Georgia Division of Family & Children Services

Promoting Safe and Stable Families Program

FFY2020 Statement of Need (SoN)

PROPOSAL GUIDELINES

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

Release Date: March 5, 2019

Bidders Meeting: March 7, 2019

Attendance is Mandatory

Clarence Brown Conference Center
5450 HWY 20
Cartersville, GA 30121
9:30am - 1:00pm

Proposal Submission Deadline:
April 11, 2019 – NOON EDT

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

ANNOUNCEMENT

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

Summary: PSSF Funding Opportunity Announcement (FOA)

Federal Fiscal Year: 2020

CFDA Number: 93.556

CFDA Number Description: Promoting Safe and Stable Families Program

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

Maximum Awards: **$75,000.00** (New programs are limited to a federal award request of $37,500.00)

Posting Date: March 5, 2019 at www.pssfnet.com - Funding Opportunities

Mandatory Bidders Meeting: March 7, 2019

Application Due Date: April 11, 2019 at NOON EDT

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

Estimated Start Date: October 1, 2019

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

Additional Eligibility Information: Non-profit applicants must be registered and in active compliance status for 2018 with the Georgia Secretary of State's Office. Faith-based and community organizations that meet eligibility requirements are eligible to receive awards. Individuals, sole proprietors, foreign entities and for-profit organizations are not eligible to compete for, or receive, awards made under this announcement.

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

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	• Form #10 - DFCS Acknowledgement	

- Form #11 - E-Verify Affidavit
- Form #12 - Budget Narrative

Templates

- Corporate Resolution (non-profits only)
- Authorization to Enter into Contract (public entities only)

Examples

- Form #1 - Application Cover
- Form #4 – Services “S3” only
- Form #5 - Service Delivery Schedule
- Form #6 - Budget
- Form #8 - Cash Match Commitment
- Form #9 - Criminal History Investigation
- Form #11 – E-Verify Affidavit
- Form #12 – Budget Narrative
- Certificate of Insurance
- Corporate Resolution (non-profits only)
- Authorization to Enter into Contract (public entities only)

All forms must be downloaded from website, completed, saved and identified as directed in Section D.

Timeline

Event	Date
Release Date	March 5, 2019
MANDATORY Bidders Meeting *Attendance is **mandatory** for agencies/organizations interested in submitting a proposal for funding. User names and passwords required to electronically submit proposals will only be distributed at Bidders Meeting.* Location: Clarence Brown Conference Center, 5450 HWY 20, Cartersville, GA 30121 Registration for the Bidders Meeting is not necessary.	**March 7, 2018** **9:30am – Noon** *First time applicants' session from Noon – 1:00pm*
SoN Technical Assistance Period	March 7-15, 2019
Proposals Due *Upload of proposal and all documentation as required must be completed by deadline.*	**Tuesday, April 11, 2019** **NOON EDT**
Proposal Review	April/May 2019
Award Notification *Please include communications@pssfnet.com in the "Trusted Senders", "Safe Senders" or "Whitelist" in your email system as award notices will be sent from this address.*	June 2019
Contract Distribution and Execution	Begins July 2019
Contractors Meeting *Attendance is **mandatory** for all contractors. Date and location information will be distributed with award notification announcement.*	September 2019
Contract Period *Contract start date is October 1, 2019. Expenses incurred prior to the effective start date are ineligible for reimbursement.*	October 1, 2019 – September 30, 2020

SECTION A

PSSF Statement of Need

Purpose

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

Child Welfare Goals

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

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 and connections 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.

Use of Funds

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

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

PSSF Family Preservation services are provided to families that come to the attention of child welfare because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict so that families at risk or in crisis can be preserved and children safely maintained in their homes when families receive intensive support and therapeutic services to improve family functioning and stability, as an alternative to placement in out-of-home care.

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

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

Source of Funds

CFDA 93.556 Social Security Act, as amended, Title IV, Part B, Subpart 2; Omnibus Budget Reconciliation Act 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.

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

General Information

Who May Apply:	• **Non-profit organizations, state, county or city government agencies, institutions, and other public entities ONLY** • **For-profit agencies are ineligible.** Proposal MUST be submitted by the entity that will perform the proposed services. Applicant must have a minimum of 2-3 years experience serving at-risk families. **Applicant MUST attend MANDATORY Bidders Meeting on March 7, 2019 in order to submit a proposal.**
Award Limits:	Federal award request for any single proposal **may not exceed $75,000.00** with a total cost of $100,000.00 including 25% cash match contribution. **New programs are limited to a federal award request of $37,500.00 ($50,000.00 total cost including 25% cash match contribution). This limit also applies to new programs proposed by current providers.**
Proposal Limits:	**First-time applicants may only submit one proposal.** Maximum number of submissions from any single agency/organization is three proposals. Applicants submitting more than one proposal must demonstrate that the agency has the capacity and resources to meet all programmatic and contract requirements, including aggregate cash match requirement. Each proposal may only include services for a single service model in one of the following program areas: • PSSF Family Support • PSSF Family Preservation • PSSF Family Reunification • PSSF Adoption Promotion and Post-Permanency Support
Cash Match:	Applicants must provide a **non-federal cash match of 25% of the cost of services**. For example, proposals with a total cost of $60,000 would require a $15,000 cash match for a federal award of $45,000. Cash Match Commitment (Form #8) identifying non-federal source of cash match is a proposal requirement.
Subcontractors:	In the event that applicant intends to subcontract any proposed services to another registered legal entity (non-profit, for-profit or public entity), this must be disclosed in the proposal and is subject to review and approval by DFCS during the selection process and thereafter in the event that a proposal is selected. Applicant cannot subcontract more than 49% of proposed services. This provision does not apply to services contracted to an individual such as a licensed therapist or parent educator. Applicant is responsible for monitoring and supervising the delivery and quality of services provided by subcontractors in addition to ensuring that they meet all applicable contract and service delivery requirements.

Submission Requirements & Deadline:	**Proposal Submission Deadline: Thursday, April 11, 2019 – NOON EDT** Applicant is required to prepare and format proposal and additional documentation as described in Section D. Applicant MUST obtain a username and password at the mandatory Bidders Meeting on March 7, 2019 in order to submit proposal electronically. Only electronic submissions are accepted. Mailed or faxed proposals or partial proposals will not be accepted. Usernames and passwords required to upload proposal to secure website will only be distributed at the MANDATORY Bidders Meeting on March 7, 2019. Failure to upload ALL required proposal documents to secure website by the April 11, 2019 NOON deadline will result in disqualification of the proposal. *Please note: Time needed to upload proposals varies and is dependent upon various factors including your internet provider transmission speed. Allow enough time to upload all documents before the deadline.*

Proposal Review:

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

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

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

1. Application Cover
   MUST *be signed. Electronic signatures not accepted.*
2. Current Contractor Report: FFY2019 Contractors ONLY
3. Narrative including:
   - Proposal Overview
   - Needs Assessment
   - Organizational Information
   - Referrals, Engagement & Linkages
   - Quality Assurance, Continuous Quality Improvement & Evaluation
4. Services
5. Service Delivery Schedule
   MUST *include all required service elements for chosen service model and be consistent with services described in Services, Form #4.*
6. Budget
7. Budget Narrative
8. Disaster Plan
9. Cash Match Commitment - ***MUST*** *be signed and notarized*
10. Criminal History Investigations Certification - ***MUST*** *be signed and notarized*
11. DFCS Acknowledgement of Intent to Submit Proposal - ***MUST*** *be signed*
12. Notarized E-Verify Affidavit - ***MUST*** *be signed and notarized*
13. Federal Excluded Parties List Screenshot
    MUST *confirm current, active registration indicating no active exclusions*
14. Secretary of State Screenshot (Non-profits ONLY)
    MUST *confirm 2019 filing as an active, compliant non-profit registered in Georgia*
15. Insurance Certificate (Non-profits ONLY)
16. Certified Corporate Resolution (Non-profits ONLY) - ***MUST*** *be signed and sealed or notarized*
17. Authorization to Enter into Contract (Public entities ONLY) - ***MUST*** *be signed and notarized*

Qualitative Review

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

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

Proposals that do not meet the evidence-based standards required will not be considered for PSSF FFY2020 funding.

Award Decisions & Notification:

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

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

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

A current PSSF contract does not constitute a commitment for continued funding. FFY2019 YTD contract compliance and performance and prior history with PSSF will be considered in final award decisions. Proposals submitted by FFY2019 contractors should be reflective of current contract performance as described on the Current Contractor Report, Form #2.

Applicants will be notified by DFCS of award decisions in June 2019. Local and regional DFCS offices will also be notified of the successful applicants in their respective counties. **Please include communications@pssfnet.com in the "Trusted Senders", "Safe Senders" or "Whitelist" in your email system as award notices will be sent from this address**. Applicants are encouraged to check the PSSF website, www.pssfnet.com for announcements.

Notification of selection does not constitute approval of the proposal as submitted. Prior to preparation of a contract, DFCS reserves the right to review the proposal and require revisions as necessary regarding level of funding, scope of services to be provided, delineation of deliverables, and other issues of concern to align the contract with PSSF objectives. DFCS further reserves the sole discretion to decline to fund proposals if the proposal does not develop into a timely and acceptable contractual arrangement within the parameters defined by DFCS.

Should proposals not be selected, additional information on the review process or feedback on how to improve future PSSF proposals can be requested by contacting Roger Hubbard, PSSF Grant Supervisor, roger.hubbard@dhs.ga.gov.

Distribution of Award:

PSSF contracts are fee-for-service agreements and not a grant. Payment is based on delivery of services as described on approved service plan.

Contractor is required to prepare monthly reports that include an invoice, a programmatic report and family services logs.

The agency should have sufficient capital to cover the cost of services outlined on the budget for the first 45 days after the commencement of the contract.

Contractor may be required to provide additional support documentation to DFCS prior to payment.

Contract Period:	October 1, 2019 (or date contract is fully executed by DFCS, if later than October 1, 2019) through September 30, 2020. PSSF contracts are negotiated as regional contracts. The County DFCS office identified as the primary service area in the proposal is responsible for their fiscal management, unless otherwise negotiated. Contract must be fully executed prior to commencement of service provision. Expenses incurred prior to commencement date of contract are ineligible. Services must commence by November 15, 2019 or within 45 days of contract commencement date. Failure to do so may result in termination of contract.
Technical Assistance:	SoN technical assistance will be available at the Bidders Meeting and from March 7 – 15, 2019. After the Bidders Meeting, additional questions must be submitted to PSSF by email to: SoN_TA@pssfnet.com A copy of all questions and responses will be posted on the PSSF website, www.pssfnet.com – Funding Opportunities, FFY2020 PSSF SoN Technical Assistance FAQs.
DFCS Program Contact:	Roger Hubbard PSSF Grant Supervisor roger.hubbard@dhs.ga.gov
PSSF Technical Assistance Contacts:	Deb Farrell PSSF Senior Technical Advisor debfarrell@pssfnet.com Lisa Evans PSSF Provider Support lisaevans@pssfnet.com

Expenses incurred in the preparation of this application are the responsibility of the applicant and are not eligible for reimbursement by the FFY2020 PSSF program.

Contract Eligibility & Requirements

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

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

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

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

Cash Match Commitment:	**Required for all Proposals** *See Section D for instructions on completing Cash Match Commitment (Form #8). Form is downloaded from website. Example is included in Section F.* Applicant **MUST** provide a notarized Cash Match Commitment (Form #8), identifying source and date of availability of cash match contribution, certifying that: • Matching funds do not include any federal funds • Funds will be provided in compliance with the terms of the contract • Funds derived from the PSSF contract will not be used to match other federal funding sources An "in-kind" match does not satisfy the cash match requirement and should not be included on the Cash Match Commitment form.
Criminal History Investigations:	**Required for all Proposals** *See Section D for instructions on completing Criminal History Investigations (Form #9). Form is downloaded from website. Example is included in Section F.* Applicant **MUST** provide verification that it conducts criminal history investigations in accordance with PSSF contract and: • Is registered with the Georgia Applicant Processing Services (GAPS) at https://www.aps.gemalto.com/ga/index.htm, and • Conducts criminal record background checks to obtain ***OIS Fitness Determinations*** on all staff, volunteers and/or subcontractors providing direct care, custodial or treatment responsibilities for children served with PSSF program funds pursuant to the provisions of O.C.G.A. §49-2-14.
Corporate Resolution:	**Required for Non-Profit Proposals ONLY** *See Section D for instructions. Template can be downloaded from website. Example is included in Section F.* Non-profit applicants **MUST** provide a certified copy of corporate resolution passed by the board of directors authorizing an officer of the non-profit organization to enter into an agreement with DFCS to provide proposed services in accordance with the terms of the contract, if awarded.

Authorization: **Required for Public Entity Proposals ONLY**
See Section D for instructions. Template can be downloaded from website. Example is included in Section F.

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

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

Insurance: **Required for Non-Profit Proposals ONLY**
See Section D for instructions. Example certificate is included in Section F.

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

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

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

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

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

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

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

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

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

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

Corporate Registration & 2019 Filing:	**Required for Non-Profit Proposals ONLY** *See Section D for instructions.* Non-profit organizations **MUST** upload a screenshot obtained from Georgia's Secretary of State website verifying that it is a registered, active, compliant, non-profit organization for 2019. Identification of applicant (agency or organization) and any signatories on all proposal and contract documentation MUST be consistent with how the entity and officers are identified on the Secretary of State registration screenshot.
Federal Excluded Parties List:	**Required for All Proposals** *See Section D for instructions.* Applicants **MUST**: 1) register with System for Award Management (SAM), the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. 2) provide a screenshot from the SAM website confirming that the entity is 'active', has no 'active exclusions' to prevent it from entering into a contract with DFCS, and has an expiration date later than May 1, 2019. Please note: There is NO fee to register; however, it may take several days after registering for website to be updated so that the required screenshot can be obtained. Entity MUST have a Dunn and Bradstreet (DUNS) # to register with SAM.
E-Verify Affidavit:	**Required for ALL Proposals** *See Section D for instructions.* All contractors will be required to complete a Contractor affidavit verifying its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the Department is registered with, is authorized to use and uses the Federal Work Authorization Program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Contractors will be responsible for obtaining and/or completing additional affidavits depending on their business structure. If a PSSF provider uses subcontractors, each subcontractor must complete a sub-contractor affidavit to also include in the contract. If any subcontractor uses a sub-subcontractor, then sub-subcontractor affidavits would also be required.

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

Performance Requirements and Contract Compliance

Service Delivery:	Delivery of contracted services must: • Utilize evidence-based strategies, practices or program models that have demonstrated their effectiveness in addressing the needs of the target population and achieving desired outcomes • Conduct a strengths-based family assessment prior to the commencement of services to determine family needs and priorities and develop an individualized family service plan • Be consistent with proposal, including service delivery method, staff qualifications, and staffing levels, unless otherwise expressly stated in the contract
Reporting:	Contractor is required to collect, document, maintain and report demographic, service and outcomes data regularly on all families/clients receiving services funded by PSSF in the dedicated web-based data collection system – PSSFWeb, as described in the online contractors' manual at www.pssfnet.com. Contractor is required to report significant changes in client information or placement status of an open case within 45 days. 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 DFCS/PSSF. Contractor is required to submit quarterly expenditure reports. Contractors should maintain detailed records to support reported expenses. Contractor is required to provide a description of their agency and program activities during the designated submission period and verify information for the online Family Service Resource Guide. Contractor will provide timely notification of changes in administrative, supervisory or program staff associated with the provision, monitoring, documentation and reporting of services to ensure that the transfer of knowledge to new staff is seamless, timely and accurate and that reporting requirements are met based on contract requirements.
Invoicing and Payments:	Contractor is required to prepare a programmatic report each month that includes an invoice for direct services provided to families. These reports must be submitted to local county DFCS offices each month for review and approval. County DFCS offices forward approved PSSF invoices to regional accounting for payment processing.
Staff Qualifications & Training:	Contractor is responsible for ensuring that staff qualifications meet standards outlined in Section C for identified services or service model throughout the contract period. Contractor must ensure that staff are sufficiently trained on PSSF services, service delivery, service objectives and reporting requirements. Contractor is responsible for ensuring that staff and volunteers are trained as mandated reporters per O.C.G.A §19-7-5. Contractor is responsible for ensuring that staff and volunteers receive Safe Sleep online training. Contractor is required to have a plan for ongoing training and staff development, including regular staff meetings for both professional and paraprofessional staff. Contractor is responsible for ensuring that appropriate supervision is provided for all staff and volunteers.

Relationship with local county DFCS and other referral sources:	Contractor shall: • Meet with county DFCS staff within first 30 days of contract period to prioritize and coordinate the delivery of services to families referred by county DFCS • Contact DFCS case manager or referring agent to obtain intake information, family history, recent family assessments and goals of the case plan or service plan, if applicable • Establish and maintain working lines of communication for referral, monitoring and reporting of clients' needs and outcomes with DFCS case managers and the courts to ensure provision of necessary services and maximize positive outcomes

SECTION B

Georgia Division of Family and Children Services Vision & Mission

Vision

Safe Children. Strengthened Families. Stronger Communities.

Mission

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

Guiding Principles/Values

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

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

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

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

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

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

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

PSSF objectives include:

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

PSSF Goals, Outcomes & Service Objectives

Proposals for PSSF funding must demonstrate that proposed services and service delivery support overall child welfare goals, DFCS goals, and PSSF goals and service objectives, as outlined below, and are effective in meeting those desired outcomes and objectives.

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.*	**FSS**	**FPS**	**TLR**	**APP**
Service Objectives	• To reduce the risk of child abuse and/or neglect	✓			
	• To increase the number of children living in violence- and drug-free homes	✓	✓	✓	✓
	• To enhance caregiver protective capacity to ensure child safety	✓	✓	✓	✓
	• To reduce the risk of repeat incidents of child abuse and/or neglect		✓	✓	✓
Goal:	**Permanency**				
Outcome:	*Children will have permanency and stability in their living situations.*	**FSS**	**FPS**	**TLR**	**APP**
Service Objectives	• To reduce the risk of the removal of children from the home	✓			
	• To prevent the removal of children from the home		✓		
	• To prevent the entry of children into foster care		✓		
	• To prevent the re-entry of children into foster care		✓	✓	
	• To reduce the length of time children are in foster care			✓	✓
	• To increase the number of children reunited with their families of origin			✓	
	• To increase the number of children who maintain connections with their families and communities		✓	✓	✓
	• To increase the frequency, consistency and quality of visits between children in foster care and their families			✓	
	• To ensure that children in foster care are appointed legal representation			✓	
	• To ensure that youth in foster care are well prepared to transition to adulthood/self-sufficiency and have lifelong connections with caring adults				✓
	• To increase the number of children who are adopted or for whom guardianship has been formalized				✓
	• To prevent adoption disruption or dissolution				✓
Goal:	**Well-Being**				
Outcome:	*Families will have enhanced capacity to provide for their children's needs.*	**FSS**	**FPS**	**TLR**	**APP**
Service Objective:	• To enhance caregiver capacity to provide for their children's needs	✓	✓	✓	
	• To increase the availability of, access to and utilization of community-based supports and services by families	✓	✓	✓	✓

PSSF Requirements & Service Delivery Expectations

Evidence-Based Practice

All proposals for PSSF services MUST utilize evidence-based practices, strategies or program models with a medium to high relevance to child welfare effective in addressing the needs of the target population and achieving desired outcomes.

The California Evidence Based Clearinghouse (CEBC) for Child Welfare is a formal online resource for child welfare professionals; researchers; policymakers; staff of public and private organizations and academic institutions; and others who are committed to improving outcomes for children and families. The CEBC is a key tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being. It provides simple, straightforward access to reviews and ratings of evidence-based practices relative to child welfare.

The Institute of Medicine (IOM) defines "evidence-based practice" as a combination of the following three factors: (1) best research evidence, (2) best clinical experience, and (3) consistent with patient values. These factors are also relevant for child welfare. The CEBC has adopted the IOM definition for evidence-based practice with a slight variation that incorporates child welfare language:

- Best Research Evidence
- Best Clinical Experience
- Consistent with Family/Client Values

PSSF has chosen to use the CEBC scientific rating scale to set its standard for eligible evidence-based strategies, practices or program models required for all FFY2020 proposals. In addition to demonstrating its effectiveness in meeting the objectives for the selected service model, proposed evidence-based strategies, practices or program models must have a medium to high relevance to child welfare, and have been rated:

- 1 - Well-Supported by Research Evidence,
- 2 - Supported by Research Evidence, or
- 3 - Promising Research Evidence by the CEBC.

Unless otherwise specified, proposals may include other evidence-based strategies, practices or program models provided the proposal can demonstrate that they meet the same or comparable standards.

Proposals that do not meet these standards will not be considered for PSSF FFY2020 funding.

Evidence-Based Home Visiting and Parent Education/Parent Training Models/Curricula

Parent education can be defined as any training, program, or other intervention that helps caregivers acquire skills to improve their parenting of and communication with children in order to reduce the risk of child maltreatment and/or reduce children's disruptive behaviors. 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.

<u>Eligible or Frequently Utilized Evidence-Based Models</u> *CEBC rating and relevance to child welfare noted in* ***( )***

PSSF Family Support Prevention and Early Intervention (FSS/PEI) proposals <u>are limited to</u> the following evidence-based parent education/parent training programs/curricula:

Incredible Years	
EB Practice Areas: • Parent Education • Parent Training • Disruptive Behaviors (1: med) www.incredibleyears.com/ **Target Population:** • Families with children aged 0-12 **Duration:** 18-28 weeks	• Parent education/support program and skills-based program for children delivered in a group setting. • Designed to promote social competence and healthy development. • Parent training intervention focuses on improving parenting practices, particularly related to positive discipline and communication, and encouraging parents' involvement in children's education. • Child training curriculum focuses on strengthening children's social and emotional competencies.
Nurturing Parenting Program	
EB Practice Areas: • Parent Education (3: high) www.nurturingparenting.com **Target Population:** • Parents and their children aged 4-12 **Duration:** • In-home sessions: 60-90 minutes weekly • Center- or group-based sessions: 2.5-3 hours weekly, for 12-23 weeks	• Parent education/support program delivered in a group setting or with at-risk families through home visits. • Curriculum-based parenting program to teach age-specific parenting skills along with addressing the need to nurture oneself. • The program focuses on developing nurturing skills as alternatives to punitive parenting practices. • The sessions are either group-based or in-home, include parenting instructions on discipline, nurturing, communication, and child development.
STEP: Systemic Training for Effective Parenting	
EB Practice Areas: • Parent Education (3: med) http://www.steppublishers.com/ **Target Population:** Parents of children aged 0-18 **Duration:** 60-90 minute weekly sessions for 7 weeks	• Parent education/support program delivered in a group setting. • Multi-component parenting education curriculum delivered to parents in discussion-focused group sessions. • Parents learn effective communication and positive discipline skills. • Curricula cover various parenting strategies that focus on the age of the child.
Triple P: Positive Parenting Program Levels 3, 4 and 5	
EB Practice Areas: • Parent Education • Parent Training • Behavior Management • Disruptive Behaviors (2: med) http://www.triplep.net/ **Target Population:** • Parents of children aged 0-16 **Duration:** Level 3 – Four weekly sessions Level 4 – Eight to 10 weekly sessions Level 5 – Up to 12 weeks, three sessions per week	• Multi-level program with components of parent education/support, home visiting and skills-based for children. • Level 3 – Direct intervention for parents of children with mild to moderate behavior difficulties. Includes skills training. • Level 4 – Intensive group parenting program for parents of children with more severe behavior difficulties. • Level 5 – Intensive individual family intervention program for families where parenting difficulties are complicated and other risk factors are present. • Program focuses on enhancing children's healthy social and emotional development by building the knowledge, skills, and confidence of parents. • Services can be provided individually or in a group.

<table>
<tr><th colspan="2">1-2-3 Magic</th></tr>
<tr><td>EB Practice Areas:
• Parent Education
• Parent Training
(3: med)
https://www.123magic.com/positive-parenting-solutions/1-2-3-magic</td><td rowspan="2">• Program can be used with average or special needs children.
• Focuses on helping parents control negative child behavior, encourage good child behavior, and strengthen the child-parent relationship.
• Parenting sessions are typically provided in a group format.</td></tr>
<tr><td>Target Population:
• Families with children aged 2-12
Duration:
1-2 sessions per week for 4-8 weeks</td></tr>
</table>

Although PSSF FSS/PEI programs are limited to the above evidence-based parent education/parent training programs/curricula, these may be incorporated into any PSSF proposal provided it is responsive to the needs of the target population.

Other evidence-based parent education/parent training programs/curricula may be utilized for service models in Family Preservation, Reunification or Adoption Promotion provided proposal demonstrates that it meets the established or comparable standards to the California Evidence Based Clearinghouse rating and relevance to child welfare.

PSSF Family Support Home Visiting (FSS/HVS) proposals are limited to the following evidence-based programs:

<table>
<tr><th colspan="2">Healthy Families</th></tr>
<tr><td>EB Practice Areas:
• Home Visiting
• Parent Education
(1: med)
www.healthyfamiliesamerica.org</td><td>Target Population:
• Families with children ages 0-5

Duration: Up to 3 years</td></tr>
<tr><td colspan="2">• Parent education/support program
• Prevention of negative birth outcomes, increased parenting skills, healthy pregnancy practices, and the use of social systems
• Designed to support parents and to promote healthy parent-child interaction and child development</td></tr>
<tr><th colspan="2">Parents As Teachers</th></tr>
<tr><td>EB Practice Areas:
• Home Visiting
• Parent Education
(3: med)
www.parentsasteachers.org</td><td>Target Population:
• Families with children ages 0-5

Duration: Up to 5 years</td></tr>
<tr><td colspan="2">• Early childhood, parent education and family support program
• Focuses on promoting child development and school achievement through parent education</td></tr>
</table>

PSSF Family Preservation Placement Prevention (FPS/PPS) home visiting proposals are limited to the following evidence-based home visiting programs:

<table>
<tr><th colspan="2">Exchange Parent Aide</th></tr>
<tr><td rowspan="2">EB Practice Areas
• Home Visiting
• Parent Education
(3: high)</td><td>Target Population
• Families with children ages 0-12</td></tr>
<tr><td>Duration: Up to one year</td></tr>
<tr><td colspan="2">• Parent education/support program for families at risk for child abuse and neglect
• Focuses on child safety, problem-solving skills, parenting skills, and social support</td></tr>
<tr><th colspan="2">SafeCare Augmented</th></tr>
<tr><td rowspan="2">EB Practice Areas:
• Home Visiting
• Parent Education
(2: high)
https://safecare.publichealth.gsu.edu/training/safecare-augmented/</td><td>Target Population:
• Families with children ages 0-5</td></tr>
<tr><td>Duration: 18-20 weeks</td></tr>
<tr><td colspan="2">• Parent education/support program for families experiencing child maltreatment or at risk for child abuse and neglect
• Program addresses three specific areas: home safety, child health and parent-child interaction
• Provides direct skill-training, home safety training, and teaching child health-care skills to prevent maltreatment</td></tr>
</table>

Other Frequently Used Evidence-Based Models

Model (CEBC Rating)	Practice Area	Target Populations
Active Parenting of Teens: Families in Action (3: med)	Parent Training	Parents and caregivers of youth ages 12-14
Adolescent-Focused Family Behavior Therapy (Adolescent FBT) (2: high)	Substance Abuse Treatment (Adolescent)	Youth (11-17) with drug abuse and dependence, as well as other co-existing problems, and their caregivers
Adult-Focused Family Behavior Therapy (Adult-Focused FBT) (2: high)	Substance Abuse (Adult)	Caregivers with drug abuse and dependence, as well as other co-existing problems such as depression, family dysfunction, trauma, child maltreatment, noncompliance, employment, HIV/STIs risk behavior, and poor communication skills
Brief Strategic Family Therapy (BSFT) (2: med)	Substance Abuse Treatment (Adolescent)	Adolescents (12-17)with drug use and other problem behaviors, and their caregivers
Child-Parent Psychotherapy (CPP) (2: high)	Domestic Violence Also used for: Trauma Treatment	Children age 0-5, who have experienced a trauma, and their caregivers

Model (CEBC Rating)	Practice Area	Target Populations
Community Advocacy Project (CAP) (2: med)	Domestic Violence	Designed for and tested with survivors of domestic abuse who have utilized shelters. Can be expanded to non-shelter users.
Family Centered Treatment (FCT) (3: high)	Family Stabilization	Families with members at imminent risk of placement into, or needing intensive services to return from, treatment facilities, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities
Functional Family Therapy (FFT) (2: med)	Substance Abuse Treatment (Adolescent) Also used for: Behavior Management, Disruptive Behavior	11-18 year olds with very serious problems such as conduct disorder, violent acting-out, and substance abuse
Homebuilders® (2: high)	Family Stabilization Also used for: Post-Permanency, Reunification	Families with children (birth to 18) at imminent risk of placement into, or needing intensive services to return from, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities
Kids in Transition to School (KITS) (2: high)	Education	Children ages 4-6 at high risk for school difficulties who are entering kindergarten and their caregivers
Motivational Interviewing (MI) (1: med)	Substance Abuse (Adult)	Caregivers of children referred to the child welfare system, has been used with adolescents
Multidimensional Family Therapy (MDFT) (1: med)	Substance Abuse Treatment (Adolescent) *Also used for:* Behavior Management, Disruptive Behavior	Adolescents 11 to 18 with the following symptoms or problems: substance abuse or at risk, delinquent/conduct disorder, school and other behavioral problems, and both internalizing and externalizing symptoms, and their caregivers
Multisystemic Therapy (MST) (1: med)	Substance Abuse Treatment (Adolescent) *Also used for:* Behavior Management, Disruptive Behavior	Youth, 12 to 17 years old, with possible substance abuse issues who are at risk of out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the juvenile justice system, and their caregivers
Parent-Child Assistance Program (PCAP) (3: med)	Substance Abuse (Adult)	Women who are using alcohol or drugs heavily during pregnancy, or who did and had their baby in the past 6 months, and are not effectively connected with community service providers; and their children ages 0-3

Model (CEBC Rating)	Practice Area	Target Populations
Parent-Child Interaction Therapy (PCIT) (1: med)	Disruptive Behavior (Child, Adolescent) Also used for: Parent Training	Families with children ages 2.0 - 7.0 years old with behavior and parent-child relationship problems; may be conducted with parents, foster parents, or other caretakers
Parent Effectiveness Training (PET) (3: med)	Disruptive Behavior (Child, Adolescent)	Parents of children ages 0 to 18 with communication and behavior problems
Project Connect (3: high)	Reunification (Substance Abuse)	High-risk, substance-affected families involved in the child welfare system that may experience poly-substance abuse and dependence, domestic violence, child abuse and neglect, criminal involvement and behavior, poverty, inappropriate housing, lack of education, poor employment skills, impaired parenting, low household income, or single parent household
Theraplay (3: med)	Infant & Toddler Mental Health	Children ages 0-18 who exhibit behavioral problems and their caregiver (biological, adoptive, or foster)
Triple P: Level 4 (1: high)	Disruptive Behavior (Child, Adolescent) Also used for: Parent Training	For parents and caregivers of children and adolescents from birth to 12 years old with moderate to severe behavioral and/or emotional difficulties or for parents that are motivated to gain a more in-depth understanding of positive parenting
Tuning in to Kids (TIK) (2: med)	Disruptive Behavior (Child, Adolescent) Also used for: Parent Training	Parents and caregivers of children with disruptive behavior between 18 months and 18 years of age; can be used with parents and caregivers of children without disruptive behavior between 18 months and 18 years of age as a preventive or early intervention
Supporting Father Involvement (SFI) (2: med)	Father Engagement	
Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) (1: high)	Trauma Treatment	Children ages 3-18 with a known trauma history

Resources:
California Evidence-Based Clearinghouse for Child Welfare: http://www.cebc4cw.org
Evidence-Based Practice
https://www.childwelfare.gov/management/practice_improvement/evidence/
Evidence-Based Practice in Child Welfare
https://www.childwelfare.gov/topics/management/practice-improvement/evidence/ebp/

There are several excellent resources to help identify evidence-based practices that are effective in achieving improved outcomes of safety, permanency, and well-being for children and families.

Child Welfare Information Gateway
Evidence-Based Practice in Preventing Child Abuse & Neglect
https://www.childwelfare.gov/preventing/evidence/
Home Visiting Evidence of Effectiveness
https://homvee.acf.hhs.gov/
NREPP: SAMHSA National Registry of Evidence-Based Programs and Practices
http://www.samhsa.gov/nrepp
Center for Disease Control and Prevention
http://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm
The Social Work Policy Institute
http://www.socialworkpolicy.org/research/evidence-based-practice-2.html
California Evidence-Based Clearinghouse for Child Welfare
http://www.cebc4cw.org/

Assessment

All PSSF proposals MUST utilize nationally recognized assessment instruments and screening tools. However, use of these tools does not satisfy the evidence-based requirement for all PSSF proposals.

Assessment of individual or family functioning is a process by which information gathered, analyzed, and synthesized to determine strengths and needs of the family, parent or child is used to identify appropriate services and to develop an individual family service plan to reduce risk of child abuse and neglect and promote safety, permanency, and well-being of a child.

Assessments are to be completed prior to or at the commencement of services and MUST utilize a recognized instrument designed to evaluate the unique circumstances of the target population being served. Assessment consists of several key functions, many of which may occur continuously throughout the life of a case. Various assessments of risk, safety, child and family functioning, and trauma may occur at intake, and/or case closure. In addition to determining child and/or family needs, assessments are used to determine baselines from which to measure change in knowledge, skills or behavior to determine effectiveness of services in meeting program objectives.

Assessments should examine, at a minimum, the risk and protective factors that contribute to or put children at risk of neglect or maltreatment and impair family functioning.

Risk factors can be grouped into four domains. These include:

- **Parent or caregiver** characteristics such as physical or mental health, substance use, history as either a victim or perpetrator of abuse, age, disabilities, etc.
- **Family** characteristics such as domestic violence, single parenting, social isolation, extended family, etc.
- **Child** characteristics such as age, development, special needs, behavioral health, delinquency, etc.
- **Environmental** factors such as homelessness, living conditions, unemployment, community characteristics, child care availability, etc.

Protective factors are those that help to reduce the impact of vulnerabilities and promote resilience. These include:

- **Nurturing and attachment** to develop bonds with caring adults
- **Knowledge of parenting skills and child development** to understand how children grow and develop
- **Parental resilience** to have the ability to manage everyday stressors and recover from occasional crises
- **Social connections** to provide trusted and caring family and friends for emotional support
- **Concrete supports** for basic resources that meet family-specific needs such as clothing, food, housing, transportation, as well as child and health care, and social services including services for mental health, substance use or domestic violence
- **Social and emotional competence of children** to provide tools for healthy emotional living

Assessment at intake may utilize several different screening and assessment tools. It is important that the tools utilized provide a baseline from which to measure progress toward goals at specified intervals, such as pre- and post-tests.

Note: If evidence-based model utilized includes an assessment requirement, proposal must include a description of the assessment process and the tools utilized.

Assessment Instrument vs Screening Tool

An assessment instrument is defined as an in-depth questionnaire or procedure used to understand a child's and/or family's strengths and needs, such as functioning, family and individual history, symptoms, and the impact of trauma. A screening tool is defined as a brief questionnaire or procedure that examines factors, to determine whether further, more in-depth evaluation is needed or to determine eligibility, readiness and/or appropriateness of referral for program or services.

Frequently Utilized Assessment Instruments and Screening Tools

Comprehensive Family Assessment Instruments

Family Assessment Form (FAF)

The ***Family Assessment Form*** (***FAF***) assesses family functioning from an ecological perspective, assessing context as well as transactions among family members and their environment. ***Family Assessment Form*** (***FAF***) is designed to support best-practice service planning, program improvement, evaluation and reporting specifically for family strengthening and home visitation programs.

Family functioning is assessed in eight categories:

Caregiver History	Caregiver/Child Interactions
Caregiver Personal Characteristics	Developmental Stimulation
Interactions between Caregivers	Living Condition
Support to Caregivers	Financial Conditions

Behavioral concerns regarding children are organized into five factors:

Temperament	Health and Development Problems
Acting Out Behaviors	School Behavior Problem
Inner-Directed Behaviors	

Target Population: Families of all types and sizes; ***FAF*** has been used with diverse ethnic groups, including Hispanic/Latino, African American, and Native American populations

North Carolina Family Assessment Scale (NCFAS)

The ***NCFAS*** is an assessment tool designed to examine family functioning in the domains of Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-being. ***The NCFAS*** has 36 subscales in five domains. Each of the ***NCFAS*** scales provides an organizing framework for social workers and other family practitioners to conduct a comprehensive family assessment intended to inform the construction of a service plan and subsequently document changes in family functioning that represent outcomes of the service plan. Conducting assessments both at the beginning and end of the service (intermediate assessment at 90-day intervals) provides workers with the opportunity to prioritize goals and services and to compute change scores between pre-service and post-service levels of functioning.

Target Population: Families of all types and sizes

North Carolina Family Assessment Scale for Reunification (NCFAS-R) is also available.

Family Advocacy and Support Tool (FAST)

The Family Advocacy and Support Tool (FAST) is the family version of the CANS and ANSA tools. The purpose of the FAST is to support effective interventions when the focus of those efforts is on entire families rather than single individuals. The most common use of the FAST is an effort to address the needs of families who are at risk of child welfare involvement. Items identified as a '0' are often strengths that can be used in strength-based planning. Items rated a '1' should be monitored and preventive efforts might be indicated. Items rated a '2' or '3' are actionable and should be addressed in the intervention plan.

Protective and Risk Factors assessed include:
Risk Factors: Include environmental supports, such as family income and community organization, personal characteristics, such as temperament, identity development, and genetic and neurobiological influences. It is important to recognize the multiple, complex causes of the problem and tailor assessments and interventions for the children and their families to their specific need.

Protective Factors: Protect families from vulnerabilities and help promote resilience. These Protective Factors include nurturing and attachment, knowledge of parenting, resiliency, concrete support systems, social and emotional competence of each individual family member.

Family Resource Scale (FRS)

The Family Resource Scale helps identify appropriate resources needed by individual families. This scale determines the extent to which different types of resources are adequate in the households of young children.

Target Population: Families of all types and sizes

Family Needs Scale (FNS)

The Family Needs Scale measures a family's need for different kinds of resources and support. Specifically developed for intervention purposes, the scale can be used to identify family-identified needs. The responses on the scale are used to prompt descriptions of the conditions that influence a respondent's assessment of his or her needs. This scale provides family members with an opportunity to identify in which of 41 different areas they would like some assistance. Each item can be rated on a five-point scale ranging from "not applicable" to "almost always." Items relate to daily childcare and family routines such as budgeting money, transportation, school placement and having someone to talk to.

Target Population: Families of all types and sizes

Adult (caregiver), Youth & Child Assessment & Screening Instruments

Assessment of an individual's functioning is a process by which information gathered, analyzed, and synthesized to determine strengths and needs of the parent, caregiver or child is used to identify appropriate services and to develop an individual service plan to address problematic behaviors, reduce risk of child abuse and neglect and promote safety, permanency, and well-being of a child.

Adult Needs and Strengths Assessment (ANSA)

The Adult Needs and Strengths Assessment (ANSA) is a multi-purpose tool developed for adult's behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The ANSA was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The ANSA expands on the concepts of the SPI to include a broader description of functioning and include strengths with a recovery focus.

Casey Life Skills Assessment (CLSA)

This measure consists of 113 items that assess skills, knowledge, and awareness in seven areas (Daily Living, Self Care, Relationships and Communication, Housing and Money Management, Relationships and Communication, Career and Education Planning, and Looking Forward). The CLS-Youth can be used in its entirety as a measure of progress over long time intervals. Additionally, individual areas on the measure may be used alone as a post-assessment after a period of working on improving specific skills or as a repeated measure to assess progress in that area over time.

The CLS-Youth was created specifically for adolescents and young adults living in foster care, but can be useful for other populations (including those involved in juvenile justice facilities, employment centers, homeless shelters, and other social service providers). Additionally, the measure was created with the goal of making it as free from gender, ethnic, and cultural biases as possible. This measure is intended to be used with adolescents and young adults ages 14 to 21.

Child Abuse Potential Inventory (CAPI)

A measure of child abuse risk intended to assist in the screening of suspected physical child abuse, for children of all ages. A 160-item questionnaire completed by a parent or caregiver.

Child & Adolescent Needs & Strengths (CANS)

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including service planning and to allow for the monitoring of outcomes of services. The CANS was developed to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The way the CANS works is that each item suggests different pathways for service planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths).

CANS-JJ for children and Youth with juvenile justice involvement

CANS – Trauma This instrument measures functioning across domains for traumatic experiences and traumatic stress symptoms, as well as emotional/behavioral issues related to trauma.

CANS- Preschool – Children (0-5)

Child Behavior Check List (CBCL)*

The Child Behavior Checklist (CBCL) is a parent-report questionnaire on which the child was rated on various behavioral and emotional problems. It was first developed for evaluating maladaptive behavioral and emotional problems in preschool subjects aged 2 to 3 or in subjects between the ages of 4 and 18. It assessed internalizing (i.e., anxious, depressive, and over controlled) and externalizing (i.e., aggressive, hyperactive, noncompliant, and under controlled) behaviors. Several subareas were measured including social withdrawal, somatic complaints, anxiety and depression, destructive behavior, social problems, thought problems, attention problems, aggressive behavior, and delinquent behaviors. Both versions of this checklist were used for the PHDCN -- the one designed for 2 to 3-year-olds and the other for 4 to 18-year-olds.

Strengths and Difficulties Questionnaire (SDQ)*

The SDQ is a brief behavioral screening questionnaire for 2-17 year olds. It exists in three versions to meet the needs of researchers, clinicians and educationalists. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales: emotional symptoms (5 items), conduct problems (5 items), hyperactivity/inattention (5 items), peer relationship problems (5 items), pro-social behavior (5 items).

A second version, in addition to the basic 25 items, also includes an impact supplement completed at 90-day intervals to assess progress, determine effectiveness plan. A third version includes not only the 25 basic items and the impact supplement, but also two additional follow-up questions for use after an intervention.

Target Population: Children between the ages of 2 to 17

** Functional Assessment (FA) that measures multiple aspects of the major domains of well-being. If administered at periodic intervals, FA's provide a way to track progress towards the healing of social and emotional well-being issues.*

Parenting Assessment Instruments
A parenting assessment evaluates a caregiver's core parenting strengths and deficits to assist the identification of appropriate interventions and services.

Adult Adolescent Parenting Inventory (AAPI / AAPI-2)*
The AAPI-2 is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The AAPI-2 is the revised and re-normed version of the original AAPI first developed in 1979.

Responses to the AAPI-2 provide an index of risk in five specific parenting and child rearing behaviors:
- Expectations of Children
- Parental Empathy towards Children's Needs
- Use of Corporal Punishment
- Parent-Child Family Roles
- Children's Power and Independence

Target Population: The AAPI-2 is designed to assess the parenting attitudes of adult parent and pre-parent populations as well as adolescent parent and pre-parent populations. Adolescent's ages 12 to 19 years old are appropriate to respond to the items on the AAPI-2.

Nurturing Skills Competency Scale (NSCS)
The NSCS is a criterion referenced, self-report inventory designed to provide comprehensive information about the "quality of life" issues that families face as they attempt to put into practice the new parenting beliefs, knowledge and skills. There are several editions of the NSCS that will be available. Each NSCS addresses the unique needs of children in different developmental groups: prenatal; birth to five; school-age; teen parents and parents and their adolescents. For many families, especially families receiving services from child welfare for child abuse or neglect, requiring families to attend a parenting program is simply not enough to make real changes that can promote positive and healthy parent-child relationships.
The NSCS is an inventory designed to gather information, both past and current, about individuals and their families in order to alert family members as well as professionals about on-going conditions that could lead to: 1. the initial occurrence of child maltreatment; or 2. the recurrence of child maltreatment.
Responses to the NSCS 2 provide an index of risk in six sub-scales: Construct A: About My Life
Sub-Scales of the NSCS-2
Responses to the NSCS 2 provide an index of risk in six sub-scales:
A. About Me
B. About My Childhood
C. About My Spouse (Partner)
D. About My Children and Family
E. Knowledge of Parenting Practices
F. Utilization of Nurturing Skills

** Functional Assessment (FA) that measures multiple aspects of the major domains of well-being. If administered at periodic intervals, FA's provide a way to track progress towards the healing of social and emotional well-being issues.*

Parenting Stress Index (PSI)
The PSI also screens for abusive or neglecting parenting behaviors/practices and assesses social interaction characteristics that may affect the quality of family functioning. The current version of the PSI contains 101 self-report items assessing the parenting domain (competence, social isolation, attachment to child, health, role restriction, depression, spouse) and the child domain (distractibility, adaptability, parent reinforcement, demandingness, mood, acceptability).

Protective Factors Survey (PFS)
The ***Protective Factors Survey*** (***PFS***) is a 20-item survey divided into two sections. The first is completed by program staff and the second is completed by the program participant. The participant portion of the survey contains a set of questions for capturing demographic information followed by the protective factors section—the 20 core items of the ***PFS***. In the demographic section, participants are asked to provide details about their family composition, income, and involvement in services. In the protective factors section, participants respond to a series of statements about their family, using a seven-point frequency or agreement scale. The following protective factors are covered in the survey:

- Family Functioning/ Resiliency (5 items)
- Social Support (3 items)
- Concrete Support (3 items)
- Knowledge of Parenting and Child Development (5 items)
- Nurturing and Attachment (4 items)

Target Population: Parents or caregivers of children participating in child maltreatment prevention or family support programs

Child Development Screening Instruments
Child development screening tools evaluate the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills, and early detection of potential behavioral or mental health problems to determine the need for additional assessment and/or intervention.

Ages and Stages Questionnaire, Third Edition (ASQ-3™)
ASQ-3 screens and assesses the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. It is used to identify children that would benefit from in-depth evaluation for developmental delays. The ASQ-3 is a series of 21 parent-completed questionnaires designed to screen the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. The age-appropriate questionnaire is completed by the parent or caregiver.

Target Population: Children between the ages of 1 month and 66 months; there are different versions for different age groups.

Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)
Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) was developed to help home visiting, early intervention, Early Head Start, Head Start, child welfare agencies, and other early childhood programs accurately screen and assess infants and young children to determine who would benefit from an in-depth evaluation in the area of social-emotional development. ASQ:SE can also be used in comprehensive Child Find systems to screen large groups of children for the early detection of potential social or emotional problems. ASQ:SE is a screening tool that identifies infants and young children whose social and emotional development requires further evaluation to determine if referral for intervention services is necessary. Eight questionnaires are available for different age groups: 6, 12, 18, 24, 30, 36, 48, and 60 months of age. Each screens for self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people.

Target Population: Children between the ages of 3 months – 5 ½ years

Trauma Screening & Assessment Instruments

Screening and assessing for trauma symptoms, especially in regard to determining how trauma affects healthy functioning, are essential in determining a child's overall social and emotional well-being. For effective case planning and treatment, it is critical that child welfare practitioners be aware of the child's history, including the child's cumulative trauma experiences, in order to ensure a holistic, trauma-informed approach to the child.

There are distinct differences between trauma *screening* and trauma *assessment* tools. Screening tools are brief, used universally, and designed to detect exposure to traumatic events and symptoms. They help determine whether the child needs a professional, clinical, trauma-focused assessment. Assessments are more comprehensive and capture a range of specific information about the child's symptoms, functioning, and support systems. It assesses the severity of symptoms and can determine the impact of trauma (how thoughts, emotions, and behaviors have been changed by trauma) on the child's functioning.

Childhood Trauma Questionnaire (CTQ)

The Childhood Trauma Questionnaire (CTQ) is a 28-item self-report inventory that provides brief, reliable, and valid screening for histories of abuse and neglect in children ages 12 and older. The CTQ contains five subscales, three focused on assessing abuse (Emotional, Physical, and Sexual), and two focused on assessing neglect (Emotional and Physical). Each subscale, in turn, has five items, and there is a three-item Minimization-Denial subscale to check for individuals who may be under-reporting their traumatic experiences. Interpretive guidelines help identify a likely case of abuse at one of three levels – mild, moderate, or severe.

Child & Adolescent Needs & Strengths (CANS) – Trauma Version

The Child and Adolescent Needs (CANS) Trauma Version is one of several CANS instruments (e.g., CANS Mental Health, CANS Comprehensive, etc.). This instrument measures functioning across domains for traumatic experiences and traumatic stress symptoms, as well as emotional/behavioral issues related to trauma.

Emotional Quotient Inventory Youth Version (EQ-i:YV)*

The Emotional Quotient Inventory Youth Version (EQ-i:YV) is a self-report instrument designed to measure emotionally and socially intelligent behavior in children and adolescents 7 to 18 years of age. The EQ-i:YV is based on the Bar-On conceptual model of emotional-social intelligence. It consists of 60 items that are distributed across the following 7 scales:

- Intrapersonal
- Interpersonal
- Adaptability
- Stress management
- General mood
- Positive impression
- Inconsistency index

Trauma History Questionnaire (THQ)

The Trauma History Questionnaire (THQ) is a 24-item self-report measure that examines experiences with potentially traumatic events such as crime, general disaster, and sexual and physical assault using a yes/no format. For each event endorsed, respondents are asked to provide the frequency of the event as well as their age at the time of the event. The THQ can be used in both clinical and research settings, and is available in English and Spanish.

UCLA-PTSD Reaction Index

The **UCLA Reaction Index** is the most commonly used measure for PTSD symptoms in children and adolescents. There are versions of this measure for children, adolescents, and parents. The UCLA Index has two parts: The first part includes a brief screen on the respondent's trauma history, and the second part assesses the frequency with which post-traumatic stress symptoms were experienced over the past month.

** Functional Assessment (FA) that measures multiple aspects of the major domains of well-being. If administered at periodic intervals, FA's provide a way to track progress towards the healing of social and emotional well-being issues.*

Specialized Population Assessment Instruments

Alcohol Use Disorder Identification Test (AUDIT)
Alcohol Use Disorder Identification Test is 10-item questionnaire that screens for hazardous or harmful alcohol consumption. The AUDIT is particularly suitable for the use in primary care settings and has been used with a variety of populations and cultural groups. It should be administered by a health care professional or paraprofessional.

The Michigan Alcoholism Screening Test (MAST)
Alcohol consumption assessment widely used measure for assessing alcohol use disorders. The MAST Test is a simple, self-scoring test for adults.

Test (DAST-10)
Drug Abuse Screen Test is a 10-item, yes/no self- report instrument that has been condensed from the 28-item DAST and should take less than 8 minutes to complete. DAST-10 was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth.

Child of Alcoholics Screening Test (CAST)
The CAST was developed to help identify children who are experiencing or have experienced difficulties living with alcoholic parents. The questionnaire consists of 30 yes or no items, with scores ranging from 0 to 30. The cutoff score for identifying children of alcoholics is set at 6 or more. The higher the score, the more a family is affected by alcoholism.

Columbia- Suicide Severity Rating Scale (C-SSRS)
The C-SSRS is a questionnaire used for suicide assessment and can be used with children, adolescents, adults and older adults. It is typically administered in a few minutes. It assesses occurrence, types, and severity of suicide ideation and behaviors. Available in 103 different languages.

Structured Decision-Making Assessment Scales for Reunification
Identifies the key points in the life of a child welfare case and uses several structured assessments to improve the consistency and validity of each decision. The SDM model additionally includes clearly defined service standards, mechanisms for timely reassessments, methods for measuring workload, and mechanisms for ensuring accountability and quality controls. The model consists of several assessments that help agencies work to reduce subsequent harm to children and to expedite permanency, including:

- Intake assessment
- Safety assessment
- Risk assessments
- Family strengths and needs assessment
- **Reunification assessment**: For families with a child in out-of-home care with a goal of reunification, this assessment helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be considered. The assessment has three sections that focus on risk, caregiver-child visitation, and safety.

(http://www.nccglobal.org/assessment/structured-decision-making-sdm-model)

Resources:
FRIENDS: https://friendsnrc.org/evaluation-toolkit/using-the-compendium-of-annotated-measurement-tools/compendium-of-annotated-tools
CEBC: http://www.cebc4cw.org/assessment-tools/
National Child Trauma Stress Network: http://www.nctsn.org/content/standardized-measures-assess-complex-trauma

Trauma-Informed Care & Practice

No one is immune to the impact of trauma. Trauma affects the individual, families, and communities by disrupting healthy development, adversely affecting relationships, and contributing to mental health issues including substance abuse, domestic violence, and child abuse. Everyone pays the price when a community produces multi-generations of people with untreated trauma by an increase in crime, loss of wages, and threat to the stability of the family.

Becoming "trauma-informed" means recognizing that people often have many different types of trauma in their lives. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers.

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

SAMHSA's Six Key Principles of a Trauma-Informed Approach
A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

It is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.

Information is available on building trauma-informed systems, assessing and treating trauma, addressing secondary trauma in caseworkers, and trauma training. It also offers trauma resources for caseworkers, caregivers, and families.

Resources:
Child Welfare Information Gateway
Trauma Informed Practice - https://www.childwelfare.gov/topics/responding/trauma/
National Child Traumatic Stress Network - http://www.nctsn.org/
National Center for Trauma-Informed Care - http://www.samhsa.gov/nctic
SAMHSA - www.integration.samhsa.gov
Office of Juvenile Justice and Delinquency Prevention - www.ojjdp.gov
Home visiting Evidence of Effectiveness - homvee.acf.hhs.gov
CANS, FAST, ANSA - http://praedfoundation.org

Service Delivery Expectations

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

This Statement of Need issued by DFCS is seeking proposals that demonstrate a family-centered approach to community-based services that include:

- Services that are culturally responsive 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 improvement
- Addressing the family as a whole, identifying and building on strengths
- Providing flexible, responsive, accessible and least-intrusive services and service delivery, including making services available outside normal business hours and weekdays
- Demonstrating improved results with evidence-based comprehensive interventions that change the ongoing family dynamics and environment

PSSF service providers must:

- Be knowledgeable of the child welfare and DFCS goals and to 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
- 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
- Be knowledgeable about trauma-informed child welfare practice, understand the impact of trauma on child development, and learn how to effectively minimize its effects without causing additional trauma
- Maintain fidelity to evidence-based model, practice or strategies utilized including staff qualifications and training, population characteristics, service delivery, monitoring and evaluation
- Document initial contact with family, including referral source, reason for referral, safety and risk factors or need(s) to be addressed, and expected outcome(s) in a timely manner