

FREDERICK COUNTY CPMT AGENDA

“Special Called Meeting”

January 31, 2024

4:00 PM

107 N Kent St

Winchester, VA

1st Floor Conference Room

Agenda

- I. Introductions
- II. Adoption of Agenda
- III. New Business Dr. Michele Sandy and Tamara Green
 - A. Frederick County Department of Social Services,
 Proposed Grant for PSSF application 2024-2029 and budget
- IV. Adjourn

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A. EXECUTIVE SUMMARY

a. Frederick County Department of Social Services (FCDSS) is committed to the safety, wellbeing, and permanency of children and families within the locality through providing government assistance to meet the basic needs of eligible residents and responding to allegations of abuse and/or neglect of vulnerable populations of adults and children. The Department's Child Welfare Program is comprised of three units – Child Protective Services, In Home Services, and Foster Care/Permanency. These programs are dedicated to ensuring child safety and wellbeing, as well as promoting family preservation and family reunification when possible. Case managers, known as Family Services Specialists, in each unit work diligently to connect children and families with necessary resources to remedy concerns that place children at-risk of abuse/neglect and/or at-risk of out-of-home placement. In circumstances where community-based resources are not available or do not meet the identified needs of the family, the Department may seek funding through the Children's Services Act to meet their needs.

a. Frederick County, Virginia lies within the rural, fertile northern Shenandoah Valley and Winchester serves as the region's key city, situated at the center of many transportation routes and possessing the largest population of any city within a 60-mile radius. The City of Winchester lies within the Frederick County lines but under a unique aspect of Virginia's county system, which makes certain cities independent, Winchester does not fall under any county's jurisdiction.

Frederick County covers 424 square miles and is the northernmost community in Virginia. It is located 72 miles northwest of Washington, D.C. and borders West Virginia. Frederick County lies at the lower end of the Shenandoah Valley, stretching between two mountain ranges - the Blue Ridge Mountains to the east and the Allegheny Mountains to the west. This community is at the intersection of Interstate 66, which runs east to Washington D.C, and Interstate 81, which runs north to New York and south to connect with other interstate highways in North Carolina and Tennessee. Winchester is also the hub of four U.S. highways and two Virginia routes, which provide rapid access to the area from major cities offering the possibility of commuting to jobs. This convergence of thoroughfares places the community in a corridor of drug trafficking. This access plays a role in the fact that this small community sees a higher rate of crime and substance abuse than would be expected.

Frederick County Department of Social Services is operated under the oversight of an eight-member board, which is appointed by the Frederick County Board of Supervisors. The Department's Supervisory Board is responsible for selecting the local agency's Director, and quarterly meetings are held to provide the Board with updates on each of the Department's program areas.

The agency's Director is supported by an Assistant Director. The Director and Assistant Director are further supported by program-specific Program Managers. Two Program Manager positions have been added to the organizational structure of Frederick County Department of Social Services within the past 5 years – a Benefits Program Manager and a Family Services Program Manager. The Benefits Program Manager oversees three Benefits Supervisors while the Family Services Program Manager oversees

four Family Services Supervisors and a Facilitator of Family Partnership Meetings (FPMs) and Child and Family Team Meetings (CFTMs). Each Family Services Supervisor is responsible for a distinct area of focus – Adult Protective Services, Child Protective Services, In Home Services, and Foster Care/Permanency. According to the Frederick County Department of Social Services 2021 Annual Report, FCDSS employs 84 full-time staff, 17 of which are management, and 2 part-time staff.

The United Way of the Northern Shenandoah Valley Community Needs Update: 2020-2023 indicates that Frederick County is listed as one of the Top 20 Fastest Growing localities in Virginia, with an expected population change of almost 12%. The demographics of Frederick County suggest that many families are likely to face challenges and barriers to success. A review of the eight funding formula variables was completed. The following is a summary of that data:

- The total population of children 0 to 17 residing in Frederick County is 21,346. Approximately 9.4% of these children are living in poverty.
- Frederick County accepted 578 Child Protective Services allegations of maltreatment for investigation or assessment between July 2021 and June 2022.

Frederick County Department of Social Services and its neighbor, Winchester City Department of Social Services, continue to engage with families in which substance abuse is impacting the abuse/neglect of children. The 2022 Valley Health Winchester Medical Center Community Health and Needs Assessment indicated that “substance abuse was the most frequently mentioned health status issue, and was portrayed as both growing and serious throughout the region. Heroin was mentioned most often; however, alcohol, marijuana, and methamphetamine use were also mentioned. Interviewees reported that women who use illicit drugs and compromise the health of babies is of significant importance.” The Virginia Department of Health reports that in Frederick County in 2021, there were 19 overdose deaths and 12 infants born with Neonatal Abstinence Syndrome (NAS).

The 2022 Valley Health Winchester Medical Center Community Health and Needs Assessment identified mental and behavioral health as the second most frequently mentioned health issue. Interviewees “described a wide range of mental health issues including bullying among youth, autism spectrum symptoms and diagnoses...adult and family stress and coping difficulties, lack of affordable outpatient mental health professionals, and lack of local inpatient treatment facilities.”

The data used in Frederick County’s Promoting Safe and Stable Families Program needs assessment and application includes and was obtained from the following stakeholders:

- Valley Health Winchester Medical Center Community Health Needs Assessment (2022). Information was elicited from a wide range of community stakeholders as outlined in the assessment. Community response sessions to include input from 172 individual through 63 key informant interviews and a community survey with 1,852 respondents; 108 of which were received from the Hispanic community.
- United Way of Northern Shenandoah Valley Community Needs Assessment 2020-2023. Primary information was obtained through partner agency interviews in

conjunction with Valley Health, as well as community forums. Secondary data was obtained through various community resources.

The findings of the Valley Health Winchester Medical Center Needs Assessment 2022 found the following as the most significant community needs:

1. Health Behaviors and Chronic Disease
2. Social & Economic Factors
3. Access to Primary, Preventative, and Clinical Care
4. Mental Health and Substance Abuse
5. Physical Environment
6. Health Outcomes
7. Maternal and Child Health

In light of these concerns, FCDSS has identified families with children at risk of abuse, neglect, and out of home placement as the target population for the PSSF grant with specific emphasis on those children at risk of out of home placement.

SUMMARY OF ACCOMPLISHMENTS AND OUTCOMES

Over the past five years, the Frederick County Department of Social Services has continued to utilize a Systems of Care approach to serving at-risk children and families. FCDSS currently utilizes Family Partnership Meetings and Child and Family Team Meetings to support families and engage natural supports. Through this engagement, PSSF funding has been accessed to meet the immediate needs identified through this process. Anecdotal evidence suggests that children are served in their community, the majority of families have natural supports identified, and that natural supports are utilized when children cannot remain with their parents. The use of PSSF has allowed barriers to be eliminated to allow children to remain with their families and to focus on therapeutic issues.

For example, during Fiscal Year 2023 the Department provided assistance through Family Support funding to 11 families. Assistance for 10 out of the 11 families was related to meeting their basic needs through payment of rent, utilities, and/or material goods; the other family was served by payment for a therapeutic service. Through Family Preservation funding, the Department provided assistance to 44 families, with services concentrated on drug screenings; emergencies related to basic needs; assessments, counseling and treatment; and parent education. In total, 85 children were served with PSSF funds during FY 2023 with only 4 entering foster care, allowing the majority of children served to remain with their families and not enter foster care.

NEED FOR PROGRAM

The Frederick County Department of Social Services with the support of the Community Policy and Management Team plans to use PSSF funds to focus on the following

areas which were consistent with information elicited through the Valley Health Needs Assessment and Critical Gap Survey:

1. Parent/Caregiver Substance Abuse
2. Parent/Caregiver Mental Health
3. Parent Coaching
4. Childcare
5. Assessment/Evaluation
6. Basic needs provision

PSSF funding will be used to provide services for basic needs and/or behavioral health (mental health, substance abuse services) in order to prevent family crises that may lead to out of home placement, and/or expedite the reunification of children with their families. Funds will be requested on a case-by-case basis. Because of the waiting period for funds to be requested from the Family Assessment and Planning Team, the ability to access PSSF funds is designed to complement the array of funding mechanisms (i.e. CSA, Medicaid, Departmental Budgets). For quality assurance purposes, funds will be approved by the Family Services Supervisor confirming the necessity of the expenditure and consistency with VDSS/PSSF guidelines. The provider of service will be selected in conjunction with the family to promote the System of Care principle of Family Voice and Choice. This design is reflective of the need for more time-sensitive responsiveness. It is also supportive of the community's efforts to improve permanency for children and reduce the need for out-of-home placement and/or congregate care.

DESCRIPTION OF PROPOSED SERVICES

- a. Frederick County Department of Social Services does not plan to purchase community-based services through PSSF funds.
- b. Frederick County Department of Social Services will utilize PSSF funds to purchase client-specific services. These services may include: Individual Counseling, Group Counseling, Intensive Outpatient Counseling, Individual Substance Abuse Counseling, Drug Screenings, Mental Health Intake/Assessment, Substance Abuse Intake/Assessment, Parental Capacity Evaluation, Violence Risk Assessment, Parent Mentoring, Therapeutic Mentoring, Crisis Stabilization/Residential Deviation, Childcare, Emergencies such as Household/Basic Needs Assistance, and/or Transportation. Case managers will elicit needs of clients through family engagement and completion of the Child and Adolescent Needs Assessment (CANS) and request funding approval for specific services from their Supervisor. Each service will be coordinated by the case manager with the respective service provider following Supervisor approval. Services will reduce risk of maltreatment, ensure safety and wellbeing of children, and promote reunification and permanency.
- c. FCDSS does not plan to provide direct services by an LDSS case manager through the use of PSSF funds.

d. Frederick County Department of Social Services reviewed the use of PSSF funds from prior years to identify trends of needs and Child Welfare staff completed the Inventory of Community Services Gaps and Needs survey.

e. A review of the Community Needs Assessments, as well as consultation with family services case managers from Frederick County and Winchester City Department of Social Services, helped to identify the most common needs of the populations served within the Frederick/Winchester community to inform the use of PSSF funds.

MEASURABLE OUTPUTS AND OUTCOMES

There are several desired outcomes for the use of PSSF-purchased services. These goals include to prevent the abuse, neglect, and/or exploitation of children; increase the number of children who are able to remain safely with their families; increase permanency for children in foster care; reduce the recurrence of child abuse and/or neglect; reduce time in foster care to reunification without increasing re-entry; and increase placement stability.

The Family Services Specialist will request PSSF funding through a Budget Request Form based upon the identified need of the youth and families. The Family Services Supervisor will review the expenditure and approve or deny funding. The FCDSS Director and Administrative Services Manager will provide final oversight. Reporting will be provided to the Virginia Department of Social Services on a quarterly basis. Funding is authorized to the service provider by a Purchase of Services Order (POSO) or Case Action. Upon completion of the service through a POS, the POSO is submitted with a provider report. Under a Case Action, the invoice is submitted to the Department in order for payment to be rendered. The Family Service Specialist is required to review the service monthly with the family. Services will also be reviewed with the family during Family Partnership Meetings or Child and Family Team Meetings at least every 90 days. After an FPM/CFTM is held, participants are asked to complete a survey indicating whether the services are meeting the needs of the family.

PLAN FOR SELF-ASSESSMENT AND IMPROVEMENT

On a quarterly and annual basis, a thorough review of expenditures will be conducted by the Family Services Supervisors overseeing the approval and utilization of PSSF funds to assess the degree to which outcomes were met. These reviews will account for any new allegations of abuse/neglect of children in families which received PSSF-funded services, how many children were able to remain with their families, how many children entered foster care, how many placements were able to be maintained by the use of PSSF funds.

On a quarterly and annual basis, Supervisors will review and assess expenditures for challenges and themes that impact desired outcomes. Supervisors will review progress reports submitted by service providers to ensure that services provided align with desired outcomes. Facilitator of FPM/CFTMs will review feedback from surveys to identify trends and inform future decision making.

COMMUNITY INVOLVEMENT

- a. Youth and families are engaged through the Family Partnership Meetings and/or Child and Family Team Meetings held within the first 30 days of cases being opened, and at least every 90 days thereafter. Community partners, such as representatives from the school, juvenile court services, and service providers, are invited and encouraged to participate in the FPM/CFTMs to join families in identifying strengths and needs of the youth and their families. Family Services Specialists, FPM/CFTM Facilitator, Supervisors, Services Program Manager, Director, and Assistant Director review trends identified through Quarterly Staffings.
- b. Family Services Specialists (i.e. case managers) will seek feedback from children and families regarding the services provided to assess whether the identified need was met. This feedback will be shared with Supervisors during regular staffings, and identified concerns will be addressed with specific providers on an as needed basis.

CONTRACTED SERVICES / VENDOR ORGANIZATIONAL CAPACITY

- a. The Frederick County Department of Social Services does not plan to contract with a service provider to provide a community-based service.

Promoting Safe & Stable Families Program

**Community Needs Assessment Guidelines
&
Funding Application for SFY 2020**

<http://www.dss.virginia.gov/family/pssf.cgi>

*Part of Virginia's Five Year
Child and Family Services Plan (CFSP) for 2020-2024*

**Virginia Department of Social Services
Division of Family Services/Prevention Unit
Evelyn Porter, Program Administrator
801 East Main Street
Richmond, Virginia 23219-2901**

E-mail Address: Evelyn.Porter@dss.virginia.gov

Assessments and Applications Due Date
March 22, 2019

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Promoting Safe & Stable Families Program

Community Needs Assessment Guidelines
&
Funding Application

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SECTION 1 – PROGRAM BACKGROUND & REQUIREMENTS

Goals

The primary goals of the Promoting Safe and Stable Families (PSSF) program are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, or through adoption or by another permanent living arrangement.

Overview

PSSF is authorized under Title IV-B, Subpart II of the Social Security Act, as amended, and is codified at SEC. 430 through 439 [42 U.S.C. 629a through 629e]. The PSSF program was initially created in 1993 as the Family Preservation and Support Services Program, geared toward community-based family preservation and support. In 1997, the program was reauthorized under the Adoption and Safe Families Act (ASFA) and renamed the PSSF Program. The 1997 legislation required the provision of two additional services which are time-limited reunification services (now family reunification services), and supportive adoption services.

The services provided through the program, are child-centered, family-focused, and community-based. The citizens of Virginia communities receiving funding determine how to best utilize those funds on behalf of the children and families in their respective communities. Receipt of the funding is based upon approval by the Virginia Department of Social Services (VDSS) of individual community plans that have been developed from comprehensive community-based needs assessments. The community's plan must be developed by a work group consisting of public and private agencies, advocacy organizations, consumers and providers of services, prevention specialists and concerned individuals.

Service Types

PSSF funds must be used for four broad types of funding:

- **Family Support Services**, which are primarily community-based preventive activities designed to promote the safety and well-being of children and families; to increase the strength and stability of families (including adoptive, foster and extended families); promote parental competencies and behaviors that will increase the ability of families to use other resources and opportunities available in the community; create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families; and strengthen parental relationships and promote healthy families and to provide mentoring services. The Family First Act expanded the definition to include community-based services "to support and retain foster families so they can provide quality family-based settings for children in foster care."
- **Family Preservation Services**, which are designed to help families (including birth, foster, adoptive, and extended families) alleviate crises; maintain the safety of children in their own homes; support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner. The definition also allows grantees to support infant safe haven programs.

- **Family Reunification Services**, which are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution or a child who has been returned home and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home.
- **Adoption Promotion and Support Services**, which are designed to encourage more adoptions of children out of the foster care system when adoptions are in the best interests of the children. They include pre- and post-adoption services designed to expedite the adoption process and support adoptive families.

Program Requirements

Federal guidance [CFDA 93.556] sets a minimum of 20 percent of program PSSF funds be spent on Family Reunification, 20 percent on Family Preservation, 20 percent on Family Support and 20 percent on Adoption unless a waiver is granted by ACF. Therefore, the locality must have an especially strong rationale if the percentage provided is below 20 percent for any one of the service categories stated above with the exception of Adoption. Adoption is exempt because funds are allocated to adoption programs at the home office level. As a result, localities are not required to budget 20 percent of these funds for adoption.

Federal policy limits state spending in Staff and Operations, previously called Administrative Costs to 10 percent and includes Direct (staff) and Indirect (operations) costs. Direct costs are captured in Random Moment sampling (RMS). VDSS limits Indirect Costs for localities to eight (8%) of the total program budget. These costs are explained in the Budget and Program Definitions sections. Federal funds for Title IV-B, Subpart II programs cannot be used to supplant Federal or non-Federal funds for existing services and activities.

SECTION 2 – PURPOSE OF COMMUNITY NEEDS ASSESSMENT AND PLAN

To receive federal funds for children and family services, States must submit to the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) a plan that covers five years. On June 30, 2019, Virginia will complete the current Child and Family Services Plan (CFSP). A new five-year plan must be submitted in 2019 for the next plan period beginning in SFY 2020. This jointly planned document describes the publicly-funded State child and family services continuum. The PSSF section of the State's plan is supported by the community assessments done by each of the participating localities. Therefore, a completely new assessment will be required of each locality by **March 22, 2019** in order for the State to complete its plan to begin a new five-year plan cycle for 2020 - 2024.

This document includes the following:

- Suggestion on how to begin the planning process;
- Instructions for completing the Community Needs Assessment and Funding Application;
- A template to guide localities in developing and preparing the Community Needs Assessment;
- PSSF definitions and forms; and
- The PSSF application for SFY 2020 funding (the first year of the five year plan cycle).

The Community Needs Assessment is the process by which a community systematically collects information about its needs, resources, and the multiple systems serving children and families, and then prioritizes the needs and assigns resources to the extent they are available to meet those needs. A community assessment may also establish a system to track the effectiveness of services delivered to improve outcomes for children and families in order to meet ever-changing community needs.

Following the Community Needs Assessment template developed by the Virginia Department of Social Services (VDSS) assures that the parts expected to be found in the needs assessments will be consistent and appear in the same place in each locality's application. It is also designed to control the length of the document. Each Community Needs Assessment must include the following items:

- **Cover Sheet**
- **Table of Contents**
- **Inventory of Community Services, Needs and Gaps**
- **Narrative**
- **Community Plan Summary**

Instructions for Submission:

- Use Times New Roman font size (12),
- Single space between sentences and double space between paragraphs,
- Bold the major headings in the assessment,
- If an existing Needs Assessment (completed in 2016, 2017, or 2018) will be submitted, identify the report and use the data to complete the **Community Needs Assessment Narrative template** (beginning on page 9) and include answers to all questions associated with the template.
- Submission should be no longer than 20 pages. This page limit does not include the forms. Please complete the forms separately and attach them at the beginning of the assessment.
- Number all the Narrative pages.

SECTION 3 – GETTING STARTED

Step 1 - Convene a Steering Committee

The first step in the planning process involves the Community Policy and Management Team (CPMT), or its designee, convening a steering committee of public and private agencies, consumers and providers of prevention services, advocacy organizations, housing authorities, and concerned parents and other individuals to examine the community assessment process, the available funding and determine whether to make a commitment to develop and submit a plan for **Fiscal Year 2020**. Once that has been decided, the CPMT should determine which course of action to take to ensure that VDSS receives a new comprehensive assessment and plan by **March 22, 2019**.

Step 2 - Select a Chair

This is a community decision. The Community Policy and Management Team (CPMT) has experience in community-based planning and service delivery. Therefore, it would be entirely logical to have the Chair of the CPMT convene the initial meeting for the work group and spend time sharing the goals, objectives and vision of the federal PSSF program with the members. This is not, however, mandatory. It may be appropriate or desirable in your community to select some other person or party to chair the meetings from the onset.

Step 3 - Establish a Work Group to Include Parents and Consumers

Some possible strategies for involving parents/consumers include, but are not limited to:

- Provide a special orientation and training for caregivers/consumers involved in the process.
- Work with community partnerships, faith-based programs, private nonprofit agencies, and schools to tap into informal networks such as parent support groups, neighborhood family resource centers, and home visiting programs.
- Work with family preservation, family reunification, prevention, and early intervention programs to identify and involve families who have benefited from these services.
- Set meeting times and locations that are convenient to parents who might not be available during the regular work day.
- Conduct focus groups with parents and consumers to ensure voices are heard.
- Design and conduct surveys to ensure broader community inclusion.

Step 4 – Review & Collect Data

A number of communities within the Commonwealth complete some type of community assessment for various purposes. Two examples are:

Richmond Promise Neighborhood Community Needs Assessment
Richmond Promise Community Needs Assessment

Greater Prince William Community Needs Assessment
http://www.pwchs.org/Docs/2011_greater_prince_william_report.pdf

The accompanying assessment and planning guidelines are designed to be flexible and allow localities to avoid “re-inventing the wheel.”

Localities should be able to utilize the data and information gathered in recent reports as well as the data located in the PSSF Eight Variables (located at <http://www.dss.virginia.gov/family/pssf.cgi>) to address the issues and questions requested for the PSSF process. There is no efficiency in duplicating effort or over utilizing the scarce resources of time, money, and staff. If an existing Needs Assessment (completed in 2016, 2017, or 2018) will be submitted, identify the report and use the data to complete the **Community Needs Assessment Narrative template** (beginning on page 9) and include answers to all questions associated with the template.

Step 5 - Develop the Written Assessment and Plan

The rest of this document provides specific instructions and a template for completing the community needs assessment and the first year application.

Contact the following VDSS staff for technical assistance:

Evelyn Porter PSSF Program Administrator	Evelyn.Porter@dss.virginia.gov	804-726-7577
Keisha Williams Prevention Program Manager	K.Williams@dss.virginia.gov	804-726-7538

SECTION 4 – ESTIMATED LOCALITY FUNDING

For planning purposes, VDSS Office of Research staff, has updated the funding formula variables using data available November 2018 and by using a minimum base amount of \$18,000 per agency with a northern Virginia base of \$26,000. The total funds available for the state are estimated to be \$5,633,645. To meet the base amounts and stay within the estimated available funds the allocations for some agencies were reduced from what was calculated by strictly applying the formula. The maximum percent reduction was about 7.87% percent.

Variables Used to Determine Locality Funding

1. Population estimates ages 0-17 (VDH 2016)
2. Poverty estimates ages 0-17 (Census Bureau, SAIPE 2016)
3. Number of valid CPS complaints reported by VDSS (July 2017-June 2018)
4. Number of unduplicated children served reported by CSA (SFY 2018)
5. Intake complaints for ages 0-17 reported by VDJJ (SFY 2017)
6. Number of foster care children with a goal of return home reported by VDSS (July 1, 2018)
7. Number of adult and children substance abuse consumers reported by VDBHDS (SFY 2018)
8. Number of children receiving special education services as reported by VDOE (Dec 2017)

To locate the PSSF Estimated Allocation Plan and the PSSF Eight Variables go to <http://www.dss.virginia.gov/family/pssf.cgi>.

SECTION 5 – PREPARING & SUBMITTING DOCUMENTS

The Community Needs Assessment consists of Forms 1, 2, 3, the Narrative and a Table of Contents. Forms 4, 5 & 6 are part of the application. Form 7 is the form VDSS PSSF staff will utilize to evaluate each community needs assessment and application submitted.

- Form 1: Community Needs Assessment Cover Sheet
- Form 2: Title IV-B Child and Family Services Plan: Assurances
- Form 3: Inventory of Community Services, Needs & Gaps¹
- Form 4: Community Plan Summary
- Form 5: Budget Summary
- Form 6: Detailed Budget
- Form 7: Evaluation Criteria

The "Community Needs Assessment & Application for Funding" should be submitted electronically to evelyn.porter@dss.virginia.gov. Forms requiring signatures should be scanned and e-mailed. Include all documents in the same e-mail if possible. If this is not possible, please mail the documents in an envelope or package, sealed and identified as follows:

FROM:

Locality

Street Address/P.O. Box

City, State and Zip Code

TO:

Virginia Department of Social Services
Division of Family Services/Prevention Unit 11th Floor
Attention: Evelyn Porter, PSSF Program Administrator
801 E. Main Street
Richmond, Virginia 23219-2901

Cover Sheet

Complete the Cover Sheet in its entirety. Localities must include the data for each of the eight PSSF funding formula variables. The "PSSF Eight Variables" document is located at <http://www.dss.virginia.gov/family/pssf.cgi>. This is a critical inclusion and the data must be placed on the Cover Sheet as it appears in the spreadsheet. The data was obtained for each jurisdiction by the VDSS Office Research and Planning from the same data sources and from the same point-in-time to lessen the difficulty of interpreting and applying the formula equally across localities.

¹ This inventory also includes an addendum with service definitions to assist in obtaining information requested by VDSS Child Protective Services. For the purpose of this survey, the current PSSF Service Array has been expanded to include additional services for the CBCAP inventory. *These additional services for the CBCAP inventory are in italic.*

Inclusion of the data from the VDSS spread sheet indicates that the community has reviewed these numbers and accepts them as accurate.

Community Needs Assessment Narrative Template

Narrative

In this section, localities should make the case that the community planning team has a well-designed program plan with a clear justification for the requested funds. Please stay within the specified paragraph and page limits requested and pay close attention to each question.

[Use bold and uppercase letters to highlight each heading in the narrative as illustrated. Define all acronyms the first time they are used to reference non-PSSF programs and sources.]

A. Executive Summary

Provide a concise overview of the proposed program that summarizes the purpose, need, planned service activities to address the need, anticipated outcomes, and how these outcomes will be measured.

- Provide a brief description of the targeted area (e.g., county, city, township, combined jurisdictions, municipal area, rural area, etc.).
- Define the target population.
- Reference the data listed for each of the eight funding formula variables found in the spreadsheet and its relationship to the target population.
- If the group identifies community problems in addition to those comprising the eight variables, discuss and present the findings leading to this planned program focus.
- Identify the service providers, community partners, and other community stakeholders involved in managing the local program.
- Discuss the findings of the group that lead to identifying the problem that the funding will address.
- Include the date of the community needs assessment and provide a brief review of the process.

[This section may consist of one to two paragraphs.]

B. Summary of Accomplishments and Outcomes

If the locality currently receives PSSF funds, provide a clear description of the accomplishments, outputs, and outcomes achieved to date in relation to the performance measures articulated in the grant that covers the current five-year cycle.

[This section may consist of one to four paragraphs.]

C. Program Design

The following items include elements that will contribute to an applicant's successful response to the program criteria.

[This is the foundation of the needs assessment. The program design section should be thorough and not exceed 15 pages.]

1. Rationale and Approach

a) Compelling Community Need:

- Describe the compelling community need that will be addressed within the target community. How was the need identified and where is it documented?

- Discuss the community stakeholders' review of available data used to familiarize them with issues associated with the problem.
- List specific facts that helped to shed more light on the local problem.
- **If the program will operate at multiple sites**, demonstrate a compelling need in each proposed community to be served.

b) Analysis of the Target Population(s):

- Discuss the stakeholder's review of statistics received from VDSS and other data sources that track information about children and families (Complete the Cover Sheet).
- Present the stakeholder's interpretation of the statistics, surveys, and focus group discussions and other information gathering techniques used to learn more about the needs of children and families eligible to receive PSSF services. Establish priorities and strategies for new or expanded services, based on the assessment of community needs and service capacity.

Measurable Outputs and Outcomes:

- Describe the measurable outputs and outcomes that are expected to be achieved as a result of the planned activities. Some examples are included in Appendix II-C to assist in developing concise and measurable outputs and outcome statements.
[This section may consist of one to two paragraphs.]

d) Plan for Self-Assessment and Improvement:

- How will the community planning team and program staff track and evaluate the progress toward meeting and achieving the performance measures?
- What are the plans for continuous program improvement? How will the team and staff identify strengths and weaknesses, resolve problems, and gather feedback from and provide feedback to families, service sites, and community partners?

[This section may consist of one to two paragraphs.]

e) Community Involvement:

- Describe how the target community was involved (or target communities) in identifying the needs and activities. Which community partners and stakeholders were involved? What roles did they play, and what were their responsibilities in the planning process?
- Explain the plan for continued engagement of the community partners and stakeholders throughout the five year program period. What will be their ongoing roles and responsibilities?

[This is a critical part of the community plan and should be as detailed as possible, using as few pages feasible.]

f) Community Partners and Key Stakeholders

- Initiator System – The community entity that organized the assessment and planning process.
- Change Agent System – The task force or work group formed to complete the community plan.

- Support System – The community stakeholders, organizations, advocacy groups, families, faith-based organizations, agencies, consultants and key informants.
- Controlling System – Community Policy and Management Team (CPMT), or its designee.
- Target System – Primarily this is the Local Department of Social Services (LDSS), the fiscal agent responsible for receiving the PSSF funding and distributing the funds according to the local plan.

[This information should be in list form as illustrated and include the contact information for each system. The list of community partners and stakeholders is an important component of the evaluation criteria.]

D. Purchase Service/Vendor Organizational Capability

1. Ability to Provide Sound Programmatic and Fiscal Oversight:

- **Note:** *For Local Department of Social Services that will contract with a service provider(s).* Describe the organization's experience in the proposed areas of activity (purchased services).
- Include examples of the contractor's/vendor's prior accomplishments and outcomes.
[This is a critical component of the community plan and should be as detailed as possible, using as few pages as feasible.]

2. Plan for Effective Technical Assistance:

- How does the organization plan to provide or secure any needed financial and programmatic technical assistance for the program, and if applicable, the service sites? What are the plans for providing financial and programmatic orientation, and training and technical assistance to the program and service sites?
- Explain the plan for identifying and responding to programs' and, if applicable, the service sites' ongoing training and technical assistance needs.

[This section may consist of one to two paragraphs.]

E. Purchased Services

If the locality does not plan to contract with specific service providers, please list the services the locality anticipates purchasing and describe the process that will be used to determine the vendors for these services. These should be services identified in the Community Plan Summary which is part of the funding application (form 4).

SECTION 6 – BUDGET PREPARATION

The budget should be based on the locality's new estimated annual allocation. The budget should support the narrative for the programs and services that have been presented. Do not include unexplained amounts for miscellaneous or contingency costs or **unallowable expenses such as dental or medical costs**. Follow the instructions below to prepare the budget. Budget sheets are included in this guide.

1. Summary and Detailed Budget

- The allocations are based on the June 1 – May 31 program funding year.
- The total annual allocation is based on the federal and state share of 84.5% and the local match of 15.5%.
- Please complete the enclosed budget summary in the format provided to accurately show a minimum of **20 percent** of PSSF funds budgeted for Family Reunification services, **20 percent** for Family Preservation and **20 percent** for Family Support.
- Localities may request a waiver to budget less or more than each year's program budget for family reunification services, or to budget no amount on this service type based on an up-to-date analysis of the locality's foster care population. To request a waiver, submit a letter on agency letterhead with the locality's application for funding prior to the beginning of each fiscal year. Guidelines for submitting a waiver are found on the last page of Appendix II A (page 41).
- All personnel costs associated with direct service delivery and administrative costs incurred by a local department are to be reported in LASER under BL 855, direct services staff.
- Staff and operations costs, previously called Administrative Costs (BL 855) includes Direct and Indirect costs. (**Indirect costs are limited to 8% and include items such as supplies, equipment, etc.**).
- Budget Line 866 is designated for Purchased Services (86601 - Family Support; 86602 – Family Preservation; 86605- Family Reunification; and 86606 – Adoption). Purchased Services are services that are not delivered by the local department of social services, but are purchased from a vendor.
- The detailed budget and budget justifications are required and need to be as precise as possible.
- The actual allocations may be different based on the approval of the application and/or changes to Virginia's allocation for FY 2020.

2. Budget Justifications

This information accompanies a detailed budget and describes how the line item costs are determined. This includes calculations and equations used to determine specific costs. This additional information discusses the necessity, reasonableness of the proposed costs. Some examples are provided on the next page.

Sample of Form 5

Budget Justification Examples:

These are merely examples of how to write a budget justification:

Direct Service Cost (BL855, Local Department of Social Services) – *this budget line should not include any costs charged by vendors.*

Administrative/Direct Costs (Staff)

Cost for a Family Services Specialist to assist with case management services for family reunification cases (1/2 the time for a FTE @\$39,284 annually)

Administrative/Indirect Costs (Operations) - Limited to 8% of total budget

Project Coordinator will spend 25% time overseeing project operations during the grant. Duties also include data collection, fiscal reporting and annual grant renewals (\$40,000 x 25% = \$10,000).

Cost for LDSS phone and fax expenses (\$100 X 12 = \$1200 annually) based on previous years expenditure trends.

Purchased Services (BL 866, Vendors)

Outreach Worker to provide services to families at risk of impaired parenting (40 hours/weekly X \$11.65/hourly = \$22,368 annually)

Psychological/Parent Assessment (\$600 X 8 assessments per year = \$4800 annually) based on contract agreements

Licensed family therapist to deliver on-site counseling services one day per week at LDSS (\$250 X 30 Sessions = \$7500 annually) based on contract agreements

Transportation cost for parent visits and parent groups (56.5 cents/mile X 200/miles per week, round trip X 12 weeks X 10 families= \$13,560 annually) based on previous years expenditure trends

SECTION 7 - REPORTING & DELIVERY REQUIREMENTS

Importance of Collecting Data

To continue receiving Promoting Safe and Stable Families Funds (PSSF) from the federal government, Virginia's PSSF program must demonstrate success in serving, preserving and strengthening families. Congress and the Virginia General Assembly, as well as the Administration for Children and Families (ACF) demand accountability. Collectively, the Virginia Department of Social Services (VDSS) and local programs must show that we are maximizing the use of limited funds to preserve families, or to help children secure new families when they are unable to return to their birth families. Localities are required to submit PSSF reports listing the types of services provided number of families and children served and actual outcomes achieved resulting from the use of PSSF funds, based on your locality's PSSF plan.

Critical Information Requested

There are some essential elements that should be included in the program reports. Primarily, VDSS has taken a more results-oriented approach to achieve safety, permanency and well-being of children. It is important to address whether the PSSF program services prevented foster care placement and child abuse or re-abuse. Also, please discuss local program models and best practices proven to be effective in producing successful program outcomes when completing the Year-End Report.

Counting the Number of Families and Children Served

The report forms are designed to capture the unduplicated number of children and families served under the four service types: Family Preservation, Family Support, Family Reunification and Adoption Promotion. However, VDSS staff recognizes that depending on the case, there may be times when services may fall under more than one service type (e.g., Family Preservation and Family Reunification). Use the approved Service Codes listed on (*Attachment A*) to ensure the appropriate tracking of services provided. *Some services provided like library resource centers, websites, information and referral services and newsletters do not always provide a means to collect identifiable demographic data. However, local programs providing the services must report information that reflects the number of families and children that received materials or how many visited the website, when including the services in the reports.*

Narrative Sections

Including comments in the narrative sections is strongly encouraged. All information provided will be read to assist in documenting program outcomes and service trends.

Other Pertinent Information

- Programs are required to submit quarterly reports and a year-end report during each of the five fiscal years. Programs will be monitored and evaluated via submission of reports, Locality Automated System for Expenditure Reimbursement (LASER) reports and desk reviews. VDSS reserves the right to make Quality Assurance onsite visits and request additional information as necessary.
- Programs that do not submit the reports by the due dates may be denied continuing funding pending receipt of all required reports.

- The quarterly and year-end program reports have the following projected due dates:

Report Periods	
Report 1 (June - August)	Report 2 (September - November)
Report 3 (December - February)	Report 4 (March - May)
Year-End Report (June-February)	

The reports are due the third week of the month following the three month report period (*i.e.*, Report 1 is due the third week in September, annually).

The Year-End Report is due the third week in July, annually.

NOTE: The required quarterly and year-end program report forms and instructions will be posted on the VDSS public site (<http://www.dss.virginia.gov/family/pssf.cgi>) prior to the start of SFY 2020.

APPENDIX I: Forms

- Form 1: Community Needs Assessment Cover Sheet
- Form 2: Title IV-B Child and Family Services Plan: Assurances
- Form 3: Inventory of Community Services, Needs & Gaps²
- Form 4: Community Plan Summary
- Form 5: Budget Summary
- Form 6: Detailed Budget
- Form 7: Evaluation Criteria

² This inventory also includes an addendum with service definitions to assist in obtaining information requested by VDSS Child Protective Services. For the purpose of this survey, the current PSSF Service Array has been expanded to include additional services for the CBCAP inventory. *These additional services for the CBCAP inventory are in italic.*

Form 1: This form was updated on 11/15/18. The variables' dates were updated.

PSSF Community Needs Assessment Cover Sheet

Please retain a copy for the local agency's records and attach the original to the front of the assessment. Please complete the information below. To select the type of community and region, place the cursor on the check ☐ box and double click. Select Check or Uncheck to enter correct answer and select OK.

Locality: Frederick County					
Contact					
Person: Jennifer Smith					
Telephone: 540-665-5688 ext. 116			E-Mail: Jen.Smith@fcva.us		
Please check the one example that best describes the community:					
<input type="checkbox"/>	Incorporated City or Town with 25,000 or more inhabitants				
<input type="checkbox"/>	Unincorporated City of Town with less than 25,000 inhabitants				
<input checked="" type="checkbox"/>	Rural County				
<input type="checkbox"/>	Urban County				
FIPS:	Central <input type="checkbox"/>	Eastern <input type="checkbox"/>	Northern <input checked="" type="checkbox"/>	Piedmont <input type="checkbox"/>	Western <input type="checkbox"/>
	Region	Region	Region	Region	Region
Date Submitted: <small>(For LDSS staff use)</small>			Date Received: <small>(For VDSS staff use)</small>		

The 2020 – 2024 PSSF funding formula/variables data and “estimated” allocations: This information is located at www.dss.virginia.gov/family/pssf.cgi. The variables data for each locality are located on the “PSSF Eight Variables” document. Scan across and down to view the data. The allocations amounts are listed on the “Estimated Allocations” document in the blue column. Allocations for future years are estimated as they may be increased or decreased based on the availability of funds in future years.

Variables	Locality Total	Percent of Total
Population estimates ages 0-17 (VDH 2016)	19,477	1.04%
Poverty estimates ages 0-17 (Census Bureau, SAIPE 2016)	1895	.72%
Number of valid CPS complaints as reported by VDSS (July 2017 – June 2018)	634	1.61%
Number of unduplicated children served as reported by CSA (SFY 2018)	152	.97%
Intake complaints for ages 0-17 as reported by VDJJ (SFY 2017)	390	.72%
Number of foster care children with a goal of return home as reported by VDSS (July 1, 2018)	31	.60%
Number of adult and children substance abuse consumers reported by VDBHDS (SFY 2018)	308	.97%
Number of children receiving special education services as reported by VDOE (Dec 2017)	1773	1.03%

The funding formula variables resulted in the following “estimated” allocation.

2020-2024 PSSF Annual Allocation:

The allocation amounts are listed on the “Estimated Allocations” sheet in the blue column.

Form 2:**Title IV-B Child and Family Services Plan: Assurances**Locality: Frederick CountyFIPS Code: 069**Certification by CPMT Chair:**

I hereby certify that, to the best of the above named community's ability, the attached application has been developed in accordance with the principles, laws, and regulations set forth in Title IV-B, Subpart 2 (Public Law 105-89, Adoption and Safe Families Act; Public Law 107-133, Promoting Safe and Stable Families Amendments of 2001) and includes:

1. A primary awareness of and emphasis on the safety, permanency, and well-being of each child served;
2. Active participation by a broad representation of stakeholders (e.g., public agencies, private providers, advocacy organizations, the religious community, city and/or county government representatives, and parents/consumers);
3. Completion of a community-based needs assessment and development of a multi-year plan based on prioritized service and resource needs in the community;
4. A commitment to the development and implementation of services designed to prevent the unnecessary separation of children from their families that are family-focused and community-based; and,
5. Establishment of realistic and measurable outcomes to determine whether services and resources being provided are successfully accomplishing the goals and objectives of the community, the State, and the federal law.

Jay Tibbs

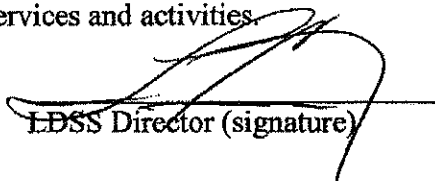
CPMT Chair (printed/typed)


 CPMT Chair (signature) Date
Certification by LDSS Director:

I hereby certify that my agency (MUST BE THE LOCAL DEPARTMENT OF SOCIAL SERVICES) will serve as the fiscal agent for the following communities (Frederick County) in order to provide reimbursement to providers of services with Title IV-B, Subpart 2 funds. As the fiscal agent I will ensure that the requests for reimbursement of services provided will be posted correctly in LASER under the appropriate service types according to the program budget summary to allow for proper billing to the federal government. I understand that the funding is calculated using the following ratio: Federal and State share (84.5 percent) and a (15.5 percent) Local match. I understand that Federal funds for Title IV-B, Subpart 2 programs cannot be used to supplant Federal or non-Federal funds for existing services and activities.

Tamara Green

LDSS Director (printed/typed)


 LDSS Director (signature)

3-19-19
 Date

FORM 3:

Virginia Department of Social Services
Promoting Safe and Stable Families (PSSF)
2020-2024 Community Needs Assessment

OVERVIEW

Federal guidelines for PSSF require community stakeholders to be involved in the identification of community needs and resources, the gaps in these resources, and the establishment and implementation of plans to address the identified needs. The process encourages **your community** to identify and deliver the services that **your community** needs based upon **your own needs assessment**, and within the context of PSSF federal guidelines.

As part of the needs assessment process, each PSSF local program (e.g., city, county or combined jurisdiction) should complete the following inventory (survey). The information that each program provides should support the prioritized goals and services that it plans to deliver and support in the community. The survey data will be listed in the "Service Array" included in the Statewide Assessment required for the 2020 Child and Family Services Plan (CFSP) to be submitted to Health and Human Services in June 2019.

VDSS is also the Lead Agency for the federal Community-Based Child Abuse Prevention Program (CBCAP). VDSS provides CBCAP funds for local child abuse and neglect prevention projects through an RFP process. VDSS submits an annual report to the federal government each year. The CBCAP federal report must include an inventory of services and needs. For the purpose of this survey, the current PSSF Service Array has been expanded to include additional services for the CBCAP inventory. *These additional services for the CBCAP inventory are in italic.* The information provided in the PSSF "Inventory of Community Services, Needs and Gaps" will be included in Virginia's CBCAP report. Including these services on the form at this time provides a more complete "snapshot" of your community's continuum of services and needs.

NOTE: The accompanying Glossary (Appendix II-B) includes the CBCAP in *italic*. *These additional services are for the CBCAP inventory only.*

INSTRUCTIONS FOR FORM 3 (pages 21 – 26)

1. It is recommended that the inventory be discussed at a community stakeholders meeting. Please poll the attendees regarding the most appropriate response for evaluating the current service delivery process. Tabulate the responses and submit one survey based on stakeholder comments.
2. Use your mouse to fill in the check boxes when selecting the community type. Right click your mouse and select Properties. Select "checked" to complete this step. Follow these same steps to indicate the region.
3. Include the three digit FIPS code. Federal information processing standards codes (FIPS codes) are a standardized set of numeric or alphabetic codes issued by the National Institute of Standards and Technology (NIST) to ensure uniform identification of geographic entities through all federal government agencies (e.g., 109 Louisa). **If your locality is partnering with one or more other localities then one survey should be submitted.**

Below are examples of partnering localities:

041/570 Chesterfield/Colonial Heights
081/Greenville/Emporia

5. Select (N) if service is not provided. Select (G) if the service is provided but is not available to meet the needs of all persons who need the service. Select (M) if the service is currently being provided. Please list the names of the service providers if you indicate that the service is "Met." However, list no more than three providers if the service is provided by several service providers. It is not necessary to prioritize the providers. One response should be provided for each service. If there is a need to provide more than one response, please attach a brief explanation.
6. As a clarification, the Community Needs Assessments consists of Forms 1, 2, 3, the Narrative and a Table of Contents. Forms 4, 5 & 6 are part of the application.

Form 1:	Community Needs Assessment Cover Sheet
Form 2:	Title IV-B Child and Family Services Plan: Assurances
Form 3:	Inventory of Community Services, Gaps & Needs
Form 4:	Community Plan Summary
Form 5:	Budget Summary
Form 6:	Detailed Budget

7. All information is due March 22, 2019.

Please retain a copy of the completed survey for the locality's records.
You may contact the following VDSS staff person should you required assistance in completing the survey:

Evelyn Porter
804.726.7577

Evelyn.Porter@dss.virginia.gov

Form 3: Inventory of Community Services, Gaps & Needs					
Locality: Frederick County					
Contact Person: Jennifer Smith					
Telephone: 540-665-5688 ext. 116			E-Mail: Jen.Smith@fcva.us		
Please check the one example that best describes the community:					
<input type="checkbox"/> Incorporated City or Town with 25,000 or more inhabitants <input type="checkbox"/> Unincorporated City or Town with less than 25,000 inhabitants <input checked="" type="checkbox"/> Rural County <input type="checkbox"/> Urban County					
FIPS Code:	Central <input type="checkbox"/> Region	Eastern <input type="checkbox"/> Region	Northern <input checked="" type="checkbox"/> Region	Piedmont <input type="checkbox"/> Region	Western <input type="checkbox"/> Region
Service Array	Assessment of Services			List Service Provider if 'M' is checked	
Service Definitions are located in Appendix II	N= Identified Need <i>(Members of the population need a service, but no one provides the service)</i>	G= Gap in Service <i>(Some members of the population needing a service are not eligible for the service)</i>	M= Service met by existing service providers	Who provides the service in your jurisdiction? (Please list no more than three providers for each response). Please do not use acronyms when completing this section without also spelling out the name of each provider the first time it is identified	
10 Adoption Promotion/Support Services			M	Department of Social Services; United Methodist; and CASE	
011 Adoption Services for birth or adoptive parents			M	DSS Agencies	

Below are examples of partnering localities:

041/570 Chesterfield/Colonial Heights
081/Greenville/Emporia

5. Select (N) if service is not provided. Select (G) if the service is provided but is not available to meet the needs of all persons who need the service. Select (M) if the service is currently being provided. Please list the names of the service providers if you indicate that the service is "Met." However, list no more than three providers if the service is provided by several service providers. It is not necessary to prioritize the providers. One response should be provided for each service. If there is a need to provide more than one response, please attach a brief explanation.
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804.726.7577

Evelyn.Porter@dss.virginia.gov

Form 3: Inventory of Community Services, Gaps & Needs				
Locality: Frederick County				
Contact Person: Jennifer Smith				
Telephone: 540-665-5688 ext. 116			E-Mail: Jen.Smith@fcva.us	
Please check the one example that best describes the community:				
<input type="checkbox"/> Incorporated City or Town with 25,000 or more inhabitants <input type="checkbox"/> Unincorporated City or Town with less than 25,000 inhabitants <input checked="" type="checkbox"/> Rural County <input type="checkbox"/> Urban County				
FIPS Code:	Central <input type="checkbox"/> Region	Eastern <input type="checkbox"/> Region	Northern <input checked="" type="checkbox"/> Region	Piedmont <input type="checkbox"/> Region
Service Array	Assessment of Services			List Service Provider if 'M' is checked
Service Definitions are located in Appendix II	N= Identified Need <i>(Members of the population need a service, but no one provides the service)</i>	G= Gap in Service <i>(Some members of the population needing a service are not eligible for the service)</i>	M= Service met by existing service providers	Who provides the service in your jurisdiction? (Please list no more than three providers for each response). Please do not use acronyms when completing this section without also spelling out the name of each provider the first time it is identified
10 Adoption Promotion/Support Services			M	Department of Social Services; United Methodist; and CASE
011 Adoption Services for birth or adoptive parents			M	DSS Agencies

Form 3 Continued: Inventory of Community Services, Gaps & Needs				
Locality:				
Service Array	Assessment of Services			List Service Provider if 'M' is checked
Service Definitions are located in Appendix II	N= Identified Need (Members of the population need a service, but no one provides the service)	G= Gap in Service (Some members of the population needing a service are not eligible for the service)	M= Service met by existing service providers	Who provides the service in your jurisdiction? (Please list no more than three providers for each response). Please do not use acronyms when completing this section without also spelling out the name of each provider the first time it is identified

020 Assessment		G		
030 Case Management			M	DSS and Northwestern Community Services
040 Community Education and Information			M	Laurel Center; Crossroads Counseling Center; Safe Harbor
050 Counseling and Treatment-Individual			M	Northwestern Community Services; Winchester Community
061 Developmental/Child Enrichment Day Care			M	Crossroads Counseling Center, Head Start, Public Schools, local daycare programs
051 Counseling: Therapy Groups			M	Northwestern Community Mental Health; Winchester Community Mental Health
070 Domestic Violence Prevention			M	Laurel Center

080 Early Intervention (Developmental Assessments and/or Interventions)			M	Head Start; Health Department; Infant Toddler Connection
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Form 3 Continued - Locality:

Service Array	Assessment of Services			List Service Provider if 'M' is checked
Service Definitions are located in Appendix II	N= Identified Need <i>(Members of the population need a service, but no one provides the service)</i>	G= Gap in Service <i>(Some members of the population needing a service are not eligible for the service)</i>	M= Service met by existing service providers	Who provides the service in your jurisdiction? (Please list no more than three providers for each response). Please do not use acronyms when completing this section without also spelling out the name of each provider the first time it is identified

090 Educational/School Related Services			M	Public Schools; Before and After School Program (BASIC); Youth Development Center
110 Financial Management Services			M	Virginia Cooperative Extension
111 Self-sufficiency/Life Management Skills Training		G		
112 Job Readiness Services			M	Virginia Career Works; Local Universities; Temporary Assistance for Needy Families
113 Educational Services			M	Local Community College; Literacy Volunteers; Virginia Career Works
114 English as a Second Language (ESL) Services			M	Literacy Volunteers; Adult Education
120 Health Related Services (excludes dental and client specific procedures)			M	Health Department and Sinclair Health Clinic
130 Housing or Other Material Assistance			M	Salvation Army; CCAP

140 Information and Referral			M	Concern Hotline; United Way-Valley Assistance Network; Department of Social Services
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Form 3 Continued - Locality:				
Service Array	Assessment of Services			List Service Provider if 'M' is checked
Service Definitions are located in Appendix II	N= Identified Need (Members of the population need a service, but no one provides the service)	G= Gap in Service (Some members of the population needing a service are not eligible for the service)	M= Service met by existing service providers	Who provides the service in your jurisdiction? (Please list no more than three providers for each response). Please do not use acronyms when completing this section without also spelling out the name of each provider the first time it is identified

141 Follow-Up Services			M	Northwestern Community Services; Department of Social Services
150 Intensive In-Home Services			M	Family Insight, Crossroads Counseling Center; Intensive Supervision
151 Voluntary Home Visiting			M	Healthy Families
160 Juvenile Delinquency/Violence Prevention Services		G		
170 Leadership and Social Skills Training			M	I'm Just Me Mentoring; Teens Inc.
171 Parent Leadership		G		
180 Mentoring			M	Teens Inc; National Counseling Group; Crossroads Counseling Center
181 Peer Counseling			M	Northwestern Community Mental Health; Winchester Community Mental Health Center; United Methodist Family Services
190 Nutrition Related Services			M	Health Department-WIC; Virginia

				Cooperative Extension
200 Other (Identify)				

Form 3 Continued - Locality:

Service Array	Assessment of Services			List Service Provider if 'M' is checked
Service Definitions are located in Appendix II	N= Identified Need <i>(Members of the population need a service, but no one provides the service)</i>	G= Gap in Service <i>(Some members of the population needing a service are not eligible for the service)</i>	M= Service met by existing service providers	Who provides the service in your jurisdiction? (Please list no more than three providers for each response). Please do not use acronyms when completing this section without also spelling out the name of each provider the first time it is identified

210 Parent-Family Resource Center		G		
211 Parenting Education			M	Crossroads, National Counseling Group, Safe Harbor
212 Programs for Fathers (Fatherhood)		G		
213 Parenting Skills Training			M	Crossroads, National Counseling Group, Safe Harbor
220 Respite Care			M	Department of Social Services
230 Self Help Groups (Anger Control, SA, DV)			M	Laurel Center; Winchester Community Mental Health Center; Northwestern Community Services
231 Mutual Support/Self-Help Groups		G		
235 Substance Abuse Services			M	Safe Harbor; Crossroads Counseling Center; Winchester Community Mental Health Center
240 Socialization and Recreation			M	Before and After School Program; Youth Development Center

250 Teen Pregnancy Prevention			M	ABBA
260 Transportation			M	Medicaid Cab; Public Transportation

Form 3 Continued - Locality:

Service Array	Assessment of Services			List Service Provider if 'M' is checked
Service Definitions are located in Appendix II	N= Identified Need (Members of the population need a service, but no one provides the service)	G= Gap in Service (Some members of the population needing a service are not eligible for the service)	M= Service met by existing service providers	Who provides the service in your jurisdiction? (Please list no more than three providers for each response). Please do not use acronyms when completing this section without also spelling out the name of each provider the first time it is identified

The following questions provide each locality with the opportunity to discuss unique circumstances that may not have been included in your responses to the previous questions.

270 Outreach Services		G		
280 Unaccompanied Homeless Youth	N			
Families with Children with Disabilities		G		
Families with Parents with Disabilities		G		
Non-English Speaking Parents		G		
Homeless Families with Children	N			
Teenage Parents	N			

Describe the steps your local community is taking to expand and strengthen the range of existing services.

There is an annual training, the Community Commitment for Change, which focuses on enhancing the community's approach to the Systems of Care and Best Practices for Children and Families. Community providers and the local department continue to adjust their schedules to meet the needs of clients. Community providers present to the local CPS and Foster Care Units pertaining to their new programs. During these meetings, providers elicit feedback from workers regarding the needs of clients in order to develop new programs that fulfill these needs.

Describe the strengths of your community including efforts which demonstrate collaboration and cooperation to meet community needs. Examples would be neighborhood improvement programs, community coalitions, a system of care, etc.). Within the last year the Department of Social Services has hired a full time Facilitator to facilitate Family Partnership Meetings as well as Child and Family Team Meetings. The Facilitator also has the ability to conduct Mediation sessions between parents and families. This enhancement has allowed for growth when developing strength-based and family-driven service plans that allow for more successful outcomes. Collaborative approaches have also continued to grow and improve in the areas of the Family Assessment and Planning Team Meetings as well as the Northern Shenandoah Valley Alliance; Strengthening and Collaboration Meeting for Substance Exposed Infants, and the Alliance Meeting.

Describe areas needing improvement in your community.

The most critical areas identified as barriers to family preservation and reunification in Frederick County includes: Substance abuse prevention and education, transportation, housing and mental health services. Each of these areas plays a significant role in hindering self-sufficiency and stability, and there are no easy or quick "fixes". The ability to find meaningful employment at a living wage to pay for housing and purchase a vehicle is extremely difficult for clients who are often single parents, involved in substance abuse, have limited education and poor work histories. Other areas needing improvement identified in the Community Needs Assessment Survey include programs such as Fatherhood and Motherhood Initiatives, homeless youth and juvenile delinquency.

Describe the additional child abuse and neglect services that are needed in your community?

One of the most important services needed in Frederick County is prevention. Programs targeted towards at risk youth and their parents provide critical information that raise awareness and increase knowledge of what to do when problems arise in the home, school and community. Information and referral are key components that provide a vital link to services available within the community. Again, the services identified as a need in this area of the community are substance abuse services, lack of locally approved foster families, lack of expanded treatment services locally that meets client's needs, and stable affordable housing.

Describe the strengths of your community including efforts which demonstrate collaboration and cooperation to meet community needs as related to child abuse and neglect prevention services.

Service providers maintain communication with the LDSS to provide feedback regarding the families and children they are serving. These collaborative relationships aid in preventing child abuse and neglect, offer a network of support and services for families in which abuse and/or neglect has occurred or is at risk of occurring, provide individual responses tailored to a family's strengths and needs and encourage shared responsibility for ensuring safety, permanency and well-being.

PSSF Community Plan Summary

This provides a means for each locality to highlight the key components of the five-year program plan. To be formatted in a table similar to the example on the next page. Identify the programs and specific services to be provided, goals for each specific service and outcomes for each specific service similar to the following example found on the next page.

Locality: Frederick County

FIPS: 069

Service Area:	
Community Needs Assessment- Key factors that drive Program and Services: <i>(Include the date of the Needs Assessment)</i>	In 2019 the Frederick County Department of Social Services conducted the community needs assessment. Responses were received and tabulated. From this questionnaire top needs identified were substance abuse and mental health services. Results will be shared with the Alliance workgroup and other service providers and concerned agencies who either are, or may be able to provide services or assist with closing eligibility and accessibility gaps.
Program(s) and Specific Services:	Family Services Specialists are employed by Frederick County DSS. These workers are able to meet with families on a regular basis. The Family Services Specialists and the families work to design a plan together, which is implemented immediately, and reviewed every thirty days. Services that are identified by the Family Services Specialist and families are purchased from local vendors to implement supportive services such as assessments, individual counseling, and parent mentoring to aid families in their effort to remain together. The Family Services Specialists have scheduled CFTM/FPM's with all professionals involved in the preservation, support, and reunification of the family.
Target Populations Served by Specific Services:	Child Protective Services, Foster Care Services and the local FAPT can refer families who are at risk of abuse and neglect.
Goal(s) for Each Specific Service:	To increase safety in the referred families home, a Safety Risk Assessment will be utilized by the Family Services Specialist to document safety. To increase parent's mental health as reported by their contracted individual therapist. To increase parent's access to community resources. To increase parent's nurturing and protection of their children as reported by contracted counselors/providers.
Outcome(s) for Each Specific Service:	In home family services should prevent children from being placed out of their home 60% of the time. In home family services should reunify 60% of families who have been separated due to abuse and neglect. In home services will assess 100% of families capacity for reunification or preservation. Other supportive services will eliminate risk factors in families.

Other: Barriers or Challenges to Service Delivery in Previous Years:	Lack of service providers that can adequately meet the specific needs of the families and children
---	--

If the plan involves providing more than one service, please summarize all the services, goals and outcomes on one form. Identify each with a number or another identifiable character.

	CPMT Chair	DSS Director	Primary Contact Person (Person responsible for completing the reports)
Name:	<u>Jay Tibbs</u>	<u>Tamara Green</u>	<u>Kim Busch</u>
Address:	<u>107 N Kent Street</u> <u>Winchester, VA</u> <u>22601</u>	<u>107 N Kent Street</u> <u>Winchester, VA</u> <u>22601</u>	<u>107 N Kent Street</u> <u>Winchester, VA 22601</u>
Telephone:	<u>540-665-6382</u>	<u>540-665-5688 ex</u> <u>109</u>	<u>540-665-5688 ext 128</u>
Fax:	<u>540-667-0370</u>	<u>540-535-2146</u>	<u>540-535-2146</u>
E-mail:	<u>jtibbs@fcva.us</u>	<u>tamara.green@fcva.us</u>	<u>Kim.busch@fcva.us</u>

Community Plan Summary Example:

Community Needs Assessment - Key factors that drive the program and services: (Include the date of the Needs Assessment)	The Community Needs Assessment conducted in <u>2018</u> for the City of Anywhere, VA indicated that the city has a higher poverty, higher school dropout rates, a larger number of children eligible for the free and reduced school lunch program and a higher juvenile delinquency intake rate compared to cities of similar size and population figures.
Program(s) and Specific Services:	The Anywhere, VA CPMT determined that PSSF funds should be used to support a proven successful school based case management program.
Target Population Served by Services:	The school based case management program will be designed for middle school age students.
Goal(s) for each specific service:	Youth served by the program will meet individually with the case manager for counseling at least once per week. Parents/guardians will meet with the case manager at least once per month.
Outcome(s) for each specific service:	85% of program participants will remain free of involvement with the criminal justice system while in the program and for six months following graduation from the program.

	85% of program participants will be promoted to the next school grade level.
Other: Barriers or Challenges to Delivering this service in Previous Year:	Lack of transportation available for some students to attend after school programs and the lack of parental involvement requiring their attendance were challenges cited last year.

Form 5:**PSSF Budget Summary**

This form was updated on 11/15/18. The updates include added lines for local cash match, total PSSF budget, and signature lines.

SFY 2020 _____

Locality: Frederick

FIPS: 069 _____

Budget Line 855 – Staff & Operations — (Complete, If Applicable)				
Staff & Operations Costs: <i>Includes Direct Personnel Costs provided by the LDSS and Indirect Operations Costs incurred by the LDSS, previously called Administrative Costs. These costs can only be claimed by the LDSS. Vendor personnel costs are claimed under Budget Line 866.</i>	Family Support & Preservation	Family Reunification	NO ENTRIES ALLOWED	
Direct Costs <i>(Staff and fringe benefits) (Lump sum of all program related personnel costs)</i>				
Indirect Costs - <i>Do not separate these cost by program type. (Lump sum of all costs as illustrated: Office Rent & Utilities (non-client services), Postage, Printing, Telephone & Fax, and Equipment & Supplies). Limited to 8%</i>				
Budget Line 866 – Vendor Purchased Services				
Vendors	Family Support	Family Preservation	Family Reunification	Adoption - (*) (86606)

(List each service provider)	(86601)	(86602)	(86605)
CCC	\$750	\$2636.44	\$2000
NCG	\$1175		\$2000
WCMHC	\$1175	\$2636.44	
Safe Harbor	\$1175	\$2000	\$2000
Family Insight	\$750	\$1137.04	\$1000
NWCS	\$425	\$1000	
ARS	\$300	\$500	
Center for Counseling and Growth	\$750	\$636.64	
Lutheran Family Services		\$636.64	
Budget Line 866 – Direct Client Related Purchases			
Housing or Other Material Assistance	\$1500		\$500
Other (Explain) For purchase of Drug screens		\$14000	\$1500
Emergencies	\$1795.80	\$4000	\$1000
SOURCE OF FUNDING	AMOUNT REQUESTED		
Federal/State Share (84.5%)	\$41,387.25	(*)Spend a minimum of 20% of PSSF funds on Support, 20% on Preservation and 20% on Family Reunification. Because funds are allocated to Adoption programs at the home office level, localities are not required to spend 20% on adoption promotion and support.	
Local Cash Match (15.5%)	\$7,591.75		
Total PSSF Budget	\$48,979		

Jay Tibbs

Jay Tibbs 3/21/19

CPMT Chair (printed/type)

CPMT Chair (signature) Date

Tamara Green

Tamara Green
LDSS Director (printed/type)

[Signature] 3-19-19
LDSS Director (signature) Date

Form 6:

PSSF Detailed Budget

SFY2020

Locality: Frederick

FIPS: 069

Section I. Staff & Operations Costs (Budget Line 855) — (Complete, If Applicable)

Includes Direct Personnel Costs and Indirect Operations Costs incurred by the LDSS, previously called Administrative Costs. Indirect Costs include the following: Office Rent & Utilities (non-client services), Postage, Printing, Telephone & Fax, and Equipment & Supplies.

Please explain how many positions will be funded, total salary costs and the indirect costs claimed in the justifications section.

Staff & Operations Costs	Family Support & Preservation	Family Reunification	Federal & State Share (84.5%)	Local Match (15.5%)
Direct Costs				
Justifications:				
Indirect Costs Limited to 8%				
Justifications:				

Section II. Purchased Services Costs (Budget Line 866)

(*)There is a federal requirement to spend a minimum of 20% of PSSF funds on Support, 20% on Preservation and 20% on Family Reunification. Because funds are allocated to Adoption programs at the home office level, localities are not required to spend 20%.

The following table is designed so that additional rows can be added to allow localities to include all the vendors and/or contractors from whom services will be purchased. Please include information in the justifications section explaining the services being purchased, cost per service and the number of clients to be served.

Vendors (List Each Service Provider)	Support (86601)	Preservation (86602)	Reunification (86605)	Adoption (86605) (*)	Local Match (15.5%)
CCC	\$750	\$2636.44	\$2000		
NCG	\$1175		\$2000		
WCMHC	\$1175	\$2636.44			
Safe Harbor	\$1175	\$2000	\$2000		
Family Insight	\$750	\$1137.04	\$1000		
NWCS	\$425	\$1000			
ARS	\$300	\$500			
Center for Counseling and Growth	\$750	\$636.64			
Lutheran Family Services		\$636.64			
Justifications: Family Support: Counseling and Treatment, Parenting skills; Family Preservation: Substance Abuse Services, Counseling and Treatment; TLR: Substance Abuse Services, Parenting skills, and Counseling and Treatment					

Form 6 Continued

PSSF DETAILED BUDGET

SFY2020

Locality: FrederickFIPS: 069

Direct Client Related Purchases	Support (86601)	Preservation (86602)	Reunification (86605)	Adoption (86605) (*)	Local Match (15.5%)
Housing or Other Material Assistance	\$1500		\$500		
Transportation					
Other (Explain) For Purchase of Drug Screens		\$14000	\$1500		
Emergencies	\$1795.80	\$4000	\$1000		
Justifications:					

Section III. Local Match (15.5%) Required in Cash

SOURCE OF MATCH FUNDING		
	LDSS	Other Local Source
Cash Amount	\$7,591.75	
Total Percent of Budget	15.5%	
Total Match	\$7,591.75	

SOURCE OF FUNDING	AMOUNT REQUESTED	
	Federal/State Share (84.5%)	41,387.25
	Local Match (15.5%)	\$7,591.75
	TOTAL PSSF BUDGET	\$48,979

Jay Tibbs
CPMT Chair/Designee


(signature required)

3/21/19
Date

Tamara Green
LDSS Director/Designee


(signature required)

3-19-19
Date

Form 7:

Page 1 of 2

FOR VDSS HOME OFFICE STAFF USE:

Funding Application Evaluation Criteria

Locality: _____

FIPS Code(s): _____

Reviewer: _____

PSSF Application Checklist

Application/Signature Sheets	Check Yes No	Comments
<i>CPMT Chair original signature</i>	<input type="checkbox"/> <input type="checkbox"/>	
<i>DSS Director original signature</i>	<input type="checkbox"/> <input type="checkbox"/>	
<i>Local Match of 15.5%</i>	<input type="checkbox"/> <input type="checkbox"/>	
<i>Administrative costs do not exceed 8%</i>	<input type="checkbox"/> <input type="checkbox"/>	
Forms Attached	<input type="checkbox"/> <input type="checkbox"/>	
<i>Community Needs Assessment Cover Sheet</i>	<input type="checkbox"/> <input type="checkbox"/>	
<i>Assurances Signed by CPMT Chair & DSS Director</i>	<input type="checkbox"/> <input type="checkbox"/>	
<i>Inventory of Community Services, Needs & Gaps</i>	<input type="checkbox"/> <input type="checkbox"/>	
<i>Community Plan Summary</i>	<input type="checkbox"/> <input type="checkbox"/>	
<i>Budget Summary</i>	<input type="checkbox"/> <input type="checkbox"/>	
<i>Detailed Budget</i>	<input type="checkbox"/> <input type="checkbox"/>	
Community Partners Contact Information	<input type="checkbox"/> <input type="checkbox"/>	
Allocation Amount		
Amount Requested		
Last SFY Reporting Forms on File (comments)	Yes <input type="checkbox"/> 1 st Quarter <input type="checkbox"/> 2 nd Quarter <input type="checkbox"/> 3 rd Quarter <input type="checkbox"/> 4 th Quarter & Year-End	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

The following criteria are used to assess program quality and to determine home office approval.

Community Needs Assessment and Application Checklist

Needs Assessment	Yes	No
Does the request for funding include the date of the needs assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Are the needs of the population served clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>
Are the needs of the community served clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>
Are community resources and service availability clearly described?	<input type="checkbox"/>	<input type="checkbox"/>
Are statistical references included?	<input type="checkbox"/>	<input type="checkbox"/>
Are gaps in services and resources clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>
Are gaps between availability and access clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>

Form 7 Continued:**Page 2 of 2****Program Design**

Does the request for funding identify unmet community needs and/or service gaps?

Yes **No**☐ ☐

Are the program services consistent with the needs identified in the assessment?

☐ ☐

Are the planned services clearly defined?

☐ ☐

Do service provisions address the needs of the population?

☐ ☐

Do service provisions address the needs of the community?

☐ ☐**Organizational Capacity**

Are outcomes concrete and measurable?

☐ ☐

Are outcomes consistent with the goals and objectives?

☐ ☐

Are program strengths and weaknesses identified?

☐ ☐

Based on the new needs assessment, service plan, and evaluation material, how feasible are the future plans?

☐ ☐**Budget**

Does the budget support the needs assessment and service plan?

☐ ☐

Is a minimum of 20% of the requested funding budgeted to family preservation service?

☐ ☐

Is a minimum of 20% of the requested funding budgeted to family support service?

☐ ☐

Is a minimum of 20% of the requested funding budgeted to family reunification service?

☐ ☐

Has a waiver been requested under any of the service types?

☐ ☐**Additional Comments:**

Strengths	Technical Assistance Needed

Appendix II

Reference Documents

A: Glossary

PSSF Program Definitions

Adoption Promotion and Support Services

Adoption promotion and support services are designed to encourage more adoptions of children out of the foster care system when adoptions are in the best interests of the children. They include pre- and post-adoption services designed to expedite the adoption process and support adoptive families.

Administrative Costs/Direct Services (BL 855)

This cost code applies to local department of social services personnel costs associated with service delivery or service supervision for Family Support, Family Preservation, Family Reunification, or Adoption. Services not delivered by department of social services family Services workers, or goods and services purchased on behalf of a client are charged to Budget Line 866, Purchased Services (See Purchased Services). Staff costs for BL 855 are captured in Random Moment Sampling (RMS).

Administrative Costs/Indirect (BL 855 w/ 8% cap)

Costs of auxiliary functions necessary to sustain the direct effort involved in administering the state plan for Title IV-B, Subpart 2, or an activity providing service to the program. These services may be centralized in the grantee department or in some other agency, and may include but are not limited to the following: maintenance of space and property; data processing and computer services; accounting; budgeting; auditing; and operations.

(For Example: office rent, utilities, office supplies, equipment, public relations, and personnel recruitment). (Refer to the LASER manual when applying cost to space). Please contact your Regional Administrative Manager if additional information is required or desired.

The VDSS Division of Finance calls Administrative Costs "Staff & Operations Costs"

Benchmark:

A tangible measure, timeframe, guidepost, or milestone that can be used for assessing progress towards meeting the objectives or standards.

Budget Justification:

Accompanies a detail budget and describes how the line item costs are determined. Includes equations used to determine specific costs. It discusses the necessity and reasonableness and Rof the proposed costs.

Child and Family Services Plan:

The document, developed through joint planning, which describes the publicly-funded state child and family services continuum; includes goals and objectives, for improved outcomes for safety, permanence, and the well-being of children and families, and for service delivery system reform; specifies the services and other implementation activities that will be undertaken to carry out the goals and objectives; and includes plans for program improvement and allocation of resources. The Child and Family Services Plan covers the Child Protective Services Program, Promoting Safe and Stable Families Program, the Foster Care Program, the Independence Living Program, the Adoption Program, and the Interstate Compact of the Placement of Children Program.

Community Policy and Management Team (CPMT):

A team established by the comprehensive services act for at-risk youth and families. The team is appointed by local governing bodies to manage the cooperative effort in each community to serve the needs of troubled and at-risk youth and their families and to maximize the use of state and community resources. This team develops local policies and procedures for provision of services to children and families.

Children:

Individuals from birth to the age of 17.

Community:

People living within a defined geographical area with a common interest in the welfare and safety of families and children, including but not limited to, representatives from neighborhoods, families, children, providers of services, government, schools, businesses, religious group and advocacy groups.

Community Assessment Process:

The process by which a community systematically collects information about its needs, resources, and the multiple systems serving children and families, and then prioritizes the needs and assigns resources to the extent they are available to meet those needs. A community assessment may also establish a system to track the effectiveness of services delivered to improve outcomes for children and families in order to meet ever-changing community needs.

Community-Based Services:

Service programs characterized by accessibility and responsiveness to individual, family, and community needs and which may be provided by public and/or private nonprofit agencies or organizations including community-based organizations.

Early Intervention:

Preventive efforts with individuals who have (1) higher than average risk for developing problems based on biological, psychological, or social/environmental factors, (2) minimal, but noticeable symptoms that foreshadow problems, or (3) biological predisposition to problems.

Family Assessment and Planning Team (FAPT):

The local team created through the Comprehensive Services Act to assess the strengths and needs of troubled youths and families who are referred to the team. The team identifies and determines the complement of services required to meet these unique needs.

Family:

Two or more individuals living together and cooperating for the common purpose of providing care, support, safety, and nurturance, and who define themselves as a family.

Family Preservation Services:

Refers to services for children and families designed to help families (including birth, foster, adoptive, and extended families) alleviate crises; maintain the safety of children in their own homes; support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner. The definition also allows grantees to support infant safe haven programs.

Services include:

- Pre-placement preventive services, such as intensive family preservation programs, designed to help children at risk of foster care placement remain with their families, where possible.
- Respite care services to provide temporary relief for parents, grandparents and other caregivers (including foster parents).
- Other Services Designed to:
 - help children, where appropriate, return to families from which they have been removed; to support kinship care (relative) placements' or if adoption or legal transfer of custody to a relative is determined not to be appropriate for a child, in some other planned, permanent living arrangement.
 - provide follow-up care to families to whom a child has been returned after a foster care placement, **and when the 15 month period for family reunification** does not apply or has been exhausted.
 - improve parenting skills (by reinforcing parental confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health and nutrition.
 - help families **alleviate crises** that might lead to out-of-home placements of children because of abuse, neglect, or parental inability to care for their children. They help to maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.

Family Reunification Services:

Family Reunification services are "services and activities that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution or a child who has been returned home and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the

services and activities shall only be provided during the 15-month period that begins on the date that the child returns home.

Examples of the services and activities include the following:

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

Family Support Services:

- Family support services are primarily community-based preventive activities designed to promote the safety and well-being of children and families; promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families; and strengthen parental relationships and promote healthy marriages. The P.L. 112-34 amended the definition to include mentoring programs.

Services often provided at the local level by community-based organizations. **They are voluntary, preventive activities** to help families nurture their children. These services are designed to alleviate stress and help parents care for their children's well-being **before a crisis occurs**. They connect families with available community resources and supportive networks which assist parents with child rearing. They encourage strengthening parental relationships and promoting healthy marriages. Family support activities include respite care for parents and caregivers, early developmental screening of children to identify their needs, mentoring, tutoring, health education for youth, and informal interactions in drop-in centers.

Fiscal Agent:

The entity responsible for all financial matters regarding the use of Promoting Safe and Stable Families funding in the locality receiving the services. This is the director for the locality's designated local department of social services. The fiscal agent is also responsible for ensuring that the requests for reimbursement of services provided will be posted correctly in LASER under the appropriate service types according to the program budget summary to allow for proper federal government billing.

Goal:

A long-term outcome that reflects the expected success resulting from the provision of interventions, programs and/or services to specified target populations.

Indicator:

A feature that points to the probability of the outcome occurring. Some outcomes are difficult to observe or measure, especially those that cut across several disciplines or different agencies. Therefore, there is a need to rely on several different indicators that suggest the achievement of the goal. Quite often, outcomes cannot be observed directly and must be measured with indirect indicators. For example, a decreased rate of domestic violence is one indirect indicator of marital stability.

Kinship Care:

Occurs when a minor child lives with a relative. This relative may or may not have custody of the child but has assumed care of the child.

LASER:

Locality Automated System Expenditure Reimbursement. The Division of Finance within the Virginia Department of Social Services (VDSS) uses an automated system called LASER for processing local agency reimbursements. Local agency personnel enter expenditure and case data into LASER for the purpose of obtaining reimbursement from VDSS. These expenditures are entered by an account number that identifies the type of expense.

Locality:

The geographic area that the CPMT has identified to serve. This may include a city, a town, county or any combination thereof. The locality's CPMT chairperson is responsible for submitting the Application for Funding, Community Needs Assessment and program reporting documents by the due dates.

Match:

The amount of local funds required in order to participate in the Promoting Safe and Stable Families Program. The amount of the local match required is 15.5 percent of the amount of the total allocation.

Measure:

A reference standard by which items, events, services, or people are compared to an ideal. For example, a measure is the number of times a founded disposition of abuse/neglect is determined for a family, or the number of foster care placements a child experiences. These are compared to an ideal established by law, by the service provider, or by the community purchasing, paying for, or providing the services.

Outcome:

The result towards which intervention, programs, or services are directed. It is a natural result, a planned or unplanned consequence of events or services being delivered. Because family-centered, integrated programs are targeted at different levels, outcomes must be measured at the child, family system, and community levels. (e.g., an outcome of successful prevention service delivery is that no children (or a limited, but specific percentage of the children served) enter foster care. The outcome is what should actually be achieved as a direct result of services being delivered.

Purchased Services (Budget Line 866):

All direct program costs and services purchased from vendors, including their personnel and operating costs should be appropriately charged to 86601 (Family Support), 86602 (Family Preservation), 86605 (Family Reunification), or 86606 (Adoption).

Local department of social services personnel costs associated with service delivery or service supervision cannot be charged to Budget Line 866. See Administrative Cost Budget Line 854.

Prevention:

Efforts that (1) promote health and competence in people and (2) create, promote, and strengthen environments that nurture people in their development, so that they reach their potential, contribute positively to society and realize well-being, and achieve or maintain their independence.

Program Costs:

Expenses incurred in connection with developing, implementing and the delivery of services. Costs are either direct or indirect. Direct costs are more client service related and include counseling, mentoring, financial assistance, etc. Indirect costs are more administrative and include, planning, management, accounting, budgeting, auditing, personnel supervision, etc. Personnel involved in service delivery are considered direct program costs.

Standard:

The ideal outcome that an effective program, plan, or policy is expected to produce. There may be more than one standard.

Trend:

The general movement over a course of time of a statistically detectable change.

Waiver:

Localities may request from the home office a waiver to budget less than the 20% PSSF funds for family reunification services, or no amount on family reunification based on an analysis of the locality's foster care population. To request a waiver, submit a letter on agency letterhead with the locality application (including renewal applications). Include in the letter the foster care data and an analysis of the data. Review the following requirements and suggested language in presenting the information and to request a waiver:

Agency Foster Care Data

____ Number of children in Foster Care	____ Number of children in Foster Care 12 months or less
____ Number of children who entered Foster Care during past two calendar years	
____ Children Year One	____ Children Year Two

After analyzing this foster care data, select one of the statements listed below to insert in the following sentence and include the sentence in the waiver request:

"Based on an analysis of the current foster care trend data for the two previous years, our agency requests a waiver approval ____." *(Select one of the following options to complete the sentence).*

Suggested choices (just examples, not a dictate):

- To use more than the 20% recommended for Family Reunification Services.
We request a waiver to use ____ %.
- To use less than the 20% recommended for Family Reunification Services.
We request a waiver to use ____ %.

Promoting Safe and Stable Families Budget

SFY: 2025

PSSF Allocation: \$53,960

Locality: Frederick

FIPS: 069

Virginia guidance sets a minimum of 20 percent of LDSS PSSF funds be spent on Support, Preservation and Reunification. LDSS are exempt from the Adoption requirement because funds are allocated to adoption programs at the state level. However, an LDSS may allocate funds towards adoption as necessary. LDSS must have a strong rationale if the percentage provided in the Five-Year Plan and renewal applications is set below 20 percent for Support, Preservation or Reunification. LDSS may allocate direct costs towards Support, Preservation and Reunification. There is no limit and funds must be transferred to budget line 855 (Staff and Operations) for use. Direct costs are captured in Random Moment sampling (RMS). LDSS may allocate up to eight percent of the total program budget towards Indirect costs. These funds must be transferred to budget line 855 for use. The LDSS must be able to contribute a local match of 15.5%.

Section I: Staff & Operations Costs (Budget Line 855)

This section should only be completed if the LDSS is allocating funds for direct and indirect costs associated to the PSSF program. This includes Direct Services provided by the LDSS personnel and Indirect costs incurred by the LDSS in order for personnel to perform direct services, previously called Administrative Costs. These expenses can only be claimed by the LDSS and reimbursement must occur in budget line 855. Funds allocated towards staff and operations will be placed in BL855 at the beginning of the fiscal year or through a BRS request if the application is amended to include.

Staff & Operations Costs	Family Support	Family Preservation	Family Reunification		
Direct Costs (Staff & fringe benefits)	\$0	\$0	\$0		
Please describe how funds will be spent:					
N/A					

Promoting Safe and Stable Families Budget

Indirect Costs (8% limit, not seperated by program type) (Lump sum of all costs illustrated: Office Rent & Utilities (non-client services), postage, printing, telephone, fax, equipement and supplies)	\$0		
Please list the indirect costs associated to the PSSF program to be claimed below: N/A			

Section II: Contract Services (Budget Line 866)

This section should only be completed if the LDSS has an active MOU, MOA, Approved Proposal or Contract with a vendor to provide community based services. For example, the LDSS has a contract with a community partner to provide parenting classes in the community. For example, the LDSS has a contract with a community partner to provide a support group in the community. These services are not client specific.

[illegible]

Promoting Safe and Stable Families Budget

Section III: Direct Client Related Purchases (Budget Line 866)

Direct Client Related Purchases are services that are purchased within the community to meet the individual needs of a client. For example, groceries are purchased from the grocery store for a family to ensure proper nutrition. For example, a rental payment is made to a landlord for a family who is experiencing financial instability.

Service Code	Family Support	Family Preservation	Family Reunification	Adoption Promotion/ Support
Childcare	\$0	\$1,000	\$1,500	\$0
Counseling/ Therapy	\$0	\$1,000	\$1,000	\$0
Emergency Aid	\$9,000	\$5,376	\$1,292	\$0
Transportation	\$0	\$0	\$500	\$0
Other: Service not part of the service array	\$0	\$13,500	\$500	\$0
Parent Coaching	\$0	\$3,000	\$4,000	\$0
Assessment/ Evaluation	\$0	\$5,000	\$2,000	
Mentoring/ Peer Mentoring	\$1,792	\$3,500	\$0	
If chosen, provide a description of the service being provided for service code "Other: Service not part of the service array"				
Drug screens				

Promoting Safe and Stable Families Budget

Section IV: Summary of PSSF Allocation

PSSF Allocation:	\$53,960
Amount allocated towards indirect costs	\$0
Amount allocated towards Family Support	\$10,792
Amount allocated towards Family Preservation	\$32,376
Amount allocated towards Family Reunification	\$10,792
Amount allocated towards Adoption Promotion & Support	\$0
Remaining Balance:	\$0

Section V: Financial Compliance

Percent allocated for Indirect Costs:	0%
Percent allocated for Family Support:	20%
Percent allocated for Family Preservation:	60%
Percent allocated for Family Reunification:	20%
Percent allocated for Adoption Promotion/ Support:	0%

Section VII: Source of Funding

Federal/ State Share (84.5%)	\$45,596
Local Cash Match (15.5%)	\$8,364

LDSS Director (print/ type)

LDSS Director (signature)

Date

CPMT Chair (print/ type)

CPMT Chair (signature)

Date

Program Consultant (print/ type)

Program Consultant (signature)

Date

Supplemental Budget

If Surplus funds are available during this grant year, you may apply for additional funding by completing the worksheet below. Prior to submission of the submission of the BRS request, email the supplemental budget request to the Program Consultant for approval of additional funds.

Service Code	Family Support	Family Preservation	Family Reunification	Adoption Promotion/ Support
If chosen, provide a description of the service being provided for service code "Other: Service not part of the service array"				

Supplemental Budget

Section VII: Source of Funding

PSSF Supplemental Amount:	<u>\$0</u>
Federal/ State Share (84.5%)	<u>\$0.00</u>
Local Cash Match (15.5%)	<u>\$0.00</u>

LDSS Director (print/ type)

LDSS Director (signature)

Date

Program Consultant (print/ type)

Program Consultant (signature)

Date

FIPS	Locality	Allocation
001	Accomack	\$21,034
003	Albemarle	\$67,882
005	Alleghany- Covington	\$20,430
007	Amelia	\$19,028
009	Amherst	\$19,321
011	Appomattox	\$18,000
013	Arlington	\$91,877
015	Shenandoah Valley	\$105,222
017	Bath	\$18,000
019	Bedford	\$62,351
021	Bland	\$18,000
023	Botetourt	\$18,000
025	Brunswick	\$18,000
027	Buchanan	\$32,444
029	Buckingham	\$18,991
031	Campbell	\$38,978
033	Caroline	\$19,373
035	Carroll	\$35,809
036	Charles City	\$18,000
037	Charlotte	\$18,000
041	Chesterfield- Colonial Heights	\$204,757
043	Clarke	\$18,000
045	Craig	\$18,000
047	Culpeper	\$40,959
049	Cumberland	\$18,384
051	Dickenson	\$27,858
053	Dinwiddie	\$20,268
057	Essex	\$18,000
059	Fairfax/Falls Church	\$427,171
061	Fauquier	\$37,101
063	Floyd	\$18,000
065	Fluvanna	\$20,833
067	Franklin County	\$63,044

069 Frederick	\$53,960
071 Giles	\$28,235
073 Gloucester	\$20,826
075 Goochland	\$18,000
077 Grayson	\$18,000
079 Greene	\$18,424
081 Greenville/Emporia	\$18,000
083 Halifax	\$18,000
085 Hanover	\$48,899
087 Henrico	\$168,189
089 Henry	\$45,273
091 Highland	\$18,668
093 Isle of Wight	\$18,000
095 James City	\$35,105
097 King and Queen	\$18,000
099 King George	\$18,000
101 King William	\$18,000
103 Lancaster	\$18,000
105 Lee	\$19,930
107 Loudoun	\$149,084
109 Louisa	\$24,144
111 Lunenburg	\$18,000
113 Madison	\$18,000
115 Mathews	\$19,377
117 Mecklenburg	\$23,603
119 Middlesex	\$18,000
121 Montgomery	\$46,749
125 Nelson	\$18,000
127 New Kent	\$18,000
131 Northampton	\$18,000
133 Northumberland	\$18,000
135 Nottoway	\$18,000
137 Orange	\$28,667
139 Page	\$19,638

141 Patrick	\$18,183
143 Pittsylvania	\$18,000
145 Powhatan	\$18,000
147 Prince Edward	\$18,000
149 Prince George	\$18,000
153 Prince William	\$245,188
155 Pulaski	\$18,000
157 Rappahannock	\$18,000
159 Richmond County	\$18,000
161 Roanoke County/Salem	\$94,686
163 Rockbr/Buenv/Lex	\$26,760
165 Rockingham/Hburg	\$114,166
167 Russell	\$39,471
169 Scott	\$27,898
171 Shenandoah County	\$32,545
173 Smyth	\$40,005
175 Southampton	\$18,000
177 Spotsylvania	\$86,693
179 Stafford	\$73,785
181 Surry	\$18,000
183 Sussex	\$18,000
185 Tazewell	\$49,160
187 Warren	\$18,000
191 Washington	\$49,548
193 Westmoreland	\$18,000
195 Wise	\$64,128
197 Wythe	\$33,706
199 York/Poquoson	\$34,683
510 Alexandria	\$67,996
520 Bristol	\$31,501
530 Buena Vista	\$0
540 Charlottesville	\$60,299
550 Chesapeake	\$118,717
570 Colonial Heights	\$0

580 Covington	\$0
590 Danville	\$45,645
620 Franklin City	\$18,000
630 Fredericksburg	\$29,113
640 Galax	\$18,665
650 Hampton	\$99,020
660 Harrisonburg	\$0
670 Hopewell	\$25,316
678 Lexington	\$0
680 Lynchburg	\$77,610
683 Manassas	\$26,000
685 Manassas Park	\$26,000
690 Martinsville	\$18,000
700 Newport News	\$136,820
710 Norfolk	\$165,302
720 Norton	\$23,279
730 Petersburg	\$34,704
740 Portsmouth	\$77,157
750 Radford	\$18,000
760 Richmond City	\$164,981
770 Roanoke City	\$124,999
790 Staunton	\$0
800 Suffolk	\$54,422
810 Virginia Beach	\$190,350
820 Waynesboro	\$0
830 Williamsburg	\$18,000
840 Winchester	\$54,732

Totals: \$5,657,119.00

Service Array

The following services and activities are the most frequently identified services provided to children and families. Agencies may include services/ activities not listed; however, they must meet the basic service requirements for Prevention, Support, and Reunification and Adoption services.

<p>Assessment/Evaluation:</p> <ul style="list-style-type: none"> • Family • Child • Child Development Screening • Behavioral • Trauma • Domestic Violence • Sexual Abuse • Substance Use • Parent Assessment • Psychological 	<p>Assessment is a process by which information is gathered, analyzed, and synthesized to determine strengths and needs of the family, parent, or child to identify appropriate services and to develop an individual service plan to reduce risk of child abuse, neglect, out of home placement, and promote safety, permanency, and well-being of a child.</p> <p>Based on the results of an assessment completed at intake, or results of an assessment conducted by a referring agency, a service plan must be developed that outlines desired goals for the family and defines in detail how those goals are to be achieved and measured. Goals should reflect identified priorities and must be realistic with attainable and measurable outcomes and timeframes for completion.</p> <p>Service Delivery: Assessment includes administration of assessment instruments, evaluation of results, consultation with family to identify case plan goals and development of an individual service plan. All assessments MUST be conducted by an appropriately qualified individual by training, experience or required certification and/or licensure.</p>
<p>Before & After School Activities:</p>	<p>Safe and educational activities for children and youth provided under appropriate supervision on school days or weekends. These programs provide a variety of activities, from homework help to arts and crafts, field trips, recreation, and study time.</p>
<p>Case Management:</p>	<p>Occurs when a worker takes responsibility for assuring that the needs of the family are assessed that services plans are created with the family and reflect their priorities and goals, and that the efforts of all service providers involved with the family are coordinated and consistent with the service plan.</p>

Service Array

Childcare:

Quality childcare services enhance child development and provide support for parents/ relative caretakers, including those at risk of abusive behavior. Childcare may be provided for a specified period to:

- Facilitate caregiver participation in program activities.
- Enhance child abuse and neglect prevention efforts, such as after-school supervision.
- Provide short-term emergency childcare in the absence of resources to meet a temporary immediate need while a long-term childcare solution is identified.
- Allow a parent/ relative caretaker to attend employment, training for employment, or respite due to temporary illness.

Service Delivery: A regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period. The service may be provided in the parent's home, the provider's home, or a public facility. Providers must be legally operating in the state of Virginia.

Service Array

Community Based Education & Awareness

Community based programs aimed to prevent disease and injury, improve health, enhance quality of life, increase public awareness, and inform communities on the availability of services. Educational and awareness programs encourage and enhance health and wellness by educating communities on topics such as:

- Injury and violence prevention
- Mental illness/behavioral health
- Pregnancy prevention
- Oral health
- Tobacco use
- Substance use
- Nutrition
- Physical activity
- Obesity prevention
- Human trafficking
- Child abuse prevention

Service Delivery: For example, in a school assembly or community forum, there could be a presentation on good nutrition, healthy lifestyles, proper dental care, or hygiene.

Note: PSSF funds cannot be used to cover any medical or dental procedures or treatment costs for children, parents, or guardians. Health and hospital related social services are not purchasable.

Service Array

Counseling/ Therapy:

- **Individual**
- **Group**
- **Family**
- **Non-Traditional**

Individual: Provided to individuals or a family unit by qualified human service professionals in either individual or group sessions. The counseling focuses on the individual's perception of self, family, and significant others. Such services include evaluation and diagnosis of problems, development of treatment goals and strategies and counseling.

Group: This includes the purchase of guidance, consultation, and problem solving in a helping professional relationship. It is related to family and personal adjustment problems, values clarification, personal effectiveness, and other areas of counseling exclusive of counseling related to other discrete services. Therapeutic interaction between mental health professionals, family services workers, case managers and family members; or groups of families, birth parents or youth experiencing similar problems that may be solved with similar treatment plans.

Non-Traditional: Therapy to address mental health concerns in addition to individual and group such as meditation, aromatherapy, yoga, movement therapy, music, equine, writing, and art.

Service Delivery: Services are available through purchase from facilities such as State operated mental health clinics, locally operated public mental health clinics and centers under the auspices of Community Mental Health and Mental Retardation Services Boards, private mental health professionals licensed to provide services, private mental health clinics and public and private residential treatment facilities. Providers of this service shall be licensed unless exempt under Section 54-9444 of the Code. This includes

the purchase of psychological, psychiatric, and therapeutic services not covered under Medicaid.

Service Array

Domestic Violence Prevention	<p>Services designed to decrease the probability that one parent will not exert physical or emotional damage to another parent and/or their children. Examples of services allowable under PSSF may include:</p> <ul style="list-style-type: none">● Couples and family counseling● Support groups● Community education● Emergency housing services● Emergency transportation● Information and referrals● Children services <p>Note: VDSS operates an Office of Family Violence (OFV) that provides funding to some localities that provide for the safety of battered adults and their children through the provision of emergency housing and transportation, crisis intervention, peer counseling, support, advocacy and information and referral. Funding also supports public awareness initiatives. For information on services available by locality, visit: http://storage.cloversites.com/virginiasexualdomesticviolenceactionalliance/documents/Action%20Alliance%20Member%20SDVA%20Directory%204.29.2019.pdf.</p>
Early Intervention	<p>Services to treat or improve a condition identified in a child during Early Periodic Screening, Diagnosis and Treatment (EPSDT). This includes linking children to a medical “home” (i.e., primary care physician), immunizations, FAMIS enrollment, Ages and Stages appropriate programs, Head Start or other educational based preschool programs.</p>

Service Array

Educational Support	<p>Supports and services provided by an appropriately qualified individual by training or experience to improve educational outcomes including instruction provided to children, youth, or adults, designed to enhance skills, support and encourage individual goals and improve educational outcomes and/or achievement. These may include:</p> <ul style="list-style-type: none"> • Tutoring • Mentoring • Homework support to help students complete their homework, prepare for tests, and work specifically on concepts covered during the school day • Literacy/reading support • GED classes • SAT preparation class • Preparation of college applications, applications for financial aid, etc.... • Health and nutritional education <p>Service Delivery: May be provided to an individual or small group in the home, in a school or a community setting. Activities should have clearly defined goals and objectives that are measurable and attainable within the timeframes identified.</p>
Emergency Aid <ul style="list-style-type: none"> • Temporary shelter • Rent/ mortgage • Security deposit • Utilities • Food or groceries • Clothing • Personal Hygiene • Furniture/ Appliances • The purchase and operation of cell phones for children and youth in foster care, their parents, or foster parents. 	<p>Temporary assistance and concrete support may be provided to families when unemployment, lack of budget management or low income creates stress that affects caregiver ability to provide and/or care for their children. Concrete services may include, but are not limited to the purchase or payment such as the examples listed to the left:</p> <p>Services Delivery: Specific, immediate, and temporary assistance to address critical basic needs. Nonessential expenses such as cable, phone and internet services are not allowable. Purchases and payments must be made on behalf of the client. A client may be provided with a gift card (non-reimbursable until client provide proof of purchase), accompany the case manager, or have the items purchased on behalf of the client and delivered, or picked up by the client.</p>

Service Array

<p>Enrichment Activities</p> <ul style="list-style-type: none"> ● Academic ● Recreational 	<p>Activities and services directed at improving individual functioning in personal and social communications, offering opportunities for self-expression, and minimizing isolation.</p> <p>Academic enrichment activities expand on students' learning in ways that differ from the methods used during the school day. They enhance a student's education by bringing new concepts to light or by using old concepts in new ways. They allow the participants to apply knowledge and skills stressed in school to real-life experiences. The common theme is that academic concepts are taught through an engaging activity rather than by direct instruction.</p> <p>Recreational enrichment activities allow students time to relax or play. Sports, games, camps and clubs fall into this category. The primary lessons learned in recreational activities are in the areas of social skills, teamwork, leadership, competition, and discipline.</p> <p>Service Delivery: Usually provided as a supervised group activity in a community setting, such as a visit to a museum, but could be provided on an individual basis, such as participation in a spelling bee.</p>
<p>Home Based</p>	<p>Home based services are those in-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-being. These services may be provided for reasons of illness, incapacity, or to prevent abuse and neglect of a child and may be in the form of:</p> <ul style="list-style-type: none"> ● Homemaker Services ● Home Maintenance Services ● Household Management Services ● House-Cleaning ● Simple Household Repairs ● Assistance with Meal Planning and Preparation ● Sanitation & Extermination

Service Array

Information & Referral - Community Linkages	<p>Occurs when a worker provides family members with information on the range of useful community resources and helps the family access necessary services. The family makes its own decisions about which services it will use and participates in meetings with service providers. This includes formal and informal support, community resources, services, and opportunities. This may also include school-linked services to help parents support their child's education, health, growth, and development.</p> <p>Includes consultation with the family to identify specific resource needs, facilitated or coordinated access to community-based resources, as needed, and subsequent follow up to evaluate effectiveness of resources. Referrals to community-based supports may include, but are not limited to:</p> <ul style="list-style-type: none"> Emergency food bank/pantries Clothing banks/closets Transportation (public and private) Medical services, health care, prenatal care Early childhood screening and developmental services Childcare, including special needs care Family literacy and employment programs Job training and placement services Recreational and after-school programs Mental health and counseling services Substance abuse treatment programs (day and residential) Emergency housing, shelters Interpretation and Translation services Housing resources (subsidized public housing, transitional, etc.) Emergency financial assistance <p>Service Delivery: May be delivered individually or in a group in the home, classroom, or other setting; and it may include direct instruction, discussion, videos, modeling, or other formats.</p>
Life Skills	<p>Classes or individual instruction designed to help individuals improve basic living skills such as budgeting, money management, credit issues, managing a household, nutrition, cooking, healthcare management, securing housing, or any other area that assists the caregiver or youth in becoming more self-sufficient.</p> <p>Service Delivery: May be provided to a group, family or individual and delivered in the home, or in a community setting and should include a pre- and post-testing to demonstrate change in knowledge, skills, or behavior. Life skills may be provided to older youth in foster care through fostering futures. To view the brochure, please visit: https://dss.virginia.gov/fmf/documents/fostering_futures_brochure.pdf.</p>

Service Array

Mentoring/ Peer Mentoring	<p>A structured, managed program in which children are appropriately matched with screened and trained adult volunteers for one-on-one relationships, involving meetings and activities on a regular basis, intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.</p> <p>Peer mentoring is defined as a relationship that usually takes place between a person who has lived through a specific experience (the Mentor) and a person who is new to that experience (the Mentee). Individuals who have been involved with the child welfare system serve as mentors, partners, or resource guides to help other parents navigate the system and meet their case plan goals.</p> <p>Service Delivery: Provided individually in a one-on-one relationship. All mentors must be appropriately screened, including criminal background checks, trained, and supervised.</p>
Nutrition Related	<p>Occurs when a trained professional provides information and follow-up to families about foods and proper eating and dietary practices that the body needs to function properly. Services may include:</p> <ul style="list-style-type: none"> • Individual assessments in nutritional history and dietary intake • Feeding skills and feeding problems • Development and monitoring of plans to address nutritional needs • Referrals to appropriate community resources
Parent Coaching	<p>Parent coaching allows parents to develop and strengthen parental protective capacities by successfully identifying and navigating the challenges that raising children presents. The goal of the parent coach is to teach, model and assist the parent in developing, practicing, and embracing successful parenting practices effective in meeting the child's need for safety, well-being, and permanence within the family unit. The parent coaching relationship facilitates parental insight, identification of strengths and abilities, development of goals, and integration of strategies to address challenges with respect to the family's support, education, and development in their parenting needs.</p> <p>Service Delivery: Parent coaching often occurs either immediately before and/or following, interaction between the child and a caregiver, such as a supervised visit or other structured parent/child activity.</p>

Service Array

Parent Education <ul style="list-style-type: none"> • In-Home • Community Based 	<p>Parent education can be defined as any training, program, or other intervention that helps parents acquire skills to improve their parenting of and communication with their children to reduce the risk of child maltreatment and/or reduce children's disruptive behaviors.</p> <p>Parent education focuses on enhancing parenting practices and behaviors, such as developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction between parents and children, and locating and accessing community services and supports. Their goal is to promote parental competency and strengthen family life, to enhance healthy child and family development.</p> <p>Service Delivery: Parent education may be delivered individually or in a group in the home, classroom, or other setting; and it may include direct instruction, discussion, videos, modeling, or other formats.</p>
Parent/ Child Activities	<p>Facilitated group activity such as a field trip, parent/child dinner, holiday gathering, etc. sponsored and coordinated to facilitate positive parent and child interaction and provide opportunities for parents to use new parenting skills.</p>
Parent-Family Resource Center	<p>A community based drop-in facility that is committed to preventing and treating child abuse and neglect by strengthening families through family-centered therapeutic, educational and support services. Services should be structured and offered by trained community resource persons having experience in working with families in crisis. Services should include more than maintaining a display of brochures and newsletters containing topics that may be of interest to parents.</p>
Program for Fathers (Fatherhood)	<p>Services designed to increase the proportion of children growing up with involved, responsible, and committed fathers. For example, this may include a curriculum where a facilitator conducts individual classes or workshops for fathers, or structured group or one-on-one socialization and recreational activities that involve fathers with their children.</p>

Service Array

Respite Care	<p>Short-term (less than 14 days) care of children to provide relief to primary caregivers to reduce stress, support family stability, prevent abuse and neglect, and minimize the need for out-of-home placement. Respite care is a vital support to families with children, including kinship, and adoptive families as well as birth families experiencing challenges associated with parenting under stressful conditions.</p> <p>Note: BL864, is the appropriate funding for respite care for foster and adoptive families. Localities are expected to access and exhaust funding in BL864 before utilizing PSSF Support or Preservation funds.</p>
Support Groups	<p>Activities, discussions, or meetings designed to teach family members how to cope with issues that affect family stability and safety such as Divorce, Grief & Loss, and substance use disorder.</p> <p>Peer support groups help participants overcome feelings of isolation, develop support systems, foster self-acceptance, and promote a sense of community. In facilitated support groups, participants with a common objective or circumstance give as well as receive help, share effective coping strategies, and expand their resources for ongoing support.</p> <p>Type of support groups include but is not limited to:</p> <ul style="list-style-type: none"> ● Bereavement/ Grief ● Mental Health/ Illness ● Addictions Support Groups ● Family Support Groups <p>Service Delivery: Provided in a group setting and childcare may be provided to support caregiver participation. Held on a weekly or monthly basis through discussions or meetings.</p>
Substance Use Disorder	<p><u>Treatment:</u> Professional treatment plan developed and executed for the express purpose of rehabilitation of an individual who has a dependency on either drugs or alcohol. Structured time-limited goal-oriented services are provided in a clinical setting (in-patient or out-patient) to assist a child and/or parent or guardian in reaching and maintaining drug- and alcohol-free lifestyles. This may include counseling, medical/remedial services, pharmacological intervention, social, education, and rehabilitative services.</p> <p><u>Recovery:</u> Support is provided to a family, individual or group to prevent relapse and continued use of controlled substances.</p> <p>Service Delivery: The facility providing the treatment must comply with standards established by the Department of Mental Health and Mental Retardation.</p>

Service Array

Supervised Family Visitation	<p>Structured family interaction and enrichment activities conducted in neutral community-based settings for children in foster care and their families to establish or sustain parent, child, and sibling relationships and to facilitate reunification. The purpose of each visit is based on a written visitation plan and should include a pre-visit and/or post-visit period (parent coaching component) with the parent or other significant participants which allows for shared discussions, observations, accomplishments, goal setting and barriers/obstacles to case plan objectives and a review of permanency timeframes.</p> <p>Service Delivery: Provided in a child/family friendly, non-institutional environment and should include opportunities to visit outside traditional work hours – evenings and weekends.</p>
Teen Pregnancy Prevention	<p>Teen pregnancy prevention programs can include comprehensive sex education, HIV/STI prevention, youth development, service learning, abstinence approaches, or combinations thereof. Programs should:</p> <ul style="list-style-type: none">● Be provided in schools, clinics, or community settings and can be targeted to pre-adolescents, adolescents, teens who are abstinent or who are sexually active.● Educate youth who are sexually active regarding responsible sexual behavior with respect to both abstinence and the use of contraception.● Provide age-appropriate information and activities, while ensuring these are delivered in the most appropriate cultural context for the individuals served in the program.● Provide youth with information on subjects such as healthy relationships, adolescent development, parent-child communication, healthy life skills, consent, dating violence and reproductive coercion. <p>Note: PSSF funds cannot be used to purchase birth control pills or terminate pregnancies.</p>

Service Array

Transportation	<p>Client transportation provided to enable a parent, legal guardian, relative/ fictive kin caretaker, and/or a child to:</p> <ul style="list-style-type: none"> ● Access community resources to help meet case plan goals, ● Attend service-related appointments such as counseling, parenting, court hearing, meetings with case managers, and visits between parents, child and siblings, visits with an incarcerated parent, medical appointments, etc...., ● Temporarily or permanently relocate to live with a relative/ fictive kin or protective parent, or ● Assume care and control of a child as part of a safety plan to prevent foster care placement or to allow a child to discharge foster care. <p>Service Delivery: Based on transportation of child, youth or parent/caregiver from home or school to site where services are provided and returned. Costs associated with transportation include the cost to provide public transportation such as the purchase of gas, taxi, Uber/ Lyft, bus passes, airfare, minor vehicle repairs, car insurance payment, car payment, down payment on a used vehicle, license reinstatement, and/ or assistance with obtaining a license.</p>
Voluntary Home Visiting	<p>Programs that offer home visiting services to families within the community in order to focus on improving parenting skills and increasing parent knowledge of child development in order to reduce the risk of child maltreatment. Participation is voluntary rather than as a result of a court order. Healthy Families, CHIP and Resource Mothers are examples.</p>
Vocational Training	<p>Education and job programs aimed at enhancing family economic sustainability, require workforce development, family economic support, and community investment. Services are designed to enhance skills, support, and encourage individual goals and improve employment opportunities.</p> <ul style="list-style-type: none"> ● Trade Courses ● Vocational Courses ● Certifications <p>Service Delivery: Instruction and/or support with clearly defined goals and objectives that are measurable and attainable provided to youth or adults, individuals, or groups.</p>