

Exhibit A: Prevention and Aftercare Services – Resource Center
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 - RESOURCE CENTER

COUNTY OF LOS ANGELES
 DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 Safe Children and Strong Families (SCSF)
PREVENTION AND AFTERCARE SERVICES – RESOURCE CENTER
 STATEMENT OF WORK
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STATEMENT OF WORK

Safe Children and Strong Families (SCSF)
PREVENTION and AFTERCARE SERVICES – RESOURCE CENTER

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 Program's objectives are to provide a comprehensive, integrated continuum of strength-based, family-centered and community-oriented resources directed to vulnerable children and families in Los Angeles County.

The delivery of Prevention and Aftercare Services will be designed to strengthen family resilience and nurture the development of healthy behaviors. The objectives of these services includes: 1) Prevention of maltreatment before it occurs; 2) Prevention of child abuse/neglect among families at risk through the provision of supportive family services; and 3) Increased child safety within the home and preservation of families in which children have been maltreated, when the family's problems can be effectively addressed.

The Five Protective Factors are the foundation of the Strengthening Families approach. Extensive research support 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.

Levels of Prevention

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 reentry into the public child welfare system. Approaches to prevention can be classified into three levels:

Primary Prevention - Services and supports intended to assist families within the general population to prevent child maltreatment before it ever occurs.

Secondary Prevention – Services and supports intended to address the needs of at risk families known to the public child welfare system in effort to prevent child maltreatment.

Tertiary Prevention – Services and supports intended to address the needs of at risk families in which child maltreatment has already occurred in effort to treat its negative impact and prevent further abuse or neglect.

2.0 TARGET POPULATIONS

Through varied levels of prevention, Safe Children and Strong Families Prevention Services target the following population residing in Los Angeles County:

- 2.1 At risk children and families, self referred or referred by community Stakeholders such as schools, hospitals and law enforcement agencies, who are in need of services to prevent future child maltreatment and/or DCFS involvement.
- 2.2 DCFS referred children and families with unfounded, closed child abuse referrals in need of services to prevent future child maltreatment and/or DCFS involvement.
- 2.3 DCFS referred clients, who are receiving Family Reunification services. Ten (10) percent of the total Prevention and Aftercare Services contract shall be allocated for use with this population.
 - 2.3.1 For the County-Wide Asian and Pacific Islander Contract Only: Any child or family need services in an API language.
 - 2.3.2 For the County-Wide American Indian/Alaska Native Contract Only: Any American Indian/Alaska Native children and families.
- 2.4.1 With a focus on tertiary prevention strategies, Aftercare Services target the following population residing in Los Angeles County:
 - 3.4.1 DCFS referred children and families, who have exited the public child welfare system and are in need of services to prevent subsequent child maltreatment and/or DCFS involvement.

SECTION C – SERVICE DESCRIPTION

3.0 SCOPE OF WORK

- 3.1 Safe Children and Strong Families Prevention and Aftercare Services build upon lessons learned from Los Angeles County initiatives designed to address factors considered to be the root causes of harm to families and communities; which ultimately play key roles in the occurrence of child maltreatment. These risk factors include, but are not limited to, poverty, unemployment, access to quality education, inadequate access to safe and affordable housing, inadequate access to health and dental care, and social isolation.

Prevention and Aftercare services contracts shall be awarded by Service Planning Area (SPA). CONTRACTOR shall ensure that all clients residing within the contracted SPA have adequate access to Prevention and Aftercare services. Prevention and Aftercare services shall be geographically accessible to clients and aligned with the catchment area(s) of the DCFS regional office(s) located within the contracted SPA. COUNTY reserves the right to determine high demand areas requiring increased Prevention and Aftercare service provision.

- 3.2 In effort to address and diminish risk factors that may lead to child abuse and/or neglect, Prevention and Aftercare Services-Resource Center strives to facilitate the following outcomes:

- 3.2.1 Reduced Social Isolation through the Development of Healthy Communities and Social/Interpersonal Connectedness;
- 3.2.2 Increased economic opportunities and development; and
- 3.2.3 Increased access to and utilization of beneficial services, activities, resources and supports;
- 3.2.4 These outcomes can only be achieved through the development of meaningful partnerships between families, community based organizations, including faith based, community stakeholders, DCFS, and other County agencies.
- 3.2.5 As a result, Prevention and Aftercare Services – Resource Center Contractors shall be required to collaborate both formally and informally with community based organizations, County agencies and other community stakeholders to fulfill the requirements described in the Scope of Work.
- 3.3 CONTRACTOR shall be required to subcontract a minimum of thirty five percent (35%) of Prevention and Aftercare Services – Resource Center funding through written subcontracts with an array of community partners whose subcontracted services, resources and/or activities are directly related to the achievement of the goals and objectives and to the successful implementation of program activities.
- 3.4 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.
- 3.5 Contractor shall coordinate and collaborate with other SCSF Contractors, as necessary, to facilitate successful client navigation across the service delivery continuum.
- 3.6 CONTRACTOR shall operate a Community Family Resource Center (CFRC) located in the contracted SPA. The CFRC shall be adequate in size to conduct intake/needs assessments and link families to services necessary to meet their identified needs. CONTRACTOR may provide SCSF services as delineated in the Scope of Work at the CFRC.
- 3.7 CONTRACTOR shall provide the following Prevention and Aftercare Services as they are described in the Scope of Work:
 - 3.7.1 Administrative Costs (10%).
 - 3.7.2 Case Navigation, including linkage services (up to 25% of total contract amount).

- 3.7.3 Community Outreach and Capacity Building (up to 7½% of the total contract amount).
- 3.7.4 Management of Discretionary Funds New, Expanded and Specialized Services and Supports:
 - 3.7.4.1 Contractor Directed Discretionary Funds (a minimum of 45% of total contract amount);
 - 3.7.4.2 County Directed Discretionary Funds (up to 10% of the total contract amount); and
 - 3.7.4.3 Emergency Basic Support Services (up to 2 ½% of the total contract amount).

4.0 DIFFERENTIAL RESPONSE PATH 1

- 4.1 Differential Response Path 1 implementation is contingent upon funding. Prevention and Aftercare Resource Center contractors shall provide DR Path 1 services if the program is implemented.
- 4.2 Differential Response Target Population: DCFS referred children and families with evaluated out child abuse and/or neglect referrals, who are in need of services to prevent future child maltreatment and/or DCFS involvement.
- 4.3 Differential Response (DR) Path 1 services are indicated when allegations of child maltreatment reported to the Child Protection Hotline (CPH) do not meet the legal criteria of child abuse or neglect, **include no known child safety factors** and are evaluated out; however, the family is in need of services to build protective factors and prevent future child maltreatment and/or DCFS involvement. See Exhibit A-11 for examples of allegations, **that in and of themselves**, do not constitute appropriate child abuse referrals, but would be appropriate for DR Path 1 services. In these instances, although an in person response from DCFS is not warranted, families may benefit from the services of a community based agency. Through Differential Response Path 1, COUNTY Child Protection Hotline (CPH) will refer families with evaluated out referrals **directly** to Prevention and Aftercare Services Contractors to receive these services.
- 4.4 Multidisciplinary Team
 - 4.4.1 Multidisciplinary Teams will be utilized to provide Differential Response Path 1 services to Prevention and Aftercare Services clients. The Welfare and Institutions Code (WIC) allows for the disclosure and/or exchange of otherwise confidential information regarding a family through the formation of a Multidisciplinary Team (MDT). The DR Path 1 MDT, comprised of three (3) or more persons trained in the prevention, identification and/or treatment of child abuse and neglect, is convened to share information pertinent to the prevention and treatment of child abuse and neglect. This information may be shared amongst the MDT members during a telephonic or electronic MDT conference. The Differential Response Path

1 MDT shall be comprised of two (2) COUNTY designees and at least (1) CONTRACTOR designee.

- 4.5 CONTRACTOR shall participate in MDT conferences and designate, at minimum, a primary and secondary (back up) participant for the DR Path 1 MDT.
- 4.6 CONTRACTOR's MDT designee shall participate in monthly Safe Children and Strong Families DR Path 1 Meetings, as scheduled by COUNTY.
- 4.7 CONTRACTOR's MDT designees shall be trained by CONTRACTOR on the California Child Abuse and Neglect Reporting Act; specifically, (1) mandated reporting, (2) confidentiality and (3) identification and reasonable suspicion of child abuse and neglect.
- 4.8 CONTRACTOR shall maintain completed Differential Response Path 1 Multidisciplinary Team Designee Forms for all Contractor staff who serve as MTD designees. The Differential Response Path 1 Multidisciplinary Team Designee Forms shall be kept on file and made available to COUNTY Program Manager upon request.
- 4.9 Differential Response Path 1 Referral Process
 - 4.9.1 CONTRACTOR shall accept MDT conference requests from COUNTY Child Protection Hotline telephonically, electronic and/or via fax.
 - 4.9.2 CONTRACTOR shall participate in telephonic and/or electronic MDT conferences within one (1) business day of receiving the MDT conference request, or as designated by COUNTY Child Protection Hotline.
 - 4.9.3 CONTRACTOR shall accept the DCFS approved DR Path 1 referral form from the designated DCFS Child Protection Hotline representative.
 - 4.9.4 CONTRACTOR shall maintain a log of all DR Path 1 MDT conferences to include the date of the conference request, date conference held, type of conference, i.e., telephonic or electronic, date of initial contact attempt and type of contact attempt, i.e., telephonic and/or face-to-face. This log shall be kept on file and made available to County Program Manager upon request.
 - 4.9.5 CONTRACTOR shall make face to face contact with the referred family within two (2) business days of receipt of the DR Path 1 referral. CONTRACTOR shall document all efforts to make face to face contact with the family.

The initial face to face contact with family shall be made by staff at the bachelor level or higher. Subcontracting of DR Path 1 services is permissible.

4.9.6 CONTRACTOR shall provide all Prevention services and supports delineated in the Scope of Work to DR Path 1 clients as necessary.

5.0 CASE NAVIGATION

CONTRACTOR shall ensure that Case Navigation Services, as identified below, are available to families referred for Prevention or Aftercare Services. Contractor shall allocate up to twenty five (25) percent of the total contract for case navigation services. Case navigation services shall be provided by staff at the case aide level or above.

5.1 CONTRACTOR shall accept DCFS, other County Contractors and community referrals.

5.1.1 CONTRACTOR shall accept the DCFS approved referral form from the designated DCFS representative.

5.1.2 CONTRACTOR shall verify that the family does not have an open case with another SCSF Contractor by asking the client at the time of intake and/or searching a COUNTY maintained database. If the family has an open case with another SCSF Contractor, provision of any non-duplicative service which has been identified as a need, in addition to linkage services, is permissible. COUNTY shall provide training and technical assistance regarding COUNTY database as required.

5.1.3 For SPA based Resource Centers Only: CONTRACTOR shall assess all children and families for Asian Pacific Islander language needs and for American Indian/Alaska Native identification. If the family has an Asian Pacific Islander language need that the CONTRACTOR cannot provide, the CONTRACTOR may refer the family to the county-wide Asian Pacific Islander Resource Center or any other appropriate agency. If the family identifies as American Indian/Alaska Native the CONTRACTOR will offer to refer the family to the county-wide American Indian/Alaska Native Resource Center, or any other appropriate agency, and refer at the request of the family.

5.1.4 For County-Wide American Indian/Alaska Native Contract and Asian Pacific Islander Contracts only: CONTRACTOR shall accept and give priority to referrals from other SCSF Resource Center(s).

5.1.5 DCFS referred clients receiving Family Reunification services shall be eligible for all services outlined in the Scope of Work. Ten (10) percent of the total Prevention and Aftercare Services contract amount shall be allocated for use with this population.

5.2 CONTRACTOR shall make telephonic contact with the family within two business days of receipt of the DCFS approved referral form.

- 5.3 CONTRACTOR shall notify the designated DCFS representative within two (2) business days when CONTRACTOR is unable to make contact with the DCFS referred family.
- 5.4 CONTRACTOR shall complete a needs assessment for all families at the initiation and termination of Prevention and Aftercare Service. The needs assessment shall be completed within fifteen (15) calendar days of the initiation and termination of services. The completed needs assessment shall be made available to County Program Manager upon request.
- 5.5 CONTRACTOR shall, within seven (7) business days of the first contact meet with the family to identify strengths, existing protective factors and conduct a needs assessment (including information contained in the DCFS referral from for DCFS referred families), to develop an individualized service plan.
 - 5.5.1 Consistent with the Strengthening Families: Protective Factors Framework CONTRACTOR shall ensure that the individualized service plan is developed in partnership with the family and is signed by the family, denoting their acceptance of the plan.
 - 5.5.2 CONTRACTOR shall make the individualized service plan and completed needs assessment available to COUNTY Program Manager upon request.
- 5.6 CONTRACTOR shall, at the initiation of Prevention or Aftercare Services, actively plan for client self sufficiency. At the time of conclusion of Prevention and Aftercare Services CONTRACTOR shall conduct an exit planning meeting with the family to discuss their plan for sustaining all progress made. CONTRACTOR shall conduct a needs assessment to assess the family's status at the time of termination.
- 5.7 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 individualized service plan.
- 5.8 CONTRACTOR shall complete the Prevention and Aftercare Services Individual Family Service Log, Exhibit A-4, for each family. CONTRACTOR shall update the Prevention and Aftercare Services Individual Family Services Log by the 15th of each month. Contractor shall make the Prevention and Aftercare Services Individual Family Service Log available to the County Program Manager upon request.
- 5.9 CONTRACTOR shall provide Prevention or Aftercare Services in the family's home, Community Family Resource Center, school, workplace or any other agreed upon place by the family and Contractor, thereby, making Prevention or Aftercare Services accessible and convenient for families and reducing barriers to family participation.
- 5.10 If the family's needs are assessed to be beyond the scope of what CONTRACTOR can provide CONTRACTOR shall coordinate and collaborate

with other County CONTRACTORS or community based organizations in the SPA; thereby, tailoring continuing services to the family's needs, reducing duplication of services and ensuring continuity of care.

5.11 CONTRACTOR shall, when unable to provide services to meet a family's needs, link families with services provided by other COUNTY Contractors and/or community partners.

5.11.1 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.

5.12 In the event that the CONTRACTOR establishes a waiting list, clients that have been wait listed in excess of five (5) business days shall be referred to and linked with other County CONTRACTORS or community based organizations in the SPA for service provision. CONTRACTOR shall make a current waiting list available to COUNTY Program Manager upon request.

5.13 CONTRACTOR shall ensure that clients are linked with service providers that are easily accessible geographically and within hours of operation.

5.13.1 CONTRACTOR shall document all linkage referrals on the Prevention and Aftercare Services Linkage Log, Exhibit A-3.

Please refer to Attachment P, for a list of linkage services for Prevention and Aftercare Services.

5.13.2 CONTRACTOR shall, when DCFS family moves out of the area served by the CONTRACTOR refer the family to another Prevention and Aftercare Services CONTRACTOR as appropriate.

6.0 COMMUNITY OUTREACH AND CAPACITY BUILDING

6.1 Community Outreach. CONTRACTOR shall utilize up to seven and one half percent (7½%) of the total contract amount for outreach and capacity building activities. Subcontracting of Community Outreach and Capacity Building activities is permissible.

6.1.1 CONTRACTOR shall, at a minimum of once annually, actively engage the community by providing outreach to promote child safety, empower families, and identify at risk families.

6.1.2 Outreach efforts shall be provided to increase community awareness of child abuse and neglect, as well as promote the availability of Prevention and Aftercare services. Outreach efforts may include:

- Community Trainings on the prevention of child abuse and neglect;
- Child abuse and neglect awareness campaigns; and

- Media based public service announcements (PSA) on the prevention of child abuse and neglect.

6.1.3 CONTRACTOR shall maintain documentation to support its outreach efforts. This documentation shall be made available to the COUNTY Program Manager upon request.

6.2 Capacity Building

6.2.1 CONTRACTOR shall continually build its network of community partners that provide services to children and families to enhance and expand their service array.

6.2.2 CONTRACTOR shall, at a minimum of once quarterly, engage in activities that improve its capacity to coordinate quality service planning and delivery. Internal capacity building activities may include:

6.2.2.1 In service training on the prevention of child abuse and neglect for CONTRACTOR staff

6.2.2.2 Other professional development activities, such as conference attendance and continuing education on the prevention of child abuse and neglect

6.2.2.3 Cross training on the prevention of child abuse and neglect with Community Partners

6.2.2.4 Inclusion of CONTRACTOR staff and/or Community Partners in continuous quality assurance efforts

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

7.0 **NEW, EXPANDED AND SPECIALIZED SERVICES AND SUPPORT**

7.1 New, expanded and specialized services and supports shall be implemented and funded through the use of discretionary funds, as necessary to achieve program goals and outcomes. CONTRACTOR may work to achieve programmatic goals and objectives through direct service provision, subcontracting or linkage services. COUNTY Program Manager has discretion to terminate approved use of discretionary funds.

7.2 Discretionary funds are divided into three distinct categories:

7.2.1 Contractor Directed Discretionary Funds, to be utilized to fund activities, services and/or programs to address an unmet need for the target population as identified by Contractor.

7.2.2 County Directed Discretionary Funds, to be utilized at the SPA level to fund activities, services and/or programs to address an unmet need for the target population as identified by DCFS.

7.2.3 Emergency Basic Support Services, to be utilized to assist families with obtaining basic necessities of life.

7.3 CONTRACTOR Directed Discretionary Funds

7.3.1 A minimum of forty five percent (45%) of the total contract amount shall be utilized for Contractor Directed Discretionary Funds to fund services, activities and/or programs that satisfy one or more of the following criteria:

7.3.2 Evidenced Based Practices

7.3.3 Promising Approaches including new programs developed by CONTRACTOR that address an unmet need, as approved by COUNTY Program Manager. At the time of request, CONTRACTOR shall provide a proposal supporting the efficacy of the promising approach.

7.3.4 Services and/or programs of which CONTRACTOR has had prior experience and deem effective. At the time of request, CONTRACTOR shall provide a proposal supporting the efficacy of the program.

7.3.5 Expansion of existing successful activities, services and/or programs. At the time of request, CONTRACTOR shall provide a proposal supporting the efficacy of the activity, service and/or program.

7.3.6 Through the use of Contractor Directed Discretionary funds, CONTRACTOR shall create comprehensive, strengths-based, child abuse and neglect prevention programs that are inclusive of existing formal and informal partnerships with community agencies and stakeholders and designed to achieve the following programmatic goals and outcomes:

7.3.6.1 Reduce Social Isolation through the Development of Healthy Communities and Social/Interpersonal Connectedness. Social isolation is a risk factor for child abuse and neglect. Increases in social and community “connectedness” reduces social isolation and can lead to the development of emotional and concrete support for families; which is associated with diminished risk of child maltreatment.

7.3.6.1.1 CONTRACTOR shall provide at least one (1) activity from the following categories:

- Networking and Collaborative Activities. These neighborhood based activities offer a range of opportunities for participation and build infrastructure

within the community. *Example: Monthly Community Family Nights/Resource Fair.*

- Family and Resident Activities. These activities welcome and support families. Parent/adult activities may be concurrent with child and youth focused activities. Community and/or family leadership forums *include youth input into decision-making. Example: Faith based peer support group.*
- Family Support Activities. These activities support the development of protective factors and include community based parent classes, groups, meetings, activities, that focus on social connections, knowledge of parenting and child development, and community resources/ services. *Example: Fatherhood oriented parenting education.*
- Neighborhood Pride and Engagement Activities. These activities and/or projects focus on healthy socialization and instilling pride in community residents. *Example: Community Gardening Club.*
- Relationship, Empowerment and Community Organizing Activities. These activities foster community engagement and networking through community projects that focus on strengthening bonds between families, neighbors, local government, school systems, and other community stakeholders. *Example: Joint Resident and Law Enforcement Community Action Group.*

7.3.6.2 Increase Economic Opportunities and Development. Inadequate access to basic needs of life is a risk factor for child abuse and neglect. Improvement in family economic conditions, including the ability to access services and goods to meet basic needs, reduces stress and deprivation and is associated with reduced occurrences of child maltreatment.

7.3.6.2.1 CONTRACTOR shall provide at least one (1) activity from the following categories:

- Economic Development and Support Activities. These activities assist families with the provision of concrete support in times of need, as well as opportunities for economic development, programs, projects, groups, activities, job training and resources. *Example: Free tax preparation services, particularly to families eligible for the Earned Income Tax Credit.*
- Financial Literacy Activities. These activities facilitate the development of a set of skills and knowledge that allows

an individual to make informed and effective decisions through their understanding of finances. *Example: Household budgeting workshop.*

- Employment Training and Placement Activities. These activities facilitate job training and job placement in fields which have a direct connection to living wage jobs. *Example: Census job training.*

7.3.6.3 Increase Access to and Utilization of Beneficial Services, Activities, Resources and Supports. Families benefit from easily accessible, self-chosen activities, resources, services and supports. When these services develop and/or strengthen parental/caregiver protective factors, child safety and well being is increased.

7.3.6.3.1 CONTRACTOR shall provide at least one (1) activity from the following categories:

- Institutional Transformation Activities. These activities and supports. *Example: Development of art program that allows preschool age children to non verbally express themselves.*
- Family Support Activities These activities strengthen (1) the development of parental/caregiver knowledge of parenting and child development, (2) parental/caregiver knowledge of how to access concrete support in times of need, (3) parental/caregiver resilience, and (4) the overall development of healthy social connections. *Example: Teen/young adult parent support group.*
- Youth Development Activities. These activities help to ensure that school age children are safe, healthy and ready to do well in school every day. Additionally, these activities are designed to ensure that youth (1) have safe and positive afterschool activities in which to engage, (2) caring adults to serve as guides, (3) are valued in their community, and, (4) are comfortable with people from different backgrounds. *Example: Community teen club.*
- Activities Supporting the Available Services and Resources. These activities focus on ensuring the availability of a range of various activities, services and supports for all family members. These activities, services and supports should facilitate (1) increases in healthy family functioning, (2) improvement in mental/emotional well-being, (3) decreases in substance abuse, (4) decreases in youth maladaptive behavior, and

(5) improvement in overall safety, health and learning for families. *Example: Community based resources warm line.*

7.3.7 CONTRACTOR shall describe, in detail, specific tasks, activities and strategies proposed to accomplish the programmatic goals and outcomes delineated in the Scope of Work.

7.3.8 Prevention and Aftercare Services shall respond to the desires expressed by families, including connections to economic networks, social networks of kin and neighbors, and high-quality services that show respect for families.

7.3.9 Activities shall respond to a broad array of family desires and concerns in specific neighborhoods, rather than being aligned with silos of existing service systems or limited to matching family problems with specific service programs.

7.3.10 Specific, detailed tasks, tactics, and strategies Programmatic goals and outcomes may be achieved through direct service provision subcontracting or linkage services.

7.3.11 Use of Contractor Directed Discretionary Funds for the implementation of new (subsequent to submissions made as part of this RFP) Prevention and Aftercare Services programs, services and/activities designed to achieve programmatic goals and outcomes identified in the Scope of Work requires pre-approval by the COUNTY Program Manager.

7.3.12 CONTRACTOR shall complete and submit the Prevention and Aftercare Services Request Form to the COUNTY Program Manager for approval of new implementation of programs, services and activities.

7.3.13 Contractor shall document on Exhibit A-2, Discretionary Funds Request Form the:

- Type of activity, service and/or program;
- Purpose of and need addressed by the activity, service and/or program;
- Cost of activity, service and/or program
- Number of clients served by the activity, service and/or program projected line item budget;
- Description of outcome goals to be achieved through the proposed service, activity and/or program;
- Evaluation component of the proposed service, activity and/or program, including evaluation method and instruments; and
- Prevention Services Monthly Summary Report.

7.3.14 County Program Manager shall approve or deny the implementation request in writing within two weeks of receipt of the Prevention and Aftercare Services Request Form from CONTRACTOR.

7.4 COUNTY Directed Discretionary Funds

7.4.1 COUNTY has discretion to utilize up to ten percent (10%) of the total contract amount for the implementation of DCFS directed and approved activities, services and/or programs that meet the needs of children and their families in the contracted SPA. CONTRACTOR shall implement COUNTY Directed programs, services and/or activities shall satisfy one or more of the following criteria:

7.4.1.1 Evidenced Based Practices.

7.4.1.2 Promising Approaches, including new programs developed by CONTRACTOR that address an unmet need, as approved by COUNTY Program Manager. At the time of request, CONTRACTOR shall provide a proposal supporting the efficacy of the program.

7.4.1.3 Services and/or programs of which CONTRACTOR has had prior experience and deem effective. At the time of request, CONTRACTOR shall provide proposal supporting the efficacy of the program.

7.4.1.4 Expansion of existing activities, services and/or programs

7.4.1.5 DCFS Regional Managers within each SPA and CONTRACTOR shall jointly identify new activities, services and/or programs to be implemented; however, DCFS Regional Manager shall make the final determination. DCFS Regional Manager and CONTRACTOR shall sign the Discretionary Funds Request Form and submit to COUNTY Program Manager for approval.

7.4.1.6 COUNTY Program Manager shall approve all activities, services and/or programs and sign the Discretionary Funds Request Form prior to use of these funds. COUNTY directed Discretionary Funds are not to be utilized without COUNTY approval.

7.5 Emergency Basic Support Services (EBSS)

7.5.1 CONTRACTOR shall utilize up to two and one half percent (2 ½%) of the total contract amount for Emergency Basic Support Services as identified on the EBSS Request Form, Exhibit A-1. CONTRACTOR shall be reimbursed for allowable Emergency Basic Support Services. Allowable EBSS may include:

- Clothing, utilities, food, furniture, household items, or school items;
- Transportation services, i.e., bus tokens/bus passes;
- Housing assistance; and
- Minor home, car, appliance repair and gasoline.

7.6 CONTRACTOR shall provide assistance with obtaining EBSS only if aid is unavailable through any other means to the family. Efforts to obtain assistance through other means shall be documented on the Emergency Basic Support Services Request Form, Exhibit A-1.

7.6.1 These services shall prevent/reduce the risk of family disruption and shall be directly related to the family plan goal.

7.6.2 EBSS shall not exceed five hundred dollars (\$500) per family, per Contract year.

7.6.2.1 COUNTY Program Manager has the discretion to approve EBSS in excess of \$500 per family, per contract year under extraordinary circumstances and on a case by case basis. CONTRACTOR shall not provide EBSS in excess of \$500 per family, per contract year without written approval from COUNTY Program Manager.

7.6.3 EBSS shall be made available to families receiving both Prevention and Aftercare Services. Emergency Basic Support Services shall not be the sole service provided to the family.

7.6.4 CONTRACTOR shall document in the case record and on the Emergency Basic Support Services Request Form, Exhibit A-1.

- All services that the family is receiving;
- The type of EBSS provided;
- The reason for providing the EBSS; and
- A copy of the receipt with dollar amount and date of services or items purchased.

7.6.5 CONTRACTOR shall make the Emergency Basic Support Services Request Form, Exhibit A-1, available to COUNTY Program Manager upon request.

7.6.6 CONTRACTOR shall, on a monthly basis, submit all completed EBSS Request Forms Exhibit A-1, and the Monthly Reimbursement Invoice, Exhibit A-5, for items purchased with a copy of all receipts attached.

7.6.7 Direct distribution of Prevention Services monies to families by CONTRACTOR is prohibited.

8.0 STAFFING

8.1 CONTRACTOR shall have a CONTRACTOR Clinical Director (CD).

The CD shall be one of the following:

8.1.1 A Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences;

8.1.2 A Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or

8.1.3 A licensed Psychologist currently licensed by the California Board of Psychology.

8.1.4 CONTRACTOR shall have a CONTRACTOR Program Manager (PM).

8.1.4.1 PM shall have, at minimum, a Bachelor's degree in a social science or a closely related field and two years full-time management experience in a social service agency.

8.1.5 CONTRACTOR shall utilize Professional Staff to provide Prevention and Aftercare Services as outlined in the Scope of Work.

8.1.5.1 Professional Staff shall have at minimum, a Master's Degree in social work, psychology, marriage and family counseling or a closely related field.

8.1.6 CONTRACTOR shall utilize Paraprofessional Staff to provide Prevention and Aftercare Services as outlined in the Scope of Work.

8.1.6.1 Paraprofessional staff shall have at minimum, a Bachelor's Degree in social work, psychology, marriage and family counseling or a closely related field.

8.1.7 CONTRACTOR may utilize Case Aide to provide Prevention and Aftercare direct client services such as facilitation of peer based support groups and facilitation of linkage and follow up services.

8.1.7.1 Case Aide shall be a paid position with no degree requirement.

8.2 CONTRACTOR shall ensure there is a sufficient number of bilingual staff to meet the language needs of the community served.

8.3 CONTRACTOR shall ensure all professional and paraprofessional staff 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 serviced.

- 8.4 COUNTY Program Manager shall be notified of all staff changes. CONTRACTOR shall provide the COUNTY Program Manager, at the beginning of each Contract term and within fifteen (15) calendar days of any staff change(s), a roster of all staff that includes:
- 8.4.1 Name and positions;
 - 8.4.2 Work schedule; and
 - 8.4.3 FAX and telephone numbers.
- 8.5 CONTRACTOR shall request approval from the COUNTY Program Manager in writing of any change(s) in CONTRACTOR's key personnel at least three (3) business days before proposed change(s), including name and qualifications of new personnel. CONTRACTOR shall ensure that no interruption of services occur as a result of the change in personnel.
- 8.6 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.
- 8.7 CONTRACTOR shall maintain documentation in the personnel files of all Professional and Paraprofessional Staff, interns, and volunteers of its staff:
- 8.7.1 All training hours and topics;
 - 8.7.2 Copies of resumes, degrees and professional licenses; and
 - 8.7.3 Criminal clearances.

9.0 REPORTS AND RECORD KEEPING

- 9.1 CONTRACTOR shall provide COUNTY with a monthly service report for the previous month indicating the work and activities performed.
- 9.1.1 CONTRACTOR shall submit a monthly report to DCFS' Community Based Support Division no later than fifteen (15) days after the end of each calendar month for the fiscal year. The reports shall clearly reflect all required information as specified on the monthly report form and shall be transmitted by e-mail, mailed, or delivered to DCFS' Community Based Support Division, 425 Shatto Place, Room 301, Los Angeles, CA 90020.
 - 9.1.2 The monthly service report shall be in a format approved in advance by the Program Manager.

- 9.1.3 CONTRACTOR shall include in the monthly service report copies of any Corrective Action Plans issued during the prior month and notes on any changes to internal processes, policies or procedures required to comply with any corrective action plans.
- 9.2 CONTRACTOR shall provide COUNTY with quarterly and annual reports.
 - 9.2.1 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 County's Program Manager.
 - 9.2.2 The annual report shall be submitted electronically within 20 business days of the end of the contract period. The format of the annual report shall be approved by the County's Program Manager.
 - 9.2.3 CONTRACTOR shall, in the annual report, document Strengthening Families: Protective Factor outcomes.
- 9.3 CONTRACTOR shall maintain and make available to COUNTY Program Manager upon request all program and client records as follows:
 - 9.3.1 Linkages to contracted and non contracted community providers
 - 9.3.2 Individualized Family Service Plan, including needs assessment;
 - 9.3.3 Discretionary Funds Request Form; and
 - 9.3.4 Emergency Basic Support Services Request Form

10.0 QUALITY ASSURANCE PLAN

The CONTRACTOR shall establish and maintain a Quality Assurance Plan (QAP) to assure the requirements of the contract are met.

- 10.1 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 COUNTY Program Manager within thirty (30) days of the Contract start date and as changes occur.
- 10.2 The original QAP and any revisions thereto shall include, but not be limited to, the following:
 - 10.2.1 Methods used to ensure that the quality of service performed fully meets the performance requirements set forth in the Statement of Work, Performance Outcome Measures. CONTRACTOR shall include methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable.

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

10.3 CONTRACTOR shall not utilize any employee or Subcontracted Network Partner, whose work has been deemed deficient and unacceptable by the COUNTY.

10.3.1 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.

10.3.2 The QAP will be reviewed annually by CONTRACTOR and COUNTY Program Manager and revised, if needed.

11.0 QUALITY ASSURANCE MONITORING

The COUNTY Program Manager, 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, Performance Outcome Measures. All monitoring will be conducted in accordance with Part II, COUNTY's Quality Assurance Plan, of the Contract.

11.1 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:

11.1.1 Personnel records, pertaining to current paid and volunteer staff

11.1.2 Client Case Records

11.1.3 Financial Records

11.1.4 If CONTRACTOR performance requirements are not met, the COUNTY Program Manager may call CONTRACTOR, and/ or send CONTRACTOR a User Complaint Report (UCR). 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 COUNTY Program Manager.

11.1.4.1 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 forty-five (45) calendar days of the receipt of the Technical Review Findings.

12.0 EVALUATION

- 12.1 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.
- 12.2 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.
- 12.3 CONTRACTOR shall actively participate in Safe and Children and Strong Families evaluation activities. Said evaluation activities include, but are not limited to, collection and sharing of data on:
 - 12.3.1 Program implementation;
 - 12.3.2 Participant characteristics; and
 - 12.3.3 Participant outcomes.

13.0 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 – LONG TERM
PERFORMANCE OUTCOME MEASURES
Prevention and Aftercare Services – Resource Center

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

PREVENTION AND AFTERCARE SERVICES – RESOURCE CENTER
Performance Outcomes

Required Services, Processes and/or Activities	Performance Standard/Outcome	Monitoring Method
<p>Subcontract a minimum of 35 percent of Prevention and Aftercare Services – Resource Center</p>	<p><i>From the current baseline year:</i> Expend allocated percentage of funds subcontracted through written subcontracts.</p>	<p>Compliance monitoring method includes, but not limited to:</p> <ul style="list-style-type: none"> - Reviews of written subcontracts, - Review of reports, program audits
<p><u>Reduced Social Isolation through the Development of Healthy Communities and Social/Interpersonal Connectedness</u></p> <ul style="list-style-type: none"> - Individuals have opportunities to create a range of positive relationships. - Residents are proud to be part of their communities. - Families participate in social networks that offer self empowerment and self-sufficiency experiences. -Communities participate in child abuse prevention efforts. -Communities are healthy and thriving, reducing the risk of child abuse and/or neglect. 	<p><i>From the current baseline year:</i></p> <ul style="list-style-type: none"> - Increase current family leadership forums by 10 percent. - Increase social networking forums/community projects focusing on stronger relationships with families, neighbors, local government, school systems, and other community stakeholders by 10 percent. - Increase the number of individuals who participate in these forums/community projects by 10 percent. - Increase the number of families participating in social networking strategies by 10 percent. - Community improvement efforts include child/youth input into decision-making. - Increase opportunities for safe child and family recreational activities by 10 percent. - Ongoing institution of Contractor developed surveys to gauge client resiliency, empowerment and self sufficiency rates. 	<ul style="list-style-type: none"> - Review of feedback from collaborative partners, - Contractor developed client satisfactory tools, - Contractor quality assurance plan and quality assurance monitoring (as will be indicated in the Statement of Work), - County quality assurance plan, and; - Safe Children and Strong Families program evaluation. - CONTRACTOR shall comply with COUNTY efforts to monitor performance standard outcomes.
<p><u>Increased economic opportunities and development</u></p> <ul style="list-style-type: none"> - Support families by providing opportunities for economic development. 	<p><i>From the current baseline year:</i></p> <ul style="list-style-type: none"> - Increase current economic development programs by 10 percent. 	

<p>-Facilitate family access to concrete support in a time of need to reduce the risks of child abuse and/or neglect.</p>	<ul style="list-style-type: none"> - Financial literacy skill building is available to families. - Training programs have a direct connection to living wage jobs. - Ongoing institution of Contractor developed surveys to gauge clients' empowerment and self sufficiency rates. 	
<p><u>Increased access to and utilization of beneficial services, activities, resources and supports</u></p> <ul style="list-style-type: none"> - Families have access to services, activities and resources that facilitate strong and healthy families and reduce the risk of child abuse and/or neglect. - Offer a range of opportunities for participation -Families participate in activities and programs that facilitate the ability to identify and solve their own problems - Parents have knowledge of and developed protective factors. -Families have access to services and supports geared toward early care and education, youth development and institutional transformation, to include parks and libraries welcoming children. 	<p><i>From the current baseline year:</i></p> <ul style="list-style-type: none"> - Increase current networking and partnerships to enhance infrastructure and allocate resources by 10 percent. - Increase of neighborhood based activities, which builds infrastructure within neighborhoods by 10 percent. - Create and implement strategically placed community forums on child abuse prevention and efforts to solicit participation is documented. - Increase community residents' involvement in developing strategies for child abuse prevention (outreach/education) for neighborhoods by 10 percent. - Identify the local agencies which provide early care and education services/resources and youth development services/resources to achieve the goals described in the statement of work. Document efforts to include these agencies in a Prevention and Aftercare Services local network, as well as the community activities which ensue from the expansion of the network in these respective areas. - Linkages to necessary services are available - Create and implement community based parent forums, with a focus on social 	

	<p>connections, knowledge of parenting and child development, community resources/services.</p> <p>-Institute pre and post surveys for families and caregivers to determine response levels to the network of activities for these outcomes.</p> <p>-Institute pre and post surveys for youth to determine response levels to the network of activities for these outcomes.</p> <p>- Ongoing institution of Contractor developed surveys to gauge clients' perception on processes to achieve this goal, including client empowerment and self sufficiency rates.</p>	
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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 A
Prevention and Aftercare Services

Exhibit A-1	Emergency Basic Support Services Request Form
Exhibit A-2	Discretionary Funds Request Form
Exhibit A-3	Linkages Log
Exhibit A-4	Individual Family Service Log
Exhibit A-5	Monthly Reimbursement Invoice
Exhibit A-6	Monthly Report
Exhibit A-7	Monthly Report Summary
Exhibit A-8	Multi-Disciplinary Team Designee (Primary)
Exhibit A-9	Multi-Disciplinary Team Designee (Secondary)
Exhibit A-10	Examples of Evaluated Out Allegations
Exhibit A-11	Deaf and Hard of Hearing Request for Services Form
Exhibit A-12	Expense Claim for Services Rendered to Serve the Deaf and Hard of Hearing

PREVENTION AND AFTERCARE SERVICES
EMERGENCY BASIC SUPPORT SERVICES REQUEST FORM

SECTION 1: AGENCY INFORMATION

AGENCY:	DATE:
CASE NAVIGATOR:	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 EBSS request form)

REQUIRED SUPPORTING DOCUMENTATION (attach to EBSS 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"/>	<i>Reason:</i>
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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 Emergency basic Support Request Form does not guarantee approval.** Final determination will be based on need, availability of funding and qualification of request.

Client Signature Date

Case Navigator 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 EBSS REQUEST

Participant Name: _____
Agency/State No. _____

Case Navigator _____
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 _____

BALANCE = _____

INCOME + _____
EXPENSES - _____

REQUIRED SUPPORTING DOCUMENTATION

SUPPORTING DOCUMENTS SHOULD BE REFLECTIVE OF THE MONTH PRIOR TO THE EBSS 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) _____

**PREVENTION AND AFTERCARE SERVICES
DISCRETIONARY FUNDS REQUEST FORM**

PART A:

TYPE OF REQUEST <input type="checkbox"/> AGENCY DIRECTED <input type="checkbox"/> DCFS DIRECTED
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1. REQUESTOR

AGENCY/REGIONAL OFFICE	DATE REQUEST
AGENCY PROGRAM MANAGER/REGIONAL ADMINISTRATOR	PHONE NUMBER & EXT.
IMPLEMENTING AGENCY	PHONE NUMBER & EXT.

2. REQUEST CATEGORY

EVIDENCE BASED PRACTICE <input type="checkbox"/>	PROMISING APPROACH/EFFECTIVE PROGRAM/SERVICE <input type="checkbox"/>	EXPANSION PROGRAM/SERVICE OF	AGENCY DIRECTED FUNDS ONLY FAMILY SHARE OF COST <input type="checkbox"/>
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3. APPROVAL/TERMINATION

AMOUNT REQUESTED: \$	DCFS PRGRAM MANAGER ONLY AMOUNT APPROVED: \$	DCFS PROGRAM MANAGER ONLY REQUEST DENIED <input type="checkbox"/> Reason:	DCFS PROGRAM MANAGER ONLY TERMINATE APPROVED USE OF FUNDS <input type="checkbox"/>
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PART B:

INSTRUCTIONS

Detail the type of activity, service and/or program for which Discretionary Funds are being requested. Provide a justification for the Discretionary Funds request, including the following information:

- Type of activity, service and/or program
- Family name and Agency ID/State/Serial Number (if applicable)
- Purpose of and need addressed by the activity, service and/or program, including goals to be met
- Cost of the activity, service and/or program
- Number of clients served by the activity, service and/or program
- Documentation supporting the efficacy of the activity, service and/or program
- Projected line item budget (required for requests for new or expanded services, activities and/or programs)
- Description of evaluation method of the proposed service, activity and/or program, including evaluation instruments.

SIGNATURE OF AGENCY PROGRAM MANAGER/REGIONAL ADMINISTRATOR	DATE:
SIGNATURE OF DCFS PROGRAM MANAGER	DATE:

**PREVENTION AND AFTERCARE SERVICES
INDIVIDUAL FAMILY SERVICE LOG**

FAMILY NAME:	DATE:
AGENCY/STATE ID NO:	

INDICATE ALL SERVICES RECEIVED BY THE FAMILY

SERVICE CATEGORY	DESCRIPTION	START DATE	COMPLETION DATE	TERMINATION DATE
CASE NAVIGATION				
EMERGENCY BASIC SUPPORT SERVICES				
COUNSELING				
EDUCATIONAL PROGRAM				
STRUCTURED FAMILY CENTERED ACTIVITIES				
PEER BASED SUPPORT GROUP				
OTHER				

TO BE FILED IN THE FAMILY CASE RECORD

PREVENTION AND AFTERCARE SERVICES
MONTHLY REPORT

REPORT MONTH: _____ COMPLETED BY: _____
 REPORT YEAR: _____ TELEPHONE: _____
 AGENCY NAME: _____ FAX: _____
 AGENCY ADDRESS: _____ EMAIL: _____

Newly Served During Report Month	Case Navigation	Structured Activities	Health, Parenting, Other Educational Programs	Emergency Basic Support Services	Peer Based Support Groups
Adults					
Teens					
Children					
Total # of Adults, Teens & Children					
Total # of Families					
Continuing Services From Prior Report Month(s)					
Adults					
Teens					
Children					
Total # of Adults, Teens & Children					
Total # of Families					
* Completing Services From Prior Report Month(s)					
Adults					
Teens					
Children					
Total # of Adults, Teens & Children					
Total # of Families					
** Terminating Services During Report Month					
Adults					
Teens					
Children					
Total # of Adults, Teens & Children					
Total # of Families					

	Monthly Dollar Cost:	Monthly Dollar Cost:	Monthly Dollar Cost:	Monthly Dollar Cost:	Monthly Dollar Cost:
	# of Units Provided:	# of Units Provided:	# of Units Provided:	# of Units Provided:	# of Units Provided:
	# of Adults Served:	# of Adults Served:	# of Adults Served:	# of Adults Served:	# of Adults Served:
	# of Teens Served:	# of Teens Served:	# of Teens Served:	# of Teens Served:	# of Teens Served:
	# of Children Served:	# of Children Served:	# of Children Served:	# of Children Served:	# of Children Served:
	# of Families Served:	# of Families Served:	# of Families Served:	# of Families Served:	# of Families Served:
Newly Served During Report Month - DCFS Referred	Case Navigation	Structured Activities	Health, Parenting, Other Educational Programs	Emergency Basic Support Services	Peer Based Support Groups
Adults					
Teens					
Children					
Total# of Adults, Teens & Children					
Total # of Families					
Newly Served During Report Month -Non- DCFS Referred	Case Navigation	Structured Activities	Health, Parenting, Other Educational Programs	Emergency Basic Support Services	Peer Based Support Groups
Adults					
Teens					
Children					
Total# of Adults, Teens & Children					
Total # of Families					
<p>Please attach additional pages to answer questions 1-4.</p> <p>1. Were there any administrative or staff changes during the report month? If yes, please detail.</p> <p>2. Are program services/components on target (delivery, participants, cost) for the report month?</p> <p>3. Were there any outreach and/or capacity building activities conducted during the report month? If yes, please detail the type of activity, participants, outcome, and associated cost.</p> <p>5. Were there any activities, services and/or programs implemented or performed using discretionary funds during the report month? If yes, please detail the activity, service, and/or program, the number of clients serviced and any associated costs.</p> <p>6. _____</p>					

* Service completion is defined as client completion of the entire Prevention and Aftercare Services program through graduation and/or receipt of a certificate of completion.

**Service termination is defined as client exit from the Prevention and Aftercare Services program without completion of the entire program.

**PREVENTION AND AFTERCARE SERVICES
MONTHLY REPORT SUMMARY**

REPORT MONTH: _____
 REPORT YEAR: _____
 AGENCY NAME: _____
 AGENCY ADDRESS: _____

COMPLETED BY: _____
 TELEPHONE: _____
 FAX: _____
 EMAIL: _____

	STATE/ AGENCY NO.	LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	ETHNICITY	ADDRESS	CITY	ZIP CODE	SERVICE CATEGORY	SERVICE COMPLETION DATE	SERVICE TERMINATION DATE
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Gender Legend

Male - 1
 Female - 2

Ethnicity Legend

White - 1
 African American - 2
 Hispanic - 3
 Central/South American - 4
 Asian/Pacific Islander - 5
 Other - 3

Service Legend

Emergency Services - 2
 Basic Support
 Structured Activities - 2
 Health, Parenting & Other Education - 3
 Case Navigation - 4
 Peer Based Support Group - 5

**DIFFERENTIAL RESPONSE PATH 1
MULTI-DISCIPLINARY TEAM DESIGNEE (PRIMARY)**

AGENCY:

_____ hereby designates the following person as a member of
AGENCY the Los Angeles County Multidisciplinary Team for the
provision of Differential Response Path 1 services.

**MDT DESIGNEE NAME:
MDT DESIGNEE TITLE:
TELEPHONE NUMBER:
EMAIL ADDRESS:**

The above MDT Agency certifies that it has provided training to the above designated person as required by the Prevention and Aftercare Services Scope of Work.

Agency Representative Signature

Date

Agency Representative Printed Name

I hereby certify that I have received the training re

I hereby certify that I have received the training referred to above and will adhere to the Differential Response guidelines established by the Los Angeles County Department of Children and Family Services.

MDT Designee Signature

Date

MDT Designee Printed Name

**DIFFERENTIAL RESPONSE PATH 1
MULTI-DISCIPLINARY TEAM DESIGNEE (SECONDARY)**

AGENCY:

_____ hereby designates the following person as a member of
AGENCY the Los Angeles County Multidisciplinary Team for the
provision of Differential Response Path 1 services.

**MDT DESIGNEE NAME:
MDT DESIGNEE TITLE:
TELEPHONE NUMBER:
EMAIL ADDRESS:**

The above MDT Agency certifies that it has provided training to the above designated person as required by the Prevention and Aftercare Services Scope of Work.

Agency Representative Signature

Date

Agency Representative Printed Name

I hereby certify that I have received the training re

I hereby certify that I have received the training referred to above and will adhere to the Differential Response guidelines established by the Los Angeles County Department of Children and Family Services.

MDT Designee Signature

Date

MDT Designee Printed Name

Examples of Evaluated Out Allegations

These allegations, **in and of themselves**, do not meet the criteria for an in person response from DCFS.

- Mutual Affray - Fight between children, in which no unreasonable force was used, no injury was sustained and parent/caregiver(s) has taken appropriate action.
- Out of Home Abuse - Abuse by persons not living in the child's home and parents have taken appropriate action to protect child.
- Pregnancy – The pregnancy of a youth over fourteen (14) years old, in and of itself, with no other information provided.
- Voluntary, non-exploitive sex between teenagers under the age of eighteen (18), not more than two years apart in age, and neither teenager is under the age of fourteen (14).
- Head lice with no related concerns and parent/guardian has taken appropriate action.
- Disabled Parent – A parent's disability (such as blindness or deafness) doesn't not prevent the parent from providing appropriate supervision and care of the child.
- Children living with caretakers who are not their parents.
- An out-of-control, non-disabled teenager, or criminal/delinquent activity by a child who is not being exploited by an adult.
- Unsupervised teenagers disturbing the neighborhood.
- Latchkey children (i.e. children left unattended for 3 hours or less before or after school, who are 12 years of age or over and there is no report that the child(ren) are developmentally delayed, physically handicapped or has any special needs or medical needs. Additionally, there is no report that there is a chronic lack of supervision, drug or alcohol abuse, engaging in risky behavior or exhibiting destructive behavior.

**EXPENSE CLAIM FOR SERVICES RENDERED TO SERVE
THE DEAF AND HARD OF HEARING**

Contract: Resource Center CAPIT

<u>Agency Name</u>

<u>Agency Address</u>

<u>Date of Claim</u>

<u>Claim Period</u>

Date	Client Name	Client ID Number	Vendor/Payee	Check Number	Amount
TOTAL CLAIMED					

Original Receipts / Invoices are attached. Please mail check. Please call when check is available so we can pick it up.

Cashier's Name (Print)

Signature

Date

Exec. Director / Project Manager (Print)

Signature

Date

APPROVAL:

DCFS Program Administration
Name and Title (Print)

Signature

Date