

## SECTION C

### Description of Services Sought

#### FFY2018 PSSF Priorities

This Statement of Need for community-based services in Georgia was designed to reinforce ongoing service and population priorities, support the state's five-year Child & Family Services Plan for FFY 2015-2019 (CFSP), and address needs as identified in the state's service array assessment presented in its CFSP and other input from staff and stakeholders as solicited through:

- Consultation with DFCS leadership, unit and program managers
- An online statewide survey for DFCS regional directors and county directors, supervisors, and administrators
- Regional meetings with PSSF network service providers representing all PSSF program areas and service models
- Consultation, as needed, with community stakeholders or stakeholder groups

Feedback on population and service priorities from all these sources was incorporated into the Statement of Need, are reflected in service models described in Section C and will be a factor in the decision process regarding funding of programs for FFY2018. This includes the following ongoing high priority services/service models:

- Services for homeless families: FSS/PEI service model (Family Support Services/Prevention & Early Intervention)
- Services for homeless youth/young adults: FSS/SHY service model (Family Support Services/Supports & Services for Homeless Youth)
  - Need identified for coastal region and counties adjacent to interstate transportation corridors
- Supervised visitation centers: TLR/SFV service model (Time-Limited Reunification/Supervised Family Visitation)
  - Consult with local DFCS required to determine if this is a priority need for the proposed service area
- Services for families with children ages 0-5 (our most vulnerable population): FSS/PEI, FSS/HVS service models

#### Divisional Priorities

Safe Care Augmented: FPS/PPS (Family Preservation Placement Prevention service model) includes SafeCare Augmented as an eligible evidence-based home visiting model to address the needs of families in response to an allegation of maltreatment or when maltreatment has been substantiated.

Responding to Families Affected by Opioid Use: (FPS/STR) Substance Abuse Family Recovery and Support model has been revised to emphasize the special needs of families healing from the trauma of addiction including, but not limited to, families affected by opioid abuse.

## PSSF FFY2018 Service Models

FAMILY SUPPORT	
<p><u>Goal:</u> Prevent and reduce the risk of child maltreatment by promoting well-being of entire family</p> <p><u>Objectives:</u> Increase parental understanding of child development, increase parental capacity to care for children, reduce risk factors that threaten child safety, and increase family access to and utilization of informal and formal community supports</p> <p><u>Services:</u> Build on family strengths; increase family stability, parental confidence and competence, and protective capacities; enhance overall family functioning</p> <p><u>Target Population:</u> Families not known to DFCS; families that were screened out, referred for services, assigned to Family Support, or had an unsubstantiated investigation; or families with prior CPS history (closed but referred for follow-up supports/services)</p>	
<p style="text-align: center;"><b>PEI – Prevention &amp; Early Intervention</b></p> <p><i>Voluntary, in-home or center-based supports and services to help families identify and address family issues that threaten child safety, strengthen family protective capacity, reducing the risk of CPS intervention.</i></p>	<p style="text-align: center;"><b>HVS – Home Visiting</b></p> <p><i>Voluntary, in-home services to support positive parent-child relationships, child health and development, parental self-sufficiency, and safe home environments to prevent child abuse and neglect.</i></p>
<p style="text-align: center;"><b>HMI –Healthy Relationship &amp; Co-Parenting</b></p> <p><i>Services are designed to build and maintain healthy partnerships, identify and manage stress that threatens relationships, and promote and support life-long parental or co-parenting relationships.</i></p>	<p style="text-align: center;"><b>SHY – Supports &amp; Services for Homeless Youth</b></p> <p><i>Services to help unaccompanied homeless youth or victims of sexual exploitation transition to independent living and become self-sufficient through community involvement and relationships, education, employment, health and safety.</i></p>
FAMILY PRESERVATION	
<p><u>Goal:</u> Preserve families, ensure child safety and prevent repeat maltreatment</p> <p><u>Objective:</u> Improve family/caregiver/child functioning and maintain children their homes</p> <p><u>Services:</u> Short-term, family-focused, intensive, in-home supports and therapeutic services</p> <p><u>Target Population:</u> Families that have had DFCS involvement - Open Family Preservation or Foster Care, or relatives caring for children who are not their own, to prevent placement of children in foster care</p>	
<p style="text-align: center;"><b>PPS – Placement Prevention</b></p> <p><i>Short-term services and supports to address caregiver characteristics or child behavior to ensure child safety and reduce the risk of child removal from the home and placement in foster care.</i></p>	<p style="text-align: center;"><b>CIS – Crisis Intervention</b></p> <p><i>Short-term, in-home services (therapeutic and non-therapeutic) available 24/7 to support families in crisis where children are at risk for removal or placement disruption or are transitioning to a new placement after a disruption.</i></p>
<p style="text-align: center;"><b>RCS – Relative Caregiver/Kinship Family</b></p> <p><i>Services for grandparents and relative caregivers who are primary caregivers of children other than their own to address caregiver capacity, family functioning, child well-being and placement stability.</i></p>	<p style="text-align: center;"><b>RAC – Residential/Post-Placement Aftercare</b></p> <p><i>Therapeutic services to support the reintegration of children into their homes and communities and/or to sustain treatment outcomes to prevent placement disruption. Available 2-3 months pre-discharge and 6-9 months post-discharge.</i></p>

FAMILY PRESERVATION	
<p><b>STR – Substance Abuse Family Recovery &amp; Support</b></p> <p><i>Services to prevent abandonment, maltreatment or child removal due to caregiver substance abuse, and/or to support reunification and prevent relapse.</i></p>	
TIME-LIMITED REUNIFICATION	
<p><u>Goal:</u> Promote and sustain permanency for children and their families and to prevent repeat maltreatment</p> <p><u>Objective:</u> Improve family functioning and stability</p> <p><u>Services:</u> Short-term, family-focused, intensive support and therapeutic services</p> <p><u>Target Population:</u> Families whose children have been removed from their care and are in foster care, or other temporary placement</p>	
<p><b>SFV – Supervised Family Visitation</b></p> <p><i>Services to increase the frequency, quality and consistency of the interactions of children in foster care with their parents, their siblings in different placements, or to visit with extended family members or other significant adults in less restrictive but secure, non-threatening environments.</i></p>	<p><b>CFA - Child and Family Advocacy</b></p> <p><i>Services and supports for children involved in dependency proceedings to advocate for timely permanency decisions that are in the best interest of the child. Services ensure that the needs of children are met and families receive needed supports so that children who must be removed from their home maintain connections to their families and communities.</i></p>
ADOPTION PROMOTION & PERMANENCY SUPPORT	
<p><u>Goal:</u> Promote and sustain permanency and community connections for children and families</p> <p><u>Objective:</u> To support adoptive and guardian families and youth in foster care with their transitions</p> <p><u>Target Populations:</u> Families of children exiting foster care or relative care to adoption or guardianship, and youth transitioning to independent living</p>	
<p><b>APS – Adoption Promotion</b></p> <p><i>Services to encourage and support adoption or relative guardianship and/or to prevent disruption/dissolution of adoptions.</i></p>	<p><b>TES – Transition &amp; Emancipation</b></p> <p><i>Services to help youth transitioning, or who have transitioned, out of foster care develop skills for independent living and establish meaningful adult connections.</i></p>

## PSSF FFY2018 Service Objectives

ALL SERVICE MODELS	
<ul style="list-style-type: none"> <li>Caregivers/youth participated in the development of an individualized service plan with goals and objectives based on a current assessment of their strengths and needs.</li> <li>Caregivers/youth identified and accessed other community-based services/supports for themselves and/or the children/youth in their care.</li> <li>Responsive and appropriate strategies were utilized to ensure engagement of caregivers/youth/children in activities related to their service plans</li> <li>Barriers to family access and participation were addressed to maximize participation in activities related to their service plans</li> </ul>	
FAMILY SUPPORT SERVICE MODELS	
<b>FSS/PEI</b> Prevention/Early Intervention	<ul style="list-style-type: none"> <li>Caregivers participated in at least 75% of scheduled parent education/parent training sessions.</li> <li>Caregivers demonstrated improved knowledge scores from pre-test to post-test.</li> </ul>
<b>FSS/HVS</b> Home Visiting	<ul style="list-style-type: none"> <li>Family received at least one home visit per month.</li> <li>Caregivers participated in at least one support group each month.</li> <li>Child/children received scheduled developmental screenings and/or health assessments.</li> <li>Child/children receiving developmental screenings and/or health assessments who had identified developmental or health needs were referred to Children 1<sup>st</sup>/Babies Can't Wait or the appropriate health care provider.</li> <li>Family demonstrated improved parenting knowledge and/or skills as a result of home visits.</li> </ul>
<b>FSS/HMI</b> Healthy Relationship/ Co-Parenting	<ul style="list-style-type: none"> <li>Individuals participated in at least 75% of scheduled healthy marriage/co-parenting workshop/session.</li> <li>Individual(s) demonstrated improved knowledge and/or skills regarding communication.</li> <li>Individual(s) demonstrated improved knowledge and/or skills regarding conflict resolution.</li> <li>Family/caregiver(s) participated at least one therapeutic counseling session.</li> </ul>
<b>FSS/SHY</b> Supports and Services for Homeless Youth	<ul style="list-style-type: none"> <li>Youth/young adults had at least one contact and/or established a relationship with an adult mentor.</li> <li>Youth/young adults were assisted in identifying educational or training opportunities.</li> <li>Youth/young adults were assisted in identifying employment opportunities.</li> <li>The safety needs of youth/young adults were assessed.</li> <li>Youth/young adults were assisted in identifying and securing a safe and stable living environment.</li> <li>The health and/or mental needs of youth/young adults were assessed.</li> <li>Youth/young adults participated at least one therapeutic counseling or behavior management session.</li> </ul>
FAMILY PRESERVATION SERVICE MODELS	
<b>FPS/PPS</b> Placement Prevention	<ul style="list-style-type: none"> <li>Parents/caregivers participated in at least 75% of scheduled parent education/parent training sessions and/or received at least one home visit per month (EBHV programs).</li> <li>Parents/caregivers demonstrated improved understanding and expectations regarding age-appropriate behavior.</li> <li>Parents/caregivers demonstrated an improved ability to respond appropriately to inappropriate or maladaptive child behavior.</li> <li>Parents/caregivers participated in additional services designed to enhance the effectiveness of their individualized service plan.</li> </ul>
<b>FPS/RCS</b> Relative Caregiver/Kinship Family	<ul style="list-style-type: none"> <li>Caregivers were better able to identify and manage their own healthcare needs.</li> <li>Caregivers participated in at least 75% of scheduled parent education/parent training sessions.</li> <li>Caregivers demonstrated improved understanding and expectations regarding age-appropriate child behavior.</li> <li>Caregiver(s) demonstrated an improved ability to respond appropriately to inappropriate or maladaptive child behavior and/or received at least one in-home behavior management session.</li> <li>Child/children participated in at least one educational support, tutoring or homework assistance session.</li> </ul>
FAMILY PRESERVATION <i>(continued)</i>	

<p><b>FPS/CIS</b> Crisis Intervention</p>	<ul style="list-style-type: none"> <li>• Families were able to access 24/7 support in response to crisis situation(s).</li> <li>• Family received at least one behavior management session per month.</li> <li>• At least 50% of behavior management sessions occurred in the home.</li> <li>• Child/children demonstrated an improved ability to manage their own behavior.</li> <li>• Family received at least one therapeutic counseling session per month.</li> </ul>
<p><b>FPS/RAC</b> Residential/Post-Placement Aftercare</p>	<ul style="list-style-type: none"> <li>• Family participated in the development of a transition and/or discharge plan to support child placement in the least restrictive appropriate setting.</li> <li>• Family received at least two behavior management sessions per month.</li> <li>• At least 50% of behavior management sessions occurred in the family's home.</li> <li>• Parents/caregivers demonstrated improved understanding and expectations regarding age-appropriate behavior.</li> <li>• Parents/caregivers demonstrated an improved ability to respond appropriately to inappropriate or maladaptive child behavior.</li> <li>• Child/children demonstrated an improved ability to manage their own behavior.</li> <li>• Parents/caregivers and/or children received at least two therapeutic counseling sessions per month.</li> </ul>
<p><b>FPS/STR</b> Substance Abuse Family Recovery &amp; Support</p>	<ul style="list-style-type: none"> <li>• Initial assessment included a plan to ensure child safety in the event of a relapse.</li> <li>• Parents, caregivers, youth and/or children and other family members were able to access 24/7 support in response to crisis.</li> <li>• Parents, caregivers, youth and/or children and other family members participated in at least one workshop per month.</li> <li>• Parents/caregivers and/or children received at least two therapeutic counseling sessions per month.</li> <li>• Parents/caregivers remained alcohol and drug free.</li> </ul>
<p><b>TIME-LIMITED REUNIFICATION SERVICE MODELS</b></p>	
<p><b>TLR/SFV</b> Supervised Family Visitation</p>	<ul style="list-style-type: none"> <li>• Family completed at least 75% of scheduled visits.</li> <li>• Children maintained contact with siblings who were in different placements.</li> <li>• Children maintained contact with extended family members.</li> <li>• Parent(s) received parent coaching before or after visit for at least 75% of visits.</li> <li>• Parent(s) demonstrated improved parent-child interactions during visitation.</li> </ul>
<p><b>TLR/CFA</b> Child and Family Advocacy (CASA)</p>	<ul style="list-style-type: none"> <li>• CASA recommendations/input on placement decisions and case progress were provided to court at hearings related to child.</li> <li>• Child/children received at least one in-person, face-to-face contact per month from their assigned CASA volunteer.</li> <li>• CASA volunteer maintained contact with children's family members and other collateral contacts regarding case progress.</li> </ul>
<p><b>ADOPTION PROMOTION &amp; PERMANENCY SUPPORT SERVICE MODELS</b></p>	
<p><b>APP/APS</b> Adoption Promotion and Permanency Support</p>	<ul style="list-style-type: none"> <li>• Parents/caregivers participated in at least 75% of scheduled parent training sessions.</li> <li>• Parents/caregivers demonstrated improved knowledge/skills.</li> <li>• Parents/caregivers demonstrated an improved understanding of legal permanency options.</li> <li>• Caregiver(s) participated in at least one respite opportunity and/or child participated in one enrichment activity.</li> </ul>
<p><b>APP/TES</b> Transition and Emancipation</p>	<ul style="list-style-type: none"> <li>• Youth/young adults had at least one contact and/or established a relationship with an adult or peer mentor.</li> <li>• Youth/young adult participated in planning for their exit from foster care.</li> <li>• Youth/young adult was prepared for and assisted in identifying educational opportunities.</li> <li>• Youth/young adult was prepared for and assisted in identifying employment opportunities.</li> <li>• Youth/young adult was assisted in identifying and planning for post-foster care housing arrangements.</li> </ul>

## PSSF FAMILY SUPPORT SERVICES (FSS)

**PSSF Family Support** services are voluntary, community-based prevention and early intervention services designed to prevent and reduce the risk of child maltreatment by promoting the well-being of the entire family. All services are designed to build on existing family strengths, increase the stability of families, increase parental confidence and competence, increase protective capacities, and enhance overall family functioning to prevent initial or repeat child abuse and neglect and to ensure child safety.

**Target Populations:** **PSSF Family Support** services are provided to families who are at risk for CPS involvement to reduce risk and prevent child maltreatment. This includes families:

- Not known to the child welfare agency
- Who have been the subject of a report of suspected child abuse or neglect who:
  - Were assigned to Family Support
  - Were screened out or were the subject of an unsubstantiated investigation
  - Have prior CPS history (closed but referred for follow-up supports/services)

Proposals for **PSSF Family Support** services must demonstrate that they are effective in preventing maltreatment by:

- Increasing parental understanding of child development
- Increasing parental capacity to care for their children
- Reducing risk factors that threaten child safety
- Increasing access to and utilization of informal and formal community supports

**Referral Sources:** Referrals may be accepted from a variety of sources including, but not limited to:

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| • Hospitals                         | • DFCS: Intake or Investigations |
| • Schools                           | • DFCS: Family Support           |
| • Law enforcement                   | • DFCS: Family Preservation      |
| • Courts                            | • DFCS Foster Care or ILP        |
| • Self                              | • DFCS: OFI                      |
| • Community family-serving agencies |                                  |

**Staff Qualifications/Experience:** **PSSF Family Support** services should be delivered at a minimum by a bachelor's level professional or a supervised paraprofessional with experience serving at-risk families who are qualified by education, training and experience to work with the target population(s) identified in proposal. Staff must also meet any special training or qualifications required for each service model or for any additional services included on the service plan.

**Service Duration:** Duration is dependent on criteria established by proposed evidence-based strategy, practice or program model.

To maximize federal and state funding and to address the child abuse prevention and early intervention service needs of children and families at greatest risk of entering Georgia's child welfare system, **PSSF Family Support Services** funding for the FFY2018 funding cycle is limited to the following service models:

- I. **PSSF Prevention and Early Intervention Services (PEI)**
- II. **PSSF Home Visiting Services (HVS)**
- III. **PSSF Healthy Relationship & Co-Parenting Services (HMI)**
- IV. **PSSF Supports & Services for Homeless Youth (SHY)**

## I. PSSF Prevention & Early Intervention Services (PEI)

**PSSF Prevention and Early Intervention** services are voluntary, short-term, in-home or center-based family supports and services offered to help families identify and address problematic family issues, strengthen families' protective capacities and reduce risk to prevent CPS intervention.

**PSSF Prevention and Early Intervention** services often target families based on common characteristics, needs or circumstances, such as:

- Pregnant and parenting teens
- Victims of domestic violence and their children
- Families with children who have special needs
- Caregivers affected by substance abuse, mental health, cognitive disabilities

### Required Services - PSSF Prevention and Early Intervention

1. Initial Family Assessment & Service Plan
2. Case Management
3. Parent Education/Parent Training

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

#### 1. Initial Family Assessment & Service Plan

Assessments, completed prior to or at the commencement of services, **MUST** utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives. *See Form #4 for additional guidelines.*

#### 2. Case Management

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. *See Form #4 for additional guidelines.*

#### 3. Parent Education/Parent Training

PSSF Prevention and Early Intervention proposals are limited to one or more of the following evidence-based parent education/parent training programs/curricula\* effective in the prevention of child abuse and neglect:

<b>Incredible Years</b> <a href="http://incredibleyears.com/">http://incredibleyears.com/</a>	<i>Families with children aged 0-12</i>
<b>Strengthening Families</b> <a href="http://www.strengtheningfamiliesprogram.org/">http://www.strengtheningfamiliesprogram.org/</a>	<i>Four different curricula for families with children in pre-school, elementary school, junior high, and early teens in high school</i>
<b>Triple P: Positive Parenting Program</b> Levels 3, 4 or 5 <a href="http://www.triplep.net/">http://www.triplep.net/</a>	<i>Parents of children aged 0-16</i>
<b>STEP: Systemic Training for Effective Parenting</b> <a href="http://www.steppublishers.com/">http://www.steppublishers.com/</a>	<i>Parents of children aged 0-18</i>
<b>Nurturing Parenting Program</b> <a href="http://nurturingparenting.com/">http://nurturingparenting.com/</a>	<i>Parents and their children aged 4-12</i>

\*See Section B, page 16 for additional service delivery guidelines.

**Additional Services** may include, but are not limited to, the following service priorities:

- Healthy relationship/co-parenting\*
- Family life skills such as budgeting, housekeeping, etc.
- Transportation
- Mentoring
- Behavior Management\*
- Substance abuse treatment/recovery support\*\*
- Job skills/vocational training
- Therapy\*\*\*
- Support groups
- After-school supervision and/or enrichment activities
- Emergency childcare
- Educational supports

*\*MUST utilize evidence-based interventions with a medium to high relevance to child welfare.*

*\*\*MUST utilize an evidence-based substance abuse treatment or support practice with a medium to high relevance to child welfare.*

*\*\*\*Therapeutic services MUST utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skill-based, and goal-oriented to mitigate negative outcomes.*



## II. PSSF Home Visiting Services (HVS)

**PSSF Home Visiting** services must utilize evidence-based home visiting practice models to support positive parent-child relationships, promote optimal child health and development, enhance parental self-sufficiency, ensure safe home environments and prevent child abuse and neglect. Home visiting is a mechanism to provide direct support and coordination of services for families which involves direct services to the family in the home setting. While services can also be received elsewhere, the home is the primary service delivery setting. Programs vary, but components may include:

- Education in effective parenting and childcare techniques
- Education on child development, health, safety, and nutrition
- Assistance in gaining access to social support networks
- Assistance in obtaining education, employment, and access to community services

Services are voluntary, in-home support and educational services designed to enhance parental capacity to care for children, strengthen parent/child relationships and help families identify and access community resources. Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies and young children. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.

**PSSF Home Visiting** services are limited to the following evidence-based programs for the prevention of child abuse and neglect and/or for child well-being: **Healthy Families** or **Parents As Teachers**

### Services and Service Delivery

Services, provided in the home, include at a minimum, but are not necessarily limited to, assessment and screening, case management/service coordination, parent education and/or skill building, community linkages and supports. **Home Visiting** programs MUST maintain fidelity to the selected, approved home visitation practice model and satisfy requirements regarding staff qualifications, training and supervision, target population, services and service delivery.

### Required Services and Service Delivery Guidelines for PSSF Home Visiting \*

**PSSF Home Visiting** proposals are limited to the following evidence-based home visiting models:

Model	Required Services
<b>Healthy Families</b> <a href="http://www.healthyfamiliesamerica.org">http://www.healthyfamiliesamerica.org</a>  <i>Families with children aged 0-5</i>	<ol style="list-style-type: none"> <li>1. Home visits, 1.5 hours, weekly (decreasing frequency after first six months depending on family need)</li> <li>2. Family assessment</li> <li>3. Child developmental screening</li> <li>4. Community linkages (CM: I&amp;R)</li> <li>5. Service coordination (CM:SC)</li> </ol>
<b>Parents As Teachers</b> <a href="http://www.parentsasteachers.org/">www.parentsasteachers.org/</a>  Families with children aged 0-5	<ol style="list-style-type: none"> <li>1. <u>Home visits, 1 hour - monthly, biweekly or weekly, depending on family needs</u></li> <li>2. <u>Family assessment</u></li> <li>3. <u>Child developmental, health, vision and hearing screenings annually</u></li> <li>4. <u>Community linkages (CM:I&amp;R)</u></li> <li>5. <u>Support groups, 1-2 hours, monthly</u></li> <li>6. <u>Service coordination(CM: SC)</u></li> </ol>

*\*See Section B, page 15 for additional service delivery guidelines.*

*Evidence-based HVS proposals may identify and include additional services provided that:*

- 1) *They are approved as supplemental activities allowed by the home visiting practice model,*
- 2) *They have been justified/supported by a needs assessment, and*
- 3) *They have demonstrated their effectiveness in improving desired outcomes.*

### III. PSSF Healthy Relationship & Co-Parenting Services (HMI)

The impact of couple and co-parenting relationship problems on the well-being of adults and children has received increasing recognition by child welfare agencies. Children whose parents have healthy relationships are at less risk for abuse, experience greater stability, and fare better on a broad range of child outcomes. The promotion of a safe and supportive home environment for a child is inextricably linked to creating a safe and supportive couple and co-parenting relationship between parents. Healthy relationships and marriages, and resulting family stability benefit the physical, social, and emotional well-being of adults and children.

**PSSF Healthy Relationship & Co-Parenting** services teach skills to help couples communicate better, manage their emotions more effectively when they disagree and be better parents for their children. Skills that help parents work cooperatively should also increase voluntary paternity establishment for children. Even when couples are unable to sustain a healthy marriage, parents who can work together are more likely to agree to fair support orders and to provide financial and emotional support for their children.

**PSSF Healthy Relationship & Co-Parenting** services are designed to strengthen and promote stable and life-long parental or co-parenting relationships. Services should teach couples how to build and maintain healthy partnerships, identify and manage stress that threatens relationships, and promote and support co-parenting.

Goals include:

- Increasing the percentage of children who are raised by two parents in a healthy relationship
- Increasing the percentage of couples who are equipped with the skills to sustain a healthy relationship
- Increasing the percentage of youth and young adults who have the skills and knowledge to make informed decisions about healthy relationships including skills that can help form and sustain a healthy relationship

*The provision of these services is not to be confused with marriage counseling or therapy. It is not the intent of the U.S. Administration on Children and Families or Georgia DHS/DFCS to advocate the following:*

- *Trapping anyone in an abusive or violent relationship*
- *Forcing anyone to get or stay married*
- *Withdrawing supports from or diminishing in any way, either directly or indirectly, the important work of single parents*

**Target Populations:** Families referred for healthy marriage/relationship/co-parenting classes, including:

- Non-married pregnant or parenting women and expectant or parenting fathers
- Separated or divorced couples with children
- Young adults
- Married couples
- Step parents

**Staff Qualifications:** Services MUST be delivered at a minimum by a bachelor's level professional or supervised paraprofessional with training, qualifications and experience working with the target population, including training specific to proposed healthy relationship and co-parenting activities. Staff must also meet any special training or qualifications required for any additional services included on the service plan.

#### **Required Services - PSSF Healthy Relationship & Co-Parenting**

1. Initial Assessment & Service Plan
2. Case Management
3. Healthy Relationship & Co-Parenting Education/Training
4. Therapy – Couple and/or Family

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

### 1. Initial Assessment & Service Plan

Assessments, completed prior to or at the commencement of services, MUST utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives. See Form #4 for additional guidelines.

### 2. Case Management

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. See Form #4 for additional guidelines.

### 3. Healthy Relationship & Co-Parenting Education/Training

Service plans must include evidence-based models, practices or strategies that teach couples how to build and maintain healthy partnerships, identify and manage stress that threatens relationships, and/or promote and support co-parenting. Curricula may include, but are not limited to:

- Parenting/Parent Education curricula or Parent Training model, such as Strengthening Families that focuses on increasing family skills to support healthy child development, address positive communication, family functioning, and discipline
- Effective Communication
- Financial Management
- Conflict Resolution
- Family Planning
- Father Engagement, such as *Supporting Father Involvement*, a preventive intervention designed to enhance fathers' positive involvement with their children.
- Domestic Violence Batterer Intervention Programs, such as Domestic Abuse Intervention Project - The Duluth Model
- Anger Management

### 4. Therapy – Couple and/or Family

Therapeutic services designed to address damaged and dysfunctional relationships and teach couples how to build and maintain healthy partnerships, identify and manage stress that threatens relationships, and promote and support co-parenting. Therapeutic interventions MUST be based on evidence-based practice, model or strategy with a medium to high relevance to child welfare that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes. Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues.

**Additional Services** may include, but are not limited to, the following service priorities:

- Peer mentoring
- Support groups
- Parent/child enrichment activities

**Resources:**

National Healthy Marriage Resource Center - <http://www.healthymarriageinfo.org>

Active Relationship Center - <http://www.activerelationships.com/index.php>

California Evidence-Based Clearinghouse for Child Welfare: Partner Parenting -  
<http://www.cebc4cw.org/topic/parent-partner-programs-for-families-involved-in-the-child-welfare-system/>

MDRC - Supporting Healthy Marriage Toolkit

<http://www.mdc.org/publication/supporting-healthy-marriage-toolkit>

## IV. PSSF Supports & Services for Homeless Youth (SHY)

The purpose of **PSSF Supports and Services for Homeless Youth** is to provide supportive services to help unaccompanied homeless youth transition to independent living and become self-sufficient, including providing opportunities for youth to improve:

- Community involvement , including youth and adult partnerships
- Education
- Employment
- Health and safety

Services should ensure that youth are engaged in the process to understand their needs, identify their goals, and create a plan for achieving those goals. **PSSF Supports and Services for Homeless Youth** focus on developing skills necessary to support oneself, including education, employment services and obtaining permanent housing. Services also focus on developing relationships and establishing connections between youth and caring adults and the youth and the community.

Services are personalized and emphasize finding permanent housing and building new skills so that youth are safer and more self-sufficient. Support can include anything from assistance with getting vital documents, such as birth certificates, to support in completing education, managing money, and finding employment.

**PSSF Supports and Services for Homeless Youth** objectives include:

- Reducing homelessness
- Establishing permanent connections between youth and a caring adult
- Preventing exploitation and abuse of youth on the streets
- Increasing educational and employment opportunities for homeless youth

**Target populations:**

- Homeless youth, ages 14 - 17
- Youth or young adults recently emancipated from foster care who have not signed back in, ages 18-21
- Victims of commercial sexual exploitation

**Referral Sources:** Community- and faith-based agencies, Law Enforcement, self

**Staff Qualifications:** Services must be delivered at a minimum by a bachelor's level professional or a supervised para-professional who is qualified by education and training to work with the target population and experienced in working with adolescents. Service providers must be knowledgeable of and collaborate with DFCS and other community- and faith-based agencies to ensure youth access to the array of supports and services needed to achieve case plan goals.

### **Required Services - PSSF Supports and Services for Homeless Youth**

1. Initial Assessment & Service Plan
2. Case Management
3. Adult Mentoring
4. Life Skills
5. Therapy or Behavior Management

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

## 1. Initial Assessment & Service Plan

Assessment, completed prior to or at the commencement of services, MUST utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. Initial assessment must include the Casey Life Skills (CLS) assessment tool to evaluate the behaviors and competencies of the youth needed to achieve their long-term goals.

The CLS is designed to be used in a collaborative conversation between a mentor, case worker, or other service provider and any youth between the ages of 14 and 21 to review with the youth in a strengths-based conversation that actively engages them in the process of developing their goals. Goals should reflect identified priorities and must be realistic with attainable and measurable outcomes and timeframes for completion. In addition to determining youth needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives.

The CLS helps youth self-evaluate:

- Maintaining healthy relationships
- Work and study habits
- Planning and goal-setting
- Using community resources
- Daily living activities
- Budgeting and paying bills
- Computer literacy
- Their permanent connections to caring adults

See Form #4 for additional guidelines.

## 2. Case Management

All proposals are expected to demonstrate effective engagement with youths in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. See Form #4 for additional guidelines.

## 3. Adult Mentoring (*connections to an established adult support system*)

A structured, managed mentoring program is intended to create sustained and supportive mentor relationships for youth. An essential component of mentoring programs is ensuring that program staff members are well-trained in issues related to mentoring, the foster care system, and cultural competence. Program staff should be trained to:

- maintain regular contact with mentors and mentees in order to identify potential challenges and provide support
- equip mentors with the skills to model good decision-making and problem-solving
- give mentors opportunities to gain insight into their own behaviors and to practice replacing negative habits with new, positive behaviors
- coach mentors on communication skills, in particular, how to ask questions and listen intently to a mentee

A positive relationship with a kind, trustworthy adult is an important factor in child and adolescent development. Older youth (ages 16–18) in foster care are often placed in a group home or institution, where they are less apt to form lasting relationships with compassionate, responsible adults who stimulate their emotional and cognitive development and model critical life skills. Mentoring by a caring, well-trained adult can provide children and adolescents in foster care with adult support to develop the skills they need to make a successful transition to independence.

Mentors are recruited, screened and trained to provide the youth with a volunteer mentor who will help build strong relationships, set and maintain goals, and be a positive role model. Youth are appropriately matched with mentor for one-on-one relationships, involving meetings and activities on a regular basis.

Structured, ongoing support for mentors increases the likelihood that mentors will stay with the program and contributes to greater success in mentoring relationships. Staff members need to monitor each mentoring relationship to track its progress and success (e.g., how the youth is doing, any challenges the mentor is facing

with the mentee, the comfort level of the mentee's family/foster family with the relationship). Program staff should observe mentoring relationships, especially when they are first established. It is important to help mentors become more competent in their role, assess the relevance of their work, and enhance their sense of belonging to a worthwhile effort.

#### 4. Life Skills

Classes or individual instruction designed to help youth improve basic living skills such as finding housing, managing a household, cooking, securing housing, or any other area that assists the youth in becoming more self-sufficient. This may include:

- Housing and Household Management
- Financial management
  - Personal documents, identification, etc.
  - Financial resources management, banking, budgeting, establishing/repairing credit
- Health management, such as:
  - Medical care resources
  - Medication management
  - Nutrition
  - Pregnancy prevention
- Safety, including:
  - Healthy relationships
  - Personal safety

#### 5. Therapy or Behavior Management

Therapeutic services **MUST** utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes. Services include the evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues.

Behavior management services must be based on an evidence-based practice effective in addressing disruptive child behaviors, remove barriers to family stability, and restore family functioning. Behavior management includes assessment of child behavior problems, related skill deficits and assets and implementation of specific evidence-based interventions and strategies to address problem behaviors. Caregiver skill deficits and assets related to the child's behavior are also identified as are interactions that will motivate, maintain, or improve behavior. An individualized action plan with measureable goals and objectives is developed to provide the child or caregiver with guidance in affecting prescribed changes and outcomes in the child's behavior, attitude or coping ability that will positively impact family functioning. Goals should describe the roles that will be taken by all relevant participants.

**Additional Services** may include, but are not limited to, the following service priorities:

Educational Support

- GED program
- Tutoring
- Educational records

Employment Support

- Job skills or vocational training
- Job search, resume preparation, interview skills, applications, interview follow-up

Transportation

Emergency Aid

Substance abuse treatment/recovery supports (*MUST utilize an evidence-based substance abuse treatment or support practice*)

**Resources:**

California Evidence-Based Clearinghouse for Child Welfare: Mentoring –

<http://www.cebc4cw.org/topic/mentoring-programs-child-adolescent/>

Casey Life Skills Assessment

[http://lifeskills.casey.org/clsa\\_learn\\_provider](http://lifeskills.casey.org/clsa_learn_provider)



## PSSF FAMILY PRESERVATION SERVICES (FPS)

**PSSF Family Preservation** services are provided to families that have or have had DFCS involvement because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict. Provision of these services grows out of the recognition that the unnecessary separation of children from their families is traumatic, often leaving lasting negative effects. Families at risk or in crisis can be preserved and children safely maintained in their homes when families receive intensive support and therapeutic services to improve family functioning and stability. Services are family-focused, are designed to maintain children safely in their homes, prevent the unnecessary separation of families, and are offered as a safe alternative to out-of-home placement.

Providers of **PSSF Family Preservation** services are required to coordinate services with DFCS and other agencies including mental health, substance abuse, education, child care, and employment services to provide families a comprehensive continuum of community-based supports, interventions and follow-up services responsive to individual and family needs. Services may be offered to families who are in crisis or at imminent risk of having a child removed from their home. **PSSF Family Preservation** services may also be provided to support families' post-reunification to help prevent placement disruption.

**Target Populations:** **PSSF Family Preservation** services are provided to families to prevent removal of children from their homes, stabilize placement and/ or to prevent re-entry into foster care. This includes:

- Families who have or have had a substantiated investigation and/or a Family Preservation case to prevent repeat maltreatment and help these families maintain children in their homes safely
- Relative caregivers who are caring for children when their parents are unable to do so to support the safety, permanency and well-being of these children
- Foster parents and/or children in foster care to stabilize the placement and prevent disruption
- Families for whom reunification is the goal, to prepare for and sustain reunification
- Families whose children have returned home from foster care to prevent repeat maltreatment and sustain permanency
- Children from families who have or have had a substantiated investigation and/or a Family Preservation case or are returning from foster care to improve educational outcomes

**Service Delivery Expectations:** **PSSF Family Preservation** services are short-term, intensive interventions to mitigate parent or child behaviors to prevent escalation of circumstances to the point of requiring removal of children from the home. Based on reasons for referral, service objectives identified at referral, or needs identified in a family assessment, service plan must be solution-based in addressing the needs of the target population to achieve the desired outcomes.

To maximize federal and state funding and to address the service needs of children and families at greatest risk of entering or re-entering foster care, **PSSF Family Preservation** funding for the FFY2018 funding cycle is limited to the following service models:

- I. PSSF Placement Prevention Services (PPS)
- II. PSSF Relative Caregiver/Kinship Family Services (RCS)
- III. PSSF Crisis Intervention Services (CIS)
- IV. PSSF Residential /Post Placement After-Care Services (RAC)
- V. PSSF Substance Abuse Family Recovery & Support Services (STR)

## I. PSSF Placement Prevention Services (PPS)

**PSSF Placement Prevention** services are short-term home- and/or center-based services to children and families with DFCS involvement where children are still in parental custody or have been returned to the home to provide additional supports and services to support case plan objectives or follow-up supports at case closure to sustain and maintain family stability. These services are provided as a part of a family's safety and/or CPS case plan designed to safely maintain children in their homes and/or prevent unnecessary placement into foster care.

**Target Populations:** Families for whom allegations of child abuse and/or neglect have been substantiated and have, or have had, an open Family Preservation or Placement case

**Referral Sources:**

- DFCS Family Preservation or Foster Care
- Juvenile, Family or Drug Court

**Service Duration:** Duration is dependent on criteria established by proposed evidence-based strategy, practice or program model

**Staff Qualifications/Experience:** Services should be delivered at a minimum by a bachelor's level professional or supervised paraprofessional with experience serving at-risk families who are qualified by education, training and experience to work with the target population(s) identified in proposal. Staff **MUST** also meet any qualification, training or experience requirements specified by evidence-based practice or strategies utilized.

**Services and Service Delivery**

The required foundation for all **PSSF Placement Prevention** service plans is a parenting/parent education curriculum or home visiting model or parent training model with a medium to high relevance to child welfare that is effective in the prevention of repeat maltreatment. Service plans must also address the family issues to reduce the risk for removal so that children may remain safely in the home.

**PSSF Placement Prevention** proposals are encouraged to utilize one or more of the in-home or center-based parenting/parent education or parent training (Option A) or home visiting models (Option B) described below that are proven effective when maltreatment has occurred. Other evidence-based parent education, parent training or home visiting models with specificity for a target population and/or family or client characteristics to be addressed may be utilized provided it has a medium to high relevance to child welfare and is proven effective in the prevention of repeat maltreatment. Proposal will need to provide sufficient justification for use of alternative model.

**Required Services - PSSF Placement Prevention Services**

1. Initial Family Assessment & Service Plan
2. Case Management
3. Parent Education/Parent Training or Evidence-Based Home Visiting
4. Additional Services
  - At least two are **required** for programs utilizing Parent Education/Parent Training programs
  - Optional for Evidence-Based Home Visiting programs

**1. Initial Family Assessment & Service Plan**

Assessments, completed prior to or at the commencement of services, **MUST** utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives. *See Form #4 for additional guidelines.*

**2. Case Management**

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. *See Form #4 for additional guidelines.*

**3. Parent Education/Parent Training**

Must include an evidence-based **a) Parent Education or Parent Training and/or b) Home Visiting Program**

**a) Parent Education or Parent Training** –The evidence-based parent education or training models described below are recommended for **PSSF Placement Prevention** programs as they are effective in prevention repeat maltreatment when DFCS intervention has occurred. Other evidence-based parenting models may be utilized provided they demonstrate a medium to high relevance to child welfare and are effective in the prevention of repeat maltreatment. Proposal will need to provide sufficient justification for use of alternative model based on the needs or characteristics of the target population.

**Recommended Parent Education/Parent Training Programs**

<b>Incredible Years</b> <a href="http://incredibleyears.com/">http://incredibleyears.com/</a>	<i>Families with children aged 0-12 18-28 weeks</i>
<b>STEP: Systemic Training for Effective Parenting</b> <a href="http://www.steppublishers.com/">http://www.steppublishers.com/</a>	<i>Parents of children aged 0-18 60-90 minute weekly sessions for 7 weeks</i>
<b>Triple P: Positive Parenting Program</b> <a href="http://www.triplep.net/">http://www.triplep.net/</a>	<i>Parents of children aged 0-16 Level 3 – Four weekly sessions Level 4 – Eight to 10 weekly sessions Level 5 – Up to 12 weeks, three sessions per week</i>
<b>Nurturing Parenting Program</b> <a href="http://nurturingparenting.com/">http://nurturingparenting.com/</a>	<i>Parents and their children aged 4-12 In-home sessions: 60-90 minutes weekly Center- or group-based sessions: 2-3 hours weekly, 12-23 weeks</i>

**b) Evidence-Based Home Visiting Model \***

<b>SafeCare Augmented Home Visiting Model</b>  Families with children aged 0-5 18-20 weeks	<u>Required Services &amp; Delivery</u> 1. Home visits, 1.5 hours, weekly - maximum 20 2. Home Safety Assessment 3. Child Health Assessment 4. Parent-child Interaction Assessment 5. Community linkages (CM: I&R) 6. Advocacy (CM: Advocacy) 7. Service coordination (CM: SC)
<b>Exchange Parent Aide Home Visiting Model</b>  Families with children aged 0-12  Up to one year	<u>Required Services &amp; Delivery</u> 1. Home visits, 1.5 hours, weekly 2. Family assessment 3. Community linkages (CM: I&R) 4. Service coordination (CM: I&R) 5. Advocacy (CM: Advocacy)

\*See Section B, page 15 for additional guidelines.

#### 4. Additional Services

Based on the reason for referral, needs identified in the assessment and case plan goals, service plans should include additional supports and services needed to effectively address the circumstances that resulted in the family's involvement with the child welfare agency to ensure that the child remains safely in the home.

Additional services are optional for FPS/PPS EB Home visiting programs.

All other programs **MUST** include, but are not limited to, at least two additional services from the following service priorities:

- Therapy\*
- Substance Abuse Recovery Support\*\*
- Behavior management \*\*\*
- Life Skills
- Educational supports
- Transportation
- Healthy relationship/co-parenting
- Employment training, job skills or vocational training
- Childcare or emergency childcare
- Support groups

*\*Therapeutic services MUST utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skill-based, and goal-oriented to mitigate negative outcomes.*

*\*\*MUST utilize an evidence-based substance abuse treatment or support practice with a medium to high relevance to child welfare.*

*\*\*\*Behavior management services MUST be based on an evidence-based practice effective in addressing the disruptive child behaviors, remove barriers to family stability, and restore family functioning.*

## II. PSSF Relative Caregiver/Kinship Family Services (RCS)

Whenever possible, relatives are the preferred resource for children who must be removed from their birth parents because placement with relatives increases stability and safety and helps to maintain family connections and cultural traditions. **PSSF Relative Caregiver/Kinship Family** services offer a comprehensive array of support services to grandparents and relative caregivers who are the primary caregivers of children other than their own.

Services for relative caregivers, often grandparents, should take into account that relatives are likely to be single, in poorer health, and financially less secure than non-relative caregivers, while children in their care are generally younger and often need special services. These families generally receive few economic supports and are less likely to be aware of services available to them. Additionally, they may not have support from extended family, peers, or the community in general.

These services are designed to:

- Prevent children from coming into or re-entering foster care by increasing caretaker capacity and family functioning
- Improve the educational, physical and mental health of children
- Promote permanency and child well-being by supporting early and stable relative placements
- Increase access to and utilization of community-based supports and services

**Target Population:** Families where the primary care for children has been assumed by a grandparent or other relative because a parent is unable to serve as the primary caregiver due to abandonment, death, drug-addiction/treatment, incarceration or mental illness

**Referral Sources:**

- DFCS Investigations, Family Support or Family Preservation
- Department of Behavioral and Developmental Disabilities (DBHDD)
- Department of Public Health
- Schools
- Other community-based family serving agencies
- Self

**Staff Qualifications/Experience:** PSSF Relative Caregiver/Kinship Family services must be delivered at a minimum by a bachelor's level professional or a supervised para-professional qualified by education, training and experience to work with the target population.

**Service Duration:** Up to 12 months

### Required Services - PSSF Relative Caregiver/Kinship Family

1. Initial Family Assessment & Service Plan
2. Case Management
3. Caregiver Healthcare Supports
4. Parent Education/Parent Training or Behavior Management
5. Educational Supports

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

**1. Initial Family Assessment & Service Plan**

Assessments, completed prior to or at the commencement of services, **MUST** utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives. *See Form # 4 for additional guidelines.*

**2. Case Management**

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. *See Form # 4 for additional guidelines.*

**3. Caregiver Healthcare Supports**

Services, education or training provided to caregiver to promote and support physical and emotional health. This may include, but is not limited to:

- Nutrition and diet
- Exercise
- Healthcare
  - Screening or testing for physical or emotional Health
  - Monitoring

**4. Parent Education/Parent Training or Behavior Management**

In-home or center-based parent education or parent training must utilize an evidence-based model with a medium to high relevance to child welfare that is effective in reducing the risk of child abuse and neglect and/or reducing disruptive child behaviors.

**Recommended Parent Education/Parent Training Programs**

<b>Incredible Years</b> <a href="http://incredibleyears.com/">http://incredibleyears.com/</a>	<i>Families with children aged 0-12 18-28 weeks</i>
<b>Triple P: Positive Parenting Program</b> <a href="http://www.triplep.net/">http://www.triplep.net/</a>	<i>Parents of children aged 0-16 Level 3 – Four weekly sessions Level 4 – Eight to 10 weekly sessions Level 5 – Up to 12 weeks, three sessions per week</i>
<b>Nurturing Parenting Program</b> <a href="http://nurturingparenting.com/">http://nurturingparenting.com/</a>	<i>Parents and their children aged 4-12 In-home sessions: 60-90 minutes weekly Center- or group-based sessions: 2-3 hours weekly, 12-23 weeks</i>

Behavior management services must be based on an evidence-based practice effective in addressing disruptive child behaviors, remove barriers to family stability, and restore family functioning. Behavior management includes assessment of child behavior problems, related skill deficits and assets and implementation of specific evidence-based interventions and strategies to address problem behaviors. Caregiver skill deficits and assets related to the child's behavior are also identified as are interactions that will motivate, maintain, or improve behavior. An individualized action plan with measurable goals and objectives is developed to provide the child or caregiver with guidance in affecting prescribed changes and outcomes in the child's behavior, attitude or coping ability that will positively impact family functioning. Goals should describe the roles that will be taken by all relevant participants in addition to the child (e.g., family, school staff, if relevant).

## 5. Educational Supports

Supports and services provided by an appropriately qualified individual by training or experience to improve educational outcomes including instruction designed to enhance skills, support and encourage individual goals and improve educational outcomes and/or achievement. These may include:

- Tutoring (subject or test specific instruction MUST provided by a certified teacher, to an individual or small group)
- Homework support to help students complete their homework, prepare for tests, and work specifically on concepts covered during the school day
- Literacy/reading support

### Additional Services (optional)

Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes. These may include, but are not limited to, the following service priorities:

- Peer support groups
- Therapy\*
- After-school supervision or enrichment activities
- Legal services
- Parent/child activities
- Respite
- Emergency childcare
- Transportation

*\*Therapeutic services MUST utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes.*

### Resources:

California Evidence-Based Clearinghouse for Child Welfare:

Behavior Management Programs for Adolescents in Child Welfare

<http://www.cebc4cw.org/topic/behavioral-management-for-adolescents-in-child-welfare/>

Disruptive Behavior Treatment (Child & Adolescent) –

<http://www.cebc4cw.org/topic/disruptive-behavior-treatment-child-adolescent/>

Placement Stabilization

<http://www.cebc4cw.org/topic/placement-stabilization/>

### III. PSSF Crisis Intervention Services (CIS)

**PSSF Crisis Intervention** services are designed for children/youth and caregivers to address behaviors that threaten the safety and/or placement stability. Services are designed to support families in crisis where children are at high risk for removal from the home primarily due to child behavior.

Providers of **PSSF Crisis Intervention** services must be knowledgeable of and collaborate with DFCS and other community- and faith-based agencies to ensure families receive the array of supports and services they need to maintain safe and stable home environments. Services should be available to families 24 hours a day in the home and/or group home primarily but may include other environments as needed.

**Staff Qualifications/Experience:** Therapeutic services are to be provided by clinically licensed professionals\* with a master's degree in social work, counseling or a related field. Non-therapeutic services may be delivered by a bachelor's level professional or a supervised para-professional qualified by education, training and experience to work with the target population.

\*Possession of a Master's or Doctoral degree and licensure from the GA Composite Board as a Psychologist, LCSW, LMFT, LPC, LMSW, LAMFT, LAPC or Possession of Master's or Doctoral degree in a Human Services/Social Services field under supervision for licensure by a licensed Psychologist, LCSW, LPC, or LMFT in accordance with the GA Composite Board

**PSSF Crisis Intervention** services utilize a range of research-based therapeutic interventions, including family counseling and cognitive/behavioral therapy in the home. Services are provided to help remove barriers to family stability and restore family functioning. Based on reasons for referral, service objectives identified at referral, or needs identified in a family assessment, service plan must include an evidence-based practice model effective in addressing the needs of the target population.

**Referral Sources:** DFCS Family Preservation or Foster Care, Juvenile Court

**Target Populations:**

- Families with open Family Preservation at imminent risk for removal
- Children in foster care at imminent risk for placement disruption

**Service Duration:** Up to 6 months

#### Required Services - PSSF Crisis Intervention

1. Initial Assessment & Service Plan
2. Case Management
3. Crisis Intervention 24/7
4. In-Home Behavior Management
5. Therapy

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

#### 1. Initial Assessment & Service Plan

Assessments, completed prior to or at the commencement of services, **MUST** utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives. *See Form #4 for additional guidelines.*



## 2. Case Management

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. *See Form #4 for additional guidelines.*

## 3. Crisis Intervention 24/7

Immediate intervention or support, made available 24 hours, seven days a week in response to an urgent situation to help de-escalate crisis and increase stabilization.

## 4. In-Home Behavior Management

Behavior management services must be based on an evidence-based practice effective in addressing disruptive child behaviors, remove barriers to family stability, and restore family functioning. Behavior management includes assessment of child behavior problems, related skill deficits and assets and implementation of specific evidence-based interventions and strategies to address problem behaviors. Caregiver skill deficits and assets related to the child's behavior are also identified as are interactions that will motivate, maintain, or improve behavior. An individualized action plan with measurable goals and objectives is developed to provide the child or caregiver with guidance in affecting prescribed changes and outcomes in the child's behavior, attitude or coping ability that will positively impact family functioning. Goals should describe the roles that will be taken by all relevant participants in addition to the child (e.g., family, school staff, if relevant).

## 5. Therapy

Therapeutic services **MUST** utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes. Services include the evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues.

### Additional Services (optional)

Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes. These may include, but are not limited to, the following service priorities:

- Parent Education/Parent Training\*
- Educational Supports
- Respite
- Support Groups

*\*MUST utilize an evidence-based parent education or parent training model with a medium to high relevance to child welfare that is effective in reducing the risk of child abuse and neglect and management of disruptive behaviors*

### Resources:

California Evidence-Based Clearinghouse for Child Welfare:  
 Behavior Management Programs for Adolescents in Child Welfare  
<http://www.cebc4cw.org/topic/behavioral-management-for-adolescents-in-child-welfare/>  
 Disruptive Behavior Treatment (Child & Adolescent) –  
<http://www.cebc4cw.org/topic/disruptive-behavior-treatment-child-adolescent/>  
 Placement Stabilization - <http://www.cebc4cw.org/topic/placement-stabilization/>

## IV. PSSF Residential/Post Placement After-Care Services (RAC)

**PSSF Residential /Post Placement After-Care** services support children and families reunifying from foster care. After-care services are available to families 2-3 months pre-discharge and 6-9 months post-discharge, and are designed to sustain treatment outcomes and prevent placement disruption.

Services are designed to provide a therapeutic framework supporting family living for children and adolescents, and helping to reintegrate them into their homes and communities. These services may include therapeutic services, 24-hour crisis therapeutic support, the teaching of problem-solving skills and behavioral management strategies, parenting skill development and other treatment modalities, as outlined in the discharge plan.

Services **MUST** be available to families 24 hours a day in the home or other environments accessible to the family.

**Target Population:** Children returning home from temporary shelters, residential treatment or therapeutic foster home settings, and their families with an open Family Preservation or Placement case, prior to or post change in placement

**Referral Sources:** DFCS Family Preservation or Placement Services, Juvenile or Family Court

**Staff Qualifications/Experience:** Therapeutic services are to be provided by clinically licensed professionals\* with a Master's degree in social work, counseling or related field. Non-therapeutic service may be delivered by a bachelor's level professional or supervised paraprofessional with experience serving at-risk families who are qualified by education, training and experience to work with the target population.

\*Possession of a Master's or Doctoral degree and licensure from the GA Composite Board as a Psychologist, LCSW, LMFT, LPC, LMSW, LAMFT, LAPC or Possession of Master's or Doctoral degree in a Human Services/Social Services field under supervision for licensure by a licensed Psychologist, LCSW, LPC, or LMFT in accordance with the GA Composite Board

**Service Duration:** Available to families 2-3 months pre-discharge and up to 9 months post-discharge

### Required Services - PSSF Residential /Post Placement After-Care

1. Initial Assessment and Pre- and Post-Discharge or Transition Plan
2. Case Management
3. In-Home Behavior Management
4. Therapy

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

### 1. Initial Assessment, and Pre- and Post-Discharge or Transition Plan

Assessments, completed prior to or at the commencement of services, **MUST** utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives.

All **PSSF Residential /Post Placement After-Care** programs **MUST** develop a comprehensive discharge or transition plan to help prepare caregiver and child for the return home and to the community. Based on family strengths, needs and priorities, plan should identify strategies, resources and supports that will be utilized to prevent or address disruptive behaviors that may threaten the safety of the child or result in removal of the child from the home or disrupt placement.

Two to three months of pre-discharge planning that includes identification of supports and services needed to successfully support families' efforts to maintain children in their homes. Assessment and development of a plan for in-home services is to maintain children in the community or transition children back into the community, enabling them to manage and work toward resolution of emotional, behavioral, or psychiatric problems within a supportive and normalized family-style setting. Plan includes provision of supports and services that are psychological, behavioral and psychosocial in orientation and designed to maintain children in their homes and communities.

## 2. Case Management

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. *See Form #4 for additional guidelines.*

## 3. In-Home Behavior Management

Behavior management services must be based on an evidence-based practice effective in addressing disruptive child behaviors, remove barriers to family stability, and restore family functioning. Behavior management includes assessment of child behavior problems, related skill deficits and assets and implementation of specific evidence-based interventions and strategies to address problem behaviors. Caregiver skill deficits and assets related to the child's behavior are also identified as are interactions that will motivate, maintain, or improve behavior. An individualized action plan with measurable goals and objectives is developed to provide the child or caregiver with guidance in affecting prescribed changes and outcomes in the child's behavior, attitude or coping ability that will positively impact family functioning. Goals should describe the roles that will be taken by all relevant participants in addition to the child (e.g., family, school staff, if relevant).

## 4. Therapy

Therapeutic services **MUST** utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes. Services include the evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues.

### Additional Services (optional)

Based on needs identified by the Initial Assessment and goals and objectives identified in the discharge or transition plan, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes. These may include, but are not limited to, the following service priorities:

- Crisis Intervention
- Educational supports
- Parent Training \*
- Support groups
- Respite
- Transportation

*\*MUST utilize an evidence-based parent training model with a medium to high relevance to child welfare that is effective in reducing the risk of child abuse and neglect and/or reducing disruptive behaviors*

**Resources:** California Evidence-Based Clearinghouse for Child Welfare:

Behavior Management Programs for Adolescents in Child Welfare

<http://www.cebc4cw.org/topic/behavioral-management-for-adolescents-in-child-welfare/>

Disruptive Behavior Treatment (Child & Adolescent) –

<http://www.cebc4cw.org/topic/disruptive-behavior-treatment-child-adolescent/>

Placement Stabilization

<http://www.cebc4cw.org/topic/placement-stabilization/>

## V. PSSF Substance Abuse Family Recovery & Support Services (STR)

One of the most devastating consequences of addiction is its effect on the family structure and individual family relationships. **Substance Abuse Family Recovery & Support** services are provided to families when one or both of the parents are in a substance use disorder treatment program or in addiction recovery, and/or sustained abstinence are required to prevent abandonment or maltreatment, removal of the child from the home, or as a condition for reunification. -

**PSSF Substance Abuse Family Recovery & Support** services are designed to educate family members on the disease of addiction, its impact on relationships, the role of family members on the recovery process and relapse prevention, and the prevention of future addiction. Addiction recovery isn't something done alone, at least not successfully. Services may be provided to family members when parent(s) is in active treatment (inpatient or out-patient) and/or during recovery to prevent relapse and sustain recovery. It is important to remember how very important family members are to the recovery process.

Services to include behavioral health and/or trauma assessment of custodial parent/caregiver and assessment of the impact of addiction on the developmental, emotional, behavioral, educational needs of children and utilize problem-solving models that emphasize how to prevent children from developing an addictive disorder later in life (with an emphasis on abstinence).

The goals of **PSSF Substance Abuse Family Recovery & Support** services include:

- Permitting family members to gain self-care interventions to improve their own well-being
- Improving communication styles and relationship quality
- Helping families understand and avoid enabling behaviors
- Addressing codependent behavior that may be preventing recovery
- Identifying and understanding the systems in place that support and deter substance use
- Preventing the substance use from spreading throughout the family or down through future generations

**Target Population:** Families impaired by addiction who are at increased risk for, or who are involved with, DFCS or the courts and have been referred for services to prevent removal or as a condition of retaining child custody while in treatment, or as a condition of reunification

**Referral Sources:** A variety of community-based sources including DFCS Family Support, Family Preservation, or Foster Care or Juvenile, Family or Drug Court

**Staff Qualifications/Experience:** **Substance Abuse Family Recovery & Support** services must be delivered, at a minimum, by a bachelor's level professional or supervised para-professionals who are qualified by education, training and experience to work with families affected by addiction. Treatment and counseling must be provided by a licensed, master's level mental health professional or an accredited addiction counselor with related training and experience, supervised by licensed clinical therapist.

**Service Duration:** Up to 12 months

**Required Services - PSSF Substance Abuse Family Recovery & Support**

1. Initial Family Assessment & Service Plan
2. Case Management
3. 24/7 Crisis Intervention (Relapse Prevention)
4. Family Workshops
5. Therapy: Family, Caregiver, or Child

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

**1. Initial Family Assessment & Service Plan**

Assessments, completed prior to or at the commencement of services, MUST utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives. *See Form #4 for additional guidelines.*

**2. Case Management**

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. *See Form #4 for additional guidelines.*

**3. 24/7 Crisis Intervention (Relapse Prevention)**

Immediate intervention or support, made available 24 hours, seven days a week in response to an urgent situation to address a crisis that threatens sustained recovery and/or child safety.

**4. Family Workshops**

Workshops designed to engage family members and children may include skills for setting boundaries, improving communication, and encouraging family members to share emotions and experiences in a positive setting. Topics may include:

- Education on the disease of addiction, its impact on family functioning and/or child development
- Grief and loss
- Communications and problem solving
- Addressing co-dependency
- Healthy relationships
- Stages of recovery and relapse prevention
- Prevention strategies for children and adolescents

Workshops should engage all family members but may also include specific or age-appropriate skill building workshops for caregivers or children. At a minimum, workshops should be made available twice a month.

**5. Therapy: Family, Caregiver or Child**

The impact of an addicted family member is typically the culmination of a long process that includes many stages. Therapists work with family members to learn their strengths and individual needs, address trauma and build a healthy family environment to support and sustain recovery. Therapeutic services MUST utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes for families affected by addiction. Services include the evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues.

**Additional Services (optional)**

Based on needs identified by the Initial Assessment and goals and objectives identified in the discharge or transition plan, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes. These may include, but are not limited to, the following service priorities:

- Parent Education or Parent Training\*
- Drug Testing
- Peer Support Groups (adult, child or adolescent)
- Transportation
- Childcare

*\*MUST utilize an evidence-based parent education or parent training model with a medium to high relevance to child welfare that is effective in reducing the risk of child abuse and neglect in families affected by substance abuse*

**Resources:**

National Center on Substance Abuse and Child Welfare:

<http://www.ncsacw.samhsa.gov/resources/AnnotatedBiblio.aspx>

California Evidence-Based Clearinghouse for Child Welfare:

<http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/>

## PSSF TIME-LIMITED REUNIFICATION SERVICES (TLR)

Once a youth or child has been removed from the care of their parents, safe and timely family reunification is the preferred permanency option. It is the most common goal for children and youth in out-of-home care as well as the most common outcome. While reunification is generally thought of as reuniting the children and youth in foster care with their families and reinstating custody to their parents or guardians, a broader definition that includes living with other relatives is sometimes used. The physical return of the child or youth to parents or caretakers may occur before the return of legal custody, as when the child welfare agency continues to supervise the family for some period of time. Reunification is considered achieved when both care and custody are returned to parents or guardians, and the child or youth is discharged from the child welfare system. The challenge for child welfare agencies is to achieve reunifications that are both timely and do not result in re-entry.

Safe family reunification is the preferred permanency planning option for all children in Georgia state custody unless it is not in the best interests of the child. **PSSF Time-Limited Reunification** services help to support positive consistent family relationships and prevent multiple placements increasing safety, permanency and well-being. Family-centered values and practice, along with evidence-based practices, are the foundation of safe, timely reunification/permanency.

Efforts to assure safe and permanent reunifications for children are complicated because of the strict time frames set forth in the Adoption and Safe Families Act (ASFA) of 1997 and the complex and interrelated problems many families experience, such as substance abuse, domestic violence and mental illness. The degree to which families are effectively reunited is largely dependent upon the ability to connect families with timely, intensive and responsive supports and services during the first 15 months children are in foster care and post-reunification.

Since the majority of children who leave foster care are reunified with their families, it is important to focus on practices that help achieve successful reunification. **PSSF Time-Limited Reunification** services are intensive support services provided to a child with a plan of safe, appropriate, and timely reunification and to the parents or primary caregiver of the child. These services may be provided to children during the first 15 months that the child is in foster care to expedite reunification or other permanency option, and after the child returns from foster care to sustain permanency.

**PSSF Time-Limited Reunification** services are provided to families to reduce the time in foster care, facilitate reunification, and sustain permanency for children, pre- or post- return of children to families from foster care or residential treatment. **PSSF Time-Limited Reunification** services are provided to families whose children have a plan of reunification or an alternative concurrent permanency option. This includes:

- Families with children in foster care
- Families with court-ordered relative placement

**Referral Sources:** DFCS Foster Care or Juvenile, Family or Drug Court

**Service Duration:** Not to exceed 12 months and provided within 15 months of date of entry into foster care

To maximize federal and state funding and to address the service needs of children and families involved in Georgia's child welfare system, funding for the FFY2018 funding cycle for **PSSF Time-Limited Reunification** services is limited to the following service models:

- I. TLR Supervised Family Visitation Services (SFV)
- II. TLR Child and Family Advocacy Services (CFA)

## I. PSSF Supervised Family Visitation Services (SFV)

Children in an out-of-home placement have the right to continued relationships with their family of origin, extended family, and others with whom they have had meaningful relationships, unless prohibited for reasons of safety by court order. Likewise, parents of children in care have the right and responsibility to maintain regularly scheduled visits and other contacts with their children unless prohibited by the court.

This type of visitation maintains parent-child relationships necessary for successful family reunification while maintaining child safety. Research that has been conducted on supervised visitation identifies maintaining parent-child and other family attachments, in addition to reducing the sense of abandonment that children experience during placement, as potential benefits of this type of intervention.

Supervised visitation has been found to be strongly associated with the outcomes of placement, particularly family reunification, and with the length of stay in foster care. According to research, the children who were visited most frequently were more likely to be reunified with their parents and to experience shorter placements before reunification. In addition, researchers have found a relationship between the frequency of the parent-child visits and the child(ren)'s well-being while in foster care. Children in foster care who are visited frequently by their parents are more likely to have high well-being ratings and are more likely to adjust well to their foster care placement than are children less frequently or never visited. Frequent visiting has consistently been found not only to emotionally benefit children in care but also to contribute to the achievement of permanency. Above all, supervised visitation provides the necessary element for the successful return of the child to the parent.

**PSSF Supervised Family Visitation** provides increased opportunities for children in foster care to visit with their families in less restrictive but secure, non-threatening environments. Supervised visitation centers may also provide opportunities for children to maintain connections with siblings placed in different placements or visit with extended family members or other significant adults. These community-based visitation centers are designed with a parent's schedule in mind and should increase the frequency and quality of interactions between parents and children and children and their siblings and other significant adults.

Successful family reunification is based, in part, on the family or primary caregiver demonstrating an understanding of the child's needs and their competency to meet those identified needs during observed visits. Services are designed to establish or sustain parent-child and sibling relationships and facilitate the achievement of reunification case plan goals.

### Target Population:

- Children in foster or relative care with a reunification or an alternative permanency plan and their parents(s), caregivers, relatives or other extended family members
- Siblings who have been placed in separate foster homes

**Referral Sources:** DFCS Foster Care or Juvenile Court

**Staff Qualifications/Experience:** Visitation Coordinator should have education, training and experience in relevant areas of specialization such as social work, mental health, sociology, psychology, early childhood education, domestic violence, substance abuse or public administration and experience in a related human service field or direct service delivery to at-risk families.

Providers may use volunteers to supervise visits provided that they meet relevant staff qualifications and receive appropriate training and supervision. The types of cases an agency serves will determine the functions that staff should be required to perform and, consequently, the competencies and training that staff are required to have. Foster parents should not be used to supervise visits.



## **Required Services - PSSF Supervised Family Visitation**

1. Initial Assessment & Visitation Plan
2. Case Management
3. Supervised Family and/or Sibling Visitation
4. Parent Coaching, pre- and/or post-visit

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

### **1. Initial Assessment & Visitation Plan**

Each family referred for supervised visitation services should be evaluated collaboratively with the child welfare agency, and, as appropriate, the extended family and foster parent, to identify safety concerns, and evaluate caregiver strengths and needs, including parenting skills, to address any barriers to visitation, prior to the commencement of visits. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives. *See Form #4 for additional guidelines.*

The visitation plan should include the full range of logistics, visit and safety expectations and at a minimum include:

- Purpose of visits (what visits are expected to accomplish)
- Safety issues
- Timing (how soon, how often, duration)
- Place (off-site visits subject to agency/court approval)
- Participants (mother, father, siblings, pets, grandparents, other relatives, or other adult who has a significant relationship with the child)
- Content (attachment, parenting/child development, decision-making)
- Controls (secure place, observation, documentation, supervision, rules)
- Transportation (who and how)
- Contingency plan for missed visits
- Barriers that may need to be addressed

### **2. Case Management**

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. *See Form #4 for additional guidelines.*

### **3. Supervised Family and/or Sibling Visitation**

**PSSF Supervised Family Visitation** services must be conducted in secure, non-restrictive, non-stigmatizing settings outside of the DFCS county department, such as family resource centers, churches, or other neutral community-based settings.

Services may include sibling visits and visits with relatives and other significant adults, as appropriate and approved.

Services must be made available during non-traditional hours including evenings, weekends, and holidays, to remove barriers to meaningful and consistent visitation and be least disruptive to child's schedule, especially for those attending school, and parent's work and/or treatment schedule.

Each visit should include a pre-visit and/or post-visit period with the parent or other significant participants that allows for parent coaching, including shared discussions, observations, accomplishments, goal-setting, barriers/obstacles to meeting case plan objectives, and a review of permanency timeframes.

The level of supervision required during a visit will depend on the individual safety needs identified in the DFCS or court-ordered case plans. Monitoring or observation of visits should include both process and outcome markers that indicate parental progress toward meeting the permanency goals and be included in regular reports to the case manager. Interventions during the visit should be minimized and occur only to redirect or de-escalate behaviors that negatively impact visit objectives or threaten child safety.

Service providers must be knowledgeable regarding healthy child development and have the ability to model and coach positive parent-child interaction, effective discipline techniques and non-corporal behavior management.

#### 4. Parent Coaching, pre- and/or post-visit

Parent coaching is a collaborative relationship between the parent(s) and 'parenting coach' that allows parents to develop and strengthen parental protective capacities by successfully identifying and navigating the challenges that raising children presents. The goal of parent coaching is to improve the quality of the interaction between the parent and child. The parent coach will teach, model and assist the parent in developing, practicing and embracing successful parenting practices grounded in an evidence-based parent training model. The parent coaching relationship facilitates parental insight, identification of strengths and abilities, development of goals, and integration of strategies to address challenges with respect to the family's support, education and development in their parenting needs.

Parent coaching provided in conjunction with each visit, provides an opportunity to engage with parents to set the tone for a successful visit and improve the quality of the parent/child interaction during the visit.

Pre-visit to:

- Provide an update to parent on what has been happening with the child
- Discuss parent's concerns
- Set realistic expectations and goals for each visit

Post-visit to:

- Provide encouragement and reinforce positive parenting behaviors observed
- Discuss alternatives to undesirable behaviors observed during the visit
- Identify goals for future visits
- Identify actions or resources needed to improve quality future visits

#### Additional Services (optional)

Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes. These may include, but are not limited to, the following service priorities:

- Parent education\*
- Post-reunification in-home follow up
- Therapeutic counseling\*\*
- Transportation to and from visits, for child or parent  
*Transportation should be coordinated to remove barriers to consistent visitation. If transportation by caseworker, foster parent(s) or relative caregiver(s) is not available, transportation should be provided as one of the additional services. Transportation costs associated with transporting participants to and from visits are limited to \$15.00 per hour plus state mileage reimbursement rate.*
- Peer mentoring
- Support groups
- Substance abuse treatment and recovery support\*\*\*

*\*MUST utilize an evidence-based parent education model with a medium to high relevance to child welfare that is effective in the prevention of child abuse and neglect.*

*\*\*Therapeutic services MUST utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes.*

*\*\*\*MUST utilize an evidence-based substance abuse treatment or support practice with a medium to high relevance to child welfare.*

**Resources:**

Supervised Visitation Network - <http://www.svnetwork.net/standards-training.asp>

## II. PSSF Child & Family Advocacy Services (CFA)

In Juvenile Court dependency proceedings, a child has a right to an attorney at all stages of the proceeding, and the Courts may appoint an attorney for the child. In addition to the child's attorney, the federal Child Abuse Prevention and Treatment Act, as well as state law, require the appointment of a Guardian ad Litem (GAL) to represent the best interests of the child. A GAL can be an attorney or a non-attorney. In the case of a non-attorney, Georgia law requires the court to appoint a Court-Appointed Special Advocate (CASA) volunteer to serve as GAL whenever possible, or a CASA may be appointed in addition to an attorney serving as the child's GAL.

**PSSF Child and Family Advocacy** services help to ensure that children involved in dependency proceedings are appointed representation, a Court-Appointed Special Advocate (CASA) or Guardian ad Litem (GAL), to advocate for timely permanency decisions that are in the best interest of the child.

**PSSF Child and Family Advocacy** also provides support to children and their families to promote and sustain reunification or other permanency options such as adoption or legal guardianship. These services ensure that the needs of children are met and families receive needed supports so that children who must be removed from their home maintain connections to their families and communities, achieve permanency as quickly as possible, and do not experience a subsequent removal after reunification. **PSSF Child and Family Advocacy** providers work in collaboration with DFCS and the Courts first and foremost to ensure that children are safe and that families receive the timely and responsive services they need, minimize the trauma of out-of-home placement and prevent placement disruptions.

**Target Population:** Children entering or in foster care or other temporary placement and their families

**Referral Sources:** DFCS Foster Care or Juvenile Court

**Staff Qualifications:** **PSSF Child and Family Advocacy** services are provided by a volunteer Court-Appointed Special Advocate (CASA) who has received required 30 hours of training, and is supervised by a minimum of a bachelor's level professional or individual qualified by education, training and experience serving at-risk families and/or by a Guardian ad Litem, who has received pre-appointment training, appointed by the court to represent the best interests of a child in a judicial proceedings.

### **Required Services - PSSF Child and Family Advocacy**

1. Initial Assessment & CASA Court Report
2. Case Management
3. Ongoing In-Court Support
4. Child Contact
5. Collateral Contact

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

#### **1. Initial Assessment & CASA Court Report**

Initial assessment, based on national CASA standards and guidelines, is expected to evaluate child and/or family needs and circumstances related to the dependency, to assist in determining what permanency decision is in the best interest of the child(ren). This includes reviewing documents and records, interviewing the children, family members and professionals in their lives. The resulting CASA report, including recommendations on placement type and services, is presented for the court's consideration at an adjudication hearing. Initial assessment completed at intake includes all consultation, preparation and presentation of recommendations to the court. Additional initial assessments may be required for large sibling groups and/or siblings in multiple placements, or when there is a significant placement change or change in circumstances.

Initial assessment, completed at intake, includes all collateral contacts, consultations, report preparation, and court appearances up to and including presentation of the final report.

## **2. Case Management**

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. *See Form #4 for additional guidelines.*

## **3. Ongoing In-Court Supports**

Additional, periodic court appearances by volunteer and/or designated staff, such as at review, permanency or termination hearings, to testify or to update the court on developments with agencies and family members and ensure that appropriate motions are filed on behalf of the child so the court knows about any changes in the child's situation. Includes preparation of reports and any resulting follow up.

## **4. Child Contacts**

Ongoing, quality, monthly, face-to-face contact between volunteer and child.

## **5. Follow-Up Collateral Contacts**

Ongoing follow-up contact by volunteers with family members, extended family, teachers, etc.

### **Additional Services (optional)**

Service plans may also include additional services, as needed, to enhance required services and improve desired outcomes.

## PSSF ADOPTION PROMOTION & PERMANENCY SUPPORT SERVICES (APP)

Experience with adoptive families has shown that all family members can benefit from some type of post-adoption support. Families of children who have experienced trauma, neglect, abuse, out-of-home care, or institutionalization may require more intensive services as children may have ongoing emotional, developmental, physical, or behavioral difficulties.

Additionally, when young people leave foster care or “age out” without permanent family connections, they are often at risk for negative outcomes such as homelessness, unemployment, unplanned parenthood, poor educational attainment, or involvement with the criminal justice system. Turning 18 often means losing financial, educational, and social supports that foster care youth have come to rely on.

**PSSF Adoption Promotion and Post-Permanency Services (APS)** are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child or to facilitate permanency for children through relative guardianship and to prevent disruption or dissolution of those relationships. It is common for adoptive families to need support and services to prepare for and sustain adoption. Transition periods can be especially difficult for families who must also address child welfare-related issues such as separation and loss. Families who adopt children with special needs also face additional challenges that may be compounded by the child’s past experiences of child abuse and neglect.

**PSSF Transition and Emancipation Support (TES)** services are designed to help youth develop skills for independent living and establish meaningful adult connections while simultaneously working toward achieving permanency through reunification, adoption, or guardianship. Youth who are nearing the age of emancipation without an identified permanency resource may need additional supports and services to help transition and prepare for the opportunities and challenges of independent adult living. Without family supports and community networks to help them make successful transitions to adulthood, these young adults may experience very poor outcomes at a much higher rate than the general population.

To maximize federal and state funding and to address the transition or post-permanency service needs of children and families involved with Georgia’s child welfare system, funding for the FFY2018 funding cycle for **PSSF Adoption Promotion and Permanency Support** services is limited to the following service models:

- I. **PSSF Adoption Promotion and Post-Permanency Services (APS)**
- II. **PSSF Transition and Emancipation Support Services (TES)**

## I. PSSF Adoption Promotion & Post-Permanency Support Services (APS)

**PSSF Adoption Promotion and Post-Permanency Support** services are provided to families to facilitate and support permanency for children through adoption or other permanency options such as legal guardianship, to prevent disruption or dissolution of those relationships. Services are designed to promote and assist children and families prior to, during and after adoptive placement or guardianship. Services may be provided to birth, foster, relative or adoptive families and are designed to support families throughout the adoption and/or guardianship process and provide post-permanency support services.

### Target Populations:

- Foster/adoptive children and youth, *particularly those with special needs*
- Foster, pre-adoptive and adoptive parents
- Relative caregivers

**Referral Sources:** DFCS Family Preservation, Foster Care or Adoption Services, Juvenile or Family Court

**Staff Qualifications:** **PSSF Adoption Promotion and Permanency Support** services must be delivered at a minimum by a bachelor's level professional or a supervised para-professional who is qualified by education, training and experience to work with the target population.

**Service Duration:** 3-6 months pre-adoption or guardianship and up to 6 months post-adoption or guardianship

### Service Delivery Expectations:

- Services are designed to address issues related to separation and adjustment which may impair family functioning.
- Adequate support is particularly critical for special needs adoptions where challenges and adjustments faced by families can be immediate and intense.
- Post-permanency supports and services should help identify and address family issues which negatively impact family functioning and help stabilize and support families to prevent disruption.
- Post-permanency services are geared toward normalizing the adoption experience, helping adoptive parents increase parent-child attachment and decrease family isolation by creating opportunities to connect with others in similar circumstances.

### Required Services - PSSF Adoption Promotion and Post-Permanency Support

1. Initial Family Assessment & Service Plan
2. Case Management
3. Parent Training or Coaching
4. Respite

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

**1. Initial Family Assessment & Service Plan**

Assessments, completed prior to or at the commencement of services, **MUST** utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives. See *Form #4 for additional guidelines*.

**2. Case Management**

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. See *Form #4 for additional guidelines*.

**3. Parent Training or Coaching**

Service providers must utilize an evidence-based parent training model with medium to high relevance to child welfare that is effective in the prevention of maltreatment and addresses the special needs and challenges of the adoptive family.

**4. Respite**

Respite is provided to help sustain family health and well-being, reduce the likelihood of abuse and neglect, and avoid placement disruption. Temporary relief is provided to primary caregivers to reduce stress, support family stability, and minimize the need for out-of-home care. Respite care is a vital support to families who have adopted children with complex developmental, emotional, behavioral or medical needs to provide relief from the challenges associated with parenting children with special needs. Respite must be provided by an individual trained and qualified to meet the special needs of the child and in a safe, secure environment.

**Additional Services (optional)**

Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes. These may include, but are not limited to, the following service priorities:

- Behavior Management\*
- Therapy\*\*
- Legal Services
- Supervised pre-adoption visits with adoptive parents
- Supervised post-adoption visits with relatives, other significant adults or siblings
- Support groups

*\*Behavior management services MUST be based on an evidence-based practice effective in addressing the disruptive child behaviors, remove barriers to family stability, and restore family functioning.*

*\*\*Therapeutic services MUST utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes.*



## II. PSSF Transition & Emancipation Support Services (TES)

Adolescents face a range of developmental issues, and as teens approach adulthood, living independently becomes a significant goal. While youth with intact families may struggle to achieve self-reliance, youth in out-of-home care face formidable obstacles. As youth age out of out-of-home care, receiving guidance and support when facing life's challenges can help develop networks for support and prepare them for self-sufficiency.

**PSSF Transition and Emancipation Support** services are designed to provide enhanced or additional supports and services to youth preparing for emancipation, or youth who have recently exited foster care, to equip them with life skills, educational and career planning necessary for a successful transition to independent adult living.

### Target populations:

- Youth age 16+ preparing for emancipation from foster care
- Youth age 18+, who have signed themselves back in for services

**Referral Sources:** DFCS Foster Care or Independent Living Program (ILP)

**Staff Qualifications:** Services must be delivered at a minimum by a bachelor's level professional or a supervised para-professional who is qualified by education and training to work with the target population and experienced in working with adolescents. Service providers must be knowledgeable of and collaborate with DFCS and other community- and faith-based agencies to ensure youth have access to the array of supports and services needed to meet case plan goals.

**Service Duration:** 6-9 months before exiting Foster Care and/or 6-9 months following emancipation

### Required Services - PSSF Transition and Emancipation Support

1. Initial Assessment & Service Plan
2. Case Management
3. Adult or Peer Mentoring
4. Educational Supports
5. Employment Supports
6. Transitional Life Skills

*Additional Services (optional): Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes.*

#### 1. Initial Assessment & Service Plan

Assessments, completed prior to or at the commencement of services, **MUST** utilize recognized assessment instrument(s) designed to evaluate the strengths and needs of the target population. In addition to determining youth needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives. *See Form #4 for additional guidelines.*

#### 2. Case Management

All proposals are expected to demonstrate effective engagement with families in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring and evaluating resources, supports and services as outlined in the individual family service plan. *See Form #4 for additional guidelines.*

#### 3. Adult or Peer Mentoring

A structured, managed mentoring program is intended to create sustained and supportive mentor relationships for youth. An essential component of mentoring programs is ensuring that program staff is well-trained in issues related to mentoring, the foster care system, and cultural competence. All mentors must be appropriately

screened, including criminal background checks, trained and supervised regularly. Program staff should be trained to:

- maintain regular contact with mentors and mentees in order to identify potential challenges and provide support
- equip mentors with the skills to model good decision-making and problem-solving
- give mentors opportunities to gain insight into their own behaviors and to practice replacing negative habits with new, positive behaviors
- coach mentors on communication skills, in particular, how to ask questions and listen intently to a mentee

Mentors are recruited, screened and trained to provide the youth with a volunteer mentor who will help build strong relationships, set and maintain goals, and be a positive role model. Youth are appropriately matched with mentor for one-on-one relationships, involving meetings and activities on a regular basis. Goals of a mentoring program include:

- Increasing positive behaviors and reduce risk behaviors
- Improving self-concept in order to help youth make healthy choices and reach their full potential
- Increasing opportunities for academic achievement and career goals
- Building a community of caring for youth through networks and collaborations

Structured, ongoing support for mentors increases the likelihood that mentors will stay with the program and contributes to greater success in mentoring relationships. Staff need to monitor each mentoring relationship to track its progress and success (e.g., how the youth is doing, any challenges the mentor is facing with the mentee, the comfort level of the mentee's family/foster family with the relationship). Program staff should observe mentoring relationships, especially when they are first established. It is important to help mentors become more competent in their role, assess the relevance of their work, and enhance their sense of belonging to a worthwhile effort.

#### **Adult Mentoring** (connections to an established adult support system)

A positive relationship with a kind, trustworthy adult is an important factor in child and adolescent development. Older youth (ages 16–18) in foster care are often placed in a group home or institution, where they are less apt to form lasting relationships with compassionate, responsible adults who stimulate their emotional and cognitive development and model critical life skills. Mentoring by a caring, well-trained adult can provide children and adolescents in foster care with adult support to develop the skills they need to make a successful transition to independence.

-or-

#### **Peer Mentoring** (*developing a peer support network*)

Peer mentoring is defined as a relationship that usually takes place between a person who has lived through a specific experience (the Peer Mentor) and a person who is new to that experience (the Mentee). Young adults who have been involved with the child welfare system serve as peer mentors, partners, or resource guides to help youth navigate the system and meet their case plan goals.

## **4. Educational Supports**

Supports and services provided by an appropriately qualified individual by training or experience to improve educational outcomes including instruction designed to enhance skills, support and encourage individual goals. These may include:

- Tutoring to an individual or small group
- Literacy/reading support
- GED classes
- SAT preparation class
- Preparation of college or vocational school applications, applications for financial aid, etc.

## 5. Employment Supports

- Career planning
- Job skills or vocational training, work habits
- Job search, resume preparation, interview skills, applications, interview follow-up

## 6. Transitional Life Skills

- Daily living activities
- Housing search and application
- Identifying and utilizing community resources

### Additional Services (optional)

Based on needs identified by the Initial Assessment and goals identified by the family, additional supports and services may be necessary to enhance required services and/or address challenges, gaps or barriers to effective engagement of the target population to improve outcomes. These may include, but are not limited to,

- Health management, such as:
  - Medical care resources
  - Nutrition, diet and exercise
  - Substance abuse treatment/recovery supports\*
  - Pregnancy prevention
- Safety, including:
  - Maintaining healthy relationships
  - Personal safety
- Financial supports
  - Personal documents, identification, etc.
  - Financial resources management, such as banking, budgeting, establishing or repairing credit, etc.
- Behavior Management\*\*
- Therapeutic Counseling\*\*\*
- Transportation\*\*\*\*

*\*MUST utilize an evidence-based substance abuse treatment or support practice with a medium to high relevance to child welfare.*

*\*\*Behavior management services MUST be based on an evidence-based practice with a medium to high relevance to child welfare and effective in promoting behavior change.*

*\*\*\*Therapy services MUST utilize evidence-based therapeutic interventions with a medium to high relevance to child welfare that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes.*

*\*\*\*\*Transportation costs associated with transporting participants to and from visits are limited to \$15.00 per hour plus state mileage reimbursement rate.*

### Resources:

California Evidence-Based Clearinghouse for Child Welfare: Mentoring –

<http://www.cebc4cw.org/topic/mentoring-programs-child-adolescent/>

Casey Life Skills Assessment

[http://lifeskills.casey.org/clsa\\_learn\\_provider](http://lifeskills.casey.org/clsa_learn_provider)