***Preschool Development Grant – Family Connects***

**V. PROPOSAL REQUIREMENTS**

Applications must include the following components to be considered complete and responsive for funding. Incomplete applications will not be reviewed or scored.

Basic Format:

• Type should be 12-point font size and single-spaced.

• The proposal should be typed on 8 ½” x 11” white paper and single-sided.

• Respond to each criterion listed in the attached application template in the order requested.

**1. Cover letter (1 page maximum)**

The applicant must include a signed cover sheet on official organization letterhead from an

agent who is authorized to sign contracts on behalf of the applicant. Please use the cover

letter found in Appendix B.

**2. Proposal (9 pages maximum)**

**A. Applicant Description (2 pages maximum)**

***a. Provide an overview of LP’s efforts to identify, address, and implement programs,***

***activities, initiatives etc. to support health equity (racial/ethnic, socioeconomic etc.) in your***

***community.***

Partnership for Children (PFC) is one of the community leads in the Pathways for Prosperity initiative undertaken by the City of Fayetteville in response to a New York Times analysis of an NC study called “The Equality of Opportunity Project.” The study found that Cumberland is “*among the worst counties in the US in helping poor children up the income ladder. It ranks 18th out of 2,478 counties, better than almost no county in the nation.*” Our Partnership’s President and Community Engagement Administrator, co-lead the Pre-K focus area.

Additionally, our Partnership is leading the community to address racial inequity for children birth to five by looking internally to support the organization’s equity efforts with staff and outwardly with programs and services, community partners, and direct service providers. For example, during the current allocation cycle for Smart Start grants, a specific focus was added to the grant narrative requesting how each potential funded program is responding to the need for a racial equity lens on delivering programs and services.

***b. Describe prior and/or current experience collaborating with home visiting programs***

***within the proposed geographic area.***

Our Partnership includes a Smart Start funded *Nurturing Parenting* program for high-risk families referred through the courts and/or Department of Social Services. The program includes an intensive home visiting program for families who either self-identify as needing support or are DSS referred, serving 114 families over the past five years. Families in the court-ordered program also receive at least seven home visits, serving 145 families in the last five years.[[1]](#footnote-1) The Fort Bragg New Parent Support Program through Army Community Services has a long history of providing home visits to active duty military families.

The Hoke County Partnership for Children and Families provides the Smart Start funded *Parents as Teachers* program for 19 currently enrolled families who have received 135 visits to date and 376 visits last year among 19 families (an average of almost 20 per family).

The Robeson County Partnership for Children supports two Smart Start funded programs through a contract with the Robeson County Health Department: *Parents as Teachers* and *Nurse-Family Partnership*. Parents as Teachers is currently serving 23 currently enrolled families who have received 132 visits to date and 536 visits last year among 28 families (an average of almost 20 per family). Nurse-Family Partnership is currently serving 51 first-time, low-income mothers (including 6 teen mothers) and 41 children ages 2 and younger. Last year, the program served 73 mothers (including 13 teen mothers) and 53 children. Robeson County Partnership for Children also serves on the Community Action Network for the *Healthy Start CORPS* program implemented through a collaboration between the University of NC at Pembroke and Robeson Health Care Corporation. Healthy Start is funded by the US Department of Health and Human Services. Healthy Start served 551 (297 mothers, 254 children) participants in 2020 and completed 388 home visits (COVID-19 greatly impacted this number).

***c. Describe prior and/or current experience collaborating with maternal and child health***

***programs within the proposed geographic area.***

Our Partnership has close collaborations with the Cumberland County Health Department (CCHD), including: NC Pre-K Recruitment Days held jointly at CCHD where services such as WIC and Immunizations clinics are available for families attending; an MOU for the *Adolescent Parenting Program*; and, two *Child Health Care Consultant* (CCHC) positions are a new initiative beginning in February 2021.

Fort Bragg Army Community Services has a longstanding *New Parent Support Program* that has collaborated on the community-wide *Strengths in Overcoming Adversity thru Resiliency (SOAR)* initiative to reduce child abuse and neglect co-led by our Partnership. The program provides services to families both on and off Fort Bragg. Our goal is to collaborate by referring eligible families to the services available at Fort Bragg, while offering the visits as applicable for those desiring the service.

During 2017-18, *Family Connects* *International* began working with Our Partnership to explore establishing the model locally. Aligning with SOAR's work and other community collaborations, the intention is to replicate the outcomes from the Durham pilot and significantly mitigate the rates of child abuse in Cumberland County, where we have the distinction of having the largest number of children in foster care in NC.

Our present Family Connects activity has a Community Alignment Specialist funded by a five-year $250,000 grant from the Cumberland Community Foundation. We have also established our Community Advisory Committee for Family Connects Cumberland.

***d. When the option to offer nurse visits in homes becomes safe, do you anticipate you will***

***want to shift to all in-person services, continue with remote services, or offer a***

***combination?***

Cumberland programs pivoted to utilizing virtual platforms to provide services during the pandemic, including our family support and parent education programs. Continuation of virtual options as part of the service delivery systems will be an outgrowth of the pandemic. Integrating a telehealth innovation as a mode of service delivery, particularly as a tool to better serve rural communities and hard to reach families, will be part of our program design. Hoke Parents as Teachers program provides a combination of virtual, text messaging, and some in-home socially distanced visits. Robeson’s programs are offered virtually as well. As of right now, Family Connects International has advised exclusively virtual telehealth visits. As public health conditions improve and it is safe for nurses and families to meet face to face, the Partnership plans to offer a combination of in-person and virtual, based on the the comfort or needs of the family.

**B. Geographic Area/Location (2 pages maximum)**

***a. What is the defined geographic area for implementing the model innovation?***

We propose piloting Family Connects in Cumberland, Hoke, and Robeson Counties. Cumberland and Robeson are Tier 1 counties; Hoke County is Tier 2. Cumberland and Fayetteville are uniquely situated as a regional city surrounded by rural counties, making us an ideal lead for potential regional scaling and implementing Family Connects. It is not unusual for babies born at Cape Fear Valley Health System in Cumberland or at Fort Bragg's Womack Army Medical Center to live in another county. We will start with Hoke and Robeson's resident births occurring in Cumberland, as well as Cumberland infants. Then, we plan to scale to applicable Region 5 CCR&R counties and others bordering Cumberland. In a traditional one county model, those children would not receive access to the Family Connects program.

***b. Provide the number of Birthing Hospitals in your defined catchment area; provide a short***

***description of each.***

* **Cumberland County**: *Cape Fear Valley Health System* (CFVHS) includes a Level IV NICU with a women’s birthing center consisting of 15 Labor, Delivery, Recovery Suites (LDR). *Womack Army Medical Center* at Fort Bragg provides a Level III NICU with 12 beds and a birthing center, and a mixture of 10 Civilian and Active Duty CNM midwives in the Nurse-Midwifery Service.
* **Hoke County** does not have a birthing hospital.
* **Robeson County**: *Southeastern Regional Medical Center* has a Level II NICU with 4 physicians and 3 CNMs.

The table below provides an overview of hospitals in the proposed pilot catchment area and resident births occurring at each hospital. CFVHS has the highest proportion of births from out of county residents (37%), followed by Womack. **Attachment A** includes the wider catchment area and births by hospital and county residency to show long-term scale-up potential for Cumberland and partner counties. In total, there are 8,060 resident births from the three counties, of which 3,984 (49%) occur at Cape Fear Valley Health System. In Year 1, our goal is to recruit 60% each of the CFVHS births for Hoke and Robeson, totaling 380

We further broke down the three counties included in this proposal in **Attachment A** to show the number of births and recruitment targets for each year. We propose to reach 850 families in Year 1 and 1,200 in Year 2. We will also be able to increase the proposed targets for Cumberland with the addition of Smart Start funding anticipated in the next allocation cycle. The chart below provides a summary of estimated births for the first two pilot years by participating hospitals and residency of families. Projections are based on 2019 actual birth data by hospital and residency.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **County of Residency** | **2019 Baseline****CFVHS** | **CFVHS****Year 1** | **Southeast.****Regional Baseline** | **Southeast.****Regional****Year 2** | **CFVHS** **Year 2**  | **Combined** **Year 2** |
| Cumberland | 3,357 | 474 | 19 | 11 | 474 | 485 |
| Hoke | 403 | 242 | 9 | 5 | 242 | 247 |
| Robeson  | 224 | 134 | 1092 | 334 | 134 | 468 |
| Total  | 3,984 | **850** | 1,120 | 350 | 850 | **1,200** |

***c. What is the plan to gain the agreement of the birthing hospitals to permit program staff***

***to interact with families of newborns prior to discharge or an alternative plan for reaching***

***families prior to discharge? (If geographic area does not have a birthing hospital, please***

***describe the nearby birthing hospitals and the proposed plan to develop relationship with***

***the hospital).*** Cape Fear Valley Health System has agreed to be the pilot hospital in Year 1 (including births from all three target counties based on resident births), followed by Southeast Regional Medical Center in Year 2. Under normal circumstances, program staff would be directly engaging families on the birthing floor before discharge. In addition to direct recruiting, relationships built with providers around the community will also assist in referrals, including midwives, OB/GYNs, and doulas. We also have a strong collaborative relationship with the nurse contracting organization, Carolina Collaborative Community Care (4C), who has an expansive network of providers and coordinates the ABCD program that interacts with 21 pediatric practices in the county.

***d. Identify and describe your community’s assets and challenges/areas of opportunity as well***

***as the extent to which you would expect these challenges to potentially be addressed by***

***implementing the selected option in your community (i.e. health systems and policies,***

***social determinants of health factors, service delivery, technological needs, need for***

***service improvement or capacity, etc.).***

Some families experience challenges with access to the internet and/or equipment to do a virtual visit. While the community has significant resources available, families may not be aware or have access, and the services are not coordinated well.

Current hospital COVID policies limit access to the birthing floor requiring workarounds to recruit families with newborns. 4C's ability to hire nurses may be impacted by CFVHS offering $50/hour for temporary nurses to provide frontline staff support. Other challenges include the general population's knowledge of available resources.

Over the last three years of planning and evaluation, stakeholders have shown significant support for this program and its outcomes. Both *Family Connects International* and 4C are DSPs in good standing with the current three-year allocation cycle (2018-21).

Cultural diversity is one of the greatest assets in Robeson County. However, there is a high poor, and rural minority population (~75%), with tight-knit communities and sometimes negative connotations with asking for and receiving help outside of extended family. These challenges can be addressed by building local connections and a strong, positive public awareness campaign for the program and services. Hoke County’s key challenge is not having a birthing hospital for families. Our Partnership and Hoke’s already have a strong collaborative service delivery relationship.

***e. Identify and describe the home visiting and/or group parenting education and support***

***services available in your proposed service area. Are families with infants eligible for these***

***services?*** All available programs are described in Section A.b. above. Fort Bragg’s program serves eligible military infants only, Nurturing Parenting serves infants if there is an active case, and CCHD’s provides Postpartum Newborn Home Visits. Of note is that our Partnership’s current services are focused on parent education associated with child abuse and neglect and or positive parenting due to at-risk parenting behaviors. These are not necessarily aimed at providing health and well-being services targeted to the child(ren) specifically, as the lens of services is parent-focused.

**C. Population/Demographics (1 page maximum)**

***a. What prompted your community to pursue home visiting services?***

Our Partnership funded a three-year Smart Start activity to determine the capacity, need, and desire of Cumberland County to implement the Family Connects universal newborn home visiting program, in part, because of high child abuse and neglect rates in the county.

***b. Describe the population within the defined county (i.e. demographics, racial/ethnic,***

***language, cultural, mothers, newborns, annual births etc.).***

In 2019, the proposed three-county pilot catchment area had a total of **8,060** live births. In total, 845 babies were born low birthweight (10.5%), with a high of 11.6% in Robeson County. A total of 2,546 women, and an average of 1 in 3 births, had no care or started care after the first trimester, with 47% in Robeson starting care late. Black women are more likely to have a preterm birth: Cumberland - 14.4%; Hoke – 16.7%; and Robeson - 17.7%. Census figures estimate that 29.1% of Cumberland’s adult population speak a language other than or in addition to English.[[2]](#footnote-2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **County** | **Childbearing Aged Women 15-50 (Census, 2019)** | **Births****(2019)** | **Low Birthweight****<2499 grams (2019)** | **Prenatal Care Begun after 1st Trimester (2019)**  | **Medicaid Births** | **Private Insurance & Other Pay (including Federal)** |
| Cumb. | 81,956 | 5462 | 558 (10.2%) | 1,486 (27.5%) | 2435 (45%) | 3027 (55%) |
| Hoke  | 13,402 | 867 | 87 (10%) | 255 (30.2%) | 348 (40%) | 519 (60%) |
| Robeson  | 29,922 | 1731 | 200 (11.6%) | 805 (46.6%) | 1131 (65%) | 599 (35%) |
| **Catchment** | **125,280** | **8,060** | **845 (10.5%)** | **2,546 (32%)** | **3914 (49%)** | **4145 (51%)** |

***c. Provide the ratio of Medicaid to Commercial Plan member births by county.***

As noted in the table above, while less than 50% of childbearing women used public insurance in Cumberland and Hoke Counties, nearly 9 of every 10 births in Robeson County is a Medicaid-funded birth. In the expanded chart in *Appendix A*, Cumberland represents 37% of all military births in the state. Regionally, 58% of the state’s “Other” pay type is predominantly military paid.

***d.*** ***Describe any special populations (i.e. Tribal population, special needs, immigrant***

***populations, etc.) and plans for meeting their needs.***

The three pilot counties experienced significant growth in the Hispanic population since 2010, from +11% in Robeson, +30% in Hoke, and +33% in Cumberland. The Lumbee Tribe of North Carolina’s population of 55,000 is located predominantly in a four-county area that includes the three pilot counties plus Scotland. Program staff will work collaboratively with partnering LP, health department, hospital, and tribal staff to build relationships within the community to provide translation services and address sensitivity to meet the cultural expectations and needs of women across the region.

**D. Stakeholder Engagement (2 pages maximum)**

***a. Does your LP have support from other local agencies in your community as potential***

***partners? Name and provide letters of support.***

Our Partnership is one of the lead agencies working to address families' development and well-being with their work by implementing a well-regarded Community Child Abuse Prevention Plan through a coalition of community agencies and individuals dedicated to prevention named *Strengths in Overcoming Adversity thru Resilience* (SOAR). This coalition brings together like-minded stakeholders working together to reduce and prevent child abuse.

Through local decision-making and the engagement of a wide range of community leaders, our Partnership effectively secures broader community engagement in the issues facing young children and their families. The work of our Partnership extends to brokering new connections within the nonprofit sector as well as with corporations and public agencies, suggesting new approaches, formulating innovative program strategies, and thinking outside existing structures and systems.

 Also, our Partnership has many collaborations that are diverse in size, range of experiences, types of services providers (family crisis services, special needs services, preventive health services, services for at-risk children), and types of individuals or families Around 50 volunteers representing 38 organizations are engaged in our committee and workgroup structure. Partners include local nonprofits, health departments, hospital systems, statewide early childhood, education or health systems, physician groups and/or universities.

One key area of opportunity for collaboration is within the military community. Military families make up a large portion of our population. Often, services to these families are in silos, and cross-community communication is a challenge. This creates an opportunity for us to refer to and serve as a feeder for the Army Community Service Family Home Visiting program.

***b. Does your LP have support from other home visiting providers in your community?***

Yes. Our proposed region has a variety of home visiting programs. Those who do not serve newborns and their families support this program and were interested in the nursing RFP prior to contracting with 4C. We intend to refer and collaborate as much as possible with some of these programs, which may offer an extended period to see families. Because Family Connects is a universal approach, we will work collaboratively with all home visiting programs to coordinate referals and avoid duplication, when necessary.

***c. Briefly describe your proposed stakeholder outreach, engagement, and collaboration***

***strategies.***

Our current recruitment and engagement strategy is multifaceted to account for all the possible ways in which members of this community engage with information.

1. Presentations to local community organizations that support families across all counties
2. Monthly Family Connects Community Advisory Committee[[3]](#footnote-3) (CAC) stakeholders meetings provide community collaboration and discussion of the community's needs.
	1. Referral program from current members of CAC.
	2. Monthly orientation and informational sessions for possible new members.
	3. Representation involves multi-county stakeholders.
3. Marketing and web materials providing information to possible community allies.
4. Monthly newsletter provided to update the committee members on the news and updates of the program and the success stories of families.
5. Provider engagement strategy that presents the benefits to the medical community as well as to the well-being of their patients.

***d. Does your LP currently use or plan to use NCCARE360? Describe how the implementation is working in your catchment area.***

Cumberland County is in an initial implementation of NCCARE360. Our Partnership is engaged in implementing and using the software as a collaborator, including encouraging our Family Resource Center tenants in using it to support clients.

**E. Organizational Capacity (2 pages maximum)**

***a. Does your LP currently fund Home Visiting services? If yes, which Home Visiting models***

***are offered? Is this subcontracted or is Smart Start providing the direct services? If no,***

***what home visiting models are in place in the proposed service area?***

As noted earlier, our Partnership currently implements Nurturing Parenting and provides direct services through the All Children Excel program activity.

***b. Does your LP participate in a coordinated home visiting referral system in your***

***community? Does your community have a coordinated home visiting referral system in***

***place?***

Our Partnership currently has a committed and active referral system with the Department of Social Services linked to Nurturing Parenting and the parents who self-refer to the program. As Family Connects expands, we anticipate using established community collaborations to expand and strengthen the referral network

***c. Briefly describe your LP’s current staffing levels. Please provide an organizational chart***

***(NOT included in page count).***

|  |  |  |
| --- | --- | --- |
| ***Staff*** | ***Specialization*** | ***Hired*** |
| Sharon Moyer(Community Engagement Administrator)  | Marketing, fund development, community relations, management. | Yes. PFC employee. See org chart. |
| Elizabeth Simpler(Community Alignment Specialist) | Maternal and child health, population and community health, health promotion, data management. | Yes. PFC employee. See org chart. |
| RFP Family Connects Grant Nursing Staff Agency | We put out an RFP to hire an agency that will provide the public health nurses for the program's universal home visiting component. | Yes. 4C  |
| Medical Director | Provide oversight, development and endorsement of clinical site guidelinesfor both infant and mother/caregiver. Provide clinical support for nursing staff/nursingsupervisor as patient care questions arise. | Yes. 4C |
| Program Support Specialist/Community Alignment Specialist | Recruit program participants (in-person and/or via phone/web); schedule integrated home visits according to program policy and procedure; create and maintain core program material library; respond to client inquiries for services; document client connection to community resources via post visit calls or other client survey methods. | Community Alignment Specialist blended role.  |
| Nurse Supervisor  | Manages and supports the RNs providing home visits to families. | Yes. 4C |
| Clinical Data Manager | Maintain Family Connects database; provide technical assistance forend users; generate weekly clinical activities report; generate monthly community activitiesreport; provide data validation for all internal program reporting; provide data analysis for adhoc reporting requests. | Yes. 4C and will be coordinated with PFC data team |

The organizational chart is provided in **Appendix B**.

***d. Does your LP fund any Maternal and Child Health (MCH) services? If yes, briefly describe***

***the programs provided and population served, and whether you contract for the services***

***or provide directly.***

All of the services noted above serve the MCH community in their respective counties. For example, PAT serves families with children ages 0-5. Nurse-Family Partnership serves first-time, pregnant mothers, enrolled before 28 weeks gestation, through the 2nd birthday of their first child. Fort Bragg’s New Parent Support Program provides expansive services only to active military families.

***e. If your LP will not hire the RNs, who will your organization partner with to hire and***

***supervise nurses with appropriate clinical supervision? \*****How will your LP ensure adequate staffing to fill the positions needed? Have you assessed the supply of RNs?*

Our Partnership will contract with *Carolina Collaborative Community Care (4C)* to provide nursing care. 4C has an expansive network of providers and currently serves thousands within the community. They expect to utilize their current nurse supervisor to oversee the Family Connects nurses. Their medical doctor will oversee all clinical guidance and hire nurses as necessary as the program grows. We are aware of possible challenges in hiring nurses, however, 4C does not anticipate a problem in providing staffing for the Family Connects program.

***f. Highlight your LP’s experience convening community stakeholders for planning.***

The Partnership of Cumberland County has many diverse partnerships in size, range of experiences, types of services providers (family crisis services, special needs services, preventive health services, services for at-risk children), and types of individuals or families served. Over the last two years, our Partnership has been holding meetings, seminars, and informational sessions, and building relationships to gain the support of stakeholders and community members to gauge and rally support for Family Connects. The Family Connects Community Advisory Committee held its first meeting in December 2020 and meets monthly.

**3. Budget**

Complete Appendix D for an initial estimated 9 month (year 1) and 12 months (for years 2 and

3) using estimated salaries that reflect the catchment area county/counties selected.

**4. Additional Attachments**

A. Organizational Chart – showing where this project will be situated in your organization

B. Letters of support (birthing hospital, hiring agency, and other community partners)

C. Readiness checklist

D. Other attachments deemed relevant to support of the application

1. Includes families who may have started but did not complete the program. [↑](#footnote-ref-1)
2. Language data is not available for Hoke and Robeson from current Census information. [↑](#footnote-ref-2)
3. The Family Connects Community Advisory Committee is the same as the FCI Community Advisory Board. This committee will meet monthly until after program implementation is well underway, then move to quarterly meetings. [↑](#footnote-ref-3)