

COUNTY OF LOS ANGELES
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Safe Children and Strong Families (SCSF)

STATEMENT OF WORK
(RFP # 11-053A)

PARTNERSHIPS FOR FAMILIES (PFF)

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STATEMENT OF WORK

Safe Children and Strong Families (SCSF)
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SECTION A - PREAMBLE

The County of Los Angeles seeks to collaborate with its community partners to enhance the capacity of the health and human services system to improve the lives of children and families. These efforts require, as a fundamental expectation, that the County's contracting partners share the County and community's commitment to provide health and human services that support achievement of the County's Strategic Plan Mission, Values, Goals and Performance Outcomes.

The County of Los Angeles' Vision is to improve the quality of life in the COUNTY by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being and prosperity of individuals, families, business and communities. This philosophy of teamwork and collaboration is anchored in the County's shared values of 1) Accountability; 2) A Can-Do Attitude; 3) Compassion; 4) Customer Orientation; 5) Integrity; 6) Leadership; 7) Professionalism; 8) Respect for Diversity; and 9) Responsiveness.

These shared values are encompassed in the County's Strategic Plan's five Goals: 1) Operational Effectiveness; 2) Children, Family and Adult Well-Being; 3) community and Municipal Services; 4) Health and Mental Health; and 5) Public Safety. Improving the well-being of children and families requires coordination, collaboration and integration of services across functional and jurisdictional boundaries, by and between County departments/agencies and community and contracting partners.

SECTION B – PROJECT FOUNDATION

1.0 PURPOSE

The Safe Children and Strong Families service delivery model provides a comprehensive, integrated continuum of strength-based, family-centered and community-oriented resources directed to vulnerable children and families in Los Angeles County designed to prevent and treat the negative impact of child maltreatment.

Partnerships For Families (PFF) consists of interventions designed to (1) prevent child maltreatment and increase child safety within the home, (2) facilitate the preservation of families at high to very high risk of child abuse and neglect, (3) develop and strengthen the community safety net, and (4) develop and strengthen parental protective factors.

The Five Protective Factors are the foundation of the Strengthening Families approach. Extensive research supports the common-sense notion that when these Protective Factors are present and robust in a family, the likelihood of child abuse and

neglect diminishes. Please see Strengthening Families Protective Factors Framework, Attachment Q (Center for the Study of Social Policy's Strengthening Families™ Approach).

- Parental resilience: Parents who are emotionally healthy are able to maintain a positive attitude, creatively solve problems and effectively rise to the challenges that emerge in every family's life.
- Social connections: Everyone benefits from a strong network of extended family, friends, neighbors and others who provide healthy relationships, support and problem solving.
- Knowledge of parenting and child development: Parents who understand the usual course of child development are more likely to be able to nurture their children's healthy development and less likely to be abusive or harmful to their children.
- Concrete support in times of need: Families need to have basic needs (shelter, food, clothing, health care) met to ensure a child's healthy development.
- Social and Emotional Competence of Children: A child's emerging ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults and peers.

Development of each client family's Five Protective Factors should achieve the following objectives:

- Prevention of maltreatment;
- Prevention of child abuse and neglect in families at risk by providing supportive family services;
- Increased child safety within the family home; and
- Prevent further involvement with the public child welfare system.

2.0 TARGET POPULATIONS

Partnerships for Families (PFF) target the following demographic:

2.1 DCFS referred high to very high risk families with inconclusive, closed referrals.

2.2 Community referred pregnant women who have risk factors for child maltreatment. These risk factors include:

- 2.2.1 Young Maternal Age (i.e., teen mothers)
- 2.2.2 Domestic violence related issues
- 2.2.3 Maternal substance abuse related issues
- 2.2.4 Maternal mental health related issues

SECTION C – SERVICE DESCRIPTION

3.0 SCOPE OF WORK

- 3.1 PFF services are short-term, family centered interventions designed to diminish factors known to be associated with child abuse and neglect. Collaboration with community partners, including stakeholders and other community based organizations, is a critical component of PFF that facilitates service provision that effectively meets the needs of children and families in Los Angeles County.
- 3.2 The success of PFF Services can be determined by subsequent family involvement with DCFS during and/or after service provision; as well as the level of said involvement with DCFS. This data is gathered by the County through the Child Welfare Services Case Management System (CWS/CMS).
- 3.3 CONTRACTOR shall provide the services and supports delineated in the scope of work to treat the consequences of child maltreatment; as well as to prevent subsequent referrals generated by the Child Abuse Hotline; substantiated allegations of child abuse and/or neglect; newly opened child welfare cases; and child removals and placement in out of home care among PFF clients.
- 3.4 CONTRACTOR shall coordinate and collaborate with other SCSF CONTRACTORS, as necessary, to facilitate successful client navigation across the service delivery continuum.
- 3.4.1 Partnerships For Families services are provided for a maximum of six (6) months and include the following components:
- Case Management Services including Linkage Services
 - Concrete Services for Basic Family Needs (Maximum of 20% of total Direct Services allocation)
 - Targeted Services for families with Domestic Violence, Mental Health, Substance Abuse Related Needs; and,
 - Access to Early Care and Education
- 3.4.1.1 COUNTY Program Manager has the discretion to extend PFF services beyond six months under extraordinary circumstances and on a case by case basis. CONTRACTOR shall not extend PFF services beyond six months without written approval from COUNTY Program Manager.
- 3.4.2 Capacity Building
- Internal (Agency) Capacity Building (50% of total Capacity Building allocation)
 - External (Community) Capacity Building (50% of total Capacity Building allocation)

4.0 REFERRALS

- 4.1 CONTRACTOR shall be available to receive PFF referrals Services Intake Form, Exhibit E-3, via fax and telephone. CONTRACTOR'S receipt of DCFS designated referral forms shall constitute an official referral of the case to the CONTRACTOR for PFF services. The CONTRACTOR's proof of receipt for the referral shall be the fax stamp or the Monthly Referral Log, Exhibit E-4. Referrals may be forwarded to the CONTRACTOR by telephone prior to the referral being sent via fax.
- 4.2 CONTRACTOR shall maintain a log of referrals received via both fax and telephone, and shall attach the Monthly Referral Log to the Monthly Progress Report, Exhibit E-4, as described in Section 8.0 – Reports and Record Keeping, of this SOW.
- 4.3 CONTRACTOR shall call the COUNTY designee within 24 hours of receiving the referral to confirm receipt, provide the name of the County Program Director (CPD) and the Case Manager. The CPD shall discuss case specifics and a preliminary plan with the COUNTY designee.
- 4.4 CONTRACTOR shall ensure that the Case Manager makes contact with the family within two business days following the receipt of the referral. This includes a minimum of three telephone attempts and at least one face-to-face home visit attempt. If contact is unsuccessful, CONTRACTOR shall immediately contact the COUNTY designee. CONTRACTOR shall leave an Attempted Contact Letter, Exhibit E-7, at the residence when the attempted face-to-face is made. Attempted visits shall be documented on the Attempted Contact Form, Exhibit E-7, and kept in the case record. The Attempted Contact Form shall be made available to the COUNTY designee upon request.
- 4.5 CONTRACTOR shall terminate the PFF referral within two business days after the attempted face-to-face visit, if a response has not been received by the family. DCFS reserves the right to make the final decision regarding closing the referral.
- 4.6 Within 24 hours after the initial home visit, CONTRACTOR shall inform the COUNTY designee if: 1) the family refused services; and/or 2) the Case Manager believes the family is inappropriate for services.
 - 4.6.1 If, after assessing the family, CONTRACTOR regards them as inappropriate for PFF Services CONTRACTOR shall notify the CSW. If CSW is not available, CONTRACTOR shall contact the SCSW and/or the ARA. When a CSW and CONTRACTOR do not agree regarding the appropriateness of the family for PFF Services, CONTRACTOR shall utilize and confer with the DCFS Regional Office chain of command, including the County Regional Administrator, County Program Manager and above.

- 4.7 CONTRACTOR shall ensure that the caregiver signs the Consent to Release and Exchange Information, Exhibit E-2; and any other necessary DCFS designated forms. CONTRACTOR must use the appropriate forms identified in the Exhibits attached to this Contract, exactly in the format they appear.
- 4.8 CONTRACTOR shall document services and attempts to provide services in the case records.
- 4.9 CONTRACTOR shall terminate any referral in which all family members have more than two consecutive or three total unexcused absences from case management sessions. An absence is considered unexcused when the CONTRACTOR had a scheduled visit with the family and one or more of the family members were not present at that scheduled meeting.
- 4.10 CONTRACTOR shall document all efforts to visit the family, including documentation of attempted visits to the family home on the Attempted Contact Form, Exhibit E-8. CONTRACTOR shall also document subsequent telephone calls to the family and case carrying CSW and telephone calls received and document these efforts in the case record(s). CONTRACTOR shall leave an Attempted Contact Letter, Exhibit E-7, at the residence.

5.0 CASE MANAGEMENT SERVICES

- 5.1 CONTRACTOR shall provide home-based case management services. Case management services are not permitted to be subcontracted.
- 5.2 CONTRACTOR's professional level staff shall provide case management services. CONTRACTOR may request approval for case management services to be provided by a paraprofessional level staff.
- 5.3 PFF case management services consist of three components:
- General Counseling Services
 - PFF Service Planning
 - Linkage Services
- 5.4 CONTRACTOR shall provide bi-monthly, minimally one-hour of home based case management sessions for each family receiving PFF services. These sessions take place primarily in the home, but may take place at the agency or any other location agreed upon by the Case Manager and family. Case management sessions shall include face-to-face meetings between the case manager and all participants in PFF services. Timely engagement of families is fundamental and consistent with DCFS Core Practice Model, Exhibit E-6.
- 5.5 Case management sessions shall include the following services and activities:
- General Counseling Services, as described within this SOW;
 - PFF Service Planning, as described within this SOW;
 - Ongoing monitoring of client progress toward service plan goals;
 - Crisis Intervention, as necessary;

- Systems Navigation/Linkage Services; and
- Advocacy.

5.6 Case Management: General Counseling Services

5.6.2 General counseling services are not psychotherapeutic services. General counseling services include face-to-face interventions designed to:

5.6.3 Help identify and assist in solving family problems;

5.6.4 Identify substance abuse issues and refer for treatment;

5.6.5 Identify and refer to treatment for domestic violence and/or anger management related issues; and

5.6.6 Help identify personal, vocational and educational goals.

5.7 Case Management: PFF Service Planning

5.7.1 CONTRACTOR shall, at the time of initial contact with the family, begin completing a needs assessment, to be updated as necessary throughout the life of the case.

5.7.2 CONTRACTOR shall utilize the needs assessment tool of their choice until a standardized assessment tool is implemented by DCFS for use in specific SCSF program. Timelines for completion of the assessment shall be consistent with intended use of the tool. CONTRACTOR shall incur no cost for use of the standardized tool selected by DCFS and shall be provided with training on the use of tool at the time of implementation.

5.7.3 CONTRACTOR shall, in collaboration with the family, develop the PFF service plan which shall: 1) determine which family members are to receive service; 2) assess the strengths of the family; 3) outline the services, intervention, and/or items to be provided; 4) identify short and long-term goals that will assist in meeting identified goals; and 5) decide who will provide the services.

5.7.4 CONTRACTOR shall, include information contained in the DCFS referral to develop a PFF service plan.

5.7.5 CONTRACTOR shall ensure that parent(s)/caregiver(s), child(ren) (over the age of 10), and Clinical Director sign and date the PFF service plan agreement Exhibit E-10.

5.8 Case Management: Linkage Services

5.8.1 CONTRACTOR shall, when unable to provide services to meet a family's needs, as assessed with the needs assessment, link families with services identified to meet said needs.

5.8.2 CONTRACTOR shall ensure that clients are linked with service providers that are culturally competent, easily accessible geographically and within hours of operation.

5.8.3 CONTRACTOR shall provide follow-up services to ensure that all families referred to a linkage service receives the necessary service and/or resource within five (5) business days of the referral date.

5.8.4 CONTRACTOR shall document all linkage referrals on the Linkage Log, Exhibit E-12. Please refer to Attachment P for a list of linkage services for PFF.

5.9 Concrete Support Services -

5.9.1 CONTRACTOR shall provide Concrete Support Services for basic family needs such as food, adequate housing, transportation, clothing, and medical care, as identified in the family's needs assessment. See Exhibit E-19, PFF Allowable Concrete Support.

5.9.2 A maximum of twenty percent (20%) of the total direct services allocation shall be used to assist families with Concrete Support Services. CONTRACTOR shall be reimbursed for allowable Concrete Support Services for basic needs. Allowable support may include:

- Clothing, utilities, food, furniture, household items, or school items; Transportation services, i.e., bus tokens/bus passes;
- Housing assistance shall be limited to a maximum of two (2) months. CONTRACTOR may request approval from CPM to provide additional housing assistance; and
- Minor home, car, appliance repair and gasoline.

5.9.3 CONTRACTOR shall provide assistance with obtaining concrete supports only if aid is unavailable through any other means to the family. Efforts to obtain assistance through other means shall be documented on the Concrete Support Services Request Form, Exhibit E-14.

5.9.4 These services shall prevent/reduce the risk of family disruption and shall be directly related to the PFF service plan goals.

5.9.5 Concrete support shall not exceed five hundred dollars (\$500) per family, per Contract year. COUNTY Program Manager has the discretion to approve Concrete Support in excess of \$500 per family, per contract year under extraordinary circumstances and on a case-by-case basis. CONTRACTOR shall not provide Concrete Support in excess of \$500 per family, per contract year without written approval from COUNTY Program Manager.

- 5.9.6 Concrete support services shall not be the sole service provided to the family.
- 5.9.7 CONTRACTOR shall document in the case record and on the Concrete Support Services Request Form, Exhibit E-14, the following:
- All PFF services that the family is receiving;
 - The type of concrete support provided;
 - The reason for providing the concrete support; and
 - A copy of the receipt with dollar amount and date of services or items purchased.
- 5.9.8 CONTRACTOR shall make completed Concrete Support Services Request Forms, Exhibit E-14, available to COUNTY Program Manager upon demand.
- 5.9.9 CONTRACTOR shall, on a monthly basis, submit all completed Concrete Support Request Forms Exhibit E-14, for items purchased with a copy of all receipts attached.
- 5.9.10 Direct distribution of PFF monies to families by CONTRACTOR is prohibited.

6.0 PSYCHOTHERAPY SERVICES

- 6.1 CONTRACTOR shall allocate ten percent (10%) of the total direct services funding for the direct provision of psychotherapy services.
- 6.2 CONTRACTOR shall fund psychotherapy services for PFF clients.
- 6.3 When unable to provide directly, CONTRACTOR shall ensure the provision psychotherapy services, as indicated by the needs assessment, through subcontracting and/or linkage services.
- 6.4 Psychotherapy services shall be provided to individuals or families via face-to-face meetings and/or interventions by a therapist, as identified in the needs assessment and to:
- Address mental health issues;
 - Help raise self-awareness;
 - Help to solve problems; and,
 - Assist in the development of insight.
- 6.5 Psychotherapy services may be provided in the home or any other location agreed upon by the therapist and family. Psychotherapy services must be provided in an appropriate environment that is safe and conducive to the therapeutic process.

- 6.6 Psychotherapy services must be provided by therapists that meet one of the following requirements:
- 6.6.1 Currently licensed as a Licensed Clinical Social Worker (LCSW), a Licensed Marriage and Family Therapist (LMFT), or Licensed Clinical Psychologist, recognized by the California Board of Behavioral Science Examiners.
 - 6.6.2 Possess a Master's Degree in social work, psychology, marriage and family counseling or a closely related field and currently registered with the Board of Behavioral Sciences for licensure as an LMFT, LCSW or equivalent license and supervised by a LCSW, LMFT or Licensed Clinical Psychologist.
- 6.7 CONTRACTOR shall ensure that non licensed therapists receive clinical supervision by a licensed therapist/psychologist at a minimum of bi-weekly.

7.0 HEALTH, PARENTING, AND/OR OTHER EDUCATION PROGRAMS OR RESOURCES

- 7.1 CONTRACTOR shall ensure the provision of health, parenting and/or other education programs or resources through direct provision, subcontracting and/or linkage services. These services are provided by paraprofessional level staff or higher to assist families in attaining and maintaining optimal functioning and family health at a minimum of once weekly. CONTRACTOR may request approval for certain health and/or educational programs to be facilitated by staff at the case aide level.
- 7.1.1 Parenting skills;
 - 7.1.2 Problem solving and communication skills;
 - 7.1.3 Coping with stress;
 - 7.1.4 Family literacy; and
 - 7.1.5 Household management and budgeting.

8.0 STRUCTURED PARENT-CHILD AND/OR FAMILY-CENTERED ACTIVITIES

- 8.1 CONTRACTOR shall ensure the provision of structured parent-child and/or family centered activities through direct provision, subcontracting and/or linkage services.
- 8.2 These services are provided by case aid level staff or higher to improve parent-child and/or family relationships. These activities may include recreational and social activities such as field trips, and holiday gatherings and:
- 8.2.1 Teach families to spend quality time together;

- 8.2.2 Facilitate positive parent-child and family interaction;
- 8.2.3 Increase parenting knowledge through information and experience sharing; and,
- 8.2.4 Facilitate positive interaction with the community.

9.0 INTENSIVE SERVICES FOR SPECIAL FAMILY NEEDS: DOMESTIC VIOLENCE, MENTAL HEALTH AND SUBSTANCE ABUSE

- 9.1 CONTRACTOR shall ensure that services are provided to identify and treat unique family needs pertaining to domestic violence, mental health and substance abuse related issues, as identified in the PFF Service Plan.
- 9.2 CONTRACTOR shall, at a minimum, collaborate with and include resources from the following types of agencies:
 - Community Assessment Service Centers (CASC) for alcohol and substance abuse assessment/treatment;
 - Mental health providers (especially those certified to bill Short-Doyle Medi-Cal);
 - Child and family therapists; and
 - Domestic violence providers and shelters.

10.0 EARLY CARE AND EDUCATION (ECE)

- 10.1 Access to quality child care and early education programs, such as head start and strengthen protective factors to facilitate child safety and well being by 1) allowing parents to pursue employment and education, with the goal of improving family circumstances and ultimately reducing economic stress, 2) helping children develop socially and emotionally and 3) positively impacting the way that parents and their children interact.
- 10.2 CONTRACTOR shall link families have access to safe, affordable and high quality early care and education through direct provision of and/or partnerships with ECE providers to meet the needs of the most vulnerable of the PFF population. CONTRACTOR'S ECE community partner(s), subcontractor(s) and/or linkage resource is subject to COUNTY Program Manager approval.
 - 10.2.1 CONTRACTOR shall document in the case record all efforts to link families to safe, affordable and high quality early care and education.
- 10.3 CONTRACTOR shall link PFF clients who are pregnant to resources to ensure access to prenatal care.
- 10.4 CONTRACTOR shall link children from birth to age five (5) to resources to ensure routine well child exams in accordance with the Child Health & Disability Prevention (CHDP) periodicity schedule. Exhibit E-15.

- 10.5 CONTRACTOR shall link pre-school aged children to accessible early education program(s).
- 10.6 CONTRACTOR shall collaborate with early care and education programs that can:
- Facilitate friendships and mutual support
 - Strengthen parenting
 - Respond to family crisis
 - Link families to services and opportunities
 - Value and support parents
 - Facilitate children's social and emotional development
 - Observe and respond to early warning signs of child abuse and neglect

11.0 CAPACITY BUILDING

- 11.1 All capacity building activities shall be preapproved by CPM prior to engagement and/or implementation of said activity. Approval for capacity building activities shall be documented on the Capacity Building Activities Request form.

11.1.1 At the time of the request, CONTRACTOR shall complete the Capacity Building Activities Request form, Exhibit E-13, which includes a description of proposed capacity building activities, including associated cost. Note: CPM has discretion to terminate capacity building activities approved capacity building activities.

11.2 Internal (Agency) Capacity Building

11.2.1 CONTRACTOR shall engage in *internal* capacity building efforts to increase the capacity to recruit and retain at-risk families, and achieve positive child and family outcomes.

11.2.2 CONTRACTOR shall, at a minimum of once quarterly, engage in internal capacity building activities that may include one of the following:

- Creation of opportunities for on-going staff development to enhance skill and knowledge in the prevention and treatment of child abuse and neglect;
- Increasing information sharing and cross training related to child maltreatment prevention;
- Improving administrative systems that impact client outcomes
- Increasing knowledge of evidence-based practice designed to prevent and treat child abuse and neglect; and
- Improving practices related to internal data collection and utilization.

11.3 External (Community) Capacity Building

11.3.1 Contractor shall participate in *external* capacity building, policy and advocacy efforts to engage informal family supports community members in the prevention of child maltreatment.

11.3.2 CONTRACTOR shall at a minimum of twice annually engage in one or more of the following external capacity building activities:

- Provide settings where parents and children can positively interact and learn from one another;
- Provide ongoing opportunities for positive connections between families, social service providers and communities;
- Develop and employ positive messaging and outreach techniques that results in increased utilization of prevention programs and services;
- Develop and employ strategies that build supportive leadership and a shared commitment to improve policies and practices related to the prevention of child abuse and neglect; and
- Engage local families in community-based problem solving.

11.3.3 CONTRACTOR may collaborate with other contractors or community partners in external capacity building activities.

11.3.4 CONTRACTOR shall maintain documentation to support its capacity building efforts. This documentation shall be made available to the COUNTY Program Manager upon demand.

12.0 REPORTS AND RECORD KEEPING

12.1 CONTRACTOR shall provide DCFS with a monthly service report for the previous month indicating the work and activities performed.

12.1.1 CONTRACTOR shall submit a Monthly Staffing and Expenditure Report, Exhibit E-16, to DCFS' Community Based Support Division no later than 20th calendar days after the end of each calendar month for the fiscal year. Service Plan/Monthly Progress Report Exhibit E-9, and shall be transmitted by e-mail, mailed and delivered to: DCFS' Community Based Support Division, 425 Shatto Place, Room 301, Los Angeles, CA 90020.

12.1.2 CONTRACTOR shall include progress notes, Exhibit E-11 with submission of the month service report.

12.1.3 CONTRACTOR shall include in the monthly service report, copies of any Corrective Action Plans (CAP) issued during the prior month, and notes on any changes to internal processes, policies or procedures required to comply with any CAP.

12.2 MONTHLY PROGRESS REPORTS

12.2.1 The monthly progress report must be completed by the Case Manager and reviewed, approved, and signed by the CONTRACTOR's Clinical

Supervisor/Director. For each different report, the CONTRACTOR's monthly progress reports shall include completed Concrete Support Services Request Form, Exhibit E-14.

12.2.2 Prepare and submit to the COUNTY designee, a Service Plan/Monthly Progress Report, Exhibit E-9, for each referred family, by the 15th day of the following month (*e.g., May reports are due by June 15*). The reports must reflect the progress towards the PFF service plan goals.

12.2.3 CONTRACTOR shall maintain and make available to CPM upon request all program and client records as follows:

- Linkages to contracted and non contracted community providers;
- PFF Service Plan; and
- Supervision logs, agendas, and any other supervision materials.

13.0 MEETINGS

13.1 CONTRACTOR Project Director shall attend quarterly continuous quality improvement (CQI) meetings for the Safe Children and Strong Families service delivery model. Safe Children and Strong Families CQI meeting participants shall include all other Safe Children and Strong Families Contractors, County Program Managers and DCFS Regional Office Representatives.

13.2 CONTRACTOR Project Director, or appropriate representative, shall attend all Partnerships for Families meetings as determined by COUNTY. Meetings to be scheduled by COUNTY at a minimum of once quarterly.

13.3 CONTRACTOR shall hold Subcontractor/Network meetings to discuss and review their services.

14.0 CASE RECORDS

14.1 CONTRACTOR shall maintain case records on each client and family served. Case records shall include, but not be limited to Family Centered Service Request – Service Authorization-Form 800 Exhibit E-1, Plan/Confidentiality Progress Notes, Exhibit E-11, and any other documentation as necessary.

14.2 CONTRACTOR shall utilize the serial number and/or child identification number designated by DCFS/Probation for identifying each referred family and case record.

14.3 CONTRACTOR shall maintain records of all efforts made to obtain assistance for referred families.

14.4 CONTRACTOR shall document and maintain in its case record, all of CONTRACTOR's notes, records and any needed approvals for services provided. All services provided shall be documented on Progress Notes, Exhibit E-11.

15.0 QUARTERLY AND ANNUAL REPORTS

- 15.1 CONTRACTOR shall provide DCFS with quarterly and annual reports.
- 15.2 The quarterly report shall be submitted electronically on or before the 10th day of October, January, April and July of the contract period. The format of the quarterly report shall be approved by the CPM.
- 15.3 The annual report shall be submitted electronically within 20 business days of the end of the contract period.
- 15.4 CONTRACTOR shall document their strengthening families' protective factor outcomes in the CONTRACTOR's annual report.

16.0 STAFFING

- 16.1 CONTRACTOR shall ensure that the following staff and volunteer requirements are met, which must also be met by all staff of Subcontractors performing services under this Contract.
 - 16.1.1 Criminal Clearances: CONTRACTOR shall ensure that criminal clearances with subsequent arrest notification and background checks have been conducted for all CONTRACTOR's staff and volunteers as well as all Subcontractors' staff, prior to beginning and continuing work under any resulting Contract. The cost of such criminal clearances and background checks is the responsibility of the CONTRACTOR and Subcontractors, whether or not the staff member passes or fails the background and criminal clearance investigations.
 - 16.1.2 Language Ability: CONTRACTOR's personnel, as well as all Subcontractor staff who are performing services under this Contract, shall be able to read, write, speak, and understand English in order to conduct business with the COUNTY or DCFS. In addition to having competency in English, the CONTRACTOR shall ensure there is a sufficient number of bilingual staff to meet the language needs of the community served, including the various Asian and Pacific Islander languages; which will be serviced by an awarded Contractor countywide.
 - 16.1.3 Service Delivery: CONTRACTOR shall ensure all professional and paraprofessional staff and volunteers providing program services are able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community CONTRACTOR proposes to provide services.
 - 16.1.4 Driver's License: CONTRACTOR must maintain copies of current driver's licenses, including current copies of proof of auto insurance of staff providing transportation on an as-needed basis to clients.

CONTRACTOR shall ensure all Subcontractors meet this requirement as well.

16.1.5 Driving Record: CONTRACTOR must maintain copies of driver's Department of Motor Vehicles printouts for all CONTRACTOR's drivers providing service under this Contract. CONTRACTOR shall ensure its Subcontracts meet this requirement as well. Reports shall be available to the CPM on request. COUNTY reserves the option of doing a DMV check on CONTRACTOR's drivers once a year, and CONTRACTOR must ensure the same with its Subcontractors.

16.2 CONTRACTOR shall be responsible for securing and maintaining staff who meet the minimum qualifications below and who possess sufficient experience and expertise required to provide services required in this SOW. CONTRACTOR shall obtain written verification for staff with foreign degrees that the degrees are recognized as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education. CONTRACTOR must ensure the same requirements are met with its Subcontractors.

16.2.1 Case Aide: Case aids shall be paid employees with no degree requirement.

16.2.2 Paraprofessional Staff: Paraprofessional staff shall have, at minimum, a Bachelor's Degree in Social work, Psychology, Marriage and Family Counseling or a closely related field.

16.2.3 Professional Staff: Professional staff shall possess, at minimum, a Master's Degree in Social Work, Psychology, Marriage and Family Counseling.

16.2.4 Clinical Director: The Clinical Director shall be one of the following: 1) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; or 2) a Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or 3) a licensed Psychologist with a current license from the California Board of Psychology. The Clinical Director must also have a minimum of two (2) years experience, during the last five (5) years providing direct client services.

16.2.5 Project Director: shall have a Bachelor's degree in the social services field, for a minimum of two (2) years.

17.0 STAFF TRAINING, RECORDS AND REPORTING

17.1 CONTRACTOR shall train all professional and paraprofessional staff, registered interns and volunteers providing program services within 30 business days from their start date. This training shall consist of a minimum of 40 hours to include: 1) identifying child safety issues; 2) instructing staff and volunteers in mandated reporting requirements; 3) working with families affected by abuse and neglect;

- 4) learning methods of identifying and building family strengths; 5) helping parents build on their own skills and confidence; 6) promoting positive parent-child and family interaction; 7) learning record keeping procedures and accurate completion of the linking families to community services and resources.
- 17.2 CONTRACTOR shall ensure all registered interns, paraprofessional staff, volunteers, and Subcontractors' staff providing Program services receives regular, ongoing in-service training and supervision in child abuse and neglect treatment, in addition to other child welfare related topics. CONTRACTOR's staff shall receive a minimum of eight hours of training each quarter of the Contract term. Internal capacity building activities may satisfy this requirement.
- 17.3 During the term of the Contract, the Program Manager will conduct reviews of all training to ensure staff has been adequately trained or have appropriate degree(s) or license(s). The CONTRACTOR agrees that the County's judgment as to the adequate or inadequacy of the training degree or license of the CONTRACTOR's shall be final.
- 17.4 In the event that the Program Manager finds staff is not adequately trained CONTRACTOR shall provide re-training in a manner which Program Manager deems satisfactory; furthermore re-training shall be completed within thirty (30) day from the date of the Program Manager's notice to the CONTRACTOR.
- 17.5 CONTRACTOR shall hold weekly supervision reviews with all professional staff, paraprofessional staff, registered interns, mentors, and volunteers, and all other staff who provide program services under this contract. Supervision reviews may be held individually or as a group. CONTRACTOR shall ensure that Subcontractors' meet this requirement.
- 17.6 All CONTRACTOR's shall attend a mandatory Orientation that shall be provided by COUNTY within 30 days of the Contract Start Date CONTRACTOR shall be notified at least two weeks in advance of the date, time and location of the Orientation. CONTRACTOR shall ensure that all Subcontractors attend this mandatory Orientation as well.
- 17.7 CONTRACTOR shall maintain documentation in the personnel files of all professional and paraprofessional staff, registered interns, and volunteers of its staff: 1) all training hours and topics; 2) copies of resumes, degrees, and professional licenses; and 3) current criminal clearances. CONTRACTOR shall ensure similar staff documentation is maintained by its Subcontractors.
- 17.8 CONTRACTOR shall provide the CPM, at the beginning of each Contract term and within 15 days of any staff change(s), a roster of all staff that includes: 1) name and positions; 2) work schedule; and 3) fax and telephone numbers. CONTRACTOR shall ensure same requirement is met by its Subcontractors.
- 17.9 CONTRACTOR shall advise the CPM, in writing, of any change(s) in CONTRACTOR's key personnel or Subcontractors' personnel at least 24 hours before proposed change(s), including name and qualifications of new personnel.

CONTRACTOR shall ensure that no interruption of services occurs as a result of the change in personnel.

17.10 CONTRACTOR shall notify the CPM, within one business day, when key personnel are terminated from working on this Contract.

18.0 QUALITY ASSURANCE PLAN (QAP)

18.1 Tracking and Adapting are critical components of the DCFS Core Practice Model, Exhibit E-6 Consistent with the DCFS Core Practice Model, the CONTRACTOR shall establish and maintain a Quality Assurance Plan (QAP) to assure the requirements of the contract are met.

18.2 CONTRACTOR shall submit a draft of its QAP for evaluation to demonstrate how all of the requirements of the Contract will be met. A finalized copy of the plan shall be provided to the CPM within 30 days of the Contract Start Date and as changes occur.

18.3 The original QAP and any revisions thereto shall include, the following:

18.3.1 A description for how the CONTRACTOR's service delivery model components align with the Strengthening Families A Protective Factors Framework, Attachment Q (*Source material: Center for Study of Social Policy (CSSP) at: www.strengtheningfamilies.net or www.cssp.org*), which includes parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competency of children and youth.

18.3.2 A description of how the protective factors framework outcomes will be measured.

18.3.3 A description of how racial disproportionality will be addressed.

18.3.4 A description of how the CONTRACTOR'S service delivery model will align with the DCFS Core Practice Model, which includes engaging, teaming, assessment and understanding, planning and intervening, and tracking and adapting.

18.4 Methods used to ensure that the quality of service performed fully meets the performance requirements set forth in the SOW. CONTRACTOR shall include methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable.

18.5 Methods for insuring uninterrupted service to DCFS in the event of a strike by CONTRACTOR's employees or any other potential disruption in service.

18.6 CONTRACTOR shall not utilize any employee or Subcontracted Network Partner whose work has been deemed deficient and unacceptable by DCFS.

- 18.7 A record of all inspections conducted by the CONTRACTOR, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the COUNTY upon request.
- 18.8 The QAP will be reviewed annually by the CONTRACTOR and CPM and revised, if needed.

19.0 QUALITY ASSURANCE MONITORING

- 19.1 The CPM, or other personnel authorized by DCFS, will monitor and evaluate CONTRACTOR's performance under this contract using the quality assurance procedures specified in this SOW. All monitoring will be conducted in accordance with Part II, DCFS's QAP, of the Contract.
- 19.2 CONTRACTOR will be subject to a program review by DCFS, at a minimum of once per year, for the period of the contract. CONTRACTOR shall make available to DCFS, upon request, the following records for review:
- Personnel records, pertaining to current paid and volunteer staff
 - Client Case Records
 - Financial Records
- 19.3 If CONTRACTOR performance requirements are not met, the CPM may call CONTRACTOR, and/ or send CONTRACTOR a User Complaint Report (UCR), Attachment M. CONTRACTOR shall respond to a call within one hour and respond to a UCR within 24 hours of receipt. All performance requirement issues will be reported to the CPM.
- 19.4 CONTRACTOR shall submit a Corrective Action Plan (CAP) for any areas found to be deficient as a result of the technical review, including billing deficiencies, within 45 calendar days of the receipt of the Technical Review Findings.
- 19.5 A Quality Service Review (QSR) component, which includes case reviews with staff and serviced families, will be developed collaboratively between DCFS and all CONTRACTORS and shall be implemented during the second year of the Contract.
- 19.6 CONTRACTOR shall fully cooperate with and participate in both the development and implementation of any proposed QSR. The CPM will review and have the final approval authority approval over the QSR component and its implementation process.
- 19.7 CONTRACTOR shall actively participate in annual performance reviews to assess achievement of performance measures. CONTRACTOR shall collect and share client identifying information such as name, date of birth, and any assigned agency identification numbers. Safe Children and Strong Families performance based contracts shall be evaluated subsequent to year two of contract implementation to assess programmatic effectiveness in achieving

desired outcomes, as well as to inform continuous quality improvement efforts. Safe Children and Strong Families evaluations shall be COUNTY directed.

19.8 CONTRACTOR shall actively participate in Safe Children and Strong Families evaluation activities. Said evaluation activities include, but are not limited to, collection and sharing of data on:

- Program implementation;
- Participant characteristics;
- Participant Outcomes

20.0 PERFORMANCE OUTCOME SUMMARY

CONTRACTOR shall adhere to the measures established in Sections D of this SOW.

Safe Children and Strong Families (SCSF)
SECTION D – Performance Outcome Summary
 PARTNERSHIPS FOR FAMILIES (PFF)

SECTION E - Performance Outcome Measures
 Partnerships for Families

SERVICE CATEGORY TARGET GROUP			
The target population is children and families who are in need of services to prevent future child maltreatment and/or DCFS involvement.			
DCFS OUTCOME	OUTCOME INDICATOR	PERFORMANCE TARGET	DATA COLLECTION AND MONITORING METHOD
Goal: SAFETY Decreased occurrences of child abuse/neglect	<i>Of all DCFS referred families who successfully completed PFF services, the:</i>		
	1. Percentage of families identified as the subject of subsequent child abuse and/or neglect referrals to the Child Protection Hotline (CPHL)	1. Shall not exceed 30%	1. CWS/CMS, Monthly Reports
	2. Of these, the percentage of families involved in resulting generation of emergency response referrals	2. Shall not exceed 30%	2. CWS/CMS, Monthly Reports
	3. Of these, the percentage of families involved in subsequent substantiated child abuse and/or neglect referrals	3. Shall not exceed 25%	3. CWS/CMS, Monthly Reports
	4. Of these, the percentage of families with subsequent substantiated child abuse and/or neglect referrals resulting in a case opening	4. Shall not exceed 50%	4. CWS/CMS, Monthly Reports
5. Of these, the percentage of child(ren) removed from parent(s) and placed in out-of-home care due to subsequent case opening	5. Shall not exceed 50%	5. CWS/CMS, Monthly Reports	

County of Los Angeles, Department of Children and Family Services
Request for Proposals for Safe Children and Strong Families (SCSF)
LIST OF EXHIBITS FOR STATEMENT OF WORK – EXHIBIT E
Partnerships for Families

Exhibit E-1	Family Centered Service Request – Service Authorization (Form 800)
Exhibit E-2	Consent to Release and Exchange Information
Exhibit E-3	PFF Services Intake Form
Exhibit E-4	Monthly Referral Log
Exhibit E-5	Case Notes
Exhibit E-6	DCFS Core Practice Model
Exhibit E-7	Attempted Contact Letter
Exhibit E-8	Initial Attempted Contact Form
Exhibit E-9	MCPC Service Plan/Monthly Progress Report
Exhibit E-10	ARS/FP MCPC Service Plan Addendum
Exhibit E-11	Progress Notes
Exhibit E-12	Linkages Log
Exhibit E-13	Capacity Building Activities Request Form
Exhibit E-14	Concrete Support Services Request Form
Exhibit E-15	Periodicity Schedule for Health Assessment Request by Age Groups
Exhibit E-16	Monthly Staffing and Expenditure Report

FAMILY CENTERED SERVICE REQUEST – SERVICE AUTHORIZATION
The Safety of a Child is our First Priority!

A. ACTION (Check New Referral or Update Case)

New Referral **Request #:** _____ **Request Date:** _____

FAMILY PRESERVATION (FP) ASSESSMENT SERVICES

FAMILY PRESERVATION (FP) / INTERVENTION SERVICES

PFF ARS Intervention Services (Non-FP) FP: DCFS & Probation IFP TDT – Probation

STATE ID / SERIAL #: _____

Child's Last Name: _____ First Name: _____ CWS / CMS Case #: _____

Family's Last Name: _____ First Name: _____ CWS / CMS Referral #: _____

Update Case **Case #:** _____ **State Id / Serial #:** _____

EXTEND SERVICES Change (Indicate change in Sections C, D, or E)

TERMINATE SERVICES Termination Date: _____ Case Closure Reason Code: _____

TRANSFER SERVICES Out of Agency: _____ Into Agency: _____

B. SERVICE TYPE / ASSIGNMENT (To be completed by the Community-Based Liaison (CBL))

Effective Date: _____ Agency: _____

Duration: 1 month 2 months 3 months 6 months

SERVICE TYPE: Family Preservation: Base Rate Transitional Services Other Other Other

ADD Agency (Complete Section C) REMOVE Agency (When Adding or Removing, provide the Agency Name and Effective Date)

Assignment Correction (Correcting effective dates, etc., and specifying instructions in the Comments section below)

Correct Effective Date(s) Effective Date: _____ Effective Date: _____

Comments: _____

C. PRIMARY CAREGIVER CHANGE ADD FAMILY LOCATION REMOVE FAMILY LOCATION EFF. DATE: _____

LAST NAME	FIRST NAME	ETHNICITY	D.O.B	LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NO.		RELATIONSHIP TO CHILDREN		
OTHERS (adults in home)				

D. CASE INFORMATION CHANGE EFF. DATE: _____

CASE LAST NAME	CASE FIRST NAME	ETHNICITY	D.O.B	LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER
CSW LAST NAME	CSW FIRST NAME	CSW FILE NO.		
CSW PHONE NO.	CSW FAX NO.	SPA	OFFICE	
SCSW LAST NAME	SCSW FIRST NAME	SCSW PHONE NO.		
CBL LAST NAME	CBL FIRST NAME	CBL PHONE & FAX NO.		

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SAFE CHILDREN AND STRONG FAMILIES

FAMILY CENTERED SERVICE REQUEST – SERVICE AUTHORIZATION
The Safety of a Child is our First Priority!

E. CHILD INFORMATION

CHANGE

EFF. DATE: _____

LAST NAME	FIRST NAME	DOB	GENDER	OPEN DCFS	REMOVE
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>

F. OTHER INFORMATION

GAIN <input type="checkbox"/> YES <input type="checkbox"/> NO	CALWORKS <input type="checkbox"/> YES <input type="checkbox"/> NO	WORKER NAME: _____ FILE NO.: _____	TELEPHONE NO. _____
Referral Being Made to: <input type="checkbox"/> Prevent Placement <input type="checkbox"/> Facilitate Reunification <input type="checkbox"/> Adoptive Placement <input type="checkbox"/> Court Ordered			OFFICE LOCATION: _____
Referral Initiated By: <input type="checkbox"/> ERCP <input type="checkbox"/> ER <input type="checkbox"/> DI <input type="checkbox"/> FR <input type="checkbox"/> PP <input type="checkbox"/> ADOPT			FM
Court Status: <input type="checkbox"/> None <input type="checkbox"/> Pre-Adjudication <input type="checkbox"/> Post-Adjudication <input type="checkbox"/> Post-Disposition <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Adoption			

G. PLEASE DESCRIBE THE PRESENTING PROBLEMS / AREAS OF CONCERN (Comments a maximum of 500 characters)

H. PLEASE DESCRIBE THE FAMILY STRENGTHS (Comments a maximum of 500 characters)

I. PRELIMINARY ASSESSMENT OF SERVICES NEEDED IN ADDITION TO IN-HOME COUNSELING

<input type="checkbox"/> Auxiliary Funds	<input type="checkbox"/> Teaching/Demonstrating Homemaker	<input type="checkbox"/> Employment Training Services
<input type="checkbox"/> Parent Self-Help	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Parent Training	<input type="checkbox"/> Child Care	<input type="checkbox"/> Education
<input type="checkbox"/> Transportation	<input type="checkbox"/> Drug Testing	<input type="checkbox"/> Special Education
<input type="checkbox"/> Substitute Adult Role-Model	<input type="checkbox"/> Motel – Emergency Housing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health Care	<input type="checkbox"/> Counseling (Out of Home)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Income Support Services	<input type="checkbox"/> Developmental Services	<input type="checkbox"/> Other _____
<input type="checkbox"/> Physical Development Services	<input type="checkbox"/> Housing	<input type="checkbox"/> Other _____

J. GOALS or OUTCOMES or TERMINATION NOTES or DENIAL REASON (Comments a maximum of 500 characters)

TERMINATION – Code / Reason for Case Closing (Code is used in Section A for a termination action)

1 – Successful Family Preservation	5 – Case Never Activated	9 - Suitable Placement (Probation)
2 – Successful Family Reunification	6 – Court Terminated Services	10 - Case Closed within 30 days
3 – Family Moved from Area	7 – Case Closed for Administrative Reasons	11 – Case Created in Error
4 – Family Refused Services/Dropped Out	8 – Child Detained/Arrested	12 – AWOL
		13 – Successful ARS

K. SIGNATURES

CSW SIGNATURE	DATE	CBL SIGNATURE	DATE
SCSW SIGNATURE	DATE	PROGRAM MANAGER SIGNATURE	DATE

CONSENT TO RELEASE AND EXCHANGE INFORMATION

1. Case Name	2. Case Number
3. Parent's/Guardian's Names <i>(if different from Case Name)</i>	4. Date of Birth
5. Parent's/Guardian's Names <i>(if different from Case Name)</i>	6. Date of Birth
7. Name(s) of Children	8. Date(s) of Birth
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
<p>9. CONSENT STATEMENT</p> <p><i>I/we understand that as a necessary part of my/our participation in the Community Based Program (PFF), the agencies involved must have access to records pertaining to my/our family. Therefore, I/we give permission to the Department of Children and Family Services (DCFS) to release, disclose, and/or exchange information about myself and my child(ren) listed above with a Community Based Agency and the participating agencies which may include, but are not limited to: the Departments of Health Services, Mental Health, Public Social Services and Education. This consent includes both written and oral communication about social, medical, developmental, psychological, educational, behavioral and other individual and family issues.</i></p> <p>This signed consent form will remain in effect for the duration of my/our family's participation in the program.</p>	
10. Signature of Parent(s) Guardian(s)	11. Date of Signature
_____	_____
_____	_____
12. CSW's Signature	13. Date of Signature
_____	_____
<input type="checkbox"/> PFF _____	
<input type="checkbox"/> Other _____	

CONSENTIMIENTO PARA REVELAR Y CAMBIAR INFORMACIÓN

1. Nombre del Caso	2. Número del Caso
3. Nombre de Padre(s) / Madre(s) o Guardianes <i>(Si es diferente al Nombre del Caso)</i>	4. Fecha de Nacimiento
5. Nombre de Padre(s) / Madre(s) o Guardianes	6. Fecha de Nacimiento
7. Nombre(s) de Niño(s) y Niña(s)	8. Fecha(s) de Nacimiento
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
<p>9. DECLARACIÓN DE CONSENTIMIENTO PARA REVELAR INFORMACIÓN</p> <p>Yo/nosotros entiendo/entendemos que cómo una parte necesaria de mi/nuestra participación en la Agencia de Programa Comunitarias, las agencias involucradas tienen que tener acceso a los archivos pertinentes a mi/nuestra familia. Por lo tanto, yo/nosotros le damos nuestro permiso al Departamento de Servicio para Niños y Familias (DCFS) para revelar, divulgar, y/o intercambiar información sobre mi persona y mi niño(s)/niña(s) los antes mencionados con la Agencia de Programa Comunitaria y las agencias participantes que pueden incluir, pero no son limitadas a los Departamentos de: Servicios de Salud, Salud Mental, Servicios Sociales Públicos y de Educación. Este consentimiento incluye tanto la comunicación por escrito como la comunicación oral pertinente a los asuntos sociales, médicos, de desarrollo, psicológicos, educativos, de compartimiento u otros asuntos individuales o familiares.</p> <p>Este consentimiento firmado continuará vigente durante la participación de mi familia en el programa.</p>	
10. Firma de Padre(s) / Madre(s) o Guardianes	11. Fecha de Firma
_____	_____
_____	_____
12. Firma del Trabajador Social para Niños	13. Fecha de Firma
_____	_____
<input type="checkbox"/> PFF _____	
<input type="checkbox"/> Otro _____	

PARTNERSHIPS FOR FAMILIES SERVICES INTAKE FORM

Inquiry:	Number:	Name:	DCFS State ID:
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SERVICE TYPE/ASSIGNMENT

CWS/CMS Case Start Date:	CSW/CMS Case End Date:	FS Create Date:	FS Assigned Date:
Contact Date:	Contact Status:	Acceptance Date:	
Service Start Date:	Agency Number:	Case Termination date:	

CWS/CMS Case Start Date:	CSW/CMS Case End Date:	FS Create Date:	FS Assigned Date:
Contact Date:	Contact Status:	Acceptance Date:	
Service Start Date:	Agency Number:	Case Termination date:	

AGENCY ASSIGNMENT:

Agency Name:

PRIMARY CAREGIVER:

Primary Caregiver Name	Street Address	City/State/Zip	Phone	Relationship

ADULTS TO BE ASSESSED:

Last Name	First Name	DOB	Relationship	Gender

GAIN/CalWORKs: LEADER #:

OTHERS (Adults in Home):

Last Name	First Name	DOB	Relationship	Gender

REFERRAL INFORMATION:

FS Ref. Name	Ethnicity:	Language:
CSW Name:	CSW File No:	DOB:
CSW Phone:	CSW Fax:	SPA:
SCSW Name:	SCSW Phone:	Office:
CBL Name:	CBL Phone:	CBL Fax:

CHILD INFORMATION:

Last Name	First Name	DOB	Relationship	Gender	Open DCFS

OTHER INFORMATION:

Referral Being Made:	Initiated By:	Court Status:
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PARTNERSHIPS FOR FAMILIES SERVICES INTAKE FORM

PRELIMINARY ASSESSMENT OF SERVICES NEEDED:

Select:	<input type="checkbox"/> Auxiliary Funds	<input type="checkbox"/> Physical Development Services	<input type="checkbox"/> Developmental services
	<input type="checkbox"/> Parent Self-Help	<input type="checkbox"/> Teaching/Demonstrating Homemaker	<input type="checkbox"/> Employment Training Services
	<input type="checkbox"/> Parent Training	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Housing
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Care	<input type="checkbox"/> Mental health Services
	<input type="checkbox"/> Substitute Adult Role Model	<input type="checkbox"/> Drug Testing	<input type="checkbox"/> Education
	<input type="checkbox"/> Health Care	<input type="checkbox"/> Motel - Emergency Housing	<input type="checkbox"/> Special Education
	<input type="checkbox"/> Income Support Services	<input type="checkbox"/> Counseling (Out of Home)	<input type="checkbox"/> Health, Parenting & Other Educational Pro.
	<input type="checkbox"/> Emergency Basic Support	<input type="checkbox"/> Case Management/Linkage	<input type="checkbox"/> Other
	<input type="checkbox"/> In House Outreach Counseling	<input type="checkbox"/> Peer Based Support Group	<input type="checkbox"/> Other

SERVICES PROVIDED BY AGENCY:

Name	EBS	EBS From	EBS To	ES	ES From	ES To	CM	CM From	CM To	SA	SA From	SA To	HO	HO From	HO To	LK	LK From	LK To
	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		

Services Legend: EBS-Emergency Basic Support; ES-Employment Services; CM-Case Management; SA-Structured Activities; HO-Health & Other Educational Programs; LK-Linkage Services

MEMO:

Goals:

Outcome:

Termination Notes:

PROBLEM/AREAS OF CONCERN:

FAMILY STRENGTHS:

DCFS CORE PRACTICE MODEL

Our Departments have developed a shared and evolving model of practice to better integrate services and supports for children, youth, families and communities. Our commitment and approach are cemented in the crucial elements of community partnership, teamwork, family voice and choice, cultural competence, respect, accountability, continuous quality improvement and implementation of best practice.

Key Outcomes: *Safety, Permanence, Well-Being, Self Sufficiency, Organizational Excellence*

Shared Values and Guiding Principles

- **Child Protection & Safety:** Children and youth have the right to live in a safe environment, free from abuse, and neglect.
- **Permanent, Lifelong, Loving, Families:** Children and youth need and are entitled to a safe, nurturing and permanent family environment ideally in their own home.
- **Strengthening Child & Family Well-Being and Self Sufficiency:** Identifying the unique strengths of children, youth and families allows services and supports to be individualized and tailored.
- **Child Focused Family Centered Practice:** Focusing on the child’s individualized, underlying needs and strengths, and the strengths and capacities of families provide the best guide to effective intervention and lasting change.
- **Community-Based Partnerships:** Services and interventions for children, youth and families are delivered collaboratively by agencies, providers, community and informal and naturally occurring supports in order to meet each family’s needs.
- **Cultural Competency:** We maintain an attitude of cultural humility; honoring and respecting the beliefs and values of all families and recognizing that the cultural, ethnic and spiritual roots of the child, youth and family are a valuable part of their identity.
- **Best Practice and Continuous Learning:** We commit to developing an environment of continuous listening and learning and to ensuring that policy and practice decisions are based on reliable data as well as evidence, research and feedback.

The Practice Wheel - Operationalizing the Shared Practice Model

Our values and guiding principles are applied through a set of practice activities depicted by the Practice Wheel.

- **Engaging** is the practice of creating trustful working relationships a child and their family by increasing their participation, validating their unique cultural perspective, and hearing their voice and choice.
- **Teaming** is the practice of building and strengthening the child and family’s support system, whose members meet, communicate, plan together, and coordinate their efforts in a unified fashion to address critical issues/needs.
- **Assessing** is the practice of collaborating with a family’s team to obtain information about the salient events impacting children and families and the underlying causes bringing about their situation.
- **Planning and Intervening** is the practice and process of tailoring and implementing plans to build on strengths and protective capacities in order to meet individual needs for each child and family.
- **Tracking, Adapting and Transitioning** is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, reworking the plan, celebrating successes, adapting to challenges and organizing after-care supports as needed for the child and family.



ATTEMPTED CONTACT LETTER

AGENCY'S LETTERHEAD

To: [Client Name]
[Client Address]

From: [IHO Name]
[Agency Name]
[Agency Address]
[Agency Telephone Number]

Date:

Dear Mr. Ms. _____,

I attempted to contact you by phone at _____ on _____ ; and/or in person at
(Phone #) (Date)
your last known address: _____ on _____.
(street / city / zip) (Date)

I would like to meet with you regarding the _____ services in which you agreed to participate; however, I have been unable to reach you.

Please contact me as soon as possible, so that we may schedule an appointment. I look forward to hearing from you soon.

Sincerely,

Staff Name Title Date

PARTNERSHIPS FOR FAMILIES ATTEMPTED CONTACT FORM

Agency Name:	Site:	Case Manager:	Telephone:
Case Name:	Case #:	Date:	

Initial Contact Due Date: _____

CONTACT ATTEMPTS

Initial telephone contact was attempted on _____ at (telephone #) _____
Summary of face to face contact attempt:

Second telephone contact was attempted on _____ at (telephone #) _____
Summary of second contact attempt:

Third telephone contact was attempted on _____ at (telephone #) _____
Summary of third contact attempt:

Face to face contact was attempted on _____ at (address) _____
Summary of face to face contact attempt:

Case Manager Signature

Date

Program Manager Signature

Date

SERVICE PLAN/MONTHLY PROGRESS REPORT

Agency Name & Site:	Case Name:	Case #:	Reporting Month:
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Case Manager:	Phone:	Fax:	Email:
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I	Family Members Included in this Service Plan (List Names):	Member(s) Absent on this Date & Reason(s):
MO		<input type="checkbox"/> MO
FA		<input type="checkbox"/> FA
C1		<input type="checkbox"/> C1
C2		<input type="checkbox"/> C2
C3		<input type="checkbox"/> C3
C4		<input type="checkbox"/> C4
C5		<input type="checkbox"/> C5
C6		<input type="checkbox"/> C6
Other		<input type="checkbox"/> Other
Other		<input type="checkbox"/> Other

SERVICE PLAN/MONTHLY PROGRESS REPORT

Agency Name & Site:	Case Name:	Case #:	Reporting Month:
--------------------------------	-------------------	----------------	-------------------------

II	Presenting Problem(s): <input type="checkbox"/> Initial: <input type="checkbox"/> New/Ongoing:	Monthly Progress Reporting of Family as it relates to the Presenting Problem
III	Family Strengths:	Monthly Progress Reporting as it relates to the family strengths:
IV	Child Safety & Risks:	Monthly Progress Reporting as it relates to the safety and risk of case plan members:

SERVICE PLAN/MONTHLY PROGRESS REPORT

Agency Name & Site:	Case Name:	Case #:	Reporting Month:
---------------------	------------	---------	------------------

V	<u>Family's View of Issues:</u>	<u>Monthly Progress Reporting as it relates to family's view of issues.</u>
VI	<u>Treatment Goals as it relates to the services chosen (below):</u>	<u>Monthly Progress Reporting as it relates to the treatment goals.</u> <u>(Discuss challenges to goals, achievement, and intervention, factors hindering goal attainment or progress, barriers to service provision, family's level of participation by client and other related issues):</u>
	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	6.	6.
	7.	7.
	8.	8.
	9.	9.
	10.	10.
	11.	11.

SERVICE PLAN/MONTHLY PROGRESS REPORT

Agency Name & Site:	Case Name:	Case #:	Reporting Month:
--------------------------------	-------------------	----------------	-------------------------

VII	SERVICES TO BE PROVIDED (Complete all fields, answer "NA" for those services not required at this time):	(Right section to be filled out to report monthly updates)												
	Services	√ Family Member(s) to Receive Services								Frequency Recommended		Actual Monthly Service Provided (Dates)	Name Service Provider (pending/assigned)	*Level of Participation
			1	2	3	4	5	6	Other	#/week	#/month			
	Case Management Services <input type="checkbox"/> License <input type="checkbox"/> MA/MSW <input type="checkbox"/> BA													
	Counseling <input type="checkbox"/> AM <input type="checkbox"/> DV <input type="checkbox"/> SA <input type="checkbox"/> Other (Specify)													
	Structured Parent-Child Activities													
	Family Centered Activities													
	Parent Training													
	Anger Management Training													
	Family Literacy Training													
	Household Management & Budgeting Training													
	Stress Management													
	Psychotherapy Services: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family													
	Concrete Support Services													
	Other: _____													
	Other: _____													
	Other: _____													

SERVICE PLAN/MONTHLY PROGRESS REPORT

Agency Name & Site:	Case Name:	Case #:	Reporting Month:
--------------------------------	-------------------	----------------	-------------------------

X	Auxiliary/Discretionary Funds Needs Assessment:
XI	Agency's Comments:

Prepared by Case Manager: _____
 (Print) (Signature) Date

Received and Approved by
 Clinical Supervisor/Director: _____
 (Print) (Signature) Date

**PARTNERSHIPS FOR FAMILIES
SERVICE PLAN ADDENDUM**

Agency Name:	Site:	Case Manager:	Telephone:
Case Name:	Case #:	Date:	

Attach this form to back of most recent PFF Service Plan when additions or modifications are made before the next scheduled service plan. All additions or modifications should still be documented in the case record.

ADDENDUM MADE (be specific; identify how each Service Plan member will be affected; what changes to most recent service plan will be affected):

_____ Caregiver	_____ Signature	_____ Date
_____ Child	_____ Child	_____ Child
_____ Case Manager Name (Print)	_____ Signature	_____ Date
_____ Clinical Director Name (Print)	_____ Signature	_____ Date

PROGRESS NOTES

Agency Name: _____ Site: _____

Date of Visit: _____ Case Name: _____ Case #: _____

Case Manager Name: _____ Title: _____ Phone: _____

I	Name of Person(s) Seen on this Date (List Names):	Person(s) Absent on this Date:	Excused:	Unexcused:	Location of Visit: <input type="checkbox"/> By Appointment <input type="checkbox"/> Unannounced
Mo		<input type="checkbox"/> Mo	<input type="checkbox"/> Mo	<input type="checkbox"/> Mo	<input type="checkbox"/> Home
Fa		<input type="checkbox"/> Fa	<input type="checkbox"/> Fa	<input type="checkbox"/> Fa	<input type="checkbox"/> Agency
C1		<input type="checkbox"/> C1	<input type="checkbox"/> C1	<input type="checkbox"/> C1	<input type="checkbox"/> School
C2		<input type="checkbox"/> C2	<input type="checkbox"/> C2	<input type="checkbox"/> C2	<input type="checkbox"/> Other (Specify)
C3		<input type="checkbox"/> C3	<input type="checkbox"/> C3	<input type="checkbox"/> C3	
C4		<input type="checkbox"/> C4	<input type="checkbox"/> C4	<input type="checkbox"/> C4	
C5		<input type="checkbox"/> C5	<input type="checkbox"/> C5	<input type="checkbox"/> C5	Time of Visit: Start Time: <input type="checkbox"/> am <input type="checkbox"/> pm End Time: <input type="checkbox"/> am <input type="checkbox"/> pm Total Hour(s):
C6		<input type="checkbox"/> C6	<input type="checkbox"/> C6	<input type="checkbox"/> C6	
Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

DISCUSSION POINTS FOR Case Management Session (Complete as applicable):

II	Initial Presenting Problem(s):
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III	Current Child Safety Issues (Risk assessment):
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IV	Current / Observed Family Functioning and Interactions (Discuss relationships, parent/child interaction, strength/challenges, changes, commitment to PFF program, crisis intervention, and newly identified problem(s), etc.):
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PROGRESS NOTES

V.	Progress Toward Goals Stated in Current PFF Service Plan (Discuss any barriers toward goal achievement):
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VI	Follow-up on Tasks/Issues Discussed at Previous Visit:
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VII	Evaluation of Core/Linkage Services (Discuss effectiveness of services being provided, barriers to service provision, and any other services which may benefit the family or improve family functioning, etc.):
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VIII	Today's Condition of Home:
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IX	Other:
	Next Visit Date Scheduled for:

Prepared by Service Provider: _____ Date _____
(Signed)

Reviewed and Approved by:
Clinical Supervisor/Director: _____ Title _____
Date _____ (Print) (Signed)

**PARTNERSHIPS FOR FAMILIES
CAPACITY BUILDING ACTIVITIES REQUEST FORM**

Select Type of Activity

INTERNAL CAPACITY BUILDING EXTERNAL CAPACITY BUILDING

AGENCY:	PROGRAM MANAGER:	
COMPLETED BY:	TELEPHONE:	DATE SUBMITTED:

DESCRIBE THE ACTIVITY:

WHO WILL PARTICIPATE IN THE ACTIVITY? INCLUDE THE NUMBER OF PARTICIPANTS:

WHEN AND WHERE WILL THE ACTIVITY TAKE PLACE?

DETAIL THE COSTS ASSOCIATED WITH THE ACTIVITY:

HOW WILL THE ACTIVITY IMPACT YOUR AGENCY'S ABILITY TO ADDRESS CHILD MALTREATMENT AND IMPROVE WELL BEING?

PFF PROGRAM MANAGER'S SIGNATURE

DATE

DCFS USE ONLY

<input type="checkbox"/> REQUEST APPROVED <input type="checkbox"/> REQUEST DENIED	DATE	DCFS PROGRAM MGR NAME: <hr/> DCFS PROGRAM MGR SIGNATURE:
--	------	---

**PARTNERSHIPS FOR FAMILIES
CONCRETE SUPPORT SERVICES REQUEST FORM**

SECTION 1: AGENCY INFORMATION

AGENCY:	DATE:
CASE MANAGER:	TELEPHONE:

SECTION 2: FAMILY INFORMATION

PRIMARY CAREGIVER:	DATE :
AGENCY/STATE NO:	

PARTICIPANT NEEDS STATEMENT

(Why are you making this request? What are the current family circumstances?)

OTHER NO COST/LOW COST RESOURCES EXPLORED

CASE MANAGER'S NEEDS ASSESSMENT STATEMENT

Include the following information: How many home visits have you made? Why does this family need assistance? What has been the family's progress? Efforts to obtain assistance through other means?

Request Status:

EMERGENCY <input type="checkbox"/>	PRIORITY <input type="checkbox"/>	OTHER <input type="checkbox"/> _____
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SECTION 3: BUDGET

COMPLETE FAMILY BUDGET WORKSHEET (attach to CSS request form)

REQUIRED SUPPORTING DOCUMENTATION (attach to CSS request form)

SECTION 4: ITEM/VENDOR INFORMATION

DESCRIBE ITEM REQUESTED:		
COST OF ITEM:	CLIENT CONTRIBUTION:	TOTAL REQUEST AMOUNT:
VENDOR NAME:(Check payable to)		
VENDOR ADDRESS:		
CHECK AMOUNT:		

SECTION 5: APPROVAL

REQUEST APPROVED <input type="checkbox"/>	AMOUNT APPROVED \$	REQUEST DENIED <input type="checkbox"/>	Reason:
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Item(s) requested will aid in the prevention of child abuse and/or neglect and facilitate family self sufficiency. The participant cannot afford to purchase and/or otherwise obtain the requested item(s) and all other resources have been explored/or exhausted. Attached you will find the completed Family Budget Work Sheet, supporting documents, and any necessary price quotes. **NOTE FOR PARTICIPANT: Please be aware that completion of the Concrete Support Services Request Form does not guarantee approval.** Final determination will be based on need, availability of funding and qualification of request.

Client Signature Date

Case Manager Signature Date

Program Manager Signature Date

FAMILY BUDGET WORKSHEET

THIS WORKSHEET IS FOR FUNDING REQUEST ONLY AND SHOULD REFLECT INFORMATION FROM THE MONTH PRIOR TO THE CSS REQUEST

Participant Name: _____

Agency/State No.: _____

Case Manager: _____

Date Prepared: _____

INCOME:

Employment _____
 Food Stamps _____
 AFDC _____
 Social Security _____
 Child Support _____
 SSI _____
 Other _____

TOTAL _____

EXPENSES:

Rent/Mortgage _____
 Food _____
 Electricity _____
 Gas _____
 Water _____
 Telephone _____
 Laundry _____
 Household Items _____
 Personal Items _____
 Recreation _____
 Medical _____
 Education _____
 Child Care _____
 Credit Cards _____
 Transportation _____
 Other (specify) _____

TOTAL _____

INCOME + _____
EXPENSES - _____
BALANCE = _____

REQUIRED SUPPORTING DOCUMENTATION

SUPPORTING DOCUMENTS SHOULD BE REFLECTIVE OF THE MONTH PRIOR TO THE CSS REQUEST

- RENTAL AGREEMENT
- STATEMENT FROM LANDLORD
- RENT RECEIPTS (MONTH PRIOR TO THE)
- CURRENT ELECTRICITY BILL
- CURRENT GAS BILL
- CURRENT TELEPHONE BILL
- INCOME VERIFICATION
- PRICE QUOTES
- OTHER (SPECIFY) _____

PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

SCREENING REQUIREMENT	AGE OF PERSON BEING SCREENED														
	Under 1 mo.	1-2 mo.	3-4 mo.	5-6 mo.	7-9 mo.	10-12 mo.	13-15 mo.	16-23 mo.	2 yr.*	3 yr.*	4-5 yr*.	6-8 yr*.	9-12 yr*.	13-16 yr*.	17-20 yr*.
Interval Until Next Exam	1 mo.	2 mos.	2 mos.	2 mos.	3 mos.	3 mos.	3 mos.	6 mos.	1 yr.	1 yr.	2 yr.	3 yr.	4 yr.	4 yr.	None
HISTORY AND PHYSICAL EXAMINATION	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Anticipatory Guidance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Dental Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Development/Behavioral	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Nutritional Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Pelvic Exam 1														x	x
Tobacco Assessment		x	x	x	x	x	x	x	x	x	x	x	x	x	x
MEASUREMENTS															
Blood Pressure										x	x	x	x	x	x
Head Circumference	x	x	x	x	x	x	x	x							
Height/Length and Weight	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
SENSORY SCREENING															
Audiometric 2										x	x	x	x	x	x
Clinical Observation	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Non-audiometric	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Visual Activity Test (Snellen) ²										x	x	x	x	x	x
PROCEDURES/TESTS															
Blood Lead Risk Assessment				x	x	x	x	x	x	x	x				
Blood Lead Test						x			x						
Hematocrit or Hemoglobin					x		x		x	x	x	x	x	x	x
TB Exposure Risk Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Tuberculin Test											x		x	x	
Urine Dipstick or Urinalysis											x	x	x	x	x
OTHER LABORATORY TESTS															
Chlamydia Test	To be done when health history and/or physical examination warrants														
Gonorrhea Test	To be done when health history and/or physical examination warrants														
Ova and Parasites	To be done when health history and/or physical examination warrants														
Papanicolaou (Pap) Smear	To be done when health history and/or physical examination warrants														
Sickle Cell	To be done when health history and/or physical examination warrants														
VDRL RPR, or ART	To be done when health history and/or physical examination warrants														
IMMUNIZATIONS	Administer as necessary to make status current														

*One check-up per year for foster children between the ages of 2 and 19 years

1 Recommended for sexually active females and females age 18 years and older.

2 Snellen testing and audiometric testig should start at age 3 years if possible. Clinical observation and non audiometric testing may be substituted if child is uncooperative.

