



Advancing an Adult & Child Survivor-Centered Approach

Quality Improvement Center on Domestic Violence in Child Welfare Request for Applications for Research and Capacity Building Projects

The Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW) invites applications for multi-year **Research and Capacity Building Projects (RCBPs)**. The RCBPs are expected to strengthen the evidence foundation for collaborative responses to families involved in the child welfare system who are experiencing domestic violence or co-occurring domestic violence and child maltreatment. RCBPs will receive substantial training and technical assistance from the QIC-DVCW, and have a unique chance to contribute to the national knowledge base about how best to work with this vulnerable population.

Key dates

Optional Webinar to Support Development of Applications	September 1, 2017
Optional Letter of Intent to Submit an Application*	Submit by September 8, 2017
Applications Due**	September 29, 2017
Announcement of RCBPs	By October 30, 2017
Projects End***	September 30, 2021

**If possible, submit a brief Letter of Intent to Submit an Application on agency letterhead that includes a point of contact.*

***See additional information about the Application and the RCBP selection process in the attached document. RCBP selection will be based on the strength of the application and the optimal configuration of projects to achieve the research goals of the QIC-DVCW.*

**** The QIC-DVCW anticipates that the last 6 months of work will be focused on close-out activities including, but not limited to: final analysis and presentation of evaluation results, submission of final reports, and strengthening sustainability efforts.*

QIC-DVCW Research and Capacity-Building Projects

Through the establishment of mutually binding agreements, the QIC-DVCW will support up to four projects from October 2017 through September 2021. Through RCBPs, jurisdictions will build upon existing work to deepen the collaborative capacity of child welfare and community partners, and work to achieve positive outcomes for families who are involved with child welfare and experiencing domestic violence (DV). The QIC-DVCW recognizes that the safety and wellbeing of child survivors is closely linked to the safety and wellbeing of the adult survivor. For this reason the QIC-DVCW is advancing an **adult and child survivor-centered approach** to address the needs of both, including children in families where DV and child maltreatment are co-occurring (see Section 1 for more

information). RCBPs will test an intervention that comprises three interwoven components of an adult and child survivor-centered approach:

- Strengthen **cross-system collaboration** and enhance the quality of responses of community-based organizations to better meet the needs of child welfare involved families.
- Use an evidence-informed **DV risk and protective factors framework** to enhance understanding of the experiences and needs of adult and child survivors of domestic violence, and to promote effective and collaborative planning.
- Use a **DV offender accountability and positive change framework** to help child welfare and collaborative partners work safely and effectively with individuals who have used violence and coercion with their partner, and who have directly harmed or impacted the well-being of children within the family as a result.

This intervention will help RCBPs and the QIC-DVCW to explore the following overarching research questions:

1. Does a **collaborative, adult and child survivor-centered approach**—that includes safely engaging and establishing accountability of the DV offender—improve adult and child survivor safety, child permanence¹, and child and family well-being for child welfare involved families experiencing DV?
2. For **which families, and in which social contexts**, does an adult and child survivor-centered approach improve these outcomes?
3. What **factors are associated with successful implementation and sustainability** of an adult and child survivor-centered approach?
4. What are the **costs associated with the implementation and maintenance** of an adult and child survivor-centered approach, and how do these compare to the costs of "practice as usual"?

These research questions were developed based on a national scan of literature and federal data sets; listening sessions and stakeholder interviews with key informants around the country; lessons from the Greenbook project² and similar cross-system efforts to align and enhance policy, practice and programming to support families experiencing domestic violence; and deliberations with the QIC-DVCW National Advisory Committee and the Children’s Bureau.

¹ Within an adult and child survivor-centered approach, the priority for child permanence is child permanence with their survivor parent.

² In 1999, the National Council of Juvenile and Family Court Judges (NCJFCJ) published *Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (commonly referred to as “The Greenbook” due to its green cover). The document guided child welfare, domestic violence service providers and family courts work together more effectively to serve families experiencing violence. From 2000-2007, the U.S. Department of Health and Human Services and Department of Justice funded six demonstration sites in which domestic violence organizations, child protection agencies, the courts, and other partners implemented the document’s recommendations. Local sites were evaluated individually, and a comprehensive national evaluation was conducted at the completion of the initiative. See <https://www.thegreenbook.info>.

Rigorous evaluation of RCBPs will significantly strengthen the field's understanding of how to build effective, collaborative responses that improve safety and well-being of adult and child survivors of domestic violence, accountability and meaningful support for change for people using violence and coercion with a partner, and permanency for children. Evaluation of projects will include implementation, outcome and cost evaluations (See Section 3). The QIC-DVCW will also conduct a cross-site evaluation of the adult and child survivor-centered approach to further explore its impact on families.

Benefits of partnering with the QIC-DVCW as a Research and Capacity Building Project include:

- ***Substantial training and technical assistance (T/TA) to:***
 - Develop sustainable change in policy and practice regarding families who are involved with child welfare and experiencing domestic violence (DV);
 - Strengthen and build collaborative capacity of child welfare, dependency courts, domestic violence programs for survivors and offenders, and other community partners to address the needs of these families;
 - Strengthen judicial and dependency court leadership to be responsive to the complex needs of child welfare involved families experiencing DV;
 - Strengthen responses of domestic violence programs for survivors and offenders, and other community-based organizations to provide trauma-informed, culturally relevant, developmentally appropriate services and supports for these children and families;
 - Begin to examine disparities in DV practice in child welfare, and in access to collaborative services and interventions.

- ***Extensive support for RCBP evaluations (implementation, outcomes and cost).*** The QIC-DVCW will directly fund, develop, and administer web-based surveys of child welfare caseworkers and supervisors, and field surveys of survivor parents served by each project's child welfare agency. The QIC-DVCW will also support participation of the RCBP in evaluation through the provision of technical assistance and data collection support.

- ***Unique opportunity to be involved in a national project that builds the field's knowledge*** base regarding how to best collaboratively serve child welfare involved children and families experiencing domestic violence.

- ***Participation in a Learning Community*** which will facilitate active exchange of information between the QIC-DVCW, Research and Capacity Building Projects, and interested researchers, practitioners and organizations who share a commitment to this work.

- ***Financial support*** for personnel, evaluation and capacity building strategies. The QIC-DVCW can support projects with funds through direct contracting with individuals and organizations to further project goals and to support evaluation activities. RCBP funding will be in the range of \$125,000 - \$150,000 per year, over four years.

Eligibility: State, county and tribal child welfare agencies are eligible to apply. The QIC-DVCW's emphasis on collaboration requires that applicants have an existing foundation of cross-system work between child welfare and domestic violence coalitions or programs. Child welfare agencies are strongly encouraged to partner with a domestic violence agency or coalition as a co-applicant for the project. Eligible RCBPs must also engage the following as collaborative partners: judicial officers of dependency courts, and programs that focus on working with DV offenders. If DV offender programs do not exist locally, applicants should engage fatherhood programs (such as responsible fatherhood programs) or other programs that work specifically with men and fathers.

Application Process:

- (Optional) Participate in a webinar on September 1, 2017 to ask questions of QIC-DVCW partners to inform the development of the application. Register here: <http://ow.ly/m9ft30elmw4>
- (Optional) Submit a brief Letter of Intent to Apply on agency letterhead, and include a point of contact. Submit by 11:59 p.m. EDT on September 8, 2017 to Wendy Gutierrez at WGutierrez@futureswithoutviolence.org. Please include "QIC-DVCW Letter of Intent to Apply" in the subject line of the email.
- Submit an application that addresses each area listed in *Application Requirements* (at Attachment 1 on page 15) by 11:59 p.m. EDT on September 29, 2017 to Wendy Gutierrez at WGutierrez@futureswithoutviolence.org. Please include "QIC-DVCW Application" in the subject line of the email.
 - Applications should not exceed 20 pages (double-spaced, font size 12, 1 inch margins). Supplementary materials do not count toward the 20 page limit.
- The QIC-DVCW selection committee reserves the right to schedule follow-up phone meetings with potential RCBPs to ask specific questions based on the review of the application.
- Selected RCBPs will be notified by October 30, 2017.
- Applicants not selected as RCBPs may be invited to participate in Learning Community opportunities such as webinars, and will have access to products and reports of the QIC-DVCW.

Contact the QIC-DVCW Project Director with questions about Research and Capacity Building Projects or the application process.

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Request for Applications for Research and Capacity Building Projects in Domestic Violence and Child Welfare

1. Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW)

The QIC-DVCW was funded in October 2016 as a cooperative agreement between Futures Without Violence (FUTURES) and the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Additional partners of the QIC-DVCW are the University of Kansas, School of Social Welfare; Center for the Study of Social Policy; National Council of Juvenile and Family Court Judges; and the Center for Health and Safety Culture at Montana State University.

The QIC-DVCW will develop, implement and support innovative collaborative models, policies, procedures and interventions targeted toward improving the safety, permanency and well-being of children and families that are (1) pregnant or have young children, (2) involved in the child welfare system, and (3) experiencing domestic violence. (See Key Terms below.)

Objectives of the QIC-DVCW

The objectives of the QIC-DVCW include:

- Collect, develop, and disseminate information that helps child welfare agencies, domestic violence programs, court professionals, early childhood programs and others to better serve the needs of families that are pregnant and/or have young children, are involved in the child welfare system, and are experiencing domestic violence;
- Identify evidence-based and/or evidence-informed, promising and innovative strategies that focus on building collaborative, adult and child survivor-centered response models, practices and systems interventions, including the infrastructure necessary to support these services.
- Improve safety, permanency, and wellbeing for pregnant and/or parenting families experiencing domestic violence who are involved with the child welfare system.

Key Terms Related to the Target Population, as Defined for the QIC-DVCW

- ***Families that are pregnant and/or have young children:*** Families who have at least one child up to the age of 10, and families with a child of any age who are pregnant or give birth to a child while involved in child welfare. (Note: The QIC-DVCW will include all siblings of young children in service provision and in the evaluation.)
- ***Involved in the child welfare system*** is defined as having an accepted (or screened in) child welfare report of suspected abuse or neglect.

- **Experiencing domestic violence** is defined as current domestic violence and/or a history of domestic violence within the past three years.

Adult and Child Survivor-Centered Approach and Practice

The **adult and child survivor-centered approach** refers to an alignment of policy, practices, partnerships and organizational culture that is responsive to the lives and unique circumstances of families who have experienced domestic violence. The approach acknowledges that the safety and wellbeing of a child survivor is closely connected to the safety and wellbeing of the adult survivor, and works to blend knowledge from the fields of child welfare and domestic violence to create systems, resources and services that are responsive to the needs and experiences of both. The approach requires addressing the behavior and needs of the person who has caused harm by using violence and coercive tactics with their partner. Many of these individuals are childhood survivors of DV themselves, yet as adults DV offenders need to be held accountable for their actions, *and* provided meaningful support to heal and change those behaviors, if they choose to change. An **adult and child survivor-centered approach** is a family-centered approach.

Adult and child survivor centered practice includes a suite of direct practices with families that reflect the approach described above. These include early screening and on-going efforts to identify DV and any co-occurring child maltreatment; safe engagement of all family members; assessment of the specific impact of DV on the child survivor and on the adult survivor; utilizing natural networks to support both adult and child survivors; using specific strategies to hold DV offenders accountable for their behavior and providing support for changing those behaviors; and conducting planning and advocacy in collaboration with partners specific to the circumstances of the family. Race, ethnicity, income level, gender identity and sexual orientation have an effect on a survivor's experience of violence and coercion, the responses of systems and providers, consequences to themselves and their families, and access to help and support.³ The severity and frequency of the violence, a child's proximity to it, the age and the developmental stage at which a child's exposure began, access to resources and social supports, trauma across the lifespan, and co-occurring issues such as substance misuse and depression of a parent also have an effect. Adult and child survivor-centered practice takes these variables into account and differentiates responses based on risk and protective factors.

2. Research and Capacity Building Projects

Goals for Research and Capacity Building Projects

The overall goals for the Research and Capacity Building Projects are to:

³ Bogard, M. Strengthening domestic violence theories: Intersections of race, class, sexual orientation and gender. 2005. In *Domestic Violence at the Margins: Readings on Race, Class, Gender and Culture*. Ed. N. Sokoloff with C. Pratt. Rutgers University Press: New Brunswick, NJ, pg. 27.

- Generate knowledge about how collaborative responses of child welfare and its partners can promote positive outcomes for children and families involved in the child welfare system who are experiencing domestic violence.
- Support knowledge dissemination to practitioners; community partners and leaders; funders; stakeholders in child welfare, domestic violence and related fields; parents; and the general public.
- Integrate new knowledge that results in sustainable, systemic change at multiple levels of the child welfare and domestic violence fields.

RCBP Collaborative Partners

Because of the QIC-DVCW's emphasis on collaboration, specific partnerships are required of RCBPs. Applicants are also encouraged to identify additional key partners who serve the needs of child welfare involved families experiencing domestic violence.

Required Collaborative Partners (Letters of Commitment REQUIRED)

Child welfare applicants are **required** to partner with (1) domestic violence (DV) programs or services for adult and child survivors, (2) DV offender programs or responsible fatherhood programs or services, or another program that specifically works with fathers, and (3) jurisdictional dependency court(s). Applicants should submit Letters of Commitment from these required partners that describe their roles in the project; and affirm that they understand and are committed to the RCBP for the duration of the project. (See Appendix 3 for a sample Letter of Commitment.)

Required partners will be supported by the QIC-DVCW through training and technical assistance to develop or strengthen capacity to collaborate with child welfare to meet the needs of child welfare involved families experiencing domestic violence.

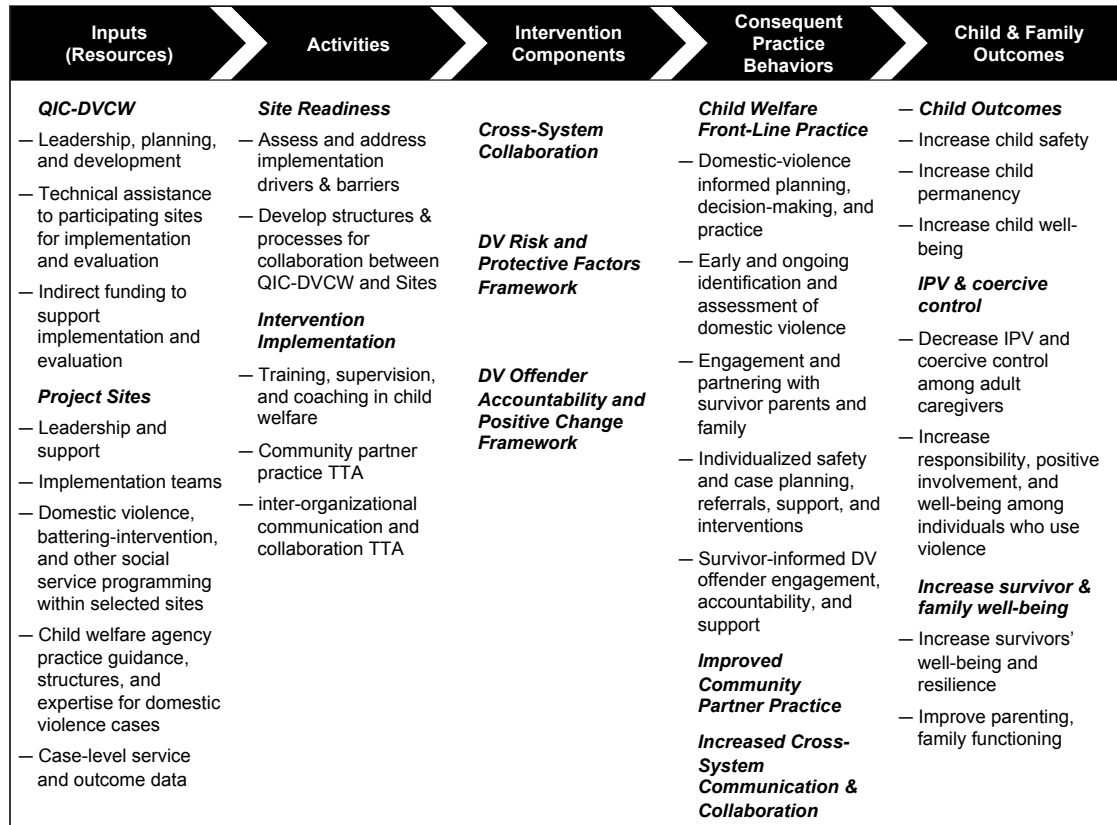
Additional Collaborative Partners (Letters of Commitment NOT REQUIRED)

Applicants are strongly encouraged to identify and engage additional collaborative partners who serve the needs of these families. In identifying additional partners, applicants should consider factors such as the demographics of the community and child welfare population, specific needs of the child welfare population experiencing DV, and the capacity of child-serving systems to address needs of diverse child survivors of DV who are involved in the child welfare system, particularly children through the age of 10. Additional partners may include early childhood programs, parenting programs, schools, community health clinics, culturally specific organizations, legal services, faith communities, law enforcement, shelter and housing programs and others.

The QIC-DVCW will work with RCBPs to determine the scope of training and technical assistance that can be provided to additional partners using QIC-DVCW resources, and will assist in exploration of additional sources of support for these partners.

QIC-DVCW Logic Model and Intervention to be Tested

Logic Model



As part of Implementation Planning, projects will be assisted in the development of their own Logic Models that reflect local conditions and resources available to support the project.

Intervention to be Tested by Research and Capacity Building Projects

All RCBPs will test an intervention comprising three inter-related components of adult and child survivor-centered practice with extensive training and technical assistance (T/TA) and support for programmatic and evaluation aspects of the projects from the QIC-DVCW:

- **Cross-System Collaboration** includes developing capacity to collaborate at a case level, and enhancing the quality of responses of community-based organizations to better meet the needs of child welfare involved families. It also includes building infrastructure to support

collaboration, including development or strengthening of relevant policy, protocols and procedures.

- Use of an evidence-informed **Domestic Violence Risk and Protective Factors Framework** to understand the experiences and needs of adult and child survivors of domestic violence, and to promote collaborative and effective planning based on the unique circumstances of the family and the situation. The DV Risk and Protective Factors Framework will supplement (not replace) child welfare assessment tools and processes currently in use.
- Use of a **DV Offender Accountability and Positive Change Framework** to help child welfare develop capacity to work with DV offenders and with collaborative partners to establish accountability for abusive behaviors and support for change. This framework emphasizes safe and early engagement of the DV offender (where appropriate), accountability strategies that are congruent with the assessed level of risk to adult and child survivors, and meaningful support for behavioral change including addressing trauma.

RCBP Staffing and Infrastructure

Key Personnel

RCBPs are required to designate or hire a Project Manager (full or part-time) to coordinate the project and to be the primary point of contact for the QIC-DVCW. In addition, applicants should determine whether they will need to supplement existing evaluation capacity by hiring someone to serve as the primary point of contact for working with the QIC-DVCW evaluators and to oversee evaluation activities for the RCBP. Through direct contracting by the QIC-DVCW, project funds may be used to support these positions.

Management Team

RCBPs should be prepared to establish a high-level, cross-system management team to oversee the project, and to support and provide leadership on organizational and cross-system strategies.

Implementation Team

The QIC-DVCW will work with each RCBP to establish a cross-system Implementation Team that will meet at least monthly for the first year of the project, and at least every other month for the duration of the project. The frequency of meetings in later years will depend on the needs of the project. Training and Technical Assistance (T/TA) Coordinators assigned to the RCBP will work with this team to develop and execute local implementation plans that are aligned with the objectives of the QIC-DVCW and the project's logic model.

3. Evaluation

Evaluation Principles

The evaluation of RCBPs will be based on the principles of community-based participatory research. This approach includes including ensuring safe space, equitable partnerships, and direct community benefit. Consistent with these principles, the design of the evaluation plan will ensure that RCBPs have a strong voice in the planning and implementation of the site-specific evaluations.

Description of Evaluation

The overarching objectives of the QIC-DVCW evaluation will be to address the four interrelated research questions listed on page 2 in the cover document.

The QIC-DVCW evaluation of each RCBP will include three interrelated studies: outcomes, implementation, and cost. The outcome study will examine the impact of the QIC-DVCW adult and child survivor-centered approach on short-term and intermediate outcomes of children and families. These will include child safety, permanence, and wellbeing; and outcomes related to domestic violence, such as adult survivor safety and well-being and reduction in the DV offender's violence and coercive behaviors, where possible. The implementation study will examine which factors (i.e., drivers and barriers) are associated with successful implementation and sustainability. Finally, the cost study will examine the relative costs and benefits of the QIC-DVCW's adult and child survivor-centered approach.

Scope of a Research and Capacity Building Project

The QIC-DVCW will be testing an intervention that includes integrating an adult and child survivor-centered approach within child welfare agencies, and into the work of collaborating with partners. To support rigorous evaluation of both of these components, a RCBP would consist of two or more distinct child welfare offices where each office serves a unique geographic area (e.g. county, region, municipality, etc.). This would allow for randomized assignment of child welfare units (or supervisory teams), and of the communities the two offices serve, as either intervention or control entities for research purposes. For purposes of this Request for Applications, a private child welfare agency contracted with a state or county child welfare agency may be considered a "child welfare office".

Please note--the QIC-DVCW recognizes that it may not be possible for all applicants to include two offices serving distinct counties or geographic areas. Thus the QIC-DVCW will carefully consider all proposals that support the overall goals of Research and Capacity Building Projects, and rigor in evaluation efforts. ***Interested applicants are strongly encouraged to apply even if they do not represent an RCBP of the scope described in this section.***

RCBP-Specific and Common Evaluation Elements

The evaluation of each RCBP will be part of a larger multisite evaluation of the survivor-centered approach. As a result, the QIC-DVCW anticipates that there will be several evaluation components that are implemented in the same way across all of the projects. However, there will also be latitude to customize each project's evaluation in order to address site-specific research questions. For example, an RCBP may want to develop a better understanding of an existing collaboration model (e.g., DV advocates that are co-located with child welfare staff) that falls under the umbrella of the survivor-centered approach. For that project, questions pertaining to this model could be incorporated into the data collection plan.

Common Evaluation Elements

In order to facilitate the cross-site evaluation, several evaluation elements will be implemented in the same way across all of the RCBPs. For example, projects should anticipate that participating teams of caseworkers (with their supervisor) will be randomly assigned to intervention and control groups. In addition, each project's evaluation will likely contain comparable measures and a similar set of data collection methods, including field surveys of survivor parents, web-based surveys of caseworkers, and administrative data.

RCBPs may be asked to modify procedures or protocols. For example, in order to identify domestic violence cases, a child welfare agency might be asked to add some screening questions to their intake protocols. Similarly, to ensure that cases are served by investigative and ongoing (e.g., in-home, foster care) services workers who have been assigned to the same intervention group (i.e., intervention vs. control), a child welfare agency may be asked to modify the process it uses to assign cases to ongoing services units.

Responsibilities and Benefits

In order to facilitate data collection, RCBPs will be asked to complete a number of tasks. Examples may include providing access to electronic data records, requiring agency caseworkers to complete web-based surveys, and assisting the evaluators in locating and making contact with DV survivors and offenders. These tasks will support both the local evaluation and the cross-site evaluation, which will use consistent measures across RCBPs.

Evaluation activities supported directly by the QIC-DVCW include funding, developing, and administering web-based surveys of child welfare caseworkers and supervisors, and field surveys of survivor parents served by each project's child welfare agency. In addition, the QIC-DVCW will help support the RCBP's efforts to participate in the evaluation through the provision of technical assistance and data collection support. Projects will be provided interim evaluation results throughout the project, and each RCBP will be provided summaries of all local data collected at the conclusion of the project.

4. Training and Technical Assistance

Substantial training and technical assistance (T/TA) will be provided directly by the QIC-DVCW with little/no direct cost to the project. T/TA Coordinators will be assigned to each RCBP to facilitate assessment of needs, develop local plans, and organize/supply QIC-DVCW resources to execute those plans. Technical assistance may be provided to help with engaging stakeholders; conducting joint policy review; facilitating cross-system dialogue and planning; conducting data review/analysis; establishing forums for collaboration; enhancing programming of organizations serving survivors or DV offenders; enhancing capacity of other identified partners; planning for sustainability; building data collection capacity; supporting evaluation efforts or for any other need identified by the project that supports the objectives of the QIC-DVCW.

All-Sites Meetings

Key RCBP partners should expect to participate in scheduled all-sites meetings, whether virtual or in-person. Travel expenses will be paid directly by the QIC-DVCW, subject to availability of funding each year.

Baseline Analysis Of Practice, Policy And Programming

To inform local planning, T/TA coordinators will engage collaborative partners in an exploration of current practice, policy, structures and programming (within child welfare and among identified partner organizations) that affect families experiencing DV who are involved in the child welfare system. This exploration may take different forms depending on the RCBP, and may include Institutional Analysis, staff surveys, data review/analysis or other methods.

Institutional Analysis (IA) is a set of qualitative diagnostic tools designed to identify what a population—in this case adult and child survivors of domestic violence—need to be safe and thrive, and how child welfare systems and partner agencies are organized to meet their needs. The IA will begin to identify organizational structures such as policies, administrative requirements and job descriptions that may contribute to or produce the gap between what survivors need and what some families actually get. The framework assumes that patterns of structural and institutional racism exist in United States society at large and that these patterns are also present in child welfare and other systems, and in the work of community partners. The results of the IA will provide projects with practical information to develop local strategies to begin to address disparities in practices and outcomes.

RCBP Training and Related Technical Assistance

Child welfare staff and community partners assigned to intervention groups will be trained to use the three elements of the intervention previously described. The QIC-DVCW will provide

training, support and fidelity monitoring. The QIC-DVCW requires that staff of child welfare agencies, dependency courts, and DV programs that serve survivors or DV offenders be trained together on these interventions to promote shared understanding and enhance collaborative efforts. Additional identified partners may also be trained if deemed necessary. Repeated trainings will occur for each RCBP to provide the opportunity for project partners to be trained.

As needed, T/TA will be provided to ensure consistency and accuracy in data collection efforts to support the evaluation.

The QIC-DVCW will also provide on-going consultation, coaching, materials and other relevant forms of support to RCBPs.

5. Applications and Selection of Research and Capacity Building Projects

Approach to RCBP Selection

Applications will be (1) evaluated based on the strength of the evidence that a potential RCBP meets the criteria below, and (2) considered in combination with other potential RCBPs to achieve the objectives of the QIC-DVCW. These two aspects of selection will carry equal weight in final determinations.

The QIC-DVCW's selection committee will first independently score applications on a scale from 0 – 20 to assess the strength of the evidence that the RCBP meets the criteria below. In the second step of the selection process, the committee will deliberate, in partnership with the Children's Bureau, to consider applications in combinations with the purpose of determining the optimal configuration of RCBPs to achieve the goals of the QIC-DVCW.

Evaluation Criteria

Reviewers will consider the extent to which applications and required supplementary materials demonstrate evidence of the following:

- A plan for developing an RCBP structure that will facilitate implementation and evaluation, and sustain the project through completion (see Section 2).
- Commitments from required collaborative partners: DV programs that serve survivors; DV offender or responsible fatherhood programs, or other programs that serve fathers; and jurisdictional dependency courts
- Ability to create and support organizational processes to sustain collaborative child welfare and domestic violence practice development with key partners.
- Ability to make practice enhancements to serve families involved in the child welfare system who are experiencing domestic violence.
- Existence of domestic violence practice guidance for child welfare staff of the RCBP.

- Collaboration between child welfare and domestic violence fields.
- Use of family-centered child welfare practice.
- Capacity to actively support, facilitate, and complete tasks required to implement rigorous outcomes, implementation, and cost studies, including direct data collection.
- Child welfare use of, or willingness to develop the capacity for, on-going domestic violence consultation.
- Commitment to examining and addressing disparities in practice, access to services and resources, and outcomes for families.

Attachments:

1. Application Requirements
2. Sample Letter of Commitment

Attachment 1: Application Requirements

Applications should not exceed 20 pages (12 point, double spaced, 1 inch margins) plus Required Attachments.

Contact information and identification of lead agencies and collaborative partners

1. Name, title, phone and email of RCBP's primary contact person from the lead child welfare agency.
2. Name, title, phone and email of primary contact person at domestic violence co-applicant agency. If the child welfare applicant does not have a domestic violence co-applicant, please explain why.
3. Names, titles and organizational affiliations of a representative of each required partner agency. (See Section 2)

Suggested length: One page

RCBP Description, Interest and Capacity to Participate in QIC-DVCW Research

4. **Describe the proposed scope of the project; the community/communities within the RCBP; and the need for a project focused on an adult and child survivor centered approach.**

Notes: If the proposed scope of the RCBP is substantially different from the scope described in Section 3, please (1) summarize these differences and (2) describe how the RCBP anticipates being able to meet the needs of the research project. In describing the community, include significant racial, ethnic and cultural populations within the larger community/ communities, and the reasons for any interest in focusing attention on specific populations, if appropriate.

Where possible, include community or systems data on prevalence of DV or co-occurring DV and child maltreatment, or other available data to support the application.

Suggested Length: Maximum of 3 pages

5. **Describe project staffing/infrastructure to facilitate implementation and evaluation through project completion, including proposed structure of management and implementation teams.**

Notes: Include plans to develop management and implementation teams. Briefly describe any previous successes with establishing infrastructure to support similar projects.

Suggested Length: Maximum of 2 pages

6. **Identify any additional partners you intend to collaborate with and describe the strengths that each partner brings to the project.**

Notes: Required partners are identified above. In this section, identify confirmed or anticipated additional partners of the project. In describing *strengths* of partners, include both required and

additional partners. Strengths may include, but are not limited to, demonstrated commitment, expert knowledge, language and cultural capacity, relationships or influence within the community, leadership, etc.

Suggested length: Maximum of 2 pages

- 7. Describe existing strengths and challenges in child welfare practice in cases involving domestic violence.**

Suggested length: Maximum of 2 pages

- 8. Describe the history and current activities of the existing child welfare/domestic violence collaboration, key accomplishments and challenges or limitations of collaboration.**

Notes: If applicable, include other existing collaborators working to address needs of the target population – specifically dependency courts and DV offender or responsible fatherhood programs, or other programs that serve men and fathers. The QIC-DVCW recognizes that in many jurisdictions these partnerships are less developed than child welfare collaboration with DV programs that serve survivors.

Suggested length: Maximum of 3 pages

- 9. Describe applicants' goals and objectives related to strengthening collaborations to support child welfare involved families experiencing DV.**

Suggested length: Maximum of 3 pages

- 10. Describe the child welfare agency's use of family-centered practices, and any domestic violence-related practices and challenges in this area.**

Notes: Describe existing processes, initiatives and/or practices that are considered to be family-centered by the child welfare agency. Describe how domestic violence cases are managed within these existing efforts, and any related challenges and strategies to address those challenges.

Suggested length: Maximum of 3 pages

- 11. Describe the applicants' capacity to participate in a research project of the scope and rigor defined in this Request for Applications.**

Notes: Within the response to this question, (1) describe any existing quality assurance efforts or capacity of the child welfare organization to support the RCBP, (2) address the child welfare agency's history of and capacity for randomized assignments of units and cases, and for required

data collection, and (3) address any anticipated challenges to implementing evaluations or collecting data.

Suggested length: Maximum of 5 pages

12. Describe anticipated need for funding.

Notes: Please include a 1-page budget outline of expected costs in addition to a short narrative. Include any anticipated funding needed to support the RCBP's capacity to participate in a project of this size and scope, including funding needed for required evaluation tasks.

Suggested length: One page

Required Attachments

Applications should include the following required attachments, which do not count toward the 20-page limit for applications.

- Protocols/practice guidance for child welfare staff on managing domestic violence cases. *(This may be submitted as a separate electronic file and referenced as an attachment to the application.)*
- Any risk and/or protective factor assessment tool in use. *(Submit ONLY the tool(s) itself, not any related instructions on its use.)*
- Letters of Commitment from required partners: Domestic Violence Coalition(s) or program(s); DV offender, responsible fatherhood, or other program(s) that works with fathers; and jurisdictional dependency court partner.

Attachment 2: Sample Letter of Commitment

This is a sample Letter of Commitment that can be adapted for local use.

Letter of Commitment

(Name or program, organization or court)

This agreement, while not a legally binding document, establishes roles and responsibilities of project partners in a Research and Capacity Building Project (RCBP) that is defined in a mutually binding agreement between (lead agency or agencies) and the Quality Improvement Center on Domestic Violence in Child Welfare.

The designated agent of this entity who has signed this document affirms the willingness of the program or organization to:

1. Create and support organizational processes to sustain child welfare domestic violence practice development and effective collaboration with key partners.
2. Make practice enhancements to serve families involved in the child welfare system who are experiencing domestic violence.
3. Develop and/or sustain their capacity for consultation on cases involving domestic violence.
4. Examine and address disparities in practice, access to services and resources, and outcomes for families.
5. Participate in a rigorous research project, and collect data to complete evaluations.

Designated agents who have signed this document also commit to fully participate in the following activities of the RCBP from November 2017 through September 2021:

6. Participate on a management/governance team for the RCBP.
7. Participate on an Implementation Team for the RCBP.
8. Facilitate staff participation in Training and Technical Assistance (T/TA) provided by the QIC-DVCW to the RCBP, including baseline analysis of practice and data, development of an adult and child survivor centered approach, and T/TA related to data collection as needed.
9. Actively support, facilitate, and complete tasks required to implement rigorous outcomes, implementation, and cost studies.
10. Facilitate the evaluators' implementation of rigorous evaluation methods and direct data collection.
11. Where appropriate, modify existing policies, protocols, and procedures to facilitate implementation of data collection and other evaluation-related tasks.
12. Provide estimates of costs associated with collaboration, the adult and child survivor-centered

approach and service enhancement.

13. Provide timely access to available subject-level administrative and program data.
14. Establish business associate agreements and data use agreements with the evaluator.

I affirm that (organization) understands and is committed to the proposed RCBP, and that we will be fully engaged in RCBP activities and plans. We will follow through on these commitments, regardless of changes in agency leadership, budget modifications, or other foreseeable events.

(NAME and title)

(Date)