COUNTY OF VENTURA

HUMAN SERVICES AGENCY

Presents a
Request for Proposals
for

PROMOTING SAFE AND STABLE FAMILIES (PSSF) SERVICES
(RFP #1819.02)

RELEASE DATE: October 11, 2018

DUE DATE: November 15, 2018, 5:00 p.m.

BIDDERS CONFERENCE*: October 22, 2018, 9:00 – 10:30 a.m.
Human Services Agency, Cottonwood Room
855 Partridge Drive
Ventura, CA 93003
*RSVP requested

REVISED DATE: October 23, 2018 (Revisions in Red)
TABLE OF CONTENTS

SECTION I: PROGRAM INFORMATION

<table>
<thead>
<tr>
<th>Section</th>
<th>Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Introduction/Background</td>
<td>1</td>
</tr>
<tr>
<td>B</td>
<td>Program Overview</td>
<td>3</td>
</tr>
<tr>
<td>C</td>
<td>Revenue Source</td>
<td>4</td>
</tr>
<tr>
<td>D</td>
<td>Period of Service</td>
<td>4</td>
</tr>
<tr>
<td>E</td>
<td>Scope of Work</td>
<td>5</td>
</tr>
<tr>
<td>F</td>
<td>Performance Outcomes</td>
<td>7</td>
</tr>
<tr>
<td>G</td>
<td>Bidders Conference/Technical Assistance</td>
<td>8</td>
</tr>
<tr>
<td>H</td>
<td>Award Process Timetable</td>
<td>8</td>
</tr>
</tbody>
</table>

SECTION II: RFP GUIDELINES

<table>
<thead>
<tr>
<th>Section</th>
<th>Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Responsive Bidder</td>
<td>9</td>
</tr>
<tr>
<td>B</td>
<td>Acceptance of Proposal Content</td>
<td>9</td>
</tr>
<tr>
<td>C</td>
<td>Rejection of Proposals</td>
<td>9</td>
</tr>
<tr>
<td>D</td>
<td>Evaluation and Selection Process</td>
<td>9</td>
</tr>
<tr>
<td>E</td>
<td>Protest Rights</td>
<td>10</td>
</tr>
<tr>
<td>F</td>
<td>Award and Commencement of Work</td>
<td>10</td>
</tr>
<tr>
<td>G</td>
<td>Limitations</td>
<td>11</td>
</tr>
<tr>
<td>H</td>
<td>Method of Payment</td>
<td>11</td>
</tr>
<tr>
<td>I</td>
<td>Prohibition of Collusion</td>
<td>11</td>
</tr>
<tr>
<td>J</td>
<td>Proposals Property of County</td>
<td>11</td>
</tr>
<tr>
<td>K</td>
<td>Addenda and Supplement to RFP</td>
<td>11</td>
</tr>
<tr>
<td>L</td>
<td>Additional Requirements</td>
<td>11</td>
</tr>
</tbody>
</table>

SECTION III: SUBMISSION PACKAGE

<table>
<thead>
<tr>
<th>Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Instructions</td>
<td>14</td>
</tr>
<tr>
<td>Attachment 1 – Executive Summary</td>
<td>15</td>
</tr>
<tr>
<td>Attachment 2 – Narrative Section</td>
<td>16</td>
</tr>
<tr>
<td>Attachment 3 – Program Budget</td>
<td>17</td>
</tr>
<tr>
<td>Attachment 4 - Financial Audit</td>
<td>17</td>
</tr>
<tr>
<td>Attachment 5- Other Attachments</td>
<td>17</td>
</tr>
<tr>
<td>Application Checklist</td>
<td>18</td>
</tr>
</tbody>
</table>

SECTION IV: ADDITIONAL REFERENCE MATERIALS FOR APPLICANTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Program Information and Reference Materials Table of Contents</td>
<td>19</td>
</tr>
<tr>
<td>PSSF Fact Sheet</td>
<td>20</td>
</tr>
<tr>
<td>California Child Welfare Core Practice Model</td>
<td>27</td>
</tr>
<tr>
<td>Protective Factors Action Sheets</td>
<td>34</td>
</tr>
<tr>
<td>Safety Organized Practice Orientation Materials</td>
<td>45</td>
</tr>
</tbody>
</table>
SECTION I – PROGRAM INFORMATION

The County of Ventura- Human Services Agency, Children Family Services (CFS) is releasing this Request for Proposals (RFP) to secure one to three contractor(s) to provide the services described herein. Program services will be in accordance with the County’s Promoting Safe and Stable Families (PSSF) plan as approved by the State of California.

A. INTRODUCTION/BACKGROUND

Promoting Safe and Stable Families (PSSF) is a federal program under Title IV-B, Subpart 2 of the social Security Act for states to operate coordinated child and family services including community based family support services, family preservation services, time-limited family reunification services and adoption promotion and support services to prevent child maltreatment among at-risk families, assure safety and stability of maltreated children, and support adoptive families. The California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) provides additional information their website: http://www.cdss.ca.gov/ocap/res/pdf/PSSF_FactSheet.pdf.

Under provisions of California Governmental Code, Section 26227, the Ventura County Board of Supervisors is authorized to enter into agreements with one or more qualified agency(ies) for the provision of supportive services as mandated by the California Welfare and Institutions Code, Sections 306(b), 319, 330, and 361(c), for children at risk of abuse and/or neglect, and in accordance with applicable Federal and State regulations governing Chapters 1398 and 1399, Statutes of 1982. PL 107-133 provides for the re-authorization of PSSF funding. Each year the California Department of Social Services (CDSS) identifies how PSSF-funded programs have impacted program design, the delivery of services, and the quality of life for the children and families served in the State’s Child and Family Services Plan (Title IV-B Plan).

The mission of Ventura County HSA CFS is to promote the well-being and safety of children, youth, families, and communities. CFS believes that protecting children by strengthening families is enhanced and supported by a strategic planning framework driven by the principles of the California Core Practice Model (CPM) for delivery of services. The CPM is the guiding framework for trauma-informed care, cultural humility, and strength-based practice through teaming activities and transformative healing interventions with families. CFS is operationalizing the CPM through using Safety Organized Practice, and principles of attachment and strengthening families through the Five Protective Factors known to reduce the incidence of child abuse and neglect. Key to this is an approach that is family centered, family focused, with the belief that child safety, and well-being cannot be achieved without healing of the family. Family Healing is achieved and sustained through the family’s safety networks. The PSSF program funding allows HSA CFS to continue its commitment to promoting strong, safe, and enriched families and neighborhoods through community-based, culturally competent organizations that embody and demonstrate this vision and practice.

The objective for PSSF program services is to create and support conditions in Ventura County where children and families are healthy and free from abuse and neglect. PSSF seeks to fill gaps in services that are not funded through other sources. Program services must address and accommodate each client child and family’s language and cultural needs. This includes, but is not limited to, arranging for program staff, therapists, and other services providers who are conversant in the child’s and parent’s language, sensitive to their cultural, social, economic and ethnic background and situations, and provide services that are accessible.
PSSF service objectives, target populations and allowable activities are detailed at the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) website: http://www.cdss.ca.gov/ocap/res/pdf/PSSF_FactSheet. Additional information and reference materials are included in Section IV of this RFP.

PSSF funds support three major program priorities each with its own specific services that addresses needs in the PSSF established service categories of family preservation, time-limited family reunification, and adoption promotion and support services. The three programs are:

1. **In-Home Support** ($201,000 Maximum)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>PSSF Category</th>
<th>Est. Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Home Parenting Skills</td>
<td>Family Preservation</td>
<td>$201,000</td>
</tr>
</tbody>
</table>

2. **In-Home Treatment Program** ($191,000 Maximum)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>PSSF Category</th>
<th>Est. Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Home Therapy</td>
<td>Family Reunification</td>
<td>$191,000</td>
</tr>
</tbody>
</table>

3. **Permanency Support and Treatment Program** ($131,000 Maximum)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>PSSF Category</th>
<th>Est. Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Support Services</td>
<td>Adoption Support</td>
<td>$131,000</td>
</tr>
</tbody>
</table>

The services are defined in Section I.E of this RFP and are to be provided to the target population of children and families served by CFS. Bidders must have the ability to serve clients from all areas of the County. All program activities will be in accordance with applicable federal, state, and local requirements including the County’s 3-Year Plan for primary prevention services approved by the State Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP), for those services relating to PSSF.

This is a competitive procurement. Qualified organizations and agencies interested in the provision of comprehensive PSSF services as described in this RFP must submit a proposal to be considered for funding. Bidders will compete for vendor contracts by responding to all of the requirements contained in the RFP and Submission Package included as Section III and in the Proposal Guidelines – Section II.

It is estimated that a combined total of $523,000 will be available on an annual basis for these PSSF programs. **Bidders may submit proposals for one, two or three programs. If applying for more than one program, separate proposals must be submitted for each program.** HSA intends to award no more than three contracts under this RFP, one for each of the PSSF programs listed above.

**Guardianship Stabilization Purchase Order:** Those who compete for the Permanency Support and Treatment Program: Adoption Support Services contract (#3 above), will also be competing for a separate Purchase Order in the amount of $10,000 to support Guardianship Stabilization through a short-term treatment intervention (2-3 weeks) focused on resolving conflict while supporting and strengthening family relationships (attachment). Families may self-refer but the Legal Guardianship must have originated through Ventura County Juvenile Dependency Court. Approximately 25 families would be served. This purchase order is funded separately through County/Realignment funds and will be issued as a separate purchase order and invoiced separately by the Contractor for payment.
B. PROGRAM OVERVIEW
The County of Ventura Human Services Agency is seeking the delivery of a quality PSSF contractor programming that is cost effective, meets applicable federal, State, and County requirements for the provision of services to the eligible target population of children and their families, demonstrates alignment with the vision and practice direction of CFS, including the incorporation of Safety-Organized Practice (SOP). SOP uses strategies and techniques that align with the belief that the family is the central focus and that partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Moreover, SOP incorporates the principle that a family’s success is not based on program completion or compliance, but rather concrete behavioral change over time. A quality PSSF program will integrate these principles, as well as those of the California Child Welfare Core Practice Model (CPM). More information about the CPM is available at https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model. Services will be delivered to those children and families referred exclusively by CFS, unless otherwise specified by County. PSSF services are being targeted in three program areas:

1. **In-Home Parenting Program:** This program addresses the PSSF category of family preservation services. These services are provided in the home to parents who need work on developing the parenting, co-parenting and child rearing skills required to maintain their child in the home or to return the child to the home setting. In this program, trained workers (para-professionals) are dispatched to targeted homes and provide teaching and demonstration of parenting skills as needed to support efforts to maintain children in their homes. For more information, bidders can visit https://www.cssp.org/reform/strengtheningfamilies/about/body/ProtectiveFactorsActionSheets.pdf. Service provided by the program will have an awareness of and training related to the Protective Factors Framework to include, but not limited to Parental Resilience, Social Connections, Concrete Supports, Knowledge of Parenting and Child Development, and Social and Emotional Competency of Children (Please see https://www.cssp.org/young-children-their-families/strengtheningfamilies for more information).

2. **In-Home Therapy Program:** Through this program (PSSF family reunification focus), short-term therapy and intervention are provided (via licensed professionals and/or interns under supervision of licensed professionals) to parents whose children are in out-of-home care in order to remediate the circumstances that led to the child’s removal as well as to support reunification when the child is returned. The Contractor must be aware of and demonstrate the County of Ventura HSA-CFS vision of Protecting Children by Strengthening Families. Proposals should incorporate the Child Welfare Core Practice Model (CPM) behaviors, including Family Engagement, Assessment, Team ing, Service Planning, Transition Behaviors, and Open /Honest Accountability. The Contractor will demonstrate an understanding and alignment with the Safety Organized Practice framework and tools that CFS Child Welfare Social Workers utilize with families. The selected contractor will demonstrate knowledge/experience with training related to Trauma Informed Care, Healthy Transformation, Transition to community resources when services are completed, and leveraging of and integration with local community and neighborhood resources and supports. Please refer to Resource Packets attachments in Section IV.

3. **Permanency Support and Treatment Program:** This program addresses the PSSF category of adoption promotion and support. Services provide assessment and targeted educational components to assist adoptive families as they move to permanency, in addressing attachment issues, trauma, family dynamics and a variety of challenging issues by engaging with family members through inclusive and varied interventions. Short
term intervention and post-adoption support is offered to the family as well as linkage to ongoing support groups, educational materials and leveraging community resources. Reconnection to birth family support is offered to older youth and adults adopted through Ventura County Juvenile Dependency Court to address practical and emotional issues.

Guardianship Stabilization Purchase Order: Those who compete for the Permanency Support and Treatment Program: Adoption Support Services contract, will also be competing for a separate Purchase Order in the amount of $10,000 to support Guardianship Stabilization through a short-term treatment intervention (2-3 weeks) focused on resolving conflict while supporting and strengthening family relationships (attachment issues). Families may self-refer but the Legal Guardianship must have originated through Ventura County Juvenile Dependency Court. Approximately 25 families would be served.

All programs listed above address needs that have been identified through a community-driven, collaborative planning processes. The County seeks to further develop and strengthen the leveraging of the community continuum of services that support children and families at risk of child welfare involvement, as well as those who are currently being served by the child welfare system. Contractors must likewise be able to meet the service requirements for the programs as identified in Section I of the RFP and have broad-based community support, strong collaboration with CFS and demonstrated effectiveness and experience in child abuse and neglect prevention services to effectively meet the needs of the target population.

C. REVENUE SOURCE
PSSF programs are entirely federally funded and the funds are subject to the annual federal budget process. HSA receives an annual PSSF allocation from the California Department of Social Services based on County compliance with all program requirements as identified by the State. PSSF is not an entitlement program. Counties must apply for available funding through the development, submission, and approval of a three-year plan.

It is anticipated that the State will provide sufficient funds to finance the estimated FY 2019-20 cost of $523,000 available through this RFP for the base performance period of July 1, 2019 – June 30, 2020. However, any reduction in the final PSSF annual allocation from the State may necessitate adjustments in final contract award amounts. Budget amounts for renewal option years will be determined on an annual basis, depending up the amount of anticipate funding available. HSA will have the option to renew the contract(s) for additional option years, with renewal contingent on contractor performance, identified changes in service needs, HSA discretion, approval of a contract by the Ventura County Board of Supervisors, receipt of sufficient PSSF funds and any necessary approvals from the State.

The separate Purchase Order in the amount of $10,000 to support Guardianship Stabilization is funded separately through County/Realignment funds and will be issued as a separate purchase order and invoiced separately by the Contractor for payment.

D. PERIOD OF SERVICE
The contracts expected to be awarded in June 2019, for with a base performance period of July 1, 2019 through June 30, 2020. The contracts may be renewed for additional option years in 12 month increments, with budgets to be mutually determined on an annual basis. Should the contract be renewed for subsequent option years, the County reserves the right to contract with the selected contractor for this service without the need for further competitive procurement,
subject to approval by the Ventura County Board of Supervisors, the availability of sufficient funds and satisfactory performance by the contractor(s).

E. SCOPE OF WORK

HSA-CFS has identified three major program components to fund under this RFP as identified below. The three programs allowable activities and applicable PSSF category targeted are described below.

<table>
<thead>
<tr>
<th>Program 1-In Home Support ($201,000 Maximum, includes $10,000 for Flex Funds)</th>
</tr>
</thead>
</table>

The primary focus of the In Home Support service and allocation of funding will be in the PSSF category of **Family Preservation** – The In-Home Parenting Skills component includes services designed to help families alleviate crises that might lead to out-of-home placement of children; services to maintain the safety of children in their home; services that support families preparing to reunite with, or adopt a child; and information and referral services that support these objectives.

The program will target parents who need to work on developing the parenting and child rearing skills that are required to maintain their child in their home or to return the child to that setting. Participants are referred by CFS. In this program, paraprofessional parent aides provide teaching and demonstration of parenting and other child-caring skills that parents must practice routinely in order to provide a safe and nurturing home for children. The program addresses issues, and builds on strengths of each parent, which are defined by the family and the child and family team. All services are provided in the home of families who are caring providing care for their children (CFS Family Maintenance or Family Preservation cases). Instruction is provided in a variety of areas including child development, age-appropriate discipline, nutrition and meal preparation, heath care, activities that promote bonding with their children, dealing with sibling conflicts, co-parenting, Trauma Informed Care, and referral to community resources that provide needed services. *Concerted efforts will be made by the Contractor to coordinate with the primary social worker and child and family team in transition families to other services and supports, to ensure a parent and family’s ongoing basic needs are met. These may include, for example (but not limited to), coordination with CFS in ensuring expedited access to behavioral health services, such primary mental health services through Beacon Heath Options, as well as to other public and community benefits and resources. It is estimated that services will need to be provided to approximately 94 families annually. Each client is to receive weekly contact at minimum and be served for approximately 3 months.*

Flex funds up to a maximum of $10,000 may be requested to be used to assist a family that has an identified emergent need but is lacking resources for items such as appliances, rent/moving expenses, school purchases, etc. Use of these funds should not exceed $1,000 per family per contract year.

<table>
<thead>
<tr>
<th>Program 2- In-Home Therapy ($191,000 Maximum)</th>
</tr>
</thead>
</table>

The primary focus of this the In-Home Therapy service and allocation of funding will be in the category of **Time-Limited Family Reunification**. Services are provided to the parents or primary caregivers of a child. The intent of these services is to facilitate the reunification of the child with their family safely and appropriately. Services may only be provided during the 15-month period that begins with the date that the child is considered to have entered foster care. Services include individual, group and family counseling; Co-Parenting; Trauma Informed Care; inpatient,
residential or outpatient substance abuse treatment services; mental health services; assistance
to address domestic violence; temporary child care; therapeutic services for families, including

crisis nurseries; and transportation to and from any of the above services.

The program will serve parents whose children are in out-of-home care and will provide short-
term therapy to support family reunification efforts. Intervention efforts will focus on eliminating
the circumstances that led to the child’s removal and include ongoing assessment of factors
associated with reunification. Services are provided in the parent’s home unless he/she has a
history of violent or threatening behavior. Program services also support the child’s transition to
his/her own home by continuing services following reunification. Post-reunification services
include continuing therapy as well as services provided by a parent-aide. Service levels shall be
established to maintain a concurrent caseload of approximately 36 families/clients per month. It
is estimated that between 6-26 weeks of service per case may be needed. Concerted efforts will
be made by the Contractor to coordinate with the primary social worker and child and family team
in transition families to other services and supports, to ensure a parent and family’s ongoing basic
needs are met. These may include, for example (but not limited to), coordination with CFS in
ensuring expedited access to behavioral health services, such primary mental health services
through Beacon Heath Options, as well as to other public and community benefits and resources.

| Program 3-Permanency Support and Treatment Program ($131,000 Maximum, includes
$10,000 for Flex Funds) |

The Permanency Support and Treatment Program, provides services under the PSSF category
of Adoption Support and includes pre- and post-adoptive services designed to support adoptive
families, county-wide, in making a lifetime commitment to children. Staff providing clinical services
should possess a minimum Bachelor’s level education in social work, psychology, sociology or
related field, and must be supervised by a Licensed Clinician (State of California). Bilingual
(Spanish/English) staff availability is required. The services requested are further described
below.

Prospective adoptive families referred by CFS will receive an assessment designed to target
areas for intervention/education and participate in developing an education plan to assist in
planning supports and services to match current and future needs. Families will receive resources
in the form an evidenced based multi-session curriculum that may be individualized or part of a
support group format that aligns with CFS practice, including elements of: Core Practice Model
principles, Safety Organized Practice, trauma informed work with families, Attachment Theory
and the Five Protective Factors (see Reference Materials in Section IV of this RFP for more
information). The permanency education plan will be focused on stabilizing and supporting the
family in completing the adoption process and identifying future issues that could benefit from a
self-referral for intervention. In addition to the family education plan, the Contractor will also
provide short-term intervention or a “booster” program (2-4 weeks) for post-adoptive families, as
needed, along with linkage to support groups (and on-line support group referrals). Concerted
efforts will be made by the Contractor to coordinate with the primary social worker and child and
family team in transition families to other services and supports, to ensure a parent and family’s
ongoing basic needs are met. The Contractor will demonstrate an ability to provide a variety of
clinical type interventions that can be tailored to a participating family’s needs. The development
of an innovative Reconnection component to assist older youth (aged 16+) and adults, who were
adopted through Ventura County Dependency Court, to navigate the complex emotions and
challenges around search and reunion with the biological family is also recommended as part of
this proposal. Services up to approximately 80-90 families per year are anticipated for the overall Adoption Support Program.

Flex funds up to a maximum of $10,000 may be requested to be used to assist a family that has an identified emergent need but is lacking resources for items such as appliances, rent/moving expenses, school purchases, etc. Use of these funds should not exceed $1,000 per family per contract year.

Those applying for the Program 3: Permanence Support and Treatment Program: Adoption Support Services, are also being considered for a separate purchase order for $10,000 to provide stabilization and crisis counseling for Guardianship families originating in Ventura County Dependency Court. The Guardianship Stabilization Purchase Order Scope of Work includes a short-term treatment intervention (2-3 weeks) focused on resolving conflict while supporting and strengthening family relationships (attachment issues). Families may self-refer but the Legal Guardianship must have originated through Ventura County Juvenile Dependency Court. Approximately 25 families would be served. (Note: Guardianship families re-entering dependency to pursue adoption can be served under the primary PSSF Adoption Support Program contract.) Education presentations and Interventions may be provided in both group and individual formats.

F. PERFORMANCE OUTCOMES

Bidders must have the ability to maintain continuous data collection to assess, interpret, and report on a quarterly basis at minimum quantitative data and qualitative information about the program and how the services provided relate to achievement of planned goals and the outcomes that will be negotiated and included in the contract. Bidders must describe in detail their process, including their capability to utilize case management software for collecting and reporting appropriate data on each family served and their plan for achieving the goals and outcomes that relate to the services provided.

Bidders should provide a sample format that they intend to use for data collection. Examples of quantitative information that may be collected and reported include:

- monthly and Year To Date number of referrals received
- number of clients who entered the program
- number of clients who exited the program
- number of successful completions*
- number of unsuccessful completions
- number of direct and indirect hours of service,
- length of time in program
- number of clients satisfied with program services based on survey results
- other information that may be helpful in quantifying services rendered

*a clear definition of “successful completion” should be included in your proposal. This should reflect measurable behavior change, rather than completion of a predefined number of sessions or modules. Final determination of performance measures and acceptable levels of achievement will be determined through the contract negotiation process.

Examples of qualitative and/or descriptive information that may be collected and reported include:
Bidders will need to identify measurable goals and outcomes for each of the Program(s) for which they apply. Bidders are allowed some flexibility in developing the items to be measured to gauge their performance and achievement of the identified goals and outcomes.

G. BIDDERS CONFERENCE/TECHNICAL ASSISTANCE
A Bidders’ Conference to answer questions about the RFP, the application process, program specifications, and contract requirements will be held from 9:00 – 10:30 a.m. on October 22, 2018 at Human Services Agency Offices at 855 Partridge Drive, Ventura, CA 93003. Please RSVP attendance to Bidder’s Conference via e-mail to Holly.Shaw@ventura.org, with your name, agency name and number attending.

If, as a result of the Bidders’ Conference, there are any significant interpretations, direction, or revisions to the RFP, such changes will be posted to the HSA web page along with the questions and answers from the Bidder’s conference. Attendance at the Bidder’s Conference is optional, but strongly recommended.

All inquiries regarding this RFP must be submitted in writing no later than October 24, 2018 to allow sufficient time for preparing responses. Submit questions to Tina Knight, HSA Contracts & Grants Manager at the address specified above, by e-mail at tina.knight@ventura.org or by fax at (805) 477-5490.

H. AWARD PROCESS TIMETABLE

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidders’ Conference*</td>
<td>October 22, 2018, 9:00 – 10:30 a.m.</td>
</tr>
<tr>
<td>Last Date to Submit Questions</td>
<td>October 24, 2018, 4:00 p.m.</td>
</tr>
<tr>
<td>Proposal Submission Deadline*</td>
<td>November 15, 2018, 5:00 p.m.</td>
</tr>
<tr>
<td>Notification to Selected Contractors</td>
<td>January, 2019</td>
</tr>
<tr>
<td>Contract Approval by the Board of Supervisors (tentative)</td>
<td>May/June, 2019</td>
</tr>
<tr>
<td>Contract Start Date</td>
<td>July 1, 2019</td>
</tr>
</tbody>
</table>

* Human Services Agency, Administrative Offices, 855 Partridge Dr., Ventura, CA 93003
SECTION II – RFP GUIDELINES

A. RESPONSIVE BIDDER
A "responsive bidder" means one whose bid or proposal substantially complies with all requirements of the RFP and shows evidence that the bidder will adhere to all required State and County regulations, insurance requirements, contract conditions and reporting requirements governing the proposed activity.

Any proposal may be declared non-responsive if it fails to conform to the essential requirements of the RFP.

The bidder agrees to provide the County with any other information the County determines as necessary for an accurate determination of the prospective contractor's qualifications to perform services.

B. ACCEPTANCE OF PROPOSAL CONTENT
The contents of a successful proposal will become contractual obligations if procurement action ensues. Failure of a successful bidder to accept these obligations in a contractual agreement may result in cancellation of the award. The County of Ventura reserves the right to negotiate additional provisions to those stipulated in the proposal, recommend and/or award in amount(s) less than stated in the RFP and negotiate a reduction or increase in service levels commensurate with funding availability.

The successful bidder must have the ability to negotiate the terms of the contract agreement with the County within thirty days following selection. The County of Ventura Board of Supervisors will make the final decision on contract award.

C. REJECTION OF PROPOSALS
Failure to furnish all information requested in this RFP, or to follow the proposal format requested, may disqualify the proposal. Any exceptions to the Scope of Services required by this RFP must be justified in the proposal.

The County reserves the sole and exclusive right to reject any or all proposals received in response to this RFP, or to cancel this RFP, in whole or in part, with or without cause, if it is in the best interest of the County to do so.

A bidder’s submitted proposal may be withdrawn by written request prior to the proposal submission deadline.

D. EVALUATION AND SELECTION PROCESS
All proposals will be subject to a standard review process. County staff will conduct an initial review of all proposals received to determine if they are complete, in the required format and comply with all requirements of this RFP. Failure to meet all of these requirements may result in a rejected proposal.

Each proposal that passes the initial review will be evaluated and scored by a selection panel. The selection panel will review and score each proposal on the basis of a 100- point scale, using the assigned weights listed below.
<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Capability</td>
<td>15</td>
</tr>
<tr>
<td>Project Description/Scope of Services</td>
<td>35</td>
</tr>
<tr>
<td>Performance Measures and Program Outcomes</td>
<td>20</td>
</tr>
<tr>
<td>Qualifications of Staff</td>
<td>15</td>
</tr>
<tr>
<td>Fiscal Responsibility and Budget</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100 Points</strong></td>
</tr>
</tbody>
</table>

Narrative responses to each of the sections and the completed budget forms will be reviewed to determine compliance with the requested information and the feasibility and reasonableness of proposed program design, cost, and expected outcomes. Each evaluation criterion is described in full in Section III-Submission Package, Narrative section.

It is County of Ventura policy that evaluators will not solicit or receive any communication from any potential contractor regarding any proposal under consideration.

**E. PROTEST RIGHTS**

Upon written request, any unsuccessful bidder is entitled to an explanation as to why its proposal may have been irregular and/or the basis for the award of the contract to the successful bidder. **Protests shall be in writing and received within ten (10) calendar days following the announcement of intent to award contract.**

It is the bidder's responsibility to ensure receipt by County at the designated address. **A postmark will NOT be accepted as meeting the deadline requirements.** No extensions may be provided to this protest provision. Protests shall be addressed to:

Tina Knight, Contracts & Grants Manager  
County of Ventura  
Human Services Agency  
855 Partridge Dr.  
Ventura, CA 93003  
Tina.Knight@ventura.org

The protest shall state the reason for the protest, citing the law, rule, regulation, or practice on which the protest is based. A written response will generally be sent to the protester within ten (10) business days after receipt of the written protest. Prior to the award of a contract, if any bidder files protest against the awarding of the contract, the contract may not be awarded until either the protest has been withdrawn or HSA has decided the matter.

**F. AWARD AND COMMENCEMENT OF WORK**

Recommendation for award is contingent upon successful negotiation of the contract and resolution of any protests. The successful bidder shall be required to sign the negotiated contract, which will be in the form and content as approved by County.

The final authority to award a contract rests solely with the County of Ventura. The successful bidder shall not be allowed to begin work under any negotiated contract until such time as the contract has been approved by the County of Ventura. The successful bidder must agree to all terms, insurance coverage provisions, and conditions of the contract with HSA.
If only one proposal is received and it is deemed that such proposal meets requirements for funding, County reserves the option to award such entity a contract on a sole-source basis. In the event no proposals are received, or proposals received do not meet requirements for funding under this RFP, County reserves the right to be the contractor of last resort, or to designate another qualified entity to operate the program on a sole-source basis.

G. LIMITATIONS
This RFP does not obligate the County of Ventura to award a contract, to pay for any costs incurred in the preparation of a proposal or to procure or contract for services or supplies.

The County reserves the sole and exclusive right to accept or reject any or all proposals received as a result of this RFP, to negotiate with all qualified sources, or to cancel in part or in its entirety this RFP, with or without cause, or to issue a new RFP, if it is in the interest of the County to do so. A bidder may be required to enter into negotiations and to submit any price, technical or other revisions of the proposal as may result from negotiations.

H. METHOD OF PAYMENT
A cost reimbursement contract will be developed. The contractor will be reimbursed monthly in arrears for approved and allowable contract costs in accordance with a detailed line item budget approved by the County. The County may choose to negotiate other contract payment methods. Applicants must have the ability to maintain sufficient cash flow (i.e. lines of credit, cash reserve on hand) to meet ongoing financial obligations of program operation, pending reimbursement monthly from the County, in arrears net 30 days, of approved and allowable claims for services rendered. No cash advances are provided.

I. PROHIBITION OF COLLUSION
Respondents to this Request for Proposals shall not engage in any actions, conversations or agreements with other parties that would be considered in restraint of free and open competition. Such activities that are intended to limit open competition by deceiving, misleading, or attempting to otherwise divide the market for the services being requested through this RFP are prohibited. If collusion is determined, it may be grounds for disqualification from the competitive process.

J. PROPOSALS PROPERTY OF COUNTY
All proposals become the property of the County of Ventura upon opening and shall not be returned to the bidder. Proposals shall remain confidential until the evaluation process is completed and tentative award has been posted by HSA. All proposals will be considered public documents, subject to review and inspection by the public at the County’s discretion, in accordance with the Public Records Act.

K. ADDENDA AND SUPPLEMENT TO RFP
If revisions or additional information to this RFP become necessary, HSA will provide addenda or supplements to bidders, as needed.

L. ADDITIONAL REQUIREMENTS
1. The selected contractor(s) shall operate the project continuously throughout the term of the contract with HSA. Personnel shall be qualified in accordance with the applicable requirements of the agreement and any future amendments thereto.
2. All bidders responding to this RFP are specifically prohibited from soliciting letters of support from HSA staff. Bidders are hereby notified that HSA maintains a policy that prohibits its employees from providing letters of support, recommendations or advocacy for an outside agency, firm, or individual engaged in a competitive procurement process managed by HSA.

3. The County shall have the right to review the work being performed by the Contractor(s) at any time during the Contractor’s usual working hours.

4. If a bidder is recommended for contract award under this RFP, they shall be required to certify and provide certain documents as identified below prior to contract award.

Signed copies of each of the following forms:
- Drug Free Workplace certification pursuant to 20 CFR Section 667.200(d)
- Debarment and Suspension pursuant to regulations implementing Executive Order 12549
- Certification Regarding Prohibition on Lobbying using federal funds.

5. The recommended bidder will need to submit evidence of the following insurance requirements effective on or before start of the contract:

   A. Commercial General Liability "occurrence" coverage, naming the County of Ventura as additionally insured, in the minimum amount of $1,000,000 combined single limit (CSL) bodily injury & property damage each occurrence and $2,000,000 aggregate, including personal injury, broad form property damage, products/completed operations, broad form blanket contractual and $50,000 fire legal liability.

   B. Commercial Automobile Liability coverage in the minimum amount of $1,000,000 CSL bodily injury & property damage, including owned, non-owned, and hired automobiles. Also to include Uninsured/Underinsured Motorists coverage in the minimum amount of $100,000 when there are owned vehicles. Contractor must have on file evidence of auto insurance in the minimum amount of $100,000 CSL bodily injury & property damage for all employees and volunteers associated with the contract.

   C. Workers’ Compensation coverage, including a Waiver of Subrogation in full compliance with California statutory requirements, for all employees of Contractor and Employer’s Liability in the minimum amount of $1,000,000.

   D. Professional Liability coverage in the minimum amount of $500,000 each occurrence and $1,000,000 aggregate (if applicable).

Additional information regarding insurance requirements can be found in the Human Services Agency Contracts Manual. A copy of the Contracts Manual is available at www.vchsa.org on the Request for Proposals page. Click on the Partners & Providers link on the left navigation bar; then click on the Request for Proposals link for RFP-related items.

6. The recommended Contractor will be subject to the County of Ventura Living Wage Ordinance. The Ordinance requires the payment of a living wage and accompanying paid time off to all covered employees engaged in providing services pursuant to a service contract as defined in Sec. 4952(f) of the County’s Living Wage Ordinance.
7. Misrepresentation during the procurement or contracting process in order to secure the contract will disqualify a bidder or contractor from further consideration in the procurement or contracting process. Failure to comply with contract requirements once a contract has been awarded will constitute a material breach of the contract and may result in the suspension or termination of the affected contract and debarment from future County contracting opportunities for a period not to exceed three years. Other penalties may also apply.

8. As applicable, the successful bidder shall also submit to the County prior to contract award the following documents:
   - Most recent Audit
   - Articles of Incorporation or business license
   - Grievance procedures for participants
   - Handicapped Access Survey
SECTION III – SUBMISSION PACKAGE

APPLICATION INSTRUCTIONS
Applications submitted in response to this RFP must include the items and be in the order as listed below. All of the items combined comprise your completed Application pursuant to this RFP.

1. Executive Summary: Please complete as indicated.

2. Narrative Section: Please provide a response to the narrative section that fully addresses each of the evaluation criteria listed. The narrative must be typed using 12 point font, 8½” x 11” white paper with each page clearly and consecutively numbered. Limit narrative section to 15 pages.

3. Program Budget: Please complete and submit the attached line item budget forms for the services proposed (note - an electronic version of the EXCEL budget worksheet is available at [http://www.ventura.org/human-services-agency/request-for-proposal-rfps](http://www.ventura.org/human-services-agency/request-for-proposal-rfps)). No other budget forms will be accepted. Budgetary expenses are to be divided into two categories: administrative costs and program costs. Administrative costs should not exceed 10% of the total budget. Leveraged/matching resources (i.e., in-kind contributions or cash match) as well as their source should be identified in the budget. The budget should be reasonable and accurate and provide a clear and concise description of your costs relating to the proposed project. Applicants may provide supplemental information to further clarify their budget, as needed. If applying for Program 3: Permanence Support and Treatment Program: Adoption Support Services, you must also submit the separate Guardianship Stabilization Budget Form (template available at [http://www.ventura.org/human-services-agency/request-for-proposal-rfps](http://www.ventura.org/human-services-agency/request-for-proposal-rfps)).

4. Financial Audit: Please submit one copy of your most recent financial audit prepared in accordance with the applicable requirements of your fund source(s). For example, compliance with the Single Audit Act and 2 CFR 200 may be for entities receiving over $750,000 in federal funds. If an audit has not been completed for the most recent fiscal year, you may submit your prior year’s audit and current IRS tax return (form 990). The audit will be reviewed to determine applicant’s financial position, compliance with regulatory requirements and documentation of solvency. If within the last three years there has been an audit exception, disallowed cost and/or questioned costs for the performance of any government (i.e., Federal, State, County) contract or grant, applicant must provide an explanation along with the audit.

5. Other Attachments, as applicable (optional): Please include only supplemental information that will provide further information about the proposal or your firm’s qualifications, as applicable (e.g. position descriptions, staff resumes, sample evaluations/forms/pre or post-tests, etc.).

It is the responsibility of the bidder to ensure the proposal is submitted by the time and date and to the location as specified. Postmarks will not be accepted in lieu of this requirement. Therefore, use of the U.S. Mail is at the bidder's own risk. Proposals submitted to any other office or after the deadline will not be accepted. To be considered for funding, all proposals submitted in response to this RFP must be received no later than 5:00 p.m., on November 15, 2018, with one (1) complete application package with original signature and nine (9) copies excluding audit documents, either delivered in person or mailed to:

Tina Knight, Contracts & Grants Manager
Human Services Agency
855 Partridge Drive, Ventura, CA 93003
## Attachment 1 - EXECUTIVE SUMMARY

### 1. Bidders Legal Name

<table>
<thead>
<tr>
<th>Firm Name</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th></th>
</tr>
</thead>
</table>

| E-mail Address |  |

### 2. Program Name:  

### 3. Funding Requested: $

### 4. Briefly summarize your proposed program design (700 character max):

### 5. Chief Executive Contact

<table>
<thead>
<tr>
<th>Name of Chief Executive</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>email:</th>
<th></th>
</tr>
</thead>
</table>

### 6. Primary Application Contact

<table>
<thead>
<tr>
<th>Name of Primary Contact</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th></th>
</tr>
</thead>
</table>

### 7. Legal Status Information

<table>
<thead>
<tr>
<th>Federal Employer Identification Number (EIN)</th>
<th>DUNS # (if applicable)</th>
<th>California Tax I.D. No.</th>
<th>Women or Minority Owned Business Status?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**An unsigned proposal will be rejected**

I certify that the information provided in this proposal is true and correct to the best of my knowledge and that I have been duly authorized by applicants’ governing body or other authority to file this proposal. This proposal is submitted as firm and fixed offer valid for 120 days of the submission date.

Signature: ___________________________  Date: _____________________

Printed Name and Title: ___________________________
Attachment 2 - NARRATIVE
Please provide a written response to each section below for each contract for which your Agency is applying. Your proposal will be reviewed and scored according to the following evaluation criteria. All proposals will be reviewed for demonstrated capacity to provide the services/activities sought through this solicitation. The narrative must be typed using 12 point font, 8½” x 11” white paper with each page clearly and consecutively numbered. Limit narrative section to 15 pages (2 pts deducted for each page over limit).

1. Administrative Capability (15 Points)
Describe your agency’s experience, knowledge and ability to administer the program to ensure that the objectives of the specific program(s) you are applying for can be achieved, documented and in compliance with all relevant rules, regulations and procedures.

2. Project Description/Scope of Services (35 Points)
Identify which the program(s) for which you are applying. Describe how you will implement the services and activities as defined in this RFP i.e., intake process, case management, therapy, counseling, parenting skills, planned curriculum, individual/group sessions, etc. Describe any evidence-based programs or practices that will be implemented within your scope of work. Address how you will provide services to limited-English speaking clients/families in a culturally and linguistically appropriate manner and how you will reach clients in all areas of the County. Address your staff training process to ensure competency and consistency in service delivery.

Indicate the planned number of individuals to be served, the average length of time services will be provided per individual and family, and the locations in the county where services will be available. Identify how you will establish and maintain a community-based support structure, including any collaborative partnerships already in place, and provide evidence of your effectiveness in child abuse and neglect prevention programs or similar programs serving the target population of children and their families. Please also indicate how you will partner with the CFS social worker and child and family team in linking clients with other resources, such as public benefits or primary mental health services.

An important requirement of these programs is the bidder’s ability to quickly respond to service requests. Describe your process to ensure a comprehensive feedback loop that will apprise CFS staff on a timely basis on the status of referrals received, services rendered, and each client’s progress in relation to mutually agreed upon treatment goals. Include a timeline (with dates) and plan (with milestones) for project implementation. If you are applying for Program #3 (Permanency Support and Treatment Program: Adoption Support Services), please include a section here to describe your plan to address the Scope of Work for the separate Guardianship Stabilization Purchase Order.

3. Performance Measures and Program Outcomes (20 Points)
Describe the objective performance measures you propose to be used to evaluate the outcomes of your program. Performance measures must be quantifiable and at a minimum shall indicate the number of clients served each month, the length of time of service and, more importantly, include measures of the effectiveness of the services for the clients. Include samples of measurement tools you plan to use, e.g., pre/post-tests, surveys (these may be included in Other Attachments and do not count toward the narrative page limit). Specify the monitoring and evaluation procedures, quality assurance and data collection methods, and reporting protocols you are proposing. Expected performance levels will be determined through the contract negotiation process. Contractor will be responsible for providing verifiable performance reports periodically (quarterly, at minimum).
4. Qualifications of Staff and Staffing Plan (15 Points)
Describe the education and work experience of project staff and or sub-contractors that will be working with these clients. Bilingual (i.e. Spanish/English) and culturally competent staff should be identified, as well as your staff training plans. If specific current staff have been identified for this project, include a copy of their resume. If staff have not yet been hired, include a job description that addresses the minimum education and work experience requirements.

5. Fiscal Responsibility and Budget (15 Points)
Provide a budget narrative that addresses your ability to maintain accountability for contract funds and carry out the scope of work within your proposed budget; outlines prior experience managing governmental contracts (including details on any previous failed procurements or cancelled contracts); demonstrates and costs are reasonable and necessary to carry out the project; outlines the cost effectiveness of the project, including the ability to leverage other resources (cash match or in-kind services provided) to augment services; and your ability to adequately manage cash flow/financial resources to cover time for reimbursement from the County.

Total Points possible - 100

Attachment 3 - BUDGET
Complete the HSA RFP/Contract Budget Template. An electronic version of the budget is available for downloading and use at http://www.ventura.org/human-services-agency/request-for-proposal-rfps. Administrative costs should not exceed 10% of the total budget.

If applying for Program 3: Permanence Support and Treatment Program: Adoption Support Services, you must also submit the separate Guardianship Stabilization Budget Form (template available at http://www.ventura.org/human-services-agency/request-for-proposal-rfps).

Attachment 4 - FINANCIAL AUDIT
Please attach one copy of your most recent audited financial statements prepared in accordance with the applicable requirements of your fund source(s). If an audit has not been completed for the most recent fiscal year, you may submit your prior year’s audit and current IRS tax return (form 990). These should be attached to the original proposal package.

Attachment 5 - OTHER ATTACHMENTS
Include only supplemental documents (resumes, job descriptions, letters of support, samples of measurement tools, etc.), as applicable to support your application.
APPLICATION CHECKLIST

The following are required for a complete application package:

**One Original Master Packet includes:**
- Signed Executive Summary Cover Page - on required form
- Application Narrative
- PSSF Budget - on required form
- Guardianship Stabilization Budget Form *(required if applying for Program 3: Permanence Support and Treatment Program: Adoption Support Services)*
- Other Attachments (Optional)
- Audited Financial Statements
- If you qualify as a certified women or minority owned business, attach documentation of your status certification
- Copy of your federally-approved indirect cost rate or cost allocation plan *(if applicable and claiming any portion of indirect/administrative costs as a flat percentage rate)*

**Nine (9) Application Packet copies includes:**
- Signed Executive Summary Cover Page (copies accepted)
- Application Narrative
- Budget - on required form
- Guardianship Stabilization Budget Form *(required if applying for Program 3: Permanence Support and Treatment Program: Adoption Support Services)*
- Other Attachments (Optional)
The following programmatic documents and reference materials are provided for the benefit if bidders in preparing their proposals:

1. PSSF Fact Sheet
2. California Child Welfare Core Practice Model
3. Protective Factors Action Sheets
4. Safety Organized Practice Orientation Materials
PROMOTING SAFE AND STABLE FAMILIES PROGRAM (PSSF)

Office of Child Abuse Prevention
744 “P” Street, MS 8-11-82
Sacramento, CA 95814
916-651-6960

www.childsworld.ca.gov/PG2289.htm
I. What is PSSF?
Promoting Safe and Stable Families (PSSF) is a federal program under Title IV-B, Subpart 2 of the Social Security Act for states to operate coordinated child and family services including community-based family support services, family preservation services, time-limited family reunification services and adoption promotion and support services to prevent child maltreatment among at-risk families, assure safety and stability of maltreated children, and support adoptive families.

II. Authority

Federal: The PSSF Program was first established as the Family Preservation and Support Services Program under the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66). In 1997, the program was reauthorized under the Adoption and Safe Families Act (P.L. 105-89) and was renamed the Promoting Safe and Stable Families Program (PSSF) with two additional service components put in place: time-limited reunification and adoption support services. The PSSF Amendment of 2001 (P.L. 107-133) extended the program through 2006 and the Child and Family Services Improvement Act (P.L. 109-288) reauthorized the program through FY 2011. More recently, the Child and Family Services Improvement and Innovation Act (P.L. 112-34) reauthorized the PSSF Program through FY 2016.

State: Funding under the PSSF Program is distributed to states under a formula grant based on the number of children receiving Supplemental Nutrition Assistance Program benefits. States are permitted to use ten percent of the funding for administrative costs. To maintain eligibility, states must provide a twenty-five percent state match. Additionally, the California Department of Social Services (CDSS) must meet a $13,200,000 Maintenance of Effort (MOE). The MOE was established when CDSS first began participation in the PSSF Program in FFY 1994. The CDSS has continued to meet both the twenty-five percent match and MOE requirements via State Family Preservation (SFP) Program expenditures.

The Office of Child Abuse Prevention (OCAP) within CDSS has been designated by the Governor as the single state agency to administer and oversee the funds. The OCAP provides training and technical assistance through its consultants, departmental resources and subcontractors.

Counties: Eighty-five percent of California's PSSF funds are allocated to counties. County allocations are based on the number of children zero to 17 years of age and the number of children in poverty residing in the county. In order to ensure an adequate level of funding for smaller counties, the minimum PSSF county allocation is $10,000. The county child welfare agency must administer PSSF funds at the local level and is responsible for adhering to the PSSF assurances.

Under Assembly Bill 118, SFP funds were realigned to local revenue funds. If every county that operated a SFP Program in FY 2011-12 continues to expend funds at the same level in ongoing FYs, California's match and MOE will continue to be met.

III. Purpose

The four PSSF Program components: (1) family preservation, (2) community-based family support, (3) time-limited family reunification and (4) adoption promotion and support, are intended to provide coordinated services for children and families across the continuum from prevention to treatment through aftercare. The objective, target population and allowable services and activities for each component are described in the tables below.

October 2014
Questions? Email: ocapnd@dss.ca.gov

PSSF RFP p21, Section IV
PROMOTING SAFE AND STABLE FAMILIES (PSSF) PROGRAM

IV. Target Populations & Allowable Activities

1. Family Preservation

Objective

To prevent maltreatment among families through the provision of community-based, supportive family services designed to help families (including adoptive and extended families) at risk or in crisis.

Target Population

- Vulnerable families with children that are at risk of abuse or neglect.
- Families that have one or more risk factors.
- Families that have already demonstrated the need for intervention and have an open child welfare case.
- Services may be provided for youth being served by child welfare and probation agencies that have met Title IV-E eligibility requirements and are in a qualified placement setting.

Allowable Services and Activities (include but are not limited to)

- Services designed to help children:
  - Safely return to families from which they have been removed.
  - Be placed for adoption with a legal guardian.
  - If adoption or legal guardianship is determined unsafe, in some other planned permanent living arrangement.
- Pre-placement preventive services programs:
  - Intensive family preservation/maintenance programs, designed to help children at risk of foster care placement remain safely with their families.
- Follow-up care to families to whom a child has been returned after a foster care placement.
- Respite care (to children) for temporary relief for parents and other caregivers (including foster parents).
- Infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to state law (i.e. Safely Surrendered Babies).

Services* Frequently Supported by Family Preservation Funds (not an exhaustive list):

<table>
<thead>
<tr>
<th>Basic needs, concrete supports</th>
<th>Health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior health, mental health services</td>
<td>Home visiting (for parents with children ages 0-5)</td>
</tr>
<tr>
<td>Case management</td>
<td>Housing services</td>
</tr>
<tr>
<td>Childcare (temporary)</td>
<td>Parenting education</td>
</tr>
<tr>
<td>Differential Response</td>
<td>Peer support</td>
</tr>
<tr>
<td>Domestic violence services</td>
<td>Respite care</td>
</tr>
<tr>
<td>Early childhood services</td>
<td>Substance abuse services</td>
</tr>
<tr>
<td>Family Resource Center or other multi-service center</td>
<td>Team Decision Making</td>
</tr>
<tr>
<td>Financial literacy education</td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Youth programs</td>
</tr>
</tbody>
</table>

2. Community-Based Family Support Services

Objective

To assure children’s safety within the home and to preserve intact families in which children have been maltreated.

---

1 Community-based services refers to programs delivered in accessible settings in the community and responsive to the needs of the community and the individuals and families residing therein. These services may be provided under public or private nonprofit auspices (45 CFR 1357.10(c)).

Questions? Email: ocappnd@dss.ca.gov

PSSF RFP p22, Section IV
### PROMOTING SAFE AND STABLE FAMILIES (PSSF) PROGRAM

#### Target Population

- Vulnerable families with children that are at risk of abuse or neglect.
- Families that have one or more risk factors.
- Families that have already demonstrated the need for intervention and have an open child welfare case.
- Services may be provided for youth being served by child welfare and probation agencies that have met Title IV-E eligibility requirements and are in a qualified placement setting.

#### Allowable Services and Activities (include but are not limited to)

- Service that promote the safety and well-being of children and families.
- Services that increase the strength and stability of families (including adoptive, foster, and extended families).
- Services that increase parents’ confidence and competence in their parenting abilities.
- Services that afford children a safe, stable, and supportive family environment.
- Services that strengthen parental relationships and promote healthy marriages.
- Services that enhance child development, including through mentoring

#### Services* Frequently Supported by Community-Based Family Support Funds (not an exhaustive list)

<table>
<thead>
<tr>
<th>Basic needs, concrete supports</th>
<th>Home visiting (for parents with children ages 0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior health, mental health services</td>
<td>Housing services</td>
</tr>
<tr>
<td>Case management</td>
<td>Parenting education</td>
</tr>
<tr>
<td>Childcare (temporary)</td>
<td>Parent/sibling visitation</td>
</tr>
<tr>
<td>Differential Response</td>
<td>Peer Support</td>
</tr>
<tr>
<td>Domestic violence services</td>
<td>Respite care / crisis nursery</td>
</tr>
<tr>
<td>Early childhood services</td>
<td>Substance abuse services</td>
</tr>
<tr>
<td>Family Resource Center or other multi-service center</td>
<td>Team Decision Making</td>
</tr>
<tr>
<td>Financial literacy education</td>
<td>Transportation</td>
</tr>
<tr>
<td>Health services</td>
<td>Youth programs</td>
</tr>
</tbody>
</table>

#### 3. Time-Limited Family Reunification

#### Objective

To address the problems of families whose children have been placed in foster care so that reunification may occur safely and timely.

#### Target Population

- Children that are removed from their home and placed in a foster family home or a child care institution.
- Parents or primary caregiver of such a child, in order to facilitate the reunification of the child, safely, appropriately and in a timely fashion, but only during the 15-month period that begins on the date the child is considered to have entered foster care.

#### Allowable Services and Activities

---

October 2014

Questions? Email: ocappnd@dss.ca.gov

PSSF RFP p23, Section IV
Individual, group, and family counseling  
Inpatient, residential, or outpatient substance abuse treatment services  
Mental health services  
Assistance to address domestic violence  
Temporary child care and therapeutic services for families, including crisis nurseries.  
Peer-to-peer mentoring and support groups for parents and primary caregivers  
Services/activities that facilitate access to and visitation of children by parents and siblings.  
Transportation to or from any of the services and activities described above

Please note: Case management and/or linkages to services are not allowable under PSSF TLFR. These funds are for the provision of the direct services specified above only.

| Time-Limited Family Reunification Services* |  
|-------------------------------------------|---|
| Behavior health, mental health services   | Peer support             |
| Childcare (temporary)                      | Respite care             |
| Domestic violence services                 | Substance abuse treatment|
| Parent/sibling visitation                  | Transportation           |

4. Adoption Promotion and Support Services

Objective

To support adoptive families by providing support services necessary for them to make a lifetime commitment to children.

Services and activities are designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities designed to expedite the adoption process and support adoptive families.

Target Population

Current dependents in the foster care system with a case plan goal of adoption.  
Children whom have had a finalized adoption and their adoptive families and families exploring adoption.  
Services may be provided for youth being served by child welfare and probation agencies that have met Title IV-E eligibility requirements and are in a qualified placement setting.

Allowable Services and Activities (include but are not limited to)

- Pre- and post-adoptive services designed to support adoptive families so that they can make a lifetime commitment to their children  
- Activities designed to expedite the adoption process and support adoptive families

Services* Frequently Support by Adoptions, Promotion, and Support (not an exhaustive list)

<table>
<thead>
<tr>
<th>Adoptive parent recruitment</th>
<th>Health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic needs, concrete supports</td>
<td>Livescan Fees</td>
</tr>
<tr>
<td>Behavior health, mental health services</td>
<td>Parenting education</td>
</tr>
<tr>
<td>Case management</td>
<td>Peer support</td>
</tr>
<tr>
<td>Childcare</td>
<td>Respite care</td>
</tr>
<tr>
<td>Family Resource Center or other drop-in multi-service center</td>
<td>Team Decision Making</td>
</tr>
<tr>
<td>Financial literacy education</td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Youth programs</td>
</tr>
</tbody>
</table>
V. Use of Funds

A minimum of 20 percent of the county’s total annual PSSF allocation must be spent under each of the four program components. Counties have flexibility in how the remaining 20 percent is expended.

No more than 10 percent may be used for administrative costs. Administrative (i.e. indirect) costs are defined as:

- Costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity. Depreciation, software, and office equipment are examples of administrative costs.

- Allowable costs that would not have been incurred had it not been for the program are direct program costs not administrative (e.g. program staff, training, supplies, travel).

VI. Program Requirements

The PSSF Program is not an entitlement program and counties must meet program requirements through the County Self-Assessment (CSA) and System Improvement Plan (SIP) components of the California Child and Family Services Review (C-CFSR) as well as submittal of the CAPIT/CBCAP/PSSF Annual Report. Counties must:

A. Establish a PSSF Collaborative (local planning body) to develop county plans as required by CDSS. The county Board of Supervisors (BOS) shall oversee the local planning process and approve each plan before it is transmitted to CDSS for approval. The planning process shall include:

1. Broad involvement and consultation with a wide-range of appropriate public and private non-profit agencies and community-based organizations and parents, including families, parents, and youth who have been involved with or are currently receiving child welfare services;

2. Coordination in the provision of services for children and families;

3. Collection of information to help determine at-risk populations, target areas, assess service needs, identify gaps in services, select priorities for funding and services, formulate goals and objectives and develop opportunities for bringing more effective and accessible services for children and families;

4. A description of services to be provided. For each service provide a description of:

   a. The population to be served;
   b. The geographic area where services will be provided;
   c. The number of individuals and families to be served.

B. Utilize a quality assurance process that measures quantity, quality and effectiveness of funded activities.

Whether funds are used for in-house services or contracted with a provider, the county is required to report participation rates and outcomes achieved to the OCAP.

VII. References

42 U.S.C. 629: Subpart 2, Promoting Safe and Stable Families
PROMOTING SAFE AND STABLE FAMILIES (PSSF) PROGRAM

45 CFR 1357: Title IV-B Requirements
Assembly Bill 118 (Chapter 40, Statutes of 2011)
Child and Family Services Improvement Act of 2006 (Public Law 109-288)
Child and Family Services Improvement and Innovation Act (Public Law 112-34)
County Fiscal Letters
OCAP Service Categories Defined
Omnibus Budget Reconciliation Act of 1993 (Public Law 103-66)
Promoting Safe and Stable Families Amendment of 2001 (Public Law 107-133)
Welfare and Institutions Code Section 16600-16605

VIII. Program Resources

- Family Development Matrix
- Strategies
- Strengthening Families
- The California Evidence-Based Clearinghouse
California Child Welfare Core Practice Model

BACKGROUND

THEORETICAL FRAMEWORK

ORGANIZATIONAL THEORIES

CASEWORK COMPONENTS

PRACTICE ELEMENTS

PRACTICE BEHAVIORS

LEADERSHIP BEHAVIORS
California Child Welfare Core Practice Model

BACKGROUND

California’s child welfare community has a long and respected history of creating and implementing successful approaches to serving children and families. Our state supervised and county-implemented system has provided numerous opportunities at both the state and local levels for the development of innovative practices and initiatives aimed at improving outcomes. However, multiple emerging and established initiatives and practices have impacted our ability to have a consistent statewide approach for child welfare practice.

In 2012, California’s Public Child Welfare community began efforts to develop a California Child Welfare Core Practice Model that is intended as a framework to support our state’s Child Welfare social workers and leaders in sustaining and improving practice in all California counties. From the beginning the goal of this work has been to create a practice model that guides service delivery and decision-making at all levels in Child Welfare, and that builds on the great work already taking place by integrating key elements of existing initiatives and proven practices such as the California Partners for Permanency (CAPP), Pathways to Permanency (the Katie A. Core Practice Model), and Safety Organized Practice (SOP). The California Child Welfare Core Practice Model amplifies the work that has taken place in California over the past decade-and-a-half to improve outcomes for children and families in all counties, across the state.

THEORETICAL FRAMEWORK

The Theoretical Framework for the CA Child Welfare Core Practice Model provides the foundation for the practice model and guides the development of values, casework components, and practice elements. The framework is comprised of the following theories:

Orienting Theories and Bio-developmental Theories

These theories help us understand:

- How and why key factors such as current and historical trauma and other stressors lead to maltreatment and hamper intervention efforts.
- The importance of protecting and promoting attachment bonds, family connections, and the cultural group as we work with families.
- That parenting is challenging and all parents need help with structure, transitions, and milestones.

Using these theories leads to:

- Greater empathy and a shift in emotional reactions to families that enter the system.
- Development and use of strategies for building on strengths and working to enhance motivation for change.

Intervention Theories

Intervention theories help us:

- Work with families to find and use services that will address the key factors to interrupt unsafe patterns: life situations, thinking patterns, emotions, and triggers that contribute to maltreatment.
- Understand the sequence of events so we can help individual adults and entire families understand what needs to change and how to change it in order for children to be safe and remain in the immediate or extended family.
- Understand the needs of children and youth in foster care and adoption and help them keep ties to family and community and develop new attachments.
- Understand how to help families, children, and youth through transitions and delayed reactions to prevent placement disruptions.

Organizational Theories

These theories help us understand how our system will support and sustain the practice model.
VALUES

The Practice Model values reflect the theoretical framework and form a path from theory to practice, guiding the development of the core components, elements, and practice behaviors.

The following value statements are an expression of our beliefs and explain what we are striving for in our work with families:

• We believe in using prevention and early intervention to help keep children and youth safe from abuse and neglect.

• We believe the best way to support families is to honor their experiences and work together to build partnerships based on mutual respect and trust.

• We believe children, youth, and young adults need lifelong, loving permanent families and connections to family members, communities, and tribes.

• We believe children, youth, and young adults should have access to effective services that support their overall well-being and help them achieve their full potential.

• We believe that honestly sharing our assessment of strengths and concerns is essential for engaging with families and building connections.

• We believe in listening to families to learn about their culture and community.

• We believe that families can grow and change.

• We believe in helping families connect with effective, family-focused, strength-based services and supports.

• We believe in creating a competent and professional workforce through quality recruitment, training, and support.

• We believe in individual development, critical thinking, self-reflection, and humility.

• We believe in creating an organizational culture and climate that supports learning and development.
CASEWORK COMPONENTS – WHAT WE DO

The model has six key practice components. The practice components are the basic activities of collaborative work with children, youth, and families involved with child welfare. They are:

• **PREVENTION** – Child welfare prevention efforts focus on reducing risk factors and strengthening or increasing protective factors in families through a variety of programs and initiatives including differential response and home visiting.

• **ENGAGEMENT** – Family engagement is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. It is founded on the principle of respect—communicating openly and honestly with families in a way that supports disclosure of preferences, family dynamics and culture, and individual experiences, so that the individual needs of every family and child can be met.

• **ASSESSMENT** – Assessment is a continuous process of discovery with families that leads to better understanding of the events and behaviors that brought the children and families into services, helps families identify the underlying needs that affect the safety, permanency, and well-being of the family, children, and youth.

• **PLANNING AND SERVICE DELIVERY** – Service planning involves working with the family and their team to create and tailor plans to build on the strengths and protective capacities of the youth and family members, in order to meet the individual needs for each child and family.

• **MONITORING AND ADAPTING** – Monitoring and adapting are part of the practice of continually monitoring and evaluating the effectiveness of the plan while assessing current circumstances and resources. It is the part of the planning cycle where the plan is reworked as needed.

• **TRANSITION** – Transition is the process of moving from formal supports and services to informal supports, when intervention by the formal systems is no longer needed.

---

1 This definition of casework components was informed by the Katie A. Core Practice Model [http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf](http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf). The Casework Components developed for the model are informed by and consistent with CAPP, Katie A., and SOP.
The practice elements identified in the model link the values and principles to the core aspects of practice that are essential to the model’s success. They are the broad actions essential to promoting safety, permanency, and well-being for all children and youth. Each element is further defined and operationalized in practice behaviors that guide social workers in their practice with families, children, youth, young adults, caregivers, and communities.

The practice elements in the California Child Welfare Core Practice Model are the broad actions we take to promote safety, permanency and well-being for all children and youth. Each element is further defined and operationalized in behaviors that guide practitioners in their practice with families, youth, and their supportive communities and tribes.

Engagement
We continuously engage with families, their communities and tribes:

- We listen to families, tribes, caregivers, and communities and respect and value their roles, perspectives, abilities, and solutions in all teaming and casework practice.
- We encourage and support families and youth speaking out about their own experiences and taking a leadership role in assessing, finding solutions, planning, and making decisions.
- We affirm the family’s experiences and create achievable goals in collaboration with the family.
- We use solution-focused, trauma-informed engagement practices and approach all interactions with openness, respect, and honesty. We use understandable language. We describe our concerns clearly.
- We connect with families, children, youth, communities, tribes, and service providers to help build networks of formal and informal supports and support connections.

Inquiry/Exploration
We explore well-being, family relationships, natural supports, and safety concerns:

- We use inquiry and mutual exploration with the family to find, locate, and learn about other family members and supportive relationships children, youth, young adults, and families have within their communities and tribes.
- We explore with children, youth, and young adults their worries, wishes, where they feel safe, and consider their input about permanency and where they want to live.
- We work with the family throughout our involvement to identify family members and other supports for the family, children, youth, and young adults.
- We conduct early and ongoing screening and comprehensive assessments to inform our efforts to address safety, permanency, and well-being.

Advocacy
We advocate for services, interventions, and supports that meet the needs of families, children, youth, and young adults:

- We promote use of effective, available, evidence-informed, and culturally relevant services, interventions, and supports.
- We speak out for children, youth, young adults, and families in order to support them in strengthening their family, meeting their needs, finding their voice, and developing the ability to advocate for themselves.
- We advocate with youth to promote permanency and permanent connections.

---

2 This definition of practice elements is informed by the CAPP Child and Family Practice Model http://www.cfpic.org/practice-models/cfm/app/model. The Practice Elements developed for the model are informed by and consistent with CAPP, Katie A., and SOP.
Teaming

We work in partnership with families, communities, tribes, and other professionals and service providers working with the family:

• We rely on the strength and support that a family’s community, cultural, tribal and other natural relationships can provide to help the family meet their underlying needs.

• We facilitate partnerships with formal and informal networks to help the family build an ongoing circle of support.

• We build teams by demonstrating respect, following through, and talking about and agreeing on team roles and team dynamics.

• We facilitate dialogue with families and their teams to ensure that we understand their point of view.

• We collaborate with youth, young adults, families, and their teams in assessment, decision-making, and planning.

• We ensure that every assessment and decision is the product of the work of both the social worker and the family, and in many cases inclusive of the collaborative work within the child and family team.

• We work with youth, young adults, families, and their teams to develop and adapt service plans to help youth, young adults, and families overcome barriers and find services and supports that meet their needs.

Accountability

We work to achieve positive outcomes for children, youth, young adults, and families in the areas of safety, permanency, and well-being:

• We measure our practice against identified system goals and seek continuous growth and improvement.

• We help families, children, youth, and young adults achieve what is important to them.

• We provide culturally relevant/promising practices/innovative practices and ensure service linkage/accountability in service provision.

Workforce Development and Support

We provide support to the workforce:

• We offer professional development opportunities, leadership, supervision, coaching, and workload supports that facilitate a healthy and positive workforce.

• We use intentional communication to build and maintain our system as a learning organization.

• We partner with families and stakeholders to collect and analyze qualitative and quantitative data, for the purpose of evaluating service delivery and how well front line practice aligns with the practice model.

Core Practice Model behaviors are the action oriented aspect of the practice model that defines expected leadership and social work practice. For practitioners they bring the model’s theoretical framework, values, and elements to life by clearly describing the interactions between social workers and families, children, youth, young adults, communities, and tribes. Practice behaviors provide guidance about how to use the practice model, ensuring staff and agency behavior are consistent with the practice model’s theoretical framework, values, and elements. Leadership behaviors provide parallel guidance to Directors, Managers, Supervisors, and others in bringing the model’s theoretical framework, values, and elements to life by clearly describing the interactions between agency leadership and staff, and also between agency leadership and external stakeholders, in implementing the California Child Welfare Core Practice Model.3 The Behaviors on the following page are the top-level summaries of behaviors in each category. The full list of Practice and Leadership Behaviors can be found at http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0.

3 This definition of practice behaviors is informed by the CAPP Child and Family Practice Model Packet http://www.cfpic.org/sites/default/files/CHILD%20AND%20FAMILY%20PRACTICE%20MODELPACKET.pdf. The draft practice behaviors are informed by and consistent with CAPP, Katie A., and SOP.
### Foundational Behaviors
- Be open, honest, clear, and respectful in your communications
- Be Accountable

### Practice Behaviors
<table>
<thead>
<tr>
<th>Engagement Behaviors</th>
<th>Engagement Behaviors for Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Listen to the child, youth, young adult, and family, and demonstrate that you care about their thoughts and experiences.</td>
<td>• Create opportunities to gain new knowledge and skills, try new things, learn from mistakes, and take time to use critical thinking and reflection, even in times of crisis.</td>
</tr>
<tr>
<td>• Demonstrate an interest in connecting with the child, youth, young adult, and family and helping them identify and meet their goals.</td>
<td>• Establish and maintain regular and frequent communication to encourage an active partnership that engages staff at all levels in implementation and system improvement activities.</td>
</tr>
<tr>
<td>• Identify and engage family members and others who are important to the child, youth, young adult, and family.</td>
<td>• Show that you care by listening to stakeholders (children, families, community members, and Tribes) and staff at all levels to hear their successes, concerns/worries, and ideas for working together to both celebrate successes and overcome barriers.</td>
</tr>
<tr>
<td>• Support and facilitate the family’s capacity to advocate for themselves.</td>
<td>• Create regular opportunities to explore and affirm the efforts and strengths of staff and agency partners, fostering leadership through gains in skill and abilities, confidence, and opportunities to mentor others.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment Behaviors</th>
<th>Inquiry/Exploration Behaviors for Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>• From the beginning and throughout all work with the child, youth, young adult, family, and their team to engage in initial and on-going safety and risk assessment and permanency planning.</td>
<td>• Track and monitor barriers and challenges.</td>
</tr>
<tr>
<td>• Create opportunities to gain new knowledge and skills, try new things, learn from mistakes, and take time to use critical thinking and reflection, even in times of crisis.</td>
<td>• Be transparent with staff and stakeholders (children, families, community members, and Tribes).</td>
</tr>
<tr>
<td>• Establish and maintain regular and frequent communication to encourage an active partnership that engages staff at all levels in implementation and system improvement activities.</td>
<td>• Seek input and perspective to develop solutions at all staff levels and with stakeholders.</td>
</tr>
<tr>
<td>• Show that you care by listening to stakeholders (children, families, community members, and Tribes) and staff at all levels to hear their successes, concerns/worries, and ideas for working together to both celebrate successes and overcome barriers.</td>
<td>• Advance mutually reflective, supportive supervision at all levels.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaming Behaviors</th>
<th>Teaming Behaviors for Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work with the family to build a supportive team that engages family, cultural, community and Tribal connections as early as possible.</td>
<td>• Develop partnerships with effective community-based service providers with cultural connections to families receiving services.</td>
</tr>
<tr>
<td>• After exploring with the family how their culture may affect teaming processes, facilitate culturally-sensitive team processes and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.</td>
<td>• Work with families, youth, communities, and other stakeholders and peers as active partners in implementation of best practices, policy development, and problem-solving to support the CPM.</td>
</tr>
<tr>
<td>• Work with the team to address the evolving needs of the child, youth, young adult, and family.</td>
<td>• Model inclusive decision-making with staff at all levels across agencies and with partners using teaming structures and approaches to implement and support the CPM.</td>
</tr>
<tr>
<td>• Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Planning and Delivery Behaviors</th>
<th>Advocacy Behaviors for Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work with the family and their team to build a culturally sensitive plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.</td>
<td>• Promote advocacy by providing frequent and regular opportunities for Tribes, agency partners, staff, youth, families, and caregivers to share their voice.</td>
</tr>
<tr>
<td></td>
<td>• Advocate for the resources needed to support and develop staff, and to provide effective, relevant, culturally responsive services for families.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transition Behaviors for Social Workers</th>
<th>Accountability Behaviors for Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.</td>
<td>• Listen and provide timely feedback to staff and stakeholders and establish a shared expectation for follow-up.</td>
</tr>
<tr>
<td></td>
<td>• Support staff and hold each other accountable for sustaining the CPM by utilizing a practice to policy feedback loop that engages staff and stakeholders in data collection and evaluation.</td>
</tr>
<tr>
<td></td>
<td>• Identify and implement a transparent process at all levels to track staffing gaps and plan organizational changes.</td>
</tr>
<tr>
<td></td>
<td>• Identify and implement a transparent process at all levels to monitor for practice fidelity and effectiveness.</td>
</tr>
</tbody>
</table>

PSSF RFP p33, Section IV
Being a parent can be a very rewarding and joyful experience. But being a parent can also have its share of stress. Parenting stress is caused by the pressures (stressors) that are placed on parents personally and in relation to their child:

- **typical events and life changes** (e.g., moving to a new city or not being able to soothe a crying baby)
- **unexpected events** (e.g., losing a job or discovering your child has a medical problem)
- **individual factors** (e.g., substance abuse or traumatic experiences)
- **social factors** (e.g., relationship problems or feelings of loneliness and isolation)
- **community, societal or environmental conditions** (e.g., persistent poverty, racism or a natural disaster)

Numerous researchers have concluded that how parents respond to stressors is much more important than the stressor itself in determining the outcomes for themselves and their children. Parents are more likely to achieve healthy, favorable outcomes if they are resilient. Resilience is the process of managing stress and functioning well even when faced with challenges, adversity and trauma.

Some stressors parents face can be managed easily so that problems get resolved; for example, calling a relative or friend to pick-up a child from school when a parent is delayed. But some stressors cannot be easily resolved. For example, parents cannot “fix” their child’s developmental disability, erase the abuse they suffered as a child or be able to move out of a crime-plagued neighborhood. Rather, parents are resilient when they are able to call forth their inner strength to proactively meet personal challenges and those in relation to their child, manage adversities, heal the effects of trauma and thrive given the unique characteristics and circumstances of their family. Demonstrating resilience increases parents’ self-efficacy because they are able to see evidence of both their ability to face challenges competently and to make wise choices about addressing challenges. Furthermore, parental resilience has a positive effect on the parent, the child and the parent-child relationship. By managing stressors, parents feel better and can provide more nurturing attention to their child, which enables their child to form a secure emotional attachment. Receiving nurturing attention and developing a secure emotional attachment with parents, in turn, fosters the development of resilience in children when they experience stress.

Sometimes the pressures parents face are so overwhelming that their ability to manage stress is severely compromised. This is the case with parents who grew up in environments that create toxic stress. That is, as children, they experienced strong, frequent and prolonged adversity without the buffering protection of nurturing adult support. As a result, these parents may display symptoms of depression, anxiety, or other clinical disorders that inhibit their ability to respond consistently, warmly and sensitively to their child’s needs. For example, depressive symptoms in either mothers or fathers are found to disrupt healthy parenting practices so that the child of a depressed parent is at increased risk of poor attachments, maltreatment and poor physical, neurological, social-emotional, behavioral and cognitive outcomes. However, numerous research studies show parents can be helped to manage clinical symptoms and reactions to their own histories of poor attachments and trauma, to protect children from adversity and trauma as best they can and to provide more nurturing care that promotes secure emotional attachment and healthy development in their children.

All parents experience stress from time-to-time. Thus, parental resilience is a process that all parents need in order effectively manage stressful situations and help ensure they and their families are on a trajectory of healthy, positive outcomes.
PARENTAL RESILIENCE: ACTION SHEET

Your role

Your daily interactions with parents can help them to build their resilience and their belief in themselves as parents and capable decision-makers. You can:

- Projecting a positive and strengths-based approach to all families
- Support parents as key decision-makers for their families and provide opportunities for decision-making that affects the program or community
- Encourage parents to take care of themselves, particularly during stressful times
- Normalize the fact that parenting is stressful and help the parent plan proactively about how to respond to stressful parenting situations
- Validate and support good decisions

Questions to ask

- Where do you draw your strength?
- How does this help you in parenting?
- What are your dreams for yourself and family?
- What kind of worries and frustrations do you deal with during the day? How do you solve them?
- How are you able to meet your children’s needs when you are stressed?
- How does your spouse, partner, or closest friend support you? When you are under stress, what is most helpful?
- What do you do to take care of yourself when you are stressed?

What to look for

- Problem solving skills
- Ability to cope with stress
- Self-care strategies
- Help-seeking behavior
- Receiving mental health or substance abuse services if needed
- Not allowing stress to impact parenting

Activities to do with parents

- Ask the parent to write down their self-care strategies and ensure that they are taking time for self-care each day.
- Ask the parent to identify situations they find stressful and make a plan in advance for how they will keep themselves calm and centered in these circumstances.
People need people. Parents need people who care about them and their children, who can be good listeners, who they can turn to for well-informed advice and who they can call on for help in solving problems. Thus, the availability and quality of social connections are important considerations in the lives of parents.

Parents’ constructive and supportive social connections—that is, relationships with family members, friends, neighbors, co-workers, community members and service providers—are valuable resources who provide:

- emotional support (e.g., affirming parenting skills or being empathic and non-judgmental)
- informational support (e.g., providing parenting guidance or recommending a pediatric dentist)
- instrumental support (e.g., providing transportation, financial assistance or links to jobs)
- spiritual support (e.g., providing hope and encouragement)

When parents have a sense of connectedness they believe they have people who care about them as individuals and as parents; they feel secure and confident that they have others with whom they can share the joy, pain and uncertainties that come with the parenting role; they seek timely assistance from people they have learned to count on when faced with challenges; and they feel empowered to “give back” through satisfying, mutually beneficial relationships. Several research studies have demonstrated that—for both mothers and fathers—high levels of emotional, informational, instrumental or spiritual support is associated with positive parental mood; positive perceptions of and responsiveness to one’s children; parental satisfaction, well-being and sense of competence; and lower levels of anger, anxiety and depression.

Conversely, inadequate, conflicting or dissatisfying social connections can be the source of parental stress, rather than a buffer. For example, maternal and paternal grandparents may be very willing sources of informational and instrumental support to new parents, but their advice and manner of caregiving may be at odds with the new parents’ beliefs and preferences. At the extreme end of the continuum of poor social connections are social isolation (i.e., the lack of available and quality relationships) and loneliness (i.e., feelings of disconnectedness from others). Social isolation is a risk factor consistently associated with disengaged parenting, maternal depression and increased likelihood of child maltreatment. Similarly, loneliness may be a major stressor that inhibits parents’ ability to provide consistent, nurturing, responsive care to their children.

It may seem that increasing the number of people who could provide constructive social support to parents would be the “cure” for social isolation and loneliness. Providing opportunities for parents to create and strengthen sustainable, positive social connections is necessary but alone is not sufficient. Parents can feel lonely and isolated even when surrounded by others if relationships lack emotional depth and genuine acceptance. Thus, parents need opportunities to forge positive social connections with at least one other person that engender emotional, informational, instrumental or spiritual support so that meaningful interactions may occur in a context of mutual trust and respect.

Constructive and supportive social connections help buffer parents from stressors and support nurturing parenting behaviors that promote secure attachments in young children. Therefore, parents’ high quality social connections are beneficial to both the adults and the children.
SOCIAL CONNECTIONS: ACTION SHEET

Your role

You can help parents to think critically about their social network and how they could utilize it more effectively, as well as the skills and tools they need to expand it. The following strategies may assist you in engaging families in developing social connections:

- Model good relational behavior and use your interactions with families as an opportunity to help parents develop stronger relational skills
- When engaging the family’s broader network in teaming or other supports, be sensitive to the quality of existing relationships and help the family identify supporters in their network who will contribute positively
- Invite parents to events where they can get to know each other – with or without their kids – and reach out especially to those parents that may be socially isolated
- If there are specific issues that serve as barriers for the family in developing healthy social connections such as anxiety or depression, encourage the family to address them

Questions to ask

- Do you have friends or family members that help you out once in a while?
- Are you a member of any groups or organizations?
- Who can you call for advice or just to talk? How often do you see them?
- What kind of social support do you need?
- Do you find it easy or challenging to make friends? If it is challenging, what specific things represent a barrier for you?
- What helps you feel connected?

What to look for

- Does the parent have supportive relationships with one or more persons (friends, family, neighbors, community, faith-based organizations, etc.)?
- Can the parent turn to their social network for help in times of need (for instance, when they need help with transportation, childcare or other resources)?
- Is the parent willing and able to accept assistance from others?
- Does the parent have positive relationships with other parents of same-age kids?
- Does the parent have skills for establishing and maintaining social relationships?
- Does the parent provide reciprocal social support to peers?

Activities to do with parents

- Work with the parent to develop an EcoMap showing the people and institutions that are sources of support and/or stress in his or her life.
- Role play with the parent to help them practice skills in approaching another parent to develop a friendship. Have the parent choose a realistic scenario such as starting a conversation at a school event, on the playground or at a place of worship.
No parent knows everything about children or is a “perfect parent.” An understanding of parenting strategies and child development helps parents understand what to expect and how to provide what children need during each developmental phase. All parents, and those who work with children, can benefit from increasing their knowledge and understanding of child development, including:

- physical, cognitive, language, social and emotional development
- signs indicating a child may have a developmental delay and needs special help
- cultural factors that influence parenting practices and the perception of children
- factors that promote or inhibit healthy child outcomes
- discipline and how to positively impact child behavior

Gaining more knowledge about child development and developing greater skills in parenting are particularly important given the recent advances in the fields of neuroscience, pediatrics and developmental psychology. Scientists in these fields have provided much evidence of the critical importance of early childhood as the period in which the foundation for intellectual, social, emotional and moral development is established. Furthermore, numerous research studies show this foundation is determined by the nature of the young child’s environments and experiences that shape early brain development.

Developing brains need proper nutrition, regularly scheduled periods of sleep, physical activity and a variety of stimulating experiences. Developing brains also need attuned, emotionally available parents and other primary caregivers who recognize and consistently respond to the needs of young children, and interact with them in an affectionate, sensitive and nurturing manner. Such care gives rise to the development of a secure attachment between the child and the adult. Young children with secure attachments develop a sense of trust, feel safe, gain self-confidence and are able to explore their environments because they feel they have a secure base.

Numerous longitudinal studies have demonstrated that parental behaviors that lead to early secure attachments—and which remain warm and sensitive as children grow older—lay the foundation for social-emotional, cognitive and moral competencies across developmental periods. For example, when a young child solicits interaction through babbling or facial expressions and a parent responds in a similar manner, this type of parent-child interaction helps to create neural connections that build later social-emotional and cognitive skills. In addition, advances in brain research have shown that parental behaviors that forge secure emotional attachments help young children learn to manage stress. Secure attachments can offset some of the damage experienced by highly stressed young children as a result of trauma (e.g., maltreatment or exposure to violence.)

In contrast, parental care that is inconsistent, unresponsive, detached, hostile or rejecting gives rise to insecure attachments. Young children who experience insecure attachments display fear, distrust, anxiety or distress and are at risk for long-term adverse effects on brain development including developmental delays, cognitive impairments, conduct problems, psychopathology and relationship challenges. For example, young children who have limited adult language stimulation and opportunities to explore may not fully develop the neural pathways that support learning.

What parents do and how they treat children is often a reflection of the way they were parented. Acquiring new knowledge about parenting and child development enables parents to critically evaluate the impact of their experiences on their own development and their current parenting practices, and to consider that there may be more effective ways of guiding and responding to their children. Furthermore, understanding the mounting evidence about the nature and importance of early brain development enables both parents and those who work with children to know what young children need most in order to thrive: nurturing, responsive, reliable and trusting relationships; regular, predictable and consistent routines; interactive language experiences; a physically and emotionally safe environment; and opportunities to explore and to learn by doing.
KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT: ACTION SHEET

Your role

Each contact you have with the family provides an important opportunity to link them to parenting resources, provide child development information and model and validate effective caregiving. You can:

- Connect parents to parenting education classes or home visiting as appropriate for their situation
- Model appropriate expectations for the child
- Engage parents in dialogue when their expectations are not in line with the child’s developmental phase
- Underline the importance of nurturing care to help the parent in valuing the importance of their own role
- Provide “just in time” parenting education: crucial information a parent needs at the time when parenting issues arise
- Help the parent identify a series of trusted informants that they can turn to when they need parenting information

Questions to ask

- What does your child do best and what do you like about your child?
- What do you like about parenting? What do you find challenging about parenting?
- How have you learned about parenting skills?
- How do you continue to learn about your child’s development?
- What has helped you learn about yourself as a parent?
- Are there things that worry you about your child’s development or behavior?
- Have other people expressed concern about your child?

What to look for

- Does the parent understand and encourage healthy development?
- Is the parent able to respond and manage their child’s behavior?
- Does the parent understand and demonstrate age-appropriate parenting skills in their expectations, discipline, communication, protection and supervision of their child?
- Does the child respond positively to the caregivers’ approaches?
- Does the parent understand and value their parenting role?
- Does the parent have a reliable source for parenting information when issues come up?
- Does the parent know how to encourage social-emotional development and apply a range of age-appropriate disciplinary strategies?
- Is the parent involved in their child’s school, preschool or other activities?
- Does the parent understand the child’s specific needs (especially if the child has special developmental or behavioral needs)?

Activities to do with parents

- Ask the parent what their hopes and dreams are for their child(ren). Discuss any worries the parent has about ensuring those hopes and dreams are met. Then discuss what the parent is doing today (or wants to do) to help achieve those hopes and dreams.
All parents need help sometimes—help with the day-to-day care of children, help in figuring out how to soothe a colicky baby, help getting to the emergency room when a bad accident happens, help in managing one’s own temper when fatigued or upset. When parents are faced with very trying conditions such as losing a job, home foreclosure, substance abuse, not being able to feed their family or trauma, they need access to concrete support and services that address their needs and help to minimize the stress caused by very difficult challenges and adversity. Assisting parents to identify, find and receive concrete support in times of need helps to ensure they and their family receive the basic necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational or legal services.

When parents are faced with overwhelmingly stressful conditions they need to seek help, but for some parents asking for help is not an easy thing to do. It may be embarrassing for some parents because it feels like an admission of incompetence; that they don’t know how to solve their own problems or take care of their family. Other parents may not seek help because they don’t know where to go for help, or the services needed have a stigma associated with them such as mental health clinics and domestic violence or homeless shelters. Thus, parents need experiences that enable them to understand their rights in accessing services, gain knowledge of relevant services and learn how to navigate through service systems. Family and child-serving programs must clearly communicate to parents that seeking help is not an indicator of weakness or failure as a parent. On the contrary, seeking help is a step toward improving one’s circumstances and learning to better manage stress and function well—even when faced with challenges, adversity, and trauma. When parents ask for help, it is a step toward building resilience.

When parents seek help, it should be provided in a manner that does not increase stress. Services should be coordinated, respectful, caring and strengths-based. Strengths-based practice is grounded in the beliefs that:

- It is essential to forge a trusting relationship between parents and service providers and among service providers working with the same families
- Regardless of the number or level of adverse conditions parents are experiencing, they have assets within and around them, their family and their community that can be called upon to help mitigate the impact of stressful conditions and to create needed change
- Parents have unrealized resources and competencies that must be identified, mobilized and appreciated
- Parents must be active participants in the change process and not passive recipients of services
- Parents must first be guided through, and subsequently learn how to navigate, the complex web of health care and social service systems
- In addition to addressing each parent’s individual difficulties, strengths-based practitioners must understand—and work to change—the structural inequities and conditions that contribute to these difficulties

A strengths-based approach helps parents feel valued because they are acknowledged as knowledgeable and competent. They develop a sense of self-confidence and self-efficacy because they have opportunities to build their skills, experience success and provide help to others. Thus, access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents’ dignity and to promote their and their family’s healthy development, resilience and ability to advocate for and receive needed services and resources.
CONCRETE SUPPORT IN TIMES OF NEED: ACTION SHEET

Your role

As a professional working with families, your role is not just to provide referrals to needed services, but to identify any barriers the families may have in accessing those services. Helping families overcome those barriers is crucial to ensuring that their concrete needs are met. Such help may entail:

- Encouraging help seeking behavior
- Working with the family to understand their past experience with service systems and any stigma they attach to certain services
- Helping the family to navigate complex systems by explaining eligibility requirements, filling out forms or making a warm handoff to an individual who can help them negotiate getting access to the services they need
- Helping the parent understand their role as an advocate for themselves and their child
- Giving parents opportunities to help meet concrete needs of other families in the program or the community, to encourage reciprocity

Questions to ask when a family is in need

- What do you need to ________ (stay in your house, keep your job, pay your heating bill etc.)?
- What have you done to handle the problem? Has this worked?
- Are there community groups or local services that you have worked with in the past? What has been your experience accessing their services?
- Are there specific barriers that have made it difficult for you to access services in the past?
- How does dealing with these issues impact the way you parent?

What to look for

- Is the parent open to accessing and utilizing services?
- Has the parent had positive experiences with services in the past?
- Does the parent have specific barriers (literacy, lack of transportation, etc.) that will make it difficult to access services?
- Are there personal behavioral traits (e.g., punctuality, willingness to share personal information, etc.) that the parent could address to more effectively utilize services?
- Does the parent try to buffer the child from the stress caused by the family’s concrete needs?

Activities to do with parents

- Ask the parent to identify one concrete need that, if met, would lighten his or her burden. Come up with a list of at least three possible avenues to get that need met (e.g., agencies to approach, people to ask for help, cutting back on other expenses).
- Talk to the parent about what their family’s socioeconomic status was in their childhood and what effect that had on them. Discuss things their parents did or did not do to buffer them from the stress of poverty, to teach them the value of money or to make sure their needs were met.
Early childhood is a period of both great opportunity and vulnerability. Early childhood experiences set the stage for later health, well-being and learning. In the past, most of the focus was on building young children's academic skills in an effort to ensure they were prepared for school. However, in recent years a growing body of research has demonstrated the strong link between young children's social-emotional competence and their cognitive development, language skills, mental health and school success. The dimensions of social-emotional competence in early childhood include:

- **self-esteem** - good feelings about oneself
- **self-confidence** - being open to new challenges and willing to explore new environments
- **self-efficacy** - believing that one is capable of performing an action
- **self-regulation/self-control** - following rules, controlling impulses, acting appropriately based on the context
- **personal agency** - planning and carrying out purposeful actions
- **executive functioning** - staying focused on a task and avoiding distractions
- **patience** - learning to wait
- **persistence** - willingness to try again when first attempts are not successful
- **conflict resolution** - resolving disagreements in a peaceful way
- **communication skills** - understanding and expressing a range of positive and negative emotions
- **empathy** - understanding and responding to the emotions and rights of others
- **social skills** - making friends and getting along with others
- **morality** - learning a sense of right and wrong

These dimensions of social-emotional competence do not evolve naturally. The course of social-emotional development—whether healthy or unhealthy—depends on the quality of nurturing attachment and stimulation that a child experiences. Numerous research studies show that a relationship with a consistent, caring and attuned adult who actively promotes the development of these dimensions is essential for healthy social-emotional outcomes in young children. Actively promoting social-emotional competence includes activities such as:

- Creating an environment in which children feel safe to express their emotions
- Being emotionally responsive to children and modeling empathy
- Setting clear expectations and limits (e.g., “People in our family don’t hurt each other.”)
- Separating emotions from actions (e.g., “It’s okay to be angry, but we don’t hit someone when we are angry.”)
- Encouraging and reinforcing social skills such as greeting others and taking turns
- Creating opportunities for children to solve problems (e.g., “What do you think you should do if another child calls you a bad name?”)

Children who have experiences such as these are able to recognize their and others’ emotions, take the perspective of others and use their emerging cognitive skills to think about appropriate and inappropriate ways of acting. Conversely, research shows children who do not have adults in their lives who actively promote social-emotional competence may not be able to feel remorse or show empathy and may lack secure attachments, have limited language and cognitive skills and have a difficult time interacting effectively with their peers. Evidence shows, however, that early and appropriate interventions that focus on social-emotional development can help to mitigate the effects of negative experiences in ways that lead to improved cognitive and social-emotional outcomes.
SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN: ACTION SHEET

Your role

It is important to increase parents’ awareness of the importance of early relationships and of their role in nurturing their child’s social-emotional development by:

- Providing concrete tips and resources to parents to help them build their skills
- Modeling developmentally appropriate interactions with children that help them to recognize and manage their emotions and build other social and emotional skills
- Connecting families to resources that can help support their children’s social-emotional development—these might be simple (such as classes like Second Step, or books and games that help children to name or recognize their emotions) or more intensive (such as mental health counseling)
- Staying attuned to trauma and how it impacts the child’s behaviors and relationships, including taking time to explain and discuss children’s behavior with parents when they are “acting out” due to trauma

Questions to ask

- How is the emotional relationship between you and your child?
- How do you express love and affection to your child?
- How do you help your child express his or her emotions?
- In what situations are your child’s emotions hard for you to deal with?

What to look for

- Does the child feel safe to express emotions in the relationship with the parent?
- Is the parent emotionally responsive to the child?
- Does the parent model empathy?
- Does the parent set clear expectations and limits (e.g., “People in our family don’t hurt each other”)?
- Does the parent separate emotions from actions (e.g., “It’s okay to be angry, but we don’t hit someone when we are angry”)?
- Does the parent encourage and reinforce social skills such as greeting others and taking turns?
- Does the parent create opportunities for children to solve problems? (e.g., “What do you think you should do if another child calls you a bad name?”)?

Activities to do with parents

- Have the parent sketch out (or write out) an interaction with their child. Begin with an experience that typically makes the child happy, sad, frustrated or angry. Then have the parent illustrate or describe what the child does when he or she feels those emotions, how the parent responds and how the child responds. Identify and talk through positive or negative patterns in the interaction.
- Ask the parent to think of an adult who they loved as a child. What was it about the relationship with that adult that made it so important? Ask them what elements of that relationship they can replicate in their relationship with their child(ren).
CSSP’S PROTECTIVE AND PROMOTIVE FACTORS

The Center for the Study of Social Policy (CSSP) works to create new ideas and promote public policies that produce equal opportunities and better futures for all children and families, especially those most often left behind. The foundation of all of CSSP’s work is a child, family and community well-being framework that includes a focus on protective and promotive factors. Using an ecological perspective:

- **protective factors** are conditions or attributes of individuals, families, communities or the larger society that **mitigate or eliminate risk**
- **promotive factors** are conditions or attributes of individuals, families, communities or the larger society that **actively enhance well-being**

*Taken together, protective and promotive factors increase the probability of positive, adaptive and healthy outcomes, even in the face of risk and adversity.*

The **Strengthening Families™ and Youth Thrive™ frameworks** exemplify CSSP’s commitment to identify, communicate and apply research-informed ideas that contribute to the healthy development and well-being of children, youth and families. As numerous studies affirm the importance of early childhood experiences in influencing adolescent and adult behavior, these frameworks provide a view of two interrelated phases of the lifespan developmental continuum: Strengthening Families focuses on families of young children (0-5 years old) and Youth Thrive on youth ages 11-26.

<table>
<thead>
<tr>
<th>The Strengthening Families Protective Factors</th>
<th>The Youth Thrive Protective and Promotive Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Parental Resilience</td>
<td>• Youth Resilience</td>
</tr>
<tr>
<td>• Social Connections</td>
<td>• Social Connections</td>
</tr>
<tr>
<td>• Knowledge of Parenting and Child Development</td>
<td>• Knowledge of Adolescent Development</td>
</tr>
<tr>
<td>• Concrete Support in Times of Need</td>
<td>• Concrete Support in Times of Need</td>
</tr>
<tr>
<td>• Social-Emotional Competence of Children</td>
<td>• Cognitive and Social-Emotional Competence in Youth</td>
</tr>
</tbody>
</table>

Parents, system administrators, program developers, service providers and policymakers can each benefit from learning about and using the Strengthening Families and Youth Thrive frameworks in their efforts to ensure that children, youth and families are on a path that leads to healthy development and well-being.
AN INTRODUCTION TO SAFETY ORGANIZED PRACTICE

AN ORIENTATION FOR PARENTS AND CAREGIVERS
# An Introduction to Safety Organized Practice

## Table of Contents

<table>
<thead>
<tr>
<th>Segment</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Culture and Family Values</td>
<td>5</td>
</tr>
<tr>
<td>Trauma</td>
<td>7</td>
</tr>
<tr>
<td>Assessment Tools</td>
<td>11</td>
</tr>
<tr>
<td>Safety Mapping and Family Team Meetings</td>
<td>14</td>
</tr>
<tr>
<td>The Three Houses Tool</td>
<td>20</td>
</tr>
<tr>
<td>The Family Safety Circle Tool</td>
<td>23</td>
</tr>
<tr>
<td>Safety -- Case Planning</td>
<td>27</td>
</tr>
<tr>
<td>Resources</td>
<td>30</td>
</tr>
</tbody>
</table>
An Introduction to Safety Organized Practice

Two of the most important things a parent can do to successfully work with Child Welfare and achieve his/her family goals are to 1) understand the Child Welfare process, and 2) become fully involved in that process. Having an understanding of the processes used and why they are used will help parents and other caregivers become full participants and partners throughout their collaboration with Child Welfare.

This guide has been designed to provide the information you will need to understand the Child Welfare process in the child welfare agency you will be working with. In this particular agency, Safety Organized Practice (SOP) is used as a framework for how to work with families, and others involved in a families life. This booklet and orientation is designed specifically to help parents and other caregivers understand the SOP approach to child welfare practice.

The primary goals or objectives of Safety Organized Practice include

• **Development of good working relationships:** Families are the most important part of the team. As such, it is important that families who are working with Child Welfare are able to participate fully in the process. To do this, they must first be treated with dignity and respect. Further, they will need to understand the language, tools, and reasoning for decisions made by Child Welfare.

• **Use of critical thinking:** Sometimes it is hard to think through the difficult situations that families experience when involved in the Child Welfare system. SOP is intended to help everyone think through these difficult things together so that a plan can be created that helps everyone know that children are or can be safe with their families.

• **Creation of detailed plans for enhancing the daily safety of children:** Child Welfare is mandated to keep children safe and to find permanence for children. Research shows that children do best with their natural families.

---

1 The term Safety Organized Practice was first used by Andre Turnell 2004 for more information visit [www.signsofsafety.net](http://www.signsofsafety.net)
With this in mind, SOP agencies work toward creating plans with families that keep kids safe at home whenever possible. When children do need to be removed from their families plans are created to return those children home as soon as possible or, when necessary, find the next best permanent home.

**What parents/caregivers can expect from Safety Organized Practice:**

- To be treated as an equal member of a team (a team built primarily by you, the parent)
- To be included in the planning on how to keep your child home or have your child returned home
- To be asked for your opinion
- To be respected and valued
- To be told the truth
- To be asked to provide detail around things that have worked well in your family, as well as things that have been worrisome
- To be asked to work as a team with Child Welfare, service providers, your friends, family and your children to create future safety

**Safety Organized Practice takes several things into consideration that it will be important for you to understand. These key elements include:**

- Culture
- Trauma
- The use of assessment tools
- Signs of Safety
  - Safety Mapping
  - Three Houses
  - Safety Circles
  - Safety Planning
Culture and Family Values

Culture plays an important role in how caregivers work with Child Welfare and how Child Welfare works with caregivers. Culture includes those things that are important to one’s family and that have shaped how someone might see the world. Several factors contributing to one’s culture include:

- Spiritually and/or religion
- Race
- Ethnicity
- Celebrations
- Holidays
- Traditions
- Foods
- Ways of spending time together

Culture leads to what we values in life......

Defining Your Values

Defining your personal values will help you discover what’s most important to you.

What are my values? (Let’s read some of the values on the handout sheet)

A good way to figure out your own values (what’s important to you) is to look back on your life and ask “when was a time I felt really good, and really confident?

Step 1: Identify the times when you were happiest

- What were you doing?
- Were you with other people? Who?
- What other factors contributed to your happiness?

Step 2: Identify the times when you were most proud

- Why were you proud?

Information regarding values was adapted using the website mindtools.com
• Did other people share your pride? Who?
• What other factors contributed to your feelings of pride?

Step 3: Identify the times when you were most fulfilled and satisfied
• What need or desire was fulfilled?
• How and why did the experience give your life meaning?
• What other factors contributed to your feelings of fulfillment?

Step 4: Determine your top values, based on your experiences of happiness, pride, and fulfillment

Why is each experience truly important and memorable? Use the following list of common personal values to help you get started – and aim for about 10 top values. (As you work through, you may find that some of these naturally combine. For instance, if you value philanthropy, community, and generosity, you might say that service to others is one of your top values.)

Thinking about your culture and your values can help you identify what is most important for you moving forward….

What is important for you to pass on to your child or children?

How can you do this?

What would child welfare need to know about your culture and/or values so you can best work together?
Trauma

What is trauma?

Trauma is an intense event that threatens a person’s life or safety in a way that is too much for the mind to handle and leaves the person powerless. Trauma is the result of a stressful event or on-going events in life that make someone feel nervous, scared, helpless, and out of control.

Traumatic experiences often involve a threat to life or safety, but any situation that leaves someone feeling overwhelmed and alone can be traumatic, even if it doesn’t involve physical harm. It is not what happened that decides whether an event is traumatic for you; it’s how you experience that event. The more frightened and helpless you feel, the more likely you are to be traumatized.

Causes of trauma:

- It happened unexpectedly.
- You were unprepared for it.
- You felt powerless to prevent it.
- It happened repeatedly.
- Someone was intentionally cruel.
- It happened in childhood.

Trauma can be caused by a onetime event such as a horrible accident, a natural disaster, or a violent attack. Trauma can also come from ongoing, relentless stress, such as living in unpredictable situations, or experiencing violence in the home or in neighborhoods. People who experience childhood trauma are more likely to struggle with trauma in the future. The very intervention you are experiencing through Children’s Services may trigger a trauma response in you and your children.

People react in different ways to trauma. Some withdraw, some act out verbally or physically, and some shut down. These responses are normal reactions to abnormal

---

3 Information presented about Trauma was adapted from http://www.nctsnet.org/resources/topics/child-welfare-system and http://www.helpguide.org/mental/emotional_psychological_trauma.htm
events. The important thing to figure out is how to recognize trauma reactions and how to respond in a way that is not harmful to one’s self, one’s children, or others.

**Emotional symptoms of trauma:**

- Shock, denial, or disbelief
- Anger, irritability, mood swings
- Guilt, shame, self-blame
- Feeling sad or hopeless
- Confusion, difficulty concentrating
- Anxiety and fear
- Withdrawing from others
- Feeling disconnected or numb

**Physical symptoms of trauma:**

- Trouble sleeping and nightmares
- Being startled easily
- Racing heartbeat
- Aches and pains
- Fatigue
- Difficulty concentrating
- Edginess and agitation
- Muscle tension

**A History of Trauma can affect parenting**

Exposure to trauma can make it difficult to:

- Recognize what’s safe and unsafe to keep you and your children from harm
- Stay in control of your emotions especially in stressful situation like interviews with child welfare, court hearings, visits with your children
- Trust others to help you
- Deal with stress in healthy ways

Reminders of traumatic events can happen without warning and can be caused by smells, sounds, places, and people. Reactions to reminders include:

- Physical feelings: rapid heartbeat, shallow breathing, tense muscles
- Emotional Reactions: anger, fear, feeling irritated with others
- Avoiding: staying away from other or putting off daily tasks to avoid reminders
- Using alcohol or drugs to feel better

**Trauma can affect your relationship with your child:**

- Your children may not trust that you can keep them safe
- You and your child might expect “bad things” to happen again
- You may not recognizing when your children’s behaviors are reactions to trauma reminders and think they are misbehaving on purpose to make you

**What can you do?**

- Remember that your symptoms are normal reactions to trauma
- Talk about your thoughts, feelings, and reactions with people you trust
- Become aware of reminders of the traumatic event(s)
- Learning healthy ways to feel safe and relaxed
- Talk with others that have experienced what you are going through. There may be support groups with others going through the child welfare system
- Be patient with yourself, healing takes times.
- Be patient with your children and recognized some of their behaviors may be related to trauma
- Seek therapy, this can often help with learning to recognize reminders of the trauma and learn healthy ways to deal with that

**Thinking about trauma...**

What are your thoughts about the impact of trauma on your life /your child’s life?
If you have experienced trauma, what are some things you can do for yourself and your child to work through the trauma?
Assessment Tools

Child Welfare uses computerized assessment tools to help guide decisions. Assessments tools offer evidence- and research-based tools that help social workers make decisions at key points during the time a case is open. Decision making tools can help social workers make fair and accurate decisions. Your social worker will be using assessments tools, along with the Safety Organized Practice framework. Some of the tools used include the following:

Hotline Tool:
This tool is used when someone calls Child Welfare regarding worries about a child. It helps Child Welfare determine if the call includes information that would require by law a response by Child Welfare, and also how quickly Child Welfare needs to meet with the family to assess the safety of the child or children involved.

Safety Assessment
If the Hotline tool indicates that Child Welfare should respond, then the social worker would use the safety assessment tool to help determine 1) if a “safety threat” is present in the family, 2) if there are factors in the family that could protect the child from harm, and/or 3) if and how the safety threat can be resolved. The safety assessment assesses the child’s present danger and the interventions currently needed to protect the child.

Risk Assessment
The risk assessment tells Child Welfare and the family “how worried they should be.” This is accomplished by looking for factors that can contribute abuse or neglect happening in the future. The risk assessment identifies families with low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal as to how likely it will be for the child or children to suffer from maltreatment or neglect within the next 18 to 24 months.

Information adapted from the National Crime and Delinquency website at http://nccdglobal.org/assessment/structured-decision-making-sdm-model
Family Strengths and Needs Assessment:
The family strengths and needs assessment is used to take a look at a family’s current strengths and needs. It used to help identify the areas that are most important to work on so the child can remain or return home. It also looks at those things that the family is doing well so that those strengths can be utilized to help with some of the more worrisome areas. This is an important part of making sure the case or safety plan addresses the right areas.

The strengths and needs assessment serves several purposes:

- It ensures that all social workers consistently consider each family’s strengths and needs in an objective format when assessing need for services.
- It provides guidance for case planning for families, social workers and supervisors.
- The initial strengths and needs assessment, when followed by periodic reassessments, helps families, social workers and their supervisors to easily see what changes are happening in a family and to see how services are working.

Reunification Reassessment
If your child is placed outside your home in a plan of family reunification, a reunification will be completed prior to your court review hearing. The purpose of the reunification reassessment is to help you know what you will have to do to have your child returned to your care. It helps assess how well you have done on your case plan goals and also how visitation is going.

Re-assessment for in home cases
If you are in a court ordered plan of Family Maintenance, at least every six months, before your court review hearings, your social worker may use the re-assessment tool to assess your progress toward objectives and long-term goals in your case plan, including reduction of risk and needs. A re-assessment may be done earlier if there have been significant changes that affect risk and needs.

The risk re-assessment determines whether you should continue to get services from your Child Welfare agency or if your case should be closed. For cases that will remain open, the re-assessment includes updating the treatment plan based on current needs and strengths.
Each re-assessment includes:

- Family risk re-assessment for in-home cases
- If the case will remain open, the reassessment also includes family strengths and needs re-assessment and a case plan update.
Safety Mapping or Family Team Meetings

Safety mapping meetings (also known as family team meetings) help everyone understand each other better, understand what each person is worried about in terms of a child’s safety, what each person sees as going well in the family, and what needs to happen to move forward in the child welfare case. If your social worker or the agency you are working with has invited you to have a safety mapping meeting or a family team meeting, this is what you can expect:

- Either your social worker or another person will guide or facilitate the meeting.
- You and others, including the people you invite, will be asked three questions focused around the safety of your child or children. The three questions are:
  
  - What are we worried about?
  - What's working well?
  - What's next?

Important terms to know for the safety mapping or family team meeting:

Harm – Things parents or caretakers have done or failed to do in the past that have hurt that child either physically, emotionally or developmentally.

---

5 This information is based on work by Insoo Kim Berg, Steve De Shazer, Sonja Parker, Andrew Turnell, Adriana Urken, Michael White, and members of the Massachusetts Child Welfare Institute.
**Danger** – Credible concerns child welfare, the family or members of the child’s community have about actions the parent/caregiver may take in the future that will or could harm the child.

**Complicating Factors** – Literally anything that complicates efforts to make the child safe that does not involve direct harm to the child by the caregiver.

**Safety** – Things parents or caretakers have done and are doing that keep the child safe from the harm and/or danger now and in the future. The parents/caretakers must show that they can continue these things over time for child welfare to close their case.

**Strengths/Protective capacities** – Coping skills, things about an individual or in a family that contribute in positive ways to family life but do not, in and of themselves, directly keep the child safe from danger over time.

**How to get ready for the safety mapping or family team meeting:**

- Invite the people in your life that care about you and, most importantly, the safety of your child.

- Think about what will keep your child safe, and help others, like your social worker, know that your child will be safe in your care over time.

- Think about the things that are important for Child Welfare to understand when working with you, such as your family, your culture, etc.

- Be prepared to talk about your family history and your family tree (the people in your family).

- Prepare to make goals with those at the meeting that will keep your child safe over time.

- Commit being open and honest, and ask your support people to do the same.
Possible outcomes of the safety mapping or family team meeting:

- For everyone involved, especially you as the parent or caregiver, to have a clear understanding of why Child Welfare is working with your family.

- The creation of an easy-to-understand statement(s) called harm and danger statements that can help everyone understand why your family is involved in Child Welfare and what they are worried about happening in the future if nothing changes.

- The creation of an easy-to-understand statement called a safety goal, which helps everyone understand what you will be doing over time to show everyone that the child will be safe remaining in or returning to your home.

- The creation of a case plan or safety plan in collaboration with the people in your and your child’s life that will lead to on-going and lasting safety for your child.

- An agreement to continue to meet as a team to see how your plan is working and what needs to happen for Child Welfare to return your child or children home and/or close your case.

Note: The safety mapping/family team meeting is your meeting, so you have say in what the goals should be. These outcomes and goals will take more than one meeting to accomplish, and you should ask that another meeting be scheduled if you have not met your goals at the current one.

What to expect after your meeting:

- Often you will have follow up meetings with the team you develop to continue discussing safety, check in about goals, and celebrate your progress.
- You will get written summaries of your meetings so you can look back at what was talked about and decided.
• You, your social worker, and support people will follow up with each other about agreements and to check-in.

**Examples of a safety mapping tool:**

![Safety Mapping Diagram]

During the safety mapping/family team meeting, you will be asked to create some statements. Just as the three questions in SOP help determine harm, danger and safety factors, there are three follow-up statements you can make to address your answers to those questions. These statements are called **harm statements**, **danger or risk statements**, and your **safety goal**.
**Harm Statements:** What happened in the *past* to hurt the child physically, emotionally and/or developmentally.

Example:
*It was reported [or law enforcement reported] that Adam’s dad, Matt, hit Adam last night on the face and back, leaving multiple bruises on both parts of his body and requiring Adam to get medical care at the local emergency room.*

**Danger/Risk Statements:** What people are worried may happen in the *future* because of the *harm* in the past.

Example:
*CPS, the police, and Adam’s mom, Tonya, are worried that Adam’s dad, Matt, may hit Adam again, leaving him with [more] bruises and even more serious injuries.*
**Safety Goal:** The vision for where you *want/need to get* so everyone (including you, your family, child welfare and the judge) can know that your child will be *safe in the future*.

**Example:**
Matt will work with CWS and his safety network (family, friends, and professionals) to show everyone he will always discipline Adam in ways that do not injure him (such as using time-outs, taking away Adam’s Gameboy, and giving incentives like earning a toy). CWS will need to see this safety plan in place and working continuously for a period of six months so that everyone is confident that the safety plan will keep working once CWS withdraws.
The Three Houses tool

A social worker may talk to your child using a tool called three houses. Just like safety mapping, three houses uses the three question to learn from children what they are worried about, what they think is working well and what they hope for in their homes and in their families.

Process
The social worker will explain the three houses to the child as follows

- **House of worries:** “This is the house where you can draw, write, or talk to me about those things in your home that worry you, that make you feel scared, upset, or sad.”

- **House of Good things:** “This is the house where you can draw, write, or tell me about those things in your home that make you happy, feel safe, and are fun.”

- **House of Hopes and Dreams:** “This is the house where you can draw, write, or talk to me about what would be different in your house if your house of worries could go away.”

Sharing the three houses:
After completing the three houses, the social worker will explain to the child what will happen next and ask the child if it is okay to share the three houses, and, if so, with whom.

If it seems safe for the child, the three houses will be shared with the parents. This is important, as parents and others should understand how the child is seeing their situation; this is often referred to as “the voice of the child.”

The next page demonstrates sample illustration of what a child’s three houses may look like.

---

6 The Three Houses was created by Nicki Weld and Maggie Greening, New Zealand
Example of a child’s three houses

House of Good Things

I like being with Aunt Sarah. I like it when Dad is not in jail. I like when Mom doesn't do drugs and is happy. I like my bed at Aunt Shelly’s.

House of Hopes and Dreams

Me, Joseph, Mom, Dad. A fireplace, bricks & a lamp. We would all live in a big house together. We would all have a happy daughter and never be mad. Mom and Dad would use drugs and then Mom would die, tomorrow.

House of Worries

Mom kicks me and Joseph. She does drugs and leaves us. I miss her and Joseph cries for her. I don't like going to Real’s house. I can’t sleep and I am scared. Dad is in jail and we never moms.

Provided by Ella Kane, MSW
Practice…
(Fill out your own three houses)

House of worries
House of good things
House of hopes/dreams
The Family Safety Circle tool

The Family Safety Circle tool is a tool to help you identify the people in your life that may be able to help you reach your safety goal. Sometimes it can be very difficult to ask for help or to tell others that Child Welfare is involved in your life. These are normal feelings that many families experience.

Evidence shows that families need a circle of support in order to have safe and healthy children. When it comes to creating a family safety circle, it is useful to ask yourself, “Who are the people in my life (family, friends, professionals, co-workers, babysitters etc.) that care about my child and my family?”

One tool that your social worker may use to help you identify your Safety Network is the Family Safety Circle. With the right safety network in place, Child Welfare can eventually close your referral or case and not have to be involved with your family in the future.

Further information about the Safety Circle Tool is available at [www.aspirationsconsultancy.com](http://www.aspirationsconsultancy.com)
Example of a Family Safety Circle

How to build your safety circle

Center: your child

Inner circle: People in you and your child’s life who already know what happened (that led to child welfare services being involved). Some questions that may help you determine who is a part of your inner circle include:

- Who do you call when you are really proud of something?
- Who do you call when you need help with something?
- If you were to write a will who would you name as the person who would raise your child(ren)?

Middle circle: People in you and your child’s life who know a little bit about what has happened, or know something happened but have very little information. Some questions that may help you determine who is a part of your middle circle include:
• Are there people in your life you could call but don’t?

• Would you be willing to let them in to help?

Outer circle: People in you and your child’s life who don’t know anything about what has happened. Some questions that may help you determine who is a part of your outer circle include:

• Who are the people who may be important to you child but that you would not have thought to call?

• Who are the people who you have not seen for a long time but you know care about you and your child?

Once you have filled out all the rings of the safety circle, think about the following questions. If you are unsure on some questions, discuss them with others who can support you or ask your social worker:

• Who can you move from the outer circles to the inner circle?
• Who else from these outer circles do you think needs to be part of this inner circle?
• Is there anyone in these two outer circles who you have thought about telling or come close to telling, but you haven’t quite gotten there yet?
• Who would others who are close to you and your children say needs to be in this inner circle?
• Who would your child want to have in this inner circle?
• Who do you think your social worker would want in the inner circle?
• Who of all of these people do you feel most comfortable with/most understood by and think would be important to have as part of the safety network?

Let’s try it – Draw your Safety Circle
Safety – Case Planning

Once you have completed safety mapping and created danger statement(s) and safety goal(s), your next step is to develop your case or safety plan. Remember this plan is intended to help you know and understand what to do to show that you will be able to keep your child or children safe over time. It is also what your social worker, the child welfare agency, attorneys, and the judge will use to see if you have demonstrated that you can keep your child safe in your care.

After completing the safety plan, it is important for you to discuss your strengths and struggles related to the safety plan with your child welfare worker on a regular basis. It is their job to help you meet the objectives of your case/safety plans so your child or children can stay or go home. If they don’t know what you need, they cannot be helpful.

Steps for developing an ongoing safety/case plan

Developing a safety plan can take more than one meeting, but it starts by sitting down (often this starts in your safety mapping) with your social worker, your network - and when appropriate, the child - and together thinking through the important question:

What needs to change in the care of these children so we all will know they will be safe?
Your plan includes the action steps that take you from your danger statement to your safety goal

<table>
<thead>
<tr>
<th>Danger Statement</th>
<th>Action Steps</th>
<th>Safety Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Child welfare involvement)</td>
<td>(Child welfare is able to close your case)</td>
<td></td>
</tr>
</tbody>
</table>

Below are some stages that you, your network of support, your child and your social worker should be considering in creating this plan:

- **Building relationships, assessing danger and safety**
  Start by figuring out how you can work with your social worker in a way that gets you what you want/need. This may be challenging and is an important step in
reaching your goal of keeping your child home or having your child come home. If you are unable to develop trusting relationship with your social worker, the work will be harder. Your social worker as well as the team you develop is critical to your success. Stay focused on the task: What are the actions that happened and the impact on your child that began the Child Welfare involvement; and what can you do to make sure those things don’t happen again and that everyone involved feels confident that those things won’t happen again?

- **Get clear on the danger statements and safety goals**
  Make sure you understand and helped develop your danger statement and safety goal(s). If you don’t understand, say so. The bottom line is to determine how you can create future safety. You might not always agree with the statements, but you need to be sure you understand what they mean and what is expected of you.

- **Understand your safety plan and how it relates to the danger statements and safety goal**
  Your safety plan contains the steps you will need to take to show that you are moving to your safety goal (what everyone needs to see to feel the child will always be safe in your care). In other words, it is the directions or recipe for how you are going to go from danger to safety. This may require some time, changes, and hard work and may take more than one meeting to create. Make sure you understand what is being asked of you and how you will meet your safety plan objectives.

- **Identify and involve the network**
  You must have people in your life that will help you make it to your safety goal. You may want to consider people who:
  - have helped you make good choices in the past
  - you trust with your children
  - will be honest with you even when it’s hard.

  Remember that these are the people who you will involve and depend on to help you keep or get your kids home (the people you identified in your safety circles). Families that have the most success reaching their goals have a good safety network.
• **Reach agreement on the plan**
  Once you have the outline of a plan, your social worker may ask you how you are feeling about the plan, how willing you are to do the plan, how confident you are that you can do it, and how you will do it. Be honest when you answer these questions. If you need help with parts of the plan, speak up. It is your plan and you must understand it. Your support/safety network should be a part of the plan and be able to help you reach your goals and objectives.

• **Bring it back to the children**
  Take the plan back to your children. Make sure your children know that you are working hard to complete the plan. With your social worker, ask your kids for their ideas so they can feel that they are a part of the plan. If your kids are old enough, they can write or draw parts of the plan and hang it in the home.

• **Monitor, build on it, and continue to assess**
  Ask, “How will we know?” Make sure you know how to tell if the plan is working. Further, how will your social worker know it is working? How will your safety network know its working and let your social worker know it’s working? Make sure you meet to talk about whether the plan is working. Your social worker will ask you at least once a month how you are doing on your plan. These plans are a process, not an event, and will need to be adjusted over time. Make changes when needed.

• **Celebrate successes as they come!**
  Change can be difficult and small steps should be celebrated. Talk about those things that you are doing well. Compliment yourself, your children, your friends and family for work well done. Be patient with yourself and continue to do the best you can each day. Ask for support when you need it and celebrate the courage you have to be willing to ask.
Resources


