



# County of Allegheny

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COUNTY EXECUTIVE

## Department of Human Services

### REQUEST FOR PROPOSALS

TO

### Provide the Homebuilders® Intensive Family Preservation Program

#### Proposal Timeline

Activity	Target Date
County Issues RFP	June 23, 2014
Questions in advance by email	August 18, 2014
Publish Q & A	August 19, 2014
Proposal Due	August 25, 2014-3:00p.m., EST
RFP Evaluation Period	September 2, 2014 through September 29, 2014
Contract Begin Date	November, 2014

**This Request for Proposal contains requirements for Proposers to assist the County in meeting M/W/DBE goals. Therefore, Proposers must document their plan or good faith efforts to meet those goals. The M/W/DBE Participation Statement is required with proposal submission.**

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## **PURPOSE OF REQUEST FOR PROPOSALS (RFP)**

This Request for Proposals (RFP) is intended to provide interested parties with information to enable them to prepare and submit a proposal for HOMEBUILDERS®. HOMEBUILDERS® is an evidence-based program designed to strengthen families, keep children safe and prevent unnecessary out-of-home placement. The HOMEBUILDERS® model provides intensive, crisis intervention, counseling and life-skills education for families who have children at imminent risk of placement, or have children in placement that cannot be reunified without intensive services.

The County, through its Department of Human Services (DHS), intends to use the results of this process to award a contract to one or two qualified organizations that can implement a total of two (2) HOMEBUILDERS® teams in Allegheny County that will replace the services commonly referred to as "Crisis In-home."

## **GENERAL INSTRUCTIONS AND INFORMATION**

### **About this Document**

This document is a Request for Proposal (RFP). It differs from an invitation for bid in that DHS is not seeking a quotation meeting firm specifications for the lowest price. Rather, DHS is requesting the submission of proposals for the provision of providing intensive, in-home crisis intervention, counseling and life-skills education for families who have children at imminent risk of placement, or have children in placement that cannot be reunified without intensive services. The evaluation criteria process should be viewed as a standard that measures how well a proposal meets the desired requirements and needs of DHS. The County, through DHS, reserves the right to select, and subsequently recommend for an award, the proposal or proposals, which best meet its required needs, quality levels and other constraints. The criteria that DHS will use in evaluating the proposals and recommending an award of a contract to qualified responsible Proposer (s) submitting the best proposal(s) are set forth herein in the RFP Evaluation Criteria.

***The issuance of the RFP does not obligate DHS to enter into an Agreement for any services. DHS reserves the right to reject any and all proposals submitted.***

### **Examination of Documents and Requirements**

Proposers shall carefully examine all RFP documents and thoroughly familiarize themselves with all requirements prior to submitting a proposal to ensure that the proposal meets the intent of this RFP. Before submitting a proposal, each Proposer shall be responsible for making all investigations and examinations that are necessary to ascertain conditions and requirements effecting the requirements of this RFP. Failure to make such investigations and examinations shall not relieve the Proposer from an obligation to comply, in every detail, with all provisions and requirements of the RFP.

### **Minority, Women or Disadvantaged Business Enterprise (M/W/DBE) Requirements**

M/W/DBEs shall receive equal opportunities to submit proposals and shall not be discriminated against on the grounds of race, color, sex, disability, or national origin in consideration of an award. A MWDBE is defined as a small business concern which is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more socially and economically disadvantaged individuals.

Socially and economically disadvantaged include Women, Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, and Asian-Indian Americans. A listing of MWDBE's certified by the County and the Pennsylvania Unified Certification Program can be found at [www.county.allegheny.pa.us/mwdbe](http://www.county.allegheny.pa.us/mwdbe).

**This Request for Proposal contains requirements for Proposers to assist the County in meeting its M/W/DBE goals. Therefore, Proposers must document their plan or good faith efforts to meet those goals. The M/W/DBE Participation Statement is required with proposal submission.**

 [MWDBE Participation Statement](#)

### **Conflict of Interest**

The Proposer shall not accept gifts or anything of value nor enter into any business arrangement with any employee, official or agent of the County.

By signing their proposal, the Proposer certifies and represents to the County that the Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

### **Pending Litigation**

The Proposer(s) shall notify the County of any pending litigation involving the Proposer. Proposer(s) must specifically identify any portions of their submittals, deemed to contain confidential and proprietary information. The Proposer(s) may be required to justify why the County, on behalf of DHS, should not, upon written request, disclose such materials.

### **Proposal Preparation Costs**

Issuance of this RFP does not commit the County, in any way, to pay any costs incurred in the preparation and submission of a proposal. The issuance of this RFP does not obligate the County to contract for any services or equipment. All costs related to the preparation and submission of a proposal shall be paid by the Proposer.

## **ABOUT DHS**

The Allegheny County Department of Human Services (DHS) was created in 1997 to consolidate the provision of human services across Allegheny County.

DHS is responsible for providing and administering publicly-funded human services to Allegheny County residents. DHS is dedicated to meeting these human services needs, most particularly for the county's vulnerable populations, through an extensive range of information exchange, prevention, early intervention, case management, crisis intervention and after-care services.

DHS provides a wide range of services, including services for older adults; mental health and drug and alcohol services (includes 24-hour crisis counseling); child protective services; at-risk child development and education; hunger services; emergency shelters and housing for the homeless; non-emergency medical transportation; job training and placement for public assistance recipients and older adults; and services for individuals with a diagnosis of intellectual disability.

## **Background**

### ***History of Family Preservation and Reunification Initiatives***

Over the years, family preservation programs developed out of the recognition that children need a safe and stable family and that separating children from their families is traumatic for them, often leaving lasting negative effects. Many children can be safely protected within their own home when parents are provided with services and support, and are empowered to make changes in their lives. The underlying philosophy of family preservation is that most parents can learn how to better care for their children and can keep them safe when appropriate supports and services are made available.

Family reunification and permanency planning for children were first emphasized legislatively in the Adoption Assistance and Child Welfare Act of 1980 because of concerns that children were being removed from their home unnecessarily. In 1993, Congress passed the Family Preservation and Family Support Services Program (later changed to the Promoting Safe and Stable Families Program) that requires states to demonstrate reasonable efforts to prevent or eliminate the removal of children from their home or provide services to help facilitate reunification.

In 1997, the Adoption and Safe Families Act was enacted which reauthorized funding for family preservation and family support services but added time-limited reunification and adoption services as viable permanency options for children. This Act stipulated reunification efforts be targeted, time-limited and subject to change if parents fail to demonstrate significant progress during the first twelve months of placement. It emphasized that safety and well-being of children needs to be of paramount importance when making decisions about reunifying children with their families. Under this legislation, states are required to reunify children safely with their parents within twelve months without increasing rates of children re-entering care or experiencing repeat maltreatment.

Within this national context, DHS has provided family preservation and reunification services within child welfare. These services, colloquially referred to as "in-home," were designed to use a wrap-around approach to help families make whatever changes they needed and to learn new skills in order to successfully care for their children. The majority of these families (800 in 2012) receive "regular in-home" while a little over half that number (458 in 2012) receive "crisis in-home" and are seen within 2 hours of referral. Those families who receive "crisis" have children who have been deemed in imminent risk of removal and require intensive home-based services to keep the children safely in the home.

### ***The Need for Change***

An internal analysis of outcomes (e.g. avoiding placement) for families receiving "in-home," case reviews of a representative sample of families, and meetings with "in-home" providers found that the current model is not functioning as originally conceptualized. CYF has realized that it has not maintained its own internal fidelity standards for crisis intervention. The case reviews showed little to no difference between the families referred to crisis and regular "in-home" or the services received. Nearly a third (28%) of children receiving "in-home" services in FY 12-13 had a subsequent home removal within 6 months. On average in the existing system, families receive 33 hours of "crisis in-home" over two months. Of the families receiving "crisis in-home" in 2012, only 45 percent (206 families) received more than 30 hours of direct service within 30 days of service start. Less than 30 hours of direct service in a month is not indicative of intensive support.

### ***Expanding Evidence-Based Practices***

Knowing whether interventions are at all effective, and which interventions are most effective for which populations, is critical for systems like child welfare, which always operate with scarce resources and high risk. DHS is committed to introducing and expanding Evidence-Based Practices (along with evidence-informed and promising practices) that are most likely to result in positive outcomes for children and families and to measuring the impact of these approaches on the children and families we work with. In addition, DHS is a participant in the [Child Welfare Demonstration Project](#) which promotes the use of Evidence-Based Practices.

The DHS practice model, Conferencing and Teaming, is built on the premise that when family engagement is central to case practice, and identifying consumer needs and strengths is a collaborative process, planning becomes more effective and outcomes resulting from those services will be better. However, the best engagement, assessment and planning can only go so far without high quality services available to meet the needs of individuals and families once they are connected to those services. This is why improving quality of care, building in mechanisms to continuously evaluate service provision and outcomes, and ensuring that contracting and payment procedures align with these goals are integral parts of DHS's plans.

There is an emerging body of evidence for interventions that address the behavioral, social and emotional impacts of maltreatment. The emergence of promising and effective interventions at multiple levels – at the child level related to trauma and behavioral/mental health; at the older youth level related to relational health and social and emotional well-being; and at the caregiver level related to increasing capacity to care for their children – provides an opportunity to impact the life circumstances of families as a whole. By (a) anticipating the challenges that children will bring with them when they enter the child welfare system, (b) rethinking the structure of services delivered throughout the system, and (c) de-scaling practices that are not achieving desired results while concurrently scaling up evidence-based interventions, meaningful and measurable improvements in child-level and system-level outcomes are possible.

### **HOMEBUILDERS® (Overview)**

DHS is committed to providing timely and intensive family preservation supports to families in crisis. Recognizing the current limitations of "in-home" services described above and the agency-wide commitment to expanding practices with proven outcomes, DHS has decided to replace its existing "crisis in-home" with a strong model with clear fidelity standards, HOMEBUILDERS®. In order to accomplish this goal DHS anticipates awarding two (2) contracts for a total of two (2) teams that will be divided geographically by coverage area.

HOMEBUILDERS® is a nationally recognized, evidence-based program designed to strengthen families, keep children safe and prevent unnecessary out-of-home placement, or safely reunify children with their family following a removal from home. HOMEBUILDERS® provides intensive, in-home crisis intervention, counseling and life-skills education for families who have children at imminent risk of placement, or have children in placement who cannot be reunified without intensive services. The Institute for Family Development in Washington State developed the model and continues to provide training, technical assistance and oversight of its use. Their website

[http://www.institutefamily.org/programs\\_IFPS.asp](http://www.institutefamily.org/programs_IFPS.asp)) contains information on the model as well as evaluations of its efficacy.

The model, which has been evaluated over the years, continues to demonstrate its effectiveness in keeping children safe, improving child and family functioning, and preventing placement. Since 1974, HOMEBUILDERS® has provided services to more than 15,000 families. The most recent data show that six months after termination of services, 86% of children have avoided placement in foster care, group care or psychiatric institutions, and remained safely in their homes. Many studies have cited the importance of model fidelity in achieving these outcomes, indicating that those programs that have maintained fidelity to HOMEBUILDERS® have significantly reduced out-of-home placement and repeat maltreatment. Nationally, many family preservation services are modeled after the fundamental components and values of HOMEBUILDERS®. The model is designed to eliminate barriers to service while using research-based interventions to improve parental skills, parental capabilities, family interactions, children's behavior, while promoting safety. While several local agencies have previous experience with HOMEBUILDERS®, the model is not currently offered with fidelity in Allegheny County.

HOMEBUILDERS® is based on a clear set of values and beliefs which guide program design and staff behavior. It provides a framework for structuring interventions, making clinical decisions and creating positive, supportive, and hopeful attitudes and behavior among staff, and also helps staff determine compatibility of the program with their own professional values and beliefs.

***HOMEBUILDERS® Values and Beliefs:***

- It is best for children to be raised by their own family whenever possible
- Safety is our highest priority
- The family is the focus of service
- Reducing barriers to service improves family outcomes
- Family members are our colleagues and partners
- Providing information and teaching skills empowers families to become self-sufficient
- We cannot predict which situations are most amenable to change
- It is our job to motivate families and instill hope
- All people have the ability to change
- A crisis is an opportunity for change
- We respect families for their diverse culture, ethnicity, and religious beliefs
- Family members do not usually intend to harm one another
- People are doing the best they can
- Inappropriate intervention can do harm

## Scope of Services

### A. Description, Contract Capacity and Unit of Service

#### 1. Service Description

DHS is seeking to contract with one or two Proposers [“the Successful Proposer(s)”] to deliver HOMEBUILDERS® in Allegheny County.

HOMEBUILDERS® is a nationally recognized evidence-based model designed to strengthen families, keep children safe and prevent unnecessary out-of-home placement, or safely reunify children with their family following a removal from home. HOMEBUILDERS® provides an intensive, in-home crisis intervention, counseling and life-skills education for families who have children at imminent risk of placement or have children in placement who cannot be reunified without intensive services. The HOMEBUILDERS® model also offers concrete services as a way to engage families (e.g., help with household tasks, transportation, etc.). The HOMEBUILDERS® model includes two different types of services interventions: family preservation and family reunification. The successful HOMEBUILDERS® Proposer will be expected to follow and adhere to all of the HOMEBUILDERS® model standards.

#### 2. Contract Capacity

DHS will support two HOMEBUILDERS® teams. Proposers may bid for one or two teams. A team will consist of four therapists. Each therapist will serve a minimum of eighteen (18) families annually. A team with four therapists will serve a minimum of seventy-two (72) families annually, not including the families served by the team’s supervisor. The Successful Proposer(s) will be expected to reach this minimum capacity within one year of being awarded a contract.

The initial plan to support two teams, together serving a minimum of 144 families per year, is based upon the analysis of current families receiving “crisis in-home” at an intensity level on par with HOMEBUILDERS® standards. The possibility of adding teams to a contract in subsequent years will be explored if county-wide demand for the intervention exceeds the capacity of two teams.

#### 3. Unit of Service

- a. Each HOMEBUILDERS® therapist will carry an average caseload of two (2) families. There may be a brief period of time when a therapist may have more than two (2) cases when they are about to close a case and a family may need fewer hours. HOMEBUILDERS® supervisors are required to complete a minimum of six (6) cases during the first year of implementation.
- b. HOMEBUILDERS® staff will provide an average of 8-10 hours of face-to-face contact with the family per week. Service intensity (hours per week and total hours per intervention) will vary across families based on their level of need. Families typically receive between 38-40 hours or more of face-to-face contact during the intervention.
- c. The Successful Proposer(s) will provide services in the family's home and community at times that are convenient to family, including weekends and holidays. The primary therapist and supervisor (who provides back-up support) are available 24 hours a day, 7 days a week, for crisis intervention. This accessibility allows close monitoring of potentially dangerous situations and allows for greater flexibility based on the family's level of need.



- d. HOMEBUILDERS® is a time-limited service, averaging four (4) weeks of intensive services. There is an option for an extension (up to two weeks) if the risk of placement remains high and if an additional brief period of service delivery will decrease the likelihood of placement. Two booster sessions (up to five hours of face-to-face time over the two sessions) are available to families within six months from the date of intake to prevent crisis, reinforce skills/learning, or provide support/assistance with a planned future event.

## **B. Service Delivery Requirements**

### **1. Target Population**

The target population includes only those families whose children are in imminent danger of placement or cannot return home without intense services. Families to be served include biological and adoptive families referred by DHS's Office of Children, Youth and Families (CYF). This will include children who are victims of abuse and neglect and those who have been exposed to risk factors such as substance abuse, domestic violence, mental health and/or other disabling conditions of the parent. The target population for this service includes CYF-active families only.

Families referred will need to meet the following eligibility criteria:

- a. (Preservation) At least one child from birth to 17 years of age is at imminent risk of removal based on the identification of a safety factor and approved by a CYF supervisor. HOMEBUILDERS® will be implemented immediately as part of the family's safety plan to allow the child to safely remain in the home. Other eligibility factors include:
- The child would be able to remain in the home and without being at risk of imminent harm if intensive in-home services were provided.
  - At least one parent is willing to meet with the HOMEBUILDERS therapist.
  - The family is available to participate in an intensive, four-to-six week intervention.
  - Less intensive services would not sufficiently reduce the risk of placement, are unavailable, or have been exhausted.
- b. (Reunification) There is a specific and immediate plan for the child's return home within seven days and a belief that the family requires intensive in-home services for that reunification to occur successfully. Families will likely be of moderate or high risk and have complex needs, including but not limited to:
- Parents in the early stages of recovery from substance abuse
  - Children with challenging/difficult behaviors and parents' inability to manage these behaviors effectively
  - Unresolved risk factors including mental health and domestic violence concerns
  - Parental/child ambivalence about reunification
  - Parents' inability to effectively respond to the special needs of their children

In order to be referred to HOMEBUILDERS® for reunification services, children must be in out-of-home placement for at least two weeks. The model can accommodate children who have been in placement for several months or years as long as: 1) the family has received some level of services to address presenting concerns; 2) parent/child visitation is occurring; 3) safety factors have been or are in the process of being mitigated; and 4) the family requires intensive services to address unresolved risk factors and support to achieve reunification. Prior to referral, CYF will have

completed an initial assessment of the family to identify safety and risk concerns, their strengths, and service needs in order to make a determination whether a referral to HOMEBUILDERS® would be appropriate.

- c. In order to receive HOMEBUILDERS® services, the family must be willing and able to engage in the service. This program is voluntary and the family can refuse to participate. Should this occur, the Successful Proposer(s) will notify CYF immediately. DHS will monitor capacity of the Successful Proposer(s) to engage difficult to engage families.
- d. Referrals can only be generated from CYF.

## **2. Referral Process**

- a. Referrals will be accepted for services only when there is available program capacity. Given the nature of HOMEBUILDERS® services and eligibility criteria, no wait list will be maintained. All referrals will be made, reviewed and approved by CYF. The HOMEBUILDERS' Supervisor of the Successful Proposer(s) will confirm eligibility. It is essential that the referral meets the eligibility criteria established by HOMEBUILDERS® to ensure model fidelity. If the referral does not meet eligibility criteria and CYF supports the referral to HOMEBUILDERS®, the Successful Proposer(s) will need to communicate directly with the HOMEBUILDERS® developer together with DHS to reach a final decision.
- b. Upon receipt of the referral and eligibility determination, the family will be contacted by HOMEBUILDERS® staff to set up the first visit. The first face-to-face visit should occur within 24 hours of the referral. In certain instances, a crisis will merit a faster response (within two hours) in order to engage the family, address immediate concerns and build a sustainable relationship.
- c. If a Successful Proposer(s) has available program capacity, rejections to the HOMEBUILDERS® program may only be based upon HOMEBUILDERS® eligibility criteria.

## **3. Service Location and Operating Hours**

The Successful Proposer(s) will provide services to families 52 weeks per year. The Successful Proposer(s) will provide services to families using a flexible schedule: traditional hours, after-hours and on weekends at the times that are convenient to the family. Services will be provided primarily in the home and other locations convenient to the family. In order to support families, program staff will need to be available to respond to crisis situations/emergencies twenty-four (24) hours a day and seven (7) days a week. These responses will occur through phone contact or in-person, depending on case circumstances.

The HOMEBUILDERS® therapist must be able to respond in person if required by case circumstances. The Successful Proposer(s) will be available to respond within thirty (30) minutes.

While cases will be referred between the two teams based upon geographic location to reduce some travel, the Successful Proposer(s) should be prepared to serve a family anywhere in the county as the needs of the family dictate.

## **4. Staffing**

- a. Each team will consist of the following staff model:

Position	Minimum Staffing Level Required and/or FTE Required
HOMEBUILDER Therapist	4 FTE
HOMEBUILDER Supervisor	1 FTE
HOMEBUILDER Manager	0.25 - 0.50 FTE

- b. The Successful Proposer(s) will adhere to the following staffing requirements for the HOMEBUILDERS® staff:
- i. Therapists must have a graduate degree in social work, psychology, counseling, or a closely related field; or a bachelor's degree in social work, psychology, counseling, or a closely related field and at least two years of experience working with children and families. HOMEBUILDERS® requires that the therapists providing direct services to families live within close proximity of the families being served. Generally, therapists are prohibited from having a second job unless it can be demonstrated that the position will not impact the individual's 24 hour/day availability.
  - ii. Supervisors must have a graduate degree in social work, psychology, counseling, or a closely related field and at least two years of experience working with children and families; or a bachelor's degree in social work, psychology, counseling, or a closely related field and at least four years of experience as a Homebuilder's therapist. Supervisors with at least one year of supervisory experience are preferred. The supervisor will receive referrals 24 hours a day, seven (7) days per week. The supervisor will be available 24 hours a day, seven (7) days a week to client families, and to therapists for consultation and support, as well as to provide back-up coverage.
  - iii. Program Managers must have at least two years supervisory/management experience and have at least four years providing direct services to families, preferably intensive in-home services. The program manager will be available to the supervisor 24 hours a day, seven (7) days a week for consultation and support, as well as to arrange coverage when the supervisor is unavailable. The program manager will also provide client back-up for supervisor whenever needed.
- c. The Successful Proposer(s) must fully vet any staff hired to provide services under the HOMEBUILDERS® model. This includes completion of all necessary clearances, to include child protective services and local and federal criminal clearances; it also includes confirmation that staff has an active social work or related license that is in good standing. HOMEBUILDERS® is an extremely intensive model and is highly demanding of its staff. HOMEBUILDERS® has guided interview tools, including role-play opportunities, to assist agencies in hiring (or considering reassignment of) staff for this service. CYF will require the Successful Proposer(s) to use these processes, with the support of HOMEBUILDERS®.

## 5. Model

The Successful Proposer(s) will provide core services structured through the HOMEBUILDERS® model. The HOMEBUILDERS® model is designed to eliminate barriers to service while using research-based interventions to improve parental skills, parental capabilities, family interactions, children's behavior, while promoting safety.

- a. HOMEBUILDERS® goals include the following:
  - Prevent unnecessary out-of-home placement of children
  - Reduce length of time child is in out-of-home care
  - Improve family functioning
  - Enhance problem-solving skills

- Increase social supports
  - Prevent/reduce child abuse and neglect
- b. The following are the primary intervention components of the model:
- Engaging and motivating family members
  - Conducting holistic, behavioral assessments of strengths and problems
  - Developing outcome-based goals
  - Using evidence-based cognitive-behavioral interventions
  - Teaching skills to facilitate behavior change
  - Developing and enhancing ongoing supports and resources for the family

## **6. Program Standards**

The HOMEBUILDERS® model has clearly defined standards that guide program implementation and clinical practice, and an ongoing training and quality enhancement system to ensure model fidelity and to provide the opportunity to evaluate the program on an ongoing basis to improve service delivery. Each standard has fidelity measures that document the structural and clinical standards of the model, the fidelity indicators related to those standards, and performance measures for each indicator. All Successful Proposer(s) will be required to follow these standards and deliver and implement services accordingly [included as Appendix D].

## **C. Service Delivery**

### **1. Assessment and Treatment Planning**

HOMEBUILDERS® staff will conduct behaviorally specific, interactive and holistic assessments of the family. Assessment is an ongoing process that begins at the time of referral and continues through the termination of services and includes, but is not limited to, the following:

- An assessment of safety and family functioning
- An assessment of family strengths and needs
- Identifying family resources and their informal/formal supports
- Exploring family values and beliefs
- Assessing skills
- Identifying problems and barriers to achieving the family's stated goals

The assessment integrates information collected from a variety of sources including but not limited to: direct observation, self-reports, CYF, Conferencing and Teaming, and information obtained through collateral contacts.

The Successful Proposer(s) will develop a service plan, in collaboration with the family and others, within one week of the start of service. The service plan includes behaviorally specific intervention goals that focus on the issues contributing to the danger of placement or barriers to successful reunification and promote skill development and behavior change. The service plan is updated when needed to reflect changes in family circumstances/functioning and incorporate safety planning. The service plan completed by the Successful Proposer(s) should be consistent with the family plan developed through Conferencing and Teaming.

The Successful Proposer(s) will utilize the North Carolina Family Assessment Scale (NCFAS) and North Carolina Family Assessment Scale for Reunification (NCFAS-R) to identify family strengths and needs to inform the assessment and the development of intervention goals and a written service plan.

The Proposer awarded a HOMEBUILDERS® contract will provide or assist families with accessing supports, services and items (e.g., food, housing, transportation, financial assistance and childcare) to reduce the likelihood of placement.

Integration with the DHS Conferencing and Teaming process: HOMEBUILDERS®' values and goals are well aligned with the DHS practice model, Conferencing and Teaming. DHS expects the Successful Proposer(s) to participate fully in the Conferencing and Teaming process. While some implementation details will have to evolve as the two systems work together, the Successful Proposer(s) should be prepared to have a teaming meeting on day one. Depending on when a family is referred to HOMEBUILDERS®, (when first accepted for service or later in their child welfare experience) DHS envisions that the family's CYF caseworker will ask the family to invite some natural supports to be at the home when they are meeting with HOMEBUILDERS® and the caseworker. They could use the natural supports to help develop their plan and discuss the outcomes the family will need to address in the next 30 days. The purpose is to have a team already in place to help build upon the strengths of the family.

## **2. Engagement and Motivation Enhancement**

The HOMEBUILDERS® model utilizes a strength-based approach to partner with families in the identification, development and prioritization of their goals by drawing upon the family's strengths and resources. Reflective listening, motivational interviewing and other engagement skills/strategies are used to engage and motivate families.

## **3. Collaboration and Advocacy**

- a. HOMEBUILDERS® therapists will collaborate with formal and informal community resources, services and systems to increase the level of supports available to the family. The therapist helps the family effectively navigate multiple systems and teaches them to advocate for themselves and access services and supports within their own community.
- b. The Successful Proposer(s) will establish and maintain frequent contact and communication with CYF through phone calls, e-mail and conferences. Updates will be provided on families' progress towards goals, change in status, updates in service delivery, targeted interventions and other issues identified by the Successful Proposer(s) and CYF. The Successful Proposer(s) will participate fully in the Conferencing and Teaming process.
  - The Successful Proposer(s) will provide written reports and summaries at the request of CYF
  - The Successful Proposer(s) agrees to make available appropriate personnel to appear in court for the purpose of testifying to facts surrounding a client's or Successful Proposer(s)'s involvement in services covered by the contract with the county. When necessary, the Successful Proposer(s) will provide a written summary in preparation for a juvenile court hearing.
- c. To facilitate a smooth roll-out of HOMEBUILDERS® in Allegheny County and to maintain a vehicle for communication and shared problem solving, the Successful Proposer(s) will work as a team with staff from DHS and the Institute for Family Development to identify and address any problems or adaptations that may need to be considered as the model is implemented within

the context of the county's child welfare system. This will be a collaborative process and important to the success of the model.

#### **4. Cognitive and Behavioral Approach**

Therapists use evidence-based practices, including motivational interviewing, behavioral parent training, cognitive-behavior therapy and relapse prevention strategies to help facilitate behavior change.

#### **5. Teaching and Skill Development**

Therapists teach family members a variety of skills, including child behavior management, effective discipline, positive behavioral support, communication skills, problem-solving skills, safety planning, and help the family establish daily routines through direct teaching, role playing/practice, coaching and prompting, audio/visual aids, written materials, and homework.

#### **6. Provision of Concrete Services**

Therapists provide a wide range of services to help families meet their basic needs by helping the family access concrete goods and services that are directly related to achieving the family's goals, while teaching them to meet these needs on their own. Each family will have access to funding for concrete goods and services to help meet their basic needs.

- The emergency fund is available to each family served by HOMEBUILDERS®. The HOMEBUILDERS® model specifies that this funding be used to support the family's basic needs and/or expenditures that are related to specific HOMEBUILDERS® goals and service plan.
- Basic needs refer to those things that are necessary to sustain and maintain a standard of living. Basic needs consist of, but are not limited to: food, shelter clothing, health care, utilities, transportation and childcare.

#### **7. Transition and Service Closure**

Prior to the conclusion of services, the family and therapist assess progress, develop a written plan to maintain progress achieved, and identify unmet and/or ongoing service needs of the family. The therapist, in consultation with CYF, will assist the family in connecting to needed resources and services to support them following case closure. A teaming meeting will be part of this process to make sure there is agreement and accountability by all involved and to ensure that the family has supports in place and understands next steps. A HOMEBUILDERS® Service Summary (which includes the NCFAS post ratings) is completed and forwarded to CYF at time of case closure.

#### **8. Satisfaction Surveys**

The Successful Proposer(s) is required to complete the HOMEBUILDERS® Client Feedback and Referent Surveys, which are required prior to case closure.

#### **9. Sub-Contracting**

There are no sub-contractors allowed as part of the HOMEBUILDERS® model.

#### **10. Documentation**

The Successful Proposer(s) is required to maintain a case record on every family.

### **D. Data and Performance Measure Reporting Requirements**

#### **1. Reporting Requirements**

The Successful Proposer(s) will provide data as required by DHS.

- a. The Successful Proposer(s) will be required to use HOMEBUILDERS® Online Data Manager (ODM) system. This system contains all the paperwork and forms that are utilized in HOMEBUILDERS® in order to measure model fidelity, which will be reported back to CYF and the Successful Proposer(s). The costs of using this system should be built into the budget of the Successful Proposer(s).
- b. The Successful Proposer(s) may also be required to enter data, such as plans and assessments or child and family specific data, into the DHS's Key Information and Demographic System (KIDS). CYF recognizes this may present significant challenges for Successful Proposers having to enter data into two different systems. DHS has initiated conversations with HOMEBUILDERS® and the technology firm that supports the ODM system in order to develop a data-sharing mechanism with KIDS. This could eliminate much of the double entry. Further discussions are necessary and clarification will be provided at a later date.

## **2. Training and Quality Assurance**

- a. The Successful Proposer(s) will be required to work closely with the HOMEBUILDERS® consultant from the Institute for Family Development and cooperate with record reviews and onsite visits.
- b. The Successful Proposer(s) is expected to cooperate and participate in all training sessions, quality assurance and/or Quality Enhancement System (QUEST) activities as directed by CYF and the Institute for Family Development.
  - The staff of a Successful Proposer(s) will need to be trained on the Core Competencies of the HOMEBUILDERS® model before being assigned any cases.
  - The HOMEBUILDERS® quality enhancement system, known as QUEST, is designed to assure quality through the development and continual improvement of the knowledge and skills necessary to obtain model fidelity and service outcomes.
    - The model includes a comprehensive training program, consultation and support necessary to deliver quality services.
    - Consultation includes ongoing telephone consultation, record reviews, on-site visits, and data and fidelity reports to ensure model fidelity and help evaluate program outcomes.
- c. During the first few years working with a supervisor and team, a HOMEBUILDERS® consultant collects and reviews program implementation data and provides feedback to agency staff.
  - All Proposers awarded a HOMEBUILDERS® contract will be expected to send their staff to training prior to implementation, the costs of which will be included in the first year contract budget.
  - Site visits are conducted two times a year, and a full site fidelity review (including client file reviews) is completed at the end of each year.
  - The Successful Proposer(s) will establish Individual Professional Development Plans for all staff with the supervisor and manager, and a Team Quality Enhancement Plan is also developed and monitored.
  - The goal of QUEST is to build internal capacity of the Successful Proposer(s) to oversee implementation, review evaluation data, and provide feedback to their staff to improve the quality of services.

### **3. Additional Staff Training and Development Expectations**

- a. The Successful Proposer(s) must be prepared to serve families for whom English is not their primary language (including American Sign Language). While staff does not have to be bilingual, they should have an established plan and mechanism for meeting the needs of these families.
- b. The Successful Proposer(s) must ensure that, prior to the provision of direct services, staff will receive periodic and regular training about relevant child welfare topics including, but not limited to, substance abuse, adolescent development, psychotropic medication and medication management, working with families, concurrent child welfare permanency planning, domestic violence, teen relationship abuse, HIV/AIDS, behavior modification and management, child development disorders, Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ), gender identity and expression, sexually acting-out, crisis intervention and trauma theory.
- c. The Successful Proposer(s) must provide training on how to recognize and assess child safety and risk.
- d. The Successful Proposer(s) shall provide training on worker safety to all therapeutic staff and supervisors.

### **D. Budget**

The county, through DHS, will program-fund HOMEBUILDERS® for the initial three years. At that point, it will explore the possibility of converting it to fee-for-service. Approximately \$520,000 per year will be allocated for one HOMEBUILDERS® team of four therapists and one supervisor. The total estimate includes training and consultation costs of working with the Institute for Family Development.

Proposers are asked to complete a sample three-year budget for one HOMEBUILDERS® team of four therapists and one supervisor (Appendix E). To assist with this exercise, Appendix F is a sample of expected training and consultation costs to support one HOMEBUILDERS® team of four therapists and one supervisor over a three-year period. Proposers should incorporate the estimated training and consultation into their budgets. Proposers should also use the HOMEBUILDERS® Standards Manual (Appendix D) to help complete the budget exercise. Proposers may have different budgets based upon their actual costs.



## **Deliverable**

The Successful Proposer(s) will be implementing HOMEBUILDERS® at full capacity and full fidelity by the end of a full year of implementation. For more information about fidelity measures, see Appendix G.

## **Performance Measures**

The following performance measures have been established for HOMEBUILDERS® and will be tracked:

- The number of families served through the family preservation intervention
- The number of families served through the family reunification intervention.
- The number of families who successfully completed the HOMEBUILDERS® program
- The percentage of children, whose families completed HOMEBUILDERS®, who remain safely in their home six months following closure of intensive services, as defined by no new substantiations and no new entries into CYF care
- The percentage of families connected to resources and services in the community to address their identified needs as measured by exit documentation in the HOMEBUILDERS® online data management system
- The percentage of families who show progress on goal attainment rating for at least one goal at service closure (excluding ineligible referrals) as measured by exit documentation in the HOMEBUILDERS® online data management system
- The percentage of families that have improved safety ratings at the time of NCFAS closing when the initial NCFAS rating is below baseline as measured by exit documentation in the HOMEBUILDERS® online data management system
- The percentage of families that report that they use new skills as a result of the HOMEBUILDERS® intervention as measured in the HOMEBUILDERS® Client Feedback Survey

The following performance measures will be tracked by DHS to evaluate how well HOMEBUILDERS® is implemented within CYF:

- The number of referrals to HOMEBUILDERS®
- The number of rejections of referrals to HOMEBUILDERS®
- The reasons for rejections

## **Outcome Measures:**

- The percentage of families whose child(ren) enter care while active in HOMEBUILDERS®
- The percentage of families whose child(ren) enter care within one year of receiving HOMEBUILDERS®

## **Evaluation Criteria**

DHS will perform an **initial screening** of all proposals received. For a proposal to be eligible for evaluation, the proposal must be:

1. Received from the Proposer by the due date/time
2. Properly signed by the Proposer
3. Properly formatted and include required forms and sections

Proposals that do not meet the initial screening are subject to rejection without further evaluation.

The county uses the concept of “Best Value” in evaluating proposals. “Best Value” means the overall combination of quality, price and various elements of required services that meet the county’s needs.

### **Formal Evaluation Process**

DHS will use a formal evaluation process to select the successful Proposer(s). This process will include consideration of capabilities or advantages that are clearly described in the proposal, which may be confirmed by oral presentations, site visits, demonstrations and/or references contacted by DHS. DHS reserves the right to contact individuals, entities, or organizations that have had business with the Proposer, whether or not those references are identified in the proposal. Evaluation will be carried out in the following manner:

DHS will designate an appropriate committee for the review and evaluation of all proposals submitted in response to this RFP. The team representatives may be:

- In the employ of the County
- Recruited from foundations
- Subject matter experts
- Others as determined by the DHS in its sole discretion.

The DHS evaluation committee will establish an appropriate evaluation method, such as a matrix, to analyze the Proposer’s qualifications. DHS may, at its discretion, request additional information or clarification from Proposers and/or conduct interviews with Proposers as deemed necessary.

### **Final Award Process**

After discussions and best and final offer and negotiations, the evaluation team will tabulate and submit award recommendation to the Director of DHS for approval. The Director in turn shall submit an Executive Action to the County Manager requesting that the County enter into contract with the successful Proposer(s).

### **Oral Presentations and Site Visits**

DHS may request oral presentations, site visits and/or demonstrations from one or more Proposers. DHS will notify selected Proposers of the time and location for these activities, and may supply agendas or topics for discussion. DHS reserves the right to ask additional questions during oral presentations, site visits, and or demonstrations to clarify the scope and content of the written proposal. The Proposer’s oral presentation, site visit, and/or demonstration must substantially represent material included in the written proposal, and should not introduce new concepts or offers unless specifically requested by DHS.

### **Discussions with Proposers**

DHS may, but is not required to, conduct discussions with all, some, or none of the Proposers for the purpose of obtaining the best value for the County. It may conduct discussions for the purpose of:

- Obtaining clarification of proposal ambiguities;
- Requesting modifications to a proposal; and/or
- Obtaining a best and final offer.

## Proposal Format Instructions and Scoring

Proposals are limited to a maximum of 20 pages for the narrative. The cover page, budget, budget narrative, resumes, appendices and attachments are not counted against this 20 page limit. No additional attachments, other than those specified, will be accepted. Please submit only proposals with 1-inch margins, 12 point font and numbered pages. Single spacing is permissible. Proposals will be rated on a 100-point scale (narrative points available = 90; financial points available = 10).

Please organize the proposal so that it addresses the following (one complete application with all the sections):

1. Cover page and MWDBE participation statement
2. Narrative: see details below for content of narrative
3. Financial management and budget and budget narrative

### Narrative (90 points): Strategy for Model Adherence and Organizational Experience

#### I. Strategy for Model Adherence: (50 points)

Based upon the information provided in the Scope of Services, describe in detail:

##### A. Program Standards (30 points): Describe your strategy to meet the HOMEBUILDERS® Standards (Appendix D). Please include at least the following information:

- Twenty-four Hour Availability: Describe your proposed geographic catchment area that would allow staff to travel to most family homes within 60 minutes.
- Ongoing Quality Enhancement: Describe your system(s) for monitoring and evaluating services, including efforts at incorporating best practices, gathering, aggregating and reviewing client specific and program data and efforts to improve practice based on those data.
- Staffing: Describe your strategy for the recruitment and retention of staff. How will you attract and retain quality staff with the experience required by HOMEBUILDERS® services? If you have existing staff that you expect to implement HOMEBUILDERS®, please include a description of their qualifications for the proposed role.
- Family Engagement and Motivation Enhancement: What specific strategies have you implemented in the past to successfully engage and motivate parents, other family members and significant others as well as other service providers involved with the family in planning?
- Interventions: What experience do you have implementing research-based cognitive and behavioral interventions? What experience does your agency have using a variety of teaching methods, tailored to each family, to help a family acquire, maintain and generalize skills?
- Collaboration and Advocacy: Describe your strategy working with other service providers, CYF caseworkers and the judicial system within the context of the HOMEBUILDERS® model.

##### B. Overcoming Challenges (20 points): What challenges do you foresee in implementing the HOMEBUILDERS® model in Allegheny County; and what strategies would you employ to address these challenges?

**II. Organizational Experience: (40 points)**

- Describe your experience working with the target population.
- Describe your experience with family preservation interventions (“in-home”) or related services.
- Describe your experience delivering an evidence-based program. Include a description of experiences in having quality assurance provided by an external entity (if any).
- Describe your experience measuring and achieving outcomes with families. Please be specific and identify data that provides evidence of the impact of your services in areas such as engagement, family functioning and long-term sustainability.
- Describe your experience providing culturally-competent, linguistically competent, and gender-responsive services. Include specific information on staff training, how staff skills and proficiency are assessed in this area, and what steps supervisors and managers take to ensure that services delivered meet these criteria. Discuss, if applicable, any progress you have made to improve these competencies over the past three years.
- Describe your history with health and human services contracts. Please include information on any public contract cancelled, sanctioned, put on hold, or requiring corrective status (if any).

**Financial Management and Budget: (10 points)**

**I. Briefly describe in narrative form your agency’s current finances and overall financial health. In addition, attach:**

- Audited financial statement from the last 2 years by a certified auditor. If you are a current DHS provider and are required to provide a certified audit, you do not need to provide an audited financial statement for this RFP. DHS will use the audit already on file.
- Proof of financial stability in the form of financial statements that shows evidence that you are capable of meeting the requirements of this RFP
- A list of any current public contracts (e.g., county, state, federal)

**II. Budget and Budget Narrative** – Please provide an annualized budget (template attached in Appendix E) for three years. Include a budget narrative that explains the purpose of each line item and how amounts were calculated. The budget should clearly relate to HOMEBUILDERS®’ service delivery model and the Narrative.

## Technical Proposal Requirements

### Issuing Office:

DHS is serving as the "Issuing Office" for this RFP. The Issuing Office is the sole point of contact in the County with regard to all aspects of this RFP. Please refer all inquiries about the RFP, in writing and via email, no later than August 18, 2014, to:

[DHS/RFP-Homebuilders@alleghenycounty.us](mailto:DHS/RFP-Homebuilders@alleghenycounty.us)

### Clarification of Requirements:

It is the Proposer's responsibility to advise DHS if any language, requirements, or any combination thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source. All requests for additional information or clarification concerning this RFP must be submitted in writing, via email, no later than August 18, 2014, to:

[DHS/RFP-Homebuilders@alleghenycounty.us](mailto:DHS/RFP-Homebuilders@alleghenycounty.us)

### Addendum and Modifications:

Any changes, additions, deletions, or clarifications to the RFP are made by written document called an addendum. Any Proposer with questions about any part of the RFP may request an interpretation or clarification from the Issuing Office. At the request of the Proposer, or if the Issuing Office determines that the interpretation is significant, substantive, or important for general knowledge, it will post it as an addendum to the RFP. The addendum will become part of the RFP and be as binding as other provisions of the RFP. No verbal interpretations or explanations will be binding.

In order to have a request for interpretation considered, it must be submitted in writing to the Issuing Office no later than seven (7) days prior to the proposal due date.

The addendum will be posted at: <http://www.alleghenycounty.us/dhs/rfp.aspx>

### Submission:

Proposers are required to submit their proposal and attachments **electronically** and in a **hard copy**. Proposers must include their company name and address on the outside of the envelope or container. The envelope or container must be sealed. The words **RFP for HOMEBUILDERS** must appear on the outside of the envelope or container and must be received on or before August 25, 2014, no later than 3:00p.m. EST on the due date. Send your hard copy submission via U.S. mail, Courier or hand-delivery to:

Leslie Lewis-Pollard  
County of Allegheny Department of Human Services  
Office of Administrative and Information Management Services  
One Smithfield Street – 5<sup>th</sup> Floor Reception Desk  
Pittsburgh, PA 15222-2221

In addition to the hard copy, Proposers must submit an electronic copy via email to:

[DHS/RFP-Homebuilders@alleghenycounty.us](mailto:DHS/RFP-Homebuilders@alleghenycounty.us). The email must be received on or before August 25, 2014, no later than 3:00 p.m. EST on the due date. All proposals received after 3:00p.m., EST on the due date will be returned unopened. No exceptions shall be made.

DHS reserves the right to request additional information which, in the opinion of DHS, is necessary to assure that the Proposer's competence, business organization and financial resources are adequate to perform any resultant contract in accordance with this RFP.

DHS may make such investigation as it sees fit to determine the ability of the Proposer to perform the work, and the Proposer shall furnish DHS all such information and data for this purpose as reasonably requested by DHS.

DHS reserves the right to reject any proposal if the evidence submitted by, or investigation of, such Proposer fails to satisfy DHS that such Proposer is properly qualified to carry out the obligations of the contract and to satisfactorily perform the work specified.

## **Contract**

### **A. Standard Terms and Conditions**

The Successful Proposer(s) will enter into a contract with Allegheny County for performance of the work as specified in this request for proposals and as may be further defined in the Proposer's qualifications. The standard terms and conditions upon which Allegheny County enters into contracts for services rendered to DHS can be found on the DHS website at: <http://www.alleghenycounty.us/dhs/contracting.aspx>

The anticipated start date for an agreement between the County and the Successful Proposer(s) is November 1, 2014 through June 30, 2015. However, this term for the agreement is subject to change based on the outcomes of the proposal evaluation process. The agreement may also contain a provision for five one-year renewals at the sole discretion of DHS. Contract renewal is dependent upon evaluation of the Successful Proposer(s)'s performance results and the availability of continued funding.

The County retains the right to terminate any agreement resulting from the RFP process described herein at its convenience upon thirty (30) days written notice.

DHS also reserves the right, upon notice to the Proposer, to extend the agreement between the County and the Successful Proposer(s) for up to three (3) months, upon the same terms and conditions, after the indicated expiration date as described in the agreement. This right may be utilized to prevent a lapse in agreement coverage for the services indicated in the agreement, and only for the time necessary to enter into a new agreement. When applicable, an extension notice will be issued defining the exact extension of the agreement; all other terms and conditions of the extended agreement shall remain in full force and effect.

### **B. Insurance Requirements**

Proposer(s) shall, at their cost and expense, maintain in effect the following insurance coverage at all times during the term of this Agreement, and prior to or contemporaneously with the execution of this Agreement, shall deliver to the DHS director (or designee) Certificates of insurance issued by an insurance supplier rated not less than A- by A.M. Best, authorized to do business in the Commonwealth of Pennsylvania, the following insurance requirements:

1. Comprehensive General Liability Insurance, including either broad-form contractual liability insurance or specific contractual liability insurance covering this Agreement with a limit of not less than \$1,000,000 per occurrence and in the aggregate.

2. Automobile Liability. Bodily injury and property damage liability covering all non-owned and hired automobiles for limits of not less than \$1,000,000 bodily injury each person, each accident and \$1,000,000 property damage, or \$1,000,000 combined single limit – bodily injury and property damage. Bodily injury and property damage liability covering all owned automobiles for limits of not less than \$300,000 bodily injury each person, each accident and \$300,000 property damage, or \$300,000 combined single limit – bodily injury and property damage.
3. Workers' Compensation Insurance as required by law in the Commonwealth of Pennsylvania.
4. Professional Liability Insurance in the amount of 1,000,000 per occurrence
5. Surety Bond in the amount of 10 percent of the annual anticipated agreement amount.

Each of the aforementioned certificates must certify that the policy cannot be cancelled or changed in any manner which may adversely affect the County without thirty (30) days prior written notice to the DHS director (or designee). In addition, Allegheny County, the County Executive, County Council, officers, agents and employees shall be named as additional insured with reference to the comprehensive general liability insurance.

Should a Proposer propose to provide the required insurance coverage under a self-funded/self-insured basis a copy of the Certificate of Self-Insurance or other acceptable documentation must be furnished. If any part of the work under the Agreement is subcontracted, the subcontractor shall be required to meet all insurance requirements set forth in the Agreement, provided that types and amounts of insurance to be maintained by each subcontractor are adjusted to an amount reasonably necessary to cover the risks associated with such subcontractor's role in the project. The parties stipulate that the Proposer shall maintain each type of insurance set forth above at a coverage level equal to at least half of the amount set forth above for such type of insurance. However, nothing contained herein shall relieve the Proposer from meeting all insurance requirements or otherwise being responsible for the subcontractor.



**APPENDIX A**

**PROPOSAL AUTHENTICATION FORM**

**TITLE: PROVIDING THE HOMEBUILDERS® INTENSIVE FAMILY PRESERVATION PROGRAM**

**ADVERTISING DATE: JUNE 23, 2014**

**DUE DATE: AUGUST 25, 2014**

**DESCRIPTION: Proposal to provide interested parties with information to enable them to prepare and submit a proposal for HOMEBUILDERS®**

The undersigned hereby offers to furnish and deliver the services as specified in strict accordance with the RFP and scope of proposal, all of which are made a part of this request. This offer is not subject to withdrawal without permission of the Director of the Allegheny County Department of Human Services.

**FULL LEGAL COMPANY NAME:** \_\_\_\_\_

**DOING BUSINESS AS:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE AND ZIP CODE:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE OF AUTHORIZED SIGNER:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**WEBSITE URL:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**COMPANY INFORMATION**

(This information is for tracking purposes only and has no role in the determination of the responsible Proposer.)

Check here if your firm is registered with the Allegheny County Department of Minority, Women and Disadvantaged Business Enterprises

Check here if your firm is a "Minority Business Enterprise" or "MBE" as defined in the Small Business Act, 15 USC

Check here if your firm is a "Women Business Enterprise" or "WBE" as defined in the Small Business Act, 15 USC

Check here if your firm is a "Small Business" as defined by the Small Business Administration (13 C.F.R. 121.201, in most cases, this means a business with 500 or fewer employees)

**NOTE: THIS PAGE MUST BE SUBMITTED WITH YOUR PROPOSAL. ALL PAGES REQUIRES A LIVE SIGNATURE SIGNED IN BLUE INK.**

**APPENDIX B**

**ABBREVIATED APPLICATION**

253. Primary Contacts

	Chief Executive	Chief Information Officer	Chief Financial Officer	Contract Processing Contact
Name				
Email				
Phone				

Note: If you are an individual applying, you may identify yourself for all of the above roles.

2. I/we certify that this I/we/this organization is not currently under suspension or debarment by the Commonwealth of Pennsylvania, any other state, county or the federal government.

So certified

253. Have you ever obtained or been denied a performance or fidelity bond, or has your bond ever been revoked?

Yes  No

If yes, explain:

253. Has an application to be an Allegheny County Prosper been denied in the past?

Yes  No

If yes, explain:

253. Have you ever filed for bankruptcy?

Yes  No

If yes, explain:

253. Have you paid all taxes for the past years, including but not limited to real estate tax, employer taxes, employee withheld taxes, personal income tax (if individual)?

Yes  No

If yes, explain:

253. Do you have the capability to do electronic billing if required?

Yes  No

If yes, explain:

8. Do you currently carry the insurance (see contract on DHS website) required to enter into a contract with DHS?

Yes  No

If yes, explain:

9. Do you/your staff have valid Pennsylvania driver licenses?

Yes  No

If yes, explain:

As an authorized signatory for \_\_\_\_\_ I hereby certify to the best of my knowledge and belief that the information in this proposal and application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print/Type Name: \_\_\_\_\_ Title: \_\_\_\_\_

## APPENDIX C

### Glossary of Terms and Acronyms

#### Definitions

**Adoption and Safe Families Act:** An act passed by Congress in 1997 that reauthorized funding for family preservation and family support services but added time-limited reunification and adoption services as viable permanency options for children.

**Basic Needs:** Those things in life those are necessary to sustain and maintain a standard of life, such as food, shelter, clothing, health care, utilities, transportation and childcare.

**Conferencing and Teaming:** The practice model for DHS that is built on the premise that when family engagement is central to case practice, and identifying consumer needs and strengths is a collaborative process, planning becomes more effective and outcomes resulting from services will be better.

**Child Welfare Demonstration Project:** Allows for the more flexible use of Federal funds in order to test new approaches to service delivery and financing structures, in an effort to improve outcomes for children and families involved in the child welfare system.

**Crisis in-home services:** DHS preservation and reunification child welfare services provided to families that have children who have been deemed in imminent risk of removal and require intensive home-based services to keep the children safely in the home.

**DHS Practice Model:** A conceptual map and organizational ideology describing the values and principles underlying the work of the Department and directing specific approaches and techniques used to achieve integration outcomes.

**HOMEBUILDERS®:** A nationally recognized, evidence-based program designed to strengthen families, keep children safe and prevent unnecessary out-of-home placement or safely reunify children with their family following a removal from home.

**In-home services:** DHS preservation and reunification child welfare services designed to use a wrap-around approach to help families make whatever changes they need and to learn new skills in order to successfully care for their children.

**KIDS system:** DHS' fully integrated child welfare management application that supports the records management process from the initial reporting of allegations of child abuse or neglect through the delivery and payment of services.

**Minority, Women, or Disadvantage Business Enterprise:** A small business concern which is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals, or in the case of any publically owned business, at least 51% of the stock of which is owned by one or more socially and economically disadvantaged individuals, including Women, Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, and Asian-Indian Americans.

**Promoting Safe and Stable Families Program:** A program passed by congress that requires states to demonstrate reasonable efforts to prevent or eliminate the removal of children from their home or provide services to help facilitate reunification.

**Proposer:** The person, firm, or corporation submitting a proposal to the County, in response to the RFP, in an effort to be selected as a Contractor(s).

**Successful Proposer(s):** The Proposer selected by DHS to be awarded a contract to provide HOMEBUILDERS®.

### **Acronyms**

**CYF:** [DHS Office of] Children, Youth, and Families

**DHS:** [The Allegheny County] Department of Human Services

**EST:** Eastern Standard Time

**HIV/AIDS:** Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome

**KIDS:** Key Information and Demographics System

**LGBTQ:** Lesbian, Gay, Bi-sexual, Transgender, and Questioning

**M/W/DBE:** Minority, Women, or Disadvantaged Business Enterprise

**NCFAS:** North Carolina Family Assessment Scale

**NCFAS-R:** North Carolina Family Assessment Scale for Reunification

**ODM:** HOMEBUILDERS® Online Data Manager

**QUEST:** Quality Enhancement System

**RFP:** Request for Proposals

**TANF:** Temporary Assistance for Needy Families

## APPENDIX D



# HOMEBUILDERS<sup>®</sup> STANDARDS

Copyright 1991, 2007  
Institute for Family Development  
34004 16<sup>th</sup> Avenue South, Suite 200  
Federal Way, WA 98003  
(253) 874-3630

# HOMEBUILDERS<sup>®</sup>

## Program Structure Standards

### Specific Target Population

Page 8

The HOMEBUILDERS program serves only families whose children are at imminent risk of out-of-home placement, or who are in placement and cannot be reunified without intensive in-home services.

- HOMEBUILDERS eligibility criteria
- Re-referrals
- Reasons for ineligibility
- Eligibility determination time frame

### Values-Based Orientation

Page 10

HOMEBUILDERS is based on a clearly articulated set of values and beliefs, which guides program design and staff behavior.

- HOMEBUILDERS values and beliefs
- Expected staff behavior
- Use of value-neutral language

### Immediate Availability and Response to Referrals

Page 12

The HOMEBUILDERS program accepts referrals 24 hours a day, seven days a week. A therapist meets with each family as soon as possible following referral, preferably on the day of referral, and no later than 24 hours after referral.

- Public agency referral process
- Requirements for accepting referrals
- Intake session within 24 hours
- Expectations regarding attempts to contact families

### Twenty-Four Hour Availability

Page 14

The family's primary therapist is available to family members 24 hours a day, seven days a week. The team supervisor is available 24/7 as the primary back up for the therapist. Other team members, familiar with the family's service plan, also provide back up.

- Catchment area
- Therapists' work schedule
- Outside employment
- Supervisor as back up

## **Services Provided in the Client's Natural Environment**

Page 16

HOMEBUILDERS services are provided primarily in the family's home. Some client contact may occur in other community locations that are part of the client's natural environment.

- Travel reimbursement
- Location of visits
- Office-based client sessions

## **Service Intensity and Caseload**

Page 17

A full-time therapist typically serves 18 families per year, working with two families at a time. Service intensity (hours per week and total hours per intervention) varies across families, based on their needs. Families typically receive 40 or more hours of face-to-face contact during the intervention.

- Referent contact with families
- Face-to-face contact requirements
- Number of sessions per week
- Caseload size

## **Brevity of Services**

Page 18

HOMEBUILDERS is a time-limited service; interventions are concluded when the imminent danger of placement or re-placement has been averted. Client families are usually seen for four weeks, with an option for service extension to six weeks if the additional service time would significantly reduce the likelihood of placement.

- Length of intervention
- Criteria for extensions
- Supervisor authorization of extensions

## **Single Therapist Operating within a Team**

Page 19

HOMEBUILDERS therapists operate within a team of three to five therapists and a supervisor. Services are provided to families by a single therapist, with the clinical team providing back up. In rare circumstances, more than one therapist may serve a family.

- Team size and composition
- Supervisor to therapist ratio
- Independent contractors or sub-contractors
- Use of half-time therapists and supervisors
- Back up coverage
- Exceptions to single therapist standard
- Participation in team consultation



## **Supervision and Consultation**

Page 21

Consultation from a trained HOMEBUILDERS supervisor is available to therapists 24 hours a day, seven days a week. Supervisor-facilitated team consultation occurs at least weekly.

- Team consultation requirements
- Individual consultation requirements
- Supervisor availability to therapists
- Supervisor accompanying therapists
- Roles in team consultation
- Provision of technology

## **Ongoing Quality Enhancement**

Page 23

Supervisors and therapists receive the initial and ongoing training, consultation, and support necessary to deliver quality services. Programs participate in ongoing quality enhancement processes to ensure fidelity to the HOMEBUILDERS model. Data are used to evaluate and improve program outcomes.

- Qualifications of therapists and supervisors
- Program manager requirement
- Clerical requirement
- Data collection and monitoring activities
- Homebuilders web-based client information system
- Continuing client contact for supervisors
- On-the-job training
- Quality enhancement and quality improvement plans

# HOMEBUILDERS<sup>®</sup>

## Intervention Activity Standards

### Promoting Safety

Page 25

Throughout the intervention, the therapist assesses child, family, therapist, and community safety. The therapist structures the environment and uses clinical strategies designed to promote safety.

- Managing safety concerns
- Reporting of safety concerns
- Terminating services due to safety concerns

### Individually Tailored Services

Page 27

The therapist tailors services and flexibly schedules sessions based on family members' needs, goals, values, culture, circumstances, learning styles, and abilities.

- Flexible scheduling requirement
- Respect for diversity
- Clinical materials and resources
- Variety in length of sessions and services provided
- Matching services to the family

### Engagement and Motivation Enhancement

Page 29

The therapist develops and maintains a positive, collegial working relationship with family members. The therapist assumes responsibility for motivating family members, and employs a variety of motivation enhancement strategies.

- Engagement strategies
- Funds for engagement activities and basic needs
- Referent requests that compromise engagement
- Motivation enhancement strategies

### Comprehensive Assessment

Page 31

The therapist conducts a behaviorally specific, interactive, ongoing, holistic assessment. The assessment includes information about family strengths, values, skills, problems, needs, and barriers to goal attainment.

- Information included in the assessment
- Characteristics of the assessment process
- How assessment information is gathered
- Use of NCFAS and NCFAS-R
- Written assessment time frame

## **Goal Setting and Service Planning**

Page 33

The therapist collaborates with family members and referents in developing behaviorally specific, attainable intervention goals and corresponding service plans. Intervention goals and plans focus on factors directly related to the risk of out-of-home placement.

- Relating goals to placement prevention or reunification
- Characteristics of goals
- Service plan requirements
- Initial service plan time frame

## **Cognitive and Behavioral Approach**

Page 35

The HOMEBUILDERS model utilizes research-based interventions. The therapist applies cognitive and behavioral principles and strategies to facilitate behavior change.

- Use of research-based cognitive and behavioral strategies and interventions
- “Personal scientist” approach

## **Teaching and Skill Development**

Page 36

The therapist uses a variety of teaching methods to help family members acquire, maintain, and generalize skills.

- Matching teaching methods to families
- Methods of teaching
- Teachable moments
- Assigning homework

## **Provision of Concrete Services**

Page 37

The therapist advocates for and provides concrete goods and services that are directly related to achieving the family’s goals, while teaching family members to meet these needs on their own.

- Provision of concrete services and supports
- Funding of concrete services
- Accessing other resources to meet concrete needs
- Teaching family members to meet their concrete needs

## **Collaboration and Advocacy**

Page 38

The therapist collaborates and advocates with formal and informal community resources and systems impacting the family, while teaching family members to advocate for themselves.

- Relationships with referents and other community professionals
- Consultation and advocacy with service providers
- Collaboration with family’s social support network
- Teaching family members self-advocacy skills

Prior to the conclusion of services, the therapist and family members assess goal attainment, plan for the maintenance of progress, and collaborate with the referent to address ongoing service needs.

- When to close services
- Planning for maintenance of progress
- Written service summary time frame
- Post-intervention requests from families

## Specific Target Population

The HOMEBUILDERS program serves only families whose children are at imminent risk of out-of-home placement, or who are in placement and cannot be reunified without intensive in-home services.

### Rationales

Targeting this population:

- ❖ Reduces the number of children in out of home placement. Once a child has experienced a placement of any length, the likelihood of future placement increases. Children often suffer long-term, negative social, emotional, behavioral, and educational consequences when placed outside their homes.
- ❖ Reduces costs. Placing children outside their homes is more expensive than maintaining children in their homes. Limiting services to this population allows resources to be targeted to families in which cost-savings can be realized.

### HOMEBUILDERS Eligibility Criteria

- ❖ At least one child is at imminent risk of out-of-home placement, or in placement and cannot be reunified without intensive in-home services.
- ❖ The child could remain in the home and not be at risk of imminent harm if intensive in-home services were provided.
- ❖ At least one parent is willing to meet with the Homebuilders therapist.
- ❖ The family is available to participate in an intensive, four to six week intervention.
- ❖ Less intensive services would not sufficiently reduce the risk of placement or facilitate reunification, are unavailable, or have been exhausted.
- ❖ If a child is referred for reunification, the child will be returned to the family within 7 days of the start of services.

### Public Agency Components

- ❖ Ensures referrals meet eligibility criteria. Research or evaluation would demonstrate that at least 90% of eligible families who are not served by Homebuilders experience placement of a child, or delayed reunification.
- ❖ Links the referral process to placement and reunification decision-making processes.
- ❖ Allows re-referrals when families continue to meet eligibility criteria.

### Program Components

- ❖ Does not turn down referrals based on presenting problems or characteristics other than imminence of placement or need for reunification.
- ❖ Typically accepts referrals only when a therapist has an opening, accepts referrals on a first come first served basis, and does not maintain a traditional waiting list.

- ❖ Has limited flexibility to tentatively reserve upcoming openings for a short period of time for reunification referrals that require advance planning, and for placement prevention referrals in which a court order or requirement from a local decision-making body stipulates that the child(ren) may remain home only if Homebuilders is in place. Whenever this occurs, the referent must put measures in place to ensure child safety (e.g., continued out-of-home placement or an intensive coverage plan that includes daily home visits from a case aide, a contracted service provider, and/or the referent). Eligibility criteria must be met at the actual time of referral.
- ❖ Accepts re-referrals when approved by the supervisor and consultant.
- ❖ Determines eligibility at referral, and during the first 72 hours of the intervention. A family may only be determined ineligible if:
  - ❖ There are no Homebuilders openings because caseloads are full.
  - ❖ No face-to-face contact has been possible despite numerous and persistent efforts.
  - ❖ The family could be adequately served by less intensive services.
  - ❖ Placement proceedings have been initiated, and Homebuilders involvement would only be used to monitor or stabilize the situation until placement occurs.
  - ❖ Danger to family members or the therapist is so high that safety cannot be adequately ensured.
  - ❖ The identified at-risk children are not in the home, and it is unclear if or when they will return.

### **Supervisor Components**

- ❖ Discusses potential referrals with the referent and confirms families meet initial eligibility criteria.
- ❖ During the first 72 hours of the intervention, shares responsibility with the therapist for the final determination of the family's eligibility.

### **Therapist Components**

- ❖ During the first 72 hours of the intervention, specifically assesses eligibility for service.
- ❖ Consults with the supervisor regarding the family's eligibility.



## Values-Based Orientation

HOMEBUILDERS is based on a clearly articulated set of values and beliefs, which guides program design and staff behavior.

### Rationales

A clearly articulated set of program values and beliefs:

- ❖ Provides a framework for making clinical decisions.
- ❖ Helps create positive, supportive, and hopeful attitudes and behavior among staff.
- ❖ Helps staff and potential employees determine the compatibility of the program with their professional values and beliefs.

### HOMEBUILDERS Values and Beliefs

- ❖ It is best for children to be raised by their own family whenever possible.
- ❖ Safety is our highest priority.
- ❖ Reducing barriers to service improves family outcomes.
- ❖ Family members are our colleagues and partners.
- ❖ Providing information and teaching skills empowers families to become self-sufficient.
- ❖ We cannot predict which situations are most amenable to change.
- ❖ It is our job to motivate families and instill hope.
- ❖ All people have the ability to change.
- ❖ A crisis is an opportunity for change.
- ❖ We respect families for their diverse culture, ethnicity, and religious beliefs.
- ❖ Family members do not usually intend to harm one another.
- ❖ People are doing the best they can.
- ❖ Inappropriate intervention can do harm.

### Program Components

- ❖ Encourages staff to behave in ways that contribute to maintenance of a mutually supportive team and program atmosphere, including:
  - ❖ Using effective communication skills in their interactions with one another.
  - ❖ Conducting team meetings in a way that facilitates problem solving and progress toward group goals.
  - ❖ Using feedback loops that provide information about how interpersonal behavior affects work climate, morale, and program performance.
  - ❖ Recognizing one another's accomplishments.

## **Supervisor Components**

- ❖ Models behavior consistent with the Homebuilders' values and beliefs.
- ❖ Works with therapists to ensure their behavior with clients is consistent with Homebuilders values and beliefs.
- ❖ Creates a work environment characterized by encouragement, collaboration, effective problem solving, accountability, and respect for cultural differences.
- ❖ Frames therapists' problems or mistakes as opportunities for learning.

## **Therapist Components**

- ❖ Behaves with families in a manner that reflects the values and beliefs of the program.
- ❖ Is aware of the potential to make families' problems worse, and uses critical thinking to avoid clinical strategies that do harm.
- ❖ Works collaboratively with colleagues, clients, and other service providers.
- ❖ Is behaviorally descriptive, uses value-neutral language, and avoids the use of labels and inference when communicating with or about family members.



## Immediate Availability and Response to Referrals

The HOMEBUILDERS program accepts referrals 24 hours a day, seven days a week. A therapist meets with each family as soon as possible following referral, preferably on the day of referral, and no later than 24 hours after referral.

### Rationales

Responding immediately to referrals:

- ❖ Addresses safety concerns associated with imminent risk of placement.
- ❖ Enhances family motivation. Imminent risk of placement can create a crisis for families; during crises people often realize their usual ways of behaving are not working well, and they become more receptive to change.
- ❖ Communicates to the family that the therapist is concerned about their safety and welfare and will begin helping immediately.

Accepting referrals seven days a week, 24 hours per day:

- ❖ Affords more opportunities to intervene when placement is likely to occur. A large number of placements occur outside of traditional business hours.

### Public Agency Components

- ❖ Has a 24/7-referral protocol.
- ❖ Uses a referral process that includes:
  - ❖ Confirmation that the provider agency has an opening before attempting a referral.
  - ❖ In-person or telephone contact with the Homebuilders supervisor (or designee) prior to sending a referral, to assess appropriateness of the referral, discuss reason for referral, and clarify expectations.
  - ❖ Written referral authorization.

### Program Components

- ❖ Has a protocol for accepting referrals 24/7.
- ❖ Collects and analyzes data regarding time between referral and intake. A completed referral includes all referral documentation required by contract, service authorization, and confirmation back to the referent that the referral has been accepted.
- ❖ Ensures that therapists receive information about each referral as soon as it is received.

### Supervisor Components

- ❖ Before accepting a referral, ensures that a therapist is available to see the family within 24 hours.
- ❖ Consults with therapists to ensure families are seen within 24 hours of referral.

## Therapist Components

- ❖ Makes persistent efforts (multiple phone calls, going to the family home, leaving notes, etc.) to contact the family and complete the intake session on the day of referral or, at the latest, within 24 hours of referral. If the family is unable to meet within 24 hours of referral, the therapist makes persistent efforts to complete the intake no later than the end of the day following the referral.
- ❖ Documents efforts to contact the family, as well as any reasons why intake did not occur within 24 hours of referral.
- ❖ Immediately consults with the supervisor if having difficulty contacting the family and it is anticipated the intake will not occur within 24 hours, or if the family does not attend a scheduled intake session.
- ❖ Notifies and consults with the referent if unable to contact the family by the end of the day following the referral.

## Twenty-Four Hour Availability

The family's primary therapist is available to family members 24 hours a day, seven days a week. The team supervisor is available 24/7 as the primary back up for the therapist. Other team members, familiar with the family's service plan, also provide back up.

### Rationales

Twenty-four hour availability:

- ❖ Allows immediate response to client crises, which is critical to ensuring client safety and preventing the placement of children.
- ❖ Facilitates the development of positive working relationships with clients and maximizes client involvement in services.
- ❖ Allows the therapist to be present at times the family identifies as problematic, when the therapist can observe antecedents and consequences of behaviors, and teach effective alternatives.

### Public Agency Components

- ❖ Contracts with provider organizations to serve a specified catchment area. The catchment area should be small enough that therapists can travel to most family homes within 60 minutes (therapists may live in various parts of the catchment area). A team may be contracted to serve a limited number of families outside the catchment area, however therapist availability will be reduced. Serving families outside the catchment area reduces caseload expectations .

### Program Components

- ❖ Establishes policies and structures that facilitate availability of Homebuilders staff to families, including:
  - ❖ Therapists live within the catchment area served by the team.
  - ❖ Therapists work a flextime schedule, recognizing that their hours will vary considerably, depending on client needs.
  - ❖ Therapists are not expected to be at an office during regular work hours, as this would inhibit their ability to be available to clients outside of regular office hours.
  - ❖ Systems are in place to assure back up coverage during therapist leave time.
  - ❖ Therapists and supervisors are provided with the technology necessary to facilitate families' access to clinical staff (e.g., pagers, cell phones).
- ❖ Assures that clinical back up by team members is available 24/7, so that qualified clinical staff are available to clients when the family's individual therapist is unavailable.
- ❖ Uses the counselor disclosure forms to inform families about 24/7 availability, including procedures for contacting staff.
- ❖ Disallows any other employment or outside commitments that interfere with therapist and supervisor availability.

### **Supervisor Components**

- ❖ Acts as the primary back up for the therapists 24 hours a day, seven days a week.
- ❖ Carries a pager or cell phone for 24/7 availability.

### **Therapist Components**

- ❖ Is available to assigned families 24 hours per day, seven days per week. The therapist informs family members of this availability and of clinical back up procedures.
- ❖ Encourages families to call when they need assistance or support, and works with families to eliminate barriers that might inhibit their ability to call.
- ❖ Makes emergency visits to clients' homes as needed 24 hours per day, seven days per week.
- ❖ Carries a pager or cell phone for 24/7 availability.
- ❖ Prior to being unavailable for an extended period (i.e., overnight), the therapist informs families and arranges coverage by a team member.

## Services Provided in the Client's Natural Environment

HOMEBUILDERS services are provided primarily in the family's home. Some client contact may occur in other community locations that are part of the client's natural environment.

### Rationales

Providing HOMEBUILDERS services in the client's natural environment:

- ❖ Facilitates a comprehensive and accurate family assessment.
- ❖ Allows monitoring of client safety and environmental conditions.
- ❖ Affords the therapist numerous opportunities to model, prompt, and reinforce the use of new skills. Opportunities for skill development in real situations are more relevant for families, and eliminate the need for transfer of learning between settings.
- ❖ Is more likely to include all family members and possibly members of the family's extended support network.
- ❖ Enables the program to serve families who are unable or unwilling to receive services in office settings.
- ❖ Increases the likelihood that families will remain engaged and complete services.

### Program Components

- ❖ Collects and analyzes data regarding the location of service delivery.
- ❖ Provides adequate reimbursement to staff for all client-related travel.

### Supervisor Components

- ❖ Consults with therapists whenever there are difficulties meeting with families in their homes.
- ❖ Reviews, and approves or denies, requests for any office-based client sessions.

### Therapist Components

- ❖ Serves families in the family home or their natural environment.
- ❖ Documents the location of each client session.
- ❖ On the rare occasions that sessions occur in an office setting, documents the rationale for this decision.



## Service Intensity and Caseload

A full-time therapist typically serves 18 families per year, working with two families at a time. Service intensity (hours per week and total hours per intervention) varies across families, based on their needs. Families typically receive 40 or more hours of face-to-face contact during the intervention.

### Rationales

High service intensity and low caseloads:

- ❖ Reduce the risk of harm to family members by providing more opportunities to monitor safety, establish structure, and defuse crises before they escalate.
- ❖ Allow the therapist to more quickly adapt to the culture and lifestyle of families.
- ❖ Provide frequent opportunities for the therapist to assess progress on goals, reinforce family members' efforts, and adjust treatment plans as needed.
- ❖ Allow time for the therapist to collaborate with the family's natural supports.
- ❖ Accelerate relationship development, engagement, and goal attainment.
- ❖ Quickly provide referents information needed to make decisions regarding child placement and case planning.
- ❖ Allow the therapist to flexibly schedule sessions to accommodate the schedules of family members, and to continue most sessions for as long as is needed.

### Public Agency Components

- ❖ Ensures adequate referrals to maintain therapist caseload.
- ❖ Requires the referent to have contact with family members within three days prior to referral to assure their availability and explain program requirements.

### Program Components

- ❖ Has protocols to inform referents when therapists have openings.
- ❖ Collects and analyzes data regarding therapist caseloads and hours of service.

### Supervisor Components

- ❖ Manages assignment of referrals to maintain expected caseloads.

### Therapist Components

- ❖ Typically provides 40 or more hours of face-to-face contact during a 4-week intervention. Some families receive significantly more than 40 hours.
- ❖ Varies the hours of contact with each family according to their needs.
- ❖ Typically meets with family members three to five times a week, with telephone contact often occurring between meetings.
- ❖ Typically works with two families at a time. Periodically a therapist may have a caseload of one or three families for a short time.

## Brevity of Services

HOMEBUILDERS is a time-limited service; interventions are concluded when the imminent danger of placement or re-placement has been averted. Client families are usually seen for four weeks, with an option for service extension to six weeks if the additional service time would significantly reduce the likelihood of placement.

### Rationales

- ❖ Research has shown that an average of four weeks of Homebuilders service is enough for a high percentage of client families to avert the need for placement.
- ❖ Knowing that the service is time limited motivates clients to meet frequently with the therapist and to participate in establishing and achieving intervention goals.
- ❖ Interventions at this level of intensity must be time-limited to remain cost effective.

### Program Components

- ❖ Collects and analyzes data regarding length of service and reasons for any service extensions.

### Supervisor Components

- ❖ Assists therapists in setting goals that are focused on placement prevention or reunification and that can be accomplished during the time available.
- ❖ Conducts a weekly review with therapists to assess progress on goals and help structure their use of time and activities during the intervention.
- ❖ Helps therapists determine when to conclude services, and authorizes any extensions. Extension of services beyond four weeks is based on the probability that continued services would substantially decrease the risk of placement.

### Therapist Components

- ❖ Informs families about the brevity and intensity of the intervention.
- ❖ Sets specific goals with family members that are related to reducing the risk of placement, and that can be addressed within the intervention time frame.
- ❖ Monitors the length of interventions and consults with the supervisor regarding timing of service closure.
- ❖ Typically serves each family for four weeks. After consulting with the supervisor, may extend services beyond four weeks.

## Single Therapist Operating within a Team

HOMEBUILDERS therapists operate within a team of three to five therapists and a supervisor. Services are provided to families by a single therapist, with the clinical team providing back up. In rare circumstances, more than one therapist may serve a family.

### Rationales

Provision of services by a single therapist rather than a multiple individuals:

- ❖ Eliminates confusion regarding who is responsible for intervention activities.
- ❖ Is an efficient approach in terms of planning, staffing, and scheduling.
- ❖ Is less intrusive and overwhelming to family members, and enhances engagement.
- ❖ Assures that the assigned therapist has first-hand information regarding all aspects of the intervention.

Operating within a team:

- ❖ Allows a therapist familiar with the family's circumstances to provide back up services if the assigned therapist is temporarily unavailable.
- ❖ Gives therapists access to the skills, support, and assistance of other team members, including the benefits of team consultation.

### Public Agency Components

- ❖ Funds the program in a manner that ensures contractors are able to maintain the required FTEs to maintain required team size.

### Program Components

- ❖ Employs a team of three to five therapists, a supervisor, and a program manager. Due to initial training requirements and case carrying responsibilities, new supervisors must be full-time for the first year regardless of team size.
- ❖ Requires the following minimum supervisory ratios once the supervisor has successfully completed the initial year of training and quality enhancement activities:
  - ❖ Teams of three therapists require a minimum of a 0.60 FTE supervisor;
  - ❖ Teams of four therapists require a minimum of an 0.80 FTE supervisor;
  - ❖ Teams of five therapists require a full-time (1.0 FTE) supervisor.
- ❖ Uses agency employees as team members. Because of the essential role of supervision within the Homebuilders model, agencies do not use independent contractors or sub-contractors on the team.
- ❖ Employs either fulltime (1.0 FTE) or halftime (.5 FTE) therapists. The program primarily employs fulltime therapists. When needed to address unique circumstances (e.g., serving areas with low population density, retaining trained therapists), a team may employ up to two half-time therapists. Homebuilder consultant approval is required prior to employing half-time therapists on a team.



- ❖ Assures that therapists working halftime for the Homebuilders program engage in additional employment only if it meets the following criteria:
  - ❖ Allows the therapist the flexibility to respond to client crises at any time.
  - ❖ Allows flexible scheduling of routine visits.
  - ❖ The combination of employment does not exceed full-time (1.0 FTE) employment.
- ❖ Assures that supervisors working part-time for the Homebuilders program engage in additional employment only if it meets the following criteria:
  - ❖ Allows the supervisor the flexibility to respond to therapists and clients at any time.
  - ❖ Allows flexible scheduling of routine client visits and supervision.
  - ❖ The combination of employment does not exceed full-time (1.0 FTE).
- ❖ Requires all clinical staff to complete the *Homebuilders Conflict of Interest and Outside Employment / Volunteer Activities Disclosure* form.
- ❖ Requires team members to provide back up coverage for one another.
- ❖ Ensures that only Homebuilders team members provide 24/7-client crisis response and back up.

### **Supervisor Components**

- ❖ Provides and helps arrange back up coverage for therapists when needed.
- ❖ Promotes teamwork and team cohesion.
- ❖ Assigns a single therapist to each family. In the following situations, another therapist or a supervisor may accompany the primary therapist to some or all client sessions:
  - ❖ Staff training.
  - ❖ Quality enhancement activities.
  - ❖ Structuring for client and therapist safety.
  - ❖ Clinical strategies, approved by the Homebuilders consultant, that require more than one therapist.

### **Therapist Components**

- ❖ Directly provides all of the services to an assigned family.
- ❖ Actively participates in team consultation and team activities.
- ❖ Provides assistance to other team members to accomplish tasks with families that require more than one person (e.g., significant household clean-up, helping a family move, structuring for safety).
- ❖ Provides back up for other members of the team.

## Supervision and Consultation

Consultation from a trained HOMEBUILDERS supervisor is available to therapists 24 hours a day, seven days a week. Supervisor-facilitated team consultation occurs at least weekly.

### Rationales

Frequent and effective supervision and consultation:

- ❖ Helps ensure client safety.
- ❖ Offers team members opportunities to provide personal support, enhance critical thinking, learn from each others ideas and resources, and share information on effective interventions.
- ❖ Helps ensure all team members share the responsibility for providing high quality services to clients.
- ❖ Provides opportunities for the supervisor to assess individual therapist and team performance and identify ongoing training needs.

### Public Agency Components

- ❖ Funds Homebuilders teams adequately to support supervision and consultation requirements.

### Program Components

- ❖ Utilizes the Homebuilders guidelines regarding when therapists are required to contact their supervisors.
- ❖ Provides funding for technology necessary to ensure 24/7 supervisor availability (e.g., cell phones, pagers).
- ❖ Requires in person team consultation at a minimum frequency of once per week.

### Supervisor Components

- ❖ Is available to therapists for immediate consultation on a 24/7 basis. When unavailable to provide back up to therapists, works with the Homebuilders consultant to identify a designated back up.
- ❖ Facilitates weekly team consultation, following Homebuilders consultation guidelines.
- ❖ Provides individual consultation as needed to ensure every family is staffed weekly. The supervisor typically has several contacts each week with therapists to discuss clinical and performance issues.
- ❖ Provides team and individual consultation:
  - ❖ Monitors the quality of interventions.
  - ❖ Helps therapists use critical thinking skills to evaluate their own performance.
  - ❖ Teaches clinical skills and specific intervention strategies.
  - ❖ Helps therapists use the reflective practice model throughout the intervention.
  - ❖ Models and reinforces behavior that is consistent with Homebuilders values.

- ❖ Gives performance-based feedback in a constructive manner.
- ❖ Offers behaviorally specific observations and provides rationales for suggested behavior changes.
- ❖ Addresses safety and liability issues.
- ❖ Elicits team participation.
- ❖ Offers emotional and technical support to therapists.
- ❖ Establishes an atmosphere in which therapists can report with candor and mistakes are viewed as opportunities for learning.
- ❖ Accompanies therapists on home visits on a regular basis and provides performance-based feedback.
- ❖ In dangerous situations, follows Homebuilders guidelines regarding when to contact the Homebuilders consultant.

### **Therapist Components**

- ❖ Consults at least once a week with the supervisor regarding each current family.
- ❖ Prepares for, and actively participates in, weekly supervisor-facilitated team consultation, following the Homebuilders consultation guidelines.
- ❖ In difficult or dangerous situations, consults with the supervisor or designated back up.

## Ongoing Quality Enhancement

Supervisors and therapists receive the initial and ongoing training, consultation, and support necessary to deliver quality services. Programs participate in ongoing quality enhancement processes to ensure fidelity to the HOMEBUILDERS model. Data are used to evaluate and improve program outcomes.

### Rationales

Quality enhancement systems are integral to:

- ❖ Demonstrating positive outcomes.
- ❖ Maintaining the model fidelity necessary to achieve program outcomes.
- ❖ Supporting therapists by providing high-quality training and consultation.

### Public Agency Components

- ❖ Funds Homebuilders' Quality Enhancement Systems and Training (QUEST).
- ❖ Follows the QUEST Site Development Schedule for Homebuilders Implementation.
- ❖ Requires and funds providers' ongoing participation in QUEST.

### Program Components

- ❖ Follows the Homebuilders standards regarding staffing.
  - ❖ Therapists have a graduate degree in social work, psychology, counseling, or a closely related field; or a bachelor's degree in social work, psychology, counseling, or a closely related field and at least 2 years of experience working with children and families.
  - ❖ Supervisors have a graduate degree or greater in social work, psychology, counseling, or a closely related field and at least 2 years experience working with children and families; or a bachelor's degree in social work, psychology, counseling, or a closely related field and at least 4 years experience as a Homebuilders therapist.
  - ❖ Employs a program manager for the team, .2 FTE or higher.
  - ❖ Employs clerical staff for the team, .6 FTE or higher.
- ❖ Uses Homebuilders approved evaluation tools to collect and analyze data regarding goal attainment and changes in family functioning over the course of the intervention.
- ❖ Collects and analyzes feedback from referents and clients.
- ❖ Utilizes the Homebuilders client information system to gather data regarding model fidelity and outcome attainment.
- ❖ Institutes routine feedback mechanisms to assess staff satisfaction with the quality of organizational support.
- ❖ Develops and implements a Quality Enhancement Plan at least twice a year.

- ❖ If any of the key Homebuilders Fidelity Measures (abridged version) are not being met, addresses the areas of concern in a Quality Enhancement Plan, with the assistance of the consultant.
- ❖ Ensures therapists have access to the technology necessary to utilize the Homebuilders web-based client information system.
- ❖ Provides a confidential meeting space with a speakerphone for team consultation.

### **Supervisor Components**

- ❖ Participates in all required QUEST activities, and functions as the primary liaison with the Homebuilders consultant.
- ❖ Has continuing client contact requirements:
  - ❖ Supervisors without prior Homebuilders experience must complete a minimum of six full Homebuilders interventions during the first year; additional interventions may be required based on the supervisor's model fidelity and client outcomes.
  - ❖ After the initial year, supervisors must have at least 40 client contact hours per year.
- ❖ Provides initial on-the-job training of therapists, including:
  - ❖ Therapists accompany the supervisor on one complete intervention, with the supervisor taking primary responsibility for the intervention.
  - ❖ The supervisor accompanies therapists on the first intervention in which the therapist assumes primary responsibility for the intervention.
  - ❖ If there is more than one new therapist to be trained at a time, the supervisor may complete these initial interventions with each therapist sequentially.
  - ❖ The supervisor attends intake sessions with therapists for at least the three subsequent interventions.
  - ❖ The supervisor works with therapists to create professional development plans, which include identification of training needs and resources to meet these needs.
- ❖ Assists therapists in evaluating progress on annual professional development plans.
- ❖ Utilizes data from the Homebuilders client information system to routinely evaluate and improve individual and team performance.
- ❖ Monitors client placement rates. If patterns in the causes of placement emerge, works with therapists to make changes in treatment approaches.
- ❖ Reviews all clinical reports prior to submittal to outside entities.
- ❖ Conducts clinical record reviews and provides feedback to therapists.
- ❖ Follows *Homebuilders Guidelines for when to Contact the HOMEBUILDERS® Consultant*.

### **Therapist Components**

- ❖ Participates in required QUEST activities.
- ❖ Uses the client record to document intervention activities in a clear, behaviorally specific manner, with enough detail that a reviewer unfamiliar with the family would understand what occurred.
- ❖ Utilizes data from the Homebuilders client information system to routinely self-evaluate performance regarding model fidelity and outcome attainment.



## Promoting Safety

Throughout the intervention, the therapist assesses child, family, therapist, and community safety. The therapist structures the environment and uses clinical strategies designed to promote safety.

### Rationales

- ❖ Families referred to Homebuilders usually have a history of harmful behavior, and the potential for harm to family members, therapists, and community members may be high.

### Public Agency Components

- ❖ Provides information regarding safety issues at the time of referral.

### Program Components.

- ❖ Adopts policies and procedural guidelines that ensure:
  - ❖ Therapists are available to families 24 hours per day, 7 days per week.
  - ❖ The supervisor is available 24 hours per day, 7 days per week to respond to family crises and to consult with therapists regarding safety concerns.
  - ❖ The supervisor and other team members provide back up coverage for families.
  - ❖ Consultation – including emergency, immediate consultation – is available to all therapists and supervisors on a 24/7 basis.
  - ❖ Therapists are trained to consult with their supervisor whenever a need is indicated (refer to *HOMEBUILDERS@ Guidelines for Contacting Your Supervisor*).
  - ❖ Therapists are required to report safety concerns to the supervisor and referent.
  - ❖ The referent is consulted, and services are terminated, when situations present too great a danger to family members or therapists.
- ❖ Solicits feedback from referents and clients regarding whether safety concerns were adequately addressed during services.

### Supervisor Components

- ❖ Takes referrals, and ensures they include adequate information about safety risks.
- ❖ Consults with therapists regarding safety issues to help identify risks, utilize structuring techniques to promote safety, and help family members implement safety plans.
- ❖ Increases the amount of consultation when serious safety risks exist or safety concerns escalate.
- ❖ Accompanies therapists on home visits, or designates a team member to do so, when the situation indicates that having another person present will increase safety.

## Therapist Components

- ❖ Assesses and identifies safety concerns and risks, including: signs of child abuse or maltreatment, domestic violence, suicidal / homicidal intent, and environmental risks. The therapist manages the extent to which her perception of risk is being influenced by stereotypes related to client's geographical location or cultural group membership.
- ❖ Works with family members to reduce environmental safety risks by addressing issues such as child safety devices and barriers, nutrition, hygiene, minimum household cleanliness standards, etc.
- ❖ Teaches effective, age-appropriate child supervision skills. The therapist helps caregivers learn to assess their own capabilities and determine when it is necessary to seek an alternate caregiver. The therapist helps family members learn how to select safe alternate caregivers.
- ❖ Teaches family members appropriate child safety skills to safeguard against child sexual abuse.
- ❖ When there is a threat of self-harm, child abuse or neglect, or physical violence between family members, develops a safety plan tailored to address the family members' specific safety concerns.
- ❖ Increases safety by:
  - ❖ Using reflective listening to de-escalate family members.
  - ❖ Maintaining frequent contact with the family, especially when serious safety risks exist or safety concerns escalate.
  - ❖ Strategically scheduling sessions at times when there is increased potential for problem behavior to occur.
  - ❖ Responding to crisis situations on a 24-hour basis throughout the intervention.
- ❖ Uses a variety of strategies to de-escalate potentially violent situations during sessions, such as:
  - ❖ Engaging family members in a collaborative, non-authoritarian way.
  - ❖ Using environmental structuring techniques.
- ❖ Teaches family members techniques to reduce the potential for violence (e.g., leaving the situation, RET, self-calming strategies).
- ❖ Does not enter situations in which the therapist's own safety cannot be reasonably assured. Structures sessions to maximize therapist safety (e.g., meeting in a neutral site) in situations where there is a high degree of danger.
- ❖ Follows program guidelines and mandatory reporting statutes for reporting or responding to safety concerns and lack of client contact.
- ❖ When client, community member, or therapist safety cannot be reasonably ensured with intensive services in place, advocates for alternative protective measures and closes the case. Alternative protective measures could include placement of the child, voluntary or involuntary commitment or hospitalization, or removal of an offender from the home.

## Individually Tailored Services

The therapist tailors services and flexibly schedules sessions based on family members' needs, goals, values, culture, circumstances, learning styles, and abilities.

### Rationales

Individually tailored services:

- ❖ Result in higher goal attainment because the intervention strategies fit family member needs, values, culture, and learning style
- ❖ Allow therapists to vary the length of sessions to meet the needs of clients.
- ❖ Promote family participation in services. Work and school schedules often make it difficult for family members to receive services. By being available at a wide range of times, therapists are able to arrange session times that are convenient to family members.

### Program Components

- ❖ Requires therapists to flexibly schedule their work hours to ensure they are able to see families at times that are responsive to family members' needs and circumstances.
- ❖ Promotes respect for diversity. All program staff are required to use skills for working in a culturally diverse environment, including: modeling awareness of personal biases; demonstrating respect for, and value of, diversity; and participating in appropriate resolution of conflict that arises from cultural differences.
- ❖ Allocates funds for a variety of clinical materials and resources (e.g., books, audio-visual materials, conference fees, in-service training).
- ❖ Solicits feedback from family members regarding whether services were responsive to family needs, and whether they were respectful of family culture.

### Supervisor Components

- ❖ Emphasizes the importance of using a wide variety of clinical strategies to respond flexibly to family situations. The supervisor helps therapists develop therapeutic strategies tailored to each family. There is no proscribed length of sessions or set curriculum to be presented during sessions; session length and content are tailored to the family.
- ❖ Is aware of issues related to the delivery of culturally responsive services and utilizes this knowledge in consultation with therapists, and refers therapists to appropriate cultural consultants when necessary.

### Therapist Components

- ❖ Provides a wide variety of clinical, concrete, and advocacy services.
- ❖ Identifies and uses teaching methods and tools that best match family values, culture and learning styles.



- ❖ Establishes a plan for each session, while remaining flexible and adjusting activities based on the circumstances of the family at the time of the session.
- ❖ Provides services at the level of frequency, intensity, and duration appropriate to prevent placement or achieve reunification.
- ❖ Schedules sessions at times that are convenient to families, and strategically schedules appointments at times when problems are likely to occur. Session length is based on the needs of the family.
- ❖ Generally conducts a combination of individual and family sessions, and includes anyone family members want involved in the intervention.
- ❖ Works to minimize the effects of personal biases when working with clients and fellow program staff.

**NOTE:** In these standards, culture is broadly defined, and includes factors such as: race, ethnicity, socio-economic status, values, education, lifestyle, age, gender, sexual orientation and religious beliefs.

## Engagement and Motivation Enhancement

The therapist develops and maintains a positive, collegial working relationship with family members. The therapist assumes responsibility for motivating family members, and employs a variety of motivation enhancement strategies.

### Rationales

When family members are engaged and motivated, they are more likely to:

- ❖ Share important information.
- ❖ Accept suggestions and recommendations.
- ❖ Participate in sessions and complete the intervention.
- ❖ Be successful in changing their behavior.

### Program Components

- ❖ Ensures therapists have the flexibility to use engagement strategies, such as: dressing casually, accepting food from families, allowing session time for casual conversation, taking family members out for coffee, providing transportation, etc.
- ❖ Allocates funds for client engagement activities and basic needs.

### Supervisor Components

Throughout the intervention, helps therapists:

- ❖ Assess engagement of family members
- ❖ Identify strategies for fostering engagement.
- ❖ Assess family members' current stage of change.
- ❖ Tailor clinical strategies to enhance motivation to change.
- ❖ Respond appropriately to referent requests that compromise therapists' ability to engage the family (e.g., enforcing public agency directives or engaging in investigative activities such as unannounced visits, checking trash cans, etc).

### Therapist Components

- ❖ Uses a variety of strategies to enhance engagement with family members:
  - ❖ Behaves as a guest in the family's home.
  - ❖ Demonstrates respect for the family's cultural and lifestyle norms, values, environment, and time.
  - ❖ Spends time, especially in early sessions, in casual conversation and shows an interest in the whole person (likes, dislikes, values, interests, concerns, etc.).
  - ❖ Uses reflective listening skills to demonstrate understanding and empathy.
  - ❖ Develops an awareness of her own personal framework and how it may impact the relationship.

- ❖ Participates in activities (e.g., shopping, going to the park) with family members, when such activities contribute to the therapeutic relationship or enhance the family's motivation to work on goals and objectives.
- ❖ Offers concrete services or assistance as a way to engage families (e.g., help with household tasks, transportation).
- ❖ Uses a variety of strategies that enhance motivation for change:
  - ❖ Tailors strategies to each individual's stage in the change process.
  - ❖ Provides information and feedback to increase family members' awareness of the reasons their children are at risk of placement.
  - ❖ Acknowledges and addresses concerns family members have about making changes.
  - ❖ Instills hope by acknowledging and reinforcing the family's strengths, resources and past successes; sharing information about the success of the Homebuilders program; and reframing.
  - ❖ Evokes rationales for change that are relevant to family members.
  - ❖ Collaborates with family members to generate solutions and behavior change options.

## Comprehensive Assessment

The therapist conducts a behaviorally specific, interactive, ongoing, holistic assessment. The assessment includes information about family strengths, values, skills, problems, needs, and barriers to goal attainment.

### Rationales

- ❖ A behaviorally specific assessment is respectful of families; is easy for them to understand; and provides detailed information necessary to enhance motivation, set goals, and develop service plans.
- ❖ An interactive assessment engages family members in clarifying their problems, needs, strengths, and goals.
- ❖ A holistic assessment is more likely to be complete and accurate, and includes information about all systems impacting the family.
- ❖ An ongoing assessment allows the family members and the therapist to respond to changing family circumstances.

### Public Agency Components

- ❖ Provides adequate information at referral regarding their assessment of the family, their expectations and service plan, the family's history of involvement with the public agency, and court requirements.

### Program Components

- ❖ Provides proper forms, policies and training related to the sharing of confidential client information.

### Supervisor Components

- ❖ Ensures adequate referral information is obtained regarding reason for referral, risk factors, referent's expectations, etc.
- ❖ Works with the therapist to ensure assessments integrate information from a variety of sources (e.g., direct observation, referent information, client report, collateral information) to develop a balanced and accurate assessment.
- ❖ Reviews all written assessments and provides feedback.

### Therapist Components

- ❖ Conducts an assessment that includes family members' values, strengths, skills, problems, needs, barriers, and readiness for change.
- ❖ Gathers information for the assessment through:
  - ❖ Reflective listening.
  - ❖ Use of open-ended and clarifying questions; a proscribed list of assessment questions is not used.

- ❖ Direct observation of family members in a variety of circumstances, on various days of the week, and at various times of the day.
- ❖ Contact with collaterals (e.g., referent, teachers, other providers, extended family members).
- ❖ Functional analyses of behavior.
- ❖ Helps family members engage in a self-assessment process.
- ❖ Uses the North Carolina Family Assessment Scales (NCFAS / NCFAS-R) to guide the process and organize information.
- ❖ Communicates with or about families using behaviorally descriptive and value-neutral language, avoiding the use of labels and inferences and explaining the basis for conclusions made.
- ❖ Uses a critical thinking process to evaluate the accuracy of the assessment.
- ❖ Completes a written assessment of each family within one week of the start of services.
- ❖ Engages in ongoing assessment throughout the intervention to further understand the family and evaluate intervention effectiveness.

## Goal Setting and Service Planning

The therapist collaborates with family members and referents in developing behaviorally specific, attainable intervention goals and corresponding service plans. Intervention goals and plans focus on factors directly related to the risk of out-of-home placement.

### Rationales

- ❖ Specific goals and a related service plan steer the intervention; they help keep the therapist and family members focused on what is most important to prevent placement or achieve reunification.
- ❖ Having behaviorally specific, measurable indicators of goal achievement allows all involved parties (therapist, family members, referent, etc.) to discern whether goals have been met.
- ❖ When family members are involved in goal setting, they are more motivated to work on their goals, maintain changes after the intervention concludes, and use the process independently when future problems arise.
- ❖ The process of goal setting itself can serve to initiate behavior change. As family members are encouraged to decide they would like to change, and then identify the first steps, they often find that some change occurs immediately.
- ❖ Having reasonably achievable goals increases family members' feelings of self-efficacy as they experience success. Prioritizing goals is critical; families usually have multiple problems, and it is unlikely they can all be addressed during the intervention.

### Supervisor Components

- ❖ Helps the therapist use critical thinking strategies to evaluate intervention goals and service plans. Issues to consider include: What is the impact of the therapist's personal framework? How are the goals related to the assessment information? How will the goals, service plan and intervention strategies produce the desired changes and outcomes? How are family members' strengths and values included in the plan? Do the strategies match the family members' stage of readiness to change?
- ❖ Assists therapists in assessing progress made or reasons for lack of progress, ways to enhance progress, and service plan modifications needed.
- ❖ Reviews all written goals and service plans, and provides feedback.

### Therapist Components

- ❖ Clarifies with the referent and family members the specific changes that must occur for the children to remain at home.
- ❖ Based on the assessment and referral information, collaborates with the family members to establish goals that focus on the issues contributing to the danger of placement or barriers to successful reunification, and that can be realistically accomplished during the intervention.



- ❖ Identified goals are specific, measurable, action-oriented, attainable, and realistic.
- ❖ Works with family members to develop a service plan. Written service plans include: goals, problem statements, behaviorally specific and measurable indicators of goal achievement, and a list of activities and methods the therapist and family members will engage in to achieve the goal.
- ❖ Adopts clinical strategies in the service plan that have been shown to impact the targeted behaviors.
- ❖ Continually monitors goal progress, and helps the family revise goals and/or plans as needed.
- ❖ When family members are not making progress on the goals, analyzes barriers to goal achievement and revises the service plan as needed.
- ❖ Completes a written initial service plan within one week of the start of services.

## Cognitive and Behavioral Approach

The HOMEBUILDERS model utilizes research-based interventions. The therapist applies cognitive and behavioral principles and strategies to facilitate behavior change.

### Rationales

- ❖ Most human problems are the result of excesses and deficits in knowledge and skill acquisition. The most effective way to help people address their problems is to help them learn to change cognitions, behaviors, and feelings.
- ❖ A large body of research documents that cognitive interventions are an effective method to facilitate behavior change, particularly with problems regarding emotions, and that behavioral interventions are an effective method to facilitate behavior change.
- ❖ People are more likely to engage in the counseling process if the focus is on specific behaviors instead of character traits, personality, or blame.
- ❖ Behavior change methods are pragmatic, easily assessed for effectiveness, and easily adjusted if desired change does not occur.

### Supervisor Components

- ❖ Uses a cognitive / behavioral approach in supervision (e.g. use reframing strategies when the therapist assigns negative motivations for family member's behaviors).
- ❖ Assists therapists to apply a cognitive / behavioral approach and to select the cognitive and behavioral strategies that are most likely to help family members achieve desired outcomes.

### Therapist Components

- ❖ Helps family members understand how antecedents and consequences, past learning, life experiences, culture, and other factors affect behavior.
- ❖ Uses behaviorally specific, value-neutral language to describe family problems and strengths.
- ❖ Helps family members develop a process for making changes, so that they may continue purposeful change after services are terminated. In this process, family members act as "personal scientists," studying their situations, experimenting with different change approaches, and evaluating the results.
- ❖ Uses research-based behavioral interventions and strategies to increase and/or decrease behavior.
- ❖ Helps family members learn to use behavioral strategies to increase behavior, decrease behavior, and teach new behaviors to their children.
- ❖ Uses research-based cognitive interventions and strategies to effect change.



## Teaching and Skill Development

The therapist uses a variety of teaching methods to help family members acquire, maintain, and generalize skills.

### Rationales

A focus on teaching and skill development:

- ❖ Has been shown in research to be effective in helping people change.
- ❖ Enhances family members' motivation by defining problems as skill deficits rather than personal deficiencies.
- ❖ Empowers family members by giving them skills they can use to deal with problems that arise after the intervention is completed.

### Program Components

- ❖ Surveys family members regarding skill acquisition during services.

### Supervisor Components

- ❖ Assists therapists to determine the skills and teaching methods that are most likely to help the family achieve desired outcomes.
- ❖ Assists therapists assess the effectiveness of their teaching methods.

### Therapist Components

- ❖ Matches teaching methods to family members' culture, learning style, and abilities.
- ❖ Conceptualizes, describes, and approaches problems in terms of skill excesses and deficits.
- ❖ Teaches by direct methods, generally including the following components:
  - ❖ Presentation of the skill
  - ❖ Modeling
  - ❖ Behavioral rehearsal
  - ❖ Corrective feedback
  - ❖ Coaching, praise, and encouragement
  - ❖ Generalization / maintenance training
- ❖ Breaks new skills into small steps to simplify the change process and help family members experience success.
- ❖ Recognizes and takes advantage of unplanned opportunities (i.e., "teachable moments") to use or teach behavior change strategies with family members.
- ❖ Provides written materials to reinforce rationales and discussion regarding skills introduced during sessions.
- ❖ Assigns homework and encourages frequent practice of new skills so family members have many opportunities to strengthen and integrate behavior change.

## Provision of Concrete Services

The therapist advocates for and provides concrete goods and services that are directly related to achieving the family's goals, while teaching family members to meet these needs on their own.

### Rationales

Providing concrete services:

- ❖ Resolves immediate needs that hinder the family's ability to address other issues.
- ❖ Is an effective way to engage family members and begin to build a positive working relationship.
- ❖ Offers opportunities to teach family members how to meet concrete needs on their own.

### Public Agency Components

- ❖ Provides adequate resources for the provision of concrete services.
- ❖ Allows the provider agency discretion in determining how best to use concrete funds.

### Program Components

- ❖ Specifies the procurement and reimbursement procedures for the use of program funds for client-related expenses.
- ❖ Allocates adequate, flexible funding for the provision of concrete services.

### Supervisor Components

- ❖ Assists therapists in prioritizing families' concrete and service needs to ensure scarce resources are utilized as effectively as possible.
- ❖ Encourages therapists to use critical thinking in deciding when it is appropriate to address concrete needs.
- ❖ Monitors the use of concrete service funds.

### Therapist Components

- ❖ Provides or assists family members in accessing items, supports and services (e.g., food, housing, transportation, financial assistance, childcare) to reduce the likelihood of placement.
- ❖ Is familiar with a wide variety of local resources and helps the family members access them.
- ❖ Teaches family members skills to meet their concrete needs independently.

## Collaboration and Advocacy

The therapist collaborates and advocates with formal and informal community resources and systems impacting the family, while teaching family members to advocate for themselves.

### Rationales

A focus on collaboration and advocacy:

- ❖ Models and teaches family members how to effectively negotiate the multiple systems with which they are involved, including court, child welfare, schools, social services, etc.
- ❖ Builds positive relationships with referring agency workers, service providers, and others in the community.
- ❖ Involves members of the family's informal support network, who are often very influential in the family.

### Program Components

- ❖ Provides information about community resources and encourages all employees to establish and maintain positive community relationships.
- ❖ Solicits feedback from referents and responds to any concerns identified.

### Supervisor Components

- ❖ Fosters positive working relationships with referring agency staff and other community professionals.
- ❖ Assists therapists in advocacy efforts as needed.

### Therapist Components

- ❖ Fosters positive working relationships with referring workers and other professionals.
- ❖ Develops an understanding of systems that serve families including the legal, social services, health care, and school systems. Consults and advocates with other service providers when appropriate to help family members meet their goals.
- ❖ Models and teaches family members skills for advocating and accessing support for themselves (e.g., assertiveness, persistence, reciprocity, problem-solving and addressing discrimination).
- ❖ Helps family members anticipate their long-term service and support needs, and helps them identify, access, utilize, and maintain informal and formal supports.
- ❖ Includes those members of the family's social support network that the family identifies as influential in their life.
- ❖ Considers referent concerns and expectations when establishing intervention goals with the family. When the family members, therapist, and referent worker expectations differ, the therapist attempts to resolve these differences.
- ❖ Maintains frequent contact with the referent, and works in partnership with the referent to attain desired outcomes.

## Transition and Service Closure

Prior to the conclusion of services, the therapist and family members assess goal attainment, plan for the maintenance of progress, and collaborate with the referent to address ongoing service needs.

### Rationales:

- ❖ Most families will have ongoing needs after Homebuilders services end. The therapist must make special efforts to help family members engage with ongoing resources in order to maintain and build upon progress made during the intervention, and to teach family members how to assess and address future service needs.
- ❖ Homebuilders services are intensive and place an emphasis on development of relationships with family members. As a result, it is particularly important to address therapeutic and interpersonal issues that accompany service closure.

### Supervisor Components

- ❖ Tracks family progress on intervention goals at weekly team consultation meetings, and participates in determining the appropriate timing of service closure.

### Therapist Components

- ❖ Determines, in collaboration with the supervisor, family members, and referent, when service closure is appropriate.
- ❖ Addresses family members' feelings about the intervention ending.
- ❖ Helps family members generalize newly learned skills and make plans to continue the change process after the intervention concludes.
- ❖ Helps family members assess their ongoing service and support needs, and identify and access resources to meet them.
- ❖ Completes a written summary of the intervention within one week of service closure.
- ❖ Responds to family members' post-intervention requests for assistance, with reasonable limits (up to five hours of face to face time) to assure quality service for current clients.

**APPENDIX E**

**Budget Template**

**Proposed Direct Admin Staff Roster: Year One, Two and Three**

<b>Position/Title</b>	<b>Full Time Equivalent</b>	<b>Salary</b>	<b>Benefits/Fringe</b>	<b>Total Salary/Benefits</b>
Therapist (MSW)				-
Supervisor				-
Program Manager				-
Clerical/Support Staff				-
				-
<b>Total Year One</b>				-
Therapist (MSW)				-
Supervisor				-
Program Manager				-
Clerical/Support Staff				-
				-
<b>Total Year Two</b>				-
Therapist (MSW)				-
Supervisor				-
Program Manager				-
Clerical/Support Staff				-
				-
<b>Total Year Three</b>				-

**Proposed Indirect Administrative Staff Roster: Year One, Two and Three**

Staff Name	Position/Title	Full Time Equivalent	Salary	Benefits/Fringe	Total Salary
					-
					-
					-
					-
					-
					-
					-
					-
<b>Total Year One</b>					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>Total Year Two</b>					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>Total Year Three</b>					-

## Proposed Direct Administrative Expenses

OBJECTS OF EXPENSE	Projected Budget FY14-15 (October 1, 2014*June 30, 2014)	Projected Budget FY15-16 (July 1, 2015-June 30, 2016)	Projected Budget FY16-17 (July 1, 2016-June 30, 2017)
<b>Personnel Expenses (Use detailed Direct Admin Staff Roster as an input for this section)</b>			
Therapist (MSW)			
Supervisor			
Program Manager			
Clerical/Support Staff			
Employee Benefits			
Staff Training			
<b>Total Personnel Expenses</b>	-	-	-
<b>Office and Operational Expenses (Use Appendix F to incorporate costs where appropriate)</b>			
Office Space - (Mortgage/Rent)			
Maintenance			
Building Utilities			
Communication			
Office Supplies			
Transportation/Travel			
Vehicle Maintenance and Repair			
Postage and Shipping			
Printing and Publications			
Insurance			
Equipment and Furniture			
Association Dues/Licensing Fees			
Recruitment/Advertising			
Other:			
<b>Total Office and Operational Expenses</b>	-	-	-
<b>Direct Care Expenses</b>			
Concrete Goods**	16,200.00	21,600.00	21,600.00
<b>Total Direct Care Expenses</b>	16,200.00	21,600.00	21,600.00
<b>Offsetting Revenue</b>			
<b>Total Offsetting Revenue</b>	-	-	-
<b>Net Total:</b>	16,200.00	21,600.00	21,600.00
<b>Total Indirect Administrative Expenses</b>	-	-	-
<b>Grand Total:</b>	<b>\$ 16,200.00</b>	<b>\$ 21,600.00</b>	<b>\$ 21,600.00</b>

\*While the actual contract length will likely differ, beginning after October 1, please use the 9 month framework for this budget exercise

\*\*This estimate is based on an estimated average of \$300 per family for concrete goods for a minimum of seventy-two (72) families per year. Year one is prorated for a nine month period.

## Proposed Indirect Administrative Expenses

OBJECTS OF EXPENSE	Proposed Budget FY14-15 (October 1, 2014*-June 30, 2014)	Proposed Budget FY15-16 (July 1, 2015-June 30, 2016)	Proposed Budget FY16-17 (July 1, 2016-June 30, 2017)
<b>Personnel (Use detailed Indirect Admin Staff Roster as an input for this section)</b>			
Administrative Staff			
Support Staff			
Employee Benefits			
Staff Training			
<b>Total Personnel Expenses</b>	0	0	0
<b>Operational Expenses (Use Appendix F to incorporate costs where appropriate)</b>			
Office Space - (Mortgage/Rent)			
Maintenance			
Building Utilities			
Communication			
Office Supplies			
Transportation/Travel			
Vehicle Maintenance and Repair			
Postage and Shipping			
Printing and Publications			
Insurance			
Equipment and Furniture			
Association Dues/ Licensing Fees			
Recruitment/Advertising			
Auditing Expense			
Other:			
<b>Total Indirect Admn. Expense:</b>	0	0	0
Offsetting Revenues:			
<b>Total Revenue :</b>	0	0	0
<b>Net Total</b>	\$ -	\$ -	\$ -

\*While the actual contract length will likely differ, beginning after October 1, please use the 9 month framework for this budget exercise



## APPENDIX F

Estimated 3 Year Budget for Training and Consultation for One Team of 4 therapists/1 supervisor					
Year One (October 2014-June 30, 2015)					
<b>1. TRAINING</b>					
			<u>Days/yr</u>	<u>Cost/day</u>	<u>Subtotal</u>
Staff Selection Training			2	650	1,300
Supervisory Training			5	650	3,250
Intake Staff Training			1	650	650
Fundamentals of Family Preservation Practice			5	650	3,250
MI/Relapse & Cog, Behavioral and Teaching Skills			6	650	3,900
			<u>Days/yr</u>	<u>trips/yr</u>	<u>Subtotal</u>
Airfare: 4 trips (one trainer) @ \$650 roundtrip			4	650	2,600
Hotel: total training days @ \$150 per night			19	150	2,850
Meals: \$40 day			19	40	760
Car rental: \$50 per day			19	50	950
Miscellaneous (e.g. gas, parking, mileage to airport)			19	40	760
<b>Subtotal Training</b>					<b>\$ 20,270</b>
<b>2. MODEL FIDELITY/CONSULTATION</b>					
<b>Site Visits</b>					
			<u>Days/yr</u>	<u>fee/unit</u>	<u>Subtotal</u>
On site consultation and training			14	1,350	18,900
Written summary of onsite consultation			4	5,000	20,000
			<u>Days/yr</u>	<u>fee/unit</u>	<u>Subtotal</u>
Airfare: 4 trips (one trainer) @ \$650 roundtrip			4	650	2,600
Hotel: total consultation days @ \$150 per night			14	150	2,100
Meals: \$40 day			14	40	560
Car rental: \$50 per day			14	50	700
Miscellaneous (e.g. gas, parking, mileage to airport)			14	40	560
					\$ 45,420
<b>Telephone consultations</b>					
			<u>Hrs/yr</u>	<u>fee/unit</u>	<u>Subtotal</u>
Telephone consultation & ODM review			144	110	\$ 15,840
<b>Record Reviews</b>					
			<u>unit/yr</u>	<u>fee/unit</u>	<u>Subtotal</u>
Written record reviews			4	1200	\$ 4,800
<b>ODM costs</b>					
Monthly maintenance fees					2,100
annual upgrade fee					490
ODM webinar training and TA			10	150	1,500
<b>Subtotal Model Fidelity/Consultation</b>					<b>\$ 70,150</b>
<b>TOTAL YEAR ONE (9 month budget)</b>					
					<b>\$ 90,420</b>

**Year Two (July 1, 2015-June 30, 2016)**

<b>1. TRAINING</b>				
	<u>Days</u>	<u>Cost/day</u>	<u>Subtotal</u>	
Improving Decisionmaking through critical thinking	2	750	1,500	
Supervisory workshops (progarm/QA)	2	750	1,500	
Optional workshops	5	750	3,750	
	<u>Days/yr</u>	<u>trips/yr</u>	<u>Subtotal</u>	
Airfare: 2 trips (one trainer) @ \$650 roundtrip	2	650	1,300	
Hotel: total training days @ \$150 per night	9	150	1,350	
Meals: \$40 day	9	40	360	
Car rental: \$50 per day	9	50	450	
Miscellaneous (e.g. gas, parking, mileage to airport)	9	40	360	
<b>Subtotal training</b>			<b>\$ 10,570</b>	
<b>2. MODEL FIDELITY/CONSULTATION</b>				
<u>Site Visits</u>				
	<u>Days/yr</u>	<u>fee/unit</u>	<u>Subtotal</u>	
On site consultation and training	7	1,350	\$ 9,450	
Written summary of onsite consultation	2	5,000	\$ 10,000	
	<u>Days/yr</u>	<u>fee/unit</u>	<u>Subtotal</u>	
Airfare: 4 trips (one trainer) @ \$650 roundtrip	2	650	1,300	
Hotel: total consultation days @ \$150 per night	7	150	1,050	
Meals: \$40 day	7	40	280	
Car rental: \$35 per day	7	50	350	
Miscellaneous (e.g. gas, parking, mileage to airport)	7	40	280	
			\$ 22,710	
<u>Telephone consultations</u>				
	<u>Hrs/yr</u>	<u>fee/unit</u>	<u>Subtotal</u>	
Telephone consultation & ODM review	144	110	\$ 15,840	
<u>Record Reviews</u>				
	<u>unit/yr</u>	<u>fee/unit</u>	<u>subtotal</u>	
Written record reviews	4	1,200	\$ 4,800	
<u>ODM costs</u>				
	<u>Days/yr</u>	<u>fee/unit</u>	<u>subtotal</u>	
Monthly maintenance fees			\$ 2,100	
annual upgrade fee			\$ 490	
ODM webinar trading and TA	10	150	\$ 1,500	
<b>Subtotal Model Fidelity/Consultation</b>			<b>\$ 47,440</b>	
<b>TOTAL YEAR TWO</b>			<b>\$ 58,010</b>	



APPENDIX G



HOMEBUILDERS® Fidelity Measures  
Program Structure Standards

Standard: Specific Target Population			
Indicators	Performance Measure	Responsibility	Data Source*
Families referred for Homebuilders services have one or more children at imminent risk of placement OR in need of reunification that will not occur without intensive services in place.	90% of sampled referrals (excluding ineligible referrals) are appropriate and occur at one of the public agency's placement decision-making points (including after-hours and emergency placement decisions).	Public Agency	Client File: <i>IFPS Referral Confirmation</i> ODM: <i>Family Assessment</i> (including NCFAS ratings); number of interventions deemed ineligible after intake.
	90% of accepted referrals (referrals not determined to be ineligible) meet eligibility criteria, as described in the reason for referral.	Provider Agency	ODM: <i>Intervention Intake Form</i>
Referrals are only turned down for approved reasons.	100% of referrals NOT accepted for services are rejected for approved reasons (see standards).	Provider Agency	ODM: <i>Monthly Report of Declined Referrals</i>
Provider agency does not maintain a traditional waiting list.	When provider agency has an announced opening, eligible referrals are assigned to a therapist on the day of referral.	Provider Agency	ODM: <i>Opening / Referral Log</i>

Standard: Values-Based Orientation			
Indicators	Performance Measure	Responsibility	Data Source*
The therapist is behaviorally descriptive, uses value-neutral language, and avoids the use of labels and inference when communicating with or about family members.	Therapists use behaviorally specific, value neutral language and avoid the use of labels and inferences in all communication.	Provider Agency	ODM: <i>Family Assessment, Service Logs, Service Summary</i> QUEST Documents: <i>Consultation Review Form, Home Visit Observation Form</i>

Standard: Immediate Availability and Response to Referrals			
Indicators	Performance Measure	Responsibility	Data Source*
Referrals are made and accepted 24 hours a day, 7 days a week.	Public agency employees make Homebuilders referrals 24 hours a day, 7 days a week.	Public Agency	ODM: <i>Opening / Referral Log</i>
	Provider agency posts at least 20% of openings to after-hours referents.	Provider Agency	ODM: <i>Opening / Referral Log</i>

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<b>Standard: Immediate Availability and Response to Referrals</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Therapists meet with families within 24 hours of referral.	75% of families receive their first face-to-face visit within 24 hours of referral from DCFS; 85% of families receive their first face-to-face visit no later than the end of the day after the referral (based on all referrals with an intake session).	Provider Agency	ODM: <i>Intervention Primary Referral</i>
	If intake is NOT achieved within 24 hours, 95% of those records document the reason for not achieving this standard as being due to the family's schedule (based on all referrals with an intake session).	Provider Agency	ODM: <i>Intervention Primary Referral</i>

<b>Standard: Twenty-Four Hour Availability</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Therapists live in close proximity to client families.	100% of therapists live within the catchment area served by the therapist, and within an hour drive of a majority of clients served.	Provider Agency	Provider Agency Report: Staff home zip code list
Therapists, supervisors and other team members are available and accessible to families 24 hours a day, seven days a week.	Provider agency policies specifically allow a flexible work schedule, with work hours varying from week to week based on the needs of families.	Provider Agency	Provider Agency Report: Agency policies regarding work schedules and hours
	Provider agency does not require therapists to maintain regular office hours.	Provider Agency	QUEST Documents: <i>Therapist Feedback Survey</i>
	Provider agency and team consultation meetings that therapists are expected to attend are scheduled in consideration of therapists' schedules (e.g., no early morning meetings).	Provider Agency	QUEST Documents: <i>Therapist Feedback Survey</i>
	Provider agency funds cell phone and/or pager service for all Homebuilders therapists and supervisors.	Provider Agency	QUEST Documents: <i>Therapist Feedback Survey</i>
	The agency's written program information given to clients includes specific information regarding the therapist's 24/7 availability and back-up.	Provider Agency	Agency Documentation: <i>Counselor Disclosure Form</i> or agency brochure / materials given to clients
	95% of family members who answer the question "Did your therapist explain 24/7 availability" on the <i>Homebuilders Client Feedback Survey</i> answer "Yes."	Provider Agency	ODM: <i>Client Feedback Survey</i>
	Prior to being unavailable overnight or longer, the therapist informs clients and arranges for back-up coverage by a team member.	Provider Agency	ODM: <i>Service Logs</i> QUEST Documents: <i>Consultation Review Form</i>

<b>Standard: Twenty-Four Hour Availability</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
	Prior to being unavailable overnight or longer, the supervisor informs therapists and arranges for back-up supervision coverage by someone trained in the Homebuilders model.	Provider Agency	QUEST Documents: <i>Consultation Review Form; Therapist Feedback Survey</i>
The supervisor and other clinical team members are available 24 hours a day, seven days a week to client families who are unable to reach their primary therapist.	Family members contact the supervisor or other clinical team members when they are unable to reach their primary therapist.	Provider Agency	ODM: <i>Service Logs</i>

<b>Standard: Services Provided in the Family's Natural Environment</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Sessions primarily occur in the family's home or natural environment.	Public agency adequately funds client-related travel.	Public Agency	Homebuilders contract
	At least 80% of all sessions occur in the client home (including sessions that occur partly in the home and partly in other community settings).	Provider Agency	ODM: <i>Service Logs</i>
	No more than 5% of all sessions occur solely in a formal counseling setting (e.g., counseling office, public child welfare agency, school, etc.)	Provider Agency	ODM: <i>Service Logs</i>

<b>Standard: Service Intensity and Caseload</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Therapists typically work with 2 families at a time; periodically therapists may work with 1 or 3 families for a short period of time.	Full-time (1.0 FTE) therapists serve 18-22 families per year. Interventions that close prematurely are credited as 0.25 per week completed.	Provider Agency	ODM: <i>Intake Log or Therapist Caseload reports</i>
	Provider agency informs public agency of openings at least 24 hours in advance.	Provider Agency	ODM: <i>Opening / Referral Log</i>
	90% of openings are filled within 48 hours.	Public Agency	ODM: <i>Opening / Referral Log</i>
Therapists typically meet with each family 3-5 times per week, and provide 40 or more hours of face-to-face service.	80% of families meet with their therapist at least 3 times per week.	Provider Agency	ODM: <i>Service Logs</i>
	80% of families receive at least 36 hours of face-to-face service per intervention (excluding interventions that close prematurely).	Provider Agency	ODM: <i>Service Logs</i>



<b>Standard: Brevity of Services</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Therapists typically provide services for 4 weeks. Services may be extended up to 6 weeks when an extension will substantially decrease the chance of placement.	95% of all interventions close by the end of 6 weeks (excluding interventions that close prematurely).	Provider Agency	ODM: <i>Intake Log</i>
	There is variation in length of service, with at least 60% of completed interventions closing within 31 days (excluding interventions that close prematurely).	Provider Agency	ODM: <i>Intake Log</i>

<b>Standard: Single Therapist Operating within a Team</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Funding for Homebuilders team adequately supports direct program expenses.	Public agency funding covers direct program expenses, including personnel expenses.	Public Agency	Homebuilders contract
Each family receives services from a single therapist.	95% of all client visits are made by a single therapist (not including training or quality assurance activities).	Provider Agency	ODM: <i>Service Logs</i>
Supervisor and team members provide back-up as needed.	Homebuilders team members provide back-up services to clients when needed.	Provider Agency	ODM: <i>Service Logs</i>
Therapists and supervisors meet Homebuilders employment criteria.	100% of supervisors and therapists are salaried employees.	Provider Agency	Provider Agency Report: Personnel reports
	100% of therapists are assigned full-time (1.0 FTE) or half-time (0.50 FTE) to the Homebuilders program.	Provider Agency	Provider Agency Report: <i>Homebuilders Outside Employment / Volunteer Activities Disclosure Form</i>
	100% of supervisors meet or exceed the required FTE for their team size (see standards).	Provider Agency	Provider Agency Report: <i>Homebuilders Outside Employment / Volunteer Activities Disclosure Form</i>
	100% of therapists and supervisors document all outside employment and volunteer responsibilities.	Provider Agency	Provider Agency Report: <i>Homebuilders Outside Employment / Volunteer Activities Disclosure Form</i>

<b>Standard: Single Therapist Operating within a Team</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
	Of therapists with outside employment or volunteer responsibilities, 100% meet the following criteria: <ul style="list-style-type: none"> <li>• Flexibility to respond to clients and therapists at any time;</li> <li>• Ability to flexibly schedule routine client visits and supervision; and</li> <li>• Combination of employment does not exceed full-time (1.0 FTE).</li> <li>• Documentation is provided regarding how they will ensure 24/7 coverage.</li> </ul>	Provider Agency	Provider Agency Report: <i>Homebuilders Outside Employment / Volunteer Activities Disclosure Form</i>

<b>Standard: Supervision and Consultation</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Supervisors are available to therapists 24/7 for clinical supervision.	100% of therapists report supervisor or designated back-up was available when needed.	Provider Agency	QUEST Documents: <i>Therapist Feedback Survey</i>
Team consultation occurs at least weekly.	In-person team consultation meetings occur at least once per week, at least 48 weeks per year.	Provider Agency	Provider Agency Report: Consultation attendance
	When therapists miss regularly scheduled team consultation meetings, 100% of absences are for excused reasons (e.g., vacation, sick, client crises).	Provider Agency	Provider Agency Report: Consultation attendance
Therapists receive at least weekly consultation regarding client families.	100% of open interventions are staffed weekly; staffings preferably occur during team consultation.	Provider Agency	ODM: <i>Service Logs</i>
Supervisors routinely accompany therapists on home visits to observe skills and/or to provide support and training.	Supervisors accompany each therapist on a home visit at least quarterly for therapists with fewer than 2 years Homebuilders experience, and at least semi-annually for therapists with more than 2 years Homebuilders experience. Therapists who did not have an active caseload at least 2 months in the quarter (or 4 of 6 months for experienced therapists) are excluded.	Provider Agency	ODM: <i>Service Logs</i>
Team members follow the <i>Homebuilders Consultation Guidelines</i> during team consultation meetings.	Team members are rated as achieving this fidelity measure on the <i>Homebuilders Consultation Review</i> forms.	Provider Agency	QUEST Documents: <i>Homebuilders Consultation Review</i>
The supervisor reviews all reports and documentation.	Supervisor reviews all formal reports and oversees any necessary changes.	Provider Agency	ODM: <i>Paperwork Tracking Form</i>



<b>Standard: Ongoing Quality Enhancement</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Homebuilders services reduce the likelihood of out-of-home placement.	At least 70% of children referred for Homebuilders successfully avoid out-of-home placement 6 months following closure of intensive services (excluding ineligible referrals). Report data separately for complete interventions and those that close prematurely.	Provider Agency	Public Agency Report
The public agency funds Homebuilders Quality Enhancement Systems (QUEST).	The public agency adequately funds required QUEST activities for all Homebuilders sites.	Public Agency	QUEST contract
Therapists and supervisors meet minimum education and experience requirements.	100% of therapists and supervisors meet the minimum Homebuilders qualifications.	Provider Agency	Provider Agency Report: Documentation of prior experience; transcripts
Programs utilize the Homebuilders data management system (ODM).	Provider agency utilizes required components of the Homebuilders data management system for 100% of Homebuilders referrals.	Provider Agency	ODM: <i>Intake Log; Paperwork Tracking Form</i>
Supervisors provide on-the-job training to new therapists.	Therapists shadow the supervisor or experienced therapists on at least one complete intervention.	Provider Agency	ODM: <i>Service Logs</i>
	Supervisors accompany new therapists on the intake session for each therapist's first 3 interventions.	Provider Agency	ODM: <i>Service Logs</i>
	Supervisors accompany 100% of new therapists on at least 80% of client sessions during the first intervention assigned to the therapist.	Provider Agency	ODM: <i>Service Logs</i>
Supervisors have ongoing client contact.	Supervisors without prior Homebuilders experience complete 6 full interventions during their first year.	Provider Agency	ODM: <i>Intake Log</i>
	After their first year, supervisors have at least 40 hours of direct client contact per year.	Provider Agency	ODM: <i>Service Logs</i>
Professional development plans are completed shortly after hire and annually for all staff.	100% of therapists and supervisors have a current annual <i>Homebuilders Professional Development Plan</i> .	Provider Agency	QUEST Documents: <i>Homebuilders Professional Development Plan</i>
Program complies with QUEST requirements.	100% of therapists, supervisors and program managers participate in all required Homebuilders training and QUEST activities.	Provider Agency	QUEST Documents: <i>Consultation Review Form; Site Visit Report</i> QUEST Report to CA: Training attendance logs

Standard: Ongoing Quality Enhancement			
Indicators	Performance Measure	Responsibility	Data Source*
	Each site develops and implements a <i>Quality Enhancement Plan</i> at least twice a year (when applicable, after the site visit). The plan must address any standards or fidelity measures that are not being met. While the plan is developed by the provider agency, the Homebuilders Consultant collaborates with them regarding the components to include. The sites provide copies of the <i>Quality Enhancement Plan</i> to the Homebuilders Consultant and the public agency Homebuilders Coordinator.	Provider Agency	Provider Agency Report: <i>Homebuilders Quality Enhancement Plan</i>
Families show improvement in family functioning.	Using the <i>North Carolina Family Assessment Scales</i> for measuring family functioning, 80% of families demonstrate improvement in at least one of the domains rated below baseline at intake.	Provider Agency	ODM: <i>Family Assessment</i> (NCFAS ratings)
	At least 85% of families show progress on goal attainment ratings for at least one goal at service closure (excluding ineligible referrals). Report data separately for complete interventions and those that close prematurely.	Provider Agency	ODM: <i>Service Plans</i> (goal attainment ratings)
	On the <i>Homebuilders Client Feedback Survey</i> , therapists receive an average rating of 4.0 or higher (5 point scale) from respondents who answer the question: "How is the situation for your family now compared to when you first began working with our agency?"	Provider Agency	ODM: <i>Client Feedback Survey</i>
	On the <i>Homebuilders Referent Feedback Survey</i> , therapists receive an average rating of 4.0 or higher (5 point scale) from respondents who answer the question: "How satisfied were you, overall, with our work with this family?"	Provider Agency	ODM: <i>Referent Feedback Survey</i>
Provider agency gathers feedback regarding services from family members and referents.	100% of referents are given a <i>Homebuilders Referent Feedback Survey</i> following service closure (excluding ineligible referrals).	Provider Agency	ODM: <i>Paperwork Tracking Form</i>
	95% of families are given a <i>Homebuilders Client Feedback Survey</i> following service closure (excluding ineligible referrals).	Provider Agency	ODM: <i>Paperwork Tracking Form</i>
	When families do not return the <i>Homebuilders Client Feedback Survey</i> , there is documentation of at least 3 additional attempts to obtain the feedback.	Provider Agency	ODM: <i>Client Feedback Survey</i>
	At least 60% of referents return the <i>Homebuilders Referent Feedback Survey</i> to the provider agency.	Public Agency	ODM: <i>Referent Feedback Survey</i>

## HOMEBUILDERS® Fidelity Measures Intervention Activity Standards

<b>Standard: Promoting Safety</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
The referent provides information regarding known safety concerns at referral.	100% of referrals include information about known safety concerns.	Public Agency	ODM: <i>Intake Information Form</i>
When safety concerns are identified, family safety is increased during the intervention.	The NCFAS domain(s) of Family Safety and Parental Capabilities that are identified as high priority and that are related to safety have an improved rating at termination in at least 80% of interventions. Report data separately for complete interventions and those that close prematurely.	Provider Agency	ODM: NCFAS ratings
	On the <i>Homebuilders Referent Feedback Survey</i> , therapists receive an average rating of 4.0 or higher (5 point scale) from respondents who answer the question: "How satisfied were you that the therapist adequately addressed safety issues?"	Provider Agency	ODM: <i>Referent Feedback Survey</i>
	When a serious, immediate safety concern exists (e.g., self-harm, child abuse or neglect, physical violence between family members) an effective safety plan is always developed with family members.	Provider Agency	ODM: <i>Intake Information Form; Service Logs; Safety Plan; Service Plans</i>
	Therapists respond to crisis situations on a 24/7 basis.	Provider Agency	ODM: <i>Service Logs; Client Feedback Survey</i> QUEST Documents: File Reviews
Consultation is increased when serious safety risks exist.	Therapists seek additional consultation when indicated based on the <i>Homebuilders Guidelines for Contacting Your Supervisor</i> .	Provider Agency	ODM: <i>Service Logs</i> QUEST Documents: <i>Consultation Review Form; File Reviews</i>

<b>Standard: Individually Tailored Services</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Therapists provide services that are individually tailored to each family's needs, goals, values, culture, circumstances, learning styles and abilities.	Goals and activities vary from family to family.	Provider Agency	ODM: <i>Service Plans</i>
	On the <i>Homebuilders Client Feedback Survey</i> , therapists receive an average rating of 4.0 or higher (5 point scale) from respondents who answer the question: "How satisfied were you that your therapist was respectful of your family's culture and values."	Provider Agency	ODM: <i>Client Feedback Survey</i>

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<b>Standard: Individually Tailored Services</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
	On the <i>Homebuilders Referent Feedback Survey</i> , therapists receive an average rating of 4.0 or higher (5 point scale) from respondents who answer the question: "How satisfied were you that the services provided were responsive to the family (i.e., tailored to their culture, values, learning style, etc.)?"	Provider Agency	ODM: <i>Referent Feedback Survey</i>
Scheduling and length of sessions vary to match the needs of the family and to ensure the therapist is available at times when problems are likely to occur.	Interventions include sessions at a variety of days and times, including evenings, weekdays, weekends and holidays. When rating performance consider IFD WA state Homebuilders data below as a guide for variability of session start time and weekend sessions: <ul style="list-style-type: none"> <li>• 7 am – 10 am: 14%</li> <li>• 10 am – 1 pm: 29%</li> <li>• 1 pm – 4 pm: 34%</li> <li>• 4 pm – 7pm: 20%</li> <li>• 7 pm – 10 pm: 3%</li> <li>• Weekend sessions: 12%</li> </ul>	Provider Agency	ODM: <i>Service Logs</i>
	Session length varies throughout interventions.	Provider Agency	ODM: <i>Service Logs</i>
Sessions include a variety of family members and others who the family identifies as being helpful.	Some sessions are conducted with individual family members, some with multiple family members, and some that include family social support members (if appropriate).	Provider Agency	ODM: <i>Service Logs</i>

<b>Standard: Engagement and Motivation Enhancement</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Therapists engage with family members.	Therapists utilize specific strategies to enhance engagement with family members.	Provider Agency	QUEST Documents: <i>Consultation Review Form; Home Visit Observation Form</i>
	Fewer than 5% of referred families refuse services.	Provider Agency	ODM: <i>Intake Log</i>
	85% of families have no more than 2 missed or no-show appointments throughout the intervention (excluding serious illness or other unavoidable emergency situations).	Provider Agency	ODM: <i>Service Logs</i>
	On the <i>Homebuilders Client Feedback Survey</i> , therapists receive an average rating of 4.0 or higher (5 point scale) from respondents who answer the question: "How satisfied were you that your therapist listened to you and understood your situation?"	Provider Agency	ODM: <i>Client Feedback Survey</i>
Therapists help families increase their motivation to change.	Therapists utilize clinical strategies that are appropriate for the family members' stage of change, and that are designed to increase motivation to change.	Provider Agency	QUEST Documents: <i>Consultation Review Form; File Reviews; Home Visit Observation Form</i>

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<b>Standard: Comprehensive Assessment</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
The therapist completes a comprehensive assessment.	Therapists complete the NCFAS or NCFAS-R at the beginning and end of the intervention.	Provider Agency	ODM: NCFAS ratings
	The NCFAS scores are congruent with the written assessment and other information regarding the family situation.	Provider Agency	ODM: <i>Family Assessment</i>
Homebuilders clinical reports are completed in a timely manner.	80% of <i>Homebuilders Family Assessments</i> are completed within 1 week of intake.	Provider Agency	ODM: <i>Paperwork Tracking Form</i>

<b>Standard: Goal Setting and Service Planning</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Service plans focus on goals that reduce the danger of placement or barriers to successful reunification, and that can be realistically accomplished during the intervention.	On the <i>Homebuilders Referent Feedback Survey</i> , therapists receive an average rating of 4.0 or higher (5 point scale) from respondents who answer the question: "How satisfied were you that the goals were appropriate for this family and addressed the concerns you identified in the referral?"	Provider Agency	ODM: <i>Referent Feedback Survey</i>
	The <i>Homebuilders Service Plan</i> addresses the prioritized problems and barriers identified in the <i>Homebuilders Family Assessment</i> .	Provider Agency	ODM: <i>Assessment, Service Plans</i>
	Indicators of goal achievement are specific, attainable and accurate measures of progress.	Provider Agency	ODM: <i>Service Plans</i>
	Clinical strategies included in the <i>Homebuilders Service Plan</i> have been shown to have an impact on the targeted behavior.	Provider Agency	ODM: <i>Service Plans</i>
Homebuilders clinical reports are completed in a timely manner.	80% of <i>Homebuilders Service Plans</i> are completed within 1 week of intake.	Provider Agency	ODM: <i>Paperwork Tracking Form</i>



<b>Standard: Cognitive and Behavioral Approach</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
The therapist applies cognitive and behavioral principles and research-based strategies to facilitate behavior change.	Therapists use research-based behavioral strategies with all families to increase and/or decrease behavior.	Provider Agency	ODM: <i>Service Plans; Service Summary</i> QUEST Documents: <i>Consultation Review Form; Home Visit Observation Form</i>
	Therapists use research-based cognitive strategies with all families to effect change.	Provider Agency	ODM: <i>Service Plans; Service Summary</i> QUEST Documents: <i>Consultation Review Form; Home Visit Observation Form</i>
	Therapists help family members learn how to utilize behavioral cognitive strategies to increase, decrease or teach new behaviors to others.	Provider Agency	ODM: <i>Service Plans; Service Summary</i> QUEST Documents: <i>Consultation Review Form; Home Visit Observation Form</i>

<b>Standard: Teaching and Skill Development</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
The therapist approaches problems in terms of skill excesses and deficits.	When discussing family problems, the therapist frames them in terms of skill excesses and deficits.	Provider Agency	QUEST Documents: <i>Consultation Review Form; Home Visit Observation Form</i>
Therapists use a variety of teaching methods .	Therapists utilize direct teaching methods.	Provider Agency	ODM: <i>Service Plans; Service Logs; Service Summary</i> QUEST Documents: <i>Consultation Review Form; Home Visit Observation Form</i>
	Therapists recognize and take advantage of unplanned opportunities (i.e., "teachable moments") to teach skills to family members.	Provider Agency	ODM: <i>Service Plans; Service Logs; Service Summary</i> QUEST Documents: <i>Consultation Review Form; Home Visit Observation Form</i>
	Therapists assign homework and encourage frequent practice of new skills.	Provider Agency	ODM: <i>Service Plans; Service Logs; Service Summary</i> QUEST Documents: <i>Consultation Review Form; Home Visit Observation Form</i>
Family members acquire needed skills during the Homebuilders intervention.	At least 85% of family members who answer the question regarding utilization of new skills on the <i>Homebuilders Client Feedback Survey</i> report they utilize new skills as a result of the Homebuilders intervention. Report data separately for complete interventions and those that close prematurely.	Provider Agency	ODM: <i>Client Feedback Survey</i>

<b>Standard: Provision of Concrete Services</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
The program has adequate, flexible funding for the provision of concrete services.	Public agency funding adequately supports the provision of concrete services.	Public Agency	Homebuilders contract
	Provider agency allocates funds for concrete goods and services.	Provider Agency	ODM: <i>Service Logs; Client Expense Logs; Service Summary</i> QUEST Documents: <i>Consultation Review Form</i>
Families receive items, supports and services needed to reduce the likelihood of placement.	Therapists help family members identify and access items, supports and services needed to reduce the likelihood of placement.	Provider Agency	ODM: <i>Service Summary</i> QUEST Documents: <i>Consultation Review Form</i>
Family members develop skills to meet their concrete needs independently.	Therapists model and teach methods such as assertiveness, persistence, reciprocity, problem-solving and addressing discrimination.	Provider Agency	ODM: <i>Service Logs; Service Summary</i> QUEST Documents: <i>Consultation Review Form</i>

<b>Standard: Collaboration and Advocacy</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Therapist maintains frequent communication with the referent.	Therapist communicates with the referent at least weekly – more frequently when safety issues arise.	Provider Agency	ODM: <i>Service Logs</i>
	On the <i>Homebuilders Referent Feedback Survey</i> , 85% of referents who answer the question "Did you have adequate contact with the therapist?" answer "Yes."	Provider Agency	ODM: <i>Referent Feedback Survey</i>
The therapist fosters positive working relationships with referents.	On the <i>Homebuilders Referent Feedback Survey</i> , therapists receive an average rating of 4.0 or higher (5 point scale) from respondents who answer the question: "How satisfied were you with your working relationship with the therapist?"	Provider Agency	ODM: <i>Referent Feedback Survey</i>
Therapist collaborates and advocates with others in the family's social support network.	When appropriate, therapists consult and advocate with other service providers and members of the family's support network to help family members meet their goals.	Provider Agency	ODM: <i>Service Logs; Service Summary</i>

<b>Standard: Transition and Service Closure</b>			
<b>Indicators</b>	<b>Performance Measure</b>	<b>Responsibility</b>	<b>Data Source*</b>
Prior to conclusion of services, the therapist and family members assess goal attainment, plan for the maintenance of progress, and collaborate with the referent to address ongoing service needs.	The therapist completes goal attainment ratings for each intervention (excluding interventions that close before goals are established).	Provider Agency	ODM: <i>Service Plans</i>
	At least 85% of families rate their goal attainment (excluding interventions that close prematurely).	Provider Agency	Client File: <i>Progress Maintenance Plan</i>
	The therapist develops a plan with at least 85% of families for maintaining intervention progress (excluding interventions that close prematurely).	Provider Agency	Client File: <i>Progress Maintenance Plan</i>
Family members have the necessary supports in place to maintain changes made during the intervention.	Prior to service closure, the therapist helps family members utilize and maintain informal and formal support resources that can help them maintain changes made during the intervention.	Provider Agency	ODM: <i>Service Summary</i> QUEST Documents: <i>Consultation Review Form</i>
Homebuilders services are closed when the imminent danger of placement has passed.	With consultation from the supervisor, family members and referent, and with approval from the Homebuilders Consultant, the therapist determines when service closure is appropriate.	Provider Agency	QUEST Documents: <i>Consultation Review Form</i>
Homebuilders clinical reports are completed in a timely manner.	100% of <i>Homebuilders Service Summaries</i> are completed within 1 week of service closure.	Provider Agency	ODM: <i>Paperwork Tracking Form</i>
Families have access to limited post-intervention contact with their therapist.	The agency's written program information given to clients includes specific information regarding the therapist's 24/7 availability and back-up.	Provider Agency	Agency Documentation: <i>Counselor Disclosure Form</i> or agency brochure / materials given to clients
	The average amount of post-intervention contact does not exceed 5 hours.	Provider Agency	ODM: <i>Service Logs</i>

\* Children's Administration has access to all data sources except QUEST Documents. QUEST Documents will be shared with provider agencies, but not directly with Children's Administration.

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 HOMEBUILDERS Fidelity Measures - Complete 2.6 – Revised 02/02/11

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