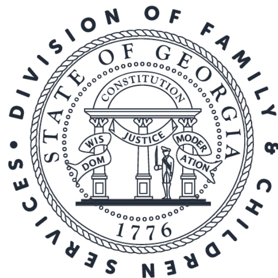

Georgia Division of Family & Children Services

MaryLee Allen Promoting Safe and Stable Families Program

FFY2025 Statement of Need (SoN)

Mandatory Informational Meeting

February 29, 2024

10:00 am – 12 noon EST

Attendance at this Informational Meeting is mandatory for agencies and organizations interested in submitting a proposal for the FFY2025 funding cycle. Registration is required.

To Register: https://us02web.zoom.us/meeting/register/tZUlfu2sqTorH9IiOjo1hhvN4aYGuLuuOk8H#/registration

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Proposal Submission Deadline:

Thursday, April 4, 2024 – NOON EDT

APPLICATION & PROPOSAL GUIDELINES

will be available for download at www.pssfnet.com, Funding Opportunities

Release Date: March 1, 2024

Georgia Division of Family and Children Services
MaryLee Allen Promoting Safe and Stable Families Program (PSSF)

ANNOUNCEMENT

The Georgia Division of Family and Children Services is pleased to release the following funding opportunity announcement. Please review the information below and disseminate to interested parties for response.

Summary: PSSF Funding Opportunity Announcement (FOA)

Federal Fiscal Year: 2025

CFDA Number: 93.556

CFDA Number Description: MaryLee Allen Promoting Safe and Stable Families Program

Cost Sharing/Cash Matching Requirement: Yes - 25% (Non-Federal Funds)

Maximum Awards: $93,750 federal award amount per program
New Agencies are limited to a federal award request of $37,500

Mandatory Informational Meeting: February 29, 2024

Posting Date: March 1, 2024 at www.pssfnet.com - Funding Opportunities

Submission Period Begins: March 1, 2024

Application/Proposal Due Date: April 4, 2024 at NOON EDT

Application Submission Requirements: Applications must be submitted electronically and received in full no later than 12:00 noon eastern daylight time, on the due date referenced above.

Estimated Start Date: October 1, 2024

Eligibility: State, County or City Governments; other Public Entities, including institutions of higher education; Non-profits having a 501(c)(3) status with the IRS.

Additional Eligibility Information: Non-profit applicants must be registered and in active compliance status for 2024 with the Georgia Secretary of State's Office. Faith-based and community organizations that meet eligibility requirements are eligible to receive awards. Individuals, sole proprietors, foreign entities, and for-profit organizations are not eligible to compete for, or receive, awards made under this announcement.

Description: The purpose of the statement of need is to solicit proposals for services to improve the safety, permanency and well-being of children, youth, and their families through coordinated, community-based service delivery. These services are designed to build service capacity between state, local child welfare agencies and community-based family service agencies to ensure that children who are at risk for child welfare intervention have access to comprehensive, high-quality prevention and early intervention, preservation, reunification or adoption promotion and post-permanency services.

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Timeline

FFY2025 SoN Release Date	**March 1, 2024**
Informational Meeting *Mandatory Informational Meeting will be held via Zoom. Instructions for requesting a proposal ID and how to submit a proposal will be covered at the meeting.* *Attendance at Informational Meeting is mandatory for agencies/organizations interested in submitting a proposal for the FFY2025 funding cycle. Registration for Informational Meeting is required and registration link is below:* https://us02web.zoom.us/meeting/register/tZAvd-Gtrj0uH9FZe_UTrDf8MVND2PEx7p4v	**February 29, 2024** **10:00-12:00 pm** **EST**
SoN Technical Assistance Period *Submit questions to SonSupport@pssfnet.com. Questions and responses will be posted on the public site at pssfnet.com Funding Opportunities page.*	**March 4-24, 2024**
Proposal Submission Period Begins	**March 1, 2024**
Proposal Submission Period Ends *Upload of proposal and all documentation as required must be completed by noon deadline.*	**Thursday, April 4, 2024** **NOON EDT**
Proposal Review	**May 2024**
Award Notification *Award notification letters will be sent via email from communications@pssfnet.com.*	**July 2024**
Contract Prep and Distribution	**Begins July 2024**
Contractors Meeting *Attendance is mandatory for all FFY2025 PSSF contractors.* Location: TBA Registration is required. Additional information will be included in award notifications.	**Thursday, Sept 26, 2024**
Contract Period *Contract start date is October 1, 2024.* *Expenses incurred or services provided prior to the effective start date are ineligible.*	**October 1, 2024 –** **September 30, 2025**

SECTION A

Mary Lee Allen Promoting Safe and Stable Families Program Statement of Need

Purpose: This "Statement of Need" (SoN) has been issued by Georgia's Division of Family and Children Services to seek proposals from non-profit organizations and public entities to provide coordinated community-based programs and services for vulnerable children and families in Georgia. Georgia is committed to the development of a coordinated network of community-based supports and services for families and children. Through its PSSF program, the Division of Family and Children Services (DFCS) is working in partnership with community-based agencies to assure that families needing extra support in meeting the challenges of parenthood are identified for early follow-up and linked with responsive supports and services.

Child Welfare Goals:
The following goals reflect the desired results for Georgia's families, children, and communities.

Safety
- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Permanency
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

Well-Being
- Families have enhanced capacity to provide for their children's needs.
- Children receive adequate services to meet their physical and mental health needs.
- Children receive appropriate services to meet their educational needs.

Use of Funds: For the delivery of community-based programs and services in the following areas:

PSSF Family Support services are 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.

PSSF Family Preservation services are provided to families that come to the attention of child welfare because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict so that 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, as an alternative to placement in out-of-home care.

PSSF Family Reunification services are time-limited, intensive support services provided to a child with a plan of safe, appropriate, and timely reunification or other permanency option and to the parents or primary caregiver of the child. These services may be provided to families while the child is in foster care to facilitate reunification and after the child returns from foster care to sustain permanency.

PSSF Adoption Promotion and Post-Permanency Support services are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child, or guardianship. Services may also be provided to support families after adoption to prevent disruption, and to provide additional support to youth who may not achieve permanency, pre- and post-emancipation.

Source of Funds: CFDA 93.556 Social Security Act, as amended, Title IV, Part B, Subpart 2; Omnibus Budget Reconciliation Act of1993; Public Law 103-66; Social Security Amendments of 1994, Public Law 103-432; Adoption and Safe Families Act of 1997, Public Law 105-89; Promoting Safe and Stable Families Amendments of 2001, Public Law 107-133. Child and Family Services Improvement Act of 2006, Public Law 109-288.

Pursuant to Title 45 CFR 1357.32(f): Applicants may not use the funds under title IV-B, subpart 2, to supplant Federal or non-Federal funds for existing family preservation, family support, time-limited reunification, or adoption promotion and post-permanency support services. For the purpose of implementing this requirement, non-Federal funds means State funds.

General Information

Who May Apply:	• **Non-profit organizations, state, county or city government agencies, institutions, and other public entities ONLY** • **For-profit agencies are ineligible.** Proposal MUST be submitted by the entity that will perform the proposed services. Applicant must have a minimum of 2-3 years experience serving at-risk families. **Applicant MUST attend MANDATORY Informational Meeting to obtain a authentication code necessary to submit a proposal.**
Award Limits:	**<u>Per Proposal</u>** **Total Cost of Services cannot exceed $125,000** Federal award request maximum of $93,750. Required cash match contribution maximum of $31,250 **<u>New Agency Proposals</u>** **Limited to $50,000 Total Cost of Services** Federal award is 75% of Total Cost of Services (maximum Federal award request of $37,500.00) Required cash match contribution of 25% is based on Total Cost of Services.
Proposal Limits:	**First-time applicants may only submit one proposal.** Maximum number of submissions from any single agency/organization is <u>three</u> proposals. Applicants submitting more than one proposal must demonstrate that the agency has the capacity and resources to meet all programmatic and contract requirements, including aggregate cash match requirement, in addition to demonstrating that there is sufficient need by the target population for proposed additional services. Agencies can submit only one additional new proposal per year, up to the maximum of three. Each proposal may only include services for a single service model in one of the following program areas: • PSSF Family Support • PSSF Family Preservation • PSSF Family Reunification • PSSF Adoption Promotion and Post-Permanency Support
Cash Match:	Applicants must provide a **<u>non-federal cash match of 25% of the cost of services</u>**. For example, proposals with a total cost of $60,000 would require a $15,000 cash match for a federal award of $45,000. Form #10 Cash Match Commitment, identifying non-federal source of cash match is a proposal requirement.
Subcontractors:	In the event that applicant intends to subcontract any proposed services to <u>another registered legal entity (non-profit, for-profit or public entity)</u>, this must be disclosed in the proposal and is subject to review and approval during the selection process and thereafter in the event that a proposal is selected. Applicant cannot subcontract more than 49% of proposed services. This provision does

not apply to services contracted to an individual such as a licensed therapist or parent educator.

Applicant is responsible for monitoring and supervising the delivery and quality of services provided by subcontractors in addition to ensuring that they meet all applicable contract and service delivery requirements.

Submission Requirements & Deadline:

Applicant is required to prepare and format proposal and additional documentation as described in Section E.

Applicant MUST obtain an authentication code at the mandatory Informational Meeting on February 29, 2024 in order to submit proposal electronically. Only electronic submissions are accepted. Mailed or faxed proposals or partial proposals will not be accepted. Representation at Informational meeting is mandatory for programs who wish to submit a FFY2025 proposal.

Zoom:
https://us02web.zoom.us/meeting/register/tZUlfu2sqTorH9IiOjo1hhvN4aYGuLuuOk8H

Failure to upload ALL required proposal documents to secure website by the NOON deadline will result in disqualification of the proposal.
Proposal Submission Deadline: April 4, 2024 – NOON EST

Please note: Time needed to upload proposals varies and is dependent upon various factors including your internet provider transmission speed. Allow enough time to upload all documents before the deadline.

Proposal Review:

Proposals must satisfy all compliance and technical requirements in order to advance to the qualitative review.

Compliance & Technical Review
Applications that do not meet all submission criteria listed below will be disqualified from further review.

ALL the following **required** forms and documents MUST be successfully uploaded by the published deadline. Applications **MUST** also satisfy *italicized* requirements described below.

1. Form #1 Application Cover
   MUST *be signed by an authorized officer.*
2. Form #2 Narrative including:
   - Proposal Overview
   - Needs Assessment
   - Organizational Information
   - Referrals, Coordination & Resources
   - Program Monitoring & Evaluation
3. Form #3 Contractor Report:
4. Form #4 Disaster Plan
5. Form #5 DFCS Acknowledgement – ***MUST*** *be acknowledged by DFCS representative.*
6. Form #6 Services
   MUST *include all required service elements for chosen service model and be consistent with services described in Form #9 Services.*
7. Form #7 Budget
8. Form #8 – Budget Narrative
9. Form #9 – Services
10. Form #10 - Cash Match Commitment - ***MUST*** *be signed and notarized*

11. Form #11 – Security Immigration & Compliance (E-Verify Affidavit) - ***MUST** be signed and notarized*
12. Form #12 - Criminal Records Certification - ***MUST** be signed and notarized*
13. Corporate Resolution (Non-profits) or Authorization (Public Entities)- ***MUST** be signed and sealed or notarized*
14. Federal Award System Management (SAM.gov) Registration (SAM Registration Screenshot)
    ***MUST** confirm current, active registration (SAM) indicating <u>no active exclusions</u>*
15. Secretary of State Registration Screenshot (Non-profits ONLY)
    ***MUST** confirm 2024 filing as an active, compliant non-profit registered in Georgia*
16. Certificate of Insurance (COI)
17. Tax Compliance Form
18. W9
19. Pre-Award Risk Assessment
20. Financial Audit
21. Supplier Change Management Request Form*

*If awarded, to be completed later

<u>Qualitative Review</u>

Each eligible proposal is read and evaluated by an independent review team. This review includes a comprehensive evaluation of the responsiveness of the proposal to the priorities identified in the SoN as a whole, as well as an evaluation of individual proposal components.

Proposal MUST demonstrate **sufficient need** in the identified service area for proposed services and demonstrate that service delivery, including evidence-based strategies, practices or program models utilized, are effective in addressing the child and family needs identified for the target population, and achieving desired outcomes in the timeframes proposed.

Proposals that do not meet the evidence-based model standards required will not be considered for PSSF FFY2025 funding.

Award Decisions & Notification:

Proposals MUST satisfy all compliance and technical review criteria and meet high qualitative review standards to be eligible for further consideration for an award.

DFCS has sole discretion to determine awards through the SoN process.

- **All decisions are final.**
- **No appeals will be considered.**

A current PSSF contract does not constitute a commitment for continued funding. Previous contract compliance and performance and prior history with PSSF will be considered in final award decisions. Proposals submitted by FFY2024 contractors should be reflective of current contract performance as described on the Form #3 Contractor Report.

Applicants will be notified by DFCS of award decisions in July 2024. Local and regional DFCS offices will also be notified of the successful applicants in their respective counties. **Please include** communications@pssfnet.com in **the "Trusted Senders", "Safe Senders" or "Whitelist" in your email system as award notices will be sent from this address**. Applicants are encouraged to check the PSSF website, www.pssfnet.com for announcements.

All successful FFY2025 applicants are required to participate in a webinar in July 2024 on additional documentation needed to facilitate the timely preparation of contracts. Information on the webinar will be included in the award notification.

Notification of selection does not constitute approval of the proposal as submitted. Prior to

	preparation of a contract, DFCS reserves the right to review the proposal and require revisions as necessary regarding level of funding, scope of services to be provided, delineation of deliverables, and other issues of concern to align the contract with PSSF objectives. DFCS further reserves the sole discretion to decline to fund proposals if the proposal does not develop into a timely and acceptable contractual arrangement within the parameters defined by DFCS. Should proposals not be selected, additional information on the review process or feedback on how to improve future PSSF proposals can be requested by contacting Roger Hubbard, PSSF Grant Supervisor, roger.hubbard@dhs.ga.gov.
Distribution of Award:	PSSF contracts are fee-for-service agreements and not a grant. Payment is based on delivery of services as described on approved service plan. Contractor is required to prepare monthly reports that include an invoice, a programmatic report and family services logs. The agency should have sufficient capital to cover the cost of services outlined on the budget for the first 45 days after the commencement of the contract. Contractor may be required to provide additional support documentation to DFCS prior to payment.
Contract Period:	October 1, 2024 (or date contract is fully executed by DFCS, if later than October 1, 2024) through September 30, 2025. PSSF contracts are negotiated as regional contracts. The County DFCS office identified as the primary service area in the proposal is responsible for their fiscal management, unless otherwise negotiated. Contract must be fully executed prior to commencement of service provision. Expenses incurred prior to commencement date of contract are ineligible. Successful first-time applicants must be fully prepared to commence services starting October 1, 2024.
Technical Assistance:	SoN technical assistance will be available from March 4-24, 2024. Questions must be submitted to PSSF by email to: **SonSupport@pssfnet.com** A copy of all questions and responses will be posted on the PSSF website, www.pssfnet.com – Funding Opportunities, FFY2025 PSSF SoN Technical Assistance FAQs.
DFCS Program Contact:	Roger Hubbard, PSSF Grant Supervisor roger.hubbard@dhs.ga.gov
PSSF Technical Assistance Contacts:	**PSSF TA Team** Brandi Shirey Briana Evans Suzanne Donahue sonsupport@pssfnet.com

Expenses incurred in the preparation of this application are the responsibility of the applicant and are not eligible for reimbursement by the FFY2025 PSSF program. This includes program expenses incurred prior to October 1, 2024

DHS/PSSF Contract Eligibility & Requirements

Successful applicants awarded a contract by Georgia's Division of Family and Children Services to provide Promoting Safe and Stable Families program services agree to deliver authorized services in accordance with all federal and state laws, regulations, and provisions of the contract.

Contract and programmatic requirements should be reviewed with the organization's board of directors, administration, and/or governing body in advance of submitting the proposal.

Contracts will not be initiated until any additional or revised contract documentation requested has been received, reviewed, and approved. Failure to provide any documentation as directed in the SoN or subsequently requested by DFCS within the specified time frame or as directed in an award letter may result in a delay in the distribution and/or execution of the contract and/or disqualification.

Agencies on the DHS delinquent audit list or on the State Debarment list at the time of selection are considered ineligible for funding.

Cash Match Commitment:	**Required for all Proposals** *See Section E for instructions on completing Form #10 Cash Match Commitment. Form is available on website for download.* Applicant **MUST** provide a notarized Form #10 - Cash Match Commitment, identifying source and date of availability of cash match contribution, certifying that: • Matching funds do not include any federal funds • Funds will be provided in compliance with the terms of the contract • Funds derived from the PSSF contract will not be used to match other federal funding sources An "in-kind" match does not satisfy the cash match requirement and should not be included on the Cash Match Commitment form.
Criminal Records Certification:	**Required for all Proposals** *See Section E for instructions on completing Form #12 – Criminal Records Certification. Form is available on website for download.* Applicant **MUST** provide verification that it conducts criminal history investigations in accordance with PSSF contract and: • Is registered with the Georgia Applicant Processing Services (GAPS) at https://www.aps.gemalto.com/ga/index.htm and, • Conducts criminal record background checks to obtain ***OIS Fitness Determinations*** on all staff, volunteers and/or subcontractors providing direct care, custodial or treatment responsibilities for children served with PSSF program funds pursuant to the provisions of O.C.G.A. §49-2-14.
Corporate Resolution:	**Required for Non-Profit Proposals ONLY** *See Section E for instructions. Template is available on website for download.* Non-profit applicants **MUST** provide a certified copy of corporate resolution passed by the board of directors authorizing an officer of the non-profit organization to enter into an agreement with DFCS to provide proposed services in accordance with the terms of the contract, if awarded.

Authorization: **Required for Public Entity Proposals ONLY**
See Section E for instructions. Template is available on website for download.

Public entity applicants **MUST** provide proof of authorization passed by the governing body authorizing its representative to enter into an agreement with DFCS to provide proposed services in accordance with the terms of the contract, if awarded.

Public entities include:
- Community service boards
- State, county, or local governments
- Public elementary or secondary school boards
- State post-secondary education institutions

Insurance: **Required for Non-Profit Proposals ONLY**
See Section E for instructions.

Applicant **MUST** provide Certificate of Insurance of current liability coverage.

Certificate of Insurance (COI) describing coverage currently in effect MUST be uploaded with proposal. Should any coverage expire between the date of proposal submission and commencement of the contract, the applicant will be required to provide a new certificate demonstrating that it continues to meet all coverage requirements.

Applicants who are not current PSSF contractors must provide certificate describing their current insurance coverage. Should a contract be awarded, applicants without sufficient liability coverage will be required to obtain additional coverage to satisfy all liability requirements and provide an updated COI prior to receiving a contract.

Contractor will be required to maintain the following limits and types of insurance coverage for the duration of the Contract:

A. Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia in Title 34, Chapter 9 of the O.C.G.A. (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that Contractor qualifies to pay its own workers compensation claims). Contractor shall require all subcontractors that are required by statute to hold workers compensation insurance and that occupy the premises or perform work under this Contract to obtain an insurance certificate showing proof of Workers Compensation Coverage.

B. Commercial General Liability Policy (Occurrence) to include contractual liability. $1 million per occurrence/$3 million aggregate policy limits.

C. Business Auto Policy (Occurrence) to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by Contractor or Contractor's personnel in the performance of this Contract. $1 million per occurrence.

D. Malpractice/Professional Liability Policy (Claims Based) with Errors and Omissions Coverage. $1 million per occurrence/$3 million aggregate policy limits. *(Directors and Officers coverage does not satisfy this requirement.)*

E. Commercial Umbrella Policy (Occurrence). An umbrella policy may cover the aggregate policy limits required herein. There must be no gap between the $1 million and $3 million policy limits and the umbrella policy must follow the form of the underlying $1 million primary policy. Additional umbrella coverage is not required if all other limits are satisfied.

Applicant is responsible for ensuring that any approved Subcontractor maintains required liability coverage.

Corporate Registration & Current Filing:	**Required for Non-Profit Proposals ONLY** *See Section E for instructions.* Non-profit organizations **MUST** upload a screenshot obtained from Georgia's Secretary of State website verifying that it is a registered, active, compliant, non-profit organization for the current year [2024]. Identification of applicant (agency or organization) and any signatories on all proposal and contract documentation MUST be consistent with how the entity and officers are identified on the Secretary of State registration screenshot.
Federal Excluded Parties List:	**Required for All Proposals** *See Section E for instructions.* Applicants **MUST**: 1) register with System for Award Management (SAM), the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. 2) provide a screenshot from the SAM website confirming that the entity is 'active', has no 'active exclusions' to prevent it from entering into a contract with DFCS, and has an expiration date later than March 1, 2024. Please note: There is NO fee to register; however, it may take several days after registering for website to be updated so that the required screenshot can be obtained.
Security Immigration & Compliance (E-Verify Affidavit):	**Required for ALL Proposals** *See Section E for instructions.* All contractors will be required to complete a Contractor affidavit verifying its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the Department is registered with, is authorized to use and uses the Federal Work Authorization Program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Contractors will be responsible for obtaining and/or completing additional affidavits depending on their business structure. If a PSSF provider uses subcontractors, each subcontractor must complete a sub-contractor affidavit to also include in the contract. If any subcontractor uses a sub-subcontractor, then sub-subcontractor affidavits would also be required.

IMPORTANT NOTE:
Applicant, officers, and officers' titles MUST be identified consistently on all required documentation, certifications, and screenshots.

PSSF Performance Requirements and Contract Compliance

Staff, Training & Qualifications:

Contractor will ensure that all staff, contractors, subcontractors, and volunteers/interns with direct service delivery responsibilities as described on the approved Service Delivery Schedule and associated with expenses on the approved Budget:

- Meet the training, qualifications, and/or experience requirements outlined in Section B for the identified service model.
- Meet the training, qualifications, and/or experience requirements for evidence-based model, strategies or practices included in the approved service plan.
- Have received training as mandated reporters per O.C.G.A §19-7-5.
- Have received Safe Sleep and Trauma-Informed Practice training.

Contractor will ensure that staff, contractors, subcontractors, and volunteers/interns are adequately trained on PSSF performance expectations, including services, service delivery, goals, and objectives to ensure the delivery of services that are consistent with performance expectations.

Contractor will ensure that all individuals with reporting responsibilities are adequately trained on PSSF documentation standards, procedures, and timelines to maintain PSSFWeb data integrity, timely and accurate reporting and to demonstrate compliance with contract performance expectations.

Contractor is required to document in PSSFWeb the qualifications of all staff, contractors, subcontractors, and volunteers/interns with direct PSSF service delivery responsibilities described on the approved Service Delivery Schedule.

Contractor is required to monitor PSSFWeb user access to ensure adequate and appropriate data security.

Contractor will provide timely notification of changes in administrative, supervisory or program staff associated with the delivery, monitoring, documentation and reporting of services.

Contractor is required to report changes to staff, contractors, subcontractors and volunteers/interns with direct service delivery responsibilities in PSSFWeb within 30 days.

Contractor is required to have a plan for ongoing training and staff development, including regular staff meetings for both professional and paraprofessional staff.

Contractor is responsible for ensuring that appropriate supervision is provided for all staff and volunteers.

Service Delivery:

Delivery of contracted services must:

- Utilize evidence-based strategies, practices, or program models that have demonstrated their effectiveness in addressing the needs of the target population and achieving desired outcomes.
- Conduct a strengths-based family assessment prior to the commencement of services to determine family needs and priorities and develop an individualized family service plan.
- Be consistent with proposal, including service delivery method, staff qualifications, and staffing levels, unless otherwise expressly stated in the contract.

Reporting:	Contractor is required to provide a description of their agency and program activities during the designated submission period and verify information for the online Family Service Resource Guide. Contractor is required to collect, document, maintain, and report demographics, services, and outcomes data regularly on all families/clients receiving services funded by PSSF in the dedicated web-based data collection system – PSSFWeb. Contractor is required to report significant changes in client information or placement status of an open case within 45 days. Contractor is required to encourage families to provide feedback on their experience with their PSSF program and the services they received by completing an online client satisfaction survey at case closure. Contractor is required to submit quarterly expenditure reports. Contractors should maintain detailed records to support reported expenses.
Invoicing and Payments:	Payments to contractor are based on services provided and reported each month. Contractor is required to prepare a programmatic report each month that includes an invoice for direct services provided to families during the reporting period. These reports must be submitted to local county DFCS offices each month for review and approval. County DFCS offices forward approved PSSF invoices to regional accounting for payment processing.
Relationship with local county DFCS and other referral sources:	Contractor shall: • Meet with county DFCS staff within first 30 days of contract period to prioritize and coordinate the delivery of services to families referred by county DFCS. • Contact DFCS case manager or referring agent to obtain intake information, family history, recent family assessments, and goals of the case plan or service plan, if applicable. • Establish and maintain working lines of communication for referral, monitoring, and reporting of clients' needs and outcomes with DFCS case managers and the courts to ensure provision of necessary services and maximize positive outcomes. *Proposals should ensure there is a sufficient source for referrals in the community to support proposed service delivery schedule.*

SECTION B

Georgia Division of Family and Children Services

Vision

Safe Children. Strengthened Families. Stronger Communities.

Mission

Prioritize the safety of Georgia's children in the decisions we make and the actions we take.
We strengthen families toward independence and build stronger communities
with the caring, effective and responsive service.

Guiding Principles/Values

As the Division of Family and Children Services we…
Demonstrate our commitment to the safety of our children in the decisions we make and the actions we take.
Empower, strengthen, and support families on their path toward independence.
Serve with compassion.
Provide caring, responsive and effective service.
Engage, listen and respond to our participants, communities and each other.
Collaborate with our communities to create systems of support.
Develop a competent, professional, and efficient workforce that never stops learning and growing.

Families at risk, and those served by the child protection system, often have complex and interrelated problems such as poverty, unemployment, domestic violence, substance abuse, and mental health issues that impair family functioning and put children at risk of abuse and neglect. This makes it essential that children and families are assessed on an ongoing basis and that those assessed needs are addressed with individualized services and supports in a timely manner.

The Division recognizes the long-term residual impact of trauma on children and families. Assessments, services, and supports provided must be trauma-informed to ensure appropriate identification of needs (and diagnoses) and appropriate services to minimize further trauma to children and families.

Maintaining children with their own families and safe family reunification are the preferred permanency options for all children served by Georgia's child protection system. In cases where children cannot safely remain with or be reunified with their families, adoption and legal guardianship are preferred so that children have lifelong connections with caring adults.

MaryLee Allen Promoting Safe and Stable Families Program Title IV-b, Subpart 2

The MaryLee Allen Promoting Safe and Stable Families (PSSF) program, established under the Adoption and Safe Families Act (ASFA) of 1997, provides federal funding to enable states to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, family reunification services, and adoption promotion and support services. The purposes of PSSF are aligned with the broad federal policy goals of safety, permanency and well-being, particularly maintaining children in their own homes, providing families with enhanced capacity to provide for their children's needs, and facilitating timely exits from foster care to reunification, adoption, or guardianship.

An important element of Georgia's child welfare program improvements is the development of a strengths-based, prevention-driven community response to vulnerable children and families. Families at greatest risk of entering Georgia's child protection system often have complex and interrelated problems such as poverty, unemployment, domestic violence, substance abuse, and teen pregnancy which increase family stressors, impair family functioning, and place children in situations where they may be unsafe. Children have the greatest chance for a safe and stable home environment when their parents and caregivers are knowledgeable of and have access to essential supports and services in their own communities.

PSSF objectives include:

- **Family Support** services to prevent child abuse and neglect among at-risk families.
- **Family Preservation** services to ensure children's safety within the home and preserve intact families when maltreatment has occurred when the family's problems can be addressed effectively.
- **Family Reunification** services to address the problems of families whose children have been placed in foster care so that reunification, and other permanency options, may occur in a safe and timely manner in accordance with the Adoption and Safe Families Act and to help sustain reunification.
- **Adoption Promotion and Post-Permanency Support** to promote and support adoptions and other permanency options, to prevent disruption or dissolution, and to help prepare youth for the transition to independent adult living.

FFY2025 PSSF Service Models Overview

FAMILY SUPPORT
To prevent and reduce the risk of child maltreatment by promoting well-being of entire family

Prevention & Early Intervention (FSS/PEI): Voluntary, in-home or center-based services designed to strengthen family protective capacity, help families identify and address family issues that threaten child safety to reduce the risk of CPS intervention.

Home Visiting (FSS/HVS): Voluntary, in-home services designed to support positive parent-child relationships, child health and development, parental self-sufficiency, and safe home environments to prevent child abuse and neglect.

Healthy Relationship & Co-Parenting (FSS/HMI): Services 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.

Supports & Services for Homeless Youth & Families (FSS/SHY): Services designed to help unaccompanied homeless youth or victims of sexual exploitation transition to independent living and homeless families become self-sufficient through community involvement and relationships, education, employment, health, and safety.

FAMILY PRESERVATION
To preserve families, ensure child safety and prevent repeat maltreatment

Placement Prevention (FPS/PPS): Services and supports designed to address caregiver characteristics or child behavior and reduce the risk of removal to foster care when children can remain safely in the home.

Crisis Intervention (FPS/CIS): Services designed to support families in crisis where children are at imminent risk for removal or placement disruption, are transitioning to a new placement after a disruption, or are at risk for escalated involvement with DJJ (CHINS) due to disruptive or unruly behavior.

Relative Caregiver/Kinship Family (FPS/RCS): Services designed to support 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.

Residential/Post-Placement Aftercare (FPS/RAC): Therapeutic services designed to support the reintegration of children into their homes and communities and/or to sustain treatment outcomes to prevent placement disruption.

Substance Abuse Family Recovery & Support (FPS/STR): Services designed to prevent abandonment, maltreatment or child removal due to caregiver substance abuse, and/or to support reunification, and prevent relapse.

FAMILY REUNIFICATION
To promote and sustain permanency for children and their families and to prevent repeat maltreatment

Supervised Family Visitation (FRS/SFV): Services designed to increase the frequency, quality, and consistency of the interactions of children in foster care with their parents, siblings, extended family or other significant adults to facilitate safe, timely, and sustainable permanency.

Child & Family Advocacy (FRS/CFA): Services designed to support children and their families involved in dependency proceedings to advocate for timely permanency decisions that are in the best interest of the child.

Parent Reunification Services (FRS/PRS): Services designed to help parents whose children are in care to support efforts to achieve case plan goals, facilitate timely reunification, and prevent subsequent removal.

ADOPTION PROMOTION & PERMANENCY SUPPORT
To promote and sustain adoption and support community connections and independent living for youth

Adoption Promotion (APP/APS): Services designed to encourage and support adoption or relative guardianship and/or to prevent disruption/dissolution of adoptions.

Transition & Emancipation (APP/TES): Services designed to help youth transitioning, or who have transitioned, out of foster care develop skills for independent living and establish meaningful adult connections.

FFY2025 PSSF Priorities

This Statement of Need solicitation 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, and address needs identified in the state's quality assurance reviews and other input from staff and stakeholders as solicited through:

- Consultation with Division leadership, unit and program managers
- Consultation with community stakeholders, December 2023
- DFCS Survey February 2024

Feedback from multiple stakeholder sources on special or under-served populations, under-served communities, specific service needs, and service delivery approaches was incorporated into the FFY2025 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 FFY2025.

DFCS survey responses reinforced ongoing PSSF service priorities including, but not limited to:

- Mental and behavioral health including crisis intervention services, substance abuse treatment and recovery supports, behavior management (for youth), and therapeutic services for caregivers and children.
- Skill-based services including evidence-based parent education and home visiting programs, life skills (such as household management and financial literacy), and educational supports for caregivers (such as job skills, vocational skills, or GED completion), employment supports (such as resume writing or interview coaching) and tutoring for children/youth.
- Additional supports and services including transportation, childcare (including after school supervision and enrichment), mentoring services for parents/caregivers, and support groups for parents/caregivers.

Most needed services across all program areas were crisis intervention (24/7 support services), therapeutic services (EBM) for both caregivers and children, parent education (EBM), life skills, mentoring, transportation, and childcare.

Most frequent services identified as critical placement prevention strategies included emergency childcare and after school supervision, crisis intervention, in-home behavior management, services for victims of domestic violence and their children, and therapeutic services for caregivers and children.

PSSF is committed to building capacity in its community-based network through opportunities to support personal and professional development by sponsoring specialized training that promotes family engagement and enhances the effectiveness of program services and service delivery, to improve outcomes.

VULNERABLE POPULATIONS

Homeless Youth and Homeless Families with Children

Homeless families were frequently cited as both growing and a population in need of services. To address this special population, the Family Support, **Services and Supports for Homeless Youth** service model was expanded to include homeless families with children. Service requirements for this model were enhanced to help address the unique needs of caregivers and their children experiencing homelessness.

Caregivers with a Plan of Reunification with Children in Foster, Relative/Kinship, or Voluntary Kinship Care

Parents, already facing many personal challenges, struggle to make progress on the conditions they must satisfy before their children can be returned to the home. Lack of resources and a stable support system often undermine their ability to effectively address the issues that resulted in their children's removal, prepare for the safe return of their children, and help sustain a stable home post-reunification. In addition to often what is a lack of capacity to understand what is required of them or how to do it, many challenges facing these parents include substance use or

mental health issues, lack of basic life skills, unemployment, lack of suitable housing, poor parenting skills, affordable childcare, and access to transportation.

To help address this special population, **FRS/Parent Reunification service model** was designed to provide additional supports and services to help parents meet the conditions set forth for the return of their children, prepare for their return, navigate through the transition, and help sustain reunification.

Families with Children ages 0-5

Data tells us that children from birth to age 5 are most vulnerable and at risk for child abuse and neglect. Decades of research in neurobiology underscores the importance of children's early experiences in laying the foundation for their growing brains. Rigorous evaluation of high-quality home visiting programs has shown them to be effective in improving birth outcomes, reducing incidences of child abuse and neglect, improved school readiness for children, and increased high school graduation rates for mothers participating in the program.

The Family Support, **Home Visiting** service model offers high-quality home visiting programs that can improve outcomes for children and families, particularly those that face added challenges such as teen or single parenthood, maternal depression, and lack of social and financial supports. Visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment, and coaching parents on learning activities that foster their child's development and supporting parents' role as their child's first and most important teacher. Home visitors conduct regular screenings to help parents identify possible health and developmental issues.

Under-Served or Priority Populations

Caregiver substance abuse and/or mental illness, and child mental health or behavior were identified as the most frequent factors resulting in DFCS involvement. Incarcerated, low-functioning, or disabled caregiver, and non-custodial fathers were also identified as underserved populations that frequently have CPS involvement. Several PSSF Family Support and Family Preservation service models are responsive to the needs of those populations. This also is true of:

- Victims of domestic violence and their children (FSS/PEI)
- Crisis Intervention Services (FPS/CIS)
- Families when caregiver(s) is in active treatment (inpatient or out-patient) and/or during recovery (FPS/STR)
- Families where the primary care for children has been assumed by a grandparent, including children placed temporarily through Voluntary Kinship (FPS/RCS)
- Families caring for LGBTQI+ children and youth
- Victims of Commercial Sexual Exploitation of Children (CSEC)

Under-Served Communities

It is acknowledged that generally there is a disparity in the availability and accessibility of services for families and children in communities across the state. PSSF makes a concerted effort every year to encourage proposals from eligible organizations that have the capacity to extend their service areas into the rural or remote communities that have few resources or qualified providers to meet the needs of families. Increasing service array and availability for Regions 6, 8, 9, 10, and 11 are a Division priority.

See Section D, Special Populations, for additional information and resources on serving these and other special populations.

PRACTICE STANDARDS

DFCS is committed to providing supports and services that embody a family-centered approach to family engagement and service delivery to help children and families achieve safe, stable, and healthy lives. Family-centered practice is a way of working with families, both formally and informally, to enhance their capacity to care for and protect children. This practice focuses on the needs and welfare of children within the context of their families and the community.

All proposals for PSSF services MUST utilize **evidence-based practices**, strategies, or program models with a medium to high relevance to child welfare that are effective in addressing the needs of the target population and achieving desired outcomes. In addition, program models are executed using Trauma-Informed services which involve the integration of understanding, commitment, and practices organized around the goal of successfully addressing the trauma-based needs of families and children involved in the child welfare system.

Staff, contractors, subcontractors, and volunteers must meet required professional standards regarding training, qualifications, and experience for all services.

Proposals that do not meet PSSF evidence-based standards will not be considered for FFY2025 funding.

All services or service categories that MUST utilize an evidence-based model/strategy or practice are designated as "EBM".

See Section D, Evidence-Based Practice, Trauma-Informed Care & Practice, and Family Centered Practice, for additional information and resources

INDIVIDUAL SERVICE PLAN EXPECTATIONS

PSSF service plans should include all required services identified for the selected service model. A list of required services is outlined for each service model in Section C. All PSSF Services are described in Section D.

Unless otherwise indicated in Section C, each PSSF Service Model will have the following required service components:

- Initial Assessment (at Intake)
- Case Management
- Core Services (includes EBM where applicable)
- Additional Service(s)

PSSF Initial Assessment (at Intake): The collection of information to inform decision-making about a child, youth, or family. It is always conducted to identify issues the family is facing, design a plan, and provide a plan for effective service delivery that will work to address and assist in resolving the issues identified.

The PSSF Initial Assessment should include a comprehensive family assessment and ongoing practice of identifying and considering factors that impact children, youth, and families, including, but not limited to:

- Safety
- Risk of maltreatment
- Ability to achieve permanency
- Progress toward health and well-being
- Barriers to receiving services/engagement

The PSSF Initial Assessment is used to develop and individualized service plan.

Individual Service Plans address the needs identified in the assessment and include:

- Delivery (frequency and intensity) of core services
- Identification of goals
- Benchmarks used to measure progress
- Projected timeframe for completion (expected exit date from PSSF Program)

The focus of comprehensive family assessment is not only on the presenting issues, but also on the underlying reasons for behaviors and conditions affecting children. Assessing needs and strengths of the child and family from point of referral through case closure is essential to ensure positive outcomes.

See also Section D, Service Categories & Delivery Guidelines, Assessment

Case Management: Case Management is required for most PSSF service models. Case Management includes Service Coordination, Information & Referral, and/or Advocacy as it relates to the individual or family's progress toward PSSF objectives and goals.

See also Section D, Service Categories & Delivery Guidelines, Case Management for full description of all PSSF Case Management Services

Core Services: Core Services for each program model are identified in Section C. Proposed service plans must include sufficient investment in **core services** to adequately support PSSF objectives for the service model and desired outcomes for the target population. PSSF program specific information relating to a service is identified in Section C, under each service where applicable.

Each core service listed on the proposal should clearly identify why, for the target population, the evidence-based model was chosen, and how it supports the PSSF goals, objectives, and expected outcomes.

Additional Service(s): Proposals must demonstrate how any additional service addresses the unique needs of the target population, enhances the effectiveness of core services, and/or reduces barriers to effective engagement of families in their service plans.

Proposals are not limited to the number of services listed in Section C; other additional services may be proposed as long as they meet the above requirements regarding additional services.

See also Section D, Additional Services (chart), for most frequent services by service model (target population).

All proposed services provided should be consistent with the requirements of the Evidence Based Model (EBM) proposed.

STAFF QUALIFICATIONS

Staff Qualifications: Staff providing direct services must have training, qualifications, and experience commensurate with their role and responsibilities. Core services should be delivered, at a minimum, by a bachelor's level professional, supervised paraprofessional, contractor, or volunteer, **or** those with equivalent combined education and experience working with the identified target population. Training, qualifications, and supervision must also satisfy Evidence-Based model requirements.

Therapeutic services are to be provided by a clinically licensed professional with a master's in social work, counseling, or a related field (possession of a master's or doctorate, and licensure from the GA Composite Board as a Psychologist, LCSW, LMFT, LPC, LMSW, LAMFT, LAPC; 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 providers must be knowledgeable of and collaborate with DFCS and Courts to ensure that families have access to the array of supports and services needed to meet case plan goals.

See also Section D, Service Categories & Delivery Guidelines for each service for additional staff qualifications (where applicable)

PROGRAM EVALUATION

Evaluating the outcomes of child welfare programs is critical for program growth and improvement. Programs need to provide convincing evidence that their work makes important differences for the children, families, and communities they serve.

Proposals should incorporate a plan for evaluation that is supportive of services to children and families and provides clear goals, measurable objectives, and timelines necessary to achieve outcomes.

See Section D, Program Evaluation, for additional information

SECTION C
PSSF Service Model Guidelines

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.

Proposals for **PSSF Family Support** programs must demonstrate their effectiveness in preventing maltreatment by:

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

Proposals for **PSSF Family Support** programs 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 and Families (SHY)**

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 screened out or were referred for community-based services
  - Were assigned to Family Support
  - Were investigated but allegation was unsubstantiated
  - Have prior CPS history (DFCS Family Support, Family Preservation, Foster Care or ILP case closed) and referred by DFCS for community-based supports/services

Families referred to **PSSF Family Support** programs may include a wide variety of families that share common characteristics, needs or circumstances, such as:

- Pregnant and parenting teens
- Victims of domestic violence and their children
- Families or youth experiencing homelessness
- Families with children who have special developmental or health needs
- Foster parents in need of additional community-based supports
- First time parents

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

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

Service Duration: see individual service model for specific service duration

DESIRED SERVICE MODEL OBJECTIVES: FAMILY SUPPORT SERVICE MODELS	
• Caregivers were actively engaged in the development of an individualized service plan with goals and objectives based on an assessment of their strengths and needs. • Caregivers identified and accessed other community-based services/supports for themselves and/or the children/youth in their care.	
FSS/PEI Prevention/Early Intervention	• Caregivers participated in at least 90% of parent education/parent training sessions as per **EBM** service delivery guidelines.
	• Caregiver demonstrated change in parenting knowledge and/or skills improvement (Based on results from pre- to post-test scores.
	• Caregiver demonstrated improvement in basic life skills deficits identified in Initial Assessment
FSS/HVS Home Visiting	• Family participated in home visits with fidelity to **EBM** service delivery guidelines.
	• Caregiver demonstrated change in parenting knowledge and/or skills based on improvement from pre- to post-test scores.
	• Caregiver demonstrated improved understanding of child development.
	• Caregiver was better able to meet the physical, emotional, and/or educational needs of their child(ren).
FSS/HMI Healthy Relationship/ Co-Parenting	• Caregiver participated in at least 90% of scheduled healthy marriage/co-parenting workshops/sessions as per **EBM** service delivery guidelines.
	• Caregiver demonstrated improved knowledge and/or skills regarding communication and/or conflict resolution.
	• Caregiver participated in at least one therapeutic counseling session.
FSS/SHY Supports and Services for Homeless Youth	• Family or youth/young adult was assisted in identifying and securing a safe/stable living environment.
	• Caregiver or youth/young adult identified and accessed educational and/or employment supports.
	• Caregiver or youth/young adult demonstrated improvement in basic life skills deficits identified in Initial Assessment.
	• Caregiver participated in support group activities.
	• Caregiver established relationship with peer mentor.
	• Caregiver demonstrated change in parenting knowledge and/or skills based on improvement from pre- to post-test scores.
	• Youth/young adult established relationship with an adult mentor.
	• Youth/young adults were able to address behavior management.

I. PSSF Prevention and Early Intervention Services (PEI)

PSSF Prevention and Early Intervention services are voluntary,-in-home or center-based family supports and services offered to help families identify and address problematic family issues and strengthen families' protective capacities to reduce risk of child abuse and neglect and the need for CPS intervention.

Target Population: Specific to EBM chosen, see chart under Parent Education, below

Service Duration: 4-12 months

Service Requirements: Minimum of 6 services, as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (including Service Plan)

Initial Assessments for **PSSF Prevention and Early Intervention** programs must include a strengths-based evaluation of parenting, basic life skills, family resources and social supports to facilitate the preparation of an individual/family service plan that identifies safety concerns and/or risk factor and outlines steps to be taken to address the family's needs and prevent child abuse and neglect.

The Initial Assessment also establishes baselines from which to measure progress toward clearly identified service plan objectives. Service plan should identify family/caregiver/youth goals and priorities and must be realistic with attainable and measurable outcomes and identify and include a timeframe for completion.

See also Section D, for complete information on Assessments

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Parent Education EBM; In-home or center-based (core)

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

The Incredible Years *For parents of Children ages 0-12 years* **Prevention** **Basic: 14 weeks** Two-hour weekly groups 10 to 14 participants per group	Program Options & Delivery • Parents & Babies: birth to 12 months; 9-12 sessions • Toddler Basic: ages 1-3; 12-13 sessions • Pre-School Basic: ages 3-6; 12-20 sessions • Attentive Parenting Program: ages 2-6; 6-8 sessions • School-Age Basic, ages 6-12; 12-20 sessions
123 Magic - 6th Edition *For parents of children ages 2-12 years*	Four 1-1½ hour groups 1-2 sessions per week over 4-8 week period

Step by Step Parenting Program *For parents/caregivers with learning differences with children ages 0-3 years*	1½-2 hour, weekly in-home visits (2-3 visits per week for newborns) Up to 2 years
Triple P: Positive Parenting Program Level 3 *Children with mild to moderate behavioral difficulties*	Program Options & Delivery **Discussion Groups (***for parents of children ages 0-12)* *or* **Teen Discussion Groups (***for parents of children ages 12-16)* • Four 2-hour groups (8-12 participants), weekly • With optional 1-4 individual follow up contacts either in-person or by phone
STEP: Systemic Training for Effective Parenting *For parents of children ages 0-17 years*	Seven 1½ hour individual or group sessions Not more than 1-2 sessions per week
Nurturing Parenting Programs *Parents and their children ages 4-12 years* **Education & Intervention**	Program Options & Delivery Primary Prevention • **ABC's for Parents** Seven 2-hour groups • **Community-Based Education Nurturing Parenting** Ten 1½ hour groups Secondary Prevention • **Nurturing Skills for Teen Parents** Group, individual or combination 50-90 minutes sessions/month 2-4 per month • **Nurturing Skills for Families** Twelve 2-2½ hour groups 2-4 per month

4. Life Skills (core)

Services should address deficits in basic living skills identified in Initial Assessment that are barriers to self-sufficiency and completing case plan goals. *See Section D, Services.*

5&6. Additional Services (two required)

Proposal must include at least **two** additional services.
Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

II. PSSF Home Visiting Services (HVS)

PSSF Home Visiting programs must utilize one of two evidence-based home visiting practice models that 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.

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.

Programs vary, but components may include:

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

Content, delivery, and objectives of PSSF Home Visiting services must be consistent with home visiting model standards and requirements.

Target Population: Specific to EBM chosen, see chart under Parent Education, below

Service Duration: see chart below

Service Requirements: *PSSF Home Visiting programs are limited to the following evidence-based models for the prevention of child abuse and neglect.*

PSSF Home Visiting programs must maintain fidelity to the selected, approved home visiting practice model and satisfy requirements regarding staff qualifications, training and supervision, target population, services, and service delivery including recommended caseload guidelines as per EBM guidelines for full-time equivalent (FTE) and part-time equivalent (PTE).

Healthy Families ***Target Population:*** *Families with children aged 0-5* ***Service Duration****: Up to 3 years*	Required Services & Delivery 1. Initial Assessment at Intake 2. Home Visits that promote consistent, nurturing parent-child interactions and attachment, positive child development skills, and health and safety practices 1-1.5 hours, 2-4/month (decreasing frequency after first six months depending on family need) *1 FTE 15-20 families, 25 max*
Parents As Teachers ***Target Population:*** *Families with children aged 0-5* ***Service Duration:*** *At least 2 years*	Required Services & Delivery 1. Initial Assessment at Intake 2. Home Visits that emphasize parent-child interaction, development-centered parenting, goal setting and family well-being 1 hour, 1-2 per month 3. Support groups (group connections) 1-2 hours, monthly *1 FTE 15-22 families, 12-24 visits per year*

<u>Additional Services</u>

PSSF Home Visiting *programs may include <u>other</u> services on the proposed service plan provided they:*

- *Are allowed as supplemental activities by Evidence-Based home visiting model*
- *Will not reduce fidelity to the home visiting model, including caseload, dosage, or service delivery*

Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes

III. PSSF Healthy Relationship and 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 and 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 and 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

Service Duration: 4-12 months

Referral Sources: Various (see FSS Referral Sources)

HMI Service Requirements: Minimum of 6 services, as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (including Service Plan)

Initial Assessment for **PSSF Healthy Relationship and Co-Parenting** programs must include, at a minimum, evaluation of parenting, life skills, family resources and social supports, in addition to individual behavioral characteristics that negatively impact relationships within the family, such as stress, poor communication, conflict resolution and anger management to facilitate the preparation of a service plan that identifies steps to be taken to address the needs identified.

See also Section D, for complete information on Assessments

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Parent Education EBM (core)

Parenting curriculum utilized must have an emphasis on co-parenting. Evidence-based parent education models with specificity for the identified target population and/or family or client characteristics to be addressed may be proposed provided it meets the PSSF CEBC evidence-based model standards, and is proven effective in the prevention of repeat maltreatment.

4. Healthy Relationships (core)

Activities are designed to address damaged and dysfunctional relationships, teach couples how to build and maintain healthy partnerships, identify, and manage stress that threatens relationships, and promote effective communication, conflict resolution, and anger management.

5. Therapy EBM (core)

Therapeutic services MUST utilize evidence-based interventions 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.

Therapy may be provided to assist parents/caregivers in coping with the effects that come from experiencing trauma that may have occurred at any point in the individual's life and may have occurred once or many times. Many caregivers involved in the child welfare system experienced trauma themselves in their childhood or adolescence and have never received treatment related to these experiences. This parental/caregiver trauma history can hinder proper family functioning, social support, nurturing, and attachment.

Therapy may be provided to address the impact of trauma on children and adolescents. The trauma can be abuse, neglect, and/or exposure to domestic violence, as is the case in most child welfare cases, or it can be a physical or sexual assault, exposure to community violence, war, a natural or man-made disaster, the death or imprisonment of a parent, having a relative go through a traumatic event, other experienced or vicarious traumas, or a combination of any of the above. The trauma(s) may have occurred at any point in the child's or adolescent's life and may have occurred once or many times.

6. Additional Service (one required)

Proposal must include at least **one** additional service.
Other Additional Services are optional.
See Section D, Additional Service Options, for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

IV. PSSF Supports and Services for Homeless Families and Youth (SHY)

The purpose of **PSSF Supports and Services for Homeless Families and Youth** is to provide supportive services to help unaccompanied homeless youth transition to independent living and become self-sufficient.

Services should ensure that families/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 Families and Youth** focus on developing skills and identifying resources necessary to secure and maintain a safe and stable living environment. Services also focus on developing relationships and building supportive networks in the community.

Services are personalized and emphasize finding permanent housing and building new skills so that youth and families can be 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, job training, and finding employment.

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

- Reducing homelessness
- Establishing permanent community connections between youth and a caring adult
- Increasing safety and wellbeing for homeless children and youth
- Preventing exploitation of homeless youth/families
- Increasing educational and employment opportunities for homeless youth/families

Target Populations:

- Homeless families with children, in shelters or transitional housing
- 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: Various (see FSS Referral Sources)

Service Duration: 4-12 months

Service Requirements: Minimum of 6, as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (including Service Plan)

Homeless Families: Families experiencing homelessness struggle with both concrete needs (e.g., housing and income) and psychosocial issues. A comprehensive Initial Assessment of homeless families, in addition to these and safety concerns, should include parental capacity and functioning, and child developmental status to identify immediate service needs and help coordinate community resources to meet intermediate and long-term goals.

Homeless Youth/Young Adults: Initial Assessments for all youth/young adults 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,

caseworker, 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.
See also Section D, for complete information on Assessments

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Homeless Families: Parent Education EBM (core)

Parent Education for Caregivers EBM
Many of the factors that contribute to family homelessness may also impair parental functioning. Homeless families struggle with a double crisis: the disruptive and traumatizing experience of losing a home as well as impediments to a parent's ability to function as a consistent and supportive caregiver. The experience of homelessness may erode a parent's capacity to provide protection and support and to respond to children's needs. Parenting education/training/coaching should be responsive to the unique needs of this vulnerable population (target population), nurture positive parent-child relationships and provide trauma-informed, culturally sensitive services to improve family health.

Homeless Youth: Behavior Management EBM (core)

Behavior Management EBM
Behavior management includes assessment of individual behavior problems, related skill deficits and assets and implementation of specific evidence-based interventions and strategies to address problem behaviors. An individualized action plan with measurable goals and objectives is developed to provide the individual with guidance in affecting prescribed changes and outcomes in behavior, attitude or coping ability that will positively impact social functioning. Goals should describe the roles that will be taken by all relevant participants (e.g., family, school staff, if relevant).

Behavior management must utilize an evidence-based practice model effective in addressing the child and/or parent behaviors that resulted in the referral for services to improve family functioning and prevent child abuse and neglect.

4. Life Skills (core)

Services should address deficits in basic living skills identified in Initial Assessment that are barriers to self-sufficiency and completing case plan goals. These basic life skills include, but are not limited to, finding and securing safe and affordable housing, nutrition, grocery shopping and cooking, cleaning and organizing, personal health and safety, time management, managing finances, relationships and social and cultural norms.

5. Educational Supports and/or Employment Supports – one or both (core)

Educational Supports
Services to improve educational outcomes and/or achievement for youth or caregiver by an appropriately qualified individual by training or experience in an effort to help them accelerate learning, and to generally prepare for and succeed in school.

-and/or-

Employment Supports
Services designed to enhance skills, support and encourage individual goals, develop the skills necessary to secure and sustain employment, and to generally succeed in the workplace.

6. Mentoring and/or Support Groups (Peer) (core)

Mentoring
A structured, managed mentoring program is intended to provide supportive mentor relationships for families or youth.

-and/or-

Support Groups (Peer)
Services to help to create a safe environment, reduce isolation, and foster supportive relationships for families or youth with shared experiences. Groups can be youth or caregiver focused.

Additional Services (optional)

Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

PSSF FAMILY PRESERVATION SERVICES (FPS)

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. **PSSF Family Preservation** services are provided to families that have or have had DFCS involvement because of an elevated risk for 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, and designed to maintain children safely in their homes, prevent the unnecessary separation of families, and 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, childcare, 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 child welfare involvement and 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 and re-entry into foster care.

Proposals for **PSSF Family Preservation** programs are 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)**

Target Populations:

- Families who have, or have had, a substantiated investigation and/or a Family Preservation case
- Relative caregivers who are caring for children when their parents are unable to do so
- Foster parents and/or children in foster care or residential treatment
- Families whose children have returned home from foster care
- Children in Need of Services (CHINS): Youth who have engaged in low-risk problematic behavior that warrants correction but would not be responsive to traditional juvenile justice system interventions
- Caregivers in treatment or recovery, their children and families to provide support during the transition from treatment to, and throughout, the recovery process

DESIRED SERVICE MODEL OBJECTIVES: FAMILY PRESERVATION SERVICE MODELS	
• Caregiver was actively engaged in the development of an individualized service plan with goals and objectives based on a current assessment of their strengths and needs. • Caregiver was identified and accessed other community-based services/supports for themselves and/or the children/youth in their care.	
FPS/PPS Placement Prevention	• Caregiver participated in at least 90% of parent education/parent training sessions as per **EBM** service delivery guidelines.
	• Family participated in home visits with fidelity to **EBM** service delivery guidelines
	• Caregiver demonstrated improved understanding and expectations regarding age-appropriate behavior.
	• Caregiver demonstrated an improved ability to respond appropriately to inappropriate or maladaptive child behavior.
	• Caregiver demonstrated improvement in basic life skills deficits identified in Initial Assessment.
FPS/RCS Relative Caregiver/Kinship Family	• Caregiver was better able to identify and manage their own healthcare needs.
	• Caregiver participated in at least 90% of parent education/parent training sessions as per **EBM** service delivery guidelines.
	• Caregiver demonstrated improved understanding and expectations regarding age-appropriate child behavior.
	• Caregiver demonstrated an improved ability to meet child(ren)'s special health, behavioral or educational needs.
	• Family was able to take advantage of at least one respite activity.
FPS/CIS Crisis Intervention	• Family accessed 24/7 support in response to crisis situation(s) when needed.
	• Caregiver and/or child(ren) participated in at least 90% of behavior management sessions as per service plan and **EBM** service delivery guidelines.
	• At least 50% of behavior management sessions occurred in the home or in the school.
	• Child/children demonstrated an improved ability to manage their own behavior.
	• Caregiver and/or child(ren) participated in 90% of therapy sessions as per service plan and **EBM** service delivery guidelines
FPS/RAC Residential/Post-Placement Aftercare	• Family participated in the development of a transition and/or discharge plan to support child placement in the least restrictive appropriate setting.
	• Caregiver and/or child(ren) participated in at least 90% of behavior management sessions as per service plan and **EBM** service delivery guidelines.
	• At least 50% of behavior management sessions occurred in the family's home or in the school.
	• Caregiver demonstrated improved understanding and expectations regarding age-appropriate behavior.
	• Caregiver demonstrated an improved ability to respond appropriately to inappropriate or maladaptive child behavior.
	• Child(ren) demonstrated an improved ability to manage their own behavior.
	• Caregiver and/or child(ren) participated in 90% of therapy sessions as per service plan and **EBM** service delivery guidelines.
FPS/STR Substance Abuse Family Recovery & Support	• Initial Assessment included a plan to ensure child safety in the event of a relapse.
	• Parents, caregivers, youth and/or children and other family members were able to access 24/7 support in response to crisis when needed.
	• Parents, caregivers, youth and/or children and other family members participated in at least one workshop per month.
	• Caregiver and/or child(ren) participated in 90% of therapy sessions as per service plan and **EBM** service delivery guidelines.
	• Parent/caregiver remained alcohol and drug free.

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 reduce the risk of repeat maltreatment, 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 Foster Care case

Referral Sources: DFCS Investigations, Family Preservation or Foster Care;
Juvenile, Accountability or Drug Court

Service Duration: 6-18 months;
Dependent on evidence-based model service delivery guidelines

The required foundation for all **PSSF Placement Prevention** programs is an evidence-based parenting/parent education or home visiting model that is effective in the prevention of repeat maltreatment so that children may remain safely in the home. Service plans must also address the problematic family issues that increase the risk of escalated CPS intervention of removal of the children from the home removal.

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.

PPS Service Requirements: must choose either Option A or Option B

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

Option A: Evidence-Based Home Visiting Service Requirements

Must satisfy service requirements for home visiting model plus a minimum of **one** other additional service that addresses the unique needs of the target population and enhance core services or reduce barriers to effective family engagement in service plans.

PSSF Placement Prevention programs are limited to one of the following evidence-based home visiting models:

Model	Required Services & Delivery
Exchange Parent Aide Home Visiting Model **Target Population:** Families with children aged 0-12 **Service Duration:** Up to one year	Required Services & Delivery 1. Initial Assessment 2. Case Management 3. Home visits, 1.5 hours, weekly **(core)** 4. Additional Service (one required)
SafeCare Augmented Home Visiting Model **Target Population:** Families with children aged 0-5 **Service Duration:** 18-20 weeks	Required Services & Delivery 1. Initial Assessment 2. Case Management 3. Module Assessments (core) (2/module - *baseline and end of module assessments)* Home Safety Child Health Parent-Child Interaction 4. Home visits, 4 sessions following each related assessment **(core)** 1.5 hours, weekly, 18-20 weeks 5. Additional Service (one required)

Proposal must include at least **one** additional service.
Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

Option B: Service Requirements for all other PSSF Placement Prevention Programs
Minimum of 6, as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (including Service Plan)

Initial Assessment for **PSSF Placement Prevention** programs must include, at a minimum, evaluation of parenting, life skills, family resources and social supports, in addition to individual behavioral characteristics that negatively impact relationships within the family. 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. Assessment should identify safety risks in the home. *See also Section D, for complete information on Assessments*

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Parent Education EBM (core)

The evidence-based parent education 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 parent education with specificity for the identified target population and/or family or client characteristics to be addressed may be proposed provided it meets the PSSF CEBC evidence-based model standards and is proven effective in the prevention of repeat maltreatment. Proposal will need to provide sufficient justification for use of alternative model. *See also Section D, Parent Education, for more information and resources.*

Recommended Parent Education Programs

The Incredible Years (Treatment) ***Target Population:*** *Parents of Children ages 0-12 years*	**Basic Program** for 18-20 weeks, or **Basic Program plus Advanced** for 26-30 weeks 2-hour weekly groups 10 to 14 participants per group
Exchange Parent Aide ***Target Population:*** *Parents of children ages 0-12*	1-hour group, or individual in-home sessions 1-2/week for up to 12 months
Triple P: Positive Parenting Program **Level 4** **Level 5** ***Target Population:*** *Parents of children aged 0-16*	**Level 4 Standard/Standard Teen:** • Ten 1-hour individual weekly counseling sessions **Level 4 Group/Group Teen:** • Five 2-hour group sessions, plus 3 twenty minutes follow up phone contacts, over 8 consecutive weeks **Level 5 Enhanced or Level 5 Pathways** (for parents who have completed Level 4): • 3-10 individual sessions, 60-90 minutes each

Nurturing Parenting Program Intervention & Treatment 2-4 group or individual sessions month	**Nurturing Skills for Families**: • 10-20 1½ hour in-home sessions **Parents and Their Infants, Toddlers & Pre-Schoolers:** • Sixteen 2½-hour groups, or seven 1½ hour in-home **Parents and Their School Age (5-11)**: • Fifteen 2½-hour groups **Parents and Adolescents**: • Twelve 3-hour groups **Young Parents and Their Families:** • Sixteen 2-hour groups, or seven 1½-hour in-home

4. Life Skills (core)

Services should address deficits in basic living skills identified in Initial Assessment that are barriers to self-sufficiency and completing case plan goals. These basic life skills include, but are not limited to, finding and securing safe and affordable housing, nutrition, grocery shopping and cooking, cleaning and organizing, personal health and safety, time management, managing finances, relationships and social and cultural norms.

5. Behavior Management EBM or Therapy EBM (core)

Behavior Management EBM
Behavior Management includes assessment of child behavior problems that threaten placement stability and increased risk for removal; to develop a plan to provide the child or caregiver with guidance in effecting prescribed changes in behaviors to improve family functioning and placement stability.

-and/or-

Therapy EBM
Therapy provided to assist parents/caregivers or children in addressing the effects of trauma that threaten placement stability.

6. Additional Service (one required)

Proposal must include at least **one** additional service.
Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

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

When a parent is unable to serve as the primary caregiver due to abandonment, death, drug-addiction/treatment, incarceration or mental illness, primary care for children is often assumed by a grandparent, other relative, or fictive kin. 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 both family connections and cultural traditions.

Services for relative caregivers, often grandparents, should consider that relatives are often 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. Often relative caregivers need temporary support services in the home to provide caregiver with short periods of time to attend to household matters or other tasks while children receive in-home supervision. 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.

PSSF Relative Caregiver/Kinship Family services offer a comprehensive array of support services to grandparents and other kinship caregivers with information, skills, and resources designed to enhance their ability to provide effective care for the young relatives they are parenting. Services are designed to:

- Promote permanency and child well-being by supporting early and stable relative/kinship placements to prevent children from coming into or re-entering foster care
- Increase caregiver capacity and improve family functioning
- Support the educational, physical, and mental health of children
- Support the physical and mental health of caregivers
- 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, other relative or fictive kin, including children placed temporarily through Voluntary Kinship

Referral Sources:

• DFCS Investigations, Family Support or Family Preservation, Voluntary Kinship Placement • Department of Behavioral and Developmental Disabilities (DBHDD) • Juvenile Court, Accountability or Drug Court	• Department of Public Health • Schools • Self • Other community- or faith-based family serving agencies

Service Duration: Up to 12 months

RCS Service Requirements: Minimum of 6, as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (including Service Plan)

Initial Assessment for **PSSF Relative Caregiver/Kinship Family** programs must include evaluation of parenting, life skills, family resources and social supports, in addition to individual behavioral characteristics that negatively impact relationships within the family. Assessment should identify needs unique to relative caregivers, who may have the following challenges: poor health, financial insecurity, and caring for young children who have special needs (behavioral, health or developmental). *See also Section D, for complete information on Assessments*

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Health Education and Monitoring (core)

Education and/or training is provided to caregivers to promote self-care and support physical and emotional health.

4. Parent Education EBM (core)

Parent Education should focus on the unique needs and circumstances of the relative caregivers (target population). Evidence-based parent education models specifically for identified target population may be proposed provided they meet the PSSF CEBC evidence-based model standards.

5. Educational Supports (core)

Activities are designed to improve educational outcomes and/or achievement for students by an appropriately qualified individual by training or experience. These may include a wide variety of services, supports, instruction or resources provided to students in the effort to help them accelerate their learning progress, catch up with their peers, meet learning standards, and address developmental needs.

6. Additional Service (one required)

Proposal must include at least **one** additional service.
Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

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 or involvement with DJJ due to truancy or delinquency.

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.

Providers of **PSSF Crisis Intervention** services must be knowledgeable of and collaborate with DFCS, the courts 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 respond to families 24 hours a day in their home setting but may include other environments as needed.

Target Populations: Families with open Family Preservation and at imminent risk for removal;
Children in foster care at imminent risk for placement disruption;
Children In Need of Services (CHINS)

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

Service Duration: Up to 6 months

CIS Service Requirements: Minimum of 6, as outlined below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment at Intake (including Service Plan)

Initial Assessment at intake for **PSSF Crisis Intervention** programs must include, at a minimum, evaluation of parenting, life skills, family resources and social supports, in addition to individual behavioral characteristics that negatively impact relationships within the family. *See also Section D, for complete information on Assessments*

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Crisis Intervention 24/7 (core)

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

4. Behavior Management EBM (core)

Services to address 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.

5. Therapy EBM (core)

Therapeutic services are provided to address the impact of trauma on children and adolescents. The trauma can be abuse, neglect, and/or exposure to domestic violence, as is the case in most child welfare cases; or it can be a physical or sexual assault, exposure to community violence, war, a natural or man-made disaster, the death or imprisonment of a parent, having a relative go through a traumatic event, other experienced or vicarious traumas, or a combination of any of the above. The trauma(s) may have occurred at any point in the child's or adolescent's life and may have occurred once or many times.

6. Additional Service (one required)

Proposal must include at least **one** additional service.
Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

To address the special needs of CHINS population, required service must be one of Educational Support or Support Group (Peer)

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, 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.

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

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

RAC Service Requirements: Minimum of 5, as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (including Service Plan)

Initial Assessment for **Residential /Post Placement After-Care** programs must include an evaluation of parenting, life skills, family resources and social supports, in addition to individual behavioral characteristics that negatively impact relationships within the family. *See also Section D, for complete information on Assessments*

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Behavior Management (core) EBM

4. Therapy (core) EBM

5. Pre- and Post-Discharge or Transition Plan (core)

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 prior to discharge, supports and services needed to successfully assist families' efforts to maintain children in their homes are identified. Based on needs identified, a plan is developed that includes in-home services to maintain children in the home, or to prior to discharge, enabling them to manage and work toward resolution of emotional, behavioral, or psychiatric problems within a supportive and normalized family-

style setting to help transition them back into the community or support them immediately afterwards. Services are psychological, behavioral, and psychosocial in orientation and designed to support and stabilize home environment.

Additional Services (optional)

Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

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

One of the most devastating consequences of addiction is its effect on the family structure and individual family relationships. Families impaired by addiction who are at increased risk for, or who are involved with, DFCS or the courts may be referred for **PSSF Substance Abuse Family Recovery and Support** services:

- To prevent removal or as a condition of retaining child custody while in treatment;
- As a condition for reunification when one or both of the parents are in a substance use disorder treatment program or in addiction recovery;
- When sustained abstinence is required to prevent abandonment or maltreatment and prevent removal of the child from the home.

PSSF Substance Abuse Family Recovery and 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. Services may be provided to family members when parents are 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.

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

- Helping family members learn self-care interventions that 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: Caregivers impaired by addiction, in treatment, or in recovery
Family members and children of caregivers in treatment or recovery

Referral Sources: DFCS Family Support, Family Preservation, or Foster Care
Juvenile, Accountability or Drug Court
Other community-based family serving agencies

Service Duration: Up to12 months

STR Service Requirements: (minimum of 5, as described below)

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (including Service Plan)

Initial Assessment for **PSSF Substance Abuse Family Recovery** programs must include, at a minimum, evaluation of parenting, life skills, family resources and social supports, in addition to individual behavioral characteristics that negatively impact relationships within the family. The Initial Assessment also establishes baselines from which to measure progress toward clearly identified service plan objectives. *See also Section D, for complete information on Assessments*

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. 24/7 Crisis Intervention (core)

Crisis Intervention services should be available 24/7 in response to crisis and relapse prevention.

4. Substance Abuse Recovery Support; for Families (core)

Services designed to focus on family members of caregivers affected by substance abuse and addiction. These may include specific or age-appropriate instructional or informational activities for families to help develop skills for setting boundaries, improving communication, and encouraging sharing emotions and experiences in a positive setting.

5. Therapy EBM (core)

The impact of an addicted family member is typically the culmination of a long process that includes many stages. Adult family members may have experienced trauma themselves in their childhood or adolescence and have never received treatment related to these experiences. Therapy may be provided to assist adult family members in coping with the effects that result from experiencing trauma that may have occurred at any point in the individual's life and may have occurred once or many times. In addition to the trauma children experienced as the result of their parent's substance abuse, therapy may address the impact of trauma related to abuse, neglect, exposure to domestic violence, a physical or sexual assault, death or imprisonment of a parent, other experienced or vicarious traumas, or a combination of any of the above.

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.

6. Additional Service (one required)

Proposal must include at least **one** additional service.
Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

PSSF FAMILY REUNIFICATION SERVICES (FRS)

When a family becomes involved with the child welfare system due to safety concerns and a child/youth is 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 placed in out-of-home care as well as the most common outcome. Reunification is considered achieved when both care and custody are returned to parents or guardians, and the child/youth is discharged from the child welfare system. Safe family reunification is the preferred outcome for all children in Georgia state custody.

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 pre- and post-reunification. **PSSF Family 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.

Since the majority of children who leave foster care are reunified with their families, it is important to focus on practices that help achieve and sustain successful reunification unless it is not in the best interests of the child. **PSSF Family Reunification** services are provided to a child with a plan of safe, appropriate, and timely reunification; and to the parents or primary caregivers of the child. Family-centered values and practice, along with evidence-based practices, are the foundation of safe, timely reunification, and sustained permanency. Services support positive consistent family relationships, reduce time in foster care, help to sustain reunification by addressing risk factors that resulted in removal, and building on protective factors that help to sustain reunification. These services may be provided during the period the child is in foster care to expedite reunification, and up to 15 months post-reunification to sustain permanency and prevent subsequent removal to foster care.

Proposals for **PSSF Family Reunification** programs are limited to the following service models:

I. **Supervised Family Visitation Services (SFV)**
II. **Child and Family Advocacy Services (CFA)**
III. **Parent Reunification Services (PRS)**

Target Populations:
Families with children in foster care
Families with DFCS Family Preservation case and court-supervised relative/kinship placement as an alternative to foster care
Families whose children are in Voluntary Kinship placements (as an alternative to removal to Foster Care)
Families whose children have been reunified with their parents

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

Service Duration:
Service duration must consider ASFA guidelines for permanency for children in foster care. Services may be extended 15 months post-reunification from foster care.

DESIRED SERVICE MODEL OBJECTIVES: FAMILY REUNIFICATION SERVICE MODELS	
• Caregivers/youth were actively engaged in the development of an individualized service plan with goals and objectives based on a current assessment of their strengths and needs. • Caregivers/youth identified and accessed other community-based services/supports for themselves and/or the children/youth in their care.	
FRS/SFV Supervised Family Visitation	• Family completed at least 90% of scheduled visits.
	• Child(ren) maintained contact with siblings who were in separate placements.
	• Child(ren) maintained contact with extended family members.
	• Parent(s) received parent coaching before or after visit for at least 90% of visits.
	• Parent(s) demonstrated improved parent-child interactions during visitation.
FRS/CFA Child and Family Advocacy (CASA)	• CASA recommendations regarding placement decisions and case progress were provided to court at hearings related to child.
	• Child(ren) received at least one contact per month from their assigned CASA volunteer.
	• CASA volunteer maintained regular contact with child(ren)'s family members and other collateral contacts.
FRS/PRS Parent Reunification Services	• Caregiver participated in at least 90% of parent education/parent training sessions as per **EBM** service delivery guidelines.
	• Caregiver and/or child(ren) participated in 90% of therapy sessions as per service plan and **EBM** service delivery guidelines.
	• Parents were able to satisfy or make progress on one or more case plan goals.

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.

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 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 compared to children who are 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.

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, as well as, facilitate the achievement of reunification case plan goals.

Supervised visitation maintains parent-child relationships that are necessary for successful family reunification while maintaining child safety. **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.

Research 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 regular parent/child visits. **PSSF Supervised Family Visitation** 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.

Staff Qualifications/Experience:
In addition to staff qualifications listed in Section B, the following is specific to PSSF Supervised Visitation Programs

At a minimum, visitation staff, contractors or volunteers must:
- Have received required training in a parent education/parent training model that meets PSSF evidence-based standards;
- Be knowledgeable of healthy child development;
- Have the ability to model and coach positive parent-child interaction.

Visitation Program Coordinators 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. At a minimum, a visitation program coordinator must have a Bachelors' degree in one of the above-mentioned fields with a minimum of two years related experience; or a Bachelors' degree in another subject area with a minimum of four years' experience in a related human service field or direct service delivery to at-risk families.

Visitation Monitors/Observers are trained, neutral individuals who supervise the contact between a visiting parent and their child(ren) to ensure the safety and security of the child-parent interactions while documenting what is seen and heard during the visit. Visitation monitors, staff, contractor, or volunteer must meet relevant qualifications and receive appropriate training and supervision reflective of their role and responsibilities.
Foster parents cannot be used to supervise visits.

Transporters: 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 may be provided by the visitation center.

Individuals who transport clients for supervised visits shall:

- Be at least 18 years of age;
- Hold a valid Georgia operator's license and appropriate for the vehicle being used;
- Have a clean driving record documented by a DMV background search;
- Have passed a criminal background check;
- Have, or be the employee of agency, who meets the DHS liability insurance guidelines.
- Maintain vehicle equipped with seat belts in good repair;
- Comply with current state regulations on the transport of children in passenger vehicles ensuring age-appropriate, individual restraints as per DPH Our Precious Cargo-Child Passenger Safety & Injury Prevention for Families course (required annually).

SFV Service Requirements: Minimum of 4 as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (and Visitation Plan)

Initial Assessment at intake should include development of an effective visitation plan which is made collaboratively with the child welfare agency, and, as appropriate, the extended family and foster parent, to identify safety concerns, evaluate caregiver strengths and needs, including parenting skills, and to address any barriers to visitation, prior to the commencement of visits.

The resulting visitation plan **should include the full range of logistics, visit and safety expectations** and include:

- Purpose of visits (what visits expect to accomplish)
- Safety concerns
- Timing (how soon, how often, duration)
- Alternate locations (off-site visits subject to agency/court approval)
- Approved 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 or cancelled visits (For example, due to failed drug tests)
- Barriers that may need to be addressed
- Other requirements or circumstances that may influence the quality of visits and successful reunification efforts

See also Section D, for complete information on Assessments

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Supervised Family and/or Sibling Visitation (core)

The purpose of supervised visitation is to ensure that parents have an opportunity to maintain contact with their children in a structured environment that is both safe and comfortable for the child. Visits must be conducted in secure, non-restrictive, non-stigmatizing settings outside of the DFCS county office, such as family resource centers, churches, or other neutral community-based settings.

The level of supervision required during a visit depends on the individual safety needs identified in the DFCS or court-ordered case plan. 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. Intervention during the visit should be minimized and occur only to redirect or de-escalate behaviors that negatively impact visit objectives or threaten child safety.

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

In addition to visits with their parents, services for children may include visit with siblings in other placements, relatives, and other significant adults, as appropriate and approved.

4. Parent Coaching, Pre- and/or Post-Visit EBM (core)

Parent coaching is a collaborative relationship between the parent(s) and 'parenting coach' that allows parents to develop and strengthen parental protective capacities. Each visit should include a pre-visit and/or post-visit period with the parent, other significant participants, and visitation staff that allows for parent coaching, shared discussions, observations, accomplishments, goal-setting, barriers/obstacles to meeting case plan objectives, and a review of permanency timeframes. The relationship between staff and caregivers helps to facilitate 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 of their parenting needs.

Individual parent coaching is provided in conjunction with each visit and provides an opportunity to engage with parents, set the tone for a successful visit, and improve the quality of the parent/child interaction during the visit. Parent coaching must be provided by an individual trained in an evidence-based parent education/parent training model and will teach, model, and assist the parent in developing, practicing, and embracing successful parenting practices.

Pre-visit discussion with caregivers serves to:

- Provide an opportunity to update parent on what has been happening with the child;
- Address any parental concerns;
- Set realistic expectations and goals for the visit.

Post-visit debrief with caregivers serves 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.

Group parenting classes do not satisfy the parent coaching requirement.

<u>Additional Services (Optional)</u>

Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

Priority Service for FRS/SFV is Transportation, to and from visits, <u>for children or parents</u>

"Staff Transport" should be clearly described as:
"<u>one way</u>" (picking up the children or caregiver and bringing them to the visitation site)
or *"<u>round trip</u>" (picking children up, bringing them to the visitation site and returning them home).*

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II. PSSF Child and Family Advocacy Services (CFA)

In Juvenile Court dependency proceedings, a child has a right to an attorney during all stages of the proceeding, and the Court may appoint an attorney for the child. In addition to the child's attorney, the federal Child Abuse Prevention and Treatment Act and state law require the appointment of a Guardian ad Litem (GAL) to represent the best interests of the child. A GAL may be an attorney or 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. 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 children who are involved in dependency proceedings are appointed representation, a Court-Appointed Special Advocate (CASA), to advocate for timely permanency decisions that are in the best interests 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, families receive needed supports, children removed from their home maintain connections to their families and communities, achieve permanency as quickly as possible, and reduce the chance for subsequent removal after reunification. **PSSF Child and Family Advocacy** programs work in collaboration with DFCS and Juvenile Court, first and foremost, to ensure that children are safe, 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 court-ordered and supervised temporary placement

Referral Sources: DFCS Foster Care or Juvenile Court Appointment

Staff Qualifications: PSSF Child and Family Advocacy services are provided by a volunteer Court-Appointed Special Advocate (CASA) who has received the 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.

CFA Service Requirements: Minimum of 4 as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. CASA Initial Court Report

An Initial Assessment (Initial Court Report) is based on national CASA standards and guidelines, is conducted to evaluate children and/or family circumstances related to the dependency, and to assist in determining what permanency decision is in the best interest of the child(ren). This includes collecting and analyzing information from a wide variety of sources including reviewing documents and records, and interviewing children, family members and professionals in their lives. The resulting CASA report includes recommendations on placement type and services is presented for the Court's consideration.

The Initial Court Report is the first comprehensive report completed by the CASA volunteer assigned by the Court, and the time to develop it includes all collateral contacts, consultations, report preparation, and court appearances up to and including presentation of the report at the initial Dependency/Disposition hearing.

2. Court Hearings

Additional, periodic court appearances by CASA volunteer (or surrogate). These court hearings include review, permanency plan, termination, or special hearings, to testify or to update the court on developments involving

parties to the case to ensure that appropriate motions are filed on behalf of child(ren). This includes preparation or update of reports, and any resulting follow up by CASA volunteer.

3. Child Contact

Ongoing, quality, monthly follow up contact between child(ren) in placement and volunteer (or surrogate) based on national CASA standards.

4. Collateral Contact

Ongoing follow-up contact by volunteers with parents, relatives, foster parents, teachers, doctors, etc.

Additional Services: Proposal must effectively demonstrate that additional services will enhance core services and/or reduce barriers to effective family engagement in service plans.

See also Additional Guidelines for CASA Proposals (next page)

Additional Guidelines for CASA Proposals

Average Monthly Caseload

- "Average Monthly Caseload" for CASA proposals are based on national CASA guidelines, CASA program data, and Advocacy Coordinator FTE's included on the budget.

  FTE or Full Time Equivalent represents 2080 hours per year (or 40 hours per week for 52 weeks).

  National CASA Guidelines: 1 FTE Advocacy Coordinator can support up to 25-30 CASA volunteers, up to 25-40 placements with 25-40+ children.

  Examples:

Advocacy Coordinator	# CASA Volunteers	# of Assigned Placements	# Children
Up to 1 FTE	<30	Minimum of 25	25+
1-2 FTE	Up to 60	Up to 60	60+
2 FTE or more	60+	60+	60+

  Proposal will need to include program data to explain how they calculated proposed "Average Monthly Caseload", and also include, how they determined:
  1) the average number of CASA volunteers supported by Advocacy Coordinator on the budget, and
  2) the average number of cases (placements) those CASA volunteers are assigned.

Service Delivery

- The average "Duration" for both Child and Collateral Contacts reported on Form #5, Service Delivery Schedule, can be calculated using program data to estimate an average number of hours per case per month (based on time reported by CASA volunteers for an average case in an average month).
- The average "Frequency" for both Child and Collateral Contacts by the CASA volunteer (or surrogate) is one per month, in the months they occur. Multiple or additional contacts during the month are not reported.

Budget and Budget Narrative

- Identify Advocacy Coordinator(s) on the Budget and Budget Narrative, Part A, as a "Direct Service Personnel" expense. *The is the only allowable Direct Service Expense.*
- All other expenses are to be listed on Form #12, Budget Narrative. Part B, Other Administrative Costs, and are limited to a maximum of 20% of total expenses (may also be calculated as 25% of total Advocacy Coordinator expense).

Unit Costs

"Unit Cost" for each service is based on using an average hourly rate calculated by dividing Total Expenses by Total Hours and multiplying the "Duration" for that service by the calculated hourly rate.

III. PSSF Parent Reunification Services (PRS)

PSSF Parent Reunification services are designed to assist caregivers in their efforts to address behaviors resulted in the placement of their children in foster care, the conditions set forth in their case plans for their return to the home help them prepare for the return of the children to the home, and post-reunification to prevent future removal. Safe and stable reunification does not begin or end with the return of the children to the care of their parents.

Caregivers seeking to reunify with their children often are experiencing multiple problems that need to be addressed before reunification can occur. Parents may be referred for voluntary services or be required by the courts to meet specific service or treatment requirements as a pre-condition for the return of their children. However, services that address the specific problems that precipitated the removal of their children may not be readily available. Referral to services that may be available but do not target specific problems can overburden parents already dealing with complex issues and diminish their ability to improve family functioning. As a result, reunification may be delayed and children remain in foster care for a prolonged period. Parents who have access to and utilize services designed to meet their needs are more likely to reunify than those who do not.

PSSF Parent Reunification services include a comprehensive family assessment to identify the complex caregiver needs and develop a service plan to minimize or eliminate risk factors that precipitated removal and increase protective factors to improve the likelihood of a successful reunification. It is important that families' needs are correctly identified, and services target the specific issues that need to be resolved to support a safe and timely reunification, and prevent reoccurrence post-reunification.

Trauma-focused therapeutic services should promote healing by building on parents' personal strengths and help to decrease the ongoing and long-term social and emotional impact of trauma. Parent education services should assist parents in acquiring skills to improve their parenting of and communication with their children in order to reduce the risk of child maltreatment and/or reduce children's disruptive behaviors. This includes developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction between parents and children, and locating and accessing community services and supports. Strengthening a parent's formal and informal support systems is key strategy for supporting reunification and avoiding reentry. Life skill sessions should be individualized to address specific caregiver deficits and are critical to sustain reunification efforts.

Providers of **PSSF Parent Reunification** services must be knowledgeable of and collaborate with DFCS and other community- and faith-based agencies to ensure parents receive an array of services and long-term supports to meet their needs. Working collaboratively with parents embodies family-centered practice and can facilitate the child's return home more quickly than if parents are not engaged. Engaging parents in the planning process can help ensure they receive the services and supports required for the child's safe return.

Target Population: Caregivers whose children are in foster or relative/kinship care under court supervision, or Voluntary Kinship with a plan for reunification

Referral Sources: DFCS Foster Care, Family Preservation or Voluntary Kinship, Accountability, Drug or Juvenile Court

Service Duration: Prior to reunification and up to 15 months post-reunification

PRS Service Requirements: Minimum of 6, as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (including Service Plan)

Initial Assessment at intake must include evaluation of parenting, life skills, family resources and social supports, in addition to those individual behavioral characteristics and conditions that resulted in the removal of children, and to address the conditions set forth in their case plans for the return of the children to the home and to help prepare for reunification. *See also Section D, for complete information on Assessments*

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Parent Education EBM (core)

Parent Education EBM chosen should address the identified parenting needs of the target population and be effective in addressing the circumstances that led to the removal of children from the home. Evidence-based parent education models with specificity for the identified target population and/or family or client characteristics to be addressed may be proposed provided it meets the PSSF CEBC evidence-based model standards, and is proven effective in the prevention of repeat maltreatment.

4. Therapy EBM (core)

Therapy may be provided to assist parents/caregivers in coping with the effects that come from experiencing trauma that may have occurred at any point in the individual's life and may have occurred once or many times.

5. Peer Mentoring

Services to help to create a safe environment, reduce isolation, and foster supportive relationships for families or youth with shared experiences. Groups can be youth or caregiver focused.

6. Additional Service (one required)

Proposal must include at least **one** additional service.
Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

PSSF ADOPTION PROMOTION and 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.

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.

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 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.

Proposals for **PSSF Adoption Promotion and Permanency Support** are limited to the following service models:

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

DESIRED SERVICE MODEL OBJECTIVES: ADOPTION PROMOTION AND POST-PERMANENCY SERVICE MODELS	
• 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. • Caregivers/youth identified and accessed other community-based services/supports for themselves and/or the children/youth in their care.	
APP/APS Adoption Promotion	• Caregiver participated in at least 90% of parent education/parent training sessions as per **EBM** service delivery guidelines.
	• Caregiver demonstrated an improved understanding of legal permanency options.
	• Caregiver received legal services related to adoption or guardianship of the child(ren) in their care.
	• Family was able to take advantage of at least one respite activity.
APP/TES Transition and Emancipation	• Youth/young adult established relationship with an adult mentor or peer mentor.
	• Youth/young adult participated in planning for their exit from foster care.
	• Youth/young adult was assisted in identifying and planning for post-foster care housing arrangements.
	• Youth/young adult demonstrated improvement in basic life skills deficits.
	• Youth/young adult identified and accessed educational and/or employment supports.

I. PSSF Adoption Promotion and 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, and to prevent disruption or dissolution of those relationships. Services are designed to promote and assist children and families prior to, during, and after adoption 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.

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.

Target Populations:

- Foster/adoptive children and youth
- Foster, pre-adoptive and adoptive parents
- Relative caregivers

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

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

APP Service Requirements: Minimum of 6 as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment & Service Plan (Family)

See Section D, for complete information on Assessments

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Parent Education EBM (core)

In home, Parent Education curriculum must be responsive to the unique needs of families pre- and post-adoption or guardianship to support permanency. May include specialized training or instructional support for caregivers of children with special developmental, medical, or behavioral health needs. Evidence-based parent education models with specificity for the identified target population and/or family or client characteristics to be addressed may be proposed provided it meets the PSSF CEBC evidence-based model standards, and is proven effective in the prevention of repeat maltreatment.
See also Section D, Parent Education, for more information and resources

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 and secure environment. Respite services can be provided in the home or short term outside of the home.

5. Legal Services or Healthcare Support Services (core)

Legal Services
Consultation, advocacy, or services provided by a legal professional or para-professional to caregivers seeking to adopt or obtain guardianship.

-or-

Healthcare Support Services
To provide hands-on training and support to caregivers of children with complex healthcare needs (medical, physical, mental, behavioral, developmental).

6. Additional Service (one required)

Proposal must include at least **one** additional service.
Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

II. PSSF Transition and 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)

Service Duration: 6-9 months before exiting Foster Care and/or following emancipation as long as individual continues to qualify for extended care youth services from DFCS.

TES Service Requirements: Minimum of 6, as described below

Guidelines specific to this PSSF service model are included in this section.
See also Section D Service Descriptions & Other Resources, Service Categories & Delivery Guidelines

1. Initial Assessment (including Service Plan)

Initial Assessments for all youth/young adults 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, caseworker, 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. *See also Section D, for complete information on Assessments*

2. Case Management

See Section D, Case Management, for PSSF guidelines for Case Management

3. Mentoring (Adult Volunteer) (core)

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 and 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 help develop the skills necessary to make a successful transition to independence. *See Section D, Mentoring*

Staff/case managers cannot serve as mentors.

4. Life Skills (core)

Life Skills for APP/TES programs should be focused on preparing the youth for independent living and should be based on individual needs identified for that youth in the Initial Assessment at intake and addressed on the individual service plan.

5. Educational Supports (core)

Educational Supports
Services to improve educational outcomes and/or achievement for youth or caregiver by an appropriately qualified individual by training or experience to help them accelerate learning, and to generally prepare for and succeed in school.

6. Employment Supports (core)

Employment Supports
Services designed to enhance skills, support and encourage individual goals, develop the skills necessary to secure and sustain employment, and to generally succeed in the workplace.

Additional Services (optional)

Other Additional Services are optional.
See Section D, Additional Services (chart), for most frequent services for this service model.

Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.

SECTION D

SERVICE DESCRIPTIONS & OTHER RESOURCES

Service Categories and Delivery Guidelines

This following section provides a description and service delivery requirements and guidelines for PSSF service categories used to report activities. Applicant must select service category that best describes proposed activity, based on service objectives and service model requirements specified in Section C.

Assessments Initial Assessment at Intake Progress Assessment Exit/Discharge Assessment Special Assessment	<u>**Initial Assessment (at intake)**</u> ***The Initial Assessment must utilize nationally recognized instruments and/or screening tools that are effective in evaluating the needs of the target population for PSSF services and in facilitating the development of an individualized service plan.*** The Initial Assessment is a <u>comprehensive process</u> by which information gathered from a variety of sources, is analyzed, and synthesized to identify risk and protective factors to determine the service needs of the family, caregiver, or youth/child. It should be strengths-based, family-centered, culturally sensitive, individualized, and developed in partnership with the family, caregiver, or youth/child. This assessment helps to identify safety concerns, risks and strengths that can lead to the best possible response for the child, caregiver, and family, including appropriate services and additional resource needs. This includes making appropriate referrals to alternate community-based resources when PSSF services cannot meet those needs or when needs are outside the scope of the PSSF program. Assessment strategies and tools should gather information from multiple sources to determine the need for interventions (services) to prevent maltreatment, strengthen family functioning, and/or increase family stability. Based on an analysis of the results of the Initial Assessment, a service plan is developed that outlines service needs and objectives, desired goals and how those goals are to be achieved. Goals should reflect identified family/caregiver/youth priorities and must be realistic with attainable and measurable outcomes, and timeframes for completion. The Initial Assessment establishes a baseline from which to measure progress toward clearly identified service plan objectives. Even though each program is unique there are key assessments delivered at intake to build a solutions-focused service plan which identifies the types of services, the frequency of those services, and the length of time the services are required to meet client's goals and program and service model goals and objectives. One is most referred to as a family assessment which screens a family/caregiver/youth's protective factors, family functioning, safety and risk, resources, and connections. The second is a parenting assessment tool identified by the EBM chosen for parenting education which identifies parental competencies both strengths and weaknesses. Depending on program model there may be additional assessments critical to the careful planning taken as a provider designed to improve decision-making while working with client in building their comprehensive service plan. The Initial Assessment must include use of recognized assessment instruments that are designed to examine family functioning in the domains of environment, parental capabilities, family engagement, family safety, and child well-being and address the following questions:

- What are the family's strengths and needs that affect safety, permanency, or well-being?
- What is the child's current living situation regarding safety and stability? Was a safety plan developed, and what has been the family's response to this plan?
- How do family members perceive their conditions, problems, and strengths?
- What is the parent's or caregiver's level of readiness for change? What is their motivation and capacity to ensure safety, permanency, and well-being?
- What is currently known about the parent or caregiver's history? Are there clues that further information about the past will help to explain the parent or caregiver's current functioning?
- What is known about the family's social support network? Who else is supporting the family and who will be available on an ongoing basis for the family to rely on?
- Are there any behavioral symptoms observed in the child? How has the child functioned in school and in social relationships? Who else may have information about any behavioral or emotional concerns?
- Have problems been identified that may need further examination or evaluation, such as drug or alcohol problems, psychiatric or psychological problems, domestic violence, or health needs?
- Has the child experienced any trauma because of his or her maltreatment and, if so, what specific services may be required to address it?
- What further information about the family will help provide an understanding of the risk and protective factors related to the potential of continued maltreatment? Is there a safety-risk while serving the client at your agency or in their home that needs to be considered when establishing their service plan?
- Is there additional assessment information available through their DFCS case manager that could be acquired through a release of information?
- Does your initial assessment include all the elements to help you and your client build a solutions-focused service plan which identifies the types of services, the frequency of those services, and the length of time the services are required to meet client's goals and program model objectives?

At a minimum, the intake assessment should include an examination of the following areas that impact family functioning:

- Living conditions
- Financial conditions
- Caretaker supports and resources.
- Health
- Housing
- Discipline practices
- Education
- Employment
- Transportation
- Caregiver coping skills.
- Parenting capacity, skills, and functioning
- Child functioning

Based on the results of the family assessment, and the reason for referral, and in consultation with the family, service objectives should be identified, and a service plan developed.   The service plan should outline desired goals for the family and define in detail how those goals are to be achieved and measured.

It is important to consider each of the available assessments that provide essential information about your client for your specific program model, and not focus solely on the parenting education EBM assessments.

Service Delivery: An Initial Assessment is conducted once, in person, on each family, caregiver or youth/child at, or prior to, the commencement of proposed services.

Progress or Exit Assessments
Progress or Exit assessments utilize baseline data collected during the Initial Assessment to evaluate improvement at prescribed intervals during service provision, or at the end of services to measure outcomes. These assessments measure the responsiveness and effectiveness of the intervention (service) utilizing the same assessment tools used to determine the baseline and may include a pre- and post-test instrument.

Progress, or Exit, Assessments are NOT included as components of the Initial Assessment and must be listed separately on the Service Delivery Schedule as an additional service, describing how and at what intervals this information is gathered and used with the client in the ongoing service coordination and service plan.

Specialized Assessments
Specialized assessments or screening tools may also be utilized in conjunction with the Initial Assessment at intake, or at any time during service provision, to measure or evaluate a wide variety of family and individual characteristics that may impair functioning, determine additional service needs and influence outcomes. These include, but are not limited to:

- *Child Development*
- *Health/Wellness*
- *Casey Life Skills*
- *Behavior*
- *Trauma*
- *Domestic Violence*
- *Sexual Abuse*
- *Substance Use*

Specialized Assessments are NOT included as components of the Initial Assessment and must be listed separately on the Service Delivery Schedule as an additional service (unless they are used in EVERY Initial Assessment).

Identify as Assessment Intake Assessment & Initial Service Plan, Assessment Intake Assessment & Supervised Visitation Plan, Assessment Discharge/Exit/Final, Assessment Progress, Assessment Other (provide detail such as Trauma).

Note:FRS/CFA (CASA) Programs See "Initial Court Report" and Section C FRS/CFA

Note: *HVS programs who provide additional child health/developmental/educational screenings, identify as* ***Assessment-Child Health/Developmental/Educational Screenings.*** *Do Not use multiple lines to report this service, please include all screenings and describe as one service. Child Health/Developmental/Educational Screening do not qualify as the initial assessment but can be reported as additional assessments for HVS programs.*

Resources:
https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/sources/
https://www.childwelfare.gov/topics/systemwide/assessment/
https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/
Measurement tools highlighted on the CEBC - https://www.cebc4cw.org/assessment-tools/measurement-tools/

National Child Traumatic Stress Network -
https://www.nctsn.org/treatments-and-practices/screening-and-assessments/measure-reviews
The Praed Foundation -
https://praedfoundation.org/
National Center for Substance Abuse and Child Welfare - https://ncsacw.samhsa.gov/default.aspx
National Institute on Drug Abuse - Screening and Assessment Tools Chart | National Institute on Drug Abuse (NIDA)
Spanish Assessment Tools - https://nfpn.org/products/spanish-training
Pearson Assessment Company - https://www.pearsonassessments.com/
Casey Life Skills - https://caseylifeskills.org
Adolescent Substance Abuse Screening (CRAFFT) - https://crafft.org/
eBASIS - https://www.ebasis.org/basis24
Core Meanings of the Strengthening Families Protective Factors https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf

Frequent Evidence Assessment and Screening Tools Utilized	
Comprehensive Measures of Family Assessment Tools	**Patterns of Social Interaction and Support: specialized measures of patterns of family social interaction**
• The Family Advocacy and Support Tool (FAST) • North Carolina Family Assessment Scale (NCFAS) and two modified versions of the NCFAS, • NCFAS for Reunification (NCFAS-R) and • Strengths and Stressors Tracking Device (SSTD). • Ackerman-Schoendorf Scales for Parent Evaluation of Custody (ASPECT), and • Darlington Family Assessment System (DFAS). •	• McMaster Model • Assessment of Strategies in Families-Effectiveness (ASF-E), • The Circumplex Model • The Family Assessment Measure III. • Vineland Adaptive Behavior Scales
Specialized Assessment of Parenting Practices Among Families	**Specialized Assessment Child Health, Development, and Safety**
• Adult-Adolescent Parenting Inventory (AAPI); • Child Abuse Potential Inventory (CAPI); • Parental Empathy Measure (PEM); • Parenting Stress Index (PSI) • The Beavers Model of Family Assessment	• Youth Connections Scale (YCS) • Screening Tool for Adolescent Substance Abuse (CRAFFT)
Trauma Assessment Instruments	**Adult Behavioral Health Assessment Tools**
• Child Report of Post-traumatic Symptoms (CROPS) • Parent Report of Post-traumatic Symptoms (PROPS) • Lifetime Incidence of Traumatic Events (LITE)	• BASIS-24 • The Adult Needs and Strengths Assessment (ANSA)

Behavior Management	**EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard** Children experiencing trauma often respond with negative behaviors that test relationships in the home, in the community and/or in school. Effective behavior management interventions, utilizing evidence-based models, can provide children with skills and support to reduce disruptive behaviors and improve adaptive functioning to reduce conflict. Caregivers improve skills and support of the child and learn strategies to help children during stressful moments, as well as an awareness and understanding of their own feelings to reduce family conflict, child behavior problems and improve the quality of parent-child relationships. 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). Behavior management must utilize an evidence-based practice model effective in addressing the child and/or parent behaviors that resulted in the referral for services to improve family functioning and prevent child abuse and neglect. Staff qualifications: Mental health professionals and trained paraprofessionals qualified by training and licensure. Staff must also meet all qualification, training and experience standards required by a practice model that meets the PSSF evidence-based model standard. **Identify as In-Home Therapeutic EBM, In-School Intervention/Support, Center-based Therapeutic, Group (children/youth), Center based EBM, Caregiver Group EBM, Center-Based EBM, Therapeutic EBM, Therapeutic Follow-up Contact.** **Resources:** Disruptive Behavior Treatment (Child & Adolescent) – http://www.cebc4cw.org/topic/disruptive-behavior-treatment-child-adolescent/ Placement Stabilization http://www.cebc4cw.org/topic/placement-stabilization/ Behavioral Health and Wellness https://www.childwelfare.gov/topics/systemwide/bhw/
Case Management Service Coordination Information & Referral Advocacy	***Limited to activities that support the PSSF service plan.*** To support a family's individualized service plan, developed based on the results from an Initial Assessment at intake, case management is characterized by advocacy, communication, and resource management which promotes quality and cost-effective interventions and outcomes. Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the family's needs. Case management involves working with families to establish goals, creating plans to achieve the goals, providing services to meet needs identified in assessments, monitoring progress toward achievement of the goals, and closing cases when goals have been achieved. Ongoing case management requires planned contact with the family to assess progress toward goals. Caseworkers also communicate and plan with community-based resources to ensure provision of appropriate services and assess service effectiveness.

In summary, effective case management is an ongoing collaborative process that assesses, plans, implements, coordinates, monitors, advocates for, and evaluates the options and services required to meet the family, caregiver or youth/child service needs and to achieve their case plan goals in a safe, effective, and timely manner.

Essential components of PSSF case management activity are limited to:

Service Coordination: Service coordination, includes coordinating PSSF services with the family, caregiver, or youth/child, and continuously assessing and revising the service plan with them as needed and planning for phasing out services.
This includes:

- Engaging with family, caregiver or youth in an on-going information-gathering and decision-making process to help identify their goals and strengths and challenges.
- Collaborating with the family, caregiver, or youth to implement service plan with specific attainable, measurable goals and objectives.
- Consultations with family, caregiver or youth including monitoring, evaluating and amending service plans in response to progress or changing needs or circumstances.

CM:SC supports core service objectives.

It does ***not*** include:

- Time used to plan, prepare, and document services.
- Time spent scheduling services.
- Make-up sessions with clients as an alternative to missed appointments or participation in an activity on their service plan.

Information & Referral: Assisting families in identifying, coordinating, and accessing **other** community-based resources to meet basic needs and to sustain outcomes after involvement with PSSF program.

Families need assistance in identifying and accessing community-based resources to meet basic needs and to improve and sustain outcomes. This includes consultation with the family to identify specific resource need, facilitated or coordinated access to community-based resource, as needed, and subsequent follow up to evaluate effectiveness of resource. Information and referral services identify both formal and informal resources and develop an effective plan for linkages of families to meet their immediate needs and for long-term support. Information and referral services include monitoring resources for responsiveness and effectiveness in meeting the families' needs.

Service providers must think strategically about how an existing array of services might be augmented to form a continuum of supports and services for families that emphasize prevention of behavioral, emotional, and social problems, including child abuse and neglect, juvenile delinquency, and family violence. This may also include school-linked services to help parents support their child's education, health, growth, and development.

Effectively providing resources includes discussing with client why such information/resource would be beneficial, how to connect with the resource, and what the client may expect/experience through connection. Broad distribution of information/resources through email blasts, text blasts, and social media does not sufficiently provide the personalized case management essential for building a trusted partnership with your client.

I&R Resources:
PCAGeorgia Helpline & Resource Map
https://abuse.publichealth.gsu.edu/resources-helpline/

	Georgia Family Connection Partnership – Collaborative Finder https://gafcp.org/collaborative-finder/ **Advocacy:** Advocating for the rights, decisions, strengths and needs of family that promote client access to resources, supports, and services. This includes modeling behavior that helps families learn to advocate for themselves and negotiate with service systems to obtain needed help and may include: • Being a mediator by helping to educate professionals on the strengths and needs of the family • Accompanying or representing the interests of the caregiver/child at IEPs, FTMs, MDTs, or DFCS case staffing, court testimony, as needed ***Case Management limited to 20% of total program cost unless sufficiently justified by use of intensive evidence-based model or program. Reported half hour time units.*** **Service Delivery:** All Case Management services should be delivered in .5hour increments and are individual services (provided to the individual or individual family) **Identify as Service Coordination, Information & Referral, or Advocacy**
Childcare	Quality childcare services enhance child development and provide support for all caregivers. Childcare may be provided for a specified period to: • Facilitate caregiver participation in program activities, such as when parents attend a group • After-school supervision, between the end of classes and end of parents' workday or until dinner • Provide short-term emergency childcare in the absence of resources to meet a temporary immediate need while a long-term childcare solution is identified. • To provide supervision of children when caregiver is engaged in an activity relevant to meeting their case plan goals, such as a job interview or attending a class. ***PSSF funds cannot be used to support ongoing childcare needs.*** **Service Delivery:** May be provided individually or in a group setting. Individual or volunteer providing childcare must be appropriately screened, including criminal background checks, trained, and supervised. **Identify as (most common): Individual, Group, Short Term Emergency Care**
Child Contact FRSCFA ONLY	Ongoing, quality, monthly follow up contact between child(ren) in placement and volunteer (or surrogate) based on national CASA standards. **Service Delivery**: See Section C, FRS/CFA under "Additional Guidelines for CASA Proposals"
Child Health/ Developmental /Educational Screenings FSS/HVS ONLY	*Age-appropriate interval screenings to assess child development in these areas. See note under "Assessment" for HVS programs.*
Collateral Contact FRS/CFA ONLY	Ongoing follow-ups contact by volunteers with parents, relatives, foster parents, teachers, doctors, etc. **Service Delivery**: See Section C, FRS/CFA under "Additional Guidelines for CASA Proposals"
Court Hearings FRS/CFA ONLY	Additional, periodic court appearances by CASA volunteer (or surrogate). These court hearings include

<table>
<tr><td></td><td>review, permanency plan, termination, or special hearings, to testify or to update the court on developments involving parties to the case to ensure that appropriate motions are filed on behalf of child(ren). This includes preparation or update of reports, and any resulting follow up by CASA volunteer.

Service Delivery: See Section C, FRS/CFA under “Additional Guidelines for CASA Proposals”</td></tr>
<tr><td>Crisis Intervention 24/7</td><td>Immediate intervention in response to an urgent situation to help de-escalate crisis and increase stabilization, made available 24 hours, 7 days a week.

Service Delivery: In-person or by phone (identify), by staff or certified therapeutic counselor (identify). Identify as (most common): In-person (in-home), In-person (in community), by phone or virtual.

Resources:
Crisis Intervention in Child Abuse and Neglect - https://www.childwelfare.gov/pubs/usermanuals/crisis/</td></tr>
<tr><td>Drug Screens</td><td>Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.</td></tr>
<tr><td>Educational Supports</td><td>Instruction or coaching/counseling activities designed to improve educational outcomes and/or achievement for youth or caregiver that are provided by an appropriately qualified individual with the appropriate teaching certifications, training, or experience. PSSF Educational Supports include a wide variety of services, supports, instruction, or resources provided to individuals in the effort to help them accelerate their learning progress, to meet learning standards, or generally prepare for and succeed in school and address developmental needs identified in initial assessment.

These may include, but are not limited to:
Tutoring (subject or test specific instruction MUST be provided by a <u>certified teacher</u>, 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.
GED classes (provided by individual with a bachelor’s degree, GED certification and some teaching experience)
SAT preparation class
Essential school supplies, books, etc.
Preparation of college applications, applications for financial aid, etc.
Service Delivery: Services may be provided to an individual or small group, in the home, in a school or a community setting. May alternatively be provided in a group format as a workshop facilitated by professional (an educational consultant on preparing for the college admission process) or as a class if instruction has a structured agenda and objective based on an accredited program (such as a SAT Prep classes or GED program).

Identify as (most common): In-Home Tutoring (w/Certified Educator), Tutoring Group (w/Certified Educator), In-School Tutoring (Individual; w/Certified Educator), Educational Training/Workshop, Educational Events/Activity, Advocate Services, Individual Instruction/Support, Homework Support (child/youth), Homework Support Group

Note staff qualifications for delivery that requires a Certified Educator</td></tr>
</table>

Emergency Aid [Concrete Supports]	**Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.** Many factors affect a family's ability to care for their children. Families who cannot meet their own basic needs for food, clothing, housing, and transportation—and who don't know how to access essential services such as childcare, health care, and mental health services to address family-specific needs are at higher risk for child abuse and neglect. ***Temporary*** assistance may be provided to families when unemployment, lack of budget management or low income creates stress that affects caregiver ability to provide and/or care for their children. concrete services may include, but are not limited to: • Temporary shelter • Rental assistance • Food • Car repairs • Temporary Childcare • Utilities assistance • Clothing Emergency Aid is intended to help families in meeting their case plan goals. Care should be taken by programs to vet requests minimizing duplication of emergency aid available by other more suitable community resources in client's service area. **Service Delivery:** Based on critical individual family needs identified, emergency aid provides temporary assistance to address critical basic needs and address an immediate crisis. Provider should work closely with families to identify and access community resources, formal and informal, to help them meet their on-going basic needs. *Non-essential expenses such as cable, cell phones, and internet services are not allowable.* **Do not include additional program expenses such as staff time when calculating unit cost** ***Not intended as recurring support or as an incentive or reward.*** ***Emergency Aid is limited to 10% of total cost of services.*** **Identify as Basic Emergency** **Resources:** PCAGeorgia Helpline & Resource Map https://abuse.publichealth.gsu.edu/resources-helpline/ Georgia Family Connection Partnership – Collaborative Finder https://gafcp.org/collaborative-finder/
Employment Supports	Services *based on the needs of the family/youth identified at assessment and* designed to enhance skills, support, and encourage individual goals, develop the skills necessary to secure and sustain employment, and to generally succeed in the workplace. The cycle of poverty can have a long-term effect on children, contributing to and exacerbating child maltreatment, mental illness, substance abuse, homelessness, and other problems that create barriers to obtaining and maintaining employment as an adult. Employment supports aimed at enhancing family

	economic success require workforce development, family economic supports, and community investment. An integrated system of social services and welfare services can help decision-makers identify the services needed to help families meet employment and income goals. Individual coaching/counseling or group instruction designed to enhance skills, support, and encourage individual goals and improve employment opportunities. These may include a wide variety of services, instruction, or resources, including internship or apprenticeship support, provided to youth to help them develop the skills necessary to secure and sustain employment and to generally succeed in the workplace. This may include, but are not limited to: • Preparation of job applications and resumes. • Interview skills • Job search • Vocational training • Internship or apprenticeship supports. • Job skills • Clothing **Service Delivery:** Instruction and/or supports provided by *appropriately qualified individuals* with clearly defined goals and objectives that are measurable and attainable provided to youth or adults, individuals or groups. **Identify as (most common): Individual, Group, Training/Workshop, Event/Activity** **Resources:** National RAISE Center https://www.raisecenter.org/ https://www.parentcenterhub.org/raisecenter/ Goodwill Career Centers https://www.goodwill.org/jobs-training/ Georgia Vocational Rehabilitation Agency https://gvs.georgia.gov/ Employ Georgia https://employgeorgia.com/learn-more-jobseeker.htm Georgia Department of Labor – Find a Career Center https://dol.georgia.gov/locations/career-center
Enrichment Activities Children/youth Caregiver/Child Caregiver (adult)	**Proposal must demonstrate how each enrichment activity as an additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.** Enrichment activities are characterized by a high degree of interaction with a project focus. **For Children/Youth:** Academic or recreational Enrichment Activities for children and youth are safe, fun, and educational activities provided in a supervised and structured environment in the afternoons/evenings of school days or weekends. Activities should be designed for children and youth that provide well-organized, purposeful opportunities to participate in constructive age-appropriate group experiences under adult supervision. These programs provide a variety of activities, from arts and crafts, field trips, recreation activities or sports/physical activities. May include:

	• Activities that provide an opportunity to demonstrate or develop new skills and qualities • Activities that involve child in team work as well as activities that they do on their own These activities should also provide opportunities for constructive social experiences and leisure time opportunities. These services are directed at improving individual functioning in personal and social communications, offering opportunities for self-expression, and minimizing isolation. Includes such activities as: • Trips to a Children's Museum • Yoga, dance, or exercise classes • Painting or drawing classes • Music, sports, or drama camp • Science, math, or chess club • Participation in a team activity or sport Academic enrichment activities expand on the child or youth's knowledge in ways that differ from the methods used during the school day, and should provide interactive, and project focused strategies, that will enhance the child or youth's education goals by bringing new concepts to light or by using old concepts in new ways. These activities should be fun for the child or youths, but also provide an educational experience that the child or youth can apply to real-life experiences. The common theme is that academic concepts are taught through a fun, engaging, experimental activities rather than by direct instruction. Recreational enrichment activities allow the child or youth time to relax or play. Sports, games, and clubs fall into this category. Occasional academic aspects of recreation activities can be pointed out, but the primary lessons learned in recreational activities are in the areas of social skills, teamwork, leadership, competition, and discipline. **For Caregiver/Child:** Enrichment activities for caregiver/child are facilitated, sponsored, and coordinated to nurture positive parent and child interaction and provide opportunities for parents/caregivers to model new parenting skills. Activities such as a field trip, parent/child dinner, holiday gathering, etc. Caregiver/Child activities can be provided to individual family or to a group of families. **For Caregivers (Adult):** Enrichment activities are characterized by a high degree of interaction with a project focus. Caregiver Enrichment Activities are delivered in a group (event) format with a clear focus and objective. **Service Delivery:** Must clearly outline delivery and participants on services form. If multiple or variable activities are included, they should be identified as **separate services** with delivery and format clearly outlined on each additional service form. **Identify as: Enrichment--Caregiver/Child Activities (Group), Enrichment--Caregiver/Child Activities (individual), Enrichment--Child/Youth Activities (group), Enrichment--Child/youth Activities (individual), Enrichment--Caregiver Activities: Event Activities** *Also identify activity type (Academic or Recreational*)
Family Treatment Court **FTC Hearings**	Family Treatment Court is an additional service for CASA programs with families enrolled in Family Treatment Court. Agency should have an MOU or agreement on file with the Family Treatment Court Judge. The role of CFA program is to inform the FTC team of parental progress or setbacks and the effect on the child, to

FRS/CFA ONLY **FTC Collateral** FRS/CFA ONLY	advocate for the child's best interest at Family Treatment Court Hearings and to supplement DFCS involvement through family and child visits, and gathering and analyzing information. This also includes making referrals and suggestions for the Family Treatment Plan, regarding the individual cases and the best interests of the child and family. **Service Delivery**: **FTC- Hearings** are In-Court hearings which address progress towards Family Treatment Plan and reunification goals. Units can be estimated as approximate number of expected court hearings. **Identify as: CASA -FTC court hearings.** **FTC Collateral** are collateral contacts made to address the parent(s) progress toward Family Treatment Program goals outside of any in-court services. Units should be estimated as 1 per month in the months they occur and service hours per unit should be an estimate of total expected hours spent with collateral contacts within the month. **Identify as: CASA Follow up contacts-FTC collateral contacts.** **PSSF FTC Hearing and FTC Collateral services reported are provided by the Advocacy Coordinator and not the CASA Volunteer**
Healthcare Support Services APP/APS ONLY	To provide hands-on training and support to (families) caregivers of children with complex healthcare needs (medical, physical, mental, behavioral, developmental). Objective of services is to include specialized training, instruction or coaching for caregivers on special medical or health needs of children in their care and/or for their own health needs.
Health Education & Monitoring Services	**Services must be provided by (or supervised by) a qualified/certified medical or healthcare professional**. Must have a focus on the special healthcare needs of target population (Relative Caregiver/grandparent), or support/training for Relative Caregivers (grandparents) caring for children with specialized healthcare needs. Kinship and grandparent caregivers of children in care need support navigating their own physical and mental healthcare needs, improving their ability to care for the youth in their custody. Consistent monitoring by a qualified/certified professional along with education and ongoing screenings decreases the likelihood of children coming into or re-entering foster care. Children with disabilities are at high risk for abuse and neglect and are more likely to experience maltreatment than children without disabilities. Developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis for potential developmental delays. Screening results in earlier detection of delays and improved health and well-being for identified children. When delays are detected, parents can be provided with information about what to expect in their child's development, how they can promote development, and the benefits of monitoring development. Such guidance promotes positive parent-child relationships, reducing the occurrence of child abuse and neglect. Individual to screen for and/or monitor diagnosed child or caregiver health-related problems (physical, mental, or developmental) and must utilize established screening tool and/or test administered by an experienced, qualified/certified professional. Services, education and/or training is provided to caregivers to promote self-care and support physical and emotional health.

	Services may also include group workshops on health-related issues for special populations (ie, stress management, healthcare needs), but must have a clear focus on special healthcare needs of the identified target population and be provided by a qualified/certified medical or healthcare professional. **Service Delivery:** Services must be provided by (or supervised by) a qualified/certified medical or healthcare professional and can be delivered individually or in a group format. Clearly identify format for each service. **Identify as (most common): Caregiver Healthcare Monitoring, Child Healthcare Monitoring, Health Education (Training/Workshop), Caregiver Training, Event/Activity** *Note Staff Qualifications for this service*
Healthy Relationships	**EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard** 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. **Resources**: https://www.acf.hhs.gov/ofa/programs/healthy-marriage-responsible-fatherhood/healthy-marriage
Home Visits PAT HF Exchange Parent Aide Safe Care	**EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard** Home Visiting programs must utilize evidence-based home visiting practice models that 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. 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. Programs vary, but components may include: • Education in effective parenting and childcare techniques • Education on child development, health, safety, and nutrition • Education and support on basic life skills • Assistance in gaining access to social support networks • Assistance in obtaining education, employment, and access to community services **Service Delivery:** Activities and objectives of PSSF Home Visiting services must be consistent with home visiting model standards and requirements. This includes EBM's additional assessments, screenings, and recommended caseload per FTE and PTE. **Identify as: Healthy Families, Parents As Teachers, Exchange Parent Aide or SafeCare** **Resources:** About the NHVRC | National Home Visiting Resource Center https://nhvrc.org/about-the-nhvrc/

Initial Court Report (CASA) FRS/CFA ONLY	An Initial Assessment and Court Report based on national CASA standards and guidelines, is conducted to evaluate children and/or family circumstances related to the dependency, and to assist in determining what permanency decision is in the best interest of the child(ren). This includes collecting and analyzing information from a wide variety of sources including reviewing documents and records, and interviewing children, family members and professionals in their lives. The resulting CASA report includes recommendations on placement type and services is presented for the Court's consideration. The Initial Assessment is completed by the CASA volunteer assigned by the Court, and the time to develop it includes all collateral contacts, consultations, report preparation, and court appearances up to and including presentation of the report at the Dependency/Disposition hearing. **Service Delivery:** One Initial Court Report per case/placement. **Identify As:** Assessment-Initial Court Report (CASA) *Note Volunteer Qualifications for this service*
Legal Services	Consultation and services <u>provided by a legal professional or trained paraprofessional</u> to a family or individual as follows, but not limited to: • Child dependency and/or permanency proceedings • Child custody cases • Legal guardianship filings or hearings • Obtaining ID's, birth certificates, health records, credit records • Restraining orders in cases of DV or IPV • Record expungements **Identify as (most common): Attorney (office consultation [custody, guardianship, etc.]), Attorney Services (court hearing)**
Life Skills	Individual or group activities such as: <u>Individual instruction or coaching/counseling</u> to address deficits in basic living skills identified in Initial Assessment that are barriers to self-sufficiency and completing case plan goals. These basic life skills include, but are not limited to, finding, and securing safe and affordable housing, nutrition, grocery shopping and cooking, cleaning and organizing, personal health and safety, time management, managing finances, personal identification, credit repair, relationships and social and cultural norms. <u>Group activities</u> may include such activities as a workshop facilitated by professional (nutritionist providing instruction how to shop for and prepare healthy meals or a financial planner providing instruction on establishing or repairing credit) or as a class, if instruction has a structured agenda and objective based on a recognized program or training (Stewards of Children). **Service Delivery:** Services may be provided to a group, family or individual and delivered in the home, or in a community setting and should include <u>clearly defined objectives</u> and a pre- and post-testing to demonstrate change in knowledge, skills, or behavior. Life skills is not a substitute for parenting education EBM, life skills instruction is a separate activity and should be based on the individual's and family's functioning deficits identified in the initial intake assessments, and through ongoing service coordination. Outcomes demonstrate caregivers increase in subject knowledge improving ability to provide a safe, stable, and nurturing home. **Identify as (most common): Individual: In home, Group, Caregiver Training Workshop, Stress/Anger Management, Event/Activity, Healthy Relationships, Children/Youth Training Workshop**

	Resources: EPIS- http://www.episcenter.psu.edu/ebp/lifeskills ReCAPP- http://recapp.etr.org/recapp/ Harvard University – Center on the Developing Child https://developingchild.harvard.edu/resources/building-skills-adults-need-life-guide-practitioners/
Mentoring Mentoring (Adult) Peer Mentoring	A structured, managed mentoring program is intended to create sustained and supportive mentor relationships for youth/adults. 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 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/adult with a volunteer mentor who will help build strong relationships, set and maintain goals, and be a positive role model. Youth/adult 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/adult make healthy choices and reach their full potential. • Increasing opportunities for academic achievement and career goals. • Building a community of caring for youth/adult through supportive 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. Program staff monitors each mentoring relationship to track its progress and success (e.g., how the youth/adult 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 (Volunteer) Mentors (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 and 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 help develop the skills necessary to make a successful transition to independence.

	Service Delivery: Provided individually in a one-on-one relationship. All mentors must be appropriately screened, including criminal background checks, trained, and supervised. Staff/case managers cannot serve as mentors. **Identify as: Mentoring (Adult Mentor)** *Note Volunteer Qualifications for this service.* **Peer Mentoring** A structured, managed program where children or youth are appropriately matched with screened and trained volunteer adult for one-on-one relationships, involving meetings and activities on a regular basis. It is intended that these relationships meet, in part, the need for involvement with a caring, supportive and positive role model. A mentor is a knowledgeable and experienced guide, trusted ally and advocate, and role model. An effective mentor is respectful, reliable, patient, trustworthy, and a very good listener and communicator. Peer mentoring is defined as a relationship that usually takes place between a person who has lived through a specific experience (the Mentor) and a person who is new to that experience (the Mentee). Individuals who have been involved with the child welfare system serve as mentors, partners, or resource guides to help other parents navigate the system and meet their case plan goals. In general, peer mentors connect families to resources and educate family members about their rights and responsibilities. Peer mentors may provide more intensive one-on-one mentoring while others provide information and general support. **Service Delivery**: Provided individually in a one-on-one relationship. All mentors must be appropriately screened, including criminal background checks, trained and supervised. **Identify as: Peer to Peer Mentoring (youth to youth or adult to adult), Mentoring or Peer Mentoring Event/Activity** **Resources:** National Mentoring Resource Center https://nationalmentoringresourcecenter.org/index.php/what-is-mentoring/43-mentoring-defined.html One-To-One Cross-Age Peer Mentoring https://nationalmentoringresourcecenter.org/index.php/what-works-in-mentoring/model-and-population-reviews.html?layout=edit&id=301 Mentoring for Preventing and Reducing Delinquent Behavior Among Youth https://nationalmentoringresourcecenter.org/index.php/what-works-in-mentoring/model-and-population-reviews.html?layout=edit&id=441
Parent Coaching FRS/SFV only	***EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard*** **This service must be provided by an individual trained in an evidence-based parent education model**. Parent coaching is a compassionate, non-judgmental, collaborative relationship between the visiting parent(s) and parent coach in coordination with their supervised visitation plan. This structured time for strengths-based feedback, is a guided, open discussion that allows parents to develop and strengthen

	parental protective capacities while successfully identifying and navigating the challenges that raising children present. The goal of the qualified parent coach is to teach, model and assist the visiting parent in developing, practicing, and embracing successful parenting practices grounded in evidence-based parenting curricula effective in meeting the child's need for safety, well-being, and permanence within the family unit. 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. Pre-visit discussion with caregivers serves to: • Provide an opportunity to update parent on what has been happening with the child. • Address any parental concerns. • Set realistic expectations and goals for the visit. • Trained staff of parenting EBM teach parents according to chosen EBM's model requirements. Post-visit debrief with caregivers serves 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. **Service Delivery**: Parent coaching should occur either immediately before and/or following, a supervised visitation between child(ren) and a visiting parent. **Identify as: Pre-and or Post-visit Parent Coaching** *Note Staff Qualifications for this service* **Resources:** Motivational Interviewing https://www.childwelfare.gov/pubPDFs/motivational_interviewing.pdf https://www.cebc4cw.org/program/motivational-interviewing/ Nurturing Parenting Skills for Families in Supervised Visitation https://www.svnworldwide.org/nurturing-parenting
Parent Education	**EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard** Parent education can be defined as any training, program, or other intervention that helps parents acquire skills to improve their parenting of and communication with their children to reduce the risk of child maltreatment and/or reduce children's disruptive behaviors. Eligible parent education/ parent training programs utilized MUST meet PSSF evidence-based standards and demonstrate effectiveness in child abuse prevention. Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Research shows that effective parent training and family interventions can change parents' attitudes and behaviors, promote protective factors, and lead to positive outcomes for both parents and children (Lundahl & Harris, 2006). Protective factors include nurturing and attachment, knowledge of parenting and of child and youth development, parenting

	competencies, parental resilience, social connections (especially caring adults and positive peers), concrete supports for parents, social and emotional competence of children, involvement in positive activities, and other individual skills such as self-regulation and problem solving and relational skills. Parent education focuses on enhancing parenting practices and behaviors, such as developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction between parents and children, and locating and accessing community services and supports. Their goal is to promote parental competency and strengthen family life, to enhance healthy child and family development. Parent training programs may also be called parent education programs; however, training programs usually focus on skill building ("knowing how") where education programs focus on more complex processes and problem solving ("knowing why"). Parenting programs are community-based services that support parents in their roles as caregivers. Parent educators help parents strengthen their skills and knowledge of child development, prepare young children for school, and cope with behavioral challenges of children and adolescents. Over time, these programs may help prevent child maltreatment, reduce developmental delays, and enhance parent effectiveness. **Service Delivery**: Parent education may be delivered individually or in a group in the home, classroom, or other setting; and it may include direct instruction, discussion, videos, modeling, or other formats. Frequency and duration must meet EBM fidelity to model guidelines. **Identify as (and always include EBM Used): Individual/Family In-Home, Individual/Family Center Based, Group, Co-Parenting.** **For Supervised Visitation Programs:** *(also see Parent Coaching)* **Pre-and or Post-visit Parent Coaching** **Resources:** California Evidence-Based Clearinghouse for Child Welfare – https://www.cebc4cw.org/registry/topic-areas/ Family First Prevention Services Act (FFPSA) Clearinghouse - https://preventionservices.abtsites.com/ Center for Parent Information & Resources -https://www.parentcenterhub.org/ Center for Disease Control - https://www.cdc.gov/violenceprevention/pdf/parent_training_brief-a.pdf ***See Evidence-Based Practice, Frequent Evidence-Based Models utilized in PSSF Service Plans (table)***
Peer Mentoring	*See Mentoring*
Respite	Short-term, temporary care of children to provide relief to primary caregivers to reduce stress, support family stability, prevent abuse and neglect, and minimize the need for out-of-home placement and placement changes for children in foster care. Respite care is a vital support to families with children, including foster, kinship, and adoptive families as well as birth families experiencing challenges associated with parenting under stressful conditions. It helps relieve stress, restore energy, and promote life balance for the family. 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

<table>
<tr><td></td><td>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.

Respite, 'temporary' care, involves the care of children for a few hours, a day, a weekend, or a week, and is designed to provide relief to the primary caregiver from the demands of caregiving for children.

Respite, 'relief' care, allows a caregiver to take a break from looking after children. This could mean 'in-home relief' to provide help at home for a short period during the day, evening or on weekend (sitting services) or 'on-site relief' (such as Mothers Morning Out or Parents Night Out).

Respite care can take place in the home, in the community, or at camps that offer overnight, weekend or week-long stays.

Service Delivery: May be provided in a group setting or individually. Individuals providing respite care must have appropriate training, qualifications, and experience to supervise and care for children with special or complex behavioral, emotional, developmental or health care needs.
Identify as (most common): Temporary In-Home Relief, Group, Therapeutic/Specialized Care (in-home), Community based short term.</td></tr>
<tr><td>Substance Abuse Services</td><td>Treatment
Professional treatment plan developed and executed for the express purpose of rehabilitation of an individual who has a dependency on either drugs or alcohol. Structured time-limited goal-oriented services are provided in a clinical setting (in-patient or out-patient) to assist a child and/or parent or guardian in reaching and maintaining drug- and alcohol-free lifestyles. This may include counseling, medical/remedial services, pharmacological intervention, social, education, and rehabilitative services.

Service Delivery: 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.

Note Staff Qualifications for this service.

Resources:
Families in Substance Abuse Treatment & Recovery Program - http://www.nurturingparenting.com/</td></tr>
<tr><td>Substance Abuse Recovery Support</td><td>Recovery Support (Individual)
Supports are provided to an individual to prevent relapse and continued use of controlled substances.

Recovery Support (Families)
Should focus on family members of caregivers affected by substance abuse and addiction. Typically provided in a group setting, this may include specific or age-appropriate instructional or informational activities for families to help develop skills for setting boundaries, improving communication, and encouraging sharing emotions and experiences in a positive setting.
This may include:
Education on the disease of addiction, stages of recovery and relapse prevention, its impact on relationships and family functioning and/or child development
Parent Education programs for families affected by addiction
Prevention strategies for children and adolescents</td></tr>
</table>

	• Healthy relationships, communications, and conflict resolution These workshops may be educational, informative, or supportive in nature, such as stress management classes or facilitated support groups, or enrichment activities that parents, children and their families experience together to help maintain or repair relationships. **Service Delivery**: In-home or Center-Based (identify format for each activity) **Identify as (most common): Individual, Group, Training/Workshop, Family, Family Drug Court** **Resources:** Families in Substance Abuse Treatment & Recovery Program - http://www.nurturingparenting.com/

Supervised Family Visitation FRS/SFV	***See Section C. FRS/Supervised Family Visitation service model for specific service delivery requirements.*** **Parent/Child Visits** Structured family interaction and enrichment activities conducted in neutral community-based settings for children in foster care and their families to facilitate permanency. Visits are designed to establish or sustain parent, child and sibling relationships and to facilitate the achievement of timely and permanent reunification. Purpose of each visit is based on written visitation plan and should include a pre-visit and/or post-visit period (parent coaching component) with the parent or other significant participants which allows for shared discussions, observations, accomplishments, goal-setting and barriers/obstacles to case plan objectives and a review of permanency timeframes. **Service Delivery:** Provided in a child/family friendly, non-institutional environment and should include opportunities to visit outside traditional work hours – evenings and weekends. **Sibling Visits** When siblings cannot be placed together, facilitating regular contact is critical to maintaining family connections and positive permanency outcomes. Sibling relationships provide a significant source of continuity throughout a child's life and are likely to be one of the longest relationships that most people experience. While there is no consensus on frequency of face-to-face contacts, a minimum of twice a month for siblings separated in foster care has been recommended by some experts in the field. Also, visits with birth parents can be arranged to occur at a time when all the siblings can be together. Service plan should also address any barriers to visits and needs to be reviewed and revised as needed. **Service Delivery:** Provided in a child/family friendly, non-institutional environment and should include opportunities to visits outside traditional work/school hours – evenings and weekends, to minimize disruption to school day. **Identify as (most common): Center-based Family, Siblings, Safe Exchange, Family: Community-Based, Family: Home-Based, Family/Sibling virtual (observer, parent, child). Identify various time frames when applicable (ex. A. 1 hour, B. 2-hour, etc.)** **Resources:** Supervised Visitation Network https://www.svnworldwide.org/

Support Groups

Support Groups

At-risk families often lack positive informal and formal support systems which may include friends, extended family, or neighbors who may be willing to act as alternative caregivers or to provide additional support or nurturance to both the parent and the child. A Support Group can be defined as a gathering of people with common experiences and concerns who meet together to provide emotional and moral support for one another. They encourage a sense of community, a source of empathetic understanding and provide an avenue for establishing social networks. Some groups are ongoing, while others have a predetermined start and end or total number of sessions for the group.

Professional-Facilitated Support Groups:

A gathering of youth or adults led by a qualified professional where people are able to share and process their feelings, learn new coping strategies, along with identify and evaluate alternatives as they are guided to their own strengths.

Peer Support Groups:

A gathering of youth or adults with similar lived experiences where these individuals come together to discuss their struggles, challenges, experiences. Led by a peer facilitator (someone that has actually lived the experience being addressed by the group) where help is provided to group members on developing their own goals, strategies for self-empowerment, and taking concrete steps towards building, fulfilling, self-determined lives for themselves. The benefit of Peer Support Groups is the comfort and comradery resulting from knowing that everyone there has some experience with the issue at hand. It creates a non-judgmental atmosphere for people to be able to express their feelings and share their experiences with others who can relate. Traditionally, self-help groups are not the same as "group therapy". In peer support and self-help groups all members maintain mutuality. If a member (including the facilitator) does hold a formal license or credential, they still participate in the group as a peer rather than as a clinician.

Support Groups can take many forms, including:

- Emotional support
- Tangible support
- Decision-making or problem-solving assistance
- Support related to self-esteem.
- Social companionship

Support Groups are ***not*** appropriate delivery of training or education.

Service Delivery: Groups for adult caregivers or older youth.
Identify as: Caregiver Group, Facilitated Group for Children, Youth Group. Identify whether support group is "facilitated" or "peer led."

Childcare may be provided as an additional service by removing a barrier and supporting caregiver participation. Please see details regarding childcare service requirements.

Resources:
National Association of Peer Supporters
https://www.peersupportworks.org/about/the-science-of-peer-support/
Facilitating Peer Support Group
https://www.mhanational.org/sites/default/files/MHA%20Support%20Group%20Facilitation%20Guide%202016.pdf
Family Substance Support
https://americanaddictioncenters.org/therapy-treatment/aftercare-support-groups

Therapy (Therapeutic Counseling)	**EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard** Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues, including: • Master's or Doctoral degree and licensure from the GA Composite Board as a Psychologist, LCSW, LMFT, LPC, LMSW, LAMFT, LAPC • Master's or Doctoral degree in a Human Services/Social Services field under the supervision for licensure by a licensed Psychologist, LCSW, LPC or LMFT in accordance with the GA Composite Board Therapeutic services focus on helping individuals better understand, and learn how to change, problematic feelings and behaviors. Therapy can be an effective means for helping to improve a variety of emotional, behavioral, and educational concerns. Services include the evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. As every individual and situation is unique, therapeutic goals and counseling techniques utilized are tailored for each client. Therapeutic services MUST utilize interventions 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. Therapeutic services are provided to address the impact of trauma on children and adolescents. The trauma can be abuse, neglect, and/or exposure to domestic violence, as is the case in most child welfare cases, or it can be a physical or sexual assault, exposure to community violence, war, a natural or man-made disaster, the death or imprisonment of a parent, having a relative go through a traumatic event, other experienced or vicarious. Therapeutic services must meet PSSF evidence-based standard. **Service Delivery**: Services can be provided to an individual, family or a group. **Identify as (most common): In-home EBM (Caregiver), Group EBM (Children/Youth), In-Home EBM Family, In-Home EBM (Child/Youth), Center-based EBM (child/youth), Center-Based EBM (Family), Group EBM (Caregiver), Center-Based (Caregiver)** *Note Staff Qualifications for this service.*
Transportation	Lack of reliable transportation continues to be a frequently identified challenge for many families. This includes access to and availability of public transportation in the community and personal transportation resources. PSSF service providers are encouraged to offer transportation services to remove barriers to participation in program services and to help families in accessing other community services and supports to meet their case plan goals. Client transportation provided to: • Facilitate parent, caregiver, or child participation in on-site PSSF services. • Assist families without transportation to access community resources to help meet case plan goals. • Facilitate parent/child or sibling visitation. Qualifications of individuals transporting clients: • Be at least 18 years of age. • Hold a valid Georgia operator's license and appropriate for the vehicle being used;

- Have a clean driving record documented by a DMV background search.
- Have passed a criminal background check.
- Have, or be the employee of agency, who meets the DHS liability insurance guidelines.
- Maintain vehicle equipped with seat belts in good repair.
- Comply with current state regulations on the transport of children in passenger vehicles ensuring age-appropriate, individual restraints as per DPH Our Precious Cargo-Child Passenger Safety & Injury Prevention for Families course (required annually).

If transportation by caseworker, foster parent(s) or relative caregiver(s) is not available, transportation may be provided by the visitation center. Transportation costs associated with transporting participants to and from visits are limited to $15.00 per hour plus state mileage reimbursement rate.

Service delivery: Can be provided as group or individual service.

Identify as:

Group Transport (group)
- multiple sites to one site
- one site to multiple sites
- one site picks up and return.

Staff or Contractor Transport (individual)
- round trip (pick up and return to home)
- one way (either to or from site)

Fixed Trip Rate, Pass or Voucher
Note: Do not include additional expense such as staff time when calculating unit cost

Note Staff Qualifications for this service.

Resources:
Institute for Online Training and Instructional Systems (IOTIS): https://iotis.org/sso/provider_account.jsp
Georgia Department of Driver Services: https://dds.georgia.gov/how-do-i-mvr-driving-history-reports

Additional Services (chart)

Additional Services identified below are frequently included on services plans for the following models to meet the unique needs of the target population served. Programs are not limited to the services listed here. **Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.**	
Priority Additional Services for all service models	• **Transportation** • **Emergency Childcare**
Family Support Services (FSS) Prevention and Early Intervention (PEI) Home Visiting Services (HVS)	• Educational Supports • Emergency Aid • Enrichment Activities • Mentoring • Respite • Support Groups • Therapy EBM
Family Support Services (FSS) Healthy Relationship and Co-Parenting Services (HMI)	• Behavior Management EBM • Life Skills • Mentoring (Peer Mentoring) • Support Groups
Family Support Services (FSS) PSSF Supports and Services for Homeless Families and Youth (SHY)	• Behavior Management EBM • Emergency Aid • Enrichment Activities • Respite • Therapy EBM
Family Preservation Services (FPS) Placement Prevention Services (PPS)	• Educational Supports • Emergency Aid • Employment Supports • Enrichment Activities • Mentoring • Respite • Support Groups
Family Preservation Services (FPS) Relative Caregiver/Kinship Family Services (RCS)	• Behavior Management • Enrichment Activities • Respite • Support Groups • Therapy (EBM)

Family Preservation Services (FPS) Crisis Intervention Services (CIS) Residential/Post Placement Aftercare (RAC)	• Educational Supports • Employment Supports • Life Skills • Mentoring • Respite • Support Groups (Peer)
Family Preservation Services (FPS) Substance Abuse Family Recovery & Support (STR)	• Educational Supports • Employment Supports • Life Skills • Support Groups
Family Reunification Services (FRS) Supervised Family Visitation (SFV)	• Drug Testing • Emergency Aid • Life Skills • Parent Education EBM • Mentoring (Peer Mentoring) • Support Groups • Therapy EBM
Family Reunification Services (FRS) Parent Reunification Services (PRS)	• Educational Supports • Emergency Aid • Employment Supports • Life Skills • Support Groups
Adoption Promotion & Permanency Support Services (APP) Adoption Promotion & Post-Permanency Support Services (APS)	• Behavior Management EBM • Educational Supports (for children) • Support Groups • Therapy EBM
Adoption Promotion & Permanency Support Services (APP) Transition and Emancipation Support Services (TES)	• Parent Education EBM (for parenting youth) • Therapy EBM

Special Populations

Families Affected by Substance Abuse

Substance abuse is a common problem in families involved with the child welfare system. There is increasing awareness that the abuse of drugs or alcohol by parents and other caregivers can have a negative impact on the safety, permanence, and well-being of children and families. Because so many child welfare cases involve substance abuse, child welfare agencies have begun to use a range of strategies to prevent and treat substance abuse in families, improving outcomes for children and families. Maltreated children of parents with substance abuse disorders often remain in the child welfare system longer and experience poorer outcomes than other children. Addressing the multiple needs of these children and families is challenging.

According to the National Center on Substance Abuse and Child Welfare (2007), when families or youth are involved in multiple systems—child welfare, alcohol and drug, and dependency court systems—treatment and case plans should be woven into a single, comprehensive statement of services that is clear to families and service providers alike. If unified case plans are not possible, it is especially important that plans be developed in a coordinated manner to give clear and consistent guidance and directions to families. Family members should be actively engaged in creating their plans.

Resources:
Child Welfare Information Gateway:
https://www.childwelfare.gov/pubs/usermanuals/subabuse
National Center on Substance Abuse and Child Welfare:
https://ncsacw.samhsa.gov/default.aspx
California Evidence-Based Clearinghouse for Child Welfare - Substance Abuse Treatment (Adults):
http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/
California Evidence-Based Clearinghouse for Child Welfare - Substance Abuse Treatment (Adults):
https://www.cebc4cw.org/topic/substance-abuse-prevention-child-adolescent-programs/

Families of Children with Special Needs

Studies show that a child's disabilities can produce enormous stress and emotional trauma for most parents and/or caregivers and put them at significantly higher risk for abuse and neglect. Services and supports should focus on preventing child abuse and neglect in special needs populations as well as approaches to strengthen families and foster quality parent-child interactions. Meeting the needs of this under-served population in all PSSF program areas is a priority, but particularly so in Adoption Promotion and Post-Permanency Supports to support families who are planning to adopt or have adopted children with special needs - developmental, emotional, behavioral, and serious physical or health-related conditions.

Resources:
Child Welfare Information Gateway:
https://www.childwelfare.gov/topics/permanency/specific/disabilities/
https://www.childwelfare.gov/pubs/prevenres/focus

Families of Children in Voluntary Kinship

A Voluntary Kinship placement (formerly known as ‘safety resource’) is a temporary out-of-home living arrangement for a child while CPS conducts a family assessment. A safety resource is usually a relative or friend that agrees to allow a child to temporarily reside in their home until the parent(s) address the issues that made it unsafe for the child to reside in the home. Commonly needed supports include, but are not limited to, financial assistance, childcare, respite, and medical care.

Resources:
National Family Preservation Network - https://nfpn.org/

Non-Custodial or Non-Resident Fathers

The involvement of fathers and paternal family members is critical to a child's growth and development. Although most children raised by single mothers grow up to live healthy and productive lives, research shows youth from father-absent homes are at increased risk for poverty, emotional and behavioral problems, substance abuse, incarceration, and poor academic performance or problems at school. Historically, child welfare agencies have not been effective in involving fathers in the family work that is needed to achieve safety, permanency, and well-being. Increased father involvement in activities such as family outings, homework, and meals is linked to better academic performance, more positive social behavior, and fewer behavioral issues in children and adolescents.

Challenges that often need to be addressed may include:

- Poverty
- Low literacy or educational attainment
- Unemployment
- Safe housing or homelessness
- Substance abuse
- Domestic violence
- Criminal history or incarceration
- Lack of parenting skills
- Unaware of children/fatherhood

Services should focus on effective engagement strategies to involve fathers and create greater opportunities for them to be connected in important ways that benefit their children.

Resources:
Child Welfare Information Gateway - https://www.childwelfare.gov/topics/famcentered/engaging/fathers/
California Evidence-Based Clearinghouse for Child Welfare: Father Involvement - http://www.cebc4cw.org/topic/father-involvement-interventions/
National Family Preservation Network- Father Engagement - https://nfpn.org/father-involvement

Pregnant and Parenting Teens

Some studies of physical abuse in particular reveal that children of teenage mothers are victims of child abuse at a higher rate than children who have older mothers. Other factors such as lower economic status, lack of social support, and high stress levels contribute to the link between young parents and child abuse. Adolescent parenting is associated with increased risk for maternal and infant health problems, poverty, lack of education and inadequate family support. Benefits of social support services for young parents include improved knowledge about parenting, enhanced parent-child relationships, increased economic self-sufficiency, and decreased risk for domestic violence and child abuse and neglect.

Effective programs offer a comprehensive array of services to address child development and healthcare needs, are customized to the parent's developmental level, involve extended family members, and promote intergenerational relationships to reduce isolation and increase support. Services are designed for teen mothers, fathers, and their children. Services are delivered in school, health, or community-based settings and in the home.

Resources:
Child Welfare Information Gateway:
https://www.childwelfare.gov/topics/preventing/promoting/parenting/pregnant-teens/

Relative/Kinship Caregivers

Federal and state laws require that child welfare agencies give priority to relatives when children must be removed from their homes. Placing children with their relatives helps to maintain family relationships for the child and is consistent with family-centered practice.

These caregivers and the children they are raising are often isolated and lack information about the range of support services, resources, benefits, laws and policies available to help them successfully fulfill their caregiving role.

Services for relative/kinship caregivers are designed to:

- Promote permanency and child well-being by supporting early and stable relative placements;
- Prevent children from coming into or re-entering foster care by improving caretaker and family functioning;
- Increase parenting knowledge and demonstrated ability of the caretaker to apply the skills learned;
- Increase decision-making or problem-solving skills of the caretaker; and
- Increase access to and utilization of community-based supports and services.

Resources:
Child Welfare Information Gateway
https://www.childwelfare.gov/topics/preventing/promoting/parenting/relative/
https://www.childwelfare.gov/topics/outofhome/kinship/
https://www.childwelfare.gov/topics/permanency/guardianship/
https://www.childwelfare.gov/topics/permanency/relatives/

Victims of Domestic and Intimate Partner Violence

In recent years, increased attention has been focused on the trauma experienced by children who witness violence between family members at home. Even when children are not directly injured by violence, exposure to violence in the home can contribute to behavioral, social, or emotional problems. In addition, research suggests that child maltreatment and domestic violence co-occur in an estimated 30 to 60 percent of cases.

Child welfare and domestic violence prevention service providers have begun to work together toward the common goals of ensuring safety and preserving families. These goals are the basis for collaboration and partnership building in the delivery of services to children, youth, and families affected by domestic violence. In a shelter setting, services should enhance and expand standard services by providing a comprehensive array of supports to women residing with children.

In addition to service model requirements, additional service priorities include:

- Child, art and play therapy to address the mental health needs of child witnesses to domestic violence
- Trauma-focused therapeutic counseling for adults
- Healthy relationship/dating violence awareness
- Facilitated peer support groups (parent and/or child)
- Legal advocacy for victims during criminal and civil proceedings
- Educational supports and school advocacy
- Behavior management and techniques for non-corporal discipline

Resources:
Child Welfare Information Gateway -
https://www.childwelfare.gov/topics/systemwide/domviolence/
National Resource Center on Domestic Violence - www.nrcdv.org & www.vawnet.org
California Evidence-Based Clearinghouse for Child Welfare: Victims of Domestic Violence –
http://www.cebc4cw.org/topic/domestic-intimate-partner-violence-services-for-women-and-their-children/

Perpetrators of Domestic Violence or Intimate Partner Violence

Services that target perpetrators of DV or IPV include, but are not limited to:
- Stress and anger management classes to break the cycle of abuse
- Healthy relationship classes
- Therapeutic counseling
- Behavior management and techniques for non-corporal discipline
- Batterer's Intervention Programs

Resources:
Child Welfare information Gateway
https://www.childwelfare.gov/topics/systemwide/domviolence/treatment/intervention/
National Resource Center on Domestic Violence - https://vawnet.org/search?search=services%20for%20batterers

CHINS Children in Need of Services

Children In Need of Services (CHINS) are youth who have engaged in low-risk problematic behavior that warrant correction but would not be responsive to (and may be made worse by) traditional juvenile justice system interventions. These children/youth historically have been referred to legally as status offenders or unruly children; i.e., children whose conduct is considered a violation of law only because of the youth's status as a minor. Common examples are runaway, truancy, and general ungovernability.

Within the FPS Crisis Intervention service model, therapeutic evidence-based models effective in addressing the maladaptive behaviors of these youth and their families include Triple P, Active Parenting, Systemic Training for Effective Parenting, Multi-Systemic Therapy, and/or Trauma Focused-Cognitive Behavior Therapy, must be utilized for this population.

Services to address the special needs of this population: Educational Support, Support Groups (Peer)

Evidence-Based Practice

All proposals for PSSF services MUST utilize evidence-based practices, strategies or program models with a medium to high relevance to child welfare that are effective in addressing the needs of the target population and achieving desired outcomes. PSSF has chosen to use the California Evidence-Based Clearinghouse (CEBC) scientific rating scale to establish its standard for eligible evidence-based strategies, practices or program models required for all proposals. In addition to demonstrating its effectiveness in meeting the objectives for the selected service model, proposed evidence-based strategies, practices or program models must have a medium to high relevance to child welfare and must have a scientific rating of rated 1 (well supported) to 3 (promising) by CEBC. All proposals for PSSF services MUST utilize evidence-based practices, strategies or program models that meet this CEBC criteria.

CEBC is the key tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being. Unless otherwise specified, proposals may include evidence-based strategies, practices or program models identified by other qualified sources provided the proposal can demonstrate that it meets the same or comparable criteria for effectiveness set by CEBC in addressing the needs of the target population. This includes the **Title IV-E Prevention Services Clearinghouse** that was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to systematically review research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. The Clearinghouse, developed in accordance with the Family First Prevention Services Act of 2018, will rate programs and services as promising, supported, and well-supported practices.

Resources:
CEBC overview of EBM rating - https://www.cebc4cw.org/files/OverviewOfTheCEBCScientificRatingScale.pdf
CEBC Selecting & Implementing Programs - https://www.cebc4cw.org/implementing-programs/

Motivational Interviewing: Motivational Interviewing is a proven evidence-based approach to help support clients who struggle with behavior change. Motivational Interviewing is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. Motivational Interviewing can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate clients for other treatment modalities. It communicates compassion, acceptance, partnership, and respect.

The goals of Motivational Interviewing are:

- Enhance internal motivation to change
- Reinforce this motivation
- Develop a plan to achieve change

Motivational Interviewing can be a powerful and effective tool in helping individuals discover their own reasons for making a change. Although there are simple techniques that can be learned quickly, it takes time and practice to master motivational interviewing so that it can be used most effectively.

Utilization of reflecting listening statements that focus on the client's language around change. The goal is to evoke from clients their own reasons, needs, desire, and abilities to change.

Five Principles of Motivational Interviewing

- Express empathy through reflective listening.
- Develop discrepancy between clients' goals or values and their current behavior.
- Avoid argument and direct confrontation.
- Adjust to client resistance rather than opposing it directly.
- Support self-efficacy and optimism.

PSSF promotes the use of Motivational Interviewing as a strategy to support and improve family engagement.

Resources:
Motivational Interviewing
https://www.childwelfare.gov/pubPDFs/motivational_interviewing.pdf
https://www.cebc4cw.org/program/motivational-interviewing/

Frequent Evidence Based-Models Utilized in PSSF Service Plans	
Behavior Management Prevention Early Intervention	**Life Skills**
ART Aggression Replacement - https://aggressionreplacementtraining.com/	Botvin Life Skills Training Middle School Program - https://www.lifeskillstraining.com/
Guiding Good Choices - http://www.sdrg.org/ggc.asp	Community Advocacy Project (CAP) - https://cap.vaw.msu.edu/
I Can Problem Solve - http://www.icanproblemsolve.info/	Family Connections - Connections https://action4cp.org/our-services/family-connections/
Raising Healthy Children - http://www.sdrg.org/rhcsummary.asp	Life Skills Training (LST) - http://www.episcenter.psu.edu/ebp/lifeskills
	Life Space Crisis Intervention (LSCI) - https://www.lsci.org/
	Case Life Skills - https://caseylifeskills.secure.force.com/
Parent Education	**Therapy**
123 Magic (6th Edition) https://www.123magic.com	AF-CBT - https://www.afcbt.org/
ACT Raising Safe Kids - https://www.apa.org/act/	ART Aggression Replacement Training - https://aggressionreplacementtraining.com/
Incredible Years www.incredibleyears.com	Child-Centered Play Therapy (CCPT) - https://www.lifeskillsresourcegroup.com/child-centered-play-therapy-ccpt/
Nurturing Parenting Children Program www.nurturingparenting.com	(PCIT) Parent-Child Cognitive- Interaction Play Behavioral Therapy - http://www.pcit.org/
Triple P- Level 3, 4, and 5 http://www.triplep.net/	Eye Movement Desensitization and Reprocessing EMDR https://www.emdr.com/
Systemic Training for Effective Parenting (STEP) http://www.steppublishers.com/	FFT Functional Family Therapy - https://www.fftllc.com/
Supporting Father Involvement - http://supportingfatherinvolvementsfi.com/	Multisystemic Therapy® (MST®) - https://www.fftllc.com/
	Theraplay - https://www.theraplay.org/
	TF-CBT - https://tfcbt.org/
Home Visiting	
Parents As Teachers- https://parentsasteachers.org/	SafeCare Augmented - https://safecare.publichealth.gsu.edu/
Healthy Families - https://www.healthyfamiliesamerica.org/	Exchange Parent Aide - https://www.nationalexchangeclub.org/cap/

Trauma-Informed Care & Practice

Trauma-informed care and practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. To provide trauma-informed care to children, youth, and families involved with child welfare, professionals must understand the impact of trauma on child development and learn how to effectively minimize its effects without causing additional trauma. Trauma-informed services involve the integration of understanding, commitment, and practices organized around the goal of successfully addressing the trauma-based needs of families and children involved in the child welfare system.

It is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration. Information is available on building trauma-informed systems, assessing and treating trauma, addressing secondary trauma in caseworkers, and trauma training. It also offers trauma resources for caseworkers, caregivers, and families.

Resources:
The Child Welfare Information Gateway-The Importance of a Trauma-Informed Child Welfare System-
https://www.childwelfare.gov/pubs/issue-briefs/trauma-informed/

Family-Centered Practice

The National Resource Center for Family-Centered Practice defines Family-centered practice as:

> The belief that the best way to meet a person's needs is within their families and that the most effective way to ensure safety, permanency, and well-being is to provide services that engage, involve, strengthen, and support families. Providers strive to preserve families and prevent out-of-home placements when this can be done safely. The family-centered model, which views families as having the capacity to make informed decisions and act on them, differs from models in which professionals make decisions alone or with only assistance of the family.

The Child Welfare Information Gateway describes the philosophy and key elements of family-centered practice to include:

- Working with the family unit to ensure the safety and well-being of all family members
- Strengthening the capacity of families to function effectively by focusing on solutions
- Engaging, empowering, and partnering with families throughout the decision- and goal-making processes
- Developing a relationship between parents and service providers characterized by mutual trust, respect, honesty, and open communication
- Providing individualized, culturally responsive, flexible, and relevant services for each family
- Linking families with collaborative, comprehensive, culturally relevant, community-based networks of supports and services

Resources:
Family-Centered Practice:
https://www.childwelfare.gov/topics/famcentered/#:~:text=It%20focuses%20on%20children's%20safety,and%20foster%20and%20adoptive%20families.
Philosophy and Key Elements of Family-Centered Practice
https://www.childwelfare.gov/topics/famcentered/philosophy/
National Resource Center For Family Centered Practice- What is Family Centered Practice?
https://clas.uiowa.edu/nrcfcp/what-family-centered-practice

Program Evaluation

Evaluating the outcomes of child welfare programs is critical for program growth and improvement. Programs need to provide convincing evidence that their work makes important differences for the children, families, and communities they serve.

A plan for evaluation should be built into any program that provides supportive services to children and families. Plan should identify the changes services are designed to bring about and how changes will be measured to demonstrate the extent to which those changes occurred. Services and service delivery should be adjusted and improved based on the data generated by an evaluation. The Administration on Children and Families' Second Edition of the Program Manager's Guide to Evaluation (2010) identifies these key reasons to evaluate your program.

An evaluation helps you accomplish the following:

- Find out what is and is not working in your program
- Show your funders and the community what your program does and how it benefits your participants
- Raise additional money for your program by providing evidence of its effectiveness
- Improve your staff's work with participants by identifying weaknesses as well as strengths
- Add to the existing knowledge in the human services field about what does and does not work in your type of program with your kinds of participants.

Writing S.M.A.R.T. Objectives

To use an objective to monitor your progress, you need to write it as a **SMART** objective. A **SMART** objective is:

1. Specific: Objectives should provide the "who" and "what" of program activities. Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured. Avoid verbs that may have vague meanings to describe intended outcomes (e.g., "understand" or "know") since it may prove difficult to measure them. Instead, use verbs that document action (e.g., "At the end of the session, the students will list three concerns...") Remember, the greater the specificity, the greater the measurability.

2. Measurable: The focus is on "how much" change is expected. Objectives should quantify the amount of change expected. It is impossible to determine whether objectives have been met unless they can be measured. The objective provides a reference point from which a change in the target population can clearly be measured.

3. Achievable: Objectives should be attainable within a given time frame and with available program resources.

4. Realistic: Objectives are most useful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame. Objectives that do not directly relate to the program goal will not help toward achieving the goal.

5. Time-phased: Objectives should provide a time frame indicating when the objective will be measured or a time by which the objective will be met. Including a time frame in the objectives helps in planning and evaluating the program.

Objective Checklist	Yes	No
1. Is the objective SMART? **Specific:** Who? (target population and persons doing the activity) and What? (action/activity) **Measurable:** How much change is expected **Achievable:** Can be realistically accomplished given current resources and constraints **Realistic:** Addresses the problem and proposes expectations are reasonable **Time-phased:** Provides a timeline indicating when the objective will be achieved		
2. Does it relate to a single result?		
3. Is it clearly written?		

Resources:

Core Meanings of Strengthening Families Five Protective Factors - https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf
Evaluating Program, Practice, and Service Effectiveness - https://www.childwelfare.gov/topics/management/effectiveness/
Basic Guide to Program Evaluation (Including Outcomes Evaluation)- https://managementhelp.org/evaluation/program-evaluation-guide.htm
Evaluation Toolkit and Logic Model – https://www.childwelfare.gov/topics/preventing/evaluating/toolkit/
Evaluating Prevention Programs – https://www.childwelfare.gov/topics/preventing/evaluating/
FRIENDS- https://friendsnrc.org/
Evaluation Toolkit is a resource for developing an individualized outcome evaluation plan. http://friendsnrc.org/evaluation-toolkit