

**EXHIBIT B**

Exhibit B: Prevention and Aftercare Services - CAPIT  
COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Safe Children and Strong Families (SCSF)

**STATEMENT OF WORK**  
(RFP # 11-053A)

PREVENTION AND AFTERCARE SERVICES  
CHILD ABUSE and NEGLECT, PREVENTION,  
INTERVENTION and TREATMENT (CAPIT)

COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Safe Children and Strong Families (SCSF)  
**PREVENTION AND AFTERCARE SERVICES - CAPIT**  
STATEMENT OF WORK  
(RFP # 11-053A)

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**STATEMENT OF WORK**

Safe Children and Strong Families (SCSF)  
**PREVENTION AND AFTERCARE SERVICES - CAPIT**

**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**

Child Abuse and Neglect Prevention, Intervention and Treatment (CAPIT) Program Services are mandated by California State Assembly Bill 1733 aimed at preventing and treating child abuse and neglect. CAPIT programs will provide a range of child abuse and neglect prevention, intervention and treatment services to at risk families. Services shall consist of:

1. Intake and assessment,
2. Individual, family and group psychotherapy,
3. Counseling,
4. In-home services, including psychotherapy, counseling, crisis response and teaching and demonstrating homemaking instruction;
5. Case management and linkage services, and
6. Parenting education services.

All contracted services need to be culturally and linguistically matched to the target population receiving services including children and families that require services for the deaf and hard of hearing.

Services will target the general population, families and children at risk of abuse and/or neglect.

This array of services is designed to strengthen family resilience and nurture the development of healthy behaviors, while assisting client families in the development of their own Five 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
- Preservation of families who have successfully exited the Child Welfare System, with supportive services.

## 2.0 CONTRACTOR'S GENERAL RESPONSIBILITIES

- 2.1 CONTRACTOR shall provide in its program the following Child Abuse Prevention Intervention and Treatment Core Services:
  - 2.1.1 Intake and assessment;
  - 2.1.2 Psychotherapy;
  - 2.1.3 Counseling;
  - 2.1.4 In-Home services including psychotherapy, counseling, crisis response, and teaching and demonstration homemaking instruction;
  - 2.1.5 Case management and linkage services;
  - 2.1.6 Referrals; and
  - 2.1.7 Parenting education services.
- 2.2 CONTRACTOR shall ensure all professional and paraprofessional staff providing program services is able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community serviced.
- 2.3 CONTRACTOR shall hold weekly supervision reviews with all professional staff, paraprofessional staff, interns, and all other staff that provide program services under this contract. Copies of sign-in logs, agendas and any other supervision materials shall be made available to the COUNTY Program Manager upon request. Supervision reviews may be held individually or as a group.
  - 2.3.1 CONTRACTOR's personnel files shall include complete records of all Professional and Paraprofessional Staff, case aides, interns, and volunteers of its staff and at minimum include:
    - 2.3.1.1 CONTRACTOR's Training Schedule shall include a training calendar, training, curriculum, trainer certifications and qualifications;
    - 2.3.1.2 Copies of all application materials, including resumes, verification of educational degrees, professional licenses, work experience, confidentiality agreements; documentation of all verification; and
    - 2.3.1.3 All background check documents, including, verification of and documentation for all criminal clearances and documentation to verify CONTRACTOR will receive subsequent arrest notification.

- 2.4 CONTRACTOR shall make services available during the traditional business hours of Monday through Friday from 9:00 a.m. to 5:00 p.m.
- 2.5 CONTRACTOR will have a physical location in the service area they are contracted to serve within 30-60 days from the contract award.

### **3.0 TARGET POPULATION**

- 3.1 Prevention and Aftercare Services will target the following population residing in the County of Los Angeles in the following priority:
  - Families referred by the resource centers;
  - Families with open DCFS cases;
  - General population including self referred;
    - Walk-in clients;
    - Community stakeholder referrals such as schools, hospitals and law enforcement agencies; and
  - Families and children at risk of abuse and/or neglect;

## **SECTION C – SERVICE DESCRIPTION**

### **4.0 SCOPE OF WORK**

Prevention and Aftercare Services aim to stop child maltreatment before it occurs, mitigate risk factors associated with child abuse and/or neglect, reduce the negative consequences of maltreatment, and prevent re-maltreatment and/or re-entry into the public child welfare system. The success of Prevention and Aftercare Services can be determined by initial and/or 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).

CONTRACTOR shall provide the services and supports delineated in the scope of work to prevent initial 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 community and self referred Prevention Services clients.

CONTRACTOR shall provide the services and supports delineated in the scope of work 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 DCFS referred Prevention and Aftercare Services clients.

CONTRACTOR shall ensure that the following CAPIT services, as identified below, are available to families referred for Prevention and/or Aftercare Services:

- Intake and assessment services;
- Psychotherapy;
- Counseling;
- In-home services;

- Case management and linkage services;
- Referrals; and
- Parenting education services.

#### **4.1 INTAKE AND ASSESSMENT SERVICES**

CONTRACTOR shall provide Intake services to all client individuals and/or families via face-to-face meetings and /or interventions.

The intake shall include an assessment of the Strengthening Families Protective Factors Framework, Attachment Q (Center for the Study of Social Policy’s Strengthening Families™ Approach). The contracted agency is responsible for developing an appropriate intake.

- 4.1.1. Intake services must be provided by a paraprofessional level staff or above.
- 4.1.2 The intake process shall include verification of Los Angeles County residency;
  - 4.1.2.1 Appropriate documentation for verifying Los Angeles County residency includes, but is not limited to, a copy of any paperwork (i.e. home bills, school reports) or identification card which has the families address printed, or a form created by the agency in which the family indicates that they are Los Angeles County residents.
- 4.1.3 The intake assessment will drive the initial development of the case plan for the family.
- 4.1.4 Consistent with the Shared Core Practice Model the CONTRACTOR shall engage the individual and/or family in the case planning process to develop a case plan which meets the individual needs for each child and family.
- 4.1.5 The case plan should at minimum include the following:
  - Identify client therapeutic needs;
  - Identify client’s basic needs; and
  - Include the client’s signature indicating that they are in agreement with the case plan.

#### **4.2 CASE MANAGEMENT AND LINKAGE SERVICES**

CONTRACTOR’s case management and linkage services shall consist of:

- Referrals and linkages for services identified in the case plan using Linkage Form, Exhibit B-1;
  - Follow-up to ensure client is receiving needed service;
    - Verify no client waits longer than 10 days prior to receiving services;
- Evaluation of case plan progress;
- Document continuous improvement of families circumstances;

- 4.2.1 CONTRACTOR shall ensure that follow-up, evaluation and reporting of the findings and resolution is included in its case file documentation.
- 4.2.2 All Case management services shall be documented in the client case records.
- 4.2.3 CONTRACTOR shall, at three month intervals, conduct ongoing reviews and documentation of the family's progress toward achieving their goals as identified in their written case plan.
- 4.2.4 Case management services can be provided by a case aid level staff or above.
- 4.2.5 **Family Case Records**

CONTRACTOR shall ensure that each individual and family case record includes all of the following:

- 4.2.5.1 Verification of County of Los Angeles residency.
- 4.2.5.2 Consistent with the DCFS Shared Core Practice Model, Exhibit B-2 an adult, child, and/or family intake assessment shall be completed which includes the date and signature of staff conducting the intake assessment.
- 4.2.5.3 The case plan shall address the protective factor(s) which were assessed to need strengthening.
- 4.2.5.4 Documentation of all services provided to the person through CAPIT including dates, time spent, type of contact, description of what occurred during the contact, and signature of the person providing the service.

#### 4.2.6 **Referrals**

CONTRACTOR shall coordinate and collaborate with other SCSF CONTRACTORS, as necessary, to facilitate successful client navigation across the service delivery continuum.

CONTRACTOR shall, when a DCFS family moves out of the area served by the CONTRACTOR, refer the family to another CAPIT CONTRACTOR.

- 4.2.6.1 CONTRACTOR shall accept community referrals as well as referrals from the Resource Center.
- 4.2.6.2 If the family's needs are beyond the scope of what CONTRACTOR can provide, CONTRACTOR shall within 10 days coordinate and collaborate with other County CONTRACTORS or community based organizations in the area,

thereby, tailoring continuing services to the family's needs, reducing duplication of services, and ensuring continuity of care.

- 4.2.6.3 CONTRACTOR shall first attempt to coordinate services with the COUNTY-contracted Resource Center(s) in the area.

### **4.3 COUNSELING SERVICES**

CONTRACTOR will provide counseling services to families via face-to-face contact to:

- Help identify and assist in solving family problems;
- Help identify and assist in day to day functioning;
- Identify substance abuse issues and refer for treatment;
- Address and refer to treatment for domestic violence and/or anger management related issues; and
- Help identify personal, vocational, and educational goals

4.3.1 These services are provided by the CONTRACTOR to families via face-to-face meetings and/or interventions by a therapist with an individual, couple, family, or group.

4.3.2 Counseling services may be provided in the office, off-site, or in the home. In home teaching and demonstrating is included in this service.

4.3.3 Counseling services are provided by CONTRACTOR's professional or paraprofessional staff. In home teaching and demonstrating services may be provided by a case aid staff.

4.3.4 Contracted agencies will not be required to respond to crisis calls for individuals who are not clients of the agency, but agencies should provide crisis response to current clients.

4.3.5 Up to one unit of service may be claimed for travel time for counseling services provided in the home.

### **4.4 PSYCHOTHERAPY SERVICES**

These services are provided by the CONTRACTOR to families via face-to-face meetings and/or interventions by a therapist with an individual, couple, family, or group to:

- Address Mental Health Issues;
- Help raise self-awareness and understanding;
- Help to solve problems; and
- Assist in the development of insight.

4.4.1 Psychotherapy services must be provided by CONTRACTOR's professional-level staff, trained to practice psychotherapy, such as a

psychiatrist, psychologist, licensed or a registered social worker/marriage and family therapist under the supervision of a licensed clinician or a paraprofessional-level staff, currently enrolled in an MSW or MFT program under the supervision of a licensed clinician.

4.4.1.1 Psychotherapeutic services may be provided in the office, off-site, or in the home.

4.4.1.1.1 Up to one unit of service may be claimed for travel time for psychotherapy services provided in the home.

## **4.5 PARENTING EDUCATION SERVICES**

These are services that support and enhance parenting skills through education and training in areas such as:

- Anger management;
- Impulse control;
- Child development; and
- Alternative discipline;

4.5.1 Parenting groups shall meet for a minimum of twenty (20) sessions conducted over a period of not less than twenty (20) consecutive weeks or CONTRACTOR has the ability to submit a request for CPM approval to waive the (20) session requirement based on the agency's curriculum and/or training.

4.5.2 CONTRACTOR shall administer a pre and post test to each parent.

4.5.3 CONTRACTOR shall require regular attendance by each parent, and CONTRACTOR shall evaluate the skills and knowledge gained by each parent, prior to providing a report, if requested, to the Juvenile Court or to DCFS.

4.5.4 These groups shall be facilitated by a paraprofessional level instructor or above.

4.5.5 Parenting groups shall be administered at the agency or off-site to meet the needs of the community.

## **5.0 QUALITY ASSURANCE PLAN AND MONITORING**

Tracking and Adapting are critical components of the DCFS Shared Core Practice Model, Exhibit B-2. Consistent with Shared Core Practice Model the CONTRACTOR shall

submit its Quality Assurance Plan (QAP) it has to ensure the requirements of the CAPIT service contracts are met.

## **5.1 QUALITY ASSURANCE PLAN**

The CONTRACTOR shall submit its Quality Assurance Plan (QAP) in its proposal submission that demonstrates in detail how CONTRACTOR will ensure all of the requirements of the CAPIT contract are continuously met.

CONTRACTOR's QAP shall include a description of its service delivery model components, and detail how these components align with the Protective Factors Framework, Attachment Q, in Part H of this RFP, which includes:

- 5.1.1.1 Parental resilience;
- 5.1.1.2 Social connections;
- 5.1.1.3 Knowledge of parenting and Child Development;
- 5.1.1.4 Concrete supports in times of need; and
- 5.1.1.5 Social and emotional competence of children.

5.1.2 QAP shall include a description of how CONTRACTOR's service delivery aligns incorporates the DCFS Shared Core Practice Model. The DCFS Shared Core Practice Model is detailed in Exhibit B-2.

5.1.3 CONTRACTOR's QAP should identify its plan to meet or exceed the CAPIT contracts Performance Outcome Measures, Section D of the Statement of Work.

5.1.4 CONTRACTOR's QAP shall include CONTRACTOR's methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable.

5.1.5 CONTRACTOR's QAP shall include its methods for insuring uninterrupted service to COUNTY in the event of a strike by CONTRACTOR's employees or any other potential disruption in service.

5.1.6 CONTRACTOR's QAP shall indentify CONTRACTORs plan and process for recording its Inspections, any corrective action noted, required or taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action.

- 5.1.6.1 CONTRACTORs shall provide a Quarterly report to County Program Manager of all its Inspections, noted required Correction Action, detail of incorporated corrective action, and ongoing measurement to ensure effectiveness of corrective action incorporated.

## **5.2 QUALITY ASSURANCE MONITORING**

The CPM, or other personnel authorized by the COUNTY, will monitor and evaluate CONTRACTOR's performance under this contract using the quality assurance procedures specified in this Statement of Work. All monitoring will be conducted in accordance with Part II Standard Terms and Conditions, Section 24.0 COUNTY's Quality Assurance Plan, of the Contract.

5.2.1 CONTRACTOR will be subject to a program review by the COUNTY, at a minimum of once per year, for the period of the contract. CONTRACTOR shall make available to the COUNTY, upon request, the following records for review:

5.2.1.1 Personnel records, pertaining to current paid and volunteer staff;

5.2.1.2 Background and Criminal Clearance records;

5.2.1.3 Client Case Records;

5.2.1.4 Confidentiality forms; and

5.2.1.5 Financial Records.

5.2.2 If CONTRACTOR performance requirements are not met, the COUNTY CPM may call CONTRACTOR, and/ or send CONTRACTOR a User Complaint Report (UCR), Part H, 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 and results including incorporated Corrective Action will be reported to the COUNTY CPM.

5.2.3 CONTRACTOR shall submit a Corrective Action Plan (CAP) for any areas found to be deficient as a result of a receipt of a User Compliant Report (UCR), Part H, Attachment M or in response to the results of a technical review, including billing errors or noted areas of non compliance, within forty-five (45) calendar days of the receipt of the UCR or Technical Review Findings.

5.2.4 A Quality Service Review (QSR) component. CONTRACTOR staff shall participate in their assigned DCFS office's Quality Service Review (QSR) process. Participation shall include attending Provider Focus Groups, Grand Rounds (Clinical Case Conferencing Discussions), and Sum-up Sessions. If it is determined by DCFS that CONTRACTOR provided supports and services to the sample cases selected for review the CONTRACTOR shall participate in stake holder interviews and debriefings.

## **6.0 PERFORMANCE OUTCOME MEASURES**

CONTRACTOR shall adhere to the measures established in Section D of this Statement of Work.

Safe Children and Strong Families (SCSF)  
**SECTION D – PERFORMANCE OUTCOME MEASURES**  
 PREVENTION SERVICES

DCFS OUTCOME	COUNTY OUTCOME PERFORMANCE INDICATOR	CONTRACTOR PERFORMANCE TARGET	COUNTY MONITORING METHODS/DATA COLLECTION
<p><b>Goal: SAFETY</b></p> <p>Decreased occurrences of child abuse/neglect</p>	<p>Of all <u>community or self referred families</u> within 6–12 months of successful completion of Prevention Services the:</p> <ol style="list-style-type: none"> <li>1. Percentage of families included as the subject of child abuse and/or neglect referrals.</li> <li>2. Percentage of families involved in substantiated child abuse and/or neglect referrals.</li> <li>3. Percentage of families with cases opened.</li> <li>4. Percentage of children removed from parent(s) and placed in out of home care.</li> </ol> <hr/> <p>Of all <u>DCFS referred families</u> within 6–12 months of successful completion of Prevention Services the:</p> <ol style="list-style-type: none"> <li>1. Percentage of families included as the subject of <u>subsequent</u> child abuse and/or neglect referrals.</li> <li>2. Percentage of families involved in <u>subsequent</u> substantiated child abuse and/or neglect referrals.</li> <li>3. Percentage of families with cases opened.</li> <li>4. Percentage of children removed from parent(s) and placed in out of home care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Shall not exceed 20%</li> <li>2. Shall not exceed 20%</li> <li>3. Shall not exceed 20%</li> <li>4. Shall not exceed 10%</li> </ol> <hr/> <ol style="list-style-type: none"> <li>1. Shall not exceed 20%</li> <li>2. Shall not exceed 20%</li> <li>3. Shall not exceed 20%</li> <li>4. Shall not exceed 10%</li> </ol>	<ol style="list-style-type: none"> <li>1. CWS/CMS, Monthly Reports</li> <li>2. CWS/CMS, Monthly Reports</li> <li>3. CWS/CMS, Monthly Reports</li> <li>4. CWS/CMS, Monthly Reports</li> </ol> <hr/> <ol style="list-style-type: none"> <li>1. CWS/CMS, Monthly Reports</li> <li>2. CWS/CMS, Monthly Reports</li> <li>3. CWS/CMS, Monthly Reports</li> <li>4. CWS/CMS, Monthly Reports</li> </ol>

Safe Children and Strong Families (SCSF)  
**SECTION D – PERFORMANCE OUTCOME MEASURES**  
 AFTERCARE SERVICES

DCFS OUTCOME	COUNTY OUTCOME PERFORMANCE INDICATOR	CONTRACTOR PERFORMANCE TARGET	COUNTY MONITORING METHODS/DATA COLLECTION
<p><b>Goal: SAFETY</b></p> <p>Decreased occurrences of child abuse/neglect</p>	<p>Of all DCFS referred families within 6–12 months of successful completion of Aftercare Services the:</p> <ol style="list-style-type: none"> <li>1. Percentage of families included as the subject of <u>subsequent</u> child abuse and/or neglect referrals.</li> <li>2. Percentage of families involved in <u>subsequent</u> substantiated child abuse and/or neglect referrals.</li> <li>3. Percentage of families with <u>subsequent</u> cases opened.</li> <li>4. Percentage of children with <u>subsequent</u> removals from parent(s) and placement in out of home care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Shall not exceed 20%</li> <li>2. Shall not exceed 20%</li> <li>3. Shall not exceed 20%</li> <li>4. Shall not exceed 10%</li> </ol>	<ol style="list-style-type: none"> <li>1. CWS/CMS, Monthly Reports</li> <li>2. CWS/CMS, Monthly Reports</li> <li>3. CWS/CMS, Monthly Reports</li> <li>4. CWS/CMS, Monthly Reports</li> </ol>

County of Los Angeles, Department of Children and Family Services  
Request for Proposals for Safe Children and Strong Families (SCSF)  
**LIST OF TECHNICAL EXHIBITS for STATEMENT OF WORK - EXHIBIT B**  
Child Abuse and Neglect Prevention, Intervention and Treatment (CAPIT)

Exhibit B-1	Linkage Form
Exhibit B-2	Shared Core Practice Model
Exhibit B-3	Budget Modification Form
Exhibit B-4	Deaf and hard of Hearing Request for Services Form
Exhibit B-5	Expense Claim for Services Rendered to Serve the Deaf and Hard of Hearing

SAFE CHILDREN AND STABLE FAMILIES  
LINKAGES

MONTHLY REFERRAL REPORT

AGENCY \_\_\_\_\_

DATE:(Mo/Yr) \_\_\_\_\_

CASE NAME	Check one		DCFS/Probation Case Name	# of adults referred	# of children referred	Primary Language	GAIN Eligible (Y/N)	FOLLOW UP DATE	CONFIRMATION OF SERVICE RECEIVED	COMMENTS
	DCFS	Probation								

***Departments of Children and Family Service, Mental Health and Probation***  
**Shared Core Practice Model**

**Shared Core Practice Model: Framework and Vision**

The Departments of Children and Family Services, Mental Health and Probation developed a shared model of practice to better integrate services and supports for children, youth, families and communities. Our purpose is to provide responsive, efficient, and high-quality services that promote safety, permanence, well-being and self-sufficiency. Our approach and commitment are grounded in the crucial elements of community partnership, teamwork, cultural competence, respect, accountability, continuous quality improvement and best practice.

**Our Values and Guiding Principles**

**Value: Child Protection & Safety**

**Guiding Principle:** All children and youth have the right to live in a safe environment, free from abuse, and neglect. We work to achieve this without an over-reliance on out-of-home care and while ensuring the safety of children and youth temporarily residing in these settings.

**Value: Permanence: Lifelong, Loving, Families**

**Guiding Principle:** Children and youth need and are entitled to a safe, nurturing and permanent family environment ideally in their own home. When temporary out-of-home placement is necessary, it is time-limited, child needs-specific, the least restrictive, most family-like environment, with appropriate cultural and community supports, and focused on permanence and/or rehabilitation.

**Value: Strengthening Child & Family Well-Being and Self Sufficiency**

**Guiding Principle:** Identifying the unique strengths of children, youth and families allows services and supports to be individualized and tailored. All interactions and interventions with children, youth and families must be responsive to the trauma and loss they may have experienced.

**Value: Child Focused Practice**

**Guiding Principle:** Integrated assessments that focus on the child's individualized, underlying needs and strengths, provide the best guide to effective intervention and lasting change.

**Value: Family-Centered Practice**

**Guiding Principle:** All families have unique strengths. They deserve a voice and choice in decisions about how to best meet their children's needs. This approach helps us develop and implement strategies that create long-lasting change and promotes self-sufficiency.

**Value: Community-Based Partnerships**

**Guiding Principle:** Services and interventions for children, youth and family are delivered collaboratively by agencies, providers, community and informal supports (extended family, faith-based organizations, cultural and community groups and others) in order to meet each family's needs.

**Value: Cultural Competency**

**Guiding Principle:** We maintain an attitude of cultural humility; recognizing that the cultural, ethnic and spiritual roots of the child, youth and family are a valuable part of their identity. We actively seek to reduce racial disproportionality and to eliminate disparities within the many systems that touch the lives of the families we serve. Our service delivery approach seeks to honor and respect the beliefs and values of all families.

**Value: Promising Practice and Continuous Learning**

**Guiding Principle:** 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: Our Shared Core Practice Model in Action** - Our values and guiding principles are applied through a set of practice activities, best depicted by the Practice Wheel.



**Engaging** is the practice of creating trustful working relationships with the child and their family by increasing their participation, validating their unique cultural perspective, and hearing their voice and choice. This foundation facilitates early and on-going discovery of all parents, siblings, extended family, tribal, cultural and community connections that can help and leads to honest, supportive, inquiry and planning to address concerns and needs in the areas of safety, permanence well-being and self-sufficiency. The central focus is ensuring the child and family are active participants in identifying the child's needs and in finding solutions to their issues and concerns with child safety, juvenile delinquency, educational achievement, permanence, well-being and self-sufficiency.

**Operational Principles:**

- Children and families are more likely to enter into a helping relationship when individuals involved have developed trusting relationships.
- The quality of these relationships is the most important foundation for engaging the child and family in a process of change.
- Children and families are more likely to pursue and sustain a plan or course of action that they have voice and choice in designing.

**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. Effective teaming continues the process of engaging the family and generating support for family members and older children to discuss and build on strengths and address needs.

**Operational Principles:**

- Decisions about interventions are more effective when made by the family team.
- Coordination of the activities of everyone involved is essential and is most effective and efficient when it occurs in regular face-to-face meetings of the family team.
- Children and youth are most successful in achieving independence when they have established relationships with caring adults who will support them over time.

**Assessing** is the practice of collaborating with a family's team to obtain information about the significant events impacting children and families and the underlying needs that are bringing about their situation. It is an ongoing process that includes the identification of underlying needs (including child and family trauma needs), and helps determine the availability and capability of resources needed to make progress.

**Operational Principles:**

- When children and families see that their strengths are recognized, respected, and affirmed, they are more likely to rely on them as a foundation for change.
- Assessments that focus on underlying needs provide the best guide for intervention.
- Youth and family must be included in planning and, as much as possible, should make choices about services and interventions.
- Planning for safety, stability, and permanency should fully include educational plans and services for children and youth.

**Planning** is the practice and process of tailoring plans to build on strengths and protective capacities in order to meet individual needs with each child and family. **Intervening** is the implementation of planned activities and practices that decrease risk, provide for safety, heal trauma, enhance normative behaviors, and promote permanence, well-being and self-sufficiency. Plans evolve and must be flexible to respond to a family's emerging issues and needs.

**Operational Principles:**

- Children do best when they live safely with their family or kin or, if neither is possible, with a foster family. Siblings should be placed together.
- Group or residential care should never be long-term and should lead to permanence and/or community reentry.
- Children receive care when they need it, not when they qualify for it.
- A menu of seamless (non-categorical) services and resources should be provided and the family's informal helping system is central to supporting sustaining progress.
- Safe reunification occurs more rapidly and permanently when visiting between parents and children takes place in the most normalized environment possible.

**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 with children and families.

**Operational Principles:**

- Services should be flexible enough to adapt to the unique strengths and needs of each child and family and should be delivered where the child and family reside.
- Successful transition from formal agency involvement occurs when services and supports are in place to ensure long-term stability (including post permanency supports for children and families).
- Meeting the needs of children and youth to promote emotional well-being and self-sufficiency requires collaboration and shared accountability especially to ensure youth and families are supported no matter their point of entry - be it child welfare, juvenile delinquency or the mental health system.

CAPIT 1733/2994 Budget Modification Form										
CAPIT STAFF TO FILL IN ONLY THE <span style="color: green;">GREEN</span> SECTIONS OF THIS FORM										
Agency Name:									Contract #:	
Date:			Bud Mod #:							
Service Hours										
Client Services	Professional		Paraprofessional		Case Aide					
	Before	After	Before	After	Before	After	Totals		%Service Hours	
Intake									0	
Agency/Off-Site Counseling									0	
Agency/Off-Site Psychotherapy									0	
Parenting Education									0	
In-Home Counseling (including T&D)									0	
In-Home Psychotherapy									0	
Case Management									0	
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>					<b>0</b>	
Professional Rate:										
Paraprofessional Rate:			Original program	\$0.00						<b>Within 10% Allowable:</b>
Case Aide Rate:			Modified program	\$0.00						<b>Exceeds 10% Maximum Allowable:</b>



