adolescents.

## Population Served\*

Define the population to be served by this project, including volume and demographic characteristics of those served.

Children and youth with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related service of a type or amount beyond that required by children generally. Special health care needs children and their families are face obstacles: the stigmas that go along with disabilities, lack of education, low literacy, poverty, lack of access to resources, cultural bias, and language obstacles. Many of these families are under-resourced and due to Covid are experiencing a greater impact. From our experience, the best way to reach each group is different. Special health care needs families include White, Black and Latinx families but the common thread is the challenge of having a child with disabilities or at risk and not having the resources to meet their needs. FIRST has supported these families since 2002 but the increase in numbers due to Covid and the complexity of the needs impact our ability to support the numbers. In 2019, many requests were information and referral, but since Jan of 2021, the needs are intense needed mental health supports for children and their families, who to deal with challenging behaviors and how to get services.

## Results\*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

75 parents will take part in an evidence based or best practice parenting group per year. The proposal is funding three year-round Circle of Parent groups, two 14-week Incredible Years Parent Groups and two 8-week Circle of Security groups. These groups will be offered in both English and Spanish and serve at least 75 parents.

10 centers will adopt behavior packages per year. FIRST Sunshine Project's expert staff will support child care centers to train staff with evidence based social emotional training and work with the directors to create policies and procedures around challenging behaviors and expulsion to create an equitable process for parents and children.

250 families will receive community navigation per year. FIRST case manager/community navigators will work with families to address their specific needs.

## Evaluation\*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

FIRST has systems to collect data on all projects using quantitative measurement from database system, number of parent and professional contracts with number of new contacts, data of issues addressed and outcomes of coaching to parent, and qualitative survey from parents and professionals of the relevance, usefulness and quality of services. Each component of the proposal has its own tool to demonstrate effectiveness and markers to provide feedback to corrections needed to improve outcomes.

\* Case Management/Community Navigation component uses outcome data and parent report to evaluate the work of the staff providing community navigation support to families.

\* The parent groups, Incredible Years, Circle of Parents and Circle of Security, each have evaluation tools that we will utilize to show the outcomes. The evaluations offer both subjective and objective results. The MOA with Prevent Child Abuse NC provides the qualitative evaluation of Incredible Years and Circle of Parents programs.

\* Child care centers will report on the process of packages and the outcomes in their centers for using the tools.

\* Our Clinical Director will supervise the interns and evaluate their work as part of their internship in collaboration with their university and/or licensing board.

## Equity Impact\*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

Equity means recognizing that we do not all start from the same place. We must acknowledge and make adjustments according to these imbalances. This is an ongoing process that requires us to identify and overcome intentional and unintentional barriers arising from bias or systemic structures. We envision equity as both a process and outcome. We will not be able to achieve the results that we seek without incorporating a racial equity and inclusion lens in every facet of our work. FIRST has been helping families of children with disabilities and special health care needs get the services they need since 2002. The common thread with our staff is we are parents of children with disabilities as well. By building on what we have in common, FIRST has supported families from all walks of life. We do recognize that the system does treat different groups very differently and support all families with information they need to learn the who, what and where about the services they need. Beginning in infancy, traumatic events are experienced more frequently by African American and socially/economically disadvantaged children, who have less access to protective resources. This disproportionate exposure to trauma by race and social class depresses children's outcomes and contributes to the "achievement gap."

Mentorship and support will be provided for the individual(s) to develop a professional development plan to obtain the necessary credentials for advancement. Cultural competence includes serving individuals from different races, socio-economic classes, religions, gender, and abilities. FIRST will continue to follow their strategic plan in creating a more diverse workforce, building stronger community partnerships, and increasing employment/leadership within our organization.

## Project Partners\*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

FIRST is not proposing any subcontractors for Support to Under Resourced Families of Children with Special Health Care Needs project. But collaboration with other organizations, service providers, and mentors in this diverse community allows us to strengthen the consistent use of best practices in the field and better support children and families by creating a broader band of services, resources, and advocacy. We are one agency dedicated to ensuring our community are not a place where children and families experience more trauma.

Supporting and mentoring parents increasing their capacity while improving outcomes for their children. Teaching parenting skills gives lifelong benefits to the children.

Supporting teachers who work with children with extremely challenging behavior requires an understanding that trauma is pervasive and needs to be addressed in every system.

Increasing expertise of mental health providers about this population increase their capacity to serve these children and families. FIRST will continue to add clinicians to our roster once they have demonstrated expertise for our target populations.

FIRST partners with multiple agencies and providers to best meet the needs of the children and families we serve. This partnership involves case management, attending team meetings specific to children and families, and larger community meetings to advocate for best practice and policy changes in the field of early childhood education.

Some partnerships include:

- Vaya Health (FIRST is a network provider)
- Prevent Child Abuse NC (MOA for Technical Assistance)
- Buncombe County Partnership for Children
- Asheville City Schools EC program
- Buncombe County Schools EC program
- Children's Developmental Services Agency
- Local Mental Health Agencies - Family Preservation Services, ACCESS Family Services, RHA
- Mountain Child Advocacy Center
- NC - Pre-K
- Buncombe County Health & Human Services
- Western Carolina University

## Capacity\*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

FIRST is a parent resource center for families of children with or at risk of disabilities that has been serving families in Western North Carolina since 2002 connecting with families in the community about special education issues, how their child's disability can impact their life, access to community resources and best practice strategies. Started by a group of parents and professionals with a goal to inform and support families of children with disabilities, today is still lead by a board and staff made up by a majority of parents of children with disabilities and special healthcare needs.

With funding from the Buncombe Covid Recovery, we will fill a gap for families looking for support for their children's challenging behaviors over the age of 5 where services are very limited. FIRST will not contract out any part of the proposal except the meal catering where we will follow the state guidelines as well as provide healthy meals.

FIRST meets the standards of Non-Profit Management, including:

- Insurance – General Liability, Professional, Workman's Compensation, EPLI (sexual harassment) and Hired and Non-owned Auto as required as a provider agency.
- Financial – maintains accounts at First Bank with a credit line and contracts with Corliss & Solomon, PLLC for IRS 990 and independent review of accounts.
- The Executive Director has the Non-Profit Management Certificate from Duke University, Office of Continuing Education and all staff receive continuing education opportunities.
- Funding Management – FIRST has managed funding from US Department of Education, Office of Special Education Programs; NC Children's Trust Fund, NC Department of Safety, Division of Juvenile Justice, Buncombe County JCPC; Buncombe Health and Human Services; Buncombe Partnership for Children; and Community Foundation of WNC. FIRST is a provider for NC Infant Toddler Program and Vaya Health LME/MCO. We have experience in developing budgeting, fiscal monitoring and managing.

## Budget\*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Recovery-Funds-budget.xlsx

## Special Considerations\*

Provide any other information that might assist the County in its selection.

FIRST is requesting this funding to fulfill the needs of families in Buncombe County to improve their capacity to meet the needs of their children with special health care needs. The gaps created by COVID-19, Medicaid Transformations and funding cuts will impact these families more if the proposal is not funded.

With this funding, the childcare centers will be able to be proactive dealing with challenging behaviors and discontinue one child at a time and discontinue to expel children.

Without the funding, the parents will not have access to a community navigator to answer questions and mentor to improve their capacity and support their mental health. The parent groups that have offered in Buncombe County some since 2008 will discontinue. Other programs in Buncombe County will not fill that gap.

The proposal will increase the capacity of parents, childcare staff and clinicians to meet the unique needs of families in Buncombe County of children with special health care needs.



## File Attachment Summary

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### *Applicant File Uploads*

- Recovery-Funds-budget.xlsx

## Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

<b>Organization Name:</b>	<b>FIRST</b>
<b>Project Name:</b>	<b>Support to Under Resourced Families of Children with Special Health Care Needs</b>
<b>Amount Requested:</b>	<b>\$595,500 for 2 years funding - the total requested</b>

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$ 595,500.00	pending	total requested funding for 2 years
List other sources here			
List other sources here			
List other sources here			
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List other sources here			
<b>Total</b>	<b>\$ 595,500.00</b>		

Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
Saleries	\$ 434,600.00		\$ 434,600.00	Operating	Salary and benefits 4.75 FTE staff
Project Supplies	\$ 13,100.00		\$ 13,100.00	Operating	supplies specigic to project
MOA with PCANC (techicanal assistance for model fidelity)	\$ 6,200.00		\$ 6,200.00	Operating	Cost of MOA with PCANC
Travel	\$ 4,000.00		\$ 4,000.00	Operating	Travel for community outreach
Rent	\$ 5,000.00		\$ 5,000.00	Operating	Rent split between all projects at FIRST
Equipment	\$ 2,000.00		\$ 2,000.00	Operating	purchase laptops for new staff
Rent for Parent Group Meeting Space	\$ 9,600.00		\$ 9,600.00	Operating	lost of meeting space for parent groups
Meals & Incentatives	\$ 76,000.00		\$ 76,000.00	Operating	meals and incentatuvre required for parent groups per model fidelity
Stipent for Interns	\$ 12,000.00		\$ 12,000.00	Operating	monthly stipend for 4 interns over 2 years.
Admintrative cost	\$ 33,000.00		\$ 33,000.00	Operating	Adminstatiuve support for project
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
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List expenses here			\$ -		
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<b>Total</b>			<b>\$ 595,500.00</b>		