



Georgia Department of Human Services  
Division of Family and Children Services

## **Promoting Safe and Stable Families Program**

# **FFY 2010 Request for Proposals (RFP)**

# **APPLICATION GUIDELINES**

Release Date: July 31, 2009  
Application Deadline: August 31, 2009 – 1:00PM

Available for download at [www.pssfnet.com](http://www.pssfnet.com), Funding Opportunities

## SECTION A

### Timeline

RFP Release Date	July 31, 2009
RFP Technical Assistance	August 3-14, 2009
Proposals Due	Monday, August 31, 2009 1:00PM
Proposal Review	September 1-14, 2009
Award Notice	September 2009
Contract Negotiation/Distribution	September 2009
Contractors Meeting <i>Attendance is mandatory for all Contractors.</i>	October, 2009
Contract Period	October 1, 2009 – September 15, 2010
Contract Extension	June 2010

## **General Information**

The Georgia Department of Human Services (DHS), through the Division of Family and Children Services (DFCS), Promoting Safe and Stable Families (PSSF) program is issuing this Request For Proposals (RFP) to fund direct Promoting Safe and Stable Families services to children and families in order to enhance the well-being of children and families, to prevent child abuse and neglect, to protect children from further abuse, and to promote permanency for children in family settings.

The Promoting Safe and Stable Families program, established under the Adoption and Safe Families Act (ASFA) of 1997, provides federal funding for the purchase of family support, family preservation, time-limited reunification and adoption promotion and post-permanency services to ensure the safety, permanency and well-being of children.

**Source of Funds:** CFDA 93.556 Social Security Act, as amended, Title IV, Part B, Subpart 2; Omnibus Budget Reconciliation Act of 1993; 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.

A non-federal cash match of 25% of the total program cost is required. For every \$75 of federal funding requested, the Contractor must provide \$25 in private, state or local funding sources, not already used to match any other federal grant.

All applicants must be able to demonstrate availability of funds to satisfy the required 25% cash match contribution.

**Purpose:** The purpose of this Request for Proposals is to solicit proposals from non-profit organizations statewide to develop, establish, expand, and/or operate coordinated community-based family support services, family preservation services, time-limited reunification services, and adoption promotion and post-permanency services to at-risk children and families in crisis throughout Georgia.

**Who May Apply:** State government agencies and other public and private non-profit entities (such as child and family service agencies and other community and faith-based organizations) are eligible to apply. Private non-profit agencies/organizations must provide proof of incorporation, recognition as a tax-exempt organization and/or certification of non-profit status by attaching a copy of their 501(C)-3, and a copy of their last audit, if applicable. Use of government agency/institution letterhead on letter of authorization (Appendix E) is sufficient to document eligibility for city/county/state entities and academic

institutions that are not required to submit incorporation, exemption and audit information.

Local county DFCS offices are encouraged to submit proposals in partnership with community-based service providers and must provide state appropriated or local county government funds to satisfy the cash match requirement.

Agencies that received PSSF awards in FFY2009 must also meet additional requirements described in Part Six – FFY2009 Summary Report for Current Contractors. A prior award is not a commitment for continued funding.

Limit of two proposals per agency unless additional proposals serve another distinct service area and applicant can demonstrate that agency has the capacity (staff and facility) at established satellite sites to expand services.

**Objectives & Evaluation:**

Service outcomes must demonstrate improved results for families and children and support Georgia’s child welfare goals of safety, permanency and well-being. All proposals must have a clearly defined set of deliverables, budget and measures to evaluate outcomes. *Contractors will be required to provide interim reports on results.*

**Size of Awards:**

Federal award amounts for any single proposal will not exceed the following limits:

Service Category	Maximum Federal Award	Required Cash Match	Total Program Cost
Family Support	\$56,250	\$18,750	\$75,000
Family Preservation	\$67,500	\$22,500	\$90,000
Time-Limited Reunification	\$67,500	\$22,500	\$90,000
Adoption Promotion and Post-Permanency	\$45,000	\$15,000	\$60,000

**Awards:**

DHS reserves the right to reject any or all proposals. DHS may also elect to fund proposals at less than 100% of the initial request and may require submission of a revised budget, service deliverables, and other supporting documentation.

Notice of award does not constitute approval of the application as submitted. Prior to the actual contract award, DFCS reserves the right to enter into negotiations regarding level of funding, services to be provided, and other issues of possible concern. DFCS further reserves the right to terminate the negotiations and to decline to fund the application if negotiations do not result in an acceptable contractual arrangement. **Agencies on the DHS delinquent audit list at the time of selection are considered ineligible for funding.**

**Current Contractors:** In addition to the application for FFY2010 funding, the selection committee will review agencies for compliance with current (FFY2009) contractual and reporting requirements, service delivery and participant outcomes, fiscal management, and audit compliance. The following data may also be used in the review and assessment of FFY2009 Contractor compliance and status:

- Intake and exit data
- Monthly programmatic reports
- Administrative summary reports on award utilization, service plan, and data submission
- Insurance certificate
- Criminal background check certification
- Results of self-assessment review
- On-site reviews

**Proposals Due:** One original master with original signature and four paper copies of proposal must be received no later than 1:00PM on Monday, August 31, 2009 at the offices of:

DHS Division of Family and Children Services  
Office of Provider Utilization and Outcomes Management  
Promoting Safe and Stable Families Program  
**c/o Care Solutions Inc.**  
**5555 Glenridge Connector, Suite 150**  
**Atlanta, GA 30342**

**\*\*\*\* New Submission Requirement \*\*\*\***

All applicants must submit copies of the following proposal components by email:

- 1) Application Cover- Form #1 (Word Document)
- 2) Proposal Overview/Abstract (Word Document)
- 3) Service Implementation Plan - Form #2 (Word Document)
- 4) Service Delivery Schedule - Form #3 (Word or Excel format)
- 5) Budget - Form #4 (Word Document)

*For additional information, see Section C, "New FFY2010 Submission Requirement."*

All required components **MUST** be received by the deadline. Faxed proposals will not be accepted.

Applications will be disqualified if received after the deadline, are incomplete, or include items not specified in the Request for Proposals instructions.

**Proposal Review:** All proposals receive a qualitative review by a team of independent reviewers. Each proposal is read and rated twice on a 100 point scale. Proposals are evaluated for RFP compliance and responsiveness to RFP. Final funding awards are made with input from state, regional and county DFCS departments.

**Award Notification:** September 2009. All applicants will be notified, in writing, of award decisions. Local and regional DFCS offices will also be notified of the successful applicants.

**Contract Period:** Successful applicants will be awarded a contract with the Georgia Department of Human Services, Division of Family and Children Services through the local county DFCS for the period of October 1, 2009 through September 15, 2010 for the purchase of services outlined in the proposal or as amended by revision. *Contracts must be fully executed before service provision can begin.*

**Payments:** Contractors are required to submit invoices monthly. Contractors should have sufficient cash flow to cover the first forty-five (45) days of service prior to the initial payment. *Expenses incurred prior to October 1, 2009 and/or prior to the full execution of the contract are not eligible. No advance of funds is available.*

Expenses incurred in the preparation of this application are the responsibility of the applicant.

**Reporting:** Contractors are required to collect and report demographic, service and outcomes data on all families/clients receiving services funded by PSSF. Records are entered into a secure, web-based database and maintained with regular updates. Monthly service reports must be completed online between the 2<sup>nd</sup> and 10<sup>th</sup> day of each month.

**Audits and Financial Reporting:**

Agencies that expend \$500,000 or more in **federal funds** during their fiscal year must conduct a **single entity-wide audit** in accordance with the provisions of the Single Audit Act Amendments of 1996 (Public Law 104-156) and their implementing regulation, OMB Circular A-133 entitled, "Audits of States, Local Governments, and Nonprofit Organizations." The audit reporting package shall include the documents listed in the Department of Human Services On-line Directives Information System POL 1244, External Entities Audit Standards and Sanctions.

Agencies expending \$100,000 or more in **state funds** during their fiscal year must conduct an **entity-wide audit** for that year in accordance with Generally Accepted Auditing Standards issued by the American Institute of Certified Public Accountants. The audit reporting package shall include the documents

listed in the Department of Human Services On-line Directives Information System POL 1244, External Entities Audit Standards and Sanctions.

Agencies expending at least \$25,000 but less than \$100,000 in **state funds** during their fiscal year must prepare **unaudited entity-wide financial statements** for that year. Assertions concerning the basis of financial statement preparation must be made by the president or other corporate official as described in the Department of Human Services On-line Directives Information System POL 1244, External Entities Audit Standards and Sanctions.

**Technical  
Assistance:**

Technical assistance will be available for a limited period August 3-14, 2009.

Specific questions regarding this Request for Proposals must be submitted by email to:

[RFPtechnicalassistance@caresolutions.com](mailto:RFPtechnicalassistance@caresolutions.com)

Responses to questions will be posted daily on DHS/PSSF website, [www.pssfnet.com](http://www.pssfnet.com) – Funding Opportunities/FFY2010 Request for Proposals/ Frequently Asked Questions.

## **Contract Requirements and Service Delivery Expectations**

Proposing entities awarded a contract by the Department of Human Services, Division of Family and Children Services, to provide Promoting Safe and Stable Families program services, agree to deliver authorized services in accordance with federal and state requirements and all other applicable federal laws, regulations, and provisions of the contract.

Review the following contract and programmatic requirements prior to submitting an application for Promoting Safe and Stable Families program funding. Confirm with your organization's board of directors, administration, governing body and/or fiscal agent that your organization has legal standing to enter into a contractual agreement and can comply with these requirements if awarded a contract.

Agencies awarded funding from DHS Promoting Safe and Stable Families program, must meet the following requirements:

- Contractor is required to certify that a cost/cash match, free from federal funds, is provided in compliance with the terms of the grant and that federal funds derived from this program will not be used to match other federal funding sources.
- Contractor agrees to comply with federal and state laws, contracting guidelines and regulations, with regard to nondiscrimination in employment practices and client service delivery.
- Service delivery must commence within forty-five (45) days of the contract start date. Failure to meet this contract provision will result in contract termination due to default.
- Contractor must prioritize and coordinate the delivery of services to families referred by local DFCS offices and must maintain open lines of communication with DFCS to provide timely feedback on program services, family progress and outcomes.
- Contractor is required to conduct criminal record history investigations to obtain an **OIS fitness determination** for all staff, volunteers and/or subcontractors having direct custodial or treatment responsibilities for children served with PSSF program funds and provide a notarized statement certifying that any and all applicable staff, volunteers and/or subcontractors are clear of criminal conviction during the past five (5) years pursuant to the provisions of Section 49-2-14 of the Official Code of Georgia Annotated.
- Contractor is required to provide proof of insurance protecting the Contractor and the Department for any claims for bodily injury, property damage, or personal injury that may arise from operations. If the Contractor subcontracts with another agency, then it is responsibility of the contracting agency to assure that its subcontractor carries acceptable liability coverage. Proof of coverage must list the Department as the certificate holder.

- Contractor is responsible for ensuring the health and safety of clients and is required to have an effective response system when critical incidents occur that includes:
  - Response protocols, including investigation and resolution
  - Formal documentation and reporting
  - Contacting local emergency services
  - Notification of the appropriate authorities
  - Notification of the Department
  - Display of information on how the public should report critical incidents at the Contractor's place of business
- Contractor will provide details on agency plan in the event of a disaster, natural or otherwise, that interrupts the provision of services. See Section C. Part Seven. Additional Components. (Form #6 - Disaster Plan Questionnaire. Appendix G.)
- The support of the Georgia Department of Human Services, Division of Family and Children Services (DHS/DFCS), Promoting Safe and Stable Families program must be acknowledged in all printed materials.
- The Department of Human Services, Division of Family and Children Services shall have the right to request and obtain statistical, financial, and program information from Contractors at any time.
- The Department of Human Services, Division of Family and Children Services shall have access to the program site, activities and materials at all reasonable times.
- Contractor is required to retain financial and programmatic records in Georgia for at least seven (7) years, and make them available to Federal, State and Divisional officers, or their representatives, upon request.
- Contractor is required to utilize the standard PSSF Client Satisfaction Questionnaire (CSQ) to solicit family feedback on services at the completion of service provision.
- Contractor will coordinate with local Departments of Family and Children Services (DFCS) and/or other community organization(s) to provide family access to a full continuum of community-based supports and services.
- Contractor will coordinate with DFCS and/or other community service agencies to ensure that services are individualized and responsive to identified family needs.
- Contractor will coordinate with DFCS and/or other community service agencies to ensure that PSSF services are not a duplication of existing services.
- Contractor will coordinate with DFCS and/or other community service agencies to maximize effective utilization of shared or complementary resources to meet child and family needs.

- Contractor will notify DFCS or other referring entity in a timely manner if:
  - Referred family refuses services
  - Subsequent assessment conducted by Contractor reveals additional or significant issues that require attention
  - Agency is unable to provide services for any reason
- All staff and volunteers must be trained as mandated reporters and are required by law to report any case of suspected abuse and/or neglect.

## SECTION B

### Department of Human Services, Division of Family and Children Services Vision & Guiding Principles

#### Vision

Georgia children, youth and families have the support they need to be safe and secure, and to achieve their greatest potential.

*This vision is in keeping with DHS's overall mission as well as the values of the Division:*

#### Mission

To strengthen Georgia families - supporting their self-sufficiency and helping them protect their vulnerable children and adults by being a resource to their families, not a substitute.

To achieve Georgia's vision for child and family services, it is crucial to build an integrated system of community-based supports and services that build on and increase the strength and stability of families and enhances family functioning to prevent child abuse and neglect. The Department of Human Services, Division of Family and Children Services is committed to building a stronger family-centered, results-driven child welfare system which prevents child abuse and neglect, protects children from further abuse and promotes permanency for children in safe, stable and lifelong family settings.

#### Georgia's Child Welfare Goals

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

##### **Goal: Safety**

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

##### **Goal: Permanency**

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

##### **Goal: Well-Being**

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- Outcomes:
- 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.

## **DFCS Core Values**

- Children need and deserve to grow up safe, free, and protected from abuse and neglect.
- Children do best when they have strong families, preferably their own, and when that is not possible, a stable relative, foster or adoptive family.
- All children deserve to live in a family that is safe and permanent.
- All individual families and communities have strengths; we can enhance a family's ability to care for their children.
- Placement moves are inherently traumatic. A move should occur only after all parties to the case meet to discuss the issues and to consider services or other supports that could help preserve the placement.
- Race, gender, ethnic background, economic or social status should not play a role in determining the child's experience in the foster care or protective services system.
- Children need to have a connection to an adult in their life that provides unconditional love and acceptance. These types of bonds are best formed in families.
- All children have connections to caregivers, siblings, and community. These connections are important to the child's development and identity and should be preserved.
- Families and children need to be given "ownership" over the decisions that impact their lives. These decisions will not be made without their input.
- Targeted prevention strategies used at all points in the child welfare continuum will improve outcomes relating to safety, permanency and well-being.
- Prerequisites to success are accountability, evidence-based decision-making, self-evaluation and continuous quality improvement.

An important element of Georgia's plan for child welfare program improvement is the development of a strengths-based, family-centered response to vulnerable children and families. 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 which impair family functioning and put children at risk of abuse and neglect. 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.

## **Family-Centered Practice**

The Division 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 the capacity to care for and protect children. It focuses on the needs and welfare of children within the context of their families and the community.

Proposals must demonstrate a family-centered practice approach that includes:

- Culturally responsive services to diverse populations.
- Staff and families working together in relationships based on equality and respect.

- Engaging parents as partners in program design, service delivery and evaluation as a means of continuous quality assurance.
- Addressing the family as a whole, identifying and building on strengths.
- Providing flexible, responsive, accessible and least-intrusive services and service delivery.
- Demonstrating improved results for families and children.

Family-centered practice includes a range of strategies, including advocating for improved conditions for families, supporting them, stabilizing those in crisis, reunifying those who are separated, building new families, and connecting families to resources that will sustain them in the future.

## Description of Services Sought

### **PSSF FAMILY SUPPORT SERVICES (FSS)**

**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. All services are designed to build on existing family strengths, increase the stability of families, increase parental confidence and competence in their parenting abilities, and enhance overall family functioning to prevent initial or subsequent child abuse and neglect. **PSSF Family Support** services also include community and faith-based services to strengthen marriages and promote effective co-parenting relationships.

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 impair family functioning and put children at risk of abuse and neglect. Child Protective Services (CPS) working alone cannot fully protect children. As such, providers of **PSSF Family Support** services are required to coordinate service provision with other agencies and service providers including mental health, substance abuse, education, child care and employment services to provide families a comprehensive continuum of community-based supports, information and referral services responsive to their individual needs.

Georgia continues to make significant progress in the development of a coordinated network of community-based safeguards and supports for families and children. With the support of Promoting Safe and Stable Families program funds, Georgia is working in partnership with communities to assure that families needing extra support in meeting the challenges of parenthood are identified for follow-up and linked with responsive community-based supports and services. 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 Family Support Goals, Outcome & Indicators**

Goals, desired outcomes and indicators for families receiving **PSSF Family Support** services include:

<b>Goal:</b>	<b>Safety</b>
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Outcomes:	<i>Children are, first and foremost, protected from abuse and neglect, and safely maintained in their homes whenever possible. The risk of harm to children will be minimized.</i>
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- Indicators:
- Reduction in the number and rate of substantiated child maltreatment cases
  - Increase in the number of services for children at risk
  - Increased access to services through expansion and enhancement of service array
  - Increase in the number of children residing in violence-free and drug-free households

**Goal: Permanency**

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Outcome: *Children will have permanency and stability in their living situations.*

- Indicators:
- Reduction in the number of children entering foster care

**Goal: Well-Being**

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Outcome: *Families will have enhanced capacity to provide for their children's needs.*

- Indicators:
- Increased child and family involvement in case planning
  - Increased services and supports to families with children ages 0-5
  - Increase in the number of families knowledgeable about community resources for children and families
  - Increase in the number of families utilizing community resources needed by their child(ren) and families
  - Increased access to services by either providing home-based services or removing transportation barriers
  - Increase in the number of families with parenting knowledge and skills necessary to anticipate and meet the educational, physical and developmental needs of their children
  - Increase in the number families receiving appropriate services to meet the educational, physical, and mental health needs of children
  - Increase in the number of children who live with and/or have frequent involvement with and receive emotional support from their fathers or a positive adult male role model
  - Improved strength and stability of marriages and parental relationships

To maximize federal and state funding and to address the child abuse prevention and early intervention service needs of children and families at greatest risk of entering Georgia's child welfare system, **PSSF Family Support** funding for the FFY2010 funding cycle is limited to the following service models:

1. **FSS Prevention and Early Intervention Support Services (PEI)**
2. **FSS Diversion Support Services (DSS)**
3. **FSS Healthy Marriage and Co-Parenting Support Services (HMI)**

**All PSSF Family Support service models MUST satisfy the following requirements or guidelines:**

**Target Populations:** Families referred for **PSSF Family Support** services may face multiple challenges such as poverty/inadequate income and resources, unemployment due to lack of skills or education, inadequate/affordable/stable housing, truancy, domestic violence, substance abuse and teen pregnancy.

At-risk families targeted for **PSSF Family Support** services may include but are not limited to:

- Families with children ages 0-5\*
- Pregnant and parenting teens\*
- Victims of domestic violence with children\*
- Relative or grandparent caregivers\*
- Substance abusing pregnant and parenting women
- Children of incarcerated parents and their caregivers
- Non-custodial fathers
- Economically disadvantaged families
- Homeless families
- Immigrant families with limited English proficiency
- Low literacy families
- Families with children who are developmentally delayed or physically handicapped
- Families served by DFCS Office of Financial Independence (OFI), i.e. Food Stamps, TANF, Child Care
- Families exiting TANF due to employment or expiration of time limits

*\*See "Additional Family Support Guidelines for Special Populations" on page 19.*

Families referred for **PSSF Family Support** services may present with the following risk indicators:

- Poverty/inadequate income
- Inadequate housing/dirty housing
- Evictions, power loss
- Delinquency
- Financial issues
- Education/truancy
- Head lice/immunizations/hygiene and health issues

**Service Duration:** *3-9 months (May be extended if service delivery is based on an evidenced-based practice model with prescribed engagement period, ie. Healthy Families)*

**Staff Qualifications/Experience:** **PSSF Family Support** services should be delivered by bachelor's level professionals or supervised paraprofessionals with demonstrated experience providing services to at-risk families. Family Support providers must be knowledgeable of and assist families in accessing, through information, referral and case management, other community-based services to achieve family plan goals and ongoing support.

**Service Requirements:** All **PSSF Family Support** service plans **MUST** include the following four core services:

1. **Family Assessment**
2. **Home- or Center-Based Parent Education, including in-home behavior management & effective discipline**
3. **Service Coordination /Case Management**
4. **Information and Referral**

***PLUS a minimum of two ancillary services...***

*Ancillary services should complement core service requirements and address the unique needs of the target population. These may include, but are not limited to:*

- Child care to remove barriers to caregiver participation in activities required to meet service plan goals
- Family team meetings to identify and engage extended family and other community resources as a support network for families
- Healthcare screening to identify child or caregiver health and developmental needs
- Life skills classes designed to improve basic personal and household management
- Peer support and mentoring through resource parents or natural helpers
- Parent and child enrichment activities
- After school supervision and enrichment activities
- Parent or child tutorial services or educational support
- Facilitated parent or child peer support groups
- Stress/anger management classes
- Substance abuse treatment or recovery support services
- Temporary respite care for parents and other caregivers
- Transportation assistance to remove barriers to service accessibility

#### **Core Service Delivery Requirements and Guidelines:**

1. **Family Assessment to facilitate the development of an individual family service plan (IFSP).**

**PSSF Family Support** providers must identify, utilizing a strengths-based child, caretaker and/or family assessment, the risk/stress factors that contribute to or put children at risk of neglect or maltreatment and impair family functioning.

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

- Living conditions
- Financial conditions
- Caretaker supports and resources
- Health (caretaker and individual family members)
- Housing
- Employment
- Transportation

- Coping skills
- Parenting capacity and skills

*A standard assessment tool or one developed by the Contractor may be used. Copy of assessment tool must be attached as Appendix H.*

Based on that assessment, **PSSF Family Support** providers are expected to develop, in partnership with the family, an individualized family service (IFSP) plan to address and reduce identified risk factors to assure child safety and improve family functioning. IFSP goals should reflect identified priorities and must be realistic with attainable and measurable outcomes and timeframes for completion.

The IFSP should outline desired goals for the family and define in detail how those goals are to be achieved and measured. The plan should address, at a minimum:

- What changes are needed
- What the family will do to make the changes
- What services and supports are needed
- Who will provide them
- How much is needed
- How will progress be assessed

Assessment Resources: <http://www.childwelfare.gov/systemwide/assessment/>  
[http://www.childwelfare.gov/systemwide/assessment/family\\_assess/sources.cfm](http://www.childwelfare.gov/systemwide/assessment/family_assess/sources.cfm)  
<http://www.cwla.org/programs/familypractice/faf.htm>  
<http://www.cwla.org/pubs/pubdetails.asp?PUBID=0708>  
<http://humanservices.ucdavis.edu/resource/practice/assessment.asp>  
 Adult Adolescent Parenting Index (AAPI) -<http://www.aapionline.com/index.php?page=assess>  
 Parenting Stress Index (PSI) -  
<http://www.friendsnrc.org/download/outcomeresources/toolkit/annot/psi.pdf>

*This is not meant to be an exhaustive list or an endorsement of any single resource.*

2. **Home- or Center-Based Parent Education** based on research- or evidence-based parenting curriculum.

**PSSF Family Support** providers must be knowledgeable regarding healthy child development and have the ability to model and coach positive parent-child interaction, stress management and non-corporal behavior management through home- or center-based education.

Parent Education Resources:<http://childparenting.about.com/cs/discipline/a/parentedproduct.htm>  
 Nurturing Program, <http://www.nurturingparenting.com/aapi/index.php>  
 Active Parenting, <http://www.activeparenting.com/parents.htm>  
 ABC's of Parenting, [http://www.nurturingparenting.com/npp/abcs\\_info.php](http://www.nurturingparenting.com/npp/abcs_info.php)  
 Nurturing Fathers Program, <http://nurturingfathers.com/>

*This is not meant to be an exhaustive list or an endorsement of any single resource.*

- 3. Service Coordination/Case Management** to facilitate, monitor and evaluate family progress toward IFSP goals (*limited to no more than 20% of total program cost*)
- Coordination and monitoring of services, case review, evaluation and documentation of individual case plans
  - Convene the family at regular intervals to assess progress, and mobilize other family members and community resources to assist families in meeting case plan goals (May include participation in a Family Team Meeting at the request of DFCS)
  - Ongoing assessment and evaluation to address identified family needs
  - Evaluation must include a pre- and post-service test to measure demonstrated change in attitude, behavior or skills

Providers of **PSSF Family Support** services must be knowledgeable of and collaborate with 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.

- 4. Information and Referral** to facilitate the access and utilization of community-based resources by families for long-term family support. Includes the identification and coordination of referrals and monitoring of resources for responsiveness and effectiveness in meeting the family needs.

May include, but are not limited to:

- Emergency food bank/pantries
- Clothing banks/closets
- Transportation (public and private)
- Home visitor programs
- Health care/ clinic
- Prenatal care
- Parenting education
- Early childhood screening and developmental services
- Childcare, including special needs care
- Family literacy and employment programs
- Job training and placement services
- Recreational and After-School programs
- Homemaker services
- Mental health and counseling services
- Substance abuse treatment programs (day and residential)
- Emergency shelters
- Respite care
- Translation services
- Housing resources (subsidized, public housing, transitional, etc.)
- Emergency financial assistance

### **\*ADDITIONAL FAMILY SUPPORT GUIDELINES FOR SPECIAL POPULATIONS**

**Families with children ages 0-5:** Services are voluntary, in-home support and educational services designed to enhance parental capacity to care for their children, strengthen parent/child relationships and help families identify and access community resources. Services utilize a home visitation practice model to support positive parent-child relationships, promote optimal child health and development, enhance parental self-sufficiency, and prevent child abuse and neglect.

Services are offered to a variety of at-risk families with children ages 0-5 who are referred by hospitals, schools or other community-based screening processes, or *referred by DFCS* to provide prevention-oriented assistance to isolated families to prevent CPS intervention.

Special Requirements: **Must** be based on an evidenced-based, recognized home visitation model such as Healthy Families, Parents As Teachers, or similarly research-based practice model for families with children ages 0-5.

Key Components of home visitation practice models include:

- Child/family assessment
- Individualized service plan
- Identification of natural and community-based support network
- Information and referrals to facilitate access of resources
- Providing parents and caregivers with information and support in child-rearing
- Child development and health information, assessment and services
- Parent leadership development

**Teen Parents:** Services are designed for teen mothers, fathers and their parents. Program services are delivered in school, health or community-based settings.

In addition to **PSSF Family Support** core service requirements, ancillary services may include, but not be limited to:

- Pre-natal and post-natal healthcare services (i.e. well-baby checks, developmental assessments, immunizations)
- Pre- and post-natal parent education (i.e. parental responsibility, healthy child development, nutrition, non-corporal behavior management and prevention of subsequent pregnancy)
- Facilitated peer and support groups for teens and their parents
- Educational support services (i.e. tutorial services, GED and SAT prep, drop-out and truancy prevention )
- Transportation and child care assistance to remove barriers to service participation

**Victims of Domestic and Family Violence:** Services are designed for women victims and child witnesses of domestic and family violence. Services should enhance and expand standard shelter services by providing a comprehensive array of support services to women residing with children.

In addition to **PSSF Family Support** core service requirements, ancillary services may include, but are not limited to:

- Child, art and play therapy to address the mental health needs of child witnesses to domestic violence
- Stress and anger management classes to break the cycle of abuse

- Educational supports and school advocacy
- Facilitated peer support groups (parent and/or child)
- Center-based parent education to include behavior management and techniques for non-corporal discipline
- Parent and child enrichment activities

***Relative Caregivers:*** Support services to grandparent and relative caregivers who are temporary/permanent primary caregivers of children due to the abandonment, death, drug-addiction/treatment, incarceration or terminal illness of the biological parent(s).

These services 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 and increase decision-making or problem-solving skills of the caretaker; and
- Increase access to and utilization of community-based supports and services.

In addition to **PSSF Family Support** core service requirements, ancillary services may include, but are not limited to:

- Peer support groups
- Legal guidance/advocacy
- Healthcare screenings and referrals
- Transportation assistance
- Mentoring and tutoring services
- Effective discipline/behavior management

## **PSSF Family Support Service Models are limited to:**

### **1. FSS Prevention and Early Intervention Services (PEI)**

**Prevention and Early Intervention** services offer short-term home- or center -based services to a variety of at-risk families to prevent problematic family issues from escalating to the point of requiring Child Protective Services (CPS) intervention.

**Prevention and Early Intervention** services are voluntary family supports and services offered to families not known to DFCS to help identify and address problematic family issues **before** CPS intervention is required.

**Referral Sources:** May accept referrals from a wide variety of sources in the community including:

- Hospitals
- Schools
- Faith-based institutions
- Other community family-serving agencies

- Law enforcement
- Courts
- DFCS

## 2. FSS Diversion Support Services (DSS)

Diversion offers an **alternative response** to allegations of child abuse and/or neglect when CPS investigation or intervention may not be appropriate or necessary to address family issues. Diversion allows for an individualized, community-based response to protecting children and supporting families. The primary goal of these services is to help prevent problematic family issues from escalating to the point of requiring CPS intervention by linking families with supports and services responsive to their individual needs. **PSSF Diversion Support Services** offer voluntary, short-term, home- or center-based support services, resource coordination and follow-up to help vulnerable parents meet the challenges of parenthood without CPS intervention.

**Referral Source:** Families screened and/or referred by DFCS.

**Reporting:** **Diversion Support** providers are required to provide written feedback to DFCS on the outcome of referrals, including:

- If for any reason, a family is not engaged (unable to contact family or family refuses services)
- Subsequent assessment conducted by Contractor reveals additional or significant issues that require attention
- At the conclusion of service provision to document services provided to or resources coordinated on behalf of the family

## 3. FSS Healthy Marriage and Co-Parenting Support Services (HMI)

**Healthy Marriage and Co-Parenting Support** services are designed to improve child and family well-being and permanency outcomes for children. Services are designed to strengthen marriages and promote stable and life-long parental or co-parenting relationships. Services should teach couples how to build and maintain co-parenting relationships, manage stress and prevent breakdown.

Services should be based on a **research or curriculum-based** instruction program which covers at a minimum:

- Communication Skills
- Conflict Management
- Parent Education
- Financial Management

*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 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*

**Referral Sources:** May accept referrals from a wide variety of sources in the community including:

- Hospitals
- Schools
- Faith-based institutions
- Other community family-serving agencies
- Law enforcement
- Courts
- DFCS

Healthy Marriage Resources:

Marriage Education Curriculum Assessment Guide:

[http://www.acf.hhs.gov/healthymarriage/pdf/acf2009\\_curriculum\\_assessment\\_guide.pdf](http://www.acf.hhs.gov/healthymarriage/pdf/acf2009_curriculum_assessment_guide.pdf)

Healthy Marriage Initiative, <http://www.acf.hhs.gov/healthymarriage/index.html>

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

Healthy Marriage Curricula, <http://www.healthymarriageinfo.org/curricula/index.cfm>

Strong African American Marriages (ProSAAM): <http://www.prepinc.com>.

*This is not meant to be an exhaustive list or an endorsement of any single resource.*

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## PSSF FAMILY PRESERVATION AND SUPPORT SERVICES (FPS)

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**PSSF Family Preservation and Support (FPS)** 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. 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 are designed to maintain children safely in their homes, prevent the unnecessary separation of families, and are offered as a safe alternative to CPS intervention or child out-of-home placement.

Providers of **PSSF Family Preservation and Support** services are required to coordinate service provision with other agencies and service providers including mental health, substance abuse, education, child care and employment services to provide families a comprehensive continuum of community-based supports, interventions and follow-up services responsive to individual and family needs.

Services may be offered to families referred by DFCS, juvenile or family court, who are in crisis or at risk of having a child removed from their home. **PSSF Family Preservation and Support** services may also be provided to support families post-reunification to help prevent placement disruption.

### **Family Preservation and Support Goals, Outcomes & Indicators**

Goals, desired outcomes and indicators for families receiving **PSSF Family Preservation and Support** services include:

**Goal:**           **Safety**

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**Outcome:**    ***Children are, first and foremost, protected from abuse and neglect, and safely maintained in their homes whenever possible. The risk of harm to children will be minimized.***

Indicators:    ▪ Reduction in the number and rate of substantiated child maltreatment cases

                  ▪ Reduction in the number and rate of repeat maltreatment incidences

                  ▪ Increase in the number of services for children at risk or confirmed as maltreated

                  ▪ Increase in the number of resources to prevent out-of-home placement

                  ▪ Increased access to services through expansion and enhancement of service array

**Goal: Permanency**

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**Outcomes:** *Children will have permanency and stability in their living situations. The continuity of family relationships and community connections will be preserved for children.*

- Indicators:
- Reduction in the number of children entering foster care
  - Reduction in the number of foster care re-entries

**Goal: Well-Being**

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**Outcome:** *Families will have enhanced capacity to provide for their children's needs.*

- Indicators:
- Increased child and family involvement in case planning
  - Increase in the number of families knowledgeable about community resources for children and families
  - Increase in the number of families utilizing community resources needed by their child(ren) and families
  - Increased access to services by either providing home-based services or removing transportation barriers
  - Increase in the number of families with parenting knowledge and skills necessary to anticipate and meet the educational, physical and developmental needs of their children
  - Increase in the number families receiving appropriate services to meet the educational, physical, and mental health needs of children

To maximize federal and state funding and to address the service needs of children and families at greatest risk of entering or re-entering foster care, **PSSF Family Preservation and Support** funding for the FFY2010 funding cycle is limited to the following service models:

1. **FPS Placement Prevention Services (PPS)**
2. **FPS Crisis Intervention Services (CIS)**
3. **FPS Residential After-Care Services (RAC)**

**PSSF Family Preservation and Support services are limited to the following models and MUST satisfy the specific requirements or guidelines outlined for each service model:**

**1. FPS Placement Prevention Services (PPS)**

**Placement Prevention Services (PPS)** offer short-term home- and/or center-based services to children and families with CPS involvement where children are still residing in the home. These services are provided as a part of a family's safety and/or individual service plan and are designed to safely maintain children in their homes and prevent unnecessary placement into foster care.

**Target Population:** Families for whom allegations of child abuse and/or neglect have been substantiated.

**Referral Requirement:** Families with an open CPS case or on-going CPS involvement

**Service Duration:** Not to exceed 6-9 months

**Staff Qualifications/Experience:** **Placement Prevention** services must be delivered by bachelor's level professionals with demonstrated experience providing services to at-risk families or supervised para-professional.

**Required Services:** All **Placement Prevention** service plans **MUST** include the following four core services:

1. **Family Assessment**
2. **Home- or Center-Based Parent Education, including in-home behavior management & effective discipline**
3. **Service Coordination /Case Management**
4. **Information and Referral**

***PLUS a minimum of two ancillary services...***

*Ancillary services should complement core service requirements and address the unique needs of the target population. These may include, but are not limited to:*

- Parent and child enrichment activities
- Parent or child tutorial services or educational support
- Family team meetings to identify and engage extended family and other community resources as a support network for families
- Facilitated parent or child peer support groups
- Caregiver stress/anger management classes
- Substance abuse treatment or recovery support services
- Temporary respite care for parents and other caregivers
- Transportation assistance to remove barriers to service accessibility
- Respite care to provide appropriate short-term supervision for children

**Core Service Delivery Requirements/Guidelines:**

1. **Family Assessment** to facilitate the development of an individual family service plan (IFSP).

Placement Prevention providers must identify, utilizing a strengths-based child, caretaker and/or family assessment, the risk/stress factors that contribute to or put children at risk of neglect or maltreatment and impair family functioning.

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

- Living conditions
- Financial conditions
- Caretaker supports and resources
- Health (caretaker and individual family members)

- Housing
- Employment
- Transportation
- Coping skills
- Parenting capacity and skills

*Proposals must include copy of assessment tool as Appendix H.*

Based on the results of the strengths-based assessment, **Placement Prevention** providers are expected to develop in consultation with the DFCS case manager and in partnership with the family, an individualized family service plan (IFSP) to address and reduce identified risk factors to assure child safety and improve family functioning. IFSP goals should reflect identified priorities and must be realistic with attainable and measurable outcomes and timeframes for completion.

The IFSP should outline desired goals for the family and define in detail how those goals are to be achieved and measured. The plan should address, at a minimum:

- What changes are needed
- What the family will do to make the changes
- What services and supports are needed
- Who will provide them
- How much is needed
- How will progress be assessed

Assessment Resources: <http://www.childwelfare.gov/systemwide/assessment/>  
[http://www.childwelfare.gov/systemwide/assessment/family\\_assess/sources.cfm](http://www.childwelfare.gov/systemwide/assessment/family_assess/sources.cfm)  
<http://www.cwla.org/programs/familypractice/faf.htm>  
<http://www.cwla.org/pubs/pubdetails.asp?PUBID=0708>  
<http://humanservices.ucdavis.edu/resource/practice/assessment.asp>  
Adult Adolescent Parenting Index (AAPI) -<http://www.aapionline.com/index.php?page=assess>  
Parenting Stress Index (PSI) -  
<http://www.friendsnrc.org/download/outcomeresources/toolkit/annot/psi.pdf>

*This is not meant to be an exhaustive list or an endorsement of any single resource.*

2. **Home- or Center-Based Parent Education** based on a research- or evidence-based parenting curriculum.

**Placement Prevention** providers must be knowledgeable regarding healthy child development and have the ability to model and coach positive parent-child interaction, stress management and non-corporal behavior management through home- or center-based education.

Parent Education Resources:<http://childparenting.about.com/cs/discipline/a/parentedproduct.htm>  
Nurturing Program, <http://www.nurturingparenting.com/aapi/index.php>  
Active Parenting, <http://www.activeparenting.com/parents.htm>  
ABC's of Parenting, [http://www.nurturingparenting.com/npp/abcs\\_info.php](http://www.nurturingparenting.com/npp/abcs_info.php)  
Nurturing Fathers Program, <http://nurturingfathers.com/>

*This is not meant to be an exhaustive list or an endorsement of any single resource.*

3. **Service Coordination/Case Management** to facilitate, monitor and evaluate family progress toward IFSP goals (*limited to no more than 20% of total program cost*)
- Coordination and monitoring of services, case review, evaluation and documentation of individual case plans
  - Convene the family at regular intervals to assess progress, and mobilize other family members and community resources to assist families in meeting case plan goals (May include participation in a Family Team Meeting at the request of DFCS)
  - Ongoing assessment and evaluation to address identified family needs
  - Evaluation must include a pre- and post-service test to measure demonstrated change in attitude, behavior or skills

Providers of **Placement Prevention** services must be knowledgeable of and collaborate with DFCS and other community- and faith-based agencies to ensure families receive the array of supports and services they need to maintain safe and stable home environments.

4. **Information and Referral** services linking families with collaborative, comprehensive, culturally relevant, community-based networks of supports and services for ongoing support.

Information, referral and resource coordination may include, but are not limited to:

- Emergency food bank/pantries
- Clothing banks/closets
- Transportation (public and private)
- Home visitor programs
- Health care/ clinic
- Prenatal care
- Parenting education
- Early childhood screening and developmental services
- Childcare, including special needs care
- Family literacy and employment programs
- Job training and placement services
- Recreational and After-School programs
- Homemaker services
- Mental health and counseling services
- Substance abuse treatment programs (day and residential)
- Emergency shelters

- Respite care
- Translation services
- Housing resources (subsidized, public housing, transitional, etc.)
- Emergency financial assistance

## 2. FPS Crisis Intervention Services (CIS)

**Crisis Intervention Services (CIS)** are designed to support families in crisis in which children are either at imminent risk of placement or have been placed outside their homes. The goal is to keep children safe and avoid both unnecessary removal and unnecessarily long separations from family in out-of-home care. **Crisis Intervention** services utilize a range of research-based interventions, including crisis intervention, motivational interviewing, parent education, skill building, and cognitive/behavioral therapy for biological, foster and adoptive families to help remove barriers to family stability and restore family functioning. These services are available to families 24 hours a day, 7 days a week. Caseloads are kept low to allow for an intense level of interaction between caseworker and family and to provide maximum monitoring for safety.

**Target Population:** Families with open CPS, on-going CPS involvement, or open Placement cases

**Referral Requirement:** Families must be referred by DFCS CPS, Placement or Adoptive services or juvenile court

**Service Duration:** 3-6 months

**Staff Qualifications/Experience:** Therapeutic services are to be provided by clinically licensed professionals with a Master's degree in social work, counseling or related field. Non-therapeutic service may be delivered by a Bachelor's level professional or supervised para-professional.

**Required Services:** All **Crisis Intervention** service plans **MUST** include the following four core services:

1. **In-home crisis intervention**
2. **Individual, family or group therapeutic counseling**
3. **In-home behavior management training**
4. **Post-intervention follow-up services**

***PLUS at least one ancillary service...***

*Ancillary services should complement core service requirements and address the unique needs of the target population. These may include, but are not limited to:*

- Parent education
- Counseling to remove barriers to active paternal engagement and involvement
- Art or play therapy
- Attachment therapy
- Educational assessments and support

- Life skills
- Healthcare screening to identify child or caregiver mental, health and developmental needs
- Facilitated parent/child peer support groups
- Respite care to provide appropriate short-term supervision for children
- Transportation assistance to remove barriers to participation

**Service Delivery Requirements/Guidelines:** Services should be available to families 24 hours a day in the home or other environments accessible to the family. Caseloads should not exceed 10 families.

### 3. FPS Residential After-Care (RAC)

**Residential After-Care (RAC)** services support children and families returning home from temporary shelters, residential treatment or therapeutic foster home settings. 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 include comprehensive discharge planning, coordination of community supports and service resources, in-home therapeutic counseling and behavior management, and crisis intervention.

**Target Population:** Children returning home from temporary shelters, residential treatment or therapeutic foster home settings, and their families

**Referral Requirement:** Family or youth must have an open CPS or Placement case or be referred by juvenile or family court

**Service Duration:** Available to families 2-3 months pre-discharge and 6-9 months post-discharge

**Staff Qualifications/Experience:** Therapeutic services are to be provided by clinically licensed professionals with a Master's degree in social work, counseling or related field. Non-therapeutic service may be delivered by a Bachelor's level professional or supervised para-professional.

**Required Services:** All **Residential Aftercare** service plans **MUST** include the following four core services:

1. **Comprehensive Discharge Planning**
2. **In-home Crisis Intervention**
3. **In-home Behavior Management**
4. **Community Resource and Service Coordination**

*Ancillary services should complement core service requirements and address the unique needs of the target population. These may include, but are not limited to:*

- Counseling to remove barriers to active paternal engagement and involvement
- Facilitation of or participation in family team meetings to identify and engage extended family and community resources as a support network for families post discharge.

- Healthcare screening to identify child or caregiver mental, health and developmental needs
- Facilitated parent/child peer support groups
- Respite care to provide appropriate short-term supervision for children
- Transportation assistance to remove barriers to participation
- Tutoring or educational supports
- Life skills classes
- Home- or center-based parent education
- Parent and child enrichment activities

**Service Delivery Requirements/Guidelines:** Services should be available to families 24 hours a day in the home or other environments accessible to the family.

## **PSSF TIME-LIMITED REUNIFICATION SERVICES (TLR)**

Safe family reunification is the preferred permanency planning option 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 we are effective in reuniting families is largely dependent upon our ability to connect families with timely, intensive and responsive supports and services pre- and post-reunification.

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

### **PSSF Time-Limited Reunification Goals, Outcomes & Indicators**

Goals, desired outcomes and indicators for families receiving **PSSF Time-Limited Reunification (TLR)** services include:

**Goal: Safety**

**Outcome:** *Children are, first and foremost, protected from abuse and neglect, and safely maintained in their homes whenever possible. The risk of harm to children will be minimized.*

Indicators: 

- Reduction in the number and rate of repeat maltreatment cases

**Goal: Permanency**

**Outcomes:** *Children will have permanency and stability in their living situations. The continuity of family relationships and community connections will be preserved for children.*

Indicators: 

- Reduction in the length of time spent in foster care
- Increase in the number of children safely reunified with their families of origin
- Reduction in number of foster care re-entries
- Reduction in the number and rate of children who have experienced multiple placements prior to reunification or permanent placement
- Increase in the number of children placed with relatives
- Increase in the number and rate of placements with siblings
- Increased frequency, consistency and quality of visits between children in foster care and their families
- Increase in the number of children maintaining connections with their families and communities of origin while in temporary care
- Increased number of children who are appointed legal advocates

**Goal: Well-Being****Outcome: *Families will have enhanced capacity to provide for their children's needs.***

Indicators:

- Increased child and family involvement in case planning
- Increase in the number of families knowledgeable about community resources for children and families
- Increased access to services by either providing home-based services or removing transportation barriers
- Increase in the number of families with parenting knowledge and skills necessary to anticipate and meet the educational, physical and developmental needs of their children
- Increase in the number of families receiving appropriate services to meet the educational, physical, and mental health needs of children
- Increase in the number of children who live with and/or have frequent involvement with and receive emotional support from their fathers
- Increased after-care services for discharged foster care youth

To maximize federal and state funding and to address the service needs of children and families involved in Georgia's child welfare system, **funding for the FFY2010 funding cycle for PSSF Time-Limited Reunification services is limited to the following service models:**

1. TLR Family and Child Advocacy Services (FCA)
2. TLR Supervised Family Visitation (SFV)
3. TLR Substance Abuse Treatment and Transitional Support (SAT)

**PSSF Time-Limited Reunification services are limited to the following models and must satisfy the specific requirements or guidelines outlined for each service model:**

### 1. TLR Family and Child Advocacy (FCA)

**Family and Child Advocacy (FCA)** services provide supports and services to families and children to improve permanency outcomes through reunification, but also through adoption and legal guardianship when that is in the best interest of the child. These supports and advocacy services ensure that the needs of children are identified and met, families receive supports necessary to avert foster care placements whenever possible, and that children who must be removed from the home maintain connections to their families and communities to achieve permanency as quickly as possible.

**Family and Child Advocacy** services are designed to increase Guardian ad litem appointment resources for children involved in deprivation proceedings (CAPTA requirement) and to support and advocate for timely permanency decisions that are in the best interest of the child. Providers of **Family and Child Advocacy** services work in collaboration with DFCS and the courts first and foremost to ensure that children are safe and families receive the timely and responsive services necessary to

reduce risk of out-of-home placement, minimize the trauma of out-of-home placement and prevent placement disruptions.

**Target Population:** Children involved in deprivation cases requiring the appointment of a GAL/CASA, and their families

**Referral Requirements:** Referred by DFCS Placement Services or by Juvenile Court at time of appointment of GAL/CASA in deprivation proceedings

**Service Duration:** Not to exceed 12 months

**Staff Qualifications/Experience:** CASA /Guardian ad litem who has received pre-appointment training

**Service Requirements:** PSSF Family and Child Advocacy service plans **MUST** include the following four core services:

1. **Child/Family Assessment**
2. **Service Coordination /Case Management**
3. **Legal Advocacy**
4. **Follow-up Services**

*Ancillary services may include, but are not limited to:*

- Peer support groups
- Information and referral services
- Tutoring or educational supports
- Mentoring
- Counseling
- Life skills training

**Core Service Delivery Requirements and Guidelines:**

1. **Child/Family Assessment** to include an initial report and recommendations for the court's consideration on custody, placement, visitation, education, health, etc. The assessment should reflect child and family needs, wishes, and advocate observations and concerns.
2. **Service Coordination /Case Management** to ensure that families receive timely and responsive services needed to achieve permanency goals. Providers of **Family and Child Advocacy** services should collaborate with DFCS and other community and faith-based agencies to ensure that families receive a comprehensive array of supports and services. Case management may include, but is not limited to, participation in family team, multi-disciplinary meetings, IEP's, citizen panel reviews, permanency and/or case plan reviews.
3. **Legal Advocacy** to represent the best interest of the child during court proceedings
4. **Follow-up Services** to provide on-going regular contact with child and family throughout the deprivation proceedings until final case disposition

## 2. TLR Supervised Family Visitation (SFV)

Family visitation centers provide increased opportunities for children in foster care to visit with their families in less restrictive, non-threatening environments. Children in 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. 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 for compelling reasons.

These community-based visitation centers are designed with a working parent's schedule in mind and should increase the frequency and quality of interactions between parents and children and children and their siblings and other significant adults.

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

### Target Population:

- Families with an open Placement case and a concurrent plan for family reunification or to sustain connections until permanency
- Siblings who have been placed in separate foster homes
- Parents referred by Child Support Enforcement for family access visits

**Referral Requirement:** Families referred by DFCS Placement services or juvenile/family/drug court with a plan for reunification or an alternative permanency plan

**Service Duration:** Not to exceed 15 months.

**Staff Qualifications/Experience:** Visitation Coordinator should have education, training and experience in relevant areas of specialization such as social work, mental health, sociology, psychology, early childhood education, or public administration. At a minimum, a visitation coordinator must have a bachelor's degree in one of the above-mentioned fields with a minimum of two years related experience; or a bachelor's 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. Providers may use volunteers to supervise visits provided that they meet relevant staff qualifications, and receive appropriate training and supervision. The type of cases which an agency decides to take will determine the functions that staff should be required to perform and, consequently, the competencies and training that staff are required to have.

**Service Requirements:** **Supervised Family Visitation** service plans **MUST** include the following three core services:

### 1. Weekly Supervised Visits

2. **Center-based Parent Education**
3. **Service Coordination/Case Management**
- PLUS**
4. **Transportation Assistance, if required**

*Ancillary services may include, but are not limited to:*

- Drug screens
- Facilitated peer support groups
- Peer mentoring
- Post-reunification follow up
- Parent and child enrichment activities
- Information and referral

### **Core Service Delivery Requirements and Guidelines:**

#### **1. Supervised Visits**

- **Location:** Visitation services **must** be conducted in non-restrictive, non-stigmatizing settings **outside** of the DFCS county department, such as family resource centers, churches, or other neutral community-based settings.
- **Hours of Operation:** Services **must** be made available to parents during non-traditional hours including evenings, weekends and holidays to remove barriers to meaningful and consistent visitation, and be least disruptive to children's schedule, especially those attending school.
- **Assessment:** Each family referred to the program should be assessed collaboratively with the child welfare agency, visitation coordinator, the family, and as appropriate, the foster parent, for safety concerns and parent education as needed.
- **Visitation Plan:** Providers of supervised visitation are required to develop and implement, in coordination with DFCS CPS and Placement Services staff a written plan for visitation which should address the full range of logistics and visitation issues, safety issues and other appropriate issues. Visitation plans should include, at a minimum:
  - Purpose of visits (what are visits expected to accomplish)
  - Safety issues
  - Timing (how soon, how often, duration)
  - Place (off site visits subject to agency/court approval)
  - Participants (father, siblings, pets, grandparents, other relations)
  - Content (attachment, parenting/child development, decision-making)
  - Controls (secure place, observation, documentation, supervision, rules)
  - Transportation (who and how)
  - Contingency plan for missed visits
  - Barriers that may need to be addressed

Visitation plans should be developed with full parental involvement and child involvement to the extent possible and should be distributed to all parties involved as appropriate (e.g. parent, child, foster parent, relatives, etc.). Visitation plans may change over time based on progress towards reunification or alternative goals.

- **Supervision:** The level of supervision will depend on the individual safety needs identified in the Departmental or Court ordered case plans. The types of cases that generally require supervised visitation involve allegations of sexual or physical abuse, substance abuse, domestic violence, mental impairment, extended absence of a parent and potential threat of abduction.
- **Purposeful Parent/Child Visit:** Designed to establish or sustain parent, child and sibling relationships and to facilitate the achievement of timely and permanent reunification. Must be based on written visitation plan and should include a pre-visit and post-visit period 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.
- **Monitoring and Evaluation:** Monitoring should include both process and outcome markers that indicate parental progress toward meeting the child's need for safety, permanency and well-being.

2. **Center-Based Parent Education** based on research or evidence-based parenting curriculum.

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

Parent Education Resources:<http://childparenting.about.com/cs/discipline/a/parentedproduct.htm>  
 Nurturing Program, <http://www.nurturingparenting.com/aapi/index.php>  
 Active Parenting, <http://www.activeparenting.com/parents.htm>  
 ABC's of Parenting, [http://www.nurturingparenting.com/npp/abcs\\_info.php](http://www.nurturingparenting.com/npp/abcs_info.php)  
 Nurturing Fathers Program, <http://nurturingfathers.com/>

*This is not meant to be an exhaustive list or an endorsement of any single resource.*

3. **Service Coordination/Case Management** to monitor and evaluate progress toward IFSP goals and include:

- Coordinating and monitoring services, case review, and documentation of individual visits
- Evaluation of the effectiveness of services in addressing the identified family needs must include a pre- and post-service measurement to demonstrate change in attitude, behavior or skills

Providers of **Supervised Family Visitation** services must be knowledgeable of and collaborate with other community and faith-based agencies to ensure families receive the array of supports and services they need to meet their case plan goals.

4. **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. All persons who transport clients for supervised visits shall:

- Be at least 18 years of age.
- Have undergone a criminal background check and received an OIS fitness determination.
- Provide proof of a valid operator's license for the state/county in which he/she will drive and appropriate for the vehicle being used.
- Consent to a check of his/her driving record; not have a record of impaired driving.
- Have or be the employee of a person who has liability insurance for the vehicle.
- 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.

### 3. TLR Substance Abuse Recovery and Transitional Support (SAT)

**Substance Abuse Recovery and Transitional Support (SAT)** services provide substance abuse treatment and support services to court-mandated parents with a child custody or deprivation case where substance abuse treatment and random substance abuse drug screenings and sustained abstinence are conditions for child reunification. To ensure successful and sustained treatment outcomes, these programs are designed to prevent child abandonment and to safely reunify families separated due to parental substance abuse. Support services should provide a full continuum of treatment and post services to expand or enhance long-term residential or substance abuse day treatment services.

Service providers must work in partnership with DFCS case managers to emphasize the magnitude of the court requirements, and the limited time available to obtain treatment and demonstrate the ability to remain alcohol- or drug-free for a minimum of six months.

**Target Population:** Families with an open CPS or Placement case required to undergo substance abuse treatment and maintain sobriety as a condition of family reunification

**Referral Requirement:** DFCS CPS, Placement services or family/drug court

**Service Duration:** 3-12 months

**Staff Qualifications/Experience:** Treatment and counseling must be provided by a licensed, master's level mental health professional or an accredited addiction counselor

**Service Requirements:** **Substance Abuse Recovery and Transitional Support** services **MUST** include the following core services:

1. **Therapeutic Intervention/Substance Abuse Treatment**  
and/or

2. **Crisis Intervention/Relapse Prevention**
3. **Population Specific Parent Education**
4. **Service Coordination/Case Management**

*Ancillary services to address the unique needs of the target population may include, but are not limited to the following services:*

- Drug screens
- Education and employment services
- Housing assistance
- Life skills training
- Facilitate caregiver or child peer support
- Child care
- Follow-up services
- Parent and child enrichment activities
- Transportation assistance
- Residential supports

#### **Core Service Delivery Requirements and Guidelines:**

**Crisis Intervention/Relapse Prevention:** Crisis management and supports to include in-home follow-up and 24-hour relapse/crisis management support provided by an accredited addictions counselor.

**Parent Education:** Intensive, hands-on parenting training to ensure child safety, prevent abandonment and prevent or reduce the incidence of child abuse and neglect. The parenting curriculum must be population specific and address the effects of substance abuse on adult behavior, child development and parenting.

**Service Coordination/Case Management:** To ensure that recovering mothers and their children receive essential treatment and post-recovery support services and include:

- Transportation
- Prenatal care/health care
- Early childhood screening and developmental services
- Childcare, including special needs care
- Family literacy and employment programs
- Job training and placement services
- Transitional housing resources (subsidized, public housing, transitional, etc.)

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## PSSF ADOPTION PROMOTION & POST-PERMANENCY SERVICES (APP)

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**PSSF Adoption Promotion and Post-Permanency (APP)** services are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child. Adoption Promotion and Post-Permanency services also support families after adoption to prevent disruption and to provide additional support to youth who may not achieve permanency before emancipation.

All families need supportive services to prepare for and sustain adoption. Typical crisis and transition periods experienced by all families, such as during adolescence, can be especially difficult for adoptive families, because they also must address adoption-related issues such as separation and loss. Families who adopt children with special needs also face additional challenges which may be compounded by the child’s past experiences of child abuse and neglect.

Youth who are nearing the age of emancipation without an identified permanency resource may need additional supports and services to help prepare for the opportunities and challenges of independent adult living. Post-Permanency services help youth develop skills for independent living and establish meaningful adult connections while simultaneously working toward achieving permanency through reunification, adoption, or guardianship.

Goals, desired outcomes and indicators for families receiving **PSSF Adoption Promotion and Post-Permanency** services include:

**Goal: Safety**

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**Outcome:** *Children are, first and foremost, protected from abuse and neglect, and safely maintained in their homes whenever possible. The risk of harm to children will be minimized.*

Indicators:   ▪ Reduction in the number and rate of repeat maltreatment cases in foster care

**Goal: Permanency**

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**Outcome:** *Children will have permanency and stability in their living situations. The continuity of family relationships and community connections will be preserved for children.*

Indicators:   ▪ Reduction in the length of time spent in foster care

                  ▪ Reduction in number of foster care re-entries

                  ▪ Reduction in the number and rate of children who have experienced multiple placements prior to reunification or permanent placement

                  ▪ Increase in the number of emancipated foster care youth adequately prepared to transition in adulthood

                  ▪ Increase in the number of children maintaining connections with their families and communities of origin while in temporary care

**Goal:** **Well-Being**

**Outcome:** ***Families will have enhanced capacity to provide for their children's needs.***

- Indicators:
- Increased child and family involvement in case planning
  - Increase in the number of families knowledgeable about community resources for children and families
  - Increased access to services by either providing home-based services or removing transportation barriers
  - Increase in the number of families receiving appropriate services to meet the educational, physical, and mental health needs of children
  - Increase in the number and rate of foster care youth completing high school or GED
  - Increase in the number and rate of foster care youth entering and completing post-secondary or technical school programs

To maximize federal and state funding and to address the post-permanency service needs of children and families involved with Georgia's child welfare system, funding for the FFY2010 funding cycle for **PSSF Adoption Promotion and Post-Permanency** services is limited to the following service models:

- 1. APP Adoption Promotion and Permanency Support (APS)**
- 2. APP Transition and Emancipation Support (TES)**

### **1. APP Adoption Promotion and Permanency Support (APS)**

**Adoption Promotion and Permanency Support (APS)** services are designed to promote and assist children and families prior to, during and after adoptive placement. Services may be delivered to both birth, foster and adoptive families and are designed to help facilitate and expedite the adoption process, support birth/foster/adoptive families throughout the adoption process and provide post-adoption support services to help prevent disruption.

#### **Target Populations:**

- Birth parent(s)
- Foster/adoptive children and youth
- Foster families
- Pre-adoptive and adoptive families
- Relative caregivers\* (*See notes on page 41 on this special population*)

**Adoption Promotion and Permanency Support** services should be provided by professionals experienced in dealing with children and families to promote adoption and/or guardianship and to address issues related to separation and adjustment to adoption. Adequate support is particularly critical in special needs adoptions where challenges faced by families can be immediate and intense. Services are geared toward normalizing the adoption experience, helping adoptive parents increase

parent-child attachment and decreasing family isolation by creating opportunities to connect with others in similar circumstances.

Post-permanency supports and services should help identify and address family issues which impact family functioning and help stabilize and support families to prevent disruption.

Services should include, but are not limited to:

- Counseling services to assist families pre-, during, and post-adoptive placement
- Behavior management
- Stress management
- Crisis intervention
- Peer support for adoptive parents, children and/or teens
- Respite care

**\*Special Population Served by PSSF Adoption Promotion and Permanency Support Services: Relative Caregivers**

These services are designed to promote permanency through legal guardianship or adoption for families headed by relative caregivers who have assumed primary care responsibility for children due to the abandonment, death, drug-addiction/treatment, incarceration or terminal illness of the biological parent(s) to promote and support kinship adoption.

Services are designed to:

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

Services to relative caregivers may include, but are not limited to:

- Peer support groups
- Legal guidance/advocacy
- Information and referrals
- Caregiver and child healthcare screenings and referrals
- Parent education
- Transportation assistance
- Mentoring and academic tutoring services
- Effective discipline/behavior management

## 2. APP Transition and Emancipation Support (TES)

**Transition and Emancipation Support (TES)** services are designed to help foster care youth ages 16-24 years of age prepare for legal emancipation from the foster care system and to equip them with the life skills, educational and career planning supports necessary to support successful transition to independent adult living. Unemployment, incarceration, homelessness, substance abuse, unwanted pregnancy, limited educations and inadequate health care are all obstacles that can derail their transition to adulthood. These youth can benefit from opportunities to develop the skills necessary for independent living and the establishment of meaningful adult connections to help navigate the transition to adulthood.

**Target population: Youth ages 16-24 preparing for emancipation from foster care**

Services may include, but are not limited to:

- Service coordination/case management working in consultation with DFCS Independent Living Coordinator
- Educational and employment preparation services and supports
- Life skills training
- Facilitated peer support
- Legal advocacy
- Mentoring
- Transportation assistance
- Recreational and enrichment activities
- Therapeutic counseling
- Residential supports

## SECTION C

### **Application Instructions**

#### **Proposal Components**

- Application Cover
- Part One – Proposal Overview
- Part Two – Community Needs Assessment
- Part Three – Agency Capacity & Qualifications
- Part Four – Service Design & Delivery
- Part Five – Service Implementation Plan, Service Delivery Schedule, & Budget
- Part Six – FFY2009 Summary Report for Current Contractors
- Part Seven - Additional Components - Appendices

Each component must be completed as directed.

#### **Proposal Review**

The proposal review process will consist of:

1. RFP Compliance – all proposals

All applications will be reviewed for format and basic requirements. For example, but not limited to:

- Were all required components included with the application and assembled as directed?
- Was the required support documentation included? Is it current? Is it relevant?
- Does the proposal include an appropriate and qualified cash match of 25% of the total program cost?

Proposals not complying with the prescribed format will be excluded from further consideration.

2. Qualitative Evaluation of Proposal – all proposals

Proposals are evaluated for RFP compliance and responsiveness to RFP. Final funding awards are made with input from state, regional and county DFCS departments. Review and evaluation includes:

- Does the proposal adequately establish the need for the proposed services?
- Does the proposed service plan effectively address the identified child and family needs described?
- Does the service plan include the required service components and meet other prescribed criteria for the service model?
- Does the agency have the qualified staff and organizational resources to execute the service plan as outlined?
- Are expected results consistent with outcomes and objectives identified for the service model?

3. Current Contractor Performance (FFY2009 Contractors applying for FFY2010 funding)

Current Contractors are required to complete Part Six – FFY2009 Summary Report for Current Contractors on services, outcomes and expenses for their current contracts for Q1-Q3, October 1, 2008 – June 30, 2009. Contractors who are not in full compliance with FFY2009 reporting requirements as of the application deadline will be ineligible for consideration of funding.

Current Contractors will be evaluated for compliance with current (FFY2009) contractual and reporting requirements, service delivery and participant outcomes, fiscal management, and audit compliance. This may include review of any or all of the following:

- Intake and exit data
- Monthly programmatic reports
- Administrative summary reports on award utilization, service plan, and data submission
- Insurance certificate
- Criminal background check certification
- Results of self-assessment review
- On-site reviews

4. Consultation with local county and regional DFCS directors – all proposals

Local county DFCS directors and regional directors will be consulted as a component of the review process. They will be given an opportunity to provide feedback on their relationship with the Contractor, Contractor performance (past and current), Contractor participation in community collaborations, proposed services, and service area priority needs.

## **Proposal Format & Instructions**

Provide responses to each question in all content areas, Part One through Part Five (Part Six is for current Contractors only).

- Identify content area and provide response to questions or directions. Be brief but complete.
- Limit your response to the number of pages allocated for each section. The application may not exceed the maximum number of allowable narrative pages stated for each section of the proposal.
- Forms must be downloaded from the website and completed as directed. Only FFY2010 forms will be accepted.
- Applications must be typed using Arial 10-point font, single-spaced.
- All information should be provided on white 8½ x 11 paper, one-side only.
- Complete FFY2010 RFP Application Cover to include with your proposal. Original, master copy must have an original signature.
- Proposals must be assembled in the order listed on the Application Checklist. Include only one copy of this checklist with the copies of your proposal.
- Do not insert additional pages to separate sections.
- Number each page of the complete application consecutively in the bottom right-hand corner. The Application Cover is already labeled as “page 1.”
- Each appendix is identified in the top right-hand corner of the first page of the appendix. If an appendix has multiple pages, staple them together. Do not number appendices or the pages of the appendices.
- Use a binder clip for each assembled copy of application. Do not staple.
- Do not include additional documentation or materials that are not requested, however, you may attach a cover letter. This is not required.
- Applications not accurately and fully complete will be disqualified.
- Applications are not considered complete unless ALL required components are received prior to the deadline for submissions.
- Submit one master proposal (with all appendices and original signatures), and four (4) paper copies. Include appendices in all copies with the exception of Appendix F - Audit or Financial Statement which is only included with signed, master copy.

- All applications **MUST** be submitted to:

DHS Division of Family and Children Services  
Office of Provider Utilization and Outcomes Management  
Promoting Safe and Stable Families Program  
**c/o Care Solutions, Inc.**  
**5555 Glenridge Connector, Suite 150**  
**Atlanta, GA 30342**

***PLUS...***

**NEW FFY2010 SUBMISSION REQUIREMENT - Electronic Documents**

All applicants are required to submit an electronic copy of the following proposal components:

1. Form #1, **Application Cover**, Word document (*signature not required on email copy*)
2. Section C, Part One, **Proposal Overview**, Abstract, Word document
3. Section C, Part Five, Form #2, **Service Implementation Plan**, Word document
4. Section C, Part Five, Form #3, **Service Delivery Schedule**,  
Excel format (*preferred*) or Word document
5. Section C, Part Five, Form #4, **Budget**, Word document

Submit as email attachments to: [pssfRFP2010@caresolutions.com](mailto:pssfRFP2010@caresolutions.com).

Identify your agency by name in the subject line, preceded by "PSSF RFP".

In the body of the email provide:

- Program name and ID#, if proposal is to extend an existing program
- Name and telephone contact of individual sending email

Receipt of emailed documents will be confirmed. Proposals are not considered "complete" until all required components have been received.

**DO NOT EMAIL A COMPLETE COPY OF YOUR PROPOSAL. THIS WOULD DISQUALIFY YOUR PROPOSAL.**

- **Deadline for Application: Monday, August 31, 2009, 1:00PM**

**Part One**  
**PROPOSAL OVERVIEW**  
**Maximum # of pages - 1**

**ABSTRACT**

Provide a brief overview of your proposal. Include a description of the families you will serve, how many you will serve, the child and family needs your proposal will address, what you plan to do, why, and the expected impact on the children and families. Indicate which of the state's child welfare goals will be impacted by proposed services: safety, permanency and/or well-being and explain.

*This description will be published in the PSSF Family Resource Guide should the proposal be funded.*

***This abstract must also be submitted electronically. See New FFY2010 Submission Requirement on page 47 .***

**Part Two**  
**COMMUNITY NEEDS ASSESSMENT**  
**Maximum # of pages - 3**

**GEOGRAPHIC AREA**

Describe the geographic area, counties and/or communities where proposed services will be offered and why. Include:

- Primary and secondary service areas and any specific target communities.
- Relevant demographic or community information that supports the need for proposed services for families/clients in the community. Include relevant child welfare statistics for proposed service area and/or target population.

**NEEDS ASSESSMENT**

How was it determined that there was a need for proposed services in your community? Describe assessment process, who was involved and results that suggest the need for proposed services. Describe how families/clients were involved.

**TARGET POPULATION**

Participant demographics. Include specific group(s) to whom proposed services are directed.

- General description and common characteristics including age, gender, number of children and ages, household income, education, previous and current DFCS involvement (Child Protective Services and/or Foster Care)
- Factors that indicate risk for child abuse and neglect (i.e. victims of domestic violence, ESOL population, developmental disabilities, substance abuse, pregnant or parenting teens, etc.)
- Needs that will be addressed by proposed services (i.e. poor parenting skills, child behavior and discipline, sibling visits, etc.)
- Number of families/clients you propose to serve - monthly caseload and annually

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Based on the primary target population, proposed services and service objectives, what are expected child/family outcomes?

**Part Three**  
**AGENCY CAPACITY & QUALIFICATIONS**  
**Maximum # of pages – 3**

**AGENCY HISTORY**

Briefly summarize agency's history, mission, and goals. Include a brief description of the governing body and organizational structure.

Describe notable accomplishments of the agency that have impacted the lives of children and families in your community. Describe any special recognition you may have received. Copies of articles, commendations or testimonials may be attached as **Appendix H**. Limit three (3).

Describe how families/clients are provided opportunities to contribute at your agency.

**STAFF QUALIFICATIONS**

Describe who will be responsible for family/client contact and the direct delivery of services. Provide their qualifications and experience to provide these services (must meet qualifications or criteria for proposed service model outlined in Section B.) Indicate if individual is an employee, volunteer or subcontractor.

Describe who will be responsible for coordinating and monitoring service delivery and evaluating results. Provide their qualifications and experience. Indicate if individual is an employee or subcontractor.

Describe who will be responsible for supervision and quality assurance of staff and subcontractor(s). Provide their qualifications and experience.

If any service delivery is subcontracted, how will these activities be monitored and evaluated for quality assurance?

If volunteers or parent resources are utilized in the delivery of services, describe their roles/responsibilities, training, and on-going supervision.

Describe your agency's policy and the process for screening staff, volunteers and subcontractors to ensure the safety of children and families served.

Describe agency policy and training opportunities for professional development of staff and volunteers.

**SERVICE COLLABORATION**

If an expected source of referrals is DFCS, describe your current working relationship in those county departments that have been identified as part of your service area.

Have these county departments been engaged in the design of the proposed service plan? If so, describe how.

Include letter(s) of support from agencies/organizations and/or county department from those counties where you expect the majority of your referrals. *Include as Appendix B. Recommended.*

Describe other support services your agency provides or makes available to families/clients (funded through another source).

Is your agency a member of a local community collaborative? If so, describe the collaborative, its purpose and your agency's role.

Describe services and supports not provided by your agency that are regularly coordinated with other community resources to meet the needs of families you serve. Provide a list of community-based agencies/organizations that families may be referred to for additional resources.

**FISCAL MANAGEMENT**

Describe who will be responsible for contract administration and fiscal oversight. Provide their qualifications and experience. Indicate if individual is an employee or subcontractor.

Agencies are required to contribute 25% of the cost of services in the form of a cash match. Describe the source of contribution, amount(s), and when it will be available. Complete and include Form #5 – Commitment of Matching Funds and attach as **Appendix A**.

List grants (local, state and national sources) and contracts with DHS/DFCS (county and state level) awarded to your agency during the past two years. Indicate the source, amount and a brief description of their designated use.

If agency meets the requirement for an audit (see Section A, General Information, Audits and Financial Reporting Requirements), provide fiscal period (year-end) and period of last financial audit. Attach copy as **Appendix F**. If an audit is not required, provide most recent prepared financial statements. Attach copy as **Appendix F** with a letter from an authorized officer certifying that it accurately reflects financial status.

Agencies must be in good standing with DHS Office of Audits in order for their application to be considered.

All agencies must also complete Form #6, Disaster Plan Questionnaire and attach as **Appendix G**.

**Part Four**  
**SERVICE DESIGN & DELIVERY**  
**Maximum # of pages – 5**

**REFERRALS**

Describe how proposed services will be marketed in the service area to families and referring agencies.

Describe the primary source(s) of referrals.

Describe how information on family progress and outcomes will be communicated/shared with referral source before, during, and after services are provided.

**INTAKE, ASSESSMENT & ENGAGEMENT**

Describe the eligibility criteria or intake screening process to determine appropriateness of referral. What factors, if any, would determine that you were unable to accept a referral?

Describe how families/clients will be assessed at (or prior to) intake to determine strengths, needs, and identify service needs. Describe why this is an effective assessment process.

If a standardized assessment tool will be used, describe its source and why it is an effective assessment tool for target population.

Describe how families will be engaged to identify priorities and develop case plan goals including how their input will be incorporated in the development of an individualized service plan.

What do you anticipate might be the biggest challenge in engaging your target population? How will this be addressed?

Describe when (days and times) services or activities will be made available to participants. What, if any, proposed services will be available in non-traditional hours?

Describe plan for ongoing contact with families/clients after services have concluded.

**SERVICE(S), SERVICE ARRAY & DELIVERY**

Provide a brief overview of proposed service plan and objectives. If service delivery is based on evidence- or research-based strategies or a nationally recognized practice model, provide supporting evidence that demonstrates its effectiveness in addressing the identified needs of your target population to produce expected results.

Provide a detailed description of each proposed service or activity including:

- Expected participants
  - General description (teen parents, grandparent caregivers, Hispanic fathers, children in foster care)
  - Characteristics (aging out youth, victims of domestic violence, children of domestic violence victims)
  - Number to be served during the year
- How frequently and for what duration proposed services would be provided and why
- Location where service or activity will occur
- Identify individual who will have direct contact with families or individuals and their unique qualifications
- Expected results or outcomes, immediate and long-term, and how these will be measured

*Only describe proposed services which PSSF funding will support. Each proposed service or activity described in this section must be included on the Service Implementation Plan and Service Delivery Schedule.*

**EVALUATION**

Describe how family progress toward meeting case plan goals will be monitored and how it will be determined that a family/client has met their identified goals.

Describe how families/clients will be involved in the evaluation of services.

Describe how agency will evaluate the overall impact of services on participants. Include measurable objectives, pre- and post- services measurements, and expected outcomes – short and long-term. Be consistent with Service Implementation Plan in Part Five.

*Note: A component of your PSSF program evaluation will be based on the level of success you have meeting your objectives.*

**Part Five**  
**Service Implementation Plan, Service Delivery Schedule & Budget**  
**Required Forms - 3**

Download required forms at [www.pssfnet.com](http://www.pssfnet.com), Funding Opportunities/FFY2010 Request for Proposals. Examples of all forms are available on website.

**1. SERVICE IMPLEMENTATION PLAN**

The Service Implementation Plan summarizes your service delivery model - what you plan to do, who you want to reach, how you plan to do it and expected results.

Complete Form # 2. Based on proposed services or activities described in Part Four - Service Design & Delivery, complete Service Implementation Plan. Provide details on each required element.

<p><b>Service or Activity:</b>                  What: Identify proposed service or activity                  Examples:</p> <ul style="list-style-type: none"> <li>• Center-based parent education – Nurturing Curriculum</li> <li>• Home-based parent education - Healthy Families model</li> <li>• Tutoring – After School</li> </ul>
<p><b>Participant Demographics:</b> Describe individuals who would be participating in proposed service or activity.                  Examples:</p> <ul style="list-style-type: none"> <li>• Teen mothers</li> <li>• Youth ages 15-18</li> <li>• Children of domestic violence victims</li> </ul>
<p><b>Service Delivery:</b> Describe framework for providing proposed service or activity – how it will be done. Include: duration (how long), frequency (how often), time period (over what period), individual, family or group (&amp; # in group), location (where service or activity occurs)                  Examples:</p> <ul style="list-style-type: none"> <li>• 2 hour class, weekly for 12 weeks, 6-8 caregivers per group, at Bountiful United Church</li> <li>• 1 hour session, bi-weekly, 2-6 months, 1-2 parents, in the home</li> <li>• ¼ hour individual consultation, as needed up to 4 times per week for 2-3 months, at shelter</li> </ul>
<p><b>Staff Responsible:</b> Describe individual(s) who will have direct client contact in providing the proposed service or activity. Include role and qualifications relevant to the activity. <i>Full details on each position and qualifications should be included in narrative in Part Three.</i>                  Examples:</p> <ul style="list-style-type: none"> <li>• Family Service Worker trained in Nurturing Program</li> <li>• Program Coordinator, Licensed MSW</li> <li>• CASA Volunteer</li> </ul>
<p><b>Objectives &amp; Measurement:</b> Describe expected results/change in participants as a result of their participation, immediate and/or long-term, and how this will be measured.                  Examples:</p> <ul style="list-style-type: none"> <li>• Objective: 90% of participants will increase parenting knowledge (immediate)                      Measurement: Improved results between pre- and post-test instrument</li> <li>• Objective: Reduce truancy reports by 10% each month (immediate), improve attendance rate (immediate) in 80% of youth, improve grades (long-term) and advancement rates (long-term) in 60% of youth                      Measurements:                     <ol style="list-style-type: none"> <li>1. Monthly truancy reports</li> <li>2. Grades and attendance on interim and semester report cards</li> <li>3. Advancements to next grade</li> </ol> </li> </ul>

**2. SERVICE DELIVERY SCHEDULE**

Complete Form #3. The Service Delivery Schedule provides a summary of the activities described in Part 4, Service Design & Delivery (what, how, how many and for what cost.) Based on the unit cost and frequency, reimbursement is based on 75% of the total calculated cost of direct services provided during the month.

Complete Service Delivery Schedule as directed. Include only those services or activities included on Service Implementation Plan.

**Description of Service or Activity:** Identify proposed service or activity.

Examples:

- Center-based parenting classes
- Service coordination/case management
- Drug screening
- Peer support group
- Supervised visit

**Description of Service Unit:** Describe the duration of each direct contact as a basis for reimbursement.

Examples:

- One-hour session
- One 2-hour class
- Transportation to and from a visit
- Half hour telephone contact
- 1-hour home visit

**Units per Month:** Estimate the expected number of times this service or activity will be provided in an average month. If you use Excel format, these units will be calculated automatically.

Examples:

- 4 (for an activity that happens once per week)
- 20-30 (for multiple sessions to multiple participants)
- 1 (for an activity that only occurs once per month)
- Less than 1 (for activities that occur quarterly or annually)

**Number of Participants per Service or Activity and Number Served Each Month:** Estimate the expected number of families or individuals who will participate when a single service is provided and the total number you will serve in a month.

Examples:

- 1 family
- 1 individual
- 10-12 parents (group or class)

**Cost per Service or Activity:** Indicate the cost per service or activity

Examples:

- \$75.00 (per supervised visit)
- \$125.00 (per 2½ hour class)
- \$19.00 (per ½ hour session)

**Total Units per Year:** Estimate the total number of services or activities to be provided during the year

Examples:

- 44 (once per week for 11 months)
- 12 (once per month)
- 144 (12 per month)
- 1 (annually)

**Total Cost per Year:** Calculate annual cost of service or activity (Cost per Service or Activity times Total Units per Year) If you use the Excel format, this will be calculated automatically.

Examples:

- \$1,200.00 (monthly group @ \$100.00 each)
- \$25,920.00 (576 home-based parent education @ \$45.00 each)

**3. BUDGET**

Complete Form #4. Based on estimated costs to provide proposed services or activities as described in the Service Implementation Plan and Service Delivery Schedule, complete Budget as directed below. See Schedule B – Acceptable Use of Funds and Expense Categories for budget and expenses categories and descriptions.

Expenses included in the proposed budget must be directly and proportionally related to the services and their delivery. For example, if the Executive Director oversees program services 4 hours of a 40 hour week, the cost allocation should not exceed 10% of their salary. Percentage allocations of agency expenses such as insurance, audit, etc. should be based on the percentage contribution of proposed funding to total funding streams for the agency.

In the event that an expense is paid by a third-party, or is an ineligible expense, as described on Schedule B, Acceptable Use of Funds, it is possible that whole or part of the expense can be used to satisfy some or all of your cash match contribution. However, “in-kind” contributions CANNOT be used to satisfy your cash match.

**Budget Category:** General classification of budget item

Examples:

- Personnel Services
- Regular Operating
- Per Diems, Fees or Contracts

**Expense Description:** Specific classification of expense item

Examples:

- Advertising (marketing flyers for PSSF services/activities)
- Salaries or hourly wages (paid to staff providing direct services)
- Travel (to and from a meeting or conference)
- Transportation (from agency to and from location where services provided, such as the home)

**Narrative Details:** Justification to support expense allocation.

Include enough detail to clarify how expense amount was determined.

*When determining salary costs, for example, make certain the hours used to calculate the expense are supported by the total hours needed to provide services as described in your service plan. This may include direct service delivery time plus indirect time such as preparation, travel time to and from client’s home, documentation, etc.*

Examples:

- Executive Director, 10 hours per week (25% of annual salary for 40 hour week) plus benefits
- Program Coordinator, 32 hours per week plus benefits
- Parenting materials for Nurturing classes, 100 pamphlets @ \$2.00 each
- Mileage cost for home visits, 400 miles per month x12 = 4,800 @ .45
- Rent based on 15% of total agency rent for use of office for program director and boardroom for weekly classes
- Audit 18% based on total PSSF award/total agency revenue

**Cost:** Calculated annual cost of the expense

**TOTAL EXPENSES:** Calculate total expenses. Total expenses MUST equal total cost of services on the Service Delivery Schedule (within \$100.00).

**Part Six**

**FFY2009 Summary Report for Current Contractors  
REQUIRED OF ALL CURRENT PSSF NETWORK PROVIDERS ONLY  
Maximum # of pages – 2, plus required PSSFWeb reports**

This section must be completed by all applicants requesting continuation funding for services and activities supported by PSSF in FFY2009. In addition to the assessment of these responses, the Selection Committee will review year-to-date performance and contractual and reporting compliance. These results will be considered in the RFP award process.

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Were services provided between October 1, 2008 and June 30, 2009 on target? If not, explain. What actions were taken to address this? Attach a copy of your DSS Invoice Summary Report.

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How were outcomes measured? Provide a summary of results. Based on the number of cases that completed their case plan goals, do results demonstrate an effective service plan? Explain. Attach a copy of your Outcomes Summary Report (*period ending June 30, 2009*).

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Were there any significant conditions or circumstances during the current contract year that impacted the type, frequency or duration of services, target population, agency staff, the community, service area or results? If so, explain. Describe the impact these had on the current proposal.

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Describe your outreach/marketing efforts to solicit referrals/clients and assess their effectiveness. Indicate how many families you had anticipated providing services to during this contract year. Are you on target? Or have you provided services to more or fewer participants than anticipated? Explain. Attach a copy of your Family Referral Summary report (*period ending June 30, 2009*).

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Describe an outstanding accomplishment this year by your agency.

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Describe the biggest challenges that your agency/program has had to overcome this year.

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Describe the primary community resources with which you collaborated most frequently to assist families in identifying and accessing additional supports and services during FFY2009.

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Are year-to-date expenses on target? If not, explain.

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Have you maintained your 25% cash match contribution? Describe how this was contributed.

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## Part Seven. ADDITIONAL COMPONENTS

All applications must include the following components unless otherwise indicated.  
Identify each with its Appendix designation in the top right-hand corner.

### **Appendix A - Commitment of Matching Funds** *(required for all applications)*

A statement of commitment from your source of cash match confirming that sufficient monies will be available on October 1, 2009 to fulfill the match requirements. If multiple sources are used, a statement must be completed by each source of support. If agency is providing a self-match (from operating funds), indicate source of revenues(s). Use Form #5 provided as a template. Form can be downloaded from website. Include signed original with master copy of your proposal.

### **Appendix B- Letters of Support** *(recommended for all applications to demonstrate support from their communities for proposed services or activities)* Maximum 3.

May include current letters of support from:

- i. Your primary source of referral(s) demonstrating commitment to provide referrals
- ii. Community leader(s)
- iii. Consumers – Maximum two

For county departments collaborating with community partners, include:

- iv. Subcontractor – If you will subcontract services, provide letter of support and/or intent from your subcontractor that outlines their commitment

### **Appendix C – Secretary of State Registration** *(required of all applicants except state, county, and municipal government agencies including academic institutions and community service boards)*

Include a copy of your agency's certified copy of registration from the Secretary of State, or your current annual registration receipt if it was submitted online. Either of these documents will state the legal name of your organization. This is the name that would appear on any negotiated contract.

### **Appendix D – 501(C)3 Confirmation of Non-Profit Status** *(required of all applicants except state, county, and municipal government agencies including academic institutions and community service boards)*

Include a copy of the first page of your 501(C)-3 letter or certification from the Internal Revenue Service, Department of the Treasury confirming non-profit status for agency named as the applicant.

### **Appendix E – Letter of Authorization** *(not required for private, non-profit agencies)*

If applicant is a state, county or municipal government agency or academic institution, include a letter from an officer on letterhead, authorizing submission of proposal and designation of individual who is authorized to negotiate contract deliverables on behalf of the applicant.

**Appendix F – Audit or Financial Statement** *(required of all applicants except state, county, and municipal government agencies)*

- Include a copy of your most recent audit. If audit covers period ending before December 31, 2008, also provide most recent operating statement, and a letter indicating when the next audit may be made available for review.
- If your agency is not required by the Internal Revenue Service to prepare audited statements based on the revenue limits, provide copy of documentation to substantiate this claim and a copy of the most recent 12 month operating statement.  
See “Audits and Financial Reporting Requirements” In Section A, page 5.

Only one copy is required. Please include with original, signed copy of proposal.

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**Appendix G – Disaster Plan Questionnaire. Form #6** - All agencies must complete questionnaire outlining their plans in the event of a disaster, natural or otherwise.

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**Appendix H – Printed Materials** *(Include assessment tool, if required, and/or marketing materials, publicity, commendations or testimonials received.)* Please limit these to publications related or relevant to the types of services or activities you have proposed. Limit 3 per application, in addition to required assessment tool.

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## Forms & Schedules