



Division of Family and Children Services
Promoting Safe and Stable Families Program

FFY2012 Statement of Need (SoN)

FOA Release Date: November 15, 2011
Deadline for Proposal Submission: November 30, 2011 – NOON

PROPOSAL GUIDELINES

Available for download at www.pssfnet.com, Funding Opportunities

Georgia Department of Human Services
Division of Family and Children Services
Promoting Safe and Stable Families Program

ANNOUNCEMENT

The Georgia Department of Human Services, Division of Family and Children Services is pleased to release the following Funding Opportunity Announcement (FOA). Please review the FOA summary below and disseminate to interested parties for response.

Summary: PSSF Funding Opportunity Announcement (FOA)

Funding Opportunity Number: DHS-2012-DFCS-PSSF-02

Fiscal Year: 2012

Funding Opportunity Title: Child Welfare - Community Partnerships to Promote Child Safety, Permanency and Well-Being

CFDA Number: 93.556

CFDA Number Description: Promoting Safe and Stable Families Program

Funding Instrument Type: Grant

Cost Sharing/Matching Requirement: Yes - 25%

Maximum Awards: \$25,000

Posting Date: November 15, 2011 at www.pssfnet.com - Funding Opportunity

Application Due Date: November 30, 2011, NOON

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

Estimated Start Date: February 1, 2012

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

Additional Eligibility Information: Nonprofit applicants must be registered and in active compliance status with the Georgia Secretary of State's Office. Faith-based and community organizations that meet eligibility requirements are eligible to receive awards under this FOA. Individuals, sole proprietors, foreign entities and for-profit organizations are not eligible to compete for, or receive, awards made under this announcement. Current PSSF grantees are not eligible to compete for a same/similar project for which they received a FFY2012 award.

Description: The purpose of the Funding Opportunity Announcement (FOA) is to solicit proposals for projects to improve the safety, permanency and well-being of children, youth and their families through coordinated, community-based service delivery. These projects will build infrastructure and service capacity between State, local child welfare agencies and community-based family service agencies to ensure that children who are in or at-risk of entering foster care have access to comprehensive, high quality prevention and early intervention, preservation, reunification or adoption promotion and post permanency services.

Statement of Need

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.

An important element of Georgia's child welfare program improvements is the development of a strengths-based, prevention-driven community response to vulnerable children and families. Families at greatest risk of entering Georgia's child protection system often have complex and interrelated problems such as poverty, unemployment, domestic violence, substance abuse and teen pregnancy which increase family stressors, impair family functioning and put children at risk of abuse and neglect.

Georgia is committed to the development of a coordinated network of community-based supports and services for families and children. Georgia's child welfare agency working alone cannot fully protect children. Through Promoting Safe and Stable Families program, the Department of Human Services is working in partnership with communities to assure that families needing extra support in meeting the challenges of parenthood are identified for early 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.

This "Statement of Need" has been issued by Georgia Department of Human Services, Division of Family and Children Services to seek proposals from non-profit organizations and public entities to provide coordinated community-based services to at-risk children and families in Georgia in these areas:

- **Family Support** to prevent child abuse and neglect among families at risk through the provision of supportive family services
- **Family Preservation** to assure children's safety within the home and preserve intact families in which children have been abused or neglected when the family's needs can be addressed effectively
- **Time-Limited Reunification** to address the needs of families whose children have been placed in foster care so that reunification may occur in a safe and timely manner
- **Adoption Promotion and Post-Permanency Support** to provide foster and adoptive families support services so that they can make a lifelong commitment to their 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.

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Timeline

Release Date	November 15, 2011
RFP Technical Assistance	November 16-21, 2011
Proposals Due	Wednesday, November 30, 2011, NOON
Proposal Review	December 2011
Award Notice	January 2012
Contract Negotiation/Distribution	January 2012
Contractors Meeting <i>Attendance is mandatory for all contractors</i>	February 2012
Contract Period	February 1, 2012 – September 30, 2012

SECTION A: General Information, Contract Requirements & Service Delivery Expectations

General Information

Purpose: This "Statement of Need" has been issued by Georgia Department of Human Services, Division of Family and Children Services to seek proposals from non-profit organizations and public entities to provide coordinated community-based services for vulnerable children and families in Georgia.

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

PSSF Family Support services are community-based prevention and early intervention services designed to prevent and reduce the risk of child maltreatment by promoting the well-being of the entire family. 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 repeat child abuse and neglect.

PSSF Family Support service models include:

- Prevention and Early Intervention Support Services
- Healthy Marriage and Co-Parenting Support Services

PSSF Family Preservation services are provided to families that come to the attention of child welfare because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict. 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.

PSSF Family Preservation service models include:

- Placement Prevention Services
- Crisis Intervention Services
- Residential After-Care Services

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 service models include:

- Child and Family Advocacy Services
- Supervised Family Visitation
- Substance Abuse Treatment and Transitional Support

PSSF Adoption Promotion and Post-Permanency Support services are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child, or guardianship. **Adoption Promotion and Post-Permanency**

Support services also support families after adoption to prevent disruption and to provide additional support to youth who may not achieve permanency before emancipation.

PSSF Adoption Promotion and Post-Permanency Support service models include:

- Adoption Promotion and Permanency Support
- Transition and Emancipation Support

Who May Apply: State, county or city government agencies, institutions and other public entities and private non-profit organizations.

Current PSSF grantees are not eligible to submit a proposal for a same/similar project for which they received a FFY2012 award.

Agencies on the DHS delinquent audit list at the time of selection will be considered ineligible.

DHS/DFCS reserves the right to reject any or all proposals. A prior award is not a commitment for continued funding.

Award Limits: Applications are limited to one submission per agency/organization. Funding requests for any single proposal may not exceed \$25,000 in federal funding.

Cash Match: Applicant must provide a non-federal **cash** match of 25% of the cost of services. For example, an award of \$25,000 would require a cash match contribution of \$8,333.

Submission Deadline: **Wednesday, November 30, 2011 – NOON**
Time needed to upload proposals varies and is dependent on internet provider transmission speed. Please give yourself enough time to upload all documents before the deadline.

Applicants are required to submit proposals electronically, as described in Section D. Mailed or faxed proposals will not be accepted.

Applicants must obtain a user name and password for each proposal. See “Requesting a user name and password” on page 39. Requests for user names and passwords must be submitted by email before COB November 29, 2011.

ALL required components MUST be received and formatted as specified or proposal will be considered ineligible for consideration.

Proposal Review: All proposals undergo a qualifying compliance review.

Compliance review includes:

- Submission
 - Deadline (receipt of all required documents)
 - Identification of documents
 - Required Signatures
- Components
 - Required narrative (responses to each question)
 - Required forms
 - Required Secretary of State screenshot (as specified on page 38)
 - Core and ancillary services required for proposed service model
- Format compliance
 - Number of narrative pages
 - Forms completed as directed

Proposals that do not pass the compliance review will be disqualified from further consideration.

Proposals that meet all compliance criteria undergo a qualitative review.

Qualitative review includes:

- Each proposal is read and rated on a 100 point scale by two independent reviewers and includes a comprehensive evaluation of the responsiveness of the proposal as a whole as well as an evaluation of each proposal component including, but not limited to:
 - Needs assessment
 - Agency qualifications
 - Referral and intake
 - Case management and service coordination
 - Evaluation and quality assurance
 - Service descriptions and Service Delivery Schedule
 - Budget

Award Notification: January 2012. Applicants will be notified by DHS of award decisions by email. Local and regional DFCS offices will also be notified of the successful applicants.

All decisions are final.

Contract Period: February 1, 2012 through September 30, 2012

Contracts must be fully executed prior to commencement of service provision.

Services must commence within 45 days of contract execution.

Technical Assistance: Technical assistance will be available for a limited period November 16-18, 2011 and all questions must be submitted to DHS/DFCS/PSSF by email to: PSSFTA@caresolutions.com

Copy of questions and responses will be posted on November 21, 2011 on the PSSF website, www.pssfnet.com – Funding Opportunities, FFY2012 PSSF SoN Technical Assistance FAQs.

Questions and answers from previous SoN releases are also available for review on the website.

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Contract Requirements

Successful applicants 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.

Notice of award does not constitute approval of the proposal as submitted. Prior to preparation of a contract, DHS/DFCS reserves the right to enter into negotiations regarding level of funding, services to be provided and other issues of concern. DHS/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.

Expenses incurred in the preparation of this application are the responsibility of the applicant and are not reimbursable.

Disbursement of federal award is based on the delivery of services reported monthly. The agency should have sufficient capital to cover the cost of services outlined on the budget for the first 45 days after the commencement of the contract.

Review contract and programmatic requirements outlined below prior to submitting a proposal. Confirm with your organization's board of directors, administration, and/or governing body that your organization has legal standing to enter into a contractual agreement and can comply with these requirements.

In signing the application cover, applicant is stipulating that the agency/organization is able to meet the following contract requirements:

Cash Match: Contractor is required to certify (notarized certification) that a cash match, free from federal funds, will be 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.

"In-kind" match does not satisfy this requirement.

Successful applicants will be required to provide certification PRIOR to contract preparation.

Contractor is required to maintain a detailed set of accounting records relative to PSSF funds that specifically identifies the source and application of the cash match.

Criminal History Investigations: Contractor is required to conduct criminal record background checks to obtain an *OIS fitness determination* for all staff, volunteers and/or subcontractors having direct care, 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.

Successful applicants will be required to provide certification PRIOR to contract preparation.

Insurance: 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 (PARA#127). Proof of coverage must list the Department as the certificate holder and must include the following minimum coverage:

Non-profit agencies only:

- Commercial liability coverage of Professional Liability/Malpractice policy which includes Errors and Omissions for each person completing assessments or providing direct services with a minimum of \$1,000,000 per event and \$3,000,000 annual aggregate.
- General commercial liability coverage of a minimum of \$1,000,000 per event and \$3,000,000 annual aggregate.
- Vehicle liability, bodily injury, and property damage coverage on vehicle(s) used by the Contractor or Contractor's personnel in performance of transportation services provided (*included in service plan*), the Contractor must carry a minimum of:
 - Liability Insurance of \$100,000 per person and \$300,000 per occurrence
 - Bodily injury; and property damage coverage in the amount of \$100,000 per person, and \$ 300,000 per occurrence
- DHS must be listed as a certificate holder.

If the Contractor, non-profit or public entity, subcontracts with another agency, it is the responsibility of the Contractor to ensure that its subcontractor carries required liability coverage.

Successful applicants will be required to provide Certificate of Insurance indicating coverage in effect PRIOR to contract preparation.

Public entities are not required to provide proof of insurance.

Audit: Contractor will be required to submit audit or financial statements to DHS/DFCS Office of Audits within 180 days after the close of the Contractor's fiscal year in accordance with non-profit contract PARA#402 and 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.

Reporting: Contractor is required to collect and report demographic, service and outcomes data on all families/clients receiving services funded by PSSF monthly in a dedicated web-based data collection system – PSSFWeb.

Invoicing: Contractor is required to prepare and submit monthly programmatic reports, including an invoice for services, to their local county department by the 10th working day of each month.

Quality Assurance: Contractor is required to solicit and report feedback from the families on services provided in the form of a client satisfaction questionnaire that is supplied by DHS/DFCS/PSSF.

Staff Qualifications & Training:	Contractor is responsible for ensuring that staff qualifications meet standards outlined in Section C, Service Delivery Requirements & Guidelines for identified service model.
	Contractor is responsible for ensuring that all staff and volunteers are trained as mandated reporters.
	Contractor is responsible for providing a planned program of ongoing training and staff development including regular staff meetings for both professional and paraprofessional staff.
	Contractor must disclose when personnel identified in proposal are shared with another PSSF funded program.
Critical Incidents:	Contractor is responsible for ensuring the health and safety of clients and is required to have an effective response system when critical incidents occur.
Subcontractors:	Contractor is responsible for monitoring and supervising the delivery and quality of services provided by subcontractors in addition to ensuring that they meet all applicable contract requirements.

Please note: If awarded PSSF funding for FFY2012, successful applicants will be required to submit the following documents BEFORE contract is prepared:

1. *Certification that the agency/organization will meet the 25% non-federal cash match requirement. Form will be made available on the PSSF website when award notices are distributed.*
2. *Certification of criminal background investigations. Form will be made available on PSSF website when award notices are distributed.*
3. *Certificate of insurance indicating full compliance with coverage and limits (non-profit agencies only). This certificate is obtained from insurance provider.*
4. *Copy of corporate resolution authorizing agency to enter into a contract with DHS/DFCS to provide proposed services (non-profit agencies only).*

OR

Letter on letterhead authorizing the public entity to enter into a contract with DHS/DFC to provide proposed services (public entities only).

Do not submit any of these documents until requested to do so in award notice.

Service Delivery Expectations

- Contractor will prioritize the delivery of services to families referred by local DFCS offices and maintain open lines of communication with DFCS to provide timely feedback on referrals, program services, family progress and outcomes.
- 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
 - Ensure that services are individualized and responsive to identified family needs
 - Ensure that PSSF services are not a duplication of existing services
 - Maximize effective utilization of shared or complementary resources to meet child and family needs
- Contractor will contact families referred for services within 3 days of the date of referral.
- Contractor will notify referring agent if a determination is made that the Contractor is unwilling or unable to serve a particular family within 5 days 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
- Contractor will conduct a strengths-based child, caretaker and/or family assessment to:
 - Determine eligibility and need for services
 - Facilitate the development of an individual family service plan
 - Establish a baseline from which to evaluate family progress and/or service outcomes

At a minimum, assessment should include 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
 - Education and employment
 - Transportation
 - Caregiver coping skills
 - Parenting capacity and skills
- Contractor, to the extent practicable, will make services available during non-traditional hours such as evenings and weekends to remove barriers to family participation.

SECTION B

DHS/DFCS: Vision & Mission

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

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

Goal: Permanency

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

Goal: Well-Being

- 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.

Division of Family and Children Services Core Values

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. The following core values guide the Division's response to families:

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.

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. This practice focuses on the needs and welfare of children within the context of their families and the community.

This Statement of Need issued by DHS/DFCS is seeking proposals that 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.

SECTION C

Service Delivery Requirements & Guidelines

I. 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, increase protective capacities and enhance overall family functioning to prevent initial or repeat child abuse and neglect. **PSSF Family Support** services also include community and faith-based services to strengthen marriages and promote effective co-parenting relationships. 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.

PSSF Family Support Goals, Outcomes & Service Objectives

Goals, desired outcomes and indicators for families receiving **PSSF Family Support** 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 is minimized.
Service Objectives:	<ul style="list-style-type: none"> • <i>To reduce the risk of child abuse and/or neglect</i> • <i>To increase the number of children living in violence-and drug-free homes</i> • <i>To increase the access to and utilization of community-based supports and services by families</i>
Goal:	Permanency
Outcome:	Children will have permanency and stability in their living situations.
Service Objective:	<ul style="list-style-type: none"> • <i>To reduce the risk of the removal of children from the home</i>
Goal:	Well-Being
Outcome:	Families will have enhanced capacity to provide for their children's needs.
Service Objective:	<ul style="list-style-type: none"> • <i>To enhance caregiver capacity to provide for their children's needs</i>

PSSF Family Support Requirements

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 FFY2012 funding cycle is limited to the following service models;

1. **FSS Prevention and Early Intervention Support Services (PEI)**
2. **FSS Healthy Marriage and Co-Parenting Support Services (HM)**

1. FSS Prevention and Early Intervention Services (PEI)

Prevention and Early Intervention services offer short-term, in-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 or as an alternative response when CPS investigation or intervention may not be appropriate or necessary to address family issues. Providers of **Prevention and Early Intervention** 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.

Prevention and Early Intervention services are voluntary family supports and services offered to families to help identify and address problematic family issues before CPS intervention is required.

Target Populations: Families referred for **PSSF Prevention and Early Intervention** 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.

Families targeted for **Prevention and Early Intervention** 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 Section E. Resources, for additional service delivery guidelines for these special populations*

Referral Sources: May accept referrals from a wide variety of sources in the community including, but not limited to:

- Hospitals
- Schools
- Faith-based institutions
- Other community family-serving agencies
- Law enforcement
- Courts
- DFCS (Diversion, OFI, CPS)
- Self

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

Staff Qualifications/Experience: **Prevention and Early Intervention** services should be delivered by a minimum of a bachelor's level professional or supervised paraprofessional with demonstrated experience serving at-risk

families. **Prevention and Early Intervention** 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. **Prevention and Early Intervention** providers must also be knowledgeable of and assist families in accessing other community-based services to achieve family plan goals and ongoing support.

Core Service Requirements: All **Prevention and Early Intervention** service plans **MUST** include the following services:

- a. **Family Assessment**
- b. **Parent Education**
- c. **Case Management**
- d. **Information and Referral**
- e. **plus a minimum of two ancillary services***

**Ancillary services should complement core service requirements and address the unique needs of the target population.*

Core Service Delivery Guidelines:

- a) **Family Assessment** - to facilitate the development of an individualized service plan

A standard assessment tool or one developed by the Contractor may be used. *See Section E. Resources, for assessment tools, resources and service delivery requirements.*

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

See Section E. Resources for additional information on individual service plans.

- b) **Parent Education**, in-home or center-based, based on research- or evidence-based parenting curriculum that includes practice or role modeling components and may include coaching and/or mentoring.

See Section E. Resources, for parent education resources and service delivery requirements.

- c) **Case Management** to facilitate, monitor and evaluate family progress toward case plan goals

See Section E. Resources, for service delivery requirements for case management. Case management is limited to 20% of total program costs.

- d) **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.

See Section E. Resources, for additional information on information and referral services.

- e) **Ancillary Services:** Ancillary services should complement core service requirements and address the unique needs of the target population.

See Section E. Resources, for additional information on ancillary services.

2. FSS Healthy Marriage and Co-Parenting Support Services (HM)

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.

Target Populations: Families referred for **Healthy Marriage and Co-Parenting Support** services may face multiple challenges.

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

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

Referral Sources: May accept referrals from a wide variety of sources in the community including, but not limited to:

- Hospitals
- Schools
- Faith-based institutions
- Other community family-serving agencies
- Law enforcement
- Courts
- DFCS (Diversion, OFI, CPS)

Service Duration: Limited to 3-9 months

Staff Qualifications/Experience: **Healthy Marriage and Co-Parenting Support** services should be delivered by a minimum of a bachelor's level professional or supervised paraprofessional.

Core Service Requirements: **Healthy Marriage and Co-Parenting Support** service plans **MUST** include the following services:

- a. **Family Assessment**
- b. **Parent Education**
- c. **plus a minimum of two ancillary services**

Core Service Delivery Guidelines:

- a) **Family Assessment** - to facilitate the development of an individualized service plan

*See Section E. Resources, for service delivery **requirements** and assessment resources and information on individual service plans.*

- b) **Parent Education**, in-home or center-based, based on research- or evidence-based Healthy Marriage/Co-Parenting curriculum, that includes:
 - Communication Skills
 - Conflict Management
 - Parent Education

- Financial Management

See Section E. Resources, for Healthy Marriage/Co-Parenting curriculum resources and parent education service delivery requirements.

- c) Ancillary Services should complement core service requirements and address the unique needs of the target population.

See Section E. Resources, for additional information on ancillary services.

II. PSSF FAMILY PRESERVATION SERVICES (FPS)

PSSF Family Preservation services are provided to families that come to the attention of child welfare because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict. 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** 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** services may also be provided to support families post-reunification to help prevent placement disruption.

Family Preservation and Support Goals, Outcomes Service Objectives

Goals, desired outcomes and indicators for families receiving **PSSF Family Preservation** 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.
Service Objectives:	<ul style="list-style-type: none"> • <i>To reduce the risk of repeat incidents of child abuse and/or neglect</i> • <i>To increase the number of children living in violence- and drug-free homes</i> • <i>To increase the access to and utilization of community-based supports and services by families</i>
Goal:	Permanency
Outcome:	Children will have permanency and stability in their living situations.
Service Objectives:	<ul style="list-style-type: none"> • <i>To prevent the initial removal of children from the home</i> • <i>To prevent the entry of children into foster care</i> • <i>To prevent the re-entry of children into foster care</i>
Goal:	Well-Being
Outcome:	Families will have enhanced capacity to provide for their children's needs.
Service Objective:	<ul style="list-style-type: none"> • <i>To enhance caregiver capacity to provide for their children's needs</i>

PSSF Family Preservation Requirements

To maximize federal and state funding and to address the service needs of children and families at greatest risk of entering or re-entering foster care, **PSSF Family Preservation** funding for the FFY2012 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)**

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 agency case plan designed to safely maintain children in their homes and prevent unnecessary placement into foster care. 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.

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

Referral Sources: DFCS CPS Investigation, Family Preservation or Placement Services

Referral Requirement: Families with an open CPS case or on-going CPS involvement or referred by DFCS at case closure for additional supports and services

Service Duration: 6-9 months

Staff Qualifications/Experience: **Placement Prevention** services must be delivered at a minimum by a bachelor's level professional or supervised para-professional with demonstrated experience providing services to at-risk families. **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 in-home or center-based education.

Core Service Requirements: All **Placement Prevention** service plans **MUST** include the following services:

- a) Family Assessment
- b) Parent Education
- c) Case Management
- d) Information and Referral
- e) **plus a minimum of two ancillary services**

Core Service Delivery Guidelines:

- a. **Family Assessment** to facilitate the development of an individualized service plan

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.

See Section E. Resources, for assessment resources and service delivery requirements.

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 service plan to address and reduce identified risk factors to assure child safety and improve family functioning. Case plan must demonstrate coordinated service provision with other agencies and service providers and reflect identified priorities. Goals must be realistic with attainable and measurable outcomes and timeframes for completion.

See Section E. Resources for additional information on individual service plans.

- b. **Parent Education**, in-home or center-based, based on a research- or evidence-based parenting curriculum that includes practice or role modeling components and may include coaching and/or mentoring.

See Section E. Resources, for parent education resources and service delivery requirements.

- c. **Case Management** to facilitate, monitor and evaluate family progress toward case plan goals

See Section E. Resources, for service delivery requirements for case management. Case management is limited to 20% of total program costs.

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

See Section E. Resources, for additional information on information and referral services.

- e. **Ancillary Services** should complement core service requirements and address the unique needs of the target population.

See Section E. Resources, for additional information on ancillary services.

2. FPS Crisis Intervention Services (CIS)

Crisis Intervention Services (CIS) are designed to support families in crisis where children are at imminent risk of placement. **Crisis Intervention Services** utilize a range of research-based and therapeutic interventions, including family counseling, 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 should be kept low to allow for an intense level of interaction with family and to monitor family stability.

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

Referral Sources: DFCS Family Preservation or Placement Services

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 services may be delivered by a bachelor's level professional or supervised para-professionals.

Core Service Requirements: All Crisis Intervention service plans **MUST** include the following services:

- a) Therapeutic Counseling or Intervention
- b) Behavior Management - *in-home*
- c) Follow-up Services - *post-intervention*
- d) plus at least one ancillary service

Service Delivery 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.

See Section E. Resources, for additional service delivery guidelines/requirements for activities/ services.

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 Sources: DFCS Family Preservation or Placement Services, juvenile or family court

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.

Core Service Requirements: All Residential Aftercare service plans **MUST** include, but are not limited to, the following services:

- a) Case Management - *See Section E for service delivery requirements for case management.*
Case management is limited to 20% of total program costs.
- b) Comprehensive Discharge Planning
- c) Information and Referral
- d) Behavior Management, in-home

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

See Section E. Resources, for additional service delivery guidelines/requirements for activities/ services.

III. 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 families are effectively reunited is largely dependent upon the ability to connect families with timely, intensive and responsive supports and services the first 15 months children are in foster care 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 children during the first fifteen months that the child is in foster care to expedite reunification, and after the child returns from foster care to sustain permanency.

PSSF Time-Limited Reunification Goals, Outcomes & Service Objectives

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.
Service Objective:	<ul style="list-style-type: none"> • <i>To reduce the risk of incidents of child abuse and/or neglect</i>
Goal:	Permanency
Outcome:	Children will have permanency and stability in their living situations.
Service Objectives:	<ul style="list-style-type: none"> • <i>To reduce the length of time children are in foster care</i> • <i>To increase the number of children reunited with their families of origin</i> • <i>To prevent the re-entry of children into foster care</i> • <i>To increase the number of children who maintain connections with their families and communities</i> • <i>To increase the frequency, consistency and quality of visits between children in foster care and their families</i> • <i>To increase the number of children appointed a GAL/CASA/legal advocate</i>
Goal:	Well-Being
Outcome:	Families will have enhanced capacity to provide for their children's needs.
Service Objective:	<ul style="list-style-type: none"> • <i>To enhance caregiver capacity to provide for their children's needs</i>

PSSF Time-Limited Reunification Requirements

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 FFY2012 funding cycle for PSSF Time-Limited Reunification services is limited to the following service models:

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

1. TLR Child and Family Advocacy (CFA)

Child and Family Advocacy (CFA) 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 and achieve permanency as quickly as possible.

CFA services are designed to increase Guardian ad Litem (GAL) /Court-Appointed Special Advocates (CASA) appointment resources for children involved in deprivation proceedings and to support and advocate for timely permanency decisions that are in the best interest of the child. Providers of **Child and Family 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 Sources: DFCS Placement Services or Juvenile Court

Referral Requirements: Appointment at 72 hour hearing in deprivation proceedings

Service Duration: Not to exceed 15 months

Staff Qualifications: CASA, GAL or attorney who has received pre-appointment training, including training in early childhood, child and adolescent development

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

- a) **Child/Family Assessment (including recommendation to court)**
- b) **Case Management**
- c) **Legal Advocacy (in court)**
- d) **Follow-up Services**

Any ancillary services, although not required, should complement core service requirements and address the unique needs of the target population.

Core Service Delivery Guidelines:

- a) **Child/Family Assessment** to include 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.
- b) **Case Management** to ensure that families receive timely and responsive services needed to achieve permanency goals. Providers of **Child and Family Advocacy** services must 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 and/or multi-disciplinary meetings, IEP's, citizen panel reviews, permanency and/or case plan reviews.

See Section E. Resources, for additional service delivery requirements for case management. Case management is limited to 20% of total program costs.

- c) **Legal Advocacy** to represent the best interest of the child at court proceedings.
- d) **Follow-up Services** to provide on-going regular contact with between CASA/GAL/attorney and child and/or family until final case disposition (not to exceed 15 months).

See Section E. Resources, for additional service delivery guidelines/requirements for activities/ services.

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. 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.

Target Population:

- Children in foster or relative care with a concurrent plan of reunification or to sustain family connections until permanency is achieved
- 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 CPS or 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, domestic violence, substance abuse 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 an agency serves will determine the functions that staff should be required to perform and, consequently, the competencies and training that staff are required to have.

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

- a) **Supervised Visits**
- b) **Parent Education**
- c) **Case Management**
Plus, if required to remove any barriers to visitation...
- d) **Transportation** - to and from visits for children, parents and/or siblings in multiple placements

Core Service Delivery Requirements and Guidelines:

- a) **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 parenting skills 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 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:** Visits are designed to establish or sustain parent, child and sibling relationships and to facilitate the achievement of timely and permanent reunification. Purpose of each visit is based on written visitation plan and should include a pre-visit and 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.
- b) **Parent Education** component based on a research- or evidence-based parenting curriculum, and must include practice or role modeling components and may include coaching and/or mentoring.

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.

See Section E. Resources, for parent education resources and service delivery requirements.

- c) **Case Management** to monitor and evaluate progress toward case 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 that includes a pre- and post-service measurement to demonstrate change in attitude, behavior or skills

See Section E. Resources, for additional service delivery requirements for case management. Case management is limited to 20% of total program costs.

- d) **Client 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.

See Section E. Resources, for service delivery requirements for providing client transportation.

3. TLR Substance Abuse Treatment and Transitional Support (SAT)

Substance Abuse Treatment 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, 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 reinforce 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 and to ensure that recovering mothers and their children receive essential treatment and post-recovery support services such as:

- 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.)

Target Population: Families impaired by substance abuse who are involved with DFCS or the courts

Referral Sources: DFCS CPS, Placement services or juvenile/family/drug court

Referral Requirement: Families are required to participate in treatment and/or maintain sobriety to keep children in their homes while undergoing treatment or as condition of family reunification

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

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

- a) **Substance Abuse Treatment or Relapse Prevention/Recovery Support, or both**
- b) **Parent Education**
- c) **Case Management**

Core Service Delivery Requirements and Guidelines:

- a) **Substance Abuse Treatment/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.
- b) **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 research- or evidence-based, population specific and address the effects of substance abuse on adult behavior, child development and parenting.

See Section E. Resources, for parent education resources and service delivery requirements.

- c) **Case Management** : To facilitate, monitor and evaluate family progress toward case plan goals

See Section E. Resources, for additional service delivery requirements for case management.
Case management is limited to 20% of total program costs.

IV. PSSF ADOPTION PROMOTION and POST-PERMANENCY SERVICES (APP)

All families need supportive services to prepare for and sustain adoption. Crisis and transition periods can be especially difficult for these families who must also address child welfare-related issues such as separation and loss. Families who adopt children with special needs also face additional challenges which may be compounded by the child's past experiences of child abuse and neglect. **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, and to prevent disruption post adoption.

Adoption Promotion and Post-Permanency Supports may also provide additional support to facilitate permanency for children through guardianship.

Youth who are nearing the age of emancipation without an identified permanency resource may need additional supports and services to help transition and prepare for the opportunities and challenges of independent adult living. Unemployment, incarceration, homelessness, substance abuse, unwanted pregnancy, limited educations and inadequate health care are all obstacles that can impair the transition to adulthood. **Transition and Emancipation Support** services help these 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 service objectives for families receiving **PSSF Adoption Promotion and Post-Permanency** 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.
Service Objectives:	<ul style="list-style-type: none"> • <i>To reduce the risk of incidents of child abuse and/or neglect</i> • <i>To increase the access to and utilization of community-based supports and services by families</i>
Goal:	Permanency
Outcome:	Children will have permanency and stability in their living situations.
Service Objectives:	<ul style="list-style-type: none"> • <i>To reduce the length of time children are in foster care</i> • <i>To increase the number of foster care youth adequately prepared to transition to adulthood</i> • <i>To increase the number of children who maintain connections with their families and communities</i> • <i>To increase the number of children who are adopted or for whom guardianship has been formalized</i> • <i>To prevent the re-entry of children/youth into foster care</i>
Goal:	Well-Being
Outcome:	Families will have enhanced capacity to provide for their children's needs.
Service Objective:	<ul style="list-style-type: none"> • <i>To enhance caregiver capacity to provide for their children's needs</i>

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 FFY2012 funding cycle for **PSSF Adoption Promotion and Post-Permanency** services is limited to the following service models:

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

1. APP Adoption Promotion and Post-Permanency Support (APS)

Adoption Promotion and Post-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, relative and adoptive families and are designed to help facilitate and expedite the adoption process, support families throughout the adoption and/or guardianship process and provide post-permanency 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

Referral Sources: DFCS CPS, Placement and Adoption Services

Referral Requirements: Families must have an open Placement or Adoption case

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

Staff Qualifications: **Adoption Promotion and Post-Permanency Support** services should be provided by mental health professionals experienced in dealing with children and families with child welfare-related issues.

Service Requirements and Guidelines: Services are designed to promote permanency for children in foster care through adoption and/or legal guardianship and to address issues related to separation and adjustment which may impair family functioning. Adequate support is particularly critical for special needs adoptions where challenges and adjustments faced by families can be immediate and intense. Post-permanency services are geared toward normalizing the adoption experience, helping adoptive parents increase parent-child attachment and decrease family isolation by creating opportunities to connect with others in similar circumstances.

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

Adoption Promotion and Post-Permanency Support services may include:

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

See Section E. Resources, for additional service delivery guidelines/requirements for activities/ services.

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.

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

Referral Sources: DFCS Placement services or Independent Living Program (ILP)

Referral Requirements: Must have an open Placement case or ILP case

Service Duration: 6-9 months before exiting foster care and/or 6-9 months post-permanency or emancipation, not to exceed 12 months

Service Guidelines: **Transition and Emancipation Support** services may include:

- Case management*
- Educational supports
- Employment preparation
- Life skills training
- Facilitated peer support
- Legal advocacy
- Mentoring
- Transportation assistance
- Recreational and enrichment activities
- Therapeutic counseling
- Residential supports

**Case management is limited to 20% of total program cost.*

See Section E. Resources, for additional service delivery guidelines/requirements for activities/ services.

SECTION D

Completing & Submitting Your Proposal

Required Proposal Components and Format

Proposals **MUST** be submitted electronically as directed. See page 39 for directions.

Only FFY2012 forms will be accepted.

Download five forms from www.pssfnet.com, Funding Opportunities, PSSF FFY2012 SoN Forms.

Identify agency and program in the space provided on each form.

If proposal is for a program previously funded by PSSF, record PSSF ID# in space provided on each form.

Required Components (unless otherwise noted)

- Proposal Narrative - *not to exceed seven pages*
 - Responses to questions 1-19.
 - Complete in Word using Arial 10-point font.
 - Save as a pdf (or scan to a pdf) and identify document as "**Narrative**".
- Service Descriptions (Form #2) - *one page for each service/activity identified in Proposal Narrative Question #1*
 - Complete one form for each proposed service or activity.
 - Save as a pdf (or scan to a pdf) and identify the first Service Description form as "**Description1**", the second as "**Description2**", the third as "**Description3**..." etc.

*Please note: Mac users will need to **print** each completed Description form, then scan and save as instructed.*
- Service Delivery Schedule (Form #3) - *one page*
 - Complete as directed.
 - Save as an EXCEL document and identify as "**SDS**".
- Budget (Form #4) – *not to exceed three pages*
 - Complete as directed.
 - Save as an EXCEL document and identify as "**Budget**".

Additional Components Required (See instructions on page 38)

- Application Cover (Form #1) - *one page*
 - Requires original signature.
 - Must be scanned (pdf).
 - Identify document as "**Cover**" when it is saved.
- Disaster Plan Questionnaire (Form #5) – *one page*
 - Complete as directed.
 - Save as a pdf and identify document as "**DisasterPlan**".

*Please note: Mac users will need to **print** Disaster Form, then scan and save as instructed.*
- Screenshot of Secretary of State Registration status (*non-profits only*) – *one page*
 - All non-profit agencies **MUST** attach a screenshot (pdf) from the Georgia Secretary of State website indicating its current registration and non-profit status.
 - Identify screenshot (pdf) as "**Registration**".
- Audit or Financial Statements (*non-profits only*)
 - Save as a pdf and identify document as "**Financials**".

Proposals not completed and submitted as directed above will be disqualified during the compliance review.

Completing Your Proposal

Each proposal may only address a single service model. Proposed services must meet the service objectives identified for the service model and be responsive to the needs of the specified target population.

Proposal Narrative

- Narrative format: Arial 10 point, single spaced, one inch margins
- Respond to each of the following questions. Be concise. Be specific. Be complete.
- Identify each section and number your responses. Provide an answer to each question. If any question is not applicable, indicate "N/A" and explain.
- Limit responses for each section to the page allocation indicated. Exceeding page allocation will result in disqualification of proposal during compliance review.
- Save final document as a pdf (or scan to a pdf) and identify as "**Narrative**". *No other document description is necessary.*

ABSTRACT: Maximum 1 page

1. Provide a brief overview of proposed service plan and objectives. Include:

- Description of the families you propose to serve
- Child and family needs your proposal will address
- List of proposed services
- Expected service outcomes*

**If service delivery is based on evidence- or research-based strategies or a nationally recognized practice model, identify and describe how this will be effective in addressing the identified needs of your target population to produce expected results.*

NEEDS ASSESSMENT: Maximum 1 page

2. Describe community assessment process used to determine the need for proposed services.

3. Identify the geographic area, counties and/or communities to be served. Include:

- Primary and secondary service areas and/or specific communities to be served
- Demographic or community information that supports the need for proposed services.

4. Describe target population. Include:

- Presenting factors that indicate a risk for child abuse and neglect (i.e. victims of domestic violence, ESOL population, developmental disabilities, substance abuse, pregnant or parenting teens, etc.)

AGENCY QUALIFICATIONS: Maximum 2 pages

5. Briefly summarize agency/organization history, primary purpose and organizational structure.
6. Describe individual(s) responsible for supervision of staff, volunteers and/or subcontractor(s). Provide their qualifications, experience and responsibilities. Identify any staff in proposal who are also included in the budget of any other FFY2012 PSSF funded program.
7. Describe child welfare supports and services your agency/organization currently provides. Identify those that you provide under contract with DHS/DFCS.
8. List grants (local, state and federal/national sources) awarded to your agency during the past two years including PSSF awards. Identify source and amount.
9. Describe source(s) of 25% cash match, amount available from each source if multiple sources, when funds will be available and how funds will be applied to meet requirement. Federal funds cannot be used to satisfy cash match requirement. State and local sources of funds are eligible. In-kind match does not satisfy this requirement.

REFERRALS & INTAKE: Maximum 1 page

10. Identify primary and secondary sources for referrals.
11. Describe how proposed services will be marketed to consumers and referring agencies to generate referrals.
12. Describe intake process. Identify assessment tool used to determine family strengths and needs. Assessment MUST meet requirements outlined for service model.
13. Describe how families are engaged in the identification of service priorities and the development of case plan goals.

CASE MANAGEMENT & SERVICE COORDINATION: Maximum 1 page

14. Describe how family progress will be documented, monitored and evaluated. How will it be determined that a family/client has met their case plan goals identified at intake?
15. Describe the process for communicating family progress and outcomes with referral source.
16. Identify the types of services and to whom you refer families for additional services. How do you coordinate with other community agencies to meet the needs of families?

EVALUATION & QUALITY ASSURANCE: Maximum 1 page

17. Describe how staff, volunteers and/or subcontractor(s) will be monitored to ensure quality of services.
18. Describe how feedback on services will be solicited from families/clients. How will this feedback be used to improve the quality and effectiveness of services?
19. Describe how agency service outcomes will be evaluated. Include service objectives, pre- and post- services assessments, and expected participant outcomes.

Service Descriptions, Service Delivery Schedule & Budget

Form #2 - Service Description(s) (Editable PDF)

- Download and complete Form #2, Service Description, as directed below.
- Complete one form for each proposed service/activity listed in response to Narrative Question #1.
- The space provided for each response has a limited number of characters. Be concise but complete.
- As each Service Description form is completed, save as a pdf and identify the first as "**Description1**", the second as "**Description2**", the third as "**Description3** ...", etc. *No other document description is necessary.*

*Please note: Mac users will need to **print** each completed Description form, then scan and save as instructed above.*

Service/Activity: Identify proposed service or activity. *See Section E for service descriptions and service delivery requirements/guidelines.*

Examples:

- In-home parenting classes
- Group therapeutic counseling

Unit Cost: Indicate the cost that will be invoiced when you provide service/activity as described. Cost is calculated based on associated expenses included on Form #4 Budget and service delivery parameters described. *Unit cost reported here is the same as the unit cost reported on the Service Delivery Schedule.*

Total Units per Year: Indicate how many of proposed services you will provide or how many times activity will occur during the contract year. *Total units reported here is the same as the total units per year reported on the Service Delivery Schedule.*

Description: Describe proposed service/activity and its delivery. Examples:

- Parent education will be provided at the family's home using the Parents as Teachers curriculum. Visits will last one hour and be provided weekly for the first 3 months, then biweekly for up to 6 months.
- Information & Referral services - an average of 2 per family per month. We will contact available community resources by phone, email, etc; set up referral; and then follow up with family to ensure resources are accessed.

Service Unit Delivery

Duration: Select 1 or 2 hour unit(s) or select "Other" and indicate the amount of time for a single unit of service.

Examples:

- 30 minutes
- 3 hours

This "duration" should be consistent with the description on the Service Delivery Schedule.

Changes in the delivery of a service, such as offering both 1 and 2 hour visits that have different unit costs require completion of a separate Form #2 for each.

Frequency: Indicate how often you will provide the service to family/individual or how often the activity will occur.

Examples:

- Weekly
- Other. 4 times per year

Availability: Indicate when services will be provided or available.

Location: Describe where the service or activity will occur.

Participants
<p>Specify who will receive or participate in the service/activity. Be consistent with target population described in narrative. Examples:</p> <ul style="list-style-type: none"> • Children ages 5-12 residing at the shelter • Children in foster care and their parent(s) • Parenting teens in school in Dekalb County <p>Indicate if service/activity is provided to an individual (such as a drug screen), to a family (such as home-based parent education) or to a group (such as a life skills class). If a group, indicate how many you anticipate in each group.</p> <p>Length of Service: Describe how long families will receive or participate in proposed service/activity. Please keep in mind service duration limits described for each service model. Examples:</p> <ul style="list-style-type: none"> • 4-6 months (visitation) • Once (annual resource fair for grandparents)
Staff Qualifications
<p>Provide information requested on individual(s) responsible for providing service.</p> <ul style="list-style-type: none"> • If an employee provides service, indicate their title or position. • If a volunteer provides service, indicate their role. • If a subcontractor is used to provide service, identify subcontractor. <p>You MUST demonstrate that the individual identified meets criteria outlined in Section C, Service Delivery Requirements & Guidelines for proposed service model.</p>
Service Objectives & Outcomes
<p>Service Objectives: Describe expected results/change in participants as a result of participation in each specific activity/service. <i>Service objectives should support PSSF program objectives identified for each program area.</i></p> <p>Examples:</p> <ul style="list-style-type: none"> • Participants will improve parenting knowledge • Families will increase utilization of community resources <p>Measurable Outcomes: Indicate how objectives will be measured. Examples:</p> <ul style="list-style-type: none"> • Tests conducted at the end of the parenting series will show an increased understanding of child development of at least 50% compared to test conducted at the beginning of the series • Families will identify and use at least two new community resources

Identify agency and program in space provided on each form. Include program ID# if previously funded by PSSF.

Form #3 - Service Delivery Schedule (EXCEL)

- Download and complete Form #3, Service Delivery Schedule, as directed below.
- List all proposed services/activities included in your response to Narrative Question #1 that have a corresponding Service Description form. List in the same number sequence as identified for pdf of each Service Description.
- When complete, save as an EXCEL spreadsheet and identify as "**SDS**". *No other document description is necessary.*

Service: List proposed service/activity. Include time unit value (**duration**) for service delivery. Be consistent with information provided on Service Description forms. Examples:

- 2 hour peer support group
- 1 hour supervised visit
- ½ hour tutoring session
- ¼ hour case management

Average Units per Month: Indicate the number of times this service or activity will be provided each month (Total Units per Year divided by 12.)

Unit Cost: Indicate the cost that will be invoiced when you provide service/activity as described.

Unit costs reported here for each service is the same as the unit cost reported on the corresponding Form #2 Service Description.

Cost per unit of service is based on associated expenses included on Form #4 Budget and total units provided.

Total Units per Year: *Total units reported here for each service is the same as the total units per year reported on the corresponding Form #2 Service Description.*

Total Cost per Year: Do not enter data in this column as totals for each line will calculate automatically after "Unit Cost" and "Total Units per Year" are entered.

Total Program Cost, 75% Federal Award Request and 25% Cash Match Contribution portions will be calculated automatically. Total Program Cost cannot exceed \$100,000.

Identify agency and program in space provided. Include program ID# if previously funded by PSSF.

Form #4 – Budget (EXCEL)

- Download and complete Form #4, Budget.
- **List only expenses associated with the services listed on your Service Delivery Schedule.**
- Provide sufficient details to support expense allocation.
- Total Expenses equals Total Program Cost calculated on the Service Delivery Schedule.
- When complete, save as an EXCEL spreadsheet.
- Identify as "**Budget**". *No other document description is necessary.*

See Section E. Budget Guidelines for eligible/ineligible expenses, categories and descriptions.

Any expenses included in the budget must be:

1. Associated with proposed services (incurred as a result of providing the service)

Examples:

- Salary of a family service worker who works 40 hours per week providing in-home services
- Rental fee for room used to hold peer support groups
- Mileage paid to family support worker who travels to 4 counties providing in-home services

2. Proportional (value based on time and effort related to services provided)

Examples:

- 10% of salary of executive director who oversees program services 4 hours of a 40 hour week
- 25% of the cost of office rent based on use of ¼ of space shared with 3 other staff
- 100% of parenting handbooks used for monthly parenting classes

Allocations of indirect costs associated with agency administrative and/or operational costs such as office rent, telephone, audit, etc. should be based on the percentage contribution of proposed funding to total revenue, unless expense is wholly attributable to PSSF service delivery (such as the cost of criminal background checks or training on a new assessment tool). Indirect costs should be limited to less than 25% of total costs.

Please note:

In-kind contributions CANNOT be used to satisfy your cash match nor should they be included on the budget. Examples of in-kind contributions might be:

- *Donated lunch for an event*
- *Free space used to hold a support group, such as in a church*
- *Bookkeeping done by a volunteer*

Expense: Identify and describe expense.

Examples:

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

Budget Narrative: Provide details on how expense was determined. Describe what expense covers and how allocation was calculated. You must provide sufficient information to support the proportion of the expense allocated.

Examples:

- Executive Director, 10 hours per week (25% of annual salary of \$35,000 for 40 hour week) plus benefits
- Program Coordinator, 32 hours per week at \$23.00 per hour plus benefits
- Parenting materials for Nurturing classes, 4 classes with 25 participants = 100 pamphlets @ \$2.00 each
- Mileage cost for home visits, 40 trips per month at an average of 10 miles each = 400 miles per month x12 = 4,800 miles per year @ .45
- Rent based on 15% of total agency rent for use of office for program director and boardroom for weekly classes
- Per diem for subcontractor who facilitates parenting classes: Monthly, 3-hour parenting classes, 12 per year at \$175.00 each

When determining salary costs, 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.

Cost: Calculate annual cost of each expense.

TOTAL EXPENSES: Total expenses will be automatically calculated.

Total expenses MUST equal Total Program Cost on Form #3 Service Delivery Schedule (within \$100.00).

Identify agency and program in space provided. Include program ID# if previously funded by PSSF.

ADDITIONAL COMPONENTS

Download forms from www.pssfnet.com, Funding Opportunities, FFY2012 PSSF SoN Forms.

Application Cover, Form #1 (required for all proposals)

- Download editable pdf at www.pssfnet.com, Funding Opportunities, PSSF FFY2012 SoN Forms.
- Complete as directed.
- **Application cover requires an original signature so this form must be printed after it is completed, and scanned after it has been signed. Electronic signatures are not acceptable.**
- Save scanned pdf and identify document as **"Cover"**. *No other document description is necessary.*

Disaster Plan Questionnaire, Form #5 (required for all proposals)

- Download editable pdf at www.pssfnet.com, Funding Opportunities, PSSF FFY2012 SoN Forms.
- Complete as directed.
- Save and identify document as **"DisasterPlan"**. *No other document description is necessary.*

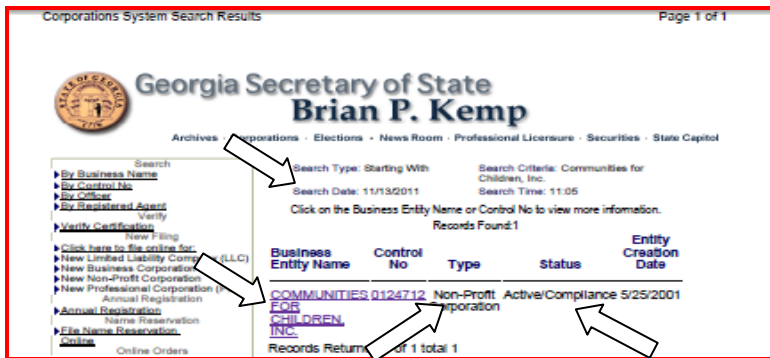
Please note: Mac users will need to **print** each completed Description form, then scan and save as instructed.

Secretary of State Registration (required for proposals submitted by non-profit agencies/organizations only)

- Go to: <http://corp.sos.state.ga.us/corp/soskb/csearch.asp>.



- Enter name of agency submitting proposal. If there are several agencies with similar names, you will have to click on the correct one to get the corresponding registration status.



"Search Date" MUST be within last 30 days.

Name on application cover MUST match name on registration.

Agency must be identified as a "non-profit" and status MUST be "active/compliance" to apply.

- Print screen as a pdf, or print and scan as a pdf, and save document as **"Registration"**. **This is the ONLY acceptable screenshot .**

Audit or Financial Statements (required for proposals submitted by non-profit agencies/organizations only)

- Scan most recent audit or financial statement. Identify scanned pdf document as **"Financials"**.
- If your agency is not required by the Internal Revenue Service to prepare audited statements based on the revenue limits, scan and submit copy of most recent 12 month operating statement.

Submitting Your Proposal

Only electronic submissions will be accepted. All documents should be submitted as pdf's with the exception of the Service Delivery Schedule (EXCEL) and Budget (EXCEL). DO NOT submit documents as jpg or tif files.

See directions below for requesting a user name and password to submit your proposal.

A user name and password is required to access the site where you will upload your proposal and all documents.

1. Requesting a user name and password

User names and passwords will be made available beginning Tuesday, November 15, 2011. Please do not request a user name and password unless you plan to submit a proposal.

Send email request for user name and password to pssfproposal@caresolutions.com.

Subject Line: PSSF Proposal User Name Request

In body of email identify:

- Agency that will be submitting proposal
- Contact name, telephone and email to whom the user name and passwords should be sent

An email response will be sent with your user name and password within 48 hours. Last day for requesting user names and passwords is November 29, 2011.

2. Uploading proposal documents

When all required documents are completed as directed, you are ready to submit your proposal. Proposals must be uploaded to a secure page on the PSSF website. Do not upload any documents until your proposal is complete.

Be sure you have saved each required proposal component as directed. It is important that all documents be saved and identified as directed.

- Enter <https://www.pssfnet.com/submit/> in your internet browser. This will take you to a secure site.
- Enter your user name and password. This will take you to a screen with links for each document.
- Click on the "Browse" button that corresponds to the document you are ready to upload. Locate document on your hard drive. Double click to select. Upload document. Successfully uploaded documents will appear above the box. Repeat for each document.
- You may click on any document name to verify that the correct document was uploaded. **DO NOT CLICK ON THE "X" TO VIEW YOUR DOCUMENT. THIS WILL DELETE IT.**
- You will only be able to upload documents that are identified as described on page 30.
- If you have uploaded the wrong document, click on the "X" to delete it and then upload the correct one.
- Click "Done" and exit website after you have finished uploading all documents. Print a copy of your final screen listing all the documents you have uploaded.
- All documents must be uploaded by Noon on Wednesday, November 30, 2011 to meet the deadline.

Should you experience any difficulties uploading your proposal, email pssfproposal@caresolutions.com for assistance.

**Deadline for Submission of Proposals:
Wednesday, November 30, 2011 at NOON**

Proposals are not considered complete unless ALL required components are uploaded prior to the deadline.

SECTION E Resources

Serving 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, Safe Care, Parents as Teachers, or similar practice model for families with children ages 0-5.

Key Components of home visitation practice models should 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

Pregnant and Parenting Teens

Adolescent parenting is associated with increased risk for maternal and infant health problems, poverty, lack of education and inadequate family support. Benefits of social support services for young parents include improved knowledge about parenting, enhanced parent-child relationships, increased economic self-sufficiency, and decrease risk for domestic violence and child abuse and neglect.

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

Ancillary services may include, but are not 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)
- Behavior management and techniques for non-corporal discipline
- Parent and child enrichment activities

Relative Caregivers

Family Support services for grandparent caregivers must take into account that kin are likely to be single, in poorer health, and financially less secure than non-relative caregivers, while children in their care are generally younger and often need special services. These families generally receive few economic supports and are less likely to be aware of services available to them once a child is placed in their care. In addition, they may not have support from extended family, peers, or the community in general.

Commonly needed supports include, but are not limited to, financial assistance, childcare, respite, medical care, and training in parenting skills. Family mediation or counseling is also often needed to assist caregivers and birth parents in resolving conflicts, easing the difficulties of parenting a relative's child, and achieving a permanent plan for the child.

Adoption Promotion and Permanency Support 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).

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.

Support services may include, but are not limited to, legal counseling/advocacy, information and referrals, parent education, tutoring, behavior management and peer support.

Low Literacy Families

Early Literacy, Adult and Parent Education Programs emphasize early literacy and healthy social emotional development of children 0-8 to train and encourage parents, relatives and other adults how to talk with, read to, and work to build children's early literacy and developmental skills through one-on-one reading and instruction. These home visiting programs may also educate parents about child development, health, nutrition and safety.

Service Descriptions, Service Delivery Requirements and Guidelines

The following section provides descriptions and service delivery requirements/guidelines for the most frequently identified service needs. Proposals may include services/activities not included on the list however, they must meet the basic service delivery requirements for the program area as described in Section C.

Service/Activity	Description
<i>Adoption Promotion Services</i>	<p>Activities designed to encourage and support adoption out of the foster care system, when adoption is in the best interest of the child(ren). These may include, but are not limited to:</p> <ul style="list-style-type: none"> • Counseling services to assist families pre-, during, and post-adoptive placement • In-home follow up • Behavior management • Stress management • Crisis intervention • Peer support for adoptive parents, children and/or teens • Respite care
<i>Ancillary Services</i>	<p>Supports and services provided in addition to core services that address the unique needs of families. May include, but are not limited to:</p> <ul style="list-style-type: none"> • Childcare to remove barriers to caregiver participation in activities required to meet service plan goals • After school supervision and enrichment activities • Temporary respite care for parents and other caregivers • Transportation assistance to remove barriers to service accessibility • Emergency assistance • 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 • 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
<i>Behavior Management Services</i>	<p>A plan of specific interventions and strategies that is developed as a component of an individualized action plan to provide the caregiver or the child with guidance in affecting prescribed changes and outcomes in the child's behavior, attitude or coping ability that will positively impact family functioning.</p>
<i>Case Management</i>	<p>Case management involves working with families to establish goals, creating plans to achieve the goals, coordinating services to meet needs identified in assessments, monitoring progress toward achievement of goals, and closing cases when goals have been achieved. Includes:</p> <ul style="list-style-type: none"> • Convening the family at regular intervals to assess progress, and mobilize other family members and community resources to assist families in meeting goals • Ongoing assessment and evaluation of the effectiveness of services to address identified family needs <p><i>Evaluation should include pre- and post-service measures to demonstrate change in attitude, behavior or skills</i></p> <p>Case management may include, but is not limited to, participation in family team and/or multi-disciplinary meetings, IEP's, citizen panel reviews, permanency and/or case plan reviews.</p>

	<p><i>Note: PSSF limits case management fees to no more than 20% of the total cost of services.</i></p>
<p><i>Child/Family Assessments</i></p>	<p>A process in which information is gathered, analyzed, and synthesized to determine strengths and needs of the family, parent, child, and community. Assessment is used to identify appropriate services and to develop a case plan to reduce risk of child abuse and neglect and promote safety, permanency, and well-being of a child.</p> <p>Formal assessment typically occurs with families that are experiencing challenges in parenting and are in need of intervention services. However, a comprehensive assessment may not be needed and often is not formally conducted in family support programs. In family support and preservation services, the worker assists the family in identifying strengths, needs, and current resources in order to formulate a plan to address their concerns and help them achieve their goals - whether help is needed and what type, the strengths and resources the family has to build upon, and what next steps will best assist the family. Assessment is an ongoing process that may take a number of different forms, but always with the family at the center of the process.</p> <p>Assessments should be completed prior to or at the commencement of services and should identify individual and family strengths and needs in order to facilitate the development of an individual service plan that will be utilized in the monitoring and evaluation of family progress while services are provided. Assessment may utilize a standard assessment tool or use one developed to address the unique circumstances of the target population being served.</p> <p>At a minimum, assessment should include an examination of the following areas that impact family functioning:</p> <ul style="list-style-type: none"> • Living conditions • Financial conditions • Caretaker supports and resources • Health (caretaker and individual family members) • Housing • Education and employment • Transportation • Caregiver coping skills • Parenting capacity and skills <p>Resources: http://www.childwelfare.gov/systemwide/assessment 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/FamilyFocused/InThisSection/FamilyAssessment.aspx Adult Adolescent Parenting Index (AAPI) - https://www.assessingparenting.com/assessment/aapi Parenting Stress Index (PSI) - http://www.friendsnrc.org/evaluation-toolkit/compendium-of-annotated-tools/tools-by-alphabetical-listing</p>
<p><i>Childcare</i></p>	<p>Quality childcare services enhance child development and provide support for all parents, including those at risk of abusive behavior. Childcare may be provided for a specified period to:</p> <ul style="list-style-type: none"> • Facilitate caregiver participation in program activities • Enhance child abuse and neglect prevention efforts, such as after-school supervision • Provide short-term emergency childcare in the absence of resources to meet a temporary immediate need while a long-term childcare solution is identified

<i>Child Development Screening</i>	<p>Children with disabilities are at high risk for abuse and neglect and are more likely to experience maltreatment than children without disabilities. Developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis for potential developmental delays.</p> <p>Screening results in earlier detection of delays and improved health and well-being for identified children. When delays are detected, parents can be provided with information about what to expect in their child's development, how they can promote development, and the benefits of monitoring development. Such guidance promotes positive parent-child relationships, reducing the occurrence of child abuse and neglect.</p> <p>Child development screening must be based on a recognized evaluation protocol.</p>
<i>Client Transportation</i>	<p>Client transportation provided to:</p> <ul style="list-style-type: none"> • Facilitate parent, caregiver or child participation in on-site services • Assist families without transportation to access community resources <p>All persons who transport clients MUST:</p> <ul style="list-style-type: none"> • Be at least 18 years of age. • Have undergone a criminal background check and received an OIS fitness determination in compliance with PSSF guidelines. • 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. <p>May also include provision of bus passes or reimbursement for other public transportation.</p>
<i>Comprehensive Discharge Planning</i>	<p>Two to three months of pre-discharge planning that includes identification of supports and services needed to successfully support families' efforts to maintain children in their homes</p>
<i>Concrete Services or Emergency Aid</i>	<p>Many factors affect a family's ability to care for their children. Families who cannot meet their own basic needs for food, clothing, housing, and transportation—and who don't know how to access essential services such as childcare, health care, and mental health services to address family-specific needs are at higher risk for child abuse and neglect.</p> <p>Temporary assistance may be provided to families when unemployment, lack of budget management or low income creates stress that affects caregiver ability to provide and/or care for their children. Not intended for long-term support, concrete services may include, but are not limited to:</p> <ul style="list-style-type: none"> • Temporary shelter • Temporary childcare • Rental assistance • Utilities assistance • Food <p>Non-essential expenses such as cable, cell phones, and internet services are not allowable.</p>

<i>Crisis Intervention Services</i>	<p>Intensive, family-centered crisis intervention services seek to stabilize the family—helping the family ensure all members are safe, giving the family the tools needed to care for and protect their children, improving family functioning, and building connections to support networks in the community.</p> <p>Crisis intervention services share the same characteristics as other family-centered services, however, they are delivered in a more intensive and targeted manner, they focus on families at greater risk of disruption, and they are short term. These services are available to families 24 hours a day, 7 days a week for 3 to 6 months.</p> <p>Services are provided by clinically licensed professionals, carrying caseloads not to exceed 10 families to allow for an intense level of interaction between worker and family and to provide maximum monitoring for safety. Services should be available in the home or other environments accessible to the family.</p>
<i>Educational Supports</i>	<p>Supports and services provided to improve educational outcomes. May include group instruction, GED classes, SAT preparation, etc.</p>
<i>Effective Discipline</i>	<p>Training that provides the caregiver with strategies that improve family functioning by encouraging the consistent use of effective interventions and alternatives to the use of corporal discipline.</p>
<i>Employment Training/ Job Skills</i>	<p>The cycle of poverty can have a long-term effect on children, contributing to and exacerbating child maltreatment, mental illness, substance abuse, homelessness, and other problems that create barriers to obtaining and maintaining employment as an adult. Education and job programs aimed at enhancing family economic success require workforce development, family economic supports, and community investment. An integrated system of social services and welfare services can help decision-makers identify the services needed to help families meet employment and income goals.</p> <p>Instruction and/or supports provided to youth or adults, individuals or groups, designed to enhance skills, support and encourage individual goals and improve employment opportunities.</p>
<i>Enrichment Activities</i>	<p>Activities designed for children and youth that provide opportunities to participate in constructive age-appropriate group experiences under adult supervision. This includes activities that provide opportunities for constructive social experiences and leisure time opportunities. These services are directed at improving individual functioning in personal and social communications, offering opportunities for self-expression, and minimizing isolation.</p>
<i>Family Life Skills</i>	<p>Classes or individual instruction designed to help individuals improve basic living skills such as budgeting, managing a household, computer literacy or any other area that assists the caregiver in becoming more self-sufficient.</p>
<i>Family Team Meetings (FTM)</i>	<p>Forums convened by DFCS as a component of diversion or family preservation cases to identify family resources, evaluate child and family progress, modify steps and services that are not effective, and address re-emergent concerns to facilitate achievement of case plan goals.</p>

<i>Fatherhood Initiative or Father Engagement Programs</i>	<p>There is no one fatherhood program model—some are informal support groups started locally and that meet sporadically, some address the special issues that affect fathers parenting special needs or adopted children, others are structured to work with fathers holistically to address stressors or behaviors that can affect their abilities to support their children emotionally and financially (such as unemployment, noncustodial, or long-distance dads), and still others work with incarcerated fathers or those involved in family violence.</p> <p>Services are designed to increase the proportion of children growing up with involved, responsible, and committed fathers. This may include, but is not limited to, facilitated individual classes or workshops for fathers or structured group or one-on-one socialization and recreational activities that involve fathers and their children.</p>
<i>Follow-Up Services</i>	<p>On-going supportive contact to monitor family progress. May include home visits, drop-ins, on-site appointments, and/or telephone contact.</p>
<i>Foster Care Support Services</i>	<p>Services provided to families and children transitioning to or from temporary placements to reduce the trauma of placement and improve the likelihood of a successful transition to permanency, including youth aging out or who have aged out of foster care. These may include, but are not limited to:</p> <ul style="list-style-type: none"> • Counseling • Peer support • Mentoring • Behavior management • Crisis intervention
<i>Healthcare Screening/Services</i>	<p>Healthcare screening or services for specific child or caregiver health-related problems (physical, mental or developmental) or for specific tests for service eligibility such as drug screens.</p>
<i>Healthy Marriage / Co-Parenting Programs</i>	<p>A father who has a good relationship with the mother of their children is more likely to be involved and to spend time with their children and to have children who are psychologically and emotionally healthier. Similarly, a mother who feels affirmed by her children's father and who enjoys the benefits of a happy relationship is more likely to be a better mother. Indeed, the quality of the relationship affects the parenting behavior of both parents.</p> <p>There are at least two characteristics that all healthy relationships have in common. First, they are mutually enriching, and second, both partners have a deep respect for each other. It is a mutually satisfying relationship that is committed to ongoing growth, the use of effective communication skills and the use of successful conflict management skills.</p> <p>Goals of a healthy marriage/co-parenting program:</p> <ul style="list-style-type: none"> • Increase the percentage of children who are raised by two parents in a healthy relationship • Increase the percentage of couples who are in healthy relationships • Increase the percentage of couples who are equipped with the skills and knowledge necessary to form and sustain a healthy relationship • Increase the percentage of youth and young adults who have the skills and knowledge to make informed decisions about healthy relationships including skills that can help them eventually form and sustain a healthy marriage • Increase public awareness about the value of healthy marriages and the skills and knowledge that can help couples form and sustain healthy relationships

	<ul style="list-style-type: none"> • Increase the percentage of women, men and children in homes that are free of domestic violence <p>Resources: Marriage Education Curriculum Assessment Guide - 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/Content/CURRICULA/ProSAAM.htm</p>
<i>Individual Service Plan</i>	<p>Based on the results of a child/family assessment completed at intake, an individual service plan 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:</p> <ul style="list-style-type: none"> • 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 change is needed • How progress will be assessed
<i>Information & Referral Services</i>	<p>Families need assistance in identifying and accessing resources to meet basic needs and in securing community-based family supports. Child welfare and community-based providers can work together to improve outcomes for families by referring clients to family resource programs and providing linkages between programs that serve the same clients. Information and referrals services facilitate the access and utilization of community-based resources by families to meet immediate needs and for long-term family support.</p> <p>May include, but are not limited to:</p> <ul style="list-style-type: none"> • 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

	Includes the identification and coordination of referrals and <u>monitoring</u> of resources for responsiveness and effectiveness in meeting the family needs.
<i>Leadership and Social Skills</i>	Activities that promote positive behavior and discourage negative behavior among youth. These services help develop positive self images, dealing with peer pressure, and effective decision-making that lead to productive adults.
<i>Legal Advocacy</i>	Advocacy services provided by a CASA or GAL representing the best interests of a child in deprivation proceedings.
<i>Legal Counseling/Services</i>	Legal consultation provided to a family or individual engaged in child deprivation, child custody or permanency proceedings.
<i>Legal Guardianship Services</i>	<p>To promote permanency and maintain family connections, caretakers can assume legal guardianship of a child in out-of-home care without termination of a child's parents' rights, as is required for an adoption. Legal guardianship is more durable than a simpler transfer of custody to caretakers.</p> <p>Services designed to encourage and support legal guardianship by relative caregivers may include, but are not limited to:</p> <ul style="list-style-type: none"> • Legal services • Advocacy • Counseling • Parent education • Behavior management • Stress management • Crisis intervention • Peer support for caregivers, children and/or teens • Respite care
<i>Mentoring Services</i>	A structured, managed program where children, youth or adults are appropriately matched with screened and trained volunteers for one-on-one relationships, involving meetings and activities on a regular basis. It is intended that these relationships meet, in part, the need for involvement with a caring, supportive and positive role model.
<i>Parent/Child Enrichment Activities</i>	Facilitated group activity such as a field trip, parent/child dinner, holiday gathering, etc. sponsored and coordinated to facilitate positive parent and child interaction.
<i>Parent Education /Parenting</i> <ul style="list-style-type: none"> • <i>In-home</i> • <i>Center-based</i> 	<p>Parent education programs are community-based services that support parents in their roles as caregivers. Parent educators help parents strengthen their skills and knowledge of child development, prepare young children for school, and cope with behavioral challenges of children and adolescents. Over time, these programs may help prevent child maltreatment, reduce developmental delays, and enhance parent effectiveness.</p> <p>Parent education focuses on enhancing parenting practices and behaviors, such as developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction between parents and children, and locating and accessing community services and supports. Their goal is to promote parental competency and strengthen family life, to enhance healthy child and family development.</p>

	<p>Curriculum-based parent education/parenting skills training may be provided to caregivers in the home or facilitated in an interactive group setting conducted at a community-based facility.</p> <p>Resources:</p> <p>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 Nurturing Fathers Program - http://nurturingfathers.com National Safe Care Training and Research Center - http://chhs.qsu.edu/safecare/</p>
<i>Parent Leadership</i>	Parent participation in the development, planning, implementation and/or evaluation of programs designed to promote caregiver self-awareness, leadership and community activism.
<i>Peer Support Groups</i>	Peer support groups help participants overcome feelings of isolation, develop support systems, foster self-acceptance and promote a sense of community. In facilitated support groups, participants with a common objective or circumstance give as well as receive help, share effective coping strategies, and expand their resources for ongoing support.
<i>Post-Adoption Services</i>	<p>Adopted children and their families can potentially benefit from services provided after the adoption is finalized. Post-adoption services range from informal meetings or support groups among adoptive families to formal respite care programs or residential programs for adopted children and youth. These services may include educational and informational services, clinical services, material services, and/or support services.</p> <p>Post-adoption services may include, but are not limited to:</p> <ul style="list-style-type: none"> • Adoption camps/camp scholarships • Parent education • Educational supports • Family and individual therapy • Mentoring • Counseling • Information and referrals • Respite care • School advocacy • Support groups for adopted children, parents and siblings • Visits for siblings being raised apart • Legal resources
<i>Residential Aftercare Services</i>	Pre-reunification and post-placement supports and/or services provided to a family, on-site, in the home or at a residential center to facilitate the transition of the family or individual from residential treatment program to another setting.
<i>Respite Care</i>	Temporary relief is provided to primary caregivers to reduce stress, support family stability, prevent abuse and neglect, and minimize the need for out-of-home placement. Respite care is a vital support to families with children, including foster, kinship, and adoptive families as well as birth families experiencing challenges associated with parenting under stressful conditions.
<i>Stress/Anger Management</i>	Services or training to address the source and impact of stress on family functioning and practical application of coping mechanisms.

<i>Substance Abuse Recovery Support</i>	Services provided to a family, individual or group to prevent relapse and continued use of controlled substances.
<i>Substance Abuse Treatment</i>	Professional treatment plan developed and executed for the express purpose of rehabilitation of an individual who has a dependency on either drugs or alcohol. Structured time-limited goal-oriented services are provided in a clinical setting (in-patient or out-patient) to assist a child and/or parent or guardian in reaching and maintaining drug- and alcohol-free lifestyles. This may include counseling, medical/remedial services, pharmacological intervention, social, education, and rehabilitative services.
<i>Supervised Family Visitation</i>	Structured family interaction and enrichment activities conducted in neutral community-based settings for children in foster care and their families to facilitate permanency. Visits are designed to establish or sustain parent, child and sibling relationships and to facilitate the achievement of timely and permanent reunification. Purpose of each visit is based on written visitation plan and should include a pre-visit and 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.
<i>Therapeutic Counseling</i>	Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues. Such services include the evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. May be provided to an individual, family or a group.
<i>Tutoring</i>	Instruction provided to children, youth or adults, individuals or groups, designed to enhance skills, support and encourage individual goals and improve educational outcomes and/or improve employment.



Budget Guidelines

Listed below are expense descriptions that may be used in the preparation of the budget in determining total costs for proposed services. Ineligible expenses are listed as well for your reference.

Indirect costs, such as rent, insurance, audit, etc. should not exceed 25% of total program cost. Budget narrative MUST demonstrate appropriateness of indirect expenses both proportionate and relevant to services/activities.

ELIGIBLE EXPENSES

Category	Expense	Description
Personnel Services	Salaries/Fringe Benefits	Employee wages (hourly and salaried) and employee benefits, health insurance, FICA, etc.
Regular Operating	Advertising	Costs associated with marketing and promoting services such as flyers, posters, newspaper ads
	Audit	Costs associated with the audit of PSSF program component
	Childcare	Childcare to facilitate participation in services
	Client Transportation	Vehicle operating costs associated with the transportation of families or leasing costs of a vehicle expressly for the purpose of transporting clients
	Computer Software	Software programs that support service activities
	Consumer Support	Expenses associated with meetings such as room rental and refreshments
	Insurance/Bonding	Costs associated with fidelity bonds on employees, coverage on property and commercial and professional and liability coverage
	Maintenance	Costs associated with maintaining equipment used to support program services or site where services are provided
	Miscellaneous	Criminal background checks of PSSF staff and volunteers
	Postage	Postage costs related to activities such as communication with families, filing reports or marketing of services
	Printing	Printing costs for program materials
	Staff Transportation	Transportation expenses incurred in the delivery of services to families
	Subscriptions/Memberships	Costs associated with educational or professional publications or organizational dues required to support program services
	Supplies	Materials used in the provision of services such as books, paper, toys, games, etc.
Training/Conferences	Registration or enrollment fees associated with a training class, course or conference that enhances the provision of services and provides professional development opportunities	
Travel		Staff expenses for meals, lodging, and mileage for training and/or conferences
Facility Costs		Costs related to use of facility housing program administration and/or location where services are provided
Per Diem, Fees and Contracts		Costs associated with agreements for specific service delivery evidenced by a written agreement for services or activities with a subcontractor, professional services, technical assistance or temporary labor or services
Tele-communications		Costs associated with installing or maintaining a telephone line for phone or fax use or maintaining communication for the purpose of service delivery

INELIGIBLE EXPENSES

Childcare	Childcare provided for any other purpose other than to facilitate the participation of the caregiver in support services
Equipment*	Televisions, VCR's, cameras, telephones, laminating machines, fax machines, copy machines, computers or printers. In addition, funds cannot be used for administrative office equipment
Furniture*	Purchase of office furniture
Indirect Costs*	Flat rates to cover administrative costs which are not spelled out such as a fee for administrative services charged by an agency for program oversight
Land/Buildings	The purchase or partial purchase of land or any type of building
Major Renovations/ Building Projects	Structural changes or extensive alteration of facility
Outdoors	Landscaping services, yard maintenance, fences or driveway/parking lot paving
Utilities*	Electricity, natural gas, fuel oil, water and sewage charges
Vehicles*	The purchase of a vehicle or the maintenance expenses of a vehicle
* Although these expenditures are not acceptable uses of Promoting Safe and Stable Families Program funding, their expenditure may be used to meet the match requirement.	

All costs included in Budget must be associated with providing proposed services or activities. Allocation of an expense CANNOT exceed the extent to which it is consumed/utilized/incurred/required as a result of providing or to deliver the proposed services or activities.

Section F Forms

All forms MUST be downloaded from www.pssfnet.com, Funding Opportunities.

All forms MUST be submitted electronically with proposal.*

Contact pssfproposal@caresolutions.com for assistance if you experience problems with any of the following and are unable to resolve them:

- Downloading blank forms to your computer from the website
- Entering information in one of the forms
- Uploading forms when submitting your proposal

Includes samples of:

Form #1 – Application Cover

Form #2 – Service Description

Form #3 – Service Delivery Schedule

Form #4 – Budget

Form #5 – Disaster Plan

* Special note for Mac users: Because of an issue with fillable pdf's completed in Adobe on Macs, you will need to print and then scan Forms #1, 2&5 after they have been completed to avoid problems with transmission.

Form #2 - SERVICE DESCRIPTION

Complete a Service Description form for each service listed in response to Proposal Narrative Question #1.

Service/Activity: Parent Education	Unit Cost: \$ 52.00	Total Units per Year: 720
Description: Using the Parents as Teachers curriculum, the Family Support Worker will visit each family monthly for 6-9 months. Pre- and post-tests will be given to evaluate increase in parenting knowledge and determine if further supports are needed.		

Service Unit Delivery			
Duration – Identify length of direct contact for one service unit. Choose one.		Availability - When will you offer this service or activity? Check all that apply.	
1 hour <input checked="" type="radio"/>	2 hours <input type="radio"/>	Other (specify) <input type="radio"/>	Daytime <input checked="" type="checkbox"/>
			Evenings <input type="checkbox"/>
			Weekends <input checked="" type="checkbox"/>
			Other (specify) <input type="checkbox"/>
Frequency – How often will service be provided? Check all that apply.		Location – Where will service or activity be provided? Choose one.	
Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Monthly <input checked="" type="checkbox"/>	Other (specify) <input type="checkbox"/>
		In home <input checked="" type="radio"/>	Other (specify) <input type="radio"/>
Participants			
Identify and describe the participants receiving this service. Be specific.		To whom will you provide this service? Choose one.	
Parents with children 0-5 in Houston County and surrounding areas that are referred through hospitals, DFCS and other community agencies and identified as at risk		An Individual <input type="radio"/>	A Family <input checked="" type="radio"/>
		A Group <input type="radio"/>	If group, how many in each group?
		Length of Service	
		How many months will you provide this service to participant? 6-9	
Staff Qualifications			
Identify primary staff providing this service and provide applicable qualifications:			
	Employee <input checked="" type="checkbox"/>	Volunteer <input type="checkbox"/>	Subcontractor <input type="checkbox"/>
	Title or Position: Family Support Worker	Role:	Agency/Individual:
Education:	Bachelors in Early Childhood Education		
Experience:	Has worked with at-risk families for 7 years through both center-based services and home visitation		
Special Training:	PAT training		
Service Objectives & Outcomes			
Describe objectives and expected outcomes as a result of participation in this service or activity.			
Service Objective		Measurable Outcomes	
1. Increase parenting knowledge		Improved scores from pre-test to post-test	
2. Improve parents' ability to identify and access resources		Parents will contact and use at least one community-based resource	
Agency Name: Parent Resources of Houston County, Inc.		Program ID #: (continuing programs only) 788-1122	
Program Name: PAT Program		Date: 7/10/2011	

Form #3 - SERVICE DELIVERY SCHEDULE

Each service listed in response to Proposal Narrative Question #1 should be listed below and have a corresponding Service Description form.

	Service/Activity	Average Units per Month	Unit Cost (per Service/Activity)	Total Units per Year	Total Cost Per Year *
	Assessment - 3 hrs	3	\$ 125.00	30	\$ 3,750.00
	Parent Education - 1 hr home visit	60	\$ 62.00	720	\$ 37,440.00
	Case Management - 1 hr per case per mo	30	\$ 40.00	360	\$ 14,400.00
	Information & Referral - .5 hr	60	\$ 28.00	720	\$ 20,160.00
	Parent /Child Activities - 2 hr activity	3	\$ 61.25	40	\$ 2,450.00
	Parent Support Groups - 1.5 hrs	2	\$ 75.00	24	\$ 1,800.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

*** Important note: The "Total Cost per Year" column will automatically calculate after "Unit Cost per Service" and "Total Service Units per Year" have been entered. Please do not enter data into the "Total Cost per Year" column.**

Total Program Cost	\$ 80,000.00
75% Federal Award Request	\$ 60,000.00
25% Cash Match Contribution	\$ 20,000.00

Agency Name: Parent Resources of Houston County, Inc.	Program ID#: 788-1122
Program Name: PAT Program	Date: 7/9/2011
Prepared by: Paula Jackson	Email: pjackson@PHRC.org

Form #5 – DISASTER PLAN QUESTIONNAIRE

Respond to each of the following questions pertaining to your agency's plan in the event of a disaster, natural or otherwise. DO NOT submit your program's master disaster plan; ONLY respond to the questions below that are applicable to your operations.

Agency: Parent Resources of Houston County, Inc.		
Address: 824 Scott Boulevard		
City: Warner Robins	State: GA	Zip: 31088

1) Provide name, title, cell phone and email address of the contact person for your agency in the event of a disaster.

Jennifer Anderson, Executive Director, 478-881-8811, janderson@PRHC.org

2) If you provide services to children at your site or at a site other than their home, identify the location where children would be transported to in the event of a disaster. Include name (if applicable) and physical address. *If you do not provide services to children indicate "N/A" and skip to question 5.*

Children will be transported to nearby Warner Robins YMCA, 1234 Yorktown Avenue, Warner Robins, GA 31088

3) Identify the method of transportation that would be utilized to relocate children to the above listed location in the event of a disaster. *If you do not provide services to children indicate "N/A" and skip to question 5.*

Will use company van

4) Briefly describe your agency's plan, if any, to continue providing services to the children in the event of a disaster. *If you do not provide services to children indicate "N/A" and skip to question 5.*

We will continue to hold support groups and provide parent/child activities at the YMCA if our building is unavailable for services.

5) Briefly describe your agency's plan to provide services to new child welfare clients in the event of a disaster.

As new referrals are received, families will be contacted as soon as possible after communications are restored. Visits to homes to assess family needs and determine service plan will begin as soon as travel is possible.

6) Briefly describe your agency's plan to remain in contact with caseworkers and other essential child welfare personnel in the event of a disaster.

We will contact DFCS by email and cell phone regarding our plans to continue serving clients and let them know of our new location.

7) Briefly describe your agency's plan to preserve essential records in the event of a disaster.

All paper records are kept in fireproof cabinets, and computer records are backed up nightly at an offsite location.

8) Briefly describe your agency's plan to coordinate services and share information with other agencies in the event of a disaster.

All agencies with which we coordinate services for families will be contacted by email and phone to determine the best course of action for continuing services with clients. If possible, we will aid in transporting families to other agencies.

