SECTION C
PSSF Service Model Guidelines

PSSF FAMILY SUPPORT SERVICES (FSS)

PSSF Family Support services are voluntary, community-based prevention and early intervention services designed to prevent and reduce the risk of child maltreatment by promoting the well-being of the entire family. All services are designed to build on existing family strengths, increase the stability of families, increase parental confidence and competence, increase protective capacities, and enhance overall family functioning to prevent initial or repeat child abuse and neglect and to ensure child safety.

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

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

Proposals for **PSSF Family Support** programs for the FFY2022 funding cycle are limited to the following service models:

I. **PSSF Prevention and Early Intervention Services (PEI)**
II. **PSSF Home Visiting Services (HVS)**
III. **PSSF Healthy Relationship & Co-Parenting Services (HMI)**
IV. **PSSF Supports & Services for Homeless Youth and Families (SHY)**

Target Populations: PSSF Family Support services are provided to families who are at risk for CPS involvement to reduce risk and prevent child maltreatment. This includes families:

- Not known to the child welfare agency
- Who have been the subject of a report of suspected child abuse or neglect who:
  - Were screened out or were referred for community-based services
  - Were assigned to Family Support
  - Were investigated but allegation was unsubstantiated
  - Have prior CPS history (DFCS Family Support, Family Preservation, Foster Care or ILP case closed) and referred by DFCS for community-based supports/services

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

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

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

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

Service Duration: see individual service model for specific service duration

Desired Outcomes:

<table>
<tr><th colspan="2">FAMILY SUPPORT SERVICE MODELS</th></tr>
<tr><td colspan="2">• Caregivers were actively engaged in the development of an individualized service plan with goals and objectives based on an assessment of their strengths and needs.
• Caregivers identified and accessed other community-based services/supports for themselves and/or the children/youth in their care.</td></tr>
<tr><td rowspan="3">FSS/PEI
Prevention/Early Intervention</td><td>• Caregivers participated in at least 90% of parent education/parent training sessions as per EBM service delivery guidelines.</td></tr>
<tr><td>• Caregiver demonstrated change in parenting knowledge and/or skills based on improvement (Based on results from pre- to post-test scores.</td></tr>
<tr><td>• Caregiver demonstrated improvement in basic life skills deficits identified in Initial Assessment</td></tr>
<tr><td rowspan="4">FSS/HVS
Home Visiting</td><td>• Family participated in home visits with fidelity to EBM service delivery guidelines.</td></tr>
<tr><td>• Caregiver demonstrated change in parenting knowledge and/or skills based on improvement from pre- to post-test scores.</td></tr>
<tr><td>• Caregiver demonstrated improved understanding of child development.</td></tr>
<tr><td>• Caregiver was better able to meet the physical, emotional, and/or educational needs of their child(ren).</td></tr>
<tr><td rowspan="3">FSS/HMI
Healthy Relationship/ Co-Parenting</td><td>• Caregiver participated in at least 90% of scheduled healthy marriage/co-parenting workshops/sessions as per EBM service delivery guidelines.</td></tr>
<tr><td>• Caregiver demonstrated improved knowledge and/or skills regarding communication and/or conflict resolution.</td></tr>
<tr><td>• Caregiver participated at least one therapeutic counseling session.</td></tr>
<tr><td rowspan="8">FSS/SHY
Supports and Services for Homeless Youth</td><td>• Family or youth/young adult was assisted in identifying and securing a safe/stable living environment.</td></tr>
<tr><td>• Caregiver or youth/young adult identified and accessed educational and/or employment supports.</td></tr>
<tr><td>• Caregiver or youth/young adult demonstrated improvement in basic life skills deficits identified in Initial Assessment.</td></tr>
<tr><td>• Caregiver participated in support group activities.</td></tr>
<tr><td>• Caregiver established relationship with peer mentor.</td></tr>
<tr><td>• Caregiver demonstrated change in parenting knowledge and/or skills based on improvement from pre- to post-test scores.</td></tr>
<tr><td>• Youth/young adult established relationship with an adult mentor.</td></tr>
<tr><td>• Youth/young adults were able to address behavior management.</td></tr>
</table>

I. PSSF Prevention and Early Intervention Services (PEI)

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

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

Service Duration: 4-12 months

Service Requirements: Minimum of 6 services, as described below

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

1. Initial Assessment (including Service Plan)

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

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

See also Section D, for complete information on Assessments

2. Case Management

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

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

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

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

<table>
<tr><td>Step by Step Parenting Program
For parents/caregivers with learning differences with children ages 0-3 years</td><td>1½-2 hour, weekly in-home visits (2-3 visits per week for newborns)
Up to 2 years</td></tr>
<tr><td>Triple P: Positive Parenting Program Level 3
Children with mild to moderate behavioral difficulties</td><td><u>Program Options & Delivery</u>
Discussion Groups (for parents of children ages 0-12)
or
Teen Discussion Groups (for parents of children ages 12-16)
Four 2-hour groups (8-12 participants), weekly
With optional 1-4 individual follow up contacts either in-person or by phone</td></tr>
<tr><td>STEP: Systemic Training for Effective Parenting
For parents of children ages 0-17 years</td><td>Seven 1½ hour individual or group sessions
Not more than 1-2 sessions per week</td></tr>
<tr><td>Nurturing Parenting Programs
Parents and their children ages 4-12 years

Education & Intervention</td><td><u>Program Options & Delivery</u>
Primary Prevention
ABC's for Parents
Seven 2-hour groups
Community-Based Education Nurturing Parenting
Ten 1½ hour groups
Secondary Prevention
Nurturing Skills for Teen Parents
Group, individual or combination
50-90 minutes sessions/month
2-4 per month
Nurturing Skills for Families
Twelve 2-2½ hour groups
2-4 per month</td></tr>
</table>

4. Life Skills (core)

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

5&6. Additional Services (two required)

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

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

II. PSSF Home Visiting Services (HVS)

PSSF Home Visiting programs must utilize one of two evidence-based home visiting practice models that support positive parent-child relationships, promote optimal child health and development, enhance parental self-sufficiency, ensure safe home environments, and prevent child abuse and neglect.

Services are voluntary, in-home support, and educational services designed to enhance parental capacity to care for children, strengthen parent/child relationships, and help families identify and access community resources. Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies and young children. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.

Programs vary, but components may include:

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

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

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

Service Duration: see chart below

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

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

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

Additional Services

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

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

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

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

III. PSSF Healthy Relationship and Co-Parenting Services (HMI)

The impact of couple and co-parenting relationship problems on the well-being of adults and children has received increasing recognition by child welfare agencies. Children whose parents have healthy relationships are at less risk for abuse, experience greater stability, and fare better on a broad range of child outcomes. The promotion of a safe and supportive home environment for a child is inextricably linked to creating a safe and supportive couple and co-parenting relationship between parents. Healthy relationships and marriages, and resulting family stability benefit the physical, social, and emotional well-being of adults and children.

PSSF Healthy Relationship and Co-Parenting services teach skills to help couples communicate better, manage their emotions more effectively when they disagree and be better parents for their children. Skills that help parents work cooperatively should also increase voluntary paternity establishment for children. Even when couples are unable to sustain a healthy marriage, parents who can work together are more likely to agree to fair support orders and to provide financial and emotional support for their children.

PSSF Healthy Relationship and Co-Parenting services are designed to strengthen and promote stable and life-long parental or co-parenting relationships. Services should teach couples how to build and maintain healthy partnerships, identify, and manage stress that threatens relationships, and promote and support co-parenting.

Goals include:
- Increasing the percentage of children who are raised by two parents in a healthy relationship
- Increasing the percentage of couples who are equipped with the skills to sustain a healthy relationship
- Increasing the percentage of youth and young adults who have the skills and knowledge to make informed decisions about healthy relationships including skills that can help form and sustain a healthy relationship

The provision of these services is not to be confused with marriage counseling or therapy. It is not the intent of the U.S. Administration on Children and Families or Georgia DHS/DFCS to advocate the following:
- *Trapping anyone in an abusive or violent relationship*
- *Forcing anyone to get or stay married*
- *Withdrawing supports from or diminishing in any way, either directly or indirectly, the important work of single parents*

Target Populations: Families referred for healthy marriage/relationship/co-parenting classes, including:
- Non-married pregnant or parenting women and expectant or parenting fathers
- Separated or divorced couples with children
- Young adults
- Married couples
- Step-parents

Service Duration: 4-12 months

Referral Sources: Various (see FSS Referral Sources)

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

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

1. Initial Assessment (including Service Plan)

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

See also Section D, for complete information on Assessments

2. Case Management

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

3. Parent Education EBM (core)

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

4. Healthy Relationships (core)

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

5. Therapy EBM (core)

Therapeutic services MUST utilize evidence-based interventions that are trauma-focused, skills-based, and goal-oriented to mitigate negative outcomes. Services include the evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. Therapeutic and psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues.

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

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

6. Additional Service (one required)

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

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

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

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

Services should ensure that families/youth are engaged in the process to understand their needs, identify their goals, and create a plan for achieving those goals. **PSSF Supports and Services for Homeless Families and Youth** focus on developing skills and identifying resources necessary to secure and maintain a safe and stable living environment. Services also focus on developing relationships and building supportive networks in the community.

Services are personalized and emphasize finding permanent housing and building new skills so that youth and families can be safer and more self-sufficient. Support can include anything from assistance with getting vital documents, such as birth certificates, to support in completing education, managing money, job training, and finding employment.

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

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

Target Populations:

- Homeless families with children, in shelters or transitional housing
- Homeless youth, ages 14 – 17
- Youth or young adults recently emancipated from foster care who have not signed back in, ages 18-21
- Victims of commercial sexual exploitation

Referral Sources: Various (see FSS Referral Sources)

Service Duration: 4-12 months

Service Requirements: Minimum of 6, as described below

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

1. Initial Assessment (including Service Plan)

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

Homeless Youth/Young Adults: Initial Assessments for all youth/young adults must include the Casey Life Skills (CLS) assessment tool to evaluate the behaviors and competencies of the youth needed to achieve their long-term goals. The CLS is designed to be used in a collaborative conversation between a mentor,

caseworker, or other service provider and any youth between the ages of 14 and 21 to review with the youth in a strengths-based conversation that actively engages them in the process of developing their goals.
See also Section D, for complete information on Assessments

2. Case Management

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

3. Homeless Families: Parent Education EBM (core)

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

Homeless Youth: Behavior Management EBM (core)

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

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

4. Life Skills (core)

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

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

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

-and/or-

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

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

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

-and/or-

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

Additional Services (optional)

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

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

PSSF FAMILY PRESERVATION SERVICES (FPS)

PSSF Family Preservation services are short-term, intensive interventions to mitigate parent or child behaviors to prevent escalation of circumstances to the point of requiring removal of children from the home. **PSSF Family Preservation** services are provided to families that have or have had DFCS involvement because of an elevated risk for child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict. Provision of these services grows out of the recognition that the unnecessary separation of children from their families is traumatic, often leaving lasting negative effects. Families at risk or in crisis can be preserved and children safely maintained in their homes when families receive intensive support and therapeutic services to improve family functioning and stability. Services are family-focused, and designed to maintain children safely in their homes, prevent the unnecessary separation of families, and offered as a safe alternative to out-of-home placement.

Providers of **PSSF Family Preservation** services are required to coordinate services with DFCS and other agencies including mental health, substance abuse, education, childcare, and employment services to provide families a comprehensive continuum of community-based supports, interventions, and follow-up services responsive to individual and family needs. Services may be offered to families who are in crisis or at imminent risk of child welfare involvement and having a child removed from their home. **PSSF Family Preservation** services may also be provided to support families' post-reunification to help prevent placement disruption and re-entry into foster care.

Proposals for **PSSF Family Preservation** programs for the FFY2022 funding cycle are limited to the following service models:

I. **PSSF Placement Prevention Services (PPS)**
II. **PSSF Relative Caregiver/Kinship Family Services (RCS)**
III. **PSSF Crisis Intervention Services (CIS)**
IV. **PSSF Residential /Post Placement After-Care Services (RAC)**
V. **PSSF Substance Abuse Family Recovery & Support Services (STR)**

Target Populations:

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

Desired Outcomes:

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

I. PSSF Placement Prevention Services (PPS)

PSSF Placement Prevention services are short-term home- and/or center-based services to children and families with DFCS involvement where children are still in parental custody or have been returned to the home to provide additional supports and services to support case plan objectives or follow-up supports at case closure to sustain and maintain family stability. These services are provided as a part of a family's safety and/or CPS case plan designed to reduce the risk of repeat maltreatment, safely maintain children in their homes, and/or prevent unnecessary placement into foster care.

Target Populations: Families for whom allegations of child abuse and/or neglect have been substantiated and have, or have had, an open Family Preservation or Foster Care case

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

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

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

PSSF Placement Prevention proposals are encouraged to utilize one or more of the in-home or center-based parenting/parent education or parent training (Option A) or home visiting models (Option B) described below that are proven effective when maltreatment has occurred.

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

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

Option A: Evidence-Based Home Visiting Service Requirements

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

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

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

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

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

Option B: Service Requirements for all other PSSF Placement Prevention Programs
Minimum of 7, as described below

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

1. Initial Assessment (including Service Plan)

Initial Assessment for **PSSF Placement Prevention** programs must include, at a minimum, evaluation of parenting, life skills, family resources and social supports, in addition to individual behavioral characteristics that negatively impact relationships within the family. Based on reasons for referral, service objectives identified at referral, or needs identified in a family assessment, service plan must be solution-based in addressing the needs of the target population to achieve the desired outcomes. Assessment should identify safety risks in the home. *See also Section D, for complete information on Assessments*

2. Case Management

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

3. Parent Education EBM (core)

The evidence-based parent education models described below are recommended for **PSSF Placement Prevention** programs as they are effective in prevention repeat maltreatment when DFCS intervention has occurred. Other evidence-based parent education with specificity for the identified target population and/or family or client characteristics to be addressed may be proposed provided it meets the PSSF CEBC evidence-based model standards and is proven effective in the prevention of repeat maltreatment. Proposal will need to provide sufficient justification for use of alternative model. *See also Section D, Parent Education, for more information and resources.*

Recommended Parent Education Programs

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

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

4. Life Skills (core)

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

5. Behavior Management EBM (core)

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

6. Therapy EBM (core)

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

7. Additional Service (one required)

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

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

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

When a parent is unable to serve as the primary caregiver due to abandonment, death, drug-addiction/treatment, incarceration or mental illness, primary care for children is often assumed by a grandparent, other relative, or fictive kin. Whenever possible, relatives are the preferred resource for children who must be removed from their birth parents because placement with relatives increases stability and safety and helps to maintain both family connections and cultural traditions.

Services for relative caregivers, often grandparents, should consider that relatives are often single, in poorer health, and financially less secure than non-relative caregivers, while children in their care are generally younger and often need special services. Often relative caregivers need temporary support services in the home to provide caregiver with short periods of time to attend to household matters or other tasks while children receive in-home supervision. These families generally receive few economic supports and are less likely to be aware of services available to them. Additionally, they may not have support from extended family, peers, or the community in general.

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

- Promote permanency and child well-being by supporting early and stable relative/kinship placements to prevent children from coming into or re-entering foster care
- Increase caregiver capacity and improve family functioning
- Support the educational, physical, and mental health of children
- Support the physical and mental health of caregivers
- Increase access to and utilization of community-based supports and services

Target Population: Families where the primary care for children has been assumed by a grandparent, other relative or fictive kin, including children placed temporarily through Voluntary Kinship

Referral Sources:

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

Service Duration: Up to 12 months

RCS Service Requirements: Minimum of 6, as described below

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

1. Initial Assessment (including Service Plan)

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

2. Case Management

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

3. Health Education and Monitoring (core)

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

4. Parent Education EBM (core)

Parent Education should focus on the unique needs and circumstances of the relative caregivers (target population). Evidence-based parent education models with specificity for the identified target population and/or family or client characteristics to be addressed may be proposed provided it meets the PSSF CEBC evidence-based model standards, and is proven effective in the prevention of repeat maltreatment.

5. Educational Supports (core)

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

6. Additional Service (one required)

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

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

III. PSSF Crisis Intervention Services (CIS)

PSSF Crisis Intervention services are designed for children/youth and caregivers to address behaviors that threaten the safety and/or placement stability. Services are designed to support families in crisis where children are at high risk for removal from the home primarily due to child behavior or involvement with DJJ due to truancy or delinquency.

PSSF Crisis Intervention services utilize a range of research-based therapeutic interventions, including family counseling and cognitive/behavioral therapy in the home. Services are provided to help remove barriers to family stability and restore family functioning. Based on reasons for referral, service objectives identified at referral, or needs identified in a family assessment, service plan must include an evidence-based practice model effective in addressing the needs of the target population.

Providers of **PSSF Crisis Intervention** services must be knowledgeable of and collaborate with DFCS, the courts and other community- and faith-based agencies to ensure families receive the array of supports and services they need to maintain safe and stable home environments. Services should be available to respond to families 24 hours a day in their home setting but may include other environments as needed.

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

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

Service Duration: Up to 6 months

CIS Service Requirements: Minimum of 6, as outlined below

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

1. Initial Assessment at Intake (including Service Plan)

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

2. Case Management

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

3. Crisis Intervention 24/7 (core)

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

4. Behavior Management EBM (core)

Services to address child behavior problems, related skill deficits and assets and implementation of specific evidence-based interventions and strategies to address problem behaviors. Caregiver skill deficits and assets related to the child's behavior are also identified as are interactions that will motivate, maintain, or improve behavior.

5. Therapy EBM (core)

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

6. Additional Service (one required)

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

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

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

IV. PSSF Residential/Post Placement After-Care Services (RAC)

PSSF Residential/Post Placement After-Care services support children and families reunifying from foster care. After-care services are available to families 2-3 months pre-discharge and 6-9 months post-discharge and are designed to sustain treatment outcomes and prevent placement disruption.

Services are designed to provide a therapeutic framework supporting family living for children and adolescents, helping to reintegrate them into their homes and communities. These services may include therapeutic services, 24-hour crisis therapeutic support, the teaching of problem-solving skills and behavioral management strategies, parenting skill development, and other treatment modalities as outlined in the discharge plan.

Target Population: Children returning home from temporary shelters, residential treatment or therapeutic foster home settings, and their families with an open Family Preservation or Placement case, prior to or post change in placement

Referral Sources: DFCS Family Preservation or Placement Services, Juvenile or Family Court

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

RAC Service Requirements: Minimum of 5, as described below

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

1. Initial Assessment (including Service Plan)

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

2. Case Management

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

3. Behavior Management (core) EBM

4. Therapy (core) EBM

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

All **PSSF Residential/Post Placement After-Care** programs MUST develop a comprehensive discharge or transition plan to help prepare caregiver and child for the return home and to the community. Based on family strengths, needs, and priorities, plan should identify strategies, resources, and supports that will be utilized to prevent or address disruptive behaviors that may threaten the safety of the child or result in removal of the child from the home or disrupt placement.

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

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

Additional Services (optional)

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

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

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

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

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

PSSF Substance Abuse Family Recovery and Support services are designed to educate family members on the disease of addiction, its impact on relationships, the role of family members on the recovery process and relapse prevention, and the prevention of future addiction. Services may be provided to family members when parent(s) is in active treatment (inpatient or out-patient) and/or during recovery to prevent relapse and sustain recovery. It is important to remember how very important family members are to the recovery process.

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

- Helping family members learn self-care interventions that improve their own well-being
- Improving communication styles and relationship quality
- Helping families understand and avoid enabling behaviors
- Addressing codependent behavior that may be preventing recovery
- Identifying and understanding the systems in place that support and deter substance use
- Preventing the substance use from spreading throughout the family or down through future generations

Target Population: Caregivers impaired by addiction, in treatment, or in recovery
Family members and children of caregivers in treatment or recovery

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

Service Duration: Up to12 months

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

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

1. Initial Assessment (including Service Plan)

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

2. Case Management

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

3. 24/7 Crisis Intervention (core)

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

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

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

5. Therapy EBM (core)

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

Therapists work with family members to learn their strengths and individual needs, address trauma and build a healthy family environment to support and sustain recovery.

6. Additional Service (one required)

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

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

PSSF FAMILY REUNIFICATION SERVICES (TLR)

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

Efforts to assure safe and permanent reunifications for children are complicated because of the strict time frames set forth in the Adoption and Safe Families Act (ASFA) of 1997 and the complex and interrelated problems many families experience, such as substance abuse, domestic violence, and mental illness. The degree to which families are effectively reunited is largely dependent upon the ability to connect families with timely, intensive, and responsive supports and services pre- and post-reunification. **PSSF Family Reunification** services are provided to families to reduce the time in foster care, facilitate reunification, and sustain permanency for children, pre- or post- return of children to families from foster care or residential treatment.

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

Proposals for **PSSF Family Reunification** programs for the FFY2022 funding cycle are limited to the following service models:

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

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

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

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

Desired Outcomes:

<table>
<tr><th colspan="2">FAMILY REUNIFICATION SERVICE MODELS</th></tr>
<tr><td colspan="2">Caregivers/youth were actively engaged in the development of an individualized service plan with goals and objectives based on a current assessment of their strengths and needs.
Caregivers/youth identified and accessed other community-based services/supports for themselves and/or the children/youth in their care.</td></tr>
<tr><td rowspan="5">TLR/SFV
Supervised Family Visitation</td><td>• Family completed at least 90% of scheduled visits.</td></tr>
<tr><td>• Child(ren) maintained contact with siblings who were in separate placements.</td></tr>
<tr><td>• Child(ren) maintained contact with extended family members.</td></tr>
<tr><td>• Parent(s) received parent coaching before or after visit for at least 90% of visits.</td></tr>
<tr><td>• Parent(s) demonstrated improved parent-child interactions during visitation.</td></tr>
<tr><td rowspan="3">TLR/CFA
Child and Family Advocacy (CASA)</td><td>• CASA recommendations regarding placement decisions and case progress were provided to court at hearings related to child.</td></tr>
<tr><td>• Child(ren) received at least one contact per month from their assigned CASA volunteer.</td></tr>
<tr><td>• CASA volunteer maintained regular contact with child(ren)’s family members and other collateral contacts.</td></tr>
<tr><td rowspan="3">TLR/PRS
Parent Reunification Services</td><td>• Caregiver participated in at least 90% of parent education/parent training sessions as per EBM service delivery guidelines.</td></tr>
<tr><td>• Caregiver and/or child(ren) participated in 90% of therapy sessions as per service plan and EBM service delivery guidelines.</td></tr>
<tr><td>• Parents were able to satisfy or make progress on one or more case plan goals.</td></tr>
</table>

I. PSSF Supervised Family Visitation Services (SFV)

Children in an out-of-home placement have the right to continued relationships with their family of origin, extended family, and others with whom they have had meaningful relationships, unless prohibited for reasons of safety by court order. Likewise, parents of children in care have the right and responsibility to maintain regularly scheduled visits and other contacts with their children unless prohibited by the court.

Supervised visitation has been found to be strongly associated with the outcomes of placement, particularly family reunification, and with the length of stay in foster care. According to research, the children who were visited most frequently were more likely to be reunified with their parents and experience shorter placements before reunification. In addition, researchers have found a relationship between the frequency of the parent-child visits and the child(ren)'s well-being while in foster care. Children in foster care who are visited frequently by their parents are more likely to have high well-being ratings and are more likely to adjust well to their foster care placement compared to children who are less frequently, or never, visited. Frequent visiting has consistently been found not only to emotionally benefit children in care but also to contribute to the achievement of permanency. Above all, supervised visitation provides the necessary element for the successful return of the child to the parent.

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

Supervised visitation maintains parent-child relationships that are necessary for successful family reunification while maintaining child safety. **PSSF Supervised Family Visitation** provides increased opportunities for children in foster care to visit with their families in less restrictive but secure, non-threatening environments.

Research conducted on supervised visitation identifies maintaining parent-child and other family attachments, in addition to reducing the sense of abandonment that children experience during placement, as potential benefits of regular parent/child visits. **PSSF Supervised Family Visitation** may also provide opportunities for children to maintain connections with siblings placed in different placements or visit with extended family members or other significant adults.

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

At a minimum, visitation staff, contractors or volunteers must:

- Have received required training in a parent education/parent training model that meets PSSF evidence-based standards;
- Be knowledgeable of healthy child development;
- Have the ability to model and coach positive parent-child interaction.

Visitation Program Coordinators should have education, training, and experience in relevant areas of specialization such as social work, mental health, sociology, psychology, early childhood education, domestic violence, substance abuse or public administration; and experience in a related human service field or direct service delivery to at-risk families. At a minimum, a visitation program coordinator must have a Bachelors' degree in one of the above-mentioned fields with a minimum of two years related experience; or a Bachelors' degree in another subject area with a minimum of four years' experience in a related human service field or direct service delivery to at-risk families.

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

Transporters: Transportation should be coordinated to remove barriers to consistent visitation. If transportation by caseworker, foster parent(s) or relative caregiver(s) is not available, transportation may be provided by the visitation center.

Individuals who transport clients for supervised visits shall:

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

SFV Service Requirements: Minimum of 4 as described below

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

1. Initial Assessment (and Visitation Plan)

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

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

- Purpose of visits (what visits expect to accomplish)
- Safety concerns
- Timing (how soon, how often, duration)
- Alternate locations (off-site visits subject to agency/court approval)
- Approved participants (mother, father, siblings, pets, grandparents, other relatives, or other adult who has a significant relationship with the child)
- Content (attachment, parenting/child development, decision-making)
- Controls (secure place, observation, documentation, supervision, rules)
- Transportation (who and how)
- Contingency plan for missed or cancelled visits (For example, due to failed drug tests)
- Barriers that may need to be addressed
- Other requirements or circumstances that may influence the quality of visits and successful reunification efforts

See also Section D, for complete information on Assessments

2. Case Management

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

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

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

The level of supervision required during a visit depends on the individual safety needs identified in the DFCS or court-ordered case plan. Monitoring or observation of visits should include both process and outcome markers that indicate parental progress toward meeting the permanency goals, and be included in regular reports to the case manager. Intervention during the visit should be minimized and occur only to redirect or de-escalate behaviors that negatively impact visit objectives or threaten child safety.

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

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

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

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

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

Pre-visit discussion with caregivers serves to:

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

Post-visit debrief with caregivers serves to:

- Provide encouragement and reinforce positive parenting behaviors observed;
- Discuss alternatives to undesirable behaviors observed during the visit;
- Identify goals for future visits;
- Identify actions or resources needed to improve quality future visits.

Group parenting classes do not satisfy the parent coaching requirement.

Additional Services (Optional)

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

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

Priority Service for TLR/SFV is Transportation, to and from visits, for children or parents

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

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II. PSSF Child and Family Advocacy Services (CFA)

In Juvenile Court dependency proceedings, a child has a right to an attorney during all stages of the proceeding, and the Court may appoint an attorney for the child. In addition to the child's attorney, the federal Child Abuse Prevention and Treatment Act and state law require the appointment of a Guardian ad Litem (GAL) to represent the best interests of the child. A GAL may be an attorney or non-attorney. In the case of a non-attorney, Georgia law requires the court to appoint a Court-Appointed Special Advocate (CASA) volunteer to serve as GAL whenever possible. A CASA may be appointed in addition to an attorney serving as the child's GAL.

PSSF Child and Family Advocacy services help to ensure children who are involved in dependency proceedings are appointed representation, a Court-Appointed Special Advocate (CASA), to advocate for timely permanency decisions that are in the best interests of the child.

PSSF Child and Family Advocacy also provides support to children and their families to promote and sustain reunification, or other permanency options such as adoption or legal guardianship. These services ensure that the needs of children are met, families receive needed supports, children removed from their home maintain connections to their families and communities, achieve permanency as quickly as possible, and reduce the chance for subsequent removal after reunification. **PSSF Child and Family Advocacy** programs work in collaboration with DFCS and Juvenile Court, first and foremost, to ensure that children are safe, families receive the timely and responsive services they need, minimize the trauma of out-of-home placement, and prevent placement disruptions.

Target Population: Children entering or in foster care or other court-ordered and supervised temporary placement

Referral Sources: DFCS Foster Care or Juvenile Court Appointment

Staff Qualifications: PSSF Child and Family Advocacy services are provided by a volunteer Court-Appointed Special Advocate (CASA) who has received the required 30 hours of training, and is supervised by a minimum of a bachelor's level professional, or individual qualified by education, training, and experience serving at-risk families.

CFA Service Requirements: Minimum of 4 as described below

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

1. CASA Initial Court Report

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

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

2. Court Hearings

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

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

3. Child Contact

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

4. Collateral Contact

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

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

See also Additional Guidelines for CASA Proposals (next page)

Additional Guidelines for CASA Proposals

Average Monthly Caseload

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

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

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

  Examples:

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

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

Service Delivery

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

Budget and Budget Narrative

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

Unit Costs

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

III. PSSF Parent Reunification Services (PRS)

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

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

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

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

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

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

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

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

PRS Service Requirements: Minimum of 6, as described below

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

1. Initial Assessment (including Service Plan)

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

2. Case Management

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

3. Parent Education EBM (core)

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

4. Therapy EBM (core)

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

5. Peer Mentoring

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

6. Additional Service (one required)

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

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

PSSF ADOPTION PROMOTION and PERMANENCY SUPPORT SERVICES (APP)

Experience with adoptive families has shown that all family members can benefit from some type of post-adoption support. Families of children who have experienced trauma, neglect, abuse, out-of-home care, or institutionalization may require more intensive services as children may have ongoing emotional, developmental, physical, or behavioral difficulties.

PSSF Adoption Promotion and Post-Permanency Services (APS) are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child, or to facilitate permanency for children through relative guardianship, and to prevent disruption or dissolution of those relationships. It is common for adoptive families to need support and services to prepare for and sustain adoption. Transition periods can be especially difficult for families who must also address child welfare-related issues such as separation and loss. Families who adopt children with special needs also face additional challenges that may be compounded by the child's past experiences of child abuse and neglect.

Additionally, when young people leave foster care or "age out" without permanent family connections, they are often at risk for negative outcomes such as homelessness, unemployment, unplanned parenthood, poor educational attainment, or involvement with the criminal justice system. Turning 18 often means losing financial, educational, and social supports that foster care youth have come to rely on.

PSSF Transition and Emancipation Support (TES) services are designed to help youth develop skills for independent living and establish meaningful adult connections while simultaneously working toward achieving permanency through reunification, adoption, or guardianship. Youth who are nearing the age of emancipation without an identified permanency resource may need additional supports and services to help transition and prepare for the opportunities and challenges of independent adult living. Without family supports and community networks to help them make successful transitions to adulthood, these young adults may experience very poor outcomes at a much higher rate than the general population.

Proposals for **PSSF Adoption Promotion and Permanency Support** for the FFY2022 funding cycle are limited to the following service models:

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

Desired Outcomes:

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

I. PSSF Adoption Promotion and Post-Permanency Support Services (APS)

PSSF Adoption Promotion and Post-Permanency Support services are provided to families to facilitate and support permanency for children through adoption or other permanency options such as legal guardianship, and to prevent disruption or dissolution of those relationships. Services are designed to promote and assist children and families prior to, during, and after adoption or guardianship. Services may be provided to birth, foster, relative or adoptive families and are designed to support families throughout the adoption and/or guardianship process and provide post-permanency support services.

Service Delivery Expectations:

- Services are designed to address issues related to separation and adjustment which may impair family functioning.
- Adequate support is particularly critical for special needs adoptions where challenges and adjustments faced by families can be immediate and intense.
- Post-permanency supports and services should help identify and address family issues which negatively impact family functioning and help stabilize and support families to prevent disruption.
- Post-permanency services are geared toward normalizing the adoption experience, helping adoptive parents increase parent-child attachment, and decrease family isolation by creating opportunities to connect with others in similar circumstances.

Target Populations:

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

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

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

APP Service Requirements: Minimum of 6 as described below

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

1. Initial Assessment & Service Plan (Family)

See Section D, for complete information on Assessments

2. Case Management

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

3. Parent Education EBM (core)

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

4. Respite

Respite is provided to help sustain family health and well-being, reduce the likelihood of abuse and neglect, and avoid placement disruption. Temporary relief is provided to primary caregivers to reduce stress, support family stability, and minimize the need for out-of-home care. Respite care is a vital support to families who have adopted children with complex developmental, emotional, behavioral, or medical needs to provide relief from the challenges associated with parenting children with special needs. Respite must be provided by an individual trained and qualified to meet the special needs of the child and in a safe and secure environment.

5. Legal Services or Healthcare Support Services (core)

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

-or-

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

6. Additional Service (one required)

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

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

II. PSSF Transition and Emancipation Support Services (TES)

Adolescents face a range of developmental issues, and as teens approach adulthood, living independently becomes a significant goal. While youth with intact families may struggle to achieve self-reliance, youth in out-of-home care face formidable obstacles. As youth age out of out-of-home care, receiving guidance and support when facing life's challenges can help develop networks for support and prepare them for self-sufficiency.

PSSF Transition and Emancipation Support services are designed to provide enhanced or additional supports and services to youth preparing for emancipation, or youth who have recently exited foster care, to equip them with life skills, educational and career planning necessary for a successful transition to independent adult living.

Target Populations:

- Youth age 16+ preparing for emancipation from foster care
- Youth age 18+, who have signed themselves back in for services

Referral Sources: DFCS Foster Care or Independent Living Program (ILP)

Service Duration: 6-9 months before exiting Foster Care and/or 6-9 months following emancipation

TES Service Requirements: Minimum of 6, as described below

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

1. Initial Assessment (including Service Plan)

Initial Assessments for all youth/young adults must include the Casey Life Skills (CLS) assessment tool to evaluate the behaviors and competencies of the youth needed to achieve their long-term goals. The CLS is designed to be used in a collaborative conversation between a mentor, caseworker, or other service provider and any youth between the ages of 14 and 21 to review with the youth in a strengths-based conversation that actively engages them in the process of developing their goals. *See also Section D, for complete information on Assessments*

2. Case Management

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

3. Mentoring (Adult Volunteer) (core)

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

Staff/case managers cannot serve as mentors.

4. Life Skills (core)

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

5. Educational Supports (core)

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

6. Employment Supports (core)

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

Additional Services (optional)

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

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