Angel's Watch

RFP for Coronavirus State and Local Fiscal Recovery Funds

Eckerd Youth Alternatives, Inc.

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Application Form

**Question Group**
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.
Angel’s Watch

**Amount of Funds Requested**
$300,000.00

**Recovery Fund Eligible Category**
Please select one:
Services for disproportionately impacted communities

**Brief Project Description**
Provide a short summary of your proposed project.

CARING for Children’s Angel’s Watch program will fill gaps in care for children with nowhere to go when parents are incarcerated, enter substance abuse in-patient rehabilitation, become hospitalized, need emergency respite or are in pandemic-related treatment or quarantine. Funding is requested to implement a voluntary respite care program for children ages 0-10 who are not in the custody of county child welfare.
services and whose families are temporarily unable to care for them due to a crisis. Children are placed in a licensed Angel's Watch home for up to 90 days while the family attempts to resolve the crisis. As historically Buncombe County contends with COVID-19, mental health and substance abuse disorders, and other personal crises, this Angel's Watch program adds a service currently absent from the community. Funding will also help a key child welfare community partner that had to trim staff during the pandemic as a result of artificially decreased caseloads and revenue.

**Project Plan**

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

CARING for Children (CARING), a program of Eckerd Connects is based in Asheville, North Carolina and has previously implemented and operated a successful Angel’s Watch program in Buncombe County. However, this funding was discontinued at the state level in Fiscal Year 2019 because the NC budget was not successfully approved. This year, the NC House and Senate have recommended the program for approval, however final approvals have not yet come to fruition. The implementation will be supported by a framework that is already in place with CARING including compartmented expertise within our administration, Quality Department, Finance Department, and Program Director. Children will be placed in a licensed Angel's Watch home for up to 90 days while the family attempts to resolve the crisis that keeps them from safely caring for their children. In addition to providing emergency respite childcare for up to 90 days, parents are provided mentoring and links to community resources by case managers. Furthermore, Angel's Watch case management and leadership will carry out the following responsibilities:

**Assessments: Day 1-3**
- We will identify the projected length of stay with the family at intake and adjust as case evolves.
- An intake and child special needs assessment will be completed at intake for each child.
- 100% Compliance as evidenced by the intake packet in each case record.
- NCFAS G& T (North Carolina Family Assessment Scale General and Trauma) to be completed at the 30th day of admission and at discharge.

**Home Visits: Day 3 and Weekly Thereafter**
- A face to face initial respite home visit must occur within 72 hours of the child's placement in a respite family home by an Angel's Watch Team.
- The Angel's Watch Team shall complete at least one (1) face to face home visit each week after the initial home visit. Angel's Watch Team will be available to Host Family by phone 24/7.

**Family Referrals: Ongoing Throughout Program Life**
- We will provide appropriate information and referrals (to include referrals to Intensive Family Preservation Services, Psychological/Psychiatrist Services, Vocational Training and Services, Intensive In Home Services, Domestic Violence, Substance Abuse Counseling/Residential Placement) to assist family with the identified needs within their family plan to strengthen and reunify their family (for those with a placement length of 30 days or more).

**Case Closure:**
- Upon closure for the family, provider shall document the status of each family's efforts to resolve the crisis which lead to placement, including accessing community resources.
- At case closure, staff will also document any gains by the child and/or family, level of service engagement and prevention of DSS custody.

CARING will also meet the following requirements:
1. Provide voluntary respite care services.
2. Maintain foster care license as a private placement agency in NC.
Statement of Need*
Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

CARING will recruit, train, and mentor host families who will provide family support services and temporary placement in order to prevent child abuse, neglect and involvement with child protective services for children ages 0-10. These services work as a prevention program to keep children out of the foster care system. Families who self-identify the need for assistance can refer themselves to the program while they seek resolution to whatever the presenting issue is and local DSS offices can refer families to the program who come to the attention of the child welfare system and don’t currently meet the criteria for removal, but without additional support would likely enter the child welfare system in the future.

According to the U.S. Census Bureau 2019 American Community Survey (ACS) 5-Year Estimates, the total population of Buncombe County was 256,886 with approximately 26,900 youth between the ages of 5-14 and 8,453 youth between the ages of 15-17. Furthermore, the ACS 2019 shows a substantiated child abuse and neglect rate for 12.7 per 1,000 children for Buncombe County, compared to a statewide rate of 8.0 and a national rate of 9.0. The economic well-being of Buncombe residents is different than the rest of the state and country as they have lower wages and higher rent compared to state and national averages. This issue of affordable housing has become more acute in recent years; for instance, in Buncombe County, a modest 2-bedroom apartment is $829 per month in Buncombe but the average renter can only afford a rent of $688 according to the North Carolina Housing Coalition. This contributes to the region being one of the least affordable and leads to great instability for families with children.

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.

Parents and caregivers face unique challenges during COVID-19. A 2021 collaborative assessment from Verner Center for Early Learning and the North Carolina Center for Health and Wellness found the following impacts of COVID-19 on resilience factors for pregnant persons and families with young children in Buncombe County:

- 81.5% of respondents or immediate family experienced more isolation or loneliness
- 70.8% experienced greater stress, anxiety or depression
- 59% of parents reported COVID concerns created barriers to accessing childcare
- 47.7% lost or had difficulty arranging childcare
- 21.5% lost a job and 24.6% were furloughed or worked reduced hours
- 12.5% received free food distributions in last year and nearly half did so for the first time

Additional state and national statistics on COVID-19 impacts on family and child welfare:
- According to the NC Division of Public Health, emergency-room visits related to drug overdose have jumped by 22% compared with last year. The highest rates of overdose occurred in rural counties among the hardest-hit by COVID-19.
- According to the CDC, pregnant women have a greater chance of getting sick from COVID-19 and are at higher risk for other adverse outcomes, such as preterm birth.
- In 2019, the USDA found that nearly 10.7 million children lived in food-insecure households. Within the first year of the pandemic this increased to nearly 14 million children.
- The U.S. Census Bureau Household Pulse Survey Data from October 2020 showed more than half of adults in households with children (51 percent) report that they or another member of the household have lost employment income since the start of the pandemic and 18 percent of adults in households with children were behind on rent.
• A 2021 NIH study of recent foster youth, ages 18-23, found COVID-19 adversely impacted housing, finances, food security, education, professional goals, and personal connections; 56% of participants reported clinical levels of depression or anxiety.

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

Angel’s Watch is a voluntary alternative to foster care for children ages 0-10 who are not in custody of county child welfare services and whose families are temporarily unable to care for them because of incarceration, in-patient drug rehabilitation, hospitalization or other COVID-related, mental health or medical emergencies. Buncombe County has had over 18,000 COVID-19 cases and over 300 deaths. Infections are now trending toward younger populations that would impact families with children. In June 2021, there were about 5 new cases per day all in individuals younger than 64 years old, with the majority being ages 25-50.

It is common knowledge that most children at risk of abuse or neglect come from low-income households. In Buncombe County 42% of children live in low-income homes. The 2021 NC Child Data Card indicate the following child welfare statistics for Buncombe County’s 49,433 children:

- 31.1% are under age 6
- 16.8% of households are food-insecure
- 66.9 per every 1,000 children are assessed for abuse or neglect
- 4.5% of children have no health insurance

According to the Journal of the American Medical Association, from 2015 to 2019 the statewide rate of unintentional opioid-related overdose was 15.3 per 100,000 and from 2018 to 2019 North Carolina saw a 5% increase in the number of unintentional opioid overdose deaths. The number of hospitalizations due to drug withdrawal in newborns increased an astounding 154% from 2010 to 2019. Buncombe County DHHS recently reported roughly 50% of Buncombe County residents who died from an opioid overdose between 2010 and 2019 passed through the detention center at some point in their lives. Compounding the incarceration problem, recidivism, or those released being charged with a new crime, was locally reported to be at 15.1% for Buncombe County in 2020. County child welfare measures have shown that approximately 10-15% of removals to foster care have been the result of incarceration of a parent or guardian.

**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.

The Angel’s Watch program will positively impact at-risk children and families living in Buncombe County to include an estimated 20 parents/caregivers and 25-30 children. Case managers will maintain a target caseload not to exceed 15 children at one time. Children and families who receive Angel’s Watch services will improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness, thus reducing the possibility of children entering the NC DSS system. The last year this program was funded (FY19) Caring for Children served 37 parents/caregivers and 62 children from across Western North Carolina.

Additionally, the following outcomes will be targeted, measured, and reported:

**Assessments:**
- 85% of NCFAS assessments will demonstrate family gains, primarily in the areas of Environmental, Child Well-Being and Social/Community Life. These assessments will be 100% in compliance as demonstrated in the client file.
Home Visits:
- 100% compliance as evidenced by notes in the client record.

Family Referrals:
- 100% of placements will receive referrals for community resources, including housing and community support services.
- 100% compliance as documented in the client file.

Case Closure:
- 85% success rate at discharge as evidenced by returning to family and/or planned least restrictive placement planned discharge.
- 85% of families will engage in discharge planning and access community services to help resolve crisis.
- 100% compliance as evidenced by notes in the client record.

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

Outputs are tracked monthly through accounting and database requirements, as well as DHHS quarterly reporting. With regard to outcome measurements, utilizing the selected tools will provide the best possible measurement accuracy. This information is tracked through our electronic health record system to ensure we are meeting our benchmarks and contract requirements. The data is also reviewed monthly with our Quality, Finance, and Leadership teams. We are engaged in monitoring activities through internal continuous quality improvement activities. Client and service success is an ongoing process, and formal evaluation will include fidelity to the grant requirements utilizing mandated measurement tools and data requirements and the Caregiver Self-Assessment Questionnaire. Informally, client success will be evaluated by contact between the Program Director, caregiver, and respite provider, Eckerd Program Scorecard, and the CARING for Children survey. Program success will be evaluated by using the tools mentioned above, as well as by tracking the referral sources and the total of children and caregivers served. Our history shows a pattern following up with families and maintaining relationships with them. Satisfaction will be measured using surveys which evaluate client satisfaction. This information is entered into our Electronic Health Record and reviewed monthly by our Quality Team and the Program Director, to observe any trends. The data is shared with the CARING leadership Team and the Eckerd Board of Directors, to ensure CQI. Our staff engages participants in a pro-active approach to ensure that the needs of families are being heard and supported by participating in family support groups and activities, maintaining contact with the family, and conducting quarterly satisfaction surveys. This allows for regular opportunities for families to offer their input into programming and for the program to respond to the needs of the family.

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?

Residents in need of our services mostly come from historically and economically disadvantaged backgrounds and have been traumatized by abuse and neglect and end up in foster care. We respond to changing needs in the community based on formal community needs assessments, funding, and cultural changes. As required by our client services policies, no person will be rejected on the basis of physical challenges, gender identity, race, sexual orientation, natural origin, religious practices, age, marital status, citizenship, genetic information, ability to pay, or any other protected characteristics.
As for COVID’s impact on racial inequities, people of color who identify as Black or African American are roughly equal in the number of COVID-19 infections as whites, however, their COVID-related hospitalizations are triple, and deaths are double that of whites. Adding to this disparity, jails and prisons around the country have reported difficult to control COVID-19 outbreaks among incarcerated people. Exacerbating this reality for people of color who identify as Black or African American, it has recently been reported in Buncombe County that the percentage of black inmates has risen at a time when total incarcerated populations has gone down, putting black inmates and their families at a disproportionately higher risk of contracting COVID-19. Angel’s Watch staff will connect with individuals of color who are entering into detention to make certain that they have support for their children.

**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.

SOAR Court, Specialty Treatment Court Programs, Sunrise Community for Recovery and Wellness, Mission Hospital, Youth Outright, Tranzmission, Asheville City Schools, Buncombe County Schools, Family Preservation Services, RHA, VAYA, Youth Villages, Buncombe County McKinney Vento Liaison, Children’s Collaborative, DHHS, and HIAC.

**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.

CARING for Children, a program of Eckerd Connects, is a 501(c)(3) organization based in Asheville, North Carolina. CARING seeks to nurture hope and create safety in the lives of children and families in crisis by providing high quality care, shelter, education, and treatment. CARING operates a continuum of programs in the community. As a membership-based 501 (c)(3) organization with Eckerd Connects, the governance board, based out Eckerd Connects Support Center, has fiduciary responsibility and is the legally recognized Board of Directors for CARING. CARING plays multiple, critical roles within the Asheville/Buncombe County Continuum of Care (CoC). Through regularly scheduled meetings, the CoC consistently identifies new service options or alters current services to meet emerging needs. Eckerd Connects has over 50 years of experience managing multi-million dollar federally funded contracts. CARING for Children in particular has received up to $200,000 annually since 2018 through the Family and Youth Services Bureau (’s Basic Center Program for Runaway and Homeless Youth. CARING is also contracted with various local and state agencies and has served Western North Carolina for over 45 years with continuously funded programing. We sustain our programs by maintaining strong relationships with funders and achieving collaboratively developed goals and outcomes. We will adhere to all local, state and federal guidelines including the Federal Funding Accountability and Transparency Act. Furthermore, our organization undergoes an independent financial audit yearly that lends to transparency and our trustworthiness as a steward of federal funds.

**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.

**Buncombe Covid Recovery-Funds-budget-FINAL.xlsx**

**Special Considerations**

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

**C4C General Brochure FY21.pdf**

The Angel’s Watch Program is intended to fill a gap in the continuum of child maltreatment prevention programming by reaching out to families who need temporary foster care, but whose child(ren) are not in the custody county departments of social services. These services are voluntary and the agency may not charge participating families fees for services.
File Attachment Summary

**Applicant File Uploads**

- Buncombe Covid Recovery-Funds-budget-FINAL.xlsx
- C4C General Brochure FY21.pdf
**Organization Name:** Eckerd Connects, dba Caring For Children  
**Project Name:** Angel's Watch  
**Amount Requested:** $300,000

**Proposed Project Revenue Funder**
Coronavirus State and Local Fiscal Recovery Funds
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**Coronavirus State and Local Fiscal Recovery Funds**

Proposed Project Budget

Eckerd Connects, dba Caring For Children

Angel's Watch

$300,000
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Eckerd authorized rate of 12.1% x $267,618 in direct expenses
ABOUT CARING FOR CHILDREN

Founded in 1975, CARING for Children was originally based on a community need to provide emergency shelter care to children who had been removed from their homes by the local Department of Social Services due to abuse and neglect. Over four decades later, CARING for Children has evolved into an organization with diverse programs and services that meet the needs of more than 500 children and families annually in North Carolina.

CARING for Children joined the Eckerd Connects’ family in August 2014 and now our family of services has expanded to include foster care, adoption, workforce development, aid for the homeless, transitional services for troubled youth, and so much more.

Family has always been true at the heart of Eckerd Connects. When founded in 1968 by Jack and Ruth Eckerd, the legendary power couple was often asked what motivated them to start a non-profit. Their answer was always the same. “It’s the kids.” Today those words still hold true - but much like other families, ours is still growing to expand its presence to about 20 states.
The Respite Scholarship Program provides scholarship funds for families of children with emotional, behavioral, and/or medical health issues or families impacted by risk factors. These funds are used to obtain quality respite services for their children.

Respite care provides temporary relief for parents and has been shown to reinforce behavioral and developmental skills, reduce out-of-home placements, and decrease negative behaviors.

Parents are responsible for choosing and hiring their own Respite Provider(s). Respite providers work directly for parents to provide safe, structured and developmentally appropriate experiences for your children. In addition, parents provide orientation, supervision, and any necessary on-the-job training specific to the individualized needs of their child.

Scholarships will allow parents to hire a Respite Provider directly. In this way, parents address their need for respite care on a prearranged basis, as a part of the normal, wrap-around services for children and families.

IFPS provides 4 weeks of in-home services to help families at imminent risk of having a child removed from the home or to help families reintegrate children back into their homes after they have been in foster care or other out-of-home placements.

- Teaching appropriate parenting skills, such as: Alternatives to corporal punishment and neglect which encourage a no-hit policy, Age appropriate expectations, Parent as a role model, Choices and consequences, Display of greater parent/child affection and trust.
- Positive communication skills: Based on a cognitive, behaviorally oriented model that encourages the development of linkages with natural helping networks and community resources and teaching anger management techniques.
- Assessing and teaching life skills building: budgeting, time management, organization, teaching and modeling housekeeping, homemaking and other organizational skills needed to provide a positive family environment.
- Aiding the family in meeting medical needs, mental health assessments and linking clients to recommended treatments, including arranging for substance abuse treatment for family members and assisting in making available follow-up support resources when treatment is completed.
- Teaching, assisting and modeling housekeeping, homemaking and other organizational skills needed to provide a positive family environment.
- Referring and linking the family with needed services and follow-up services when necessary.

Foster Care Services consists of Family Foster Care and Therapeutic Foster Care.

CARING for Children’s Family Foster Care programs provides services to children in the custody of the Department of Social Services.

Therapeutic Foster Care is a specialized Level II mental health foster care program designed to work with youth of all ages who have a history of behavioral, emotional, medical, and/or mental health problems.

For referrals: fostercare@caring4children.org

LGBTQIA ally, Trinity Place provides a safe place for six youth, ages 7 to 17. The short-term shelter is open 24/7/365 and staffed with CARING case managers who provide support for youth and their families with the goal of family reunification or an alternative placement.

Trinity Place Youth Shelter
12 Ravenscroft Drive
Asheville, NC 28801
(828) 253-7233