

SECTION D

SERVICE DESCRIPTIONS & OTHER RESOURCES

Service Categories and Delivery Guidelines

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

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

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

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

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

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

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

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

Progress or Exit Assessments

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

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

Specialized Assessments

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

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

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

TLR/CFA (CASA) Programs See “Initial Court Report” and Section C TLR/CFA

Resources:

<https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/sources/>

<https://www.childwelfare.gov/topics/systemwide/assessment/>

<https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/>

Measurement tools highlighted on the CEBC - <https://www.cebc4cw.org/assessment-tools/measurement-tools/>

National Child Traumatic Stress Network -

<https://www.nctsn.org/treatments-and-practices/screening-and-assessments/measure-reviews>

The Praed Foundation -

<https://praedfoundation.org/>

National Center for Substance Abuse and Child Welfare - <https://ncsacw.samhsa.gov/default.aspx>

National Institute on Drug Abuse - [Screening and Assessment Tools Chart | National Institute on Drug Abuse \(NIDA\)](#)

Spanish Assessment Tools - <https://nfpn.org/products/spanish-training>

Pearson Assessment Company - <https://www.pearsonassessments.com/>

Casey Life Skills - <https://caseylifeskills.org>
 Adolescent Substance Abuse Screening (CRAFFT) - <https://crafft.org/>
 eBASIS - <https://www.ebasis.org/basis24>
 Core Meanings of the Strengthening Families Protective Factors <https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>

Frequent Evidence Assessment and Screening Tools Utilized	
Comprehensive Measures of Family Assessment Tools	Patterns of Social Interaction and Support: specialized measures of patterns of family social interaction
<ul style="list-style-type: none"> • The Family Advocacy and Support Tool (FAST) • North Carolina Family Assessment Scale (NCFAS) and two modified versions of the NCFAS, • NCFAS for Reunification (NCFAS-R) and • Strengths and Stressors Tracking Device (SSTD). • Ackerman-Schoendorf Scales for Parent Evaluation of Custody (ASPECT), and • Darlington Family Assessment System (DFAS). • 	<ul style="list-style-type: none"> • McMaster Model • Assessment of Strategies in Families-Effectiveness (ASF-E), • The Circumplex Model • The Family Assessment Measure III. • Vineland Adaptive Behavior Scales
Specialized Assessment of Parenting Practices Among Families	Specialized Assessment Child Health, Development, and Safety
<ul style="list-style-type: none"> • Adult-Adolescent Parenting Inventory (AAPI); • Child Abuse Potential Inventory (CAPI); • Parental Empathy Measure (PEM); • Parenting Stress Index (PSI) • The Beavers Model of Family Assessment 	<ul style="list-style-type: none"> • Youth Connections Scale (YCS) • Screening Tool for Adolescent Substance Abuse (CRAFFT)
Trauma Assessment Instruments	Adult Behavioral Health Assessment Tools
<ul style="list-style-type: none"> • Child Report of Post-traumatic Symptoms (CROPS) • Parent Report of Post-traumatic Symptoms (PROPS) • Lifetime Incidence of Traumatic Events (LITE) 	<ul style="list-style-type: none"> • BASIS-24 • The Adult Needs and Strengths Assessment (ANSA)

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

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

Essential components of PSSF case management activity are limited to:

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

This includes:

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

CM:SC supports core service objectives.

It does **not** include:

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

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

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

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

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

I&R Resources:

PCAGeorgia Helpline & Resource Map

<https://abuse.publichealth.gsu.edu/resources-helpline/>

	<p>Georgia Family Connection Partnership – Collaborative Finder https://gafcp.org/collaborative-finder/</p> <p>Advocacy: Advocating for the rights, decisions, strengths and needs of family that <u>promote</u> client access to resources, supports, and services. This includes modeling behavior that helps families learn to advocate for themselves and negotiate with service systems to obtain needed help and may include:</p> <ul style="list-style-type: none"> • Being a mediator by helping to educate professionals on the strengths and needs of the family • Accompanying or representing the interests of the caregiver/child at IEPs, FTMs, MDTs, or DFCS case staffing, court testimony, as needed <p>Case Management limited to 20% of total program cost unless sufficiently justified by use of intensive evidence-based model or program. Reported half hour time units.</p>
<p>Childcare</p>	<p>Quality childcare services enhance child development and provide support for all caregivers.</p> <p>Childcare may be provided for a specified period to:</p> <ul style="list-style-type: none"> • Facilitate caregiver participation in program activities, such as when parents attend a group • After-school supervision, between the end of classes and end of parents’ workday or until dinner • Provide short-term emergency childcare in the absence of resources to meet a temporary immediate need while a long-term childcare solution is identified • To provide supervision of children when caregiver is engaged in an activity relevant to meeting their case plan goals, such as a job interview or attending a class <p>PSSF funds cannot be used to support ongoing childcare needs.</p> <p>Service Delivery: May be provided individually or in a group setting. Individual or volunteer providing childcare must be appropriately screened, including criminal background checks, trained, and supervised.</p> <p>Identify as (most common): Individual, Group, Short Term Emergency Care</p>
<p>Child Contact TLR/CFA ONLY</p>	<p>Ongoing, quality, monthly follow up contact between child(ren) in placement and volunteer (or surrogate) based on national CASA standards.</p> <p>Service Delivery: See Section C, TLR/CFA under “Additional Guidelines for CASA Proposals”</p>
<p>Collateral Contact TLR/CFA ONLY</p>	<p>Ongoing follow-up contact by volunteers with parents, relatives, foster parents, teachers, doctors, etc.</p> <p>Service Delivery: See Section C, TLR/CFA under “Additional Guidelines for CASA Proposals”</p>
<p>Court Hearings TLR/CFA ONLY</p>	<p>Additional, periodic court appearances by CASA volunteer (or surrogate). These court hearings include review, permanency plan, termination, or special hearings, to testify or to update the court on developments involving parties to the case to ensure that appropriate motions are filed on behalf of child(ren). This includes preparation or update of reports, and any resulting follow up by CASA volunteer.</p> <p>Service Delivery: See Section C, TLR/CFA under “Additional Guidelines for CASA Proposals”</p>

<p>Crisis Intervention 24/7</p>	<p>Immediate intervention in response to an urgent situation to help de-escalate crisis and increase stabilization, made available 24 hours, 7 days a week.</p> <p>Service Delivery: In-person or by phone (identify), by staff or certified therapeutic counselor (identify). Identify as (most common): In-person (in-home), In-person (in community), by phone or virtual</p> <p>Resources: Crisis Intervention in Child Abuse and Neglect - https://www.childwelfare.gov/pubs/usermanuals/crisis/</p>
<p>Drug Screens</p>	<p>Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.</p>
<p>Educational Supports</p>	<p>Instruction or coaching/counseling activities designed to improve educational outcomes and/or achievement for youth or caregiver that are provided by an appropriately qualified individual with the appropriate teaching certifications, training, or experience. PSSF Educational Supports include a wide variety of services, supports, instruction, or resources provided to individuals in the effort to help them accelerate their learning progress, to meet learning standards, or generally prepare for and succeed in school and address developmental needs identified in initial assessment.</p> <p>These may include, but are not limited to:</p> <ul style="list-style-type: none"> • Tutoring (subject or test specific instruction MUST be provided by a <u>certified teacher</u>, to an individual or small group) • Homework support to help students complete their homework, prepare for tests, and work specifically on concepts covered during the school day • Literacy/reading support • GED classes (provided by individual with a bachelor's degree, GED certification and some teaching experience) • SAT preparation class • Essential school supplies, books, etc. • Preparation of college applications, applications for financial aid, etc. <p>Service Delivery: Services may be provided to an individual or small group, in the home, in a school or a community setting. May alternatively be provided in a group format as a workshop facilitated by professional (an educational consultant on preparing for the college admission process) or as a class if instruction has a structured agenda and objective based on an accredited program (such as a SAT Prep classes or GED program).</p> <p>Identify as (most common): In-Home Tutoring (w/Certified Educator), Tutoring Group (w/Certified Educator), In-School Tutoring (Individual; w/Certified Educator), Educational Training/Workshop, Educational Events/Activity, Advocate Services, Individual Instruction/Support, Homework Support (child/youth), Homework Support Group</p> <p><i>Note staff qualifications for delivery that requires a Certified Educator</i></p>
<p>Emergency Aid [Concrete Supports]</p>	<p>Proposal must demonstrate how each additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.</p> <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</p>

	<p>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. concrete services may include, but are not limited to:</p> <ul style="list-style-type: none"> • Temporary shelter • Rental assistance • Food • Car repairs • Temporary Childcare • Utilities assistance • Clothing <p>Emergency Aid is intended to help families in meeting their case plan goals. Care should be taken by programs to vet requests minimizing duplication of emergency aid available by other more suitable community resources in client's service area.</p> <p>Service Delivery: Based on critical individual family needs identified, emergency aid provides temporary assistance to address <u>critical basic needs and address an immediate crisis</u>. Provider should work closely with families to identify and access community resources, formal and informal, to help them meet their on-going basic needs.</p> <p><i>Non-essential expenses such as cable, cell phones, and internet services are not allowable.</i></p> <p>Do not include additional program expenses such as staff time when calculating unit cost</p> <p><i>Not intended as recurring support or as an incentive or reward.</i></p> <p><i>Emergency Aid is limited to 10% of total cost of services.</i></p> <p>Resources: PCAGeorgia Helpline & Resource Map https://abuse.publichealth.gsu.edu/resources-helpline/ Georgia Family Connection Partnership – Collaborative Finder https://gafcp.org/collaborative-finder/</p>
<p>Employment Supports</p>	<p>Services <i>based on the needs of the family/youth identified at assessment and</i> designed to enhance skills, support and encourage individual goals, develop the skills necessary to secure and sustain employment, and to generally succeed in the workplace.</p> <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. Employment supports aimed at enhancing family economic success require workforce development, family economic supports, and community investment. An integrated system of social services and welfare services can help decision-makers identify the services needed to help families meet employment and income goals.</p> <p><u>Individual coaching/counseling or group instruction</u> designed to enhance skills, support and encourage individual goals and improve employment opportunities. These may include a wide variety of services, instruction or resources, including internship or apprenticeship support, provided to youth to help them develop the skills necessary to secure and sustain employment and to generally succeed in the</p>

	<p>workplace.</p> <p>This may include, but are not limited to:</p> <ul style="list-style-type: none"> • Preparation of job applications and resumes • Interview skills • Job search • Vocational training • Internship or apprenticeship supports • Job skills • Clothing <p>Service Delivery: Instruction and/or supports provided by <i>appropriately qualified individuals</i> with clearly defined goals and objectives that are measurable and attainable provided to youth or adults, individuals or groups.</p> <p>Identify as (most common): Individual, Group, Training/Workshop, Event/Activity</p> <p>Resources: National RAISE Center https://www.raisecenter.org/ https://www.parentcenterhub.org/raisecenter/ Goodwill Career Centers https://www.goodwill.org/jobs-training/ Georgia Vocational Rehabilitation Agency https://gvs.georgia.gov/ Employ Georgia https://employgeorgia.com/learn-more-jobseeker.htm Georgia Department of Labor – Find a Career Center https://dol.georgia.gov/locations/career-center</p>
<p>Enrichment Activities</p> <p>Children/youth</p> <p>Caregiver/Child</p> <p>Caregiver (adult)</p>	<p>Proposal must demonstrate how each enrichment activity as an additional service addresses the unique needs of the target population and enhances core services or reduces barriers to effective family engagement in service plans to support desired outcomes.</p> <p>Enrichment activities are characterized by a high degree of interaction with a project focus.</p> <p><u>For Children/Youth:</u> Academic or recreational Enrichment Activities for children and youth are safe, fun, and educational activities provided in a supervised and structured environment in the afternoons/evenings of school days or weekends. Activities should be designed for children and youth that provide well-organized, purposeful opportunities to participate in constructive age-appropriate group experiences under adult supervision. These programs provide a variety of activities, from arts and crafts, field trips, recreation activities or sports/physical activities.</p> <p>May include:</p> <ul style="list-style-type: none"> • Activities that provide an opportunity to demonstrate or develop new skills and qualities • Activities that involve child in team work as well as activities that they do on their own <p>These activities should also provide opportunities for constructive social experiences and leisure time opportunities. These services are directed at improving individual functioning in personal and social communications, offering opportunities for self-expression, and minimizing isolation.</p> <p>Includes such activities as:</p> <ul style="list-style-type: none"> • Trips to a Children’s Museum

	<ul style="list-style-type: none"> • Yoga, dance, or exercise classes • Painting or drawing classes • Music, sports, or drama camp • Science, math, or chess club • Participation in a team activity or sport <p><u>Academic</u> enrichment activities expand on the child or youth’s knowledge in ways that differ from the methods used during the school day, and should provide interactive, and project focused strategies, that will enhance the child or youth’s education goals by bringing new concepts to light or by using old concepts in new ways. These activities should be fun for the child or youth’s, but also provide an educational experience that the child or youth can apply to real-life experiences. The common theme is that academic concepts are taught through a fun, engaging, experimental activities rather than by direct instruction.</p> <p><u>Recreational</u> enrichment activities allow the child or youth time to relax or play. Sports, games, and clubs fall into this category. Occasional academic aspects of recreation activities can be pointed out, but the primary lessons learned in recreational activities are in the areas of social skills, teamwork, leadership, competition, and discipline.</p> <p><u>For Caregiver/Child:</u> Enrichment activities for caregiver/child are facilitated, sponsored, and coordinated to nurture positive parent and child interaction and provide opportunities for parents/caregivers to model new parenting skills. Activities such as a field trip, parent/child dinner, holiday gathering, etc. Caregiver/Child activities can be provided to individual family or to a group of families.</p> <p><u>For Caregivers (Adult):</u> Enrichment activities are characterized by a high degree of interaction with a project focus. Caregiver Enrichment Activities are delivered in a group (event) format with a clear focus and objective.</p> <p>Service Delivery: Must clearly outline delivery and participants on services form. If multiple or variable activities are included, they should be identified as <u>separate services</u> with delivery and format clearly outlined on each additional service form.</p> <p>Identify as: Caregiver/Child Activities (Group), Caregiver/Child Activities (individual), Child/Youth Activities (group), Child/youth Activities (individual), Caregiver Activities: Event Activities Also identify activity type (Academic or Recreational)</p>
<p>Family Treatment Court</p> <p>FTC Hearings TLR/CFA ONLY</p> <p>FTC Collateral TLR/CFA ONLY</p>	<p>Family Treatment Court is an additional service for CASA programs with families enrolled in Family Treatment Court.</p> <p>Agency should have an MOU or agreement on file with the Family Treatment Court Judge. The role of CFA program is to inform the FTC team of parental progress or setbacks and the effect on the child, to advocate for the child’s best interest at Family Treatment Court Hearings and to supplement DFCS involvement through family and child visits, and gathering and analyzing information. This also includes making referrals and suggestions for the Family Treatment Plan, regarding the individual cases and the best interests of the child and family.</p> <p>Service Delivery: FTC- Hearings are In-Court hearings which address progress towards Family Treatment Plan and reunification goals. Units can be estimated as approximate number of expected court hearings.</p>

	<p>FTC Collateral are collateral contacts made to address the parent(s) progress toward Family Treatment Program goals outside of any in-court services. Units should be estimated as 1 per month in the months they occur and service hours per unit should be an estimate of total expected hours spent with collateral contacts within the month.</p> <p>PSSF FTC Hearing and FTC Collateral services reported are provided by the Advocacy Coordinator and not the CASA Volunteer</p>
<p>Healthcare Support Services APP/APS ONLY</p>	<p>To provide hands-on training and support to (families) caregivers of children with complex healthcare needs (medical, physical, mental, behavioral, developmental).</p> <p>Objective of services is to include specialized training, instruction or coaching for caregivers on special medical or health needs of children in their care and/or for their own health needs.</p>
<p>Health Education & Monitoring Services</p>	<p><u>Services must be provided by (or supervised by) a qualified/certified medical or healthcare professional.</u></p> <p>Must have a focus on the special healthcare needs of target population (Relative Caregiver/grandparent), or support/training for Relative Caregivers (grandparents) caring for children with specialized healthcare needs.</p> <p>Kinship and grandparent caregivers of children in care need support navigating their own physical and mental healthcare needs, improving their ability to care for the youth in their custody. Consistent monitoring by a <u>qualified/certified professional</u> along with education and ongoing screenings decreases the likelihood of children coming into or re-entering foster care.</p> <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. 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>Individual to screen for and/or monitor diagnosed child or caregiver health-related problems (physical, mental, or developmental) and must utilize established screening tool and/or test administered by an experienced, qualified/certified professional. Services, education and/or training is provided to caregivers to promote self-care and support physical and emotional health.</p> <p>Services may also include group workshops on health-related issues for special populations (ie, stress management, healthcare needs), but must have a clear focus on special healthcare needs of the identified target population and be provided by a qualified/certified medical or healthcare professional.</p> <p>Service Delivery: Services must be provided by (or supervised by) a qualified/certified medical or healthcare professional and can be delivered individually or in a group format. Clearly identify format for each service.</p> <p>Identify as (most common): Caregiver Healthcare Monitoring, Child Healthcare Monitoring, Health Education (Training/Workshop), Caregiver Training, Event/Activity</p> <p><i>Note Staff Qualifications for this service</i></p>

<p>Healthy Relationships</p>	<p>EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard</p> <p>Services are designed to strengthen and promote stable and life-long parental or co-parenting relationships. Services should teach couples how to build and maintain healthy partnerships, identify, and manage stress that threatens relationships, and promote and support co-parenting.</p> <p>Resources: https://www.acf.hhs.gov/ofa/programs/healthy-marriage-responsible-fatherhood/healthy-marriage</p>
<p>Home Visits</p> <p>PAT</p> <p>HF</p> <p>Exchange Parent Aide</p> <p>Safe Care</p>	<p>EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard</p> <p>Home Visiting programs must utilize evidence-based home visiting practice models that support positive parent-child relationships, promote optimal child health and development, enhance parental self-sufficiency, ensure safe home environments, and prevent child abuse and neglect.</p> <p>Services are voluntary, in-home support and educational services designed to enhance parental capacity to care for children, strengthen parent/child relationships and help families identify and access community resources. Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies and young children. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.</p> <p>Programs vary, but components may include:</p> <ul style="list-style-type: none"> • Education in effective parenting and childcare techniques • Education on child development, health, safety, and nutrition • Education and support on basic life skills • Assistance in gaining access to social support networks • Assistance in obtaining education, employment, and access to community services <p>Service Delivery: Activities and objectives of PSSF Home Visiting services must be consistent with home visiting model standards and requirements. This includes EBM's additional assessments, screenings, and recommended caseload per FTE and PTE.</p> <p>Resources: About the NHVRC National Home Visiting Resource Center https://nhvrc.org/about-the-nhvrc/</p>
<p>Initial Court Report</p> <p>TLR/CFA ONLY</p>	<p>An Initial Assessment and Court Report based on national CASA standards and guidelines, is conducted to evaluate children and/or family circumstances related to the dependency, and to assist in determining what permanency decision is in the best interest of the child(ren). This includes collecting and analyzing information from a wide variety of sources including reviewing documents and records, and interviewing children, family members and professionals in their lives. The resulting CASA report includes recommendations on placement type and services is presented for the Court's consideration.</p> <p>The Initial Assessment is completed by the CASA volunteer assigned by the Court, and the time to develop it includes all collateral contacts, consultations, report preparation, and court appearances up to and including presentation of the report at the Dependency/Disposition hearing.</p> <p>Service Delivery: One Initial Court Report per case.</p> <p><i>Note Volunteer Qualifications for this service</i></p>

<p>Legal Services</p>	<p>Consultation and services <u>provided by a legal professional or trained paraprofessional</u> to a family or individual as follows, but not limited to:</p> <ul style="list-style-type: none"> • Child dependency and/or permanency proceedings • Child custody cases • Legal guardianship filings or hearings • Obtaining ID's, birth certificates, health records, credit records • Restraining orders in cases of DV or IPV • Record expungements <p>Identify as (most common): Attorney (office consultation [custody, guardianship, etc]), Attorney Services (court hearing)</p>
<p>Life Skills</p>	<p>Individual or group activities such as:</p> <p><u>Individual instruction or coaching/counseling</u> to address deficits in basic living skills identified in Initial Assessment that are barriers to self-sufficiency and completing case plan goals. These basic life skills include, but are not limited to, finding, and securing safe and affordable housing, nutrition, grocery shopping and cooking, cleaning and organizing, personal health and safety, time management, managing finances, personal identification, credit repair, relationships and social and cultural norms.</p> <p><u>Group activities</u> may include such activities as a workshop facilitated by professional (nutritionist providing instruction how to shop for and prepare healthy meals or a financial planner providing instruction on establishing or repairing credit) or as a class, if instruction has a structured agenda and objective based on a recognized program or training (Stewards of Children).</p> <p>Service Delivery: Services may be provided to a group, family or individual and delivered in the home, or in a community setting and should include <u>clearly defined objectives</u> and a pre- and post-testing to demonstrate change in knowledge, skills, or behavior. Life skills is not a substitute for parenting education EBM, life skills instruction is a separate activity and should be based on the individual's and family's functioning deficits identified in the initial intake assessments, and through ongoing service coordination. Outcomes demonstrate caregivers increase in subject knowledge improving ability to provide a safe, stable, and nurturing home.</p> <p>Identify as (most common): Individual: In home, Group, Caregiver Training Workshop, Stress/Anger Management, Event/Activity, Healthy Relationships, Children/Youth Training Workshop</p> <p>Resources: EPIS- http://www.episcenter.psu.edu/ebp/lifeskills ReCAPP- http://recapp.etr.org/recapp/ Harvard University – Center on the Developing Child https://developingchild.harvard.edu/resources/building-skills-adults-need-life-guide-practitioners/</p>
<p>Mentoring</p> <p>Mentoring (Adult)</p> <p>Peer Mentoring</p>	<p>A structured, managed mentoring program is intended to create sustained and supportive mentor relationships for youth/adults. An essential component of mentoring programs is ensuring that program staff is well-trained in issues related to mentoring, the foster care system, and cultural competence. All mentors must be appropriately screened, including criminal background checks, trained, and supervised regularly.</p> <p>Program staff should be trained to:</p> <ul style="list-style-type: none"> • Maintain regular contact with mentors and mentees in order to identify potential challenges and provide support;

- Equip mentors with the skills to model good decision-making and problem-solving;
- Give mentors opportunities to gain insight into their own behaviors and to practice replacing negative habits with new, positive behaviors;
- Coach mentors on communication skills, in particular, how to ask questions and listen intently to a mentee.

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

Goals of a mentoring program include:

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

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

Adult (Volunteer) Mentors (connections to an established adult support system)

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

Service Delivery:

Provided individually in a one-on-one relationship. All mentors must be appropriately screened, including criminal background checks, trained, and supervised. Staff/case managers cannot serve as mentors.

Identify as: Mentoring (Adult Mentor)

Note Volunteer Qualifications for this service

Peer Mentoring

A structured, managed program where children or youth are appropriately matched with screened and trained volunteer adult for one-on-one relationships, involving meetings and activities on a regular basis. It is intended that these relationships meet, in part, the need for involvement with a caring, supportive and positive role model. A mentor is a knowledgeable and experienced guide, trusted ally and advocate, and role model. An effective mentor is respectful, reliable, patient, trustworthy, and a very good listener and communicator.

Peer mentoring is defined as a relationship that usually takes place between a person who has lived

	<p>through a specific experience (the Mentor) and a person who is new to that experience (the Mentee). Individuals who have been involved with the child welfare system serve as mentors, partners, or resource guides to help other parents navigate the system and meet their case plan goals. In general, peer mentors connect families to resources and educate family members about their rights and responsibilities.</p> <p>Peer mentors may provide more intensive one-on-one mentoring while others provide information and general support.</p> <p>Service Delivery: Provided individually in a one-on-one relationship. All mentors must be appropriately screened, including criminal background checks, trained and supervised.</p> <p>Identify as: Peer to Peer Mentoring (youth to youth or adult to adult), Mentoring or Peer Mentoring Event/Activity</p> <p>Resources: National Mentoring Resource Center https://nationalmentoringresourcecenter.org/index.php/what-is-mentoring/43-mentoring-defined.html One-To-One Cross-Age Peer Mentoring https://nationalmentoringresourcecenter.org/index.php/what-works-in-mentoring/model-and-population-reviews.html?layout=edit&id=301 Mentoring for Preventing and Reducing Delinquent Behavior Among Youth https://nationalmentoringresourcecenter.org/index.php/what-works-in-mentoring/model-and-population-reviews.html?layout=edit&id=441</p>
<p>Parent Coaching TLR/SFV only</p>	<p><i>EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard</i></p> <p><u>This service must be provided by an individual trained in an evidence-based parent education model.</u></p> <p>Parent coaching is a compassionate, non-judgmental, collaborative relationship between the visiting parent(s) and parent coach in coordination with their supervised visitation plan. This structured time for strengths-based feedback, is a guided, open discussion that allows parents to develop and strengthen parental protective capacities while successfully identifying and navigating the challenges that raising children present.</p> <p>The goal of the qualified parent coach is to teach, model and assist the visiting parent in developing, practicing, and embracing successful parenting practices <u>grounded in evidence-based parenting curricula</u> effective in meeting the child's need for safety, well-being, and permanence within the family unit. The parent coaching relationship facilitates parental insight, identification of strengths and abilities, development of goals, and integration of strategies to address challenges with respect to the family's support, education, and development in their parenting needs.</p> <p>Pre-visit discussion with caregivers serves to:</p> <ul style="list-style-type: none"> • Provide an opportunity to update parent on what has been happening with the child. • Address any parental concerns. • Set realistic expectations and goals for the visit. • Trained staff of parenting EBM teach parents according to chosen EBM's model

	<p>requirements.</p> <p>Post-visit debrief with caregivers serves to:</p> <ul style="list-style-type: none"> • Provide encouragement and reinforce positive parenting behaviors observed. • Discuss alternatives to undesirable behaviors observed during the visit. • Identify goals for future visits. • Identify actions or resources needed to improve quality future visits. <p>Service Delivery: Parent coaching should occur either immediately before and/or following, a supervised visitation between child(ren) and a visiting parent. Identify as: Pre-and or Post-visit Parent Coaching</p> <p><i>Note Staff Qualifications for this service</i></p> <p>Resources: Motivational Interviewing https://www.childwelfare.gov/pubPDFs/motivational_interviewing.pdf https://www.cebc4cw.org/program/motivational-interviewing/ Nurturing Parenting Skills for Families in Supervised Visitation https://www.svnworldwide.org/nurturing-parenting</p>
<p>Parent Education</p>	<p>EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard</p> <p>Parent education can be defined as any training, program, or other intervention that helps parents acquire skills to improve their parenting of and communication with their children to reduce the risk of child maltreatment and/or reduce children’s disruptive behaviors.</p> <p>Eligible parent education/ parent training programs utilized MUST meet PSSF evidence-based standards and demonstrate effectiveness in child abuse prevention.</p> <p>Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Research shows that effective parent training and family interventions can change parents’ attitudes and behaviors, promote protective factors, and lead to positive outcomes for both parents and children (Lundahl & Harris, 2006). Protective factors include nurturing and attachment, knowledge of parenting and of child and youth development, parenting competencies, parental resilience, social connections (especially caring adults and positive peers), concrete supports for parents, social and emotional competence of children, involvement in positive activities, and other individual skills such as self-regulation and problem solving and relational skills.</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>Parent training programs may also be called parent education programs; however, training programs usually focus on skill building (“knowing how”) where education programs focus on more complex processes and problem solving (“knowing why”).</p> <p>Parenting programs are community-based services that support parents in their roles as caregivers. Parent educators help parents strengthen their skills and knowledge of child development, prepare</p>

	<p>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>Service Delivery: Parent education may be delivered individually or in a group in the home, classroom, or other setting; and it may include direct instruction, discussion, videos, modeling, or other formats. Frequency and duration must meet EBM fidelity to model guidelines.</p> <p>Identify as (and always include EBM Used): Individual/Family In-Home, Individual/Family Center Based, Group, Co-Parenting.</p> <p>For Supervised Visitation Programs: (also see Parent Coaching) Pre-and or Post-visit Parent Coaching</p> <p>Resources: California Evidence-Based Clearinghouse for Child Welfare – https://www.cebc4cw.org/registry/topic-areas/ Family First Prevention Services Act (FFPSA) Clearinghouse - https://preventionservices.abtsites.com/ Center for Parent Information & Resources - https://www.parentcenterhub.org/ Center for Disease Control - https://www.cdc.gov/violenceprevention/pdf/parent_training_brief-a.pdf</p> <p>See Evidence-Based Practice, Frequent Evidence-Based Models utilized in PSSF Service Plans (table)</p>
<p>Peer Mentoring</p>	<p><i>See Mentoring</i></p>
<p>Respite</p>	<p>Short-term, temporary care of children to provide relief to primary caregivers to reduce stress, support family stability, prevent abuse and neglect, and minimize the need for out-of-home placement and placement changes for children in foster care. Respite care is a vital support to families with children, including foster, kinship, and adoptive families as well as birth families experiencing challenges associated with parenting under stressful conditions. It helps relieve stress, restore energy, and promote life balance for the family.</p> <p>Respite is provided to help sustain family health and well-being, reduce the likelihood of abuse and neglect, and avoid placement disruption. Temporary relief is provided to primary caregivers to reduce stress, support family stability, and minimize the need for out-of-home care. Respite care is a vital support to families who have adopted children with complex developmental, emotional, behavioral, or medical needs to provide relief from the challenges associated with parenting children with special needs. Respite must be provided by an individual trained and qualified to meet the special needs of the child and in a safe, secure environment.</p> <p><u>Respite, 'temporary' care</u>, involves the care of children for a few hours, a day, a weekend, or a week, and is designed to provide relief to the primary caregiver from the demands of caregiving for children.</p> <p><u>Respite, 'relief' care</u>, allows a caregiver to take a break from looking after children. This could mean 'in-home relief' to provide help at home for a short period during the day, evening or on weekend (sitting services) or 'on-site relief' (such as Mothers Morning Out or Parents Night Out).</p> <p>Respite care can take place in the home, in the community, or at camps that offer overnight, weekend or week-long stays.</p>

	<p>Service Delivery: May be provided in a group setting or individually. Individuals providing respite care must have appropriate training, qualifications, and experience to supervise and care for children with special or complex behavioral, emotional, developmental or health care needs.</p> <p>Identify as (most common): Temporary In-Home Relief, Group, Therapeutic/Specialized Care (in-home), Community based short term.</p>
<p>Substance Abuse Services</p>	<p>Treatment Professional treatment plan developed and executed for the express purpose of rehabilitation of an individual who has a dependency on either drugs or alcohol. Structured time-limited goal-oriented services are provided in a clinical setting (in-patient or out-patient) to assist a child and/or parent or guardian in reaching and maintaining drug- and alcohol-free lifestyles. This may include counseling, medical/remedial services, pharmacological intervention, social, education, and rehabilitative services.</p> <p>Service Delivery: Treatment and counseling must be provided by a licensed,(master's level) mental health professional or an accredited addiction counselor with related training and experience, supervised by licensed clinical therapist.</p> <p><i>Note Staff Qualifications for this service</i></p> <p>Resources: Families in Substance Abuse Treatment & Recovery Program - http://www.nurturingparenting.com/</p>
<p>Substance Abuse Recovery Support</p>	<p>Recovery Support (Individual) Supports are provided to an individual to prevent relapse and continued use of controlled substances.</p> <p>Recovery Support (Families) Should focus on <u>family members</u> of caregivers affected by substance abuse and addiction. Typically provided in a group setting, this may include specific or age-appropriate instructional or informational activities for families to help develop skills for setting boundaries, improving communication, and encouraging sharing emotions and experiences in a positive setting. This may include:</p> <ul style="list-style-type: none"> • Education on the disease of addiction, stages of recovery and relapse prevention, its impact on relationships and family functioning and/or child development • Parent Education programs for families affected by addiction • Prevention strategies for children and adolescents • Healthy relationships, communications, and conflict resolution <p>These workshops may be educational, informative, or supportive in nature, such as stress management classes or facilitated support groups, or enrichment activities that parents, children and their families experience together to help maintain or repair relationships.</p> <p>Service Delivery: In-home or Center-Based (identify format for each activity) Identify as (most common): Individual, Group, Training/Workshop, Family, Family Drug Court</p> <p>Resources: Families in Substance Abuse Treatment & Recovery Program - http://www.nurturingparenting.com/</p>

<p>Supervised Family Visitation TLR/SFV</p>	<p>See Section C. TLR/Supervised Family Visitation service model for specific service delivery requirements.</p> <p><u>Parent/Child Visits</u> Structured family interaction and enrichment activities conducted in neutral community-based settings for children in foster care and their families to facilitate permanency. Visits are designed to establish or sustain parent, child and sibling relationships and to facilitate the achievement of timely and permanent reunification. Purpose of each visit is based on written visitation plan and should include a pre-visit and/or post-visit period (parent coaching component) with the parent or other significant participants which allows for shared discussions, observations, accomplishments, goal-setting and barriers/obstacles to case plan objectives and a review of permanency timeframes.</p> <p>Service Delivery: Provided in a child/family friendly, non-institutional environment and should <u>include opportunities to visit outside traditional work hours – evenings and weekends.</u></p> <p><u>Sibling Visits</u> When siblings cannot be placed together, facilitating regular contact is critical to maintaining family connections and positive permanency outcomes. Sibling relationships provide a significant source of continuity throughout a child's life and are likely to be one of the longest relationships that most people experience.</p> <p>While there is no consensus on frequency of face-to-face contacts, a minimum of twice a month for siblings separated in foster care has been recommended by some experts in the field. Also, visits with birth parents can be arranged to occur at a time when all the siblings can be together. Service plan should also address any barriers to visits and needs to be reviewed and revised as needed.</p> <p>Service Delivery: Provided in a child/family friendly, non-institutional environment and should include opportunities to visits outside traditional work/school hours – evenings and weekends, to minimize disruption to school day.</p> <p>Identify as (most common): Center-based Family, Siblings, Safe Exchange, Family: Community-Based, Family: Home-Based, Family/Sibling virtual (observer, parent, child). Identify various time frames when applicable (ex. A. 1 hour, B. 2-hour, etc.)</p> <p>Resources: Supervised Visitation Network https://www.svnworldwide.org/</p>
<p>Support Groups</p>	<p><u>Support Groups</u> At-risk families often lack positive informal and formal support systems which may include friends, extended family, or neighbors who may be willing to act as alternative caregivers or to provide additional support or nurturance to both the parent and the child. A Support Group can be defined as a gathering of people with common experiences and concerns who meet together to provide emotional and moral support for one another. They encourage a sense of community, a source of empathetic understanding and provide an avenue for establishing social networks. Some groups are ongoing, while others have a predetermined start and end or total number of sessions for the group.</p> <p><u>Professional-Facilitated Support Groups:</u> A gathering of youth or adults led by a qualified professional where people are able to share and</p>

	<p>process their feelings, learn new coping strategies, along with identify and evaluate alternatives as they are guided to their own strengths.</p> <p>Peer Support Groups: A gathering of youth or adults with similar lived experiences where these individuals come together to discuss their struggles, challenges, experiences. Led by a peer facilitator (someone that has actually lived the experience being addressed by the group) where help is provided to group members on developing their own goals, strategies for self-empowerment, and taking concrete steps towards building, fulfilling, self-determined lives for themselves. The benefit of Peer Support Groups is the comfort and comradery resulting from knowing that everyone there has some experience with the issue at hand. It creates a non-judgmental atmosphere for people to be able to express their feelings and share their experiences with others who can relate. Traditionally, self-help groups are not the same as “group therapy”. In peer support and self-help groups all members maintain mutuality. If a member (including the facilitator) does hold a formal license or credential, they still participate in the group as a peer rather than as a clinician.</p> <p>Support Groups can take many forms, including:</p> <ul style="list-style-type: none"> • Emotional support • Tangible support • Decision-making or problem-solving assistance • Support related to self-esteem • Social companionship <p>Support Groups are not appropriate delivery of training or education.</p> <p>Service Delivery: Groups for adult caregivers or older youth. Identify as: Caregiver Group, Facilitated Group for Children, Youth Group. Identify whether support group is “facilitated” or “peer led”</p> <p>Childcare may be provided as an additional service by removing a barrier and supporting caregiver participation. Please see details regarding childcare service requirements.</p> <p>Resources: National Association of Peer Supporters https://www.peersupportworks.org/about/the-science-of-peer-support/ Facilitating Peer Support Group https://www.mhanational.org/sites/default/files/MHA%20Support%20Group%20Facilitation%20Guide%202016.pdf Family Substance Support https://americanaddictioncenters.org/therapy-treatment/aftercare-support-groups</p>
<p>Therapy (Therapeutic Counseling)</p>	<p>EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard</p> <p>Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues, including:</p> <ul style="list-style-type: none"> • Master’s or Doctoral degree and licensure from the GA Composite Board as a Psychologist, LCSW, LMFT, LPC, LMSW, LAMFT, LAPC • Master’s or Doctoral degree in a Human Services/Social Services field under the supervision for licensure by a licensed Psychologist, LCSW, LPC or LMFT in accordance with the GA Composite Board <p>Therapeutic services focus on helping individuals better understand, and learn how to change,</p>

	<p>problematic feelings and behaviors. Therapy can be an effective means for helping to improve a variety of emotional, behavioral, and educational concerns. Services include the evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. As every individual and situation is unique, therapeutic goals and counseling techniques utilized are tailored for each client.</p> <p>Therapeutic services MUST utilize interventions that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes. Services include the evaluation and diagnosis of problems, development of treatment goals and strategies, and counseling. Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues.</p> <p>Therapeutic services are provided to address the impact of trauma on children and adolescents. The trauma can be abuse, neglect, and/or exposure to domestic violence, as is the case in most child welfare cases, or it can be a physical or sexual assault, exposure to community violence, war, a natural or man-made disaster, the death or imprisonment of a parent, having a relative go through a traumatic event, other experienced or vicarious</p> <p>Therapeutic services must meet PSSF evidence-based standard.</p> <p>Service Delivery: Services can be provided to an individual, family or a group. Identify as (most common): In-home EBM (Caregiver), Group EBM (Children/Youth), In-Home EBM Family, In-Home EBM (Child/Youth), Center-based EBM (child/youth), Center-Based EBM (Family), Group EBM (Caregiver), Center-Based (Caregiver)</p> <p><i>Note Staff Qualifications for this service</i></p>
<p>Transportation</p>	<p>Lack of reliable transportation continues to be a frequently identified challenge for many families. This includes access to and availability of public transportation in the community and personal transportation resources. PSSF service providers are encouraged to offer transportation services to remove barriers to participation in program services and to help families in accessing other community services and supports to meet their case plan goals.</p> <p>Client transportation provided to:</p> <ul style="list-style-type: none"> • Facilitate parent, caregiver, or child participation in on-site PSSF services • Assist families without transportation to access community resources to help meet case plan goals • Facilitate parent/child or sibling visitation <p>Qualifications of individuals transporting clients:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Hold a valid Georgia operator's license and appropriate for the vehicle being used; • Have a clean driving record documented by a DMV background search; • Have passed a criminal background check; • Have, or be the employee of agency, who meets the DHS liability insurance guidelines. • Maintain vehicle equipped with seat belts in good repair; • Comply with current state regulations on the transport of children in passenger vehicles ensuring age-appropriate, individual restraints as per DPH Our Precious Cargo-Child Passenger Safety & Injury Prevention for Families course (required annually). <p>If transportation by caseworker, foster parent(s) or relative caregiver(s) is not available, transportation</p>

may be provided by the visitation center. Transportation costs associated with transporting participants to and from visits are limited to \$15.00 per hour plus state mileage reimbursement rate.

Service delivery: Should be clearly identified as one of the following:

Group Transport

- multiple sites to one site
- one site to multiple sites
- one site pick up and return

Staff or Contractor Transport

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

Fixed Trip Rate, Pass or Voucher

Note: Do not include additional expense such as staff time when calculating unit cost

Note Staff Qualifications for this service

Resources:

Institute for Online Training and Instructional Systems (IOTIS): https://iotis.org/sso/provider_account.jsp

Georgia Department of Driver Services: <https://dds.georgia.gov/how-do-i-mvr-driving-history-reports>

Additional Services (chart)

Additional Services identified below are frequently included on services plans for the following models to meet the unique needs of the target population served. Programs are not limited to the services listed here.

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

Priority Additional Services for all service models	<ul style="list-style-type: none"> ● Transportation ● Emergency Childcare
Family Support Services (FSS) Prevention and Early Intervention (PEI) Home Visiting Services (HVS)	<ul style="list-style-type: none"> ● Educational Supports ● Emergency Aid ● Enrichment Activities ● Mentoring ● Respite ● Support Groups ● Therapy EBM
Family Support Services (FSS) Healthy Relationship and Co-Parenting Services (HMI)	<ul style="list-style-type: none"> ● Behavior Management EBM ● Life Skills ● Mentoring (Peer Mentoring) ● Support Groups
Family Support Services (FSS) PSSF Supports and Services for Homeless Families and Youth (SHY)	<ul style="list-style-type: none"> ● Behavior Management EBM ● Emergency Aid ● Enrichment Activities ● Respite ● Therapy EBM
Family Preservation Services (FPS) Placement Prevention Services (PPS)	<ul style="list-style-type: none"> ● Educational Supports ● Emergency Aid ● Employment Supports ● Enrichment Activities ● Mentoring ● Respite ● Support Groups
Family Preservation Services (FPS) Relative Caregiver/Kinship Family Services (RCS)	<ul style="list-style-type: none"> ● Behavior Management ● Enrichment Activities ● Respite ● Support Groups ● Therapy (EBM)

<p>Family Preservation Services (FPS) Crisis Intervention Services (CIS) Residential/Post Placement Aftercare (RAC)</p>	<ul style="list-style-type: none"> • Educational Supports • Employment Supports • Life Skills • Mentoring • Respite • Support Groups (Peer)
<p>Family Preservation Services (FPS) Substance Abuse Family Recovery & Support (STR)</p>	<ul style="list-style-type: none"> • Educational Supports • Employment Supports • Life Skills • Support Groups
<p>Family Reunification Services (TLR) Supervised Family Visitation (SFV)</p>	<ul style="list-style-type: none"> • Drug Testing • Emergency Aid • Life Skills • Parent Education EBM • Mentoring (Peer Mentoring) • Support Groups • Therapy EBM
<p>Family Reunification Services (TLR) Parent Reunification Services (PRS)</p>	<ul style="list-style-type: none"> • Educational Supports • Emergency Aid • Employment Supports • Life Skills • Support Groups
<p>Adoption Promotion & Permanency Support Services (APP) Adoption Promotion & Post-Permanency Support Services (APS)</p>	<ul style="list-style-type: none"> • Behavior Management EBM • Educational Supports (for children) • Support Groups • Therapy EBM
<p>Adoption Promotion & Permanency Support Services (APP) Transition and Emancipation Support Services (TES)</p>	<ul style="list-style-type: none"> • Parent Education EBM (for parenting youth) • Therapy EBM

Special Populations

Families Affected by Substance Abuse

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

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

Resources:

Child Welfare Information Gateway:

<https://www.childwelfare.gov/pubs/usermanuals/subabuse>

National Center on Substance Abuse and Child Welfare:

<https://ncsacw.samhsa.gov/default.aspx>

California Evidence-Based Clearinghouse for Child Welfare - Substance Abuse Treatment (Adults):

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

California Evidence-Based Clearinghouse for Child Welfare - Substance Abuse Treatment (Adults):

<https://www.cebc4cw.org/topic/substance-abuse-prevention-child-adolescent-programs/>

Families of Children with Special Needs

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

Resources:

Child Welfare Information Gateway:

<https://www.childwelfare.gov/topics/permanency/specific/disabilities/>

<https://www.childwelfare.gov/pubs/prevenres/focus>

Families of Children in Voluntary Kinship

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

Resources:

National Family Preservation Network - <https://nfpn.org/>

Non-Custodial or Non-Resident Fathers

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

Challenges that often need to be addressed may include:

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

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

Resources:

Child Welfare Information Gateway - <https://www.childwelfare.gov/topics/famcentered/engaging/fathers/>

California Evidence-Based Clearinghouse for Child Welfare: Father Involvement -

<http://www.cebc4cw.org/topic/father-involvement-interventions/>

National Family Preservation Network- Father Engagement - <https://nfpn.org/father-involvement>

Pregnant and Parenting Teens

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

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

Resources:

Child Welfare Information Gateway:

<https://www.childwelfare.gov/topics/preventing/promoting/parenting/pregnant-teens/>

Relative/Kinship Caregivers

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

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

Services for relative/kinship caregivers are designed to:

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

Resources:

Child Welfare Information Gateway

<https://www.childwelfare.gov/topics/preventing/promoting/parenting/relative/>

<https://www.childwelfare.gov/topics/outofhome/kinship/>

<https://www.childwelfare.gov/topics/permanency/guardianship/>

<https://www.childwelfare.gov/topics/permanency/relatives/>

Victims of Domestic and Intimate Partner Violence

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

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

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

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

Resources:

Child Welfare Information Gateway -

<https://www.childwelfare.gov/topics/systemwide/domviolence/>

National Resource Center on Domestic Violence - www.nrcdv.org & www.vawnet.org

California Evidence-Based Clearinghouse for Child Welfare: Victims of Domestic Violence –

<http://www.cebc4cw.org/topic/domestic-intimate-partner-violence-services-for-women-and-their-children/>

Perpetrators of Domestic Violence or Intimate Partner Violence

Services that target perpetrators of DV or IPV include, but are not limited to:

- Stress and anger management classes to break the cycle of abuse
- Healthy relationship classes
- Therapeutic counseling
- Behavior management and techniques for non-corporal discipline
- Batterer's Intervention Programs

Resources:

Child Welfare information Gateway

<https://www.childwelfare.gov/topics/systemwide/domviolence/treatment/intervention/>

National Resource Center on Domestic Violence - <https://vawnet.org/search?search=services%20for%20batterers>

CHINS Children in Need of Services

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

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

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

Evidence-Based Practice

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

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

Resources:

CEBC overview of EBM rating - <https://www.cebc4cw.org/files/OverviewOfTheCEBCScientificRatingScale.pdf>

CEBC Selecting & Implementing Programs - <https://www.cebc4cw.org/implementing-programs/>

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

The goals of Motivational Interviewing are:

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

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

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

Five Principles of Motivational Interviewing

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

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

Resources:

Motivational Interviewing

https://www.childwelfare.gov/pubPDFs/motivational_interviewing.pdf

<https://www.cebc4cw.org/program/motivational-interviewing/>

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

Trauma-Informed Care & Practice

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

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

Resources:

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

Family-Centered Practice

[The National Resource Center for Family-Centered Practice](#) defines Family-centered practice as:

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

The [Child Welfare Information Gateway](#) describes the philosophy and key elements of family-centered practice to include:

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

Resources:

Family-Centered Practice:

<https://www.childwelfare.gov/topics/famcentered/#:~:text=It%20focuses%20on%20children's%20safety,and%20foster%20and%20adoptive%20families.>

Philosophy and Key Elements of Family-Centered Practice

<https://www.childwelfare.gov/topics/famcentered/philosophy/>

National Resource Center For Family Centered Practice- What is Family Centered Practice?

<https://clas.uiowa.edu/nrcfcp/what-family-centered-practice>

Program Evaluation

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

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

An evaluation helps you accomplish the following:

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

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

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

- 1. Specific:** Objectives should provide the “who” and “what” of program activities. Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured. Avoid verbs that may have vague meanings to describe intended outcomes (e.g., “understand” or “know”) since it may prove difficult to measure them. Instead, use verbs that document action (e.g., “At the end of the session, the students will list three concerns...”) Remember, the greater the specificity, the greater the measurability.
- 2. Measurable:** The focus is on “how much” change is expected. Objectives should quantify the amount of change expected. It is impossible to determine whether objectives have been met unless they can be measured. The objective provides a reference point from which a change in the target population can clearly be measured.
- 3. Achievable:** Objectives should be attainable within a given time frame and with available program resources.
- 4. Realistic:** Objectives are most useful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame. Objectives that do not directly relate to the program goal will not help toward achieving the goal.
- 5. Time-phased:** Objectives should provide a time frame indicating when the objective will be measured or a time by which the objective will be met. Including a time frame in the objectives helps in planning and evaluating the program.

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

Resources:

Core Meanings of Strengthening Families Five Protective Factors - <https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>

Evaluating Program, Practice, and Service Effectiveness - <https://www.childwelfare.gov/topics/management/effectiveness/>

Basic Guide to Program Evaluation (Including Outcomes Evaluation)- <https://managementhelp.org/evaluation/program-evaluation-guide.htm>

Evaluation Toolkit and Logic Model – <https://www.childwelfare.gov/topics/preventing/evaluating/toolkit/>

Evaluating Prevention Programs – <https://www.childwelfare.gov/topics/preventing/evaluating/>

FRIENDS- <https://friendsnrc.org/>

Evaluation Toolkit is a resource for developing an individualized outcome evaluation plan. <http://friendsnrc.org/evaluation-toolkit>