pennsylvania
DEPARTMENT OF HUMAN SERVICES

PENNSYLVANIA TITLE IV-E PREVENTION SERVICES PLAN

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INTRODUCTION

Agency Overview

The Family First Prevention Services Act (Family First) provides states with the option of participating in the Title IV-E Prevention Services program. The Prevention Services program allows states to receive federal funding for evidence-based mental health prevention and treatment, substance use prevention and treatment, and in-home parent skill-based programs that are delivered to eligible children, youth, and families to help prevent the placement of a child into out-of-home care.

As a Commonwealth with a state-supervised, county-administered child welfare system, Pennsylvania's approach to participating in the Prevention Services program is designed to fulfill all federal requirements while allowing counties the maximum flexibility possible to meet the specific needs of the children and families in their communities. The Pennsylvania Department of Human Services (DHS) has prepared this five-year Title IV-E Prevention Services Plan (hereinafter referred to as the "Five-Year Prevention Plan"), covering federal fiscal years 2022 – 2026, alongside and in partnership with leaders from County Children and Youth Agencies (CCYA), stakeholders and community-based agencies. (A list of partners in this process can be found in Appendix VI.) CCYAs and DHS will be responsible for achieving federal approvals and meeting federal requirements. Counties will be responsible for identifying the needs of the children and families in their communities and working with community partners so that children can thrive in their own homes.

The DHS, Office of Children, Youth, and Families (OCYF) is the state agency that is responsible to license, lead, plan, direct, and coordinate statewide children's programs including social services provided directly by CCYAs and OCYF's Bureau of Juvenile Justice Services (BJJS) through the Youth Development Centers (YDC) and Youth Forestry Camps (YFC). OCYF is responsible for the development of Pennsylvania's Title IV-B and Title IV-E state plans in collaboration with key stakeholders.

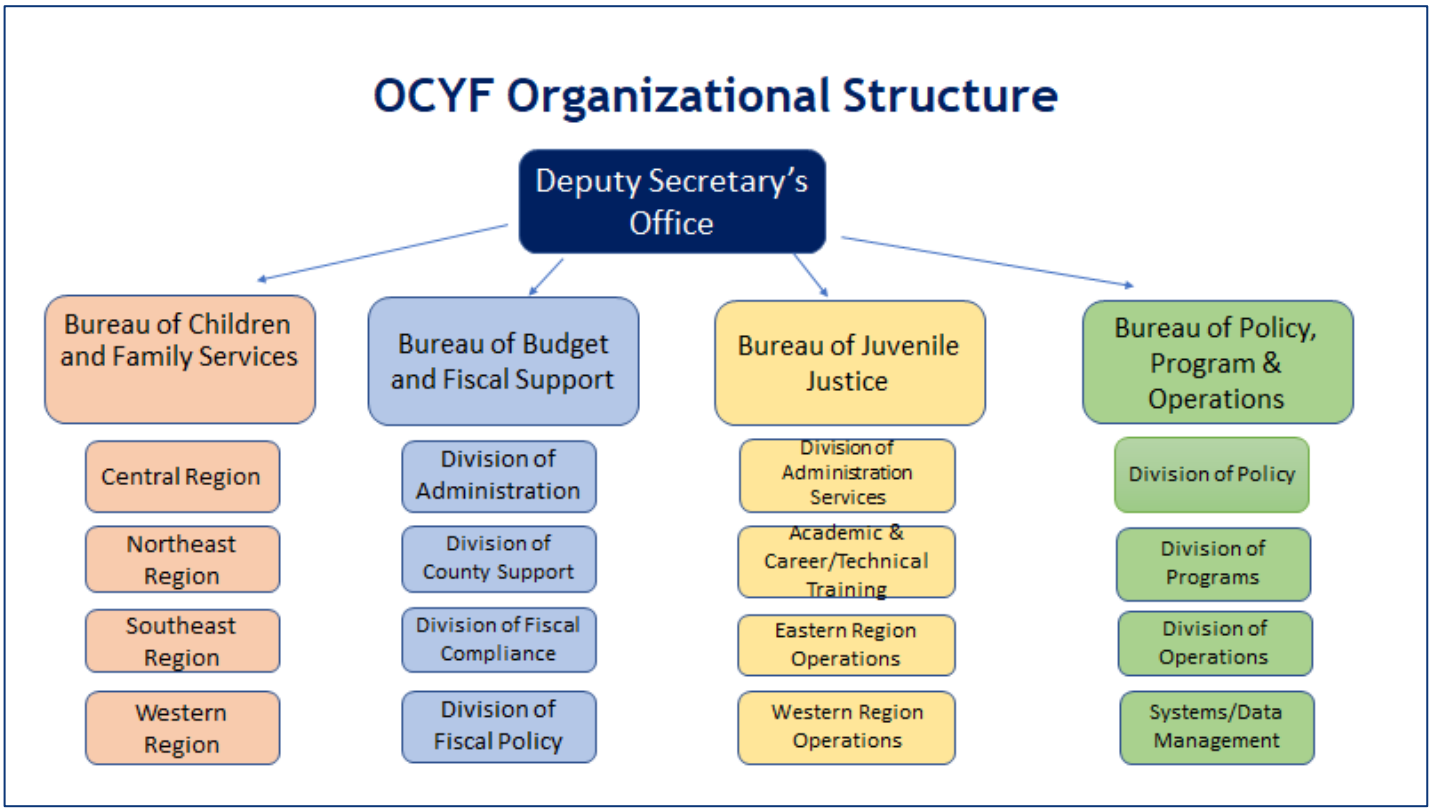
To carry out its various duties, OCYF is organized into four separate bureaus as pictured in Figure 1: OCYF Organization Structure. the Bureau of Children and Family Services (BCFS); the Bureau of Budget and Fiscal Support (BBFS); the Bureau of Policy, Programs, and Operations (BPPO); and BJJS.

1. **BCFS** is primarily responsible for supporting the delivery of services by county and private children and youth social service agencies. The four OCYF Regional Offices conduct oversight through monitoring, licensing, and providing technical assistance (TA) to the public and private children and youth agencies. The Regional Office staff also investigate child abuse when the alleged perpetrator is a county agency employee or one of its agents; and ensure regulatory compliance of agencies by investigating complaints, conducting annual

inspections, and assisting county and private agencies in the interpretation and implementation of DHS regulations.

2. **BBFS** provides support functions for OCYF including budgeting, personnel, management of federal grants and revenue, fulfillment of Needs-Based Plan and Budget (NBPB) mandates, and administrative, financial, and operational support. BBFS increases fiscal accountability through cost reporting, recovery, containment, justification, and redistribution.
3. **BPPO** plans, develops, and implements regulations, provides program clarifications, conducts training and orientation on new or revised procedures, provides analysis of, and recommendations for, proposed legislation, develops program reports and publications, and coordinates and provides TA and training materials for OCYF Regional Office staff and service providers. BPPO is also responsible for managing and operating the ChildLine and Abuse Registry, clearance, and appeals processing and the three Interstate Compacts for Pennsylvania, which are managed by the Division of Operations. The System and Data Management Division within BPPO is responsible for oversight, development, and maintenance of Pa's child welfare information systems. BPPO also houses OCYF's Continuous Quality Improvement (CQI) unit.
4. **BJJS** is responsible for the management, operation, program planning, and oversight of all five YDC/YFC facilities. The youth entrusted to BJJS' care are adolescents who have been adjudicated delinquent by their county judicial system. The BJJS's State Court Liaison Specialists work closely with PA's county juvenile court system, the YDC/YFC system, and private provider agencies to ensure residents are placed in the least restrictive and most appropriate setting.

Figure 1: OCYF Organization Structure



FAMILY FIRST APPROACH

Pennsylvania has long held prevention programming as a priority and a critical component of the child welfare service array. After engaging with stakeholders and system partners, Pennsylvania decided to opt into the Title IV-E Prevention Program under Family First to further solidify Pennsylvania's commitment, support, and advocacy of prevention services. While the foster care placement prevention efforts are the focal point of Family First, the opportunities afforded by Family First will be used as a catalyst for Pennsylvania's broader vision for prevention by building upon existing efforts and expanding the array of community-based programs and services available to families.

While the child welfare system is complex, Pennsylvania's vision for what the system will look like is simple:

- We strengthen community-based programs and evidence-based services, so they are trauma-informed, healing-centered, culturally relevant, and responsive to unique child and family strengths and needs. High quality services grow in communities that support families impacted by the effects of stress and behavioral health conditions and address cross-generational trauma.

- We encourage the use of evidence-based services that prevent child abuse and neglect through meaningful family engagement practices and strengths-based teaming that secure positive outcomes for the whole family.
- We value engaging and empowering children, youth, families, system partners, and communities to aid in strengthening the child welfare system while using data to drive decisions and measure success.
- We work to ensure prevention services are accessible to **all** families.
- We ensure basic needs such as food, healthcare, education, and shelter are met by collaborating with other government agencies, private community-based organizations, local leadership, and the court system.
- We prioritize and support safe kinship care when children are unable to safely remain in their primary home. We ensure that if a higher level of care is required, it is safe, trauma-informed, and focused on children safely returning home and attaining permanency and positive outcomes for the whole family.
- We promote and support the child welfare system's values of honesty, cultural awareness, responsiveness, teaming, organizational excellence, respect, and most importantly, believing in children, youth, and families.

Primary, secondary, and tertiary prevention services have and will continue to be a critical piece of Pennsylvania's child welfare service array. These services are supported with a combination of federal, state, and local funds. State Act 148 funding is allocated through the Needs-Based Plan and Budget (NBPB) process, and the Special Grants Initiative (SGI) which was established in 2009 to incentivize prevention services. The SGI provides a larger percentage of state Act 148 funding in four categories of prevention services, Evidence-Based Programs (EBP), Pennsylvania Promising Practices, Alternatives to Truancy Prevention, and Housing. These categories have been identified as areas that can make a significant impact on reducing abuse and neglect and preventing out-of-home placement of children. Act 148 funding is used to support program start-up costs, collaboration with cross-systems initiatives, coordination of services using family- and team-based models, and investments in staff and financial resources. Pennsylvania plans to use this funding opportunity to leverage and expand the existing continuum of services.

Pennsylvania's Child Welfare Practice Model[1]1 (Practice Model) serves as the keystone that guides children, youth, families, child welfare representatives, and other children and family service partners in working together by providing a consistent basis for decision-making, clear expectations of outcomes, shared values, and ethics, and a principled way to evaluate skills and performance. The Practice Model helps

1 1 PA Child Welfare Practice Model: http://www.pacwrc.pitt.edu/PracticeModel.htm

Pennsylvania benchmark achievement and clearly links the abstract ideals of the mission, vision, and strategic plans to day-to-day practice.

The Practice Model is comprised of six core outcomes, which together frame the vision for Pennsylvania's child welfare system. These outcomes reflect the mission and values of OCYF as well as the mission and guiding principles for Pennsylvania's child dependency system. The Practice Model aligns with the broader vision of Family First legislation, focused on "strengthening families by preventing child maltreatment, unnecessary removal of children from their families and homelessness among youth." (ACYF-CB-PI-18-09) This alignment can be seen in the following three outcomes included in the Practice Model:

- Enhancement of the family's ability to meet their child/youth's well-being, including physical, emotional, behavioral, and educational needs.
- Support families within their own homes and communities through comprehensive and accessible services that build on strengths and address individual trauma, needs and concerns.
- Strengthen families that successfully sustain positive changes that lead to safe, nurturing, and healthy environments.

The value/principle of community with an eye on prevention also has been a component of the Practice Model since its inception. Throughout implementation, there has been a focus on "natural partnerships (which) exist within a community to promote prevention, protection, well-being and lifelong connections."

Race Equity

The practice model further highlights the importance of cultural awareness and responsiveness. Pennsylvania is committed to identifying and addressing any racial disparities in the child welfare system. Understanding the impact of racial disparity in the child welfare system requires recognition of the points at which bias may enter the system and how inequities at each point may impact the trajectory of children and families as they move through the system. Racial disparity may often be found at the very point where families first encounter the child welfare system. In Pennsylvania, there are significant racial disparities in the number of suspected child abuse and neglect reports that are received by the county children and youth agencies and ChildLine, Pennsylvania's child abuse hotline. Notably, Black children make up 14 percent of the total child population in Pennsylvania but represent 21 percent of alleged victims of abuse in child protective service reports.

Once Black children become known to the child welfare system, they are more likely to enter foster care and stay in foster care longer than White children. Currently, 35 percent of children in foster care are Black, and Black children represent 42 percent of children who have been in foster care for two years or more. Given the trauma that children may experience when separated from their families, and the impact trauma can have on social, economic, and health outcomes, racial disparities in placement may have long lasting effects that are detrimental to the well-being of Black children and their

families. DHS is committed to reviewing data across the full spectrum of child welfare services to gain a better understanding of any racial disparities in outcomes related to safety, permanency, and well-being of children and collaborating with stakeholders to reduce disparities across the system.

OCYF initiated the Strengthening Equity Workgroup in the Fall of 2020. The primary purpose of the workgroup is to identify areas of child welfare service where changes in policy and/or practice may reduce racial disparities. This review will include an intentional review of child welfare data and practices. The secondary purpose of the workgroup is to incorporate a racial equity lens in all OCYF initiatives and processes to apply racial equity considerations as part of OCYF initiatives and processes. These efforts are detailed in the DHS Racial Equity Report 2021. The full report, including all of the DHS efforts planned and in process, can be found on the DHS website. Pennsylvania believes Family First can support efforts to address any disproportionality and disparity by serving families before placement becomes necessary.

Congregate Care Reduction

Pennsylvania is well-positioned to move toward the vision of utilizing evidence-based programs to reduce placement in out-of-home care, and specifically in congregate care. This will be accomplished by using a continuum of efforts to safely reduce the number and restrictiveness of placements used across the Commonwealth. The Adoption and Foster Care Analysis and Reporting System (AFCARS) data show that Pennsylvania has seen a nine percent decrease in out–of-home placements from September 2019 to September 2020. The number of children and youth in out-of-home placements was 13% lower in September 2020 than it was in September 2015. The percentage of youth placed in congregate care remains lower now than it was five years ago, (18% in September 2015 to 11% in September 2020). Additionally, a review of recent data shows a decrease in entries into foster care. There were 2,797 fewer entries from Federal Fiscal Year (FFY) 2019 to FFY 2020. Comparing FFY 2019 to FFY 2020, 14 counties saw an increase in entries, 51 counties saw a decrease, and two counties had no change.

OCYF has partnered with Casey Family Programs, the Administrative Office of the Pennsylvania Courts (AOPC), the Juvenile Court Judges Commission (JCJC), and DHS's Office of Mental Health and Substance Abuse Services (OMHSAS) to ensure that children and youth are placed based upon the identification of their treatment needs and any threats to their safety that cannot be effectively mitigated while remaining in their own homes. Initiatives, such as the Family Engagement Initiative (FEI), have shown strong positive outcomes for reducing out-of-home placement in participating counties. FEI assists select counties in furthering collaborative efforts between the judiciary and child welfare agency to enhance meaningful family involvement in the child welfare system.

Meaningful family involvement increases the likelihood that children will safely remain in their own home or will be placed with family if out-of-home placement is necessary. In addition, the initiative focuses on the well-being of the child as well as the

entire family. The FEI builds upon the county's implementation of the Permanency Practice Initiative by focusing on three components designed to meaningfully involve family: Family Finding – Revised, Crisis/Rapid Response Family Meetings and, Enhanced Legal Representation.

OCYF has further partnered with our Courts in ongoing Leadership Roundtable meetings that support communication between systems who share the same goals. Additionally, the State Leadership Roundtable commissioned a cross-system Congregate Care workgroup that has the explicit goals of:

1. Examining congregate care in Pennsylvania for the purpose of significant reduction and/or elimination of congregate care;
2. Identifying effective alternatives to the use of congregate care for dependent youth; and
3. Assisting Pennsylvania in the implementation of the Family First Prevention and Services Act.

OCYF continues to ensure that children and youth are placed in the most appropriate setting to meet their individualized needs for the appropriate length of time. Recognizing that great strides have been made to reduce Pennsylvania's reliance on out-of-home care, additional efforts are needed with attention toward safely increasing the use of appropriate kin and foster family care. OCYF will continue to work with CCYAs to identify strategies to further analyze the relationship between entries, re-entries, and exits into and from foster care to assist in development of strategies that support the needs of children and youth entrusted to Pennsylvania's care.

Trauma-Informed Care

Pennsylvania recognizes the importance of understanding trauma and creating a trauma-informed child welfare system to serve children and families who have had adverse childhood or other serious, traumatic experiences. Efforts toward trauma-informed care are outlined in a 2019 Executive Order issued by Governor Wolf to make Pennsylvania a trauma-informed, healing-centered state. This Executive Order established the Office of Advocacy and Reform (OAR) and the Council on Reform, both tasked with identifying reforms needed in Pennsylvania to protect and support children and families receiving services and support in the commonwealth, including child welfare services. First, the OAR created a trauma-informed think tank of 25 diverse, multi-disciplinary members. The think tank created Pennsylvania's Trauma-Informed PA Plan in 2020, based on the following four priorities:

- Building a network to connect and support community-based, grassroots movements across the Commonwealth
- Prioritizing changes at the state level to affect culture, policy and practice
- Healing from the trauma of a major disaster like the COVID-19 pandemic
- Healing the damage of racism, communal, and historical trauma

The Trauma-Informed PA Plan provides a continuum of four phases, which will be implemented over the next 10 years, to guide all state agencies, offices, licensed, contracted, and funded entities to become trauma-informed and healing-centered. The four phases include: Trauma-Aware, Trauma-Sensitive, Trauma-Informed and Healing-Centered. As detailed in the 2020 Trauma Informed PA Plan each phase is clearly defined, including key tasks, what processes will be completed and indicators that the phase has been implemented. OCYF began implementing phase one, trauma-aware, in early 2021 beginning with trauma-aware training for OCYF and residential provider staff. Trauma aware training will continue in 2022 for county child welfare staff and foster/adoption agencies. OCYF plans to begin phase two, trauma-sensitive in 2023 and is committed to providing the needed training and resources to staff and agencies throughout all four phases of the Trauma-Informed PA Plan. Efforts outlined in the state's plan support and align with Family First's focus on prevention and providing trauma-informed, evidence-based services to children and families that meet their unique needs.

Pennsylvania's Collaborative Structure

Shortly after Family First legislation was enacted, OCYF convened a group of stakeholders who provided recommendations for what implementation of the Title IV-E Prevention Program should look like in Pennsylvania.

Pennsylvania also benefits from an existing statewide stakeholder collaboration called the Pennsylvania Child Welfare Council (Council) that informs and supports the implementation of new and enhanced practices across the state including Family First.

The Council served as the core stakeholder group consulted in the development of the 2020-2024 Child and Family Services Plan (CFSP) and will continue to be engaged in the ongoing monitoring and adjustment of the Five-Year Prevention Plan. Since the Council's first convening in 2016, OCYF has consulted with Council to identify priority areas of focus to improve Pennsylvania's child welfare system. The Council supports communication among key partners related to Family First but also as a broader system. The Council membership is comprised of internal and external stakeholders who meet on a regular basis to support coordinated, multi-disciplinary, strategic system planning. including the courts and the legal community. Specific areas identified by the Council, which are reflected in the goals and objectives set forth in the 2020-2024 CFSP, include:

1. Focusing on primary, secondary and tertiary prevention efforts,
2. Evaluating opportunities for implementing a differential or alternative response system in Pennsylvania,
3. Working to improve the quality of foster care homes for children and youth in out-of-home care,
4. Continuing efforts for the placement of children in the most appropriate, least restrictive settings, and
5. Exploring data and information related to adoption dissolutions to understand the scope of this issue across the state.

The Council has also been identified as a key group in helping to provide recommendations to OCYF related to the implementation of various components of Family First.

Due to the depth and breadth of the Family First legislation and the impacts of this legislation across various stakeholder groups, OCYF also established a Family First Governance Structure to plan for all aspects of implementation. The governance structure was created to ensure cross-system collaboration, clear decision-making, alignment with existing strategies, determination of scope, project timeline development, monitoring (see Attachment VI for membership). Many of the members of the various governance structure teams also serve on the Child Welfare Council. This allows partners to look at Family First as a specific program while also seeing the macro level connections to larger system efforts.

Family First Governance Structure

DHS Executive Team

- Has final authority and approves all decisions
- Directs offices to work together in accomplishing the overall Family First goals
- Ensures Family First aligns with the DHS mission, vision, and values

OCYF Steering Team

- Provides global direction for the implementation of Family First
- Defines scope of the Family First project
- Provides high-level guidance to project team
- Establishes cross-office/system collaboration
- Sets measurable goals
- Determines implementation timelines
- Communicates with key stakeholders, including the Council

Project Team

- Cross-system oversight team
- Delivers accountability for the project
- Provides guidance on key decisions
- Markets the project to ensure it's given proper priority
- Escalates important decisions and issues
- Ensures the vision, governance, value, and benefits are clear
- Comprised of the Family First Provision Workgroup chairs.

PA Child Welfare Council

- Provides leadership and guidance to support collaborative strategic visioning for all aspects of Child Welfare in Pennsylvania
- Building Strong Communities and Healthy Families Workgroup
    - Subcommittee of Pennsylvania's Child Welfare Council

- Works in collaboration with the PA Family First Steering Team.
- Comprised of stakeholders, persons with lived experiences, and includes representation from different geographic regions, socio-economic classes, and races.
- Provides input, ideas and a strategic direction to the planning, development and implementation of projects and prevention services presented in Pennsylvania's Five-Year Prevention Plan.
- Ambassadors for Pennsylvania's implementation effort and expert advisors to the process of enhancing prevention services and engaging families at the local level.
- Assists the Commonwealth in identifying desired prevention services outcomes
- Ensures prevention and family engagement activities in the counties are aligned with the overall vision presented in the Five-Year Prevention Plan .
- Advises the Office of Children, Youth and Families on the performance evaluation for the proposed Innovation Zone projects, and help review and monitor outcomes and evaluate the effectiveness of the Innovation Zones related to statewide goals.
- Provides guidance, direction, and support to our county and community stakeholders who are implementing family support and primary prevention programming.
- Leverages professional networks to further the goals of prevention work
- Creates a learning community so partners benefit from knowledge that emerges from the real-life challenges and opportunities of Family First.

For many counties and agencies, a focus on prevention will be a totally new direction and orientation for how child welfare services are provided in Pennsylvania. The workgroup will serve as the venue for problem solving and encouragement for these innovators.

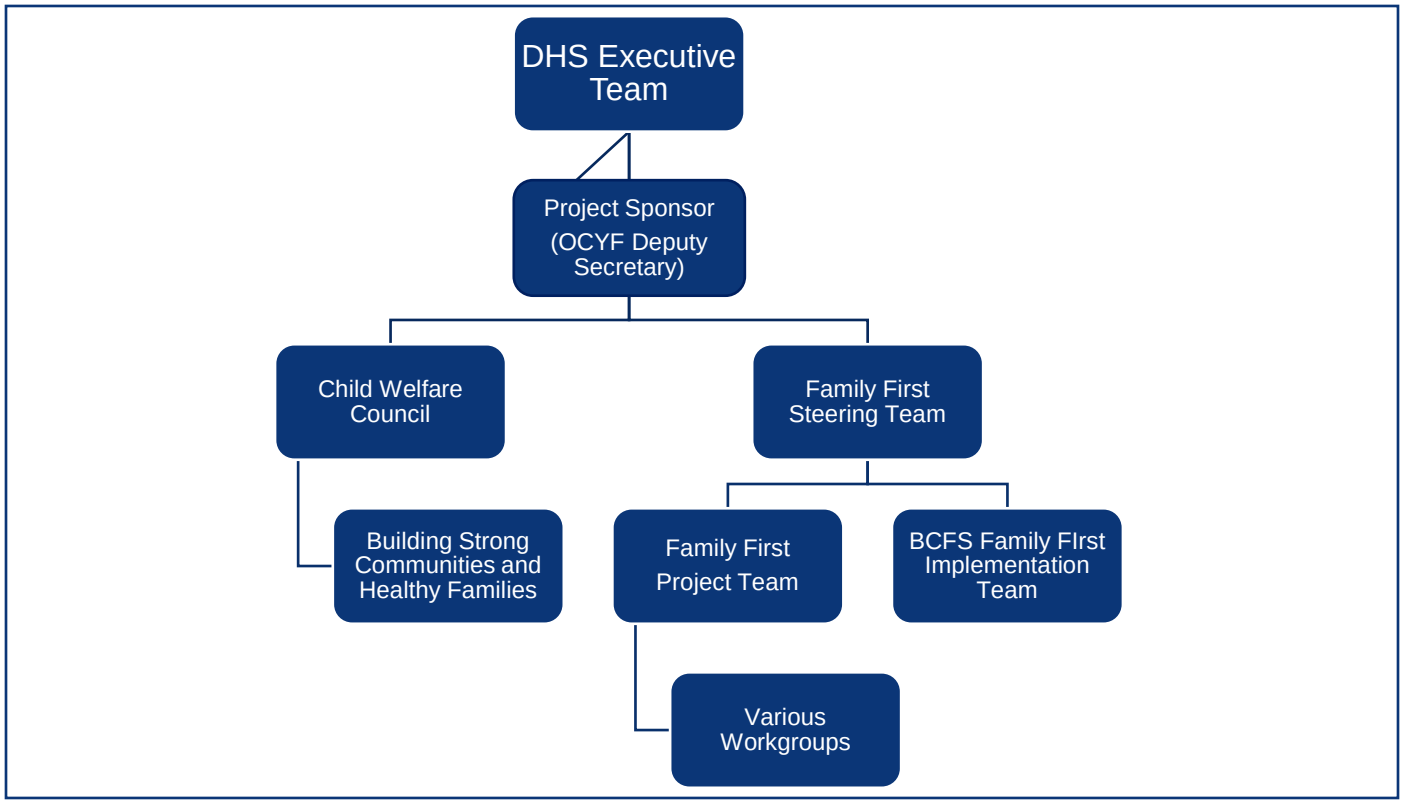
<u>Bureau of Child and Family Services Family First Implementation Team (FFIT)</u>

- Identifies and address challenges associated with the culture shift related to moving from reactive to proactive, preventive services,
- Incorporates principles and practice that support implementation of prevention services that are trauma-informed care and healing centered programs,
- Incorporates principles and practice that strengthens equity and a culturally responsive prevention service array,
- Defines the responsibilities of the Regional Offices, Child Welfare Resource Center, and other partners with Family First implementation,
- Defines Continuous Quality Improvement strategies to support implementation
- Identifies and provide training, transfer of learning, and technical assistance tools and processes to support implementation, and
- Identifies themes, resources, and support for county, provider, and statewide needs.

The FFIT Charter is included as Attachment VIII as a reference.

Figure 2 offers a visual depiction of the Family First Governance Structure. This structure may be altered as PA transitions from planning to implementation and monitoring.

Figure 2: Family First Governance Structure



One of the workgroups under the Family First Project Team was the Title IV-E Prevention Workgroup which was convened in 2019. This workgroup engaged stakeholders from CCYAs, the private provider community, medical assistance program, mental health, substance use services, juvenile justice, behavioral health organizations, and non-profit advocacy organizations to make recommendations about Family First Prevention Provision implementation. The recommendations included candidacy eligibility criteria, potential eligible populations, prevention plan documentation, risk and safety monitoring for those receiving prevention services, fidelity monitoring, outcome tracking, CQI monitoring considerations, and trauma-informed implementation considerations.

DHS OCYF also held several regional convenings in the Fall of 2019 to provide an opportunity for CCYAs to bring a team of stakeholders together to learn more about Family First and to serve as a catalyst for further thinking about readiness and implementation of the prevention services components of the act.

In May 2021, OCYF held four virtual convenings to share more detailed information with CCYAS to support their readiness for October 1st implementation. This set of convenings allowed counties to hear more directly about the operational impacts of Family First and what changes needed to occur at the local level for Pennsylvania to achieve collective success.

Partnership with county agencies is vital to implementation, monitoring, evaluating, and updating Family First efforts and achieving desired outcomes. To ensure that each county will receive needed information and support, OCYF's Bureau of Child and Family Services has developed Family First Implementation Teams (FFIT) to build capacity with our regional office staff on increasing the use of EBPs to meet specific population needs, monitoring prevention plans, and the development of CQI processes that integrate Family First strategies into existing protocols. Specially trained staff in each region will work with assigned county agency staff on making needed updates to family services plans and data collection processes and will be available to support the counties in developing individualized plans for implementation of evidence-based programs that meet the needs of their community.

Candidacy

Throughout discussions with stakeholders, it was agreed that a broad definition of candidacy needed to be developed to allow services to be more impactful for preventing future out-of-home placements and maltreatment of children and youth in Pennsylvania. Pennsylvania has defined a Candidate for Foster Care as a child that is determined to be at significant risk of entering foster care but can remain safely in the child's home or in an agreed upon informal kinship placement with prevention services. This includes children who are at risk of a Permanent Legal Custodianship or adoption disruption and children placed in an informal kinship care. The CCYA will be responsible for making the determination of candidacy based on information gathered during general case practice as outlined and governed by state laws, regulations, and policies, which include but are not limited to:

- Information gathered during formal, state-approved safety and risk assessments,
- Discussions with all family and household members,
- Observations during home visits, and
- Other forms of collateral contacts or assessments deemed necessary by the CCYA.

The formal assessment required by PA is the Risk and Safety Assessment Management Process (SAMP). This requires CCYA's to complete an assessment of the family at the initial meeting and every subsequent meeting with the family. The CCYA's are required to document this assessment in the case record. It should assess the six domain areas:

1. Type of maltreatment
2. Nature of the maltreatment
3. Child functioning
4. Adult functioning

5. General parenting
6. Parenting discipline

This is the list of 14 safety threats that are assessed during the In-Home SAMP:

1. Caregiver(s) intended to cause serious physical harm to the child.
2. Caregiver(s) is threatening to severely harm a child or are fearful that they will maltreat the child.
3. Caregiver(s) cannot or will not explain the injuries to a child
4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.
5. Caregiver(s) is violent and/or acting dangerously.
6. Caregiver(s) will not or cannot control their behavior.
7. Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.
8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.
9. Caregiver(s) in the home is not performing duties and responsibilities that assure child safety.
10. Caregiver(s) lacks parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.
11. Caregiver(s) does not have or does not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.
12. Caregiver(s) perceives child in extremely negative terms.
13. Caregiver(s) overtly rejects county agency intervention; refuses access to a child; and/or there is some indication that the caregiver(s) will flee.
14. Child is fearful of the home situation, including people living in or having access to the home.

Consistent with the Pennsylvania Risk Assessment Model, this is a listing of risk factors:

1. Child Factors:
    a. Vulnerability
    b. Severity/Frequency and/or Recentness of Abuse/Neglect
    c. Prior Abuse/Neglect
    d. Extent of Emotional Harm
2. Caregiver/Household Member/Perpetrator Factors:
    a. Age, Physical, Intellectual, or Emotional Status
    b. Cooperation
    c. Parenting Skill/Knowledge
    d. Alcohol/Substance Abuse
    e. Access to Children
    f. Prior Abuse/Neglect
    g. Parental Relationship with Child
3. Family Environment Factors:
    a. Family Violence

b. Condition of the Home
c. Family Supports
d. Stressors

To ensure CCYAs are assessing the entire family, it is imperative that the CCYAs include informal assessments that are made through all contact with the family. This may include, but is not limited to, observable behaviors, collateral contacts, physical home, considering all children, age and developmental stage of the children, time of year, the family's history, connections with various systems, and any substance and mental health history. These domains will help to determine if the family meets the criteria of significant risk.

To meet the criteria for significant risk the caseworkers consider if it is SOOVI:

- Serious harm potential
- Observable
- Out of Control
- Vulnerable child
- Imminent

The final safety and risk decision should be made in consultation with the chain of command. The multilevel review adds accountability to ensure proper decisions are being made about the safety and well-being of children. The CCYAs are required to have case consultation with their supervisor on a consistent basis. A review log reviews should be maintained, with reviews occurring at least every ten calendar days during the assessment period until a determination is made. Once a level is determined, the CCYA should continue to assess risk and safety as often as necessary to ensure the child safety. For a level of significant risk, the CCYA would be required to meet with the family and assess risk and safety on at least a weekly basis. The CCYA shall also assess risk and safety when the circumstances change in the child's environment.

PA will monitor this process through oversight of CCYAs which includes, monitoring through licensing process, technical assistance, and complaint/CPS investigations. The enhancements to our candidacy process are captured in our licensing requirements and will be reviewed in case record selections on at least an annual basis. Please see Attachment IX entitled Licensing Inspection of the Public Children and Youth Agency October 2021 IN-HOME ONLY. Additionally, BBFS will review candidacy determinations as part of their Title IV-E QA review of prevention services to ensure accurate coding selection of the Random Moment Time Study (RMTS) process along with Title IV-E and state fiscal claiming. Please see https://bit.ly/RMTS-3140-21-06.

Determining that a child is a Candidate for Foster Care is not dependent on a substantiated child abuse or neglect finding. Children with an abuse investigation determined as unfounded or a general protective services assessment determined as invalid may still face significant threats in their home. These threats may be significant and warrant the need for substance abuse, mental health, or parent education services

and interventions to prevent future placement in foster care. As other states mention in their approved prevention plans, observable family conditions or behaviors that occur now may have a negative impact on the child's development or functioning later that would require a higher level of child welfare involvement or intervention including placement in foster care that may be avoided with appropriate prevention supports. Pennsylvania's goal is to support children, youth, and families before they are in crisis.

Eligible Populations

1. All children and youth who have not attained the age of 18 and are determined to be a Candidate for Foster Care by a CCYA using the definition above may be considered eligible.
2. A pregnant, expecting, or parenting youth in foster care, including a child of a youth in foster care, will automatically be eligible to receive Title IV-E prevention services and will not require an additional determination by a CCYA caseworker. If a youth is an otherwise eligible pregnant or parenting youth in foster care over age 18, the youth could be eligible for the Title IV-E prevention program if the youth meets Pennsylvania's education/employment conditions as elected under title IV-E; and the youth has not yet reached 21, the state's highest elected age under title IV-E
3. Youth with all of the following may be considered eligible:
    a. Meet the definition of a child, as defined under the Juvenile Act (42 Pa.C.S. §6302);
    b. Are found to be a dependent Child under the Juvenile Act (42 Pa.C.S. § 6301 et. seq); and
    c. Are determined to be a Candidate for Foster Care by a CCYA.

Innovation Zones

Pennsylvania is partnering with counties to develop "Prevention Services Innovation Zones." Innovation Zones will support the delivery and planning for evidence-based prevention services for a child who does not have an open case with the child welfare agency and does not require immediate child welfare intervention but meets Pennsylvania's definition of Candidate for Foster Care.

Innovation Zone counties can contract with approved community-based providers to gather and document information for the CCYA to determine candidacy and develop or approve a child-specific prevention plan, provide prevention plan case management, ongoing safety and risk monitoring and assessments, and/or deliver approved evidence-based prevention services as agreed upon in their contract.

There are two candidacy populations that contracted community-based providers in Innovation Zones will be able to serve. The first population is children and families who are referred directly to the community-based provider without being known to the CCYA. This occurs when the community-based organization receives a referral from another community partner (schools, health system, other social service programs, or the family themselves). In this scenario, the community-based provider will assess the

family and child, document the findings, and provide information to the CCYA for review, candidacy determination, and prevention plan creation and/or approval.

The second candidacy population is when a referral is submitted to the CCYA and the investigation shows immediate child welfare intervention is not required for the child's safety, but prevention services are needed to mitigate the risk of future out-of-home placement. Instead of opening a case for the family at the CCYA, the CCYA will be able to refer the family to the contracted community-based provider.

The means by which the county and contracted community-based providers partner to provide the services will be agreed upon in contract and documented in the CCYA's Innovation Zone submission for approval to OCYF (detailed later in this section).

In an Innovation Zone, the CCYA is responsible for:

- Determining candidacy
- Creating and approving the child-specific prevention plan written by a CCYA caseworker or approving the child-specific prevention plan written by a contracted community-based provider.
- Providing oversite to the contracted community-based provider to ensure they are meeting all contractual agreements and providing evidence-based practices with fidelity to the model.
- Retaining all data necessary to be compliant with the Federal Family First Title IV-E Prevention Services Provision, and applicable state statute, laws, policy and guidelines issued by Pennsylvania's Department of Human Services and Office of Children, Youth, and Families.

In an Innovation Zone, the county can contract with the community-based provider for any level of service that meets their community's need with the exception of the Title IV- E Agency responsibilities outlined in the Family First Title IV-E Prevention Services Provision.

To help counties successfully become Innovation Zones, OCYF has:

- Created county guidelines for Innovation Zone development (see attached checklist of requirements in Appendix VII).
- Provided technical assistance expertise and support to counties through FFIT teams in regional offices.
- Established the Building Strong Communities and Healthy Families Workgroup
- Established an Innovation Zone Approval Committee

Once the CCYA Innovation Zone submission is completed, it will be passed to the Department for approval through a committee approach. The Department approval committee will be comprised of the following group:

OCYF Executive Office representative – This person will ensure the submitted Innovation Zone plan embodies Pennsylvania's vision for Family First and prevention.

1) A regional representative from the Bureau of Children and Family Services – This member will be assigned based on the region the county is assigned to. This member will bring subject matter expertise for the operational activities that must occur to meet legislative requirements and Department policy. This member will also be familiar with the submission county and be able to determine if the county is able to adhere to the plan that is submitted based on their structure and capabilities. This member will ensure the county has a way to track outcomes for candidates for foster care who are served by contracted community-based providers. This member will review the contract between the county and the community-based service provider to ensure all elements of the prevention relationship is addressed. This includes but is not limited to:
    a. How the information regarding the family is acquired by the CCYA
    b. What information needs to be documented from the provider and sent to the county and the timeframes in which this needs to be completed. The minimum requirements are established in the OCYF Bulletin 3130-21-03 entitled, "Policies and Procedures for implementation of the Title IB-E Prevention Program under the Family First Prevention Services Act." Collected information also must contain the data elements needed to complete the CQI requirements for each EBP.
    c. The candidacy determination process which outlines the roles and responsibilities of both the CCYA and the contracted community-based provider
        i. **Please note**: The assessment tools may differ from provider to provider and county to county. For Innovation Zones, the provider will perform the assessment and document the findings. The documented information will be sent to the county to make a candidacy determination.
    d. The prevention plan development and approval process
    e. Feedback loops regarding child safety and well-being
    f. Tools to assess risk and safety
    g. Training that the CCYA will require the provider to complete regarding case management, risk and safety assessments, and trauma
    h. How the provider and the county is ensuring fidelity to the model
    i. The provider's case ratios
    j. Assess the provider's ability to recommend programs that meet the families' needs.
    k. How outcomes are tracked, reported, and used to inform

This member will work with the county on areas of the submitted plan that need to be improved upon or detailed further so that the Commonwealth has a clear picture on how requirements are being met and the county can work toward Innovation Zone approval.

2) A representative from the Bureau of Budget and Fiscal Support – This member will be the subject matter expert on Title IV-E fiscal requirements, state fiscal requirements, and applicable data collection. This member will review the county's Innovation Zone plan to ensure fiscal requirements are being addressed to meet the Title IV-E Prevention Services provision. This member will review the contract between the county and the community-based service provider to ensure Title IV-E and state fiscal requirements are met.
3) Pennsylvania's Department of Human Services Policy representative – This member will ensure the plan addresses how the CCYA and contracted community-based prevention providers will work across systems to include, but not limited to:
    a. Office of Mental Health and Substance Abuse
    b. Office of Medical Assistance Programs
    c. Office of Child Development and Early Learning
    d. Department of Drug Abuse Programs
    e. Community Child and Youth Advocates
4) Child Welfare Resource Center Representative – This representative will ensure the submitted plan addresses how qualitative and quantitative data is collected from the provider so the county can perform necessary continuous quality improvement activities and ensure fidelity to the model.

In addition to the Innovation Zone Approval Committee, the submission also will be shared with the Building Strong Communities and Healthy Families workgroup. This workgroup will provide comment on the submission to the Innovation Zone Approval Committee to ensure the plan has feedback from various stakeholder.

After a CCYA has approval to operate an Innovation Zone, OCYF's Bureau of Children and Family Services will provide oversight of the Innovation Zone efforts as part of licensing and monitoring efforts. The community impact that the Innovation Zones have also will be evaluated during regular monitoring and evaluation work.

To ensure compliance with all the regulations and statues for Title IV-E Prevention services, OCYF has enhanced and updated all licensing chapter's checklists used during annual licensing inspections, compliant investigations, and child fatality/near fatality reviews to include all legislative requirements included in prevention planning. See Attachment IX entitled Licensing Inspection of the Public Children and Youth Agency October 2020 IN-HOME ONLY. PA will monitor this process through our oversight of CCYAs which includes, monitoring through licensing process, technical assistance, and complaint/CPS investigations.

The Bureau of Budget and Fiscal Support will review the CCYA's contract monitoring efforts of Innovation Zones for fiscal compliance. Additionally, BBFS will incorporate Prevention Service reviews into the Title IV-E QA reviews to ensure accurate Random Moment Time Study (RMTS) coding selection along with Title IV-E and state claiming. Please see https://bit.ly/RMTS-3140-21-06.

Pennsylvania recognizes that as program definitions are broadened there may be unintended consequences of unnecessary child welfare involvement. Therefore, OCYF is intentionally allowing child and family assessments and services to be provided by contracted community-based organizations with oversite from the CCYAs. As other states documented in their approved prevention plans, observable family conditions or behaviors that occur now but do not rise to the level of needing an open case with the child welfare agency, can have negative impact on the child's development or functioning later. If families are provided appropriate preventions services to mitigate these behaviors, a higher level of child welfare involvement, including out-of-home placement, can be avoided later. Pennsylvania's goal is to support children, youth, and families before they are in crisis.

Innovation Zone implementation is optional for counties and CCYA's will have the ability to add innovation zone programs through a review process following the approval of Pennsylvania's Title IV-E Prevention Services 5 Year Plan.

SERVICE DESCRIPTION AND OVERSIGHT

OCYF has reviewed all of the EBPs on the Title IV-E Clearinghouse and selected the EBPs listed in Table 1 for inclusion in the Five-Year Prevention Plan. In making the determination of which EBPs to select, OCYF considered information about the EBPs from the Title IV-E Clearinghouse, as well as from individual program websites and supporting documentation (such as fidelity measure and quality improvement guides). In order to support selection of the most impactful EBPs for Pennsylvania, information about Pennsylvania's child welfare population was collected from a variety of sources, including AFCARS Data (Longitudinal file, Permanency Indicator 13: Reasons for removals during the reporting period, Statewide Data: September 30, 2015 through March 31, 2020), Statewide Child Welfare Information System Data (GPS referrals by County, Sub-Category of GPS Concern), and OCYF NBPB data.

Specific data points considered:

- Meets an existing need in Pennsylvania
    - Removal reasons addressed by EBP: Whether the demonstrated outcomes of each EBP map onto one of the top four removal reasons in Pennsylvania (i.e., neglect, child's behavior problem, parent inability to cope, drug abuse by the parent), suggesting that an existing need would be met by families participating in a given program
    - Valid GPS reports addressed by EBP: Whether the demonstrated outcomes of each EBP map onto one of the top four valid GPS Reports in Pennsylvania (i.e., parent substance use, conduct by parent that places child at risk, experiencing homelessness/inadequate shelter, child behavior problems/behavior health concerns), suggesting that an existing need would be met by families participating in a given program

- Program Rating: EBP rating (well-supported, supported, or promising), as determined by the Title IV-E Prevention Services Clearinghouse program review board.
- Child and adult outcomes: Total number of demonstrated outcomes for each EBP, as well as the specific outcome domains (i.e., child behavioral and emotional functioning, adult parenting practices) as determined by the Title IV-E Prevention Services Clearinghouse literature review.
- Population: Age range of the population served by the program
- Fidelity measures
    - Existence of fidelity measures
    - Existence of support for collecting fidelity measures in Pennsylvania
- Program availability in Pennsylvania:
    - Number of counties in which each program is available
    - Number of counties currently receiving child welfare funding for each program
    - Size of each county in which each program is offered
- Dollar amount spent by Pennsylvania child welfare during FY 2018/2019 on each program
- Dollar amount budgeted by Pennsylvania child welfare for FY 2019/2020 for each program

Pennsylvania prioritized and selected EBPs for inclusion in the Five-Year Prevention Plan by focusing on Clearinghouse-rated programs that were already available in Pennsylvania that address an identified need for children and families. Together, the selected EBPs cover the entire age range of children and address three of the top four removal reasons in Pennsylvania (i.e., neglect, child's behavior problem, and parent inability to cope), and three of the top four valid GPS report reasons in Pennsylvania (i.e., conduct by parent that places child at risk, experiencing homelessness/inadequate shelter, child behavior problems/behavior health concerns. (See the rationale column in the table below for the specific need each individual EBP will address). Additionally, several of the programs selected already have strong implementation frameworks in place as evidenced by their usage and receipt of child welfare funding across most Pennsylvania counties; this particularly applies to Multisystemic Therapy, Nurse-Family Partnership, and Parents as Teachers. Next, there are some programs that are not as widely used in Pennsylvania but do receive implementation and data collection support via technical assistance partner agencies; these include Functional Family Therapy, Incredible Years, and Triple P Positive Parenting Program. The technical assistance available for these EBPs make them perfectly situated to meet Pennsylvania child welfare's goal of expanding the use of such evidence-based services that have proven positive effects. Finally, two EBPs in particular were designed for use with a child welfare population, and Pennsylvania feels it is crucial to include programs such as these in the Title IV-E service array to ensure that the unique needs of child welfare families are intentionally addressed; these include Healthy Families America and Homebuilders. Both HFA and Homebuilders are utilized by a few counties in Pennsylvania already, and our hope is that we can continue to grow the use of these services and monitor effectiveness with Pennsylvania's child

welfare population. Together, the selected EBPs cover the entire age range of children and parents that Pennsylvania is seeking to serve and address the prioritized needs for these populations (i.e., removal reasons of neglect, child's behavior problem, and parent inability to cope and valid GPS allegation reasons of conduct by parent that places child at risk, experiencing homelessness/inadequate shelter, child behavior problems/behavior health concerns).

Pennsylvania's counties will have the ability to select and scale EBPs that are included in this Five-Year Prevention Plan to meet the needs of children and families in their counties. Pennsylvania intends to monitor community needs, lessons learned, and additions to the Clearinghouse to determine what changes need to be made to the plan. Pennsylvania's plan includes services in the following service categories: mental health treatment, substance use prevention and treatment, and in-home family support services.

1 Table 1: Evidence-Based Services and Programs Selected from the Title IV-E Clearinghouse

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
Mental Health	Functional Family Therapy (FFT) Although there are two manuals that can be used to implement FFT, only one is currently used by providers in Pennsylvania, and thus the following version will be allowable under Title IV-E: Alexander, J. F., Waldron, H. B., Robbins, M. S., & Neeb, A. A. (2013). *Functional Family Therapy for adolescent behavioral problems.* American Psychological Association.	Well-Supported	FFT addresses needs that have been identified as top reasons for removing children from their home as well as top valid GPS report reasons. Specifically, FFT addresses the removal reason, "Child's Behavior Problem" and the valid GPS report reason, "Child Behavior Problems/Behavior Health Concerns." In addition, data from Pennsylvania's Title IV-E Child Welfare Demonstration Project and reentry data from CFSR3 confirm these as needs in Pennsylvania. In addition to meeting needs surrounding child behavior, FFT meets a population need – specifically, Pennsylvania's need to serve the older youth population. Transition-aged youth (ages 13-20) make up approximately one third of PA's foster care population, and these youth have a higher risk of reentering care and being place in a non-family setting (Annie E. Casey Foundation). Studies of FFT have shown that while it is effective overall at reducing the odds of an out-of-home placement, it is especially effective at reducing out-of-home placements for older youth (Darnell & Schuler, 2015).	Pennsylvania will target youth 11 to 18 years old with behavioral or emotional problems who are at risk of removal from the home and their families.	FFT has been shown to improve child well-being outcomes in the following areas: • Behavioral and emotional functioning • Substance use • Delinquent behavior Children's behavior problems and behavioral health concerns are identified needs among Pennsylvania's child welfare population therefore, Pennsylvania is targeting outcomes related to behavioral and emotional functioning:

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
Mental Health	Incredible Years – Toddler Basic (IY-TB) IY-TB uses the *Incredible Years Parents, Teachers and Children's Training Series* group leader manual. It is implemented in conjunction with the *Curriculum Set* below that is specific to the IY-Toddlers program. Webster-Stratton, C. (2011). Incredible Years parents, teachers and children's training series: Program content, methods, research, and dissemination, 1980 – 2011. Incredible Years, Inc. Incredible Years, Inc. (2019). *Toddler basic curriculum set*.	Promising	Conduct by the parent that places a child at risk is one of the top valid GPS allegations in Pennsylvania; thus, there is a need to support parents by offering services that aim to strengthen positive parenting practices and reduce negative ones. IY-TB is a parenting program for parents of children ages 1 to 3 years that has been shown to improve parenting practices.	Pennsylvania is targeting families with toddlers (1 to 3 years), particularly families who need support forming secure attachments with their toddlers or addressing their toddlers' behavior problems to keep the child safely in the home.	IY-TB has been shown to improve adult well-being outcomes related to positive parenting practices. Conduct by parents that places children at risk is an identified need among Pennsylvania's child welfare population therefore, Pennsylvania is targeting the outcome of improving positive parenting practices.

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
Mental Health	Incredible Years – School Age Basic (IY-SAB) IY-SAB uses the *Incredible Years Parents, Teachers and Children's Training Series* manual. It is implemented in conjunction with the *Curriculum Set* below that is specific to the IY-School Age program. Webster-Stratton, C. (2011). Incredible Years parents, teachers and children's training series: Program content, methods, research, and dissemination, 1980 – 2011. Incredible Years, Inc. Incredible Years, Inc. (2019). *School age basic curriculum set*.	Promising	Conduct by the parent that places a child at risk is one of the top valid GPS allegations in Pennsylvania; thus, there is a need to support parents by offering services that aim to strengthen positive parenting practices and reduce negative ones. IY-SAB is a parenting program for parents of children ages 6 to 12 years who have behavior problems and/or are at risk for being removed from the home and has been shown to improve parenting practices and child safety.	Pennsylvania is targeting families with children (6 to 12 years) who have behavior problems and are at risk of removal from the home.	IY-SAB has been shown to improve child safety and adult well-being outcomes related to positive parenting practices. Conduct by parents that places children at risk is an identified need among Pennsylvania's child welfare population therefore, Pennsylvania is targeting the outcome of improving positive parenting practices. Pennsylvania will target child safety as an outcome. Child safety will be monitored via administrative reports.

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
Mental Health	Triple P – Positive Parenting Program – Level 4 Standard (Triple P Level 4 Standard) Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T. (2013). *Practitioner's manual for Standard Triple P (2nd ed.)*. Triple P International Pty Ltd.	Promising	Conduct by the parent that places a child at risk and parent inability to cope are two of the top valid GPS allegations in Pennsylvania; thus, there is a need to support parents by offering services that aim to strengthen positive parenting practices and reduce negative ones, as well as programs that treat parents' mental health concerns. Additionally, child's behavior problem is a top removal reason in Pennsylvania and child behavior problems/behavioral health concerns is a top valid GPS allegation; programs that address child behavior problems and promote child well-being are highly needed in Pennsylvania. Triple P Level 4 Standard is a program for families who have concerns about their child's behavior and has been shown to improve not only child behavior, but parenting practices and parents' sense of confidence (mental health) as well. Thus, Triple P Level 4 Standard meets several of Pennsylvania's top needs for families.	Pennsylvania is targeting families with children up to 12 years old who exhibit behavior problems or emotional difficulties and are at risk of being removed from the home.	Triple P Level 4 Standard has been shown to improve child well-being outcomes related to behavioral and emotional functioning as well as adult well-being outcomes related to positive parenting practices and parent/caregiver mental or emotional health. Children's behavior problems and behavioral health concerns are identified needs among Pennsylvania's child welfare population therefore, Pennsylvania is targeting outcomes related to behavioral and emotional functioning Conduct by parents that places children at risk is an identified need among Pennsylvania's child welfare population therefore, Pennsylvania is targeting the outcome of improving positive parenting practices as well as parent mental health.

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
Mental Health	Triple P – Positive Parenting Program – Level 4 Group (Triple P Level 4 Group) Turner, K. M. T., Markie-Dadds, C., & Sanders, M. R. (2010). *Facilitator's manual for Group Triple P (3rd ed.)*. Triple P International Pty Ltd.	Promising	Conduct by the parent that places a child at risk and parent inability to cope are two of the top valid GPS allegations in Pennsylvania; thus, there is a need to support parents by offering services that aim to strengthen positive parenting practices and reduce negative ones, as well as programs that treat parents' mental health concerns. Additionally, child's behavior problem is a top removal reason in Pennsylvania and child behavior problems/behavioral health concerns is a top valid GPS allegation; programs that address child behavior problems and promote child well-being are highly needed in Pennsylvania. Triple P Level 4 Group is a group-based parenting program for families who have concerns about their child's behavior or want to promote their child's development. It has been shown to improve child behavior and parenting practices and reduce parents' anxiety and depression as well. Thus, Triple P Level 4 Group meets several of Pennsylvania's top needs for families.	Pennsylvania is targeting families with children up to 12 years who are interested in promoting their child's development or who are concerned about their child's behavioral problems and where the child is at risk of being removed from the home.	Triple P Level 4 Group has been shown to improve child well-being outcomes related to behavioral and emotional functioning as well as adult well-being outcomes related to positive parenting practices and parent/caregiver mental or emotional health. Children's behavior problems and behavioral health concerns are identified needs among Pennsylvania's child welfare population therefore, Pennsylvania is targeting outcomes related to behavioral and emotional functioning Conduct by parents that places children at risk is an identified need among Pennsylvania's child welfare population therefore, Pennsylvania is targeting the outcome of improving positive parenting practices as well as parent mental health.

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
Mental Health & Substance Use	Multisystemic Therapy (MST) Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). *Multisystemic Therapy for antisocial behavior in children and adolescents* (2nd ed.). Guilford Press.	Well-Supported	Child's behavior problem is a top removal reason in Pennsylvania and child behavior problems/behavioral health concerns is a top valid GPS allegation. Programs that address child behavior problems and promote child well-being are highly needed in Pennsylvania. In addition, conduct by the parent that places a child at risk and parent inability to cope are two of the top valid GPS allegations in Pennsylvania. Additionally, data from Pennsylvania's Title IV-E Child Welfare Demonstration Project and reentry data from CFSR3 confirm these as needs in Pennsylvania. MST was selected because it addresses these needs by promoting pro-social behavior and reducing mental health symptomology in youth. MST has been shown to reduce behavioral and emotional problems in high-risk youth and reduce the risk of out of home placements. In addition, MST has shown improvements in family interactions and parental effectiveness and reductions in parental stress (Curtis et al., 2004). In addition to meeting needs in Pennsylvania, MST was selected because of its widespread implementation and effectiveness throughout Pennsylvania counties. Pennsylvania child welfare currently supports the provision of MST to child welfare families in 48 out of 67 counties; including MST in Pennsylvania's Prevention Service array will assist in the continuation of this widely utilized and effective service.	Pennsylvania is targeting youth between the ages of 12 and 17 and their families, particularly youth who are at risk for or are engaging in delinquent activity or substance use, experience mental health issues, and are at-risk for out-of-home placement.	MST has been shown to promote child permanency and improve child well-being outcomes related to behavioral and emotional functioning as well as adult well-being outcomes related to positive parenting practices, parent/caregiver mental or emotional health, and family functioning. Children's behavior problems and behavioral health concerns are identified needs among Pennsylvania's child welfare population therefore, Pennsylvania is targeting outcomes related to behavioral and emotional functioning as well as parent mental health Conduct by parents that places children at risk is an identified need among Pennsylvania's child welfare population therefore, Pennsylvania is targeting the outcome of improving positive parenting practices Pennsylvania will target child permanency as an outcome. Child permanency will be monitored via administrative reports/AFCARS data**.**

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
In-Home Parent Skill-Based	HealthyFamilies America (HFA) Healthy Families America. (2018) *Best practice standards*. Prevent Child Abuse America. Healthy Families America. (2018). *State/multi-site system central administration standards*. Prevent Child Abuse America.	Well-Supported	Child's behavior problem is a top removal reason in Pennsylvania and child behavior problems/behavioral health concerns is a top valid GPS allegation. Programs that address child behavior problems and promote child well-being are highly needed in Pennsylvania. In addition, conduct by the parent that places a child at risk and parent inability to cope are two of the top valid GPS allegations in Pennsylvania. In addition to meeting these needs in Pennsylvania, HFA was chosen because it is a home visiting program designed to prevent child abuse and support child and family well-being. There are very few EBPs that target and have been proven effective at reducing child maltreatment and neglect. Further, one study of HFA showed that it was effective among teen parents, which is especially relevant to Pennsylvania as one of our target populations for HFA is pregnant/parenting youth in foster care. HFA is currently supported in only a few Pennsylvania counties by child welfare and including it as part of Pennsylvania's Prevention Services array will allow for expanded implementation.	Pennsylvania will aim to serve two different target populations via HFA. First, because HFA allows enrollment and participation as early as the prenatal period, we will target pregnant and parenting youth in foster care prior to the birth of the child, as well as after the child is born. For all other families served by Pennsylvania child welfare, families will be able to enroll in HFA from the birth of the child until the child is 24 months old, per the expanded enrollment adaptation of HFA approved for use with child welfare families.	Pennsylvania will target child safety as an outcome. Child safety will be monitored via administrative reports.

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
In-Home Parent Skill-Based	Homebuilders Kinney, J., Haapala, D. A., & Booth, C. (1991). *Keeping families together: The HOMEBUILDERS model*. Taylor Francis.	Well-Supported	Homebuilders addresses needs that have been identified as top reasons for removing children from their home as well as top valid GPS report reasons. Specifically, Homebuilders addresses the removal reason, "Inadequate Housing" and the valid GPS report reason, "Experiencing homelessness/inadequate shelter." In addition to meeting this need in Pennsylvania, Homebuilders was selected because it was designed specifically for families with children at imminent risk of out-of-home placement. There are very few EBPs designed for and proven effective for families served by child welfare and who are in immediate need of intensive family preservation services. Homebuilders is currently supported in only a few Pennsylvania counties by child welfare and including it as part of Pennsylvania's Prevention Services array will allow for expanded implementation.	Pennsylvania will target families with children from birth to age 18 who are at imminent risk of out-of-home placement. Pennsylvania will also target parenting youth in foster care and their partners/supports; although pregnant/expecting youth in foster care will be identified as candidates for prevention services, these youth will not be able to participate in Homebuilders services until their child is born, per the Homebuilders model.	Homebuilders has been shown to promote child permanency and improve adult well-being outcomes related to economic and housing stability. Pennsylvania will target child permanency as an outcome. Child permanency will be monitored via administrative reports/AFCARS data. Experiencing homelessness/ inadequate shelter is an identified need among Pennsylvania's child welfare population, therefore Pennsylvania is targeting outcomes related to economic and housing stability including

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
In-Home Parent Skill-Based	Nurse-Family Partnership (NFP) Nurse Family Partnership. (2020). *Visit-to-visit guidelines.*	Well-Supported	NFP addresses needs that have been identified as top reasons for removing children from their home as well as top valid GPS report reasons. Specifically, NFP addresses the removal reason, "Inadequate Housing" and the valid GPS report reason, "Experiencing homelessness/inadequate shelter." In addition, NFP addresses "Conduct by a parent that places a child at risk" which is a top valid GPS allegation. In addition to meeting these specific needs in Pennsylvania, NFP was selected because it is a home-visiting program designed for first-time mothers who are at particular risk for adverse outcomes, such as maltreatment, and their partners/supports. This program will directly serve one of PA's target populations - pregnant/parenting youth in foster care.	Because NFP requires that women enroll during their first pregnancy prior to the 29th week of gestation, PA is targeting to serve only first-time pregnant and expecting youth in foster care and their partners/supports.	NFP has been shown to promote child safety and improve adult well-being outcomes related to economic and housing stability. Pennsylvania will target child safety as an outcome. Child safety will be monitored via administrative reports. Experiencing homelessness/ inadequate shelter is an identified need among Pennsylvania's child welfare population, therefore Pennsylvania is targeting outcomes related to economic and housing stability including monitoring data related to homelessness/ home sharing, employment status, income level, number of moves, accessing financial assistance (e.g., disability).

	Service, Version, & Manual	Title IV-E Clearinghouse Rating	Rationale for Program Selection	Target Population	Outcomes
In-Home Parent Skill-Based	Parents as Teachers (PAT) Depending on the ages of children in the families served, the *Foundational Curriculum* is available to support families prenatal to age 3 and the *Foundational 2 Curriculum* is available to support families with children age 3 through kindergarten. The manuals may be used separately, concurrently, or sequentially. Parents as Teachers National Center, Inc. (2016). *Foundational curriculum.* Parents as Teachers National Center, Inc. (2014). Foundational 2 curriculum: 3 years through kindergarten.	Well-Supported	Child's behavior problem is a top removal reason in Pennsylvania and child behavior problems/behavioral health concerns is a top valid GPS allegation; programs that address child behavior problems and promote child well-being are highly needed in Pennsylvania. In addition to meeting this need, PAT was selected because some of the strongest positive effects have been found when implemented with families at high-risk for poor developmental outcomes; these risk factors included living in poverty, housing instability, unsafe living conditions, low parental education, parental substance abuse, abuse and neglect, teenage motherhood, single motherhood, and social isolation (Chaiyachati et al., 2018; Neuhauser, 2014). Many of these same risk factors are present among families served by child welfare in Pennsylvania, and the research evidence suggests PAT would be highly effective for Pennsylvania families as well.	Pennsylvania will aim to serve two different target populations via PAT. First, because PAT allows enrollment and participation as early as the prenatal period, we will target pregnant and parenting youth in foster care prior to the birth of the child, as well as after their child is born. For all other families served by Pennsylvania child welfare who are in high-risk situations and who have a child at risk of removal from the home, PAT will be offered from the time the child is born through kindergarten, as is standard for the PAT model.	PAT has been shown to promote child safety and improve child well-being outcomes related to social functioning. Pennsylvania will target child safety as an outcome. Child safety will be monitored via administrative reports. Children's behavior problems and behavioral health concerns are identified needs among Pennsylvania's child welfare population therefore, Pennsylvania is targeting outcomes related to children's social functioning.

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In addition to the EBPs Pennsylvania has chosen from the Federal Clearinghouse, the state is requesting the designation of the Effective Black Parenting Program as a Promising Practice per the standards laid out in the Title IV-E Prevention Services Clearinghouse (PSC) and the guidance issued from the Children's Bureau's Program Instruction ACYF-CB-PI-19-06 "Transitional Payments for the Title IV-E Prevention and Family Services Programs."

The Effective Black Parenting Program (EBPP) is one of three parenting programs developed by the Center for the Improvement of Child Caring (CICC). It is a parenting education program developed specifically for Black parents that teaches a "positive approach to parenting and conveys important information about the ways children learn" (California Evidence Based Clearinghouse, 2020). The program aims to "prepare [parents] to use a variety of communication and disciplinary skills such as: effective praising, effective verbal confrontation, family rule guidelines, and the Thinking Parent's Approach" (CICC, n.d.). EBPP honors the history of Black people, recognizing the "special parenting challenges that racism and prejudice have created" (CICC, n.d). The program is taught as a series of classes with each class covering specific topics and teaching associated skills.

The completed checklist for the EBPP systematic review form that must be included on the state's five-year prevention plan to request transitional payments for this EBP and the specific evaluation plan for the EBPP program are included in Attachment V.

CONTINUOUS QUALITY IMPROVEMENT (CQI)

Pennsylvania's approach to CQI originated from work out of Round 2 of the Child and Family Service Reviews (CFSR), which occurred in 2008. At that time, OCYF acknowledged that many of the same findings from Round 1 were seen in Round 2, despite successful completion of the Round 1 Program Improvement Plan (PIP). The Round 2 PIP outlined a commitment to achieving lasting and positive change in the child welfare system. The PIP further outlined a shift from the evaluation of practice being compliance-driven to focusing on CQI through the implementation of established outcome-based indicators to measure progress and a clear and pressing need to make connections among the vast array of initiatives, programs, and models that are in place across the Commonwealth.

To support integration of a CQI process at the state and local level, Pennsylvania adopted the American Public Human Services' DAPIM™ model, which is structured around a systematic change cycle involving defining, assessing, planning, implementing, and monitoring. Pennsylvania has been establishing a CQI system comprised of various elements integral to a CQI system's success to include, but not limited to:

- A foundational administrative structure to oversee and implement CQI
- Staff and stakeholder engagement
- Focus on quality data collection
- Analysis, and dissemination of information, and
- Case record reviews and application of CQI findings.

Pennsylvania plans to leverage existing CQI efforts and structures in place at the state and local levels to establish the framework for monitoring Family First implementation. The information in the following sections will highlight key overarching elements of Pennsylvania's CQI infrastructure that will be used to support Family First CQI activities as well as the EBP specific CQI, fidelity monitoring and feedback loops that will be utilized.

Quality Collection of Child Welfare Data

Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of well-functioning CQI systems. Pennsylvania's child welfare system has been continuously enhancing its data collection at both the state and local level as part of ongoing CQI activities. The 2020-2024 Child and Family Services Plan (CFSP) and Annual Progress and Services Reports (APSRs) offer a more global review of the ongoing efforts underway to further enhance data collection and analysis to inform CQI strategies focused on improving outcomes for those served by the child welfare system. Some of the core components of the current quality assurance/CQI system include:

- Gathering data/information about practice
- Child/family outcomes and services needs via the CFSRs,
- Quality Service Reviews (QSRs),
- Annual CCYA licensing inspections, and the Needs Based Plan Budget (NBPB) process.

These existing core components will be used to gather some of the data and information that will be needed to support CQI and monitoring efforts specifically related to Family First.

Since 2010, Pennsylvania has been implementing QSRs in a voluntary and phased approach across the Commonwealth. The QSR is an in-depth case review and practice appraisal process utilized to find out how children, youth, and families are benefiting from services received. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth, and families receiving services. The QSR Protocol contains qualitative indicators that measure the status of the focus child/youth's safety, permanency, and well-being as well as the child/youth's parents' and/or caregivers' functioning. The measures indicate the status of what is working and not working with the family. The QSR Protocol also provides a set of qualitative indicators for measuring the quality and consistency of the implementation of core practice functions outlined in the Practice Model. The QSR is not a tool used for compliance enforcement; rather, QSR feedback is used to stimulate and support practice development and capacity-building efforts leading to better practice and results for the children, youth, and families receiving services. As part of the information collected during the QSRs, Pennsylvania will add data elements to help identify whether any cases reviewed include a target child who had an active prevention plan during the period under review (PUR) and to capture any EBPs the target child or family may have received during the PUR. The collection of these additional data fields will serve as one mechanism

available to help individual counties monitor the services provided under Family First while also building an information repository to support further state level qualitative analysis as needed.

Pennsylvania also has a statewide licensing system that evaluates all 67 CCYAs, private service providers, and childcare facilities for compliance with federal and state laws, regulations, and policies. The OCYF Regional Office staff conduct the annual licensing inspection by means of a random sample record review, interviews with administrative, supervisory, and casework staff, internal policy/procedures review, personnel record review, and agency fiscal documentation review. OCYF updated the licensing checklist used during the annual licensing inspections to include Family First requirements. Further information about annual licensing inspections is outlined in detail in the MONITORING CHILD SAFETY section of this report. The licensing process and checklist helps OCYF Regional Office staff monitor counties to ensure they meet the requirements as well as help counties determine where implementation challenges exist that warrant further attention. This licensing checklist can be seen in Attachment IX Licensing Inspection of the Public Children and Youth Agency October 2020 IN-HOME ONLY. This information will help inform state and local CQI efforts related to Family First.

CCYA funds are allocated through the annual NBPB process. Through the NBPB process, counties are asked to identify program improvement strategies after identifying root causes based on their data analysis. The NBPB is a road map toward improving outcomes for children, youth, and families within counties. The NBPB process builds upon identification of historical and current service levels and outcome measures, directs the need for data analysis toward program improvement, identifies strategies and practice changes needed, and allows CCYAs to request the resources necessary for implementation. Through the NBPB process, CCYAs continue to build and adjust the local service array to meet the needs of children and families in their local communities. Counties engage a wide range of stakeholders in their planning through the development of a team that will assist in data identification, root cause analysis, identification and selection of strategies based on data analysis, and continuous monitoring of the implementation activities and outcomes. The team participants represent key external stakeholders as well as county commissioners and the courts. While each county currently has its own case management system that allows the county to review and analyze data regularly, OCYF also provides CCYAs with data packets from the Adoption and Foster Care Analysis Reporting System (AFCARS) biannually that supports the county in analyzing their progress in improving outcomes. Each CCYA identifies measurements for improvement within their plan. The data packets are provided to the OCYF Regional Office staff for use during consultation with individual CCYAs and assist in planning and monitoring efforts.

As part of the NBPB process, counties identify requests for funding to support EBPs. Counties must provide detailed narrative information to support their request including:

- A description of the program and justification for selection
- The EBP registry from which the program was selected, and
- How the county plans to monitor the fidelity/integrity of the program.

Counties must also provide data specific to the target population for the EBP, the number of referrals made, total children and families served, name of the provider, total costs,

and number of referrals not covered through Medical Assistance. OCYF will continue to utilize the NBPB process to gather this information to inform CQI efforts related to Family First. This information allows OCYF to monitor the statewide service array and service utilization rates, as well as fidelity monitoring activities within each county. This information is compiled and analyzed annually to support CQI efforts through the identification of service gaps, potential expansion of EBPs in Pennsylvania's Five-Year Prevention Plan, and areas where county level monitoring of EBPs can be improved.

As Pennsylvania moves into implementation, collaboration will continue to occur with counties and other stakeholders to gather relevant outcome data needed to evaluate Pennsylvania's Family First implementation. Through this work, Pennsylvania will be well-positioned to understand the business requirements to be embedded into to the development of the new Child Welfare Case Management system and how the newly developing system can further support collection of quality, comprehensive information to support these CQI efforts.

CQI Feedback Loops for Child Welfare

In addition to the Family First governance structure, Pennsylvania is looking to leverage many long established CQI feedback channels to support implementation and monitor statewide policy related to prevention services in alignment with Family First implementation. As a county-administered, state-supervised system, Pennsylvania has an existing infrastructure that supports necessary communications and feedback loops integral to any CQI system's sharing of data/information learned through CQI processes. Both statewide (Child Welfare Council and others) and regionally based groups are forums for sharing insights and ideas of how to best support successful implementation as part of CQI monitoring efforts. The FFIT Team, outlined in the section entitled Pennsylvania's Collaborative Structure, is working closely with county partners in identifying strategies that are working well and those that may benefit from further improvement. In addition to defining CQI strategies to support implementation, the FFIT will be working in collaboration with partners and stakeholders to identify training needs, transfer of learning opportunities, and technical assistance tools and processes to support implementation

Statewide meetings with CCYAs occur quarterly as part of the Pennsylvania Children and Youth Administrators (PCYA) forums and provide opportunities to exercise feedback loops between OCYF, CCYAs and other entities. The mission of PCYA is to enhance the quality of service delivery for children, youth, and their families by providing its members:

- A forum for the exchange of information
- Assistance in educating the general public and its constituencies
- An environment of support for the PCYA membership.

Several regional structures (based on the four OCYF designated regions) also provide multiple forums to connect with key stakeholders regarding various CQI activities, including Southeast, Northeast, Central, and Western regions. The membership, purpose, and focus of these regional groups varies by region and as a result, CQI activities will be shared via the most relevant group associated with region. Regional groups include:

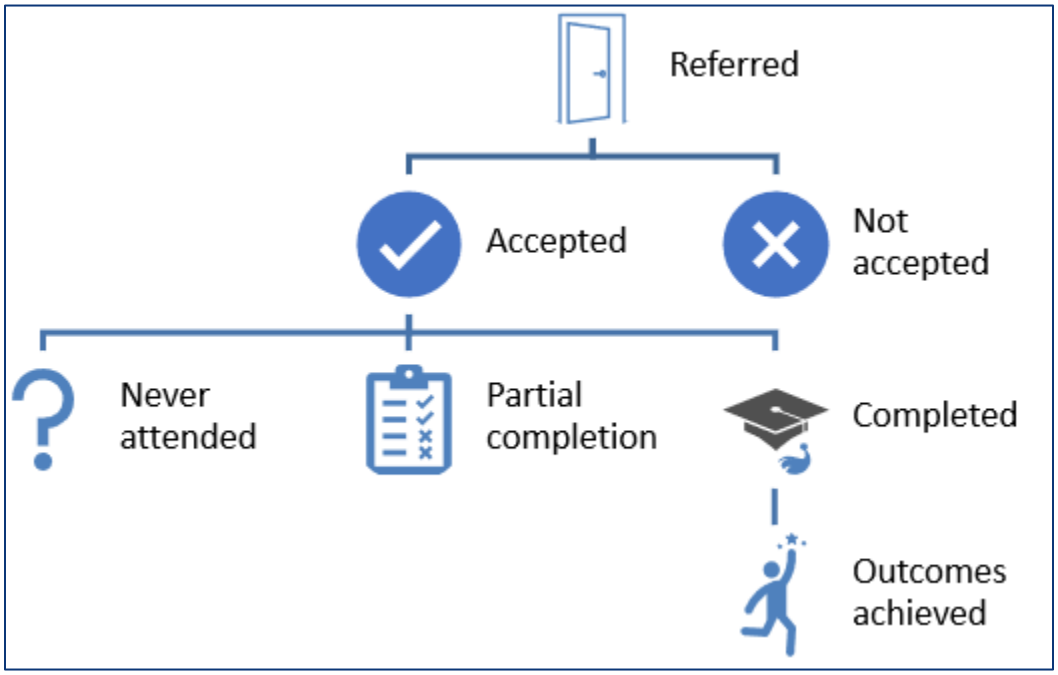
- CQI, Quality Assurance (QA), Sustaining Change workgroups
- All County Meetings
- Technical Assistance Collaborative regional workgroups

Stakeholders from these groups have been engaged in both the planning for Family First implementation, including input on the vision for prevention services, review of key elements of statewide policy to support implementation of prevention services, and review of Family First planning documents, including input on workforce training considerations and discussion about EBPs being considered. These forums will continue to provide critical stakeholder feedback loops for prevention services implementation along the continuum of services focused on Family First implementation. These groups will continue to focus on data-driven and data-informed discussions. Information shared and learned via these feedback loops will continue to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems for the ongoing purpose of improving outcomes for children and families served by the system.

Statewide Family First Approach to CQI

Based on experiences in EBP implementation and lessons learned from participation in the Title IV-E Waiver Demonstration Project, Pennsylvania has selected to focus Family First CQI efforts on understanding referral pathways for the eight EBPs selected by Pennsylvania and the outcomes achieved through completion of these EBPs. Pennsylvania will work to track the numbers of children and families at each of the steps illustrated in Figure 3.

Figure 3:CQI Check-Point Steps



Additionally, where practical, OCYF will collect information about why families are not accepted to a referred EBP, why they did not attend, or why they only partially completed the service. OCYF will also work to collect data available on race and ethnicity where available. By taking this approach, Pennsylvania looks to gain further understanding into:

- EBP referral patterns,
- Appropriateness of referrals,
- How well families' needs are assessed,
- How well families are matched to services to meet their needs,
- Variation in program completion rates and achievement of outcomes across providers,
- Challenges that impede families' ability to engage in programs; and
- Potential differences in black and brown families' experiences with the child welfare system in terms of the services they receive and the fit of these services to meet their needs.

At the state level, Pennsylvania will focus on monitoring the demonstrated outcomes for each EBP that are associated with the key drivers for foster care entry in Pennsylvania. Please also refer to Table 1, "Evidence-Based Services and Programs Selected from Title IV-E Clearinghouse" provided previously in this document for information on the selected outcomes of focus for each EBP included in the Pennsylvania's Five-Year Prevention Plan.

EBP Specific CQI, Fidelity Monitoring and Feedback Loops

Pennsylvania's approach to EBP specific CQI, fidelity monitoring and feedback loops is multi-faceted and involves activities at the EBP provider, CCYA and state levels. At the provider level, OCYF continues to collaborate with key entities who have established CQI and data collection practices already in place for many of the EBPs included in Pennsylvania's Five-Year Prevention Plan. Two of these entities who are key to Pennsylvania's Family First implementation include Penn State Evidence-Based Prevention and Intervention Support (EPIS) and the Pennsylvania DHS Office of Child Development and Early Learning (OCDEL).

The existence of strong implementation support frameworks to help support CQI and fidelity monitoring was part of the criteria considered in selecting the EBPs to be included in Pennsylvania's Five-Year Prevention Plan. Pennsylvania is fortunate to have a long history of implementation of several EBPs and as a result, benefits from the ability to leverage relationships with key parties who have a history of supporting the programs. The roles of the key parties who will support Pennsylvania's EBP specific CQI and fidelity monitoring activities are briefly detailed below.

Penn State EPIS

Penn State EPIS is a project housed within the Prevention Research Center at the Pennsylvania State University. The EPIS project has been funded since 2008 by the Pennsylvania Commission on Crime & Delinquency (PCCD). EPIS is a university-based intermediary organization that connects policy makers, researchers and real-world practice in order to improve outcomes for children, youth and families across Pennsylvania.

There are three initiatives at Penn State EPIS that offer technical assistance across different divisions:

1. The Systems Change Team provides technical assistance for data-driven prevention planning
2. The SPEP Team provides technical assistance for improving juvenile justice programs
3. The Implementation Specialist Team provides technical assistance on the implementation of programs for children, youth and families

The Implementation Specialist Team is dedicated to supporting the high-quality implementation and sustainability of evidence-based programs and practices across Pennsylvania. Over the last thirteen years, technical assistance has been provided by Implementation Specialists for a specific menu of programs. Programs included on the EPIS menu are: FFT, MST, IY, and Triple P (among others). These four evidence-based programs are listed on the Title IV-E Clearinghouse and included on Pennsylvania's Five-Year Prevention Plan. Due to the extensive knowledgebase, implementation resources, experience and relationships established over time, EPIS is well situated to provide support for the implementation and sustainability of programs implemented through the Family First Prevention Services Act in Pennsylvania.

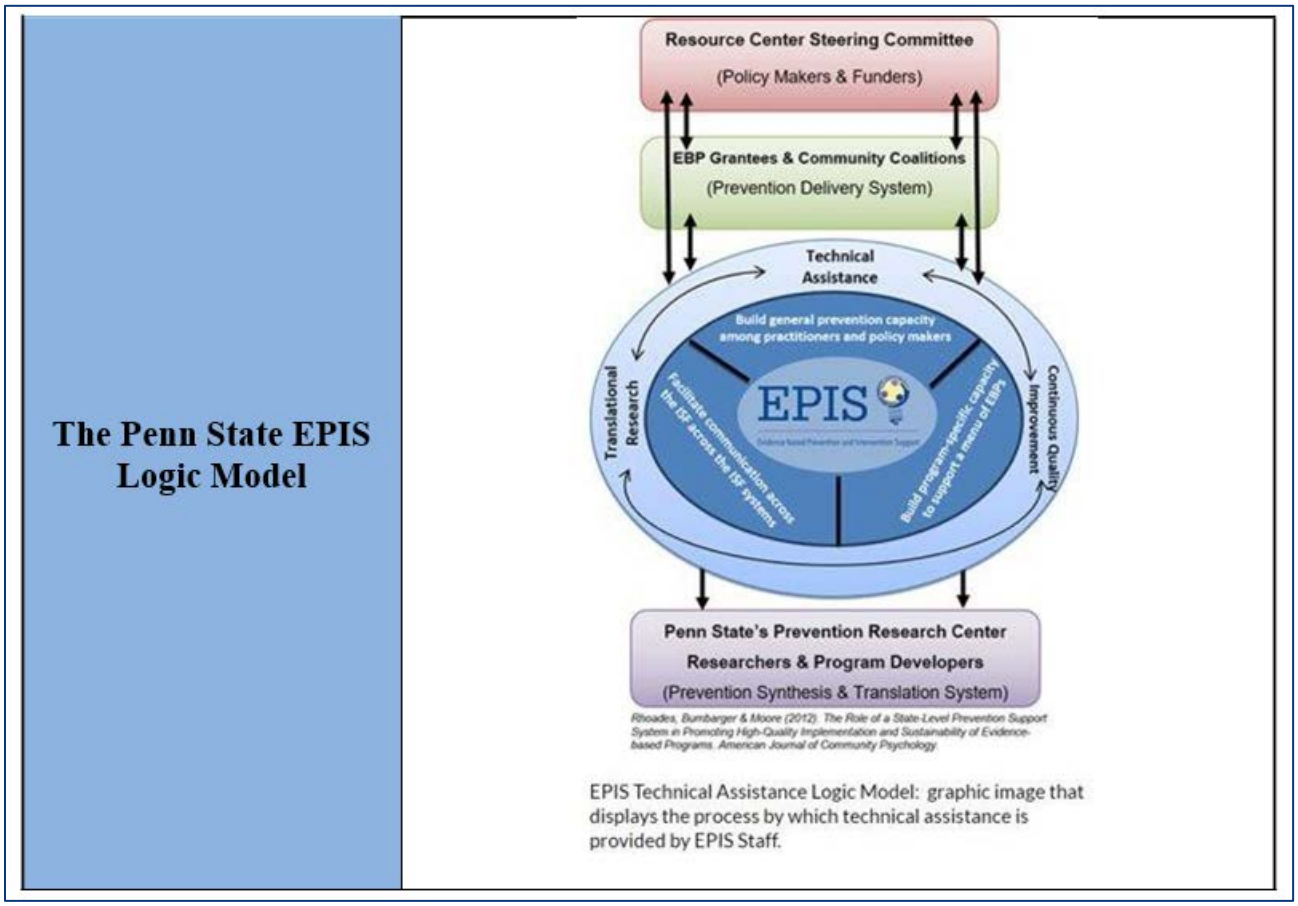
OCYF was able to leverage the expertise of EPIS during the regional convenings hosted in the fall of 2019 for all 67 county child welfare agencies and human service providers. EPIS provided a presentation on *Implementation Science on Scaling-Up and Sustaining Evidence-Based Programs*.

Penn State EPIS technical assistance includes:

- Providing consultation for evidence-based program providers,
- Facilitating learning communities,
- Coordinating statewide trainings,
- Hosting workshops and webinars,
- Creating implementation resources,
- Building standardized data collection tools and processes, and
- Assisting providers as they navigate program sustainability.

EPIS accomplishes this extensive outreach through a network of partnerships and collaborations with policy makers, evidence-based program developers as well as program providers across Pennsylvania. Figure 4 is an overview of Penn State EPIS Logic Model

Figure 4:Penn State EPIS Logic Model



While each evidence-based program and practice is very unique, so is the technical assistance (TA) provided for each of the models. The nature of the TA for each program is determined by the specific funding initiative and is guided to some extent by recommendations of the program developer. Table 2 highlights the technical assistance activities related to FFT, MST, IY, and Triple P.

Table 2: EPIS Technical Assistance Activities

OCDEL

Technical Assistance	FFT	MST	IY	Triple P
Meetings with Program Developer	Occurs, on average, every two months	Occurs, on average, every three months	Occurs, on average, every two months	Occurs, on average, every month
Consultation	EPIS provides consultation to FFT program providers.	N/A	EPIS provides consultation to IY program providers.	EPIS provides consultation to Triple P program providers.
Training	PCCD/EPIS offers supplemental funding to support the training of new FFT therapists.	PCCD/EPIS offers supplemental funding to support the training of new MST therapists.	EPIS coordinates statewide trainings to help reduce the cost for agencies in PA.	EPIS coordinates statewide trainings to help reduce the cost for agencies in PA.
Learning Community Meetings	FFT National Inc. and EPIS partner to host 2-3 statewide meetings for FFT Program Directors within a calendar year.	N/A	IY and EPIS partner to host 4-6 statewide meetings in a calendar year for program implementation staff.	• Triple P and EPIS partner to host 3-6 statewide meetings for Program Directors. • Triple P and EPIS partner to host monthly statewide meetings for Practitioners
Data Collection Tools & Resources	• FFT National Inc. provides the CSS as their online national data collection system. • EPIS creates implementation resources that is housed on their website.	• MST Services provides the MST Institute as their online national data collection system.	• EPIS has built tools and established a standardized data collection process for PA to evaluate process and outcome measures. • EPIS creates implementation resources that is housed on their website.	• EPIS has built tools and established a standardized data collection process for PA to evaluate process and outcome measures. • EPIS creates implementation resources that is housed on their website.
Continuous Quality Improvement	EPIS helps FFT providers in collecting data, measuring impact, and utilizing data to improve practices and future planning.	N/A	EPIS helps IY providers in collecting data, measuring impact, and utilizing data to improve practices and future planning.	EPIS helps IY providers in collecting data, measuring impact, and utilizing data to improve practices and future planning.
Communicating Program Impact	FFT National Inc. provides EPIS with annual fiscal year data and EPIS produces a statewide data highlights report.	MST Institute provides EPIS with annual fiscal year data and EPIS produces a statewide data highlights report.	EPIS creates templates for IY providers to communicate their program reach and impact to key stakeholders.	EPIS creates templates for Triple P providers to communicate their program reach and impact to key stakeholders.
Current Number of Program Providers on EPIS Listserv	9	12	44	46

Pennsylvania's Office of Child Development and Early Learning (OCDEL), Bureau of Early Intervention Services and Family Supports, oversees the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program in Pennsylvania and provides support to providers offering three EBPs selected for Pennsylvania's Five-Year Prevention Plan: NFP, PAT and HFA. There are thirty-five Local Implementing Agencies (LIAs) who report on CQI initiatives and activities to OCDEL, however five of the programs are non-MIECHV funded NFP programs. Due to COVID there are some agencies who have paused their work on CQI to focus on staffing problems because they do not have the capacity to perform services for families and work on CQI. They are working to hire staff, though this proves to be an issue, and have the permission to not do CQI projects so that services to families are not impacted.

The Family Support Team follows the federal requirements for CQI reporting, which have been established by the Health Resources Services Administration (HRSA). HRSA requires Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program grantees to

collect certain data and report on their program's performance through annual and quarterly performance reporting, to develop and implement plans for CQI and to meet certain statutory requirements related to demonstrating improvement in at least four of six benchmark areas and implementing data exchange standards for improved interoperability. MIECHV also promotes rigorous evaluation at the national and local levels and supports research infrastructure in the field.

Through June 30th, 2022, only MIECHV and a small number of NFP grantees in Pennsylvania will be required to report on CQI. After June 30th, 2022, all programs awarded through the Family Support Request for Application (RFA) will be required to participate in CQI implementation and reporting. OCDEL will roll out CQI in cohorts categorizing those awarded based on experience with CQI and data collection. OCDEL recognizes that to fully support CQI initiatives and Pennsylvania families, a variety of services and resources are needed. The CQI Lead works individually with all thirty-five local CQI Teams to provide individualized resources or TA to local CQI Teams to overcome the barriers they are facing in their CQI projects. CQI Teams are provided the Plan-Do-Study-Act templates, and the document is reviewed with teams so that the CQI Team understands the expectations with CQI related projects.

Starting July 1, 2019, all OCDEL funded Family Support programs and Home Visiting programs were required to use the *PA Home Visiting Data Collection System* to collect demographics and performance measures. The data system was developed to limit the amount of data collection errors, and OCDEL has live access to the data being entered by the local implementing agencies (LIA)s. Automated reports are being developed to help LIAs benefit from the data available. A demographic data report provides LIAs with aggregate data for all demographic points collected in the data system for a chosen reporting period. An added benefit of the *PA Home Visiting Data Collection System* is that CQI Teams are able to request and access data reports to further inform their work. LIAs can request the specific data points that they need for their CQI work, such as performance measure results over a given period.

Because of the *PA Home Visiting Data Collection System*, the Family Support Team can troubleshoot any questions or errors. The Family Support Team meets weekly, however due to the COVID-19 Pandemic the meetings have been in a virtual format. Data and CQI are standing agenda items, the MIECHV CQI Lead and MIECHV Data Lead discuss important updates with the Family Support Team and highlight the ongoing work of LIAs.

CCYAs

At the county level, CCYAs must participate in the following activities as part of the plan for implementing the Family First program monitoring and EBP specific CQI requirements:

- Engage in required evaluation activities at the request of OCYF for EBPs being used by the CCYA that are rated as promising or supported on the Federal Title IV-E Prevention Services Clearinghouse.
- Report on CCYA procedures for monitoring model fidelity for EBPs as part of the county NBPB submission.
- Determine the specific outcomes the CCYA hopes to achieve using each EBP and the data or information the CCYA will use to monitor achievement of these outcomes. This information will be requested as part of the NBPB.

- Establish clear data sharing policies as part of contracts with EBP providers to ensure the CCYA can obtain child specific data for children and families served by the CCYA who are receiving EBPs that is critical for county evaluation and monitoring activities.

As Pennsylvania is a state-supervised, county administered system, gathering information through the NBPB process about fidelity monitoring and quality improvement efforts at the local level helps OCYF:

- Confirm each county has an awareness of existing fidelity measures associated with the EBPs they are using and the fidelity monitoring activities occurring at the provider level;
- Understand how counties are matching services to needs and anticipated outcomes the county hopes to achieve through use of specific EBPs;
- Encourage counties to take a greater role in requesting data and information from provider fidelity monitoring activities to inform county monitoring of the service; and
- Collect data and information about what individual provider fidelity monitoring and individual county monitoring looks like for each EBP so similarities, differences, gaps and best practices can be identified.

University of Pittsburgh Child Welfare Resource Center

The Pennsylvania Child Welfare Resource Center (CWRC) is a collaborative effort between the University of Pittsburgh, School of Social Work, the Pennsylvania Department of Human Services, and the Pennsylvania Children and Youth Administrators. The CWRC is centrally managed and regionally administered by the University of Pittsburgh, School of Social Work. The CWRC provides a continuum of services designed to facilitate and sustain positive change in the child welfare system. The CWRC services include training, transfer of learning, technical assistance, research and evaluation, project management and organizational development.

Primary CWRC strategies include:

- Conducting research and evaluation
- Providing consultation and support
- Developing and revising tools, materials and curricula
- Training child welfare professionals
- Integrating youth and family engagement
- Advocating for policy and practice improvements
- Developing and implementing a quality improvement process
- Organizing and sponsoring events
- Providing resource coordination

The Research and Evaluation Department and Statewide Quality Improvement Department at the CWRC play an integral role in Pennsylvania's current CQI system for child welfare. These Departments will continue to be key in Pennsylvania's implementation of Family First by providing support and coordination for the statewide CQI approach overall in partnership with the OCYF CQI Unit. The CWRC Research and Evaluation Team will serve as the leads for the evaluation of two of the EBPs selected for Pennsylvania's Five-Year Prevention Plan, IY and Triple P.

EBP Specific Efforts

Multi-Systemic Therapy (MST)

MST is a well-established program in Pennsylvania with approximately 50 CCYAs receiving financial support for the program through the NBPB Special Grants program. Model fidelity is monitored through activities supported by the program developer. MST, at the national level, has layered support systems for providers, an online data collection system where fidelity and outcome data are tracked and monitored, and national level coordinated trainings. Implementation support is available from either MST Services or from MST training organizations called Network Partner organizations. Fidelity measures include quality assurance support activities that focus on monitoring and enhancing program outcomes through increasing therapist adherence to the model. Two MST fidelity measures include The Therapist Adherence Measure Revised (TAM-R) and the Supervisor Adherence Measure (SAM). Providers begin the process by having a MST pre-implementation done by MST Services to assess readiness. MST providers complete a Program Implementation Review (PIR) every six months to assess for strengths and needs and to develop goals for the team to work on to address needs and areas of drift from the model.

To support continued implementation of MST in Pennsylvania for Family First, OCYF will collaborate with Penn State EPIS to leverage the existing technical assistance structure. There are currently 12 MST providers representing 43 teams who are working with EPIS. MST Institute provides EPIS with annual fiscal year data and EPIS produces a statewide data highlights report.

Under the existing model, Penn State EPIS's technical assistance for the MST providers in Pennsylvania includes:

- Meetings with program developer approximately every three months,
- Provision of supplemental funding to support the training of new MST therapists, and
- Helps coordinate/host statewide meetings as needed.

At the county level, many CCYAs receive local MST data yearly from their MST providers. As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- Procedures for ensuring the EBP is being implemented with fidelity to the model,
- Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- Data and information the CCYA will use to monitor outcome success.

This information is submitted to OCYF through the CCYA's annual NBPB submission and analyzed by OCYF. County specific examples of provider and/or CCYA monitoring efforts for MST include, but are not limited to:

- Joint CCYA fiscal and program onsite periodic audits of MST providers with a sample of cases pulled from invoices to look at programmatic and fiscal compliance at the same time.
- Assigning a CCYA contract administrator who closely monitors program outcomes to ensure they are being met, with the providers submitting data on a quarterly basis.

- Joint meetings held every six weeks between the CCYA, Juvenile Probation Office, behavioral health managed care organization and provider to discuss service delivery, strengths and challenges, and to review new referrals, current cases and to review both successful and unsuccessful discharges.
- MST providers must submit weekly contact notes and participate in scheduled case reviews with the county quality assurance department.

With regards to MST, Pennsylvania has selected to focus on monitoring outcomes linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes of focus for monitoring for MST will be related to child behavioral and emotional functioning, parent mental health and improving positive parenting practices. As MST has been shown to promote child permanency, Pennsylvania also will focus on outcomes related to improving permanency. OCYF and the CWRC will work with the MST Network Director for Pennsylvania to identify the specific data and outcome information available at the provider level to inform monitoring efforts for Family First. OCYF and the CWRC will also collaborate with CCYAs where necessary to obtain any administrative data needed to support outcome monitoring.

Existing feedback loops will continue to be utilized at all levels to support CQI efforts and fidelity monitoring for MST. At the provider level, current feedback loops between the providers, model developer, and TA provider EPIS, allow for data and information collected through fidelity monitoring activities to support continued refinement of practice. At the CCYA level, information collected regarding model fidelity and outcomes is generally shared with the CCYA by the provider, which is then used as part of the CCYA contract monitoring efforts. Each CCYA may also establish different processes for facilitating communications with the provider and other relevant parties to review the data and information with the provider. At the state level, information gathered through the state Family First CQI approach and relevant data available through EBP specific monitoring efforts will be shared – at a minimum – with applicable bodies within the Family First governance structure, including the FFIT and the PA Child Welfare Council. This information will be used to inform understanding of implementation progress, challenges and promising practices, quality of service delivery, and achievement of program outcomes. This information also will help inform decisions about continued use and/or expansion of MST in Pennsylvania, and recommendations as to what interventions at the state, CCYA or provider level may be needed to help ensure MST is implemented with fidelity to remain effective for the populations served by the CCYAs.

Functional Family Therapy (FFT)

FFT is an already established program in Pennsylvania with approximately 12 CCYAs receiving financial support for the program through the NBPB Special Grants program. FFT National, Inc. requires intensive procedures for monitoring quality of implementation on a continuous basis. Information is captured from multiple perspectives (family members, therapists, and clinical supervisors). The two measures that are utilized to represent therapist fidelity to the model are the Weekly Supervision Checklist and the Global Therapist Ratings (GTR). Following every clinical staffing, the clinical supervisor completes a fidelity rating for the case that was reviewed for each therapist. This fidelity rating reflects the degree of adherence and competence for that therapist's work in that case in a specific session. Thus, the weekly

supervision ratings are not global, but specific to a single case presentation. Over the course of the year, a therapist may receive up to 50 ratings, which provides the supervisor with critical information about the therapist's progress in implementing FFT. Three times a year, the clinical supervisor rates each therapist's overall adherence and competence in FFT. The GTR specifically targets time period measures with the hope of displaying therapist growth. FFT National, Inc. provides the client services system (CSS) which is their online national data collection system.

To support continued implementation of FFT in Pennsylvania for Family First, OCYF will collaborate with Penn State EPIS to leverage the existing technical assistance structure. There are currently 6 FFT providers representing 7 teams that are working with EPIS. FFT National Inc. provides EPIS with annual fiscal year data and EPIS produces a statewide data highlights report.

Under the existing model, Penn State EPIS's technical assistance for the FFT providers in Pennsylvania includes:

- Meetings with program developer approximately every two months,
- Consulting with FFT program providers,
- Supporting the training of new FFT therapists through supplemental funding,
- Hosting 2-3 statewide learning community meetings in collaboration with FFT National, Inc. for FFT Program Directors within a calendar year,
- Creation of FFT implementation resources that are housed on EPIS's website, and
- Helping FFT providers in collect data, measure impact, and utilize data to improve practices and future planning.

With regards to FFT, Pennsylvania has selected to focus on monitoring FFT outcomes linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes of focus for monitoring for FFT will be related to child behavioral and emotional functioning. OCYF and the CWRC will work with the Pennsylvania FFT National Trainer and Consultant to identify the data and outcome information available at the developer and provider level to inform monitoring efforts for Family First. OCYF and the CWRC also will collaborate with CCYAs, where necessary, to obtain administrative data needed to support outcome monitoring.

At the county level, many CCYAs receive local FFT data yearly or during their provider reviews. As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- Procedures for ensuring the EBP is being implemented with fidelity to the model,
- Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- Data and information the CCYA will use to monitor outcome success.

This information is submitted to OCYF through the CCYA's annual NBPB submission and analyzed. County specific examples of provider and/or CCYA monitoring efforts for FFT include, but are not limited to:

- Quarterly meetings between CCYA, JPO, FFT provider and behavioral health Medicaid managed care organization to review and discuss FFT data and outcome reports, evaluate provider capacity, and address concerns or barriers;

- Utilizing CCYA CQI division to conduct quality reviews of contracted FFT providers using a tool developed by the CCYA to monitor compliance with the executed contract, which focus on the programmatic areas of service;
- CCYAs working with their behavioral health Medicaid managed care organization to ensure contracts with FFT providers require the providers to contract with the model developer for ongoing training and consultation to ensure program integrity and fidelity.

Existing feedback loops will continue to be utilized at all levels to support CQI efforts and fidelity monitoring for FFT. At the provider level, current feedback loops between the providers, model developer, as well as with TA provider EPIS, allow for data and information collected through fidelity monitoring activities to support continued refinement of practice. At the CCYA level, information collected regarding model fidelity and outcomes is generally shared with the CCYA by the provider, which is then used as part of the CCYA contract monitoring efforts. Each CCYA also may establish different processes for facilitating communications with the provider and other relevant parties to review the data and information with the provider. At the state level, information gathered through the state Family First CQI approach and relevant data available through EBP specific monitoring efforts will be shared – at a minimum – with applicable bodies within the Family First governance structure, including the FFIT, and the PA Child Welfare Council. This information will be used to inform understanding of implementation progress, challenges and promising practices, quality of service delivery, and achievement of program outcomes. This information also will help inform decisions about continued use and/or expansion of FFT in Pennsylvania, and recommendations as to what interventions at the state, CCYA or provider level may be needed to help ensure FFT is implemented with fidelity to remain effective for the populations served by the CCYAs.

Incredible Years (IY)

Use of IY has continued to grow across Pennsylvania over the past few years. Approximately 10 CCYAs receive financial support for the program through the NBPB Special Grants program. To ensure Incredible Years is implemented with fidelity, the program developer offers a robust training process that uses empirically validated training methods. The training process includes session protocols, detailed leader's manuals, self-study videos, books, coaching, mentoring and in-person consultation workshops.

As noted in the Title IV-E Clearinghouse program description, IY offers a 3-day in-person training for group leaders which is required for group leaders who plan to become certified. It is recommended that at least one of the two leaders working with a group has a master's degree or comparable education/background. Group leaders who have attended training can become certified by demonstrating positive participant evaluations, positive trainer/mentor evaluations of videotape review, positive peer review, and satisfactory completion of session protocols. Additionally, they should have taken at least one course in child development or social learning theory.

To support continued implementation of IY in Pennsylvania for Family First, OCYF will collaborate with Penn State EPIS to leverage the existing technical assistance structure. There are currently 44 IY sites in Pennsylvania across 26 counties working with Penn State EPIS.

Under the existing model, Penn State EPIS's technical assistance for the IY providers in Pennsylvania includes:

- Meeting with program developer approximately every two months,
- Consulting with IY program providers,
- Coordinating statewide trainings to help reduce the cost for agencies in Pennsylvania,
- Collaborating with IY to host 4-6 statewide learning community meetings in a calendar year for program implementation staff,
- Building tools and establishing a standardized data collection process for Pennsylvania to evaluate process and outcome measures,
- Creating IY implementation resources that are housed on EPIS's website,
- Helping IY providers in collecting data, measuring impact, and utilizing data to improve practices and future planning, and
- Creating templates for IY providers to communicate their program reach and impact to key stakeholders.

IY sites that receive grant funding through PCCD are required to collect, monitor and report on IY data. Non-grantees can utilize the same processes with the assistance of EPIS. Specifically related to IY, Penn State EPIS supports IY sites in collecting process and outcome measures. Examples of process measures collected include:

- Number of participants who completed at least 75% of the program.
- Number of reports to the collaborative board.
- Number of program participants that completed pre and post surveys.
- Number of fidelity observations conducted.
- Number of fidelity observations that met minimum fidelity.

Examples of outcome measures collected include:

- Decreased harsh discipline
- Decreased inconsistent discipline
- Increased appropriate discipline
- Increased positive parenting
- Increased Clear Expectations

This information is captured using:

- Internal Tracking Documents
- Demographic Forms
- Pre and Post Surveys
- Program-Specific Fidelity Checklists
- Data Tools

With regards to IY, Pennsylvania has selected to focus on monitoring IY outcomes linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes of focus for monitoring for IY will be related to child safety and improving positive parenting practices. OCYF and the CWRC are working with EPIS to identify the data and outcome information available for IY to inform monitoring efforts for Family First. OCYF and the CWRC will also collaborate with CCYAs, where necessary, to obtain any administrative data needed to support outcome monitoring.

As the two IY versions implemented in Pennsylvania for Family First (Toddler Basic and School Age Basic) are both rated as promising on the Title IV-E Clearinghouse, the CWRC will help Pennsylvania support a rigorous program evaluation. Further details are outlined in Incredible Years – Toddler Basic (IY-TB) and Incredible Years – School Age Basic (IY-SAB) sections of this document.

As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- Procedures for ensuring the EBP is being implemented with fidelity to the model,
- Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- Data and information the CCYA will use to monitor outcome success.

This information is submitted to OCYF through the CCYA's annual NBPB submission and analyzed. County specific examples of provider and/or CCYA monitoring efforts for IY include, but are not limited to:

- At the provider level, the IY supervisor will meet with the staff weekly to ensure compliance to IY regulations, billing, enrollment and case management. Through these supervision sessions, files will be checked for completion and model fidelity plans will be developed in order to send to the IY national office. Videos of home visits will also be completed and sent to the IY national office for model fidelity and compliance. The IY staff will also attend monthly staff meetings. IY will utilize all forms developed by the IY national office to ensure model fidelity.
- The CCYA will receive quarterly reports from the provider with data pertaining to number of sessions, number of children, number of families, where sessions were held, and outcomes from surveys.
- The provider, by contract, submits outcome measures to the CCYA quarterly and these are discussed at the quarterly review meetings as well as all other issues related to the program.
- The IY providers are monitored by the CCYA's CQI Department. The program oversight staff meet with the providers quarterly throughout the year to discuss the program and discuss opportunities for improvements. These forums are used to discuss the IY data and outcomes reports, as well as to evaluate provider capacity, and to address any concerns or barriers. Routine CQI Monitoring Reviews are conducted to ensure the program is fulfilling their obligations as outlined in their program descriptions as well as to ensure continued fidelity to the model.

Existing feedback loops will continue to be utilized at all levels to support CQI efforts and fidelity monitoring. Penn State EPIS supports data collection and analysis to help provider's practice assessments and hosts learning communities for IY program implementation staff. At the CCYA level, information collected regarding model fidelity and outcomes is generally shared with the CCYA by the provider, which is then used as part of the CCYA contract monitoring efforts. Each CCYA may also establish different processes for facilitating communications with the provider and other relevant parties to review the data and information with the provider.

At the state level, information gathered through the state Family First CQI approach and relevant data available through EBP specific monitoring efforts will be shared – at a minimum – with applicable bodies within the Family First governance structure, including the FFIT, and the

PA Child Welfare Council. This information will be used to inform understanding of implementation progress, challenges and promising practices, quality of service delivery, and achievement of program outcomes. This information also will help inform decisions about continued use and/or expansion of IY in Pennsylvania, and recommendations as to what interventions at the state, CCYA or provider level may be needed to help ensure IY is implemented with fidelity to remain effective for the populations served by the CCYAs.

Postitive Parenting Program (Triple P)

Approximately 11 CCYAs currently receive financial support for Triple P through the NBPB Special Grants program. Triple P fidelity standards at the program developer level are largely based upon practitioner accreditation requirements. Triple P has three quality assurance or fidelity processes identified by the program developer:

- Practitioner accreditation, which certifies that practitioners can deliver Triple P as intended,
- Session checklists, which can be assessed by practitioners themselves or by supervisors, and
- Peer support networks, such as PASS, during which practitioners review cases and obtain feedback from other practitioners.

Triple P implementation consultants can help agencies develop additional processes for measuring fidelity that are consistent with an agency's existing oversight procedures. Examples include debriefing with families after completing the program, video recording sessions and coding practitioners' behaviors, and conducting site visits and chart reviews. Triple P America recommends that agencies collect pre- and post-service delivery information to inform implementation of Triple P and to serve as a framework for research and evaluation.

As noted in the Title IV-E Clearinghouse program description, all Triple P-Group and Triple-P Standard practitioners must complete a 3-day training program. This training covers topics such as applying parenting strategies, identifying risk and protective factors in families, facilitating active skills training with groups, and making referrals. Practitioners must also participate in a 1-day pre-accreditation workshop where they practice specific competencies and receive individualized feedback. Then, 6 to 8 weeks later, practitioners complete a half-day accreditation workshop in which they pass a written exam and demonstrate proficiency in key competency areas.

To support continued implementation of Triple P in Pennsylvania for Family First, OCYF will collaborate with Penn State EPIS to leverage the existing technical assistance structure. There are currently 43 Triple P sites in Pennsylvania covering 24 counties working with Penn State EPIS. Under the existing model, Penn State EPIS's technical assistance for Triple P includes:

- Meetings with program developer approximately every month,
- Consulting with Triple P program providers,
- Coordinating statewide trainings to help reduce the cost for agencies in Pennsylvania,
- Collaborating with Triple P to host 3-6 statewide meetings for program directors,
- Collaborating with Triple P to host monthly statewide meetings for practitioners,

- Building tools and establishing a standardized data collection process for Pennsylvania to evaluate process and outcome measures,
- Creating implementation resources that are housed on EPIS's website,
- Helping Triple P providers in collecting data, measuring impact, and utilizing data to improve practices and future planning, and
- Creating templates for IY providers to communicate their program reach and impact to key stakeholders.

Triple P sites that receive grant funding through PCCD are required to collect, monitor and report on Triple P data. Non-grantees can utilize the same processes with the assistance of EPIS. Specifically related to Triple P, EPIS supports Triple P sites in collecting process and outcome measures. Examples of process measures collected include:

- Number of caregivers that successfully completed Triple P.
- Number of caregivers that completed 75% of the program.
- Number of caregivers who completed Pre and Post Surveys (PAFAS and SDQ)
- Number of Fidelity Observations conducted.
- Number of Fidelity Observations that met minimum fidelity

Examples of outcome measures include:

Number of caregivers with:

- Improved overall parenting practices.
- Improved parental consistency.
- Decreased coercive parenting.
- Improved positive encouragement.
- Improved parent-child relationship

This information is captured using:

- Internal Tracking Documents
- Demographic Forms
- Pre and Post Surveys
- Program-Specific Fidelity Checklists
- Data Tools

With regards to Triple P, Pennsylvania has selected to monitor Triple P outcomes linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes of focus for monitoring for Triple P will be related to child behavioral and emotional functioning, improving positive parenting practices and parent mental health. OCYF and the CWRC are working with EPIS to identify the data and outcome information available for Triple P to inform monitoring efforts for Family First. OCYF and the CWRC also will collaborate with CCYAs, where necessary, to obtain any administrative data needed to support outcome monitoring.

As the two Triple P versions implemented in Pennsylvania under Family First (Toddler Basic and School Age Basic) are both rated as promising on the Title IV-E Clearinghouse, the CWRC will help Pennsylvania support a rigorous program evaluation. Further details are

outlined in the and Triple P Positive Parenting Program – Level 4 Group sections of this document.

As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- Procedures for ensuring the EBP is being implemented with fidelity to the model,
- Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- Data and information the CCYA will use to monitor outcome success.

This information is submitted to OCYF through the CCYA's annual NBPB submission and analyzed. County specific examples of provider and/or CCYA monitoring efforts for Triple P include, but are not limited to:

- The provider works with Penn State's EPIS and Triple P America implementation staff to monitor implementation and model fidelity. The goal is for providers to observe 20% of the sessions taught to assess model fidelity for Triple P with minimum fidelity defined as having conducted at least 75% of the program as designed by the developer. The provider submits attendance and outcome reports to the CCYA upon completion of the group or individual program and participates in any long-term follow-up requirements of the county.
- The service is monitored monthly by the CCYA assistant director. The provider tracks the names of children whose caregivers completed Triple P during the previous fiscal year and provides the CCYA with this list of names and completion dates to determine if any of the children on the list had an indicated child abuse report or were opened for protective or placement services within one year after their family completed Triple P. Information will be collected on a quarterly basis and submitted by the provider to the CCYA in full annually CYS within one year after their family completed Triple P.
- At the provider level, each Triple P counselor collects data and assessments from the parents, youth and families. The information is then entered by data tracking staff into an Excel spreadsheet. The program director, counselors and clinical director review the information monthly to ensure accuracy. The data is also cross referenced during monthly and quarterly meetings with the CCYA and JPO. At the end of each year, the CCYA collects factual data from their system to look at every family who received Triple P to see if there have been any out-of-home placements, substantiated abuse, or the family is currently open with CYF.

Existing feedback loops will continue to be utilized at all levels to support CQI efforts and fidelity monitoring. Penn State EPIS supports data collection and analysis to help provider practice assessment and provides learning communities for Triple P program directors and practitioners. At the CCYA level, information collected regarding model fidelity and outcomes is generally shared with the CCYA by the provider, which is then used as part of the CCYA contract monitoring efforts. Each CCYA may also establish different processes for facilitating communications with the provider and other relevant parties to review the data and information with the provider. At the state level, information gathered through the state Family First CQI approach and relevant data available through EBP specific monitoring efforts will be shared – at a minimum – with applicable bodies within the Family First governance structure, including the FFIT, and the PA Child Welfare Council. This information will be used to inform understanding of implementation progress, challenges and promising practices, quality of service delivery, and achievement of program outcomes. This information will also help inform

decisions about continued use and/or expansion of Triple P in Pennsylvania, and recommendations as to what interventions at the state, CCYA or provider level may be needed to help ensure Triple P is implemented with fidelity to remain effective for the populations served by the CCYAs.

Parents as Teachers

Parents as Teachers is another well-established EBP in Pennsylvania with approximately 19 CCYAs receiving financial support for Triple P through the NBPB Special Grants program. Across Pennsylvania, there are 57 Parents as Teachers affiliates and the program is used in a variety of settings. Parents as Teachers programs have been operating in Pennsylvania since 1992 and OCYF reports annually to ACF about the program through the APSRs as it has been a key support in Pennsylvania's family support services continuum.

As outlined on the Parents as Teachers national website, an organization must be designed to meet the Parents as Teachers model fidelity requirements known as Essential Requirements. These requirements address affiliate leadership, staffing, services to families and evaluation. Annually, affiliates report implementation and service data to confirm they are meeting or exceeding the minimum levels for each of the Essential Requirements. The program also has Quality Standards that provide a foundation for high quality service delivery. Additionally, all Parents as Teachers affiliates complete the Quality Endorsement and Improvement Process (QEIP) every five years. The Parents as Teachers model requires that affiliates implement a family-centered needs assessment. Parents as Teachers recommends using one of three tools that address all required areas:

1. The Life Skills Progression
2. The Family Map
3. The Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment

The Pennsylvania PAT state office at the Center for Schools and Communities provides implementation support to programs through site visits, phone consultations, monthly webinars, newsletters and professional development in local workshops and regional and statewide settings, as well as PAT National Center developed core certification courses. Pennsylvania PAT is part of Pennsylvania Family Support Stakeholders Committee and the Family Centers network and collaborates with other evidence based-home visiting models.

To support continued implementation of Parents as Teachers in Pennsylvania for Family First, OCYF will collaborate with OCDEL to leverage the existing data collection and CQI support structures.

With regards to Parents as Teachers, Pennsylvania has selected to focus on monitoring Parents as Teachers outcomes linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes of focus for monitoring for Parents as Teachers will be related to children's social functioning and child safety. OCYF and the CWRC are working with OCDEL to identify the data available through OCDEL's *PA Home Visiting Data Collection System* to inform monitoring efforts for Family First. OCYF and the CWRC also will collaborate with CCYAs, where necessary, to obtain administrative data needed to support outcome monitoring.

As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- Procedures for ensuring the EBP is being implemented with fidelity to the model,
- Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- Data and information the CCYA will use to monitor outcome success.

This information is submitted to OCYF through the CCYA's annual NBPB submission and analyzed. County specific examples of provider and/or CCYA monitoring efforts for Parent's as Teachers include, but are not limited to:

- The Family Center, where Parents as Teachers is delivered, monitors fidelity in multiple ways. Supervisors meet with each staff person monthly for a two hour reflective supervision. A report is generated from the data system prior to each meeting. This report contains information on child screenings, family assessments, resources, family goals and the number of visits that were completed. On a quarterly basis, random files are reviewed to assess each of the Essential Requirements using a file review tool that was developed by Parents as Teachers.
- The provider utilizes the Parents as Teachers data system, Penelope, to pull service reports to check on how well the program is meeting the metrics of the program. The CCYA will be reviewing case data to determine if the program is achieving the desired outcomes
- The CCYA assigns a program liaison who meets with the provider staff to ensure compliance with contract expectations and requirements. The CCYA also has a policy to ensure the program is reviewed and monitored in line with expectations for in-home services contracts. The provider has the Family Development specialists maintain both electronic and hard copy family files. These files are reviewed by the CCYA as part of the provider review and the documentation includes, but is not limited to, the service history record, personal visit record, personal visit records, group connection attendance, child screening summaries, family assessments, goal tracking and resource connections.
- Case reviews are facilitated by the CCYA Program Specialist responsible for program oversight quarterly and minimum. These reviews include the participation of CCYA staff and provider staff. Additionally, joint fiscal and program on-site audits are performed periodically with case samples pulled from invoices for programmatic and fiscal compliance. Outcomes are measured through an analysis of program reports, county case management system data, AFCARS and other internal data collection.

Existing feedback loops will continue to be utilized at all levels to support CQI efforts and fidelity monitoring. Both the program developer and OCDEL serve as sources for program data that can be used to refine implementation of the Parents as Teachers model. At the CCYA level, information collected regarding model fidelity and outcomes is generally shared with the CCYA by the provider, which is then used as part of the CCYA contract monitoring efforts. Each CCYA also may establish different processes for facilitating communications with the provider and other relevant parties to review the data and information with the provider. At the state level, information gathered through the state Family First CQI approach and relevant data available through EBP specific monitoring efforts will be shared – at a minimum – with applicable bodies within the Family First governance structure, including the FFIT, and the PA Child Welfare Council. This information will be used to inform understanding of implementation

progress, challenges and promising practices, quality of service delivery, and achievement of program outcomes. This information also will help inform decisions about continued use and/or expansion of Parents as Teachers in Pennsylvania, and recommendations as to what interventions at the state, CCYA or provider level may be needed to help ensure Parents as Teachers is implemented with fidelity to remain effective for the populations served by the CCYAs.

Nurse Family Partnership (NFP)

NFP has been in Pennsylvania since 1999 and serves families in approximately 50 counties with 21 network partners. Approximately 11 CCYAs currently receive funding to support NFP through the NBPB Special Grants program. At the program developer level, NFP requires strict adherence to their 19 Model Elements to ensure fidelity of the NFP model. Before becoming a NFP Network Partner, there must be an assurance by the applying agency of its intention to deliver the program with fidelity to the model. NFP also has a robust data collection system. Nurses collect client and home visit data as specified by the NFP National Service Office and all data is sent to the national database. The NFP National Service Office reports out data to agencies to assess and guide program implementation. Network partners use these reports to monitor, identify and improve variances to ensure fidelity to the NFP model. In Pennsylvania, data is provided to Pennsylvania's NFP representative and OCDEL to ensure model fidelity. Monthly and quarterly reports are required as well as an annual CQI project.

To support continued implementation of NFP in Pennsylvania for Family First, OCYF will collaborate with OCDEL to leverage the existing data collection and CQI support structures.

With regards to NFP, Pennsylvania has selected to monitor NFP outcomes linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes of focus for monitoring for NFP will be related to child safety as well as economic and housing stability. OCYF and the CWRC are working with OCDEL to identify the data available through OCDEL's *PA Home Visiting Data Collection System* to inform monitoring efforts for Family First. OCYF and the CWRC also will collaborate with CCYAs where necessary to obtain administrative data needed to support outcome monitoring.

As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- Procedures for ensuring the EBP is being implemented with fidelity to the model,
- Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- Data and information the CCYA will use to monitor outcome success.

This information is submitted to OCYF through the CCYA's annual NBPB submission and analyzed. County specific examples of provider and/or CCYA monitoring efforts for NFP include, but are not limited to :

- The NFP program that contracts with the CCYA receives annual auditing by the state and national NFP office. In addition, the staff participate in monthly conference calls to discuss fidelity to the model quarterly. The CCYA CQI department has oversight responsibilities for the contract with the NFP service provider. Semi-annual meetings

are conducted with the NFP staff to discuss capacity, waitlists, areas of strengths and concern, as well as conducting a review of the annual outcome report. The annual outcome report review allows for discussion surrounding the strategic plan for NFP in the following year.

- The NFP Provider submits quarterly reports on meeting with the clients to the CCYA and participates in interim discussions with the CCYA between reporting.
- Program fidelity is monitored by the local Home Nursing Agency which serves as the administrative organization for NFP across six counties in the local geographic region. Somerset County is now included in their service area. The agency reports directly to the National Service Office for NFP which oversees fidelity monitoring for all NFP programs in the United States. The 19 NFP Model Elements as well as several outcomes are tracked, reported, and monitored by the National Service Office on a quarterly basis and shared with the Home Nursing Agency to maintain fidelity and achieve program goals. This information is regularly shared with the CCYA to support CCYA contract monitoring efforts.

Existing feedback loops will be utilized at all levels to support CQI efforts and fidelity monitoring. Both the program developer and OCDEL serve as sources for program data that are used to refine NFP implementation. At the CCYA level, information collected regarding model fidelity and outcomes is generally shared with the CCYA by the provider, which is then used as part of the CCYA contract monitoring efforts. Each CCYA also may establish different processes for facilitating communications with the provider and other relevant parties to review the data and information with the provider. At the state level, information gathered through the state Family First CQI approach and relevant data available through EBP specific monitoring efforts will be shared – a minimum – with applicable bodies within the Family First governance structure, including the FFIT, and the PA Child Welfare Council. This information will be used to inform understanding of implementation progress, challenges and promising practices, quality of service delivery, and achievement of program outcomes. This information also will help inform decisions about continued use and/or expansion of NFP in Pennsylvania, and recommendations as to what interventions at the state, CCYA or provider level may be needed to help ensure NFP is implemented with fidelity to remain effective for the populations served by the CCYAs.

Healthy Families America

Approximately six CCYAs currently receive funding to support HFA through the NBPB Special Grants program. At the program developer level, HFA requires implementing sites to use the HFA Best Practice Standards and to demonstrate fidelity to the standards through periodic accreditation site visits. The HFA Best Practice Standards serve as both the guide to model implementation and as the tool used to measure adherence to model requirements. All HFA affiliated sites are required to complete a self-study that illustrates current site policy and practice, and an outside, objective peer review team uses this in conjunction with a multi-day site visit to determine the site's rating of exceeding, meeting or not yet meeting for each of the standards.

As noted on the Title IV-E Clearinghouse description of HFA, the HFA National Office offers several trainings for HFA staff. All staff are required to attend a four-day core training

that is specialized based on role (assessors, home visitors, and supervisors). Supervisors attend one additional day for the core training and an optional three days of training that focuses on building reflective supervision skills. Program managers are required to attend core training plus three days of training focused on how to implement the model to fidelity using HFA's Best Practice Standards. HFA also offers supplemental online training, advanced trainings, and on-site technical assistance.

To support continued implementation of HFA in Pennsylvania for Family First, OCYF will collaborate with OCDEL to leverage the existing data collection and CQI support structures.

With regards to HFA, Pennsylvania has selected to monitor HFA outcomes linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes of focus for HFA monitoring will be primarily related to child safety. OCYF and the CWRC are working with OCDEL to identify the data available through OCDEL's *PA Home Visiting Data Collection System* to inform monitoring efforts for Family First. OCYF and the CWRC will also collaborate with CCYAs, where necessary, to obtain any administrative data needed to support outcome monitoring.

As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- Procedures for ensuring the EBP is being implemented with fidelity to the model,
- Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- Data and information the CCYA will use to monitor outcome success.

This information is submitted to OCYF through the CCYA's annual NBPB submission and analyzed. County specific examples of provider and/or CCYA monitoring efforts for HFA include, but are not limited to:

- The HFA provider being monitored by a CCYA Program Specialist who tracks referrals made for services and the provider's outcomes as well to ensure the quality of service delivery. The CCYA contracting team completes a provider review in accordance with the agency internal provider monitoring protocol.
- The CCYA contracts with a private vendor to provide HFA. Monthly meetings to monitor for fidelity/integrity and case reviews occur with the vendor. Copies of the results and signature sheets verifying the service provided are sent to the CCYA.
- The CCYA implemented an annual on-site auditing process to ensure the data and clinical outcomes are submitted quarterly and align with CCYA expectations and service units reported. The CCYA and HFA provider communicate monthly on issues related to redefinition of program strategies.

Existing feedback loops will be used at all levels to support CQI efforts and fidelity monitoring. Both the program developer and OCDEL serve as sources for program data that are used to refine implementation of HFA. At the CCYA level, information collected regarding model fidelity and outcomes is generally shared with the CCYA by the provider, which is then used as part of the CCYA contract monitoring efforts. Each CCYA may also establish different processes for facilitating communications with the provider and other relevant parties to review the data and information with the provider. At the state level, information gathered through the state Family First CQI approach and relevant data available through EBP specific monitoring

efforts will be shared – at a minimum – with applicable bodies within the Family First governance structure, including the FFIT, and the PA Child Welfare Council. This information will be used to inform understanding of implementation progress, challenges and promising practices, quality of service delivery, and achievement of program outcomes. This information also will help inform decisions about continued use and/or expansion of HFA in Pennsylvania, and recommendations as to what interventions at the state, CCYA or provider level may be needed to help ensure HFA is implemented with fidelity to remain effective for the populations served by the CCYAs.

Homebuilders

Approximately nine CCYAs currently receive funding to support Homebuilders through the NBPB Special Grants program. At the program developer level, Homebuilders has its own database system. Information entered is reviewed to ensure fidelity and monitor outcomes. The Homebuilders quality enhancement system, known as QUEST, is designed to ensure quality through the development and continual improvement of the knowledge and skills necessary to obtain model fidelity and service outcomes. QUEST activities focus on providing training and creating an internal management system of on-going evaluation and feedback. QUEST offers a process for assessing the performance of Homebuilders programs, and a methodology for continuous quality improvement.

The Institute for Family Development provides education and training to programs implementing Homebuilders. As noted in the Title IV-E Clearinghouse program description for Homebuilders, practitioners, supervisors, and program managers receive initial and ongoing training, consultation, and support to deliver quality services and ensure fidelity to the Homebuilders model. QUEST includes start up consultation and technical assistance, webinars, workshop training for all staff during the first two years, an additional 2-4 days of workshop training for supervisors and program managers, ongoing team and supervisor consultation with a highly trained and experienced Homebuilders consultant, fidelity reviews and site visits.

To support continued implementation of Homebuilders in Pennsylvania for Family First, OCYF will collaborate with CCYAs and their contracted Homebuilders providers to gather data and information needed to help support statewide monitoring and CQI efforts.

With regards to Homebuilders, Pennsylvania has selected to monitor Homebuilders outcomes linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes of focus for monitoring for Homebuilders will be related to child permanency as well as economic and housing stability.

As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- Procedures for ensuring the EBP is being implemented with fidelity to the model,
- Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- Data and information the CCYA will use to monitor outcome success.

This information is submitted to OCYF through the CCYA's annual NBPB submission and analyzed. County specific examples of provider and/or CCYA monitoring efforts for Homebuilders include, but are not limited to:

- A program specialist in the CCYA quality assurance department oversees the program. All agency referrals to Homebuilders are sent through the program specialist. The program specialist reviews all available reports and works with the provider to ensure model fidelity.
- CCYA monitoring will be done through a minimum of two site visits per fiscal year to review records and personnel files. In addition, backup documentation must be provided such as names of families receiving services and sign in sheets. The provider will track and monitor outcomes and submit them to the CCYA on an annual basis.

Existing feedback loops will be used at all levels to support CQI efforts and fidelity monitoring. CCYAs and their contracted providers will serve as sources for program data that will be used to ensure fidelity to the model and to refine implementation of Homebuilders. At the CCYA level, information collected regarding model fidelity and outcomes is generally shared with the CCYA by the provider, which is then used as part of the CCYA contract monitoring efforts. Each CCYA may also establish different processes for facilitating communications with the provider and other relevant parties to review the data and information with the provider. At the state level, information gathered through the state Family First CQI approach and relevant data available through EBP specific monitoring efforts will be shared – at a minimum - with applicable bodies within the Family First governance structure, including the FFIT, and the PA Child Welfare Council. This information will be used to inform understanding of implementation progress, challenges and promising practices, quality of service delivery, and achievement of program outcomes. This information will also help inform decisions about continued use and/or expansion of Homebuilders in Pennsylvania, and recommendations as to what interventions at the state, CCYA or provider level may be needed to help ensure Homebuilders is implemented with fidelity to remain effective for the populations served by the CCYAs.

EVALUATION STRATEGY AND WAIVER REQUEST

Interventions and Target Population

Pennsylvania is including the following EBPs as part of their Family First Five-Year Prevention Plan.

1. Functional Family Therapy (FFT)
2. Healthy Families America (HFA)
3. Home Builders (HB)
4. Incredible Years (IY) -Toddler Basic and School Age Basic
5. Multisystemic Therapy (MST)
6. Nurse-Family Partnership (NFP)
7. Parents as Teachers (PAT)
8. Positive Parenting Program (Triple P) – Level 4 Standard and Level 4 Group
9. Effective Black Parenting Program (EBPP)

For a description of each EBP from the Title IV-E Clearinghouse and their target population, please refer to the Service Description and Oversight section of the Pennsylvania Five-Year Prevention Plan. For a description of EBPP please see Attachment V.

Evaluation Overview and Goals

The overarching goals for the evaluation are to:

- Expand the research base of promising EBPs included in Pennsylvania's Prevention Plan (Incredible Years, Triple P) by examining their respective implementation and outcomes.
- Use findings to support the ongoing development of CQI efforts and promote a stronger focus on prevention, improve practice, and support decision-making regarding the adoption and implementation of EBPs.

Evaluation Approach and Design

In recent years, the evaluation team conducted an evaluation of the Title IV-E Child Welfare Demonstration Project and has used lessons learned and strategies employed through that project to inform the current evaluation. In particular, the evaluation team plans to begin the evaluation by working with counties that are implementing EBPs rated as "promising" on the Title IV-E Prevention Services Clearinghouse to establish the infrastructure and processes necessary for streamlined data collection. The establishment of a data collection infrastructure and processes is critical because Pennsylvania's state-supervised, county-administered child welfare system currently lacks a statewide information system that is used among all counties. This poses challenges to data collection in that the data collected, data definitions, and storage/accessibility are inconsistent across counties. The evaluation team will begin the evaluation by identifying critical data elements, refining how they are defined, and working with counties to develop the most efficient processes for collecting this information. The infrastructure will support the implementation of a rigorous evaluation design for Incredible Years Toddler and School Age Basic and Triple P Level 4 Standard and Group comprised of a process and outcomes evaluation for each program. In addition to supporting the evaluation, the infrastructure and resulting data will also serve as a resource for ongoing CQI efforts.

Work to develop the data collection infrastructure will begin with counties that utilize the promising practices, Triple P (Level 4 – Standard; Level 4 – Group) and/or Incredible Years (Toddler Basic; School Age Basic). Currently, 25 of Pennsylvania's 67 counties refer families involved with child welfare to a version of Triple P and/or Incredible Years. Of these counties, two implement both programs, 14 currently implement only Triple P, and nine implement only Incredible Years. The evaluation team will conduct additional outreach to verify which counties are utilizing the promising versions of each program. The team will then work with two to five of these counties to develop the data collection infrastructure necessary for rigorously evaluating Triple P and Incredible Years. Once data collection begins, the evaluation team will continue to add counties to the evaluation as needed to ensure a sufficient number of families have been included for analysis purposes throughout all components of the rigorous evaluation, described below.

Incredible Years – Toddler Basic (IY-TB)

Rationale

Conduct by the parent that places a child at risk is one of the top valid general protective services (GPS) allegations in PA; thus, there is a need to support parents by offering services that aim to strengthen positive parenting practices and reduce negative ones. IY-TB is a parenting program for parents of children ages 1 to 3 years that has been shown to improve parenting practices.

Process Evaluation

The evaluation team will utilize data collected from monitoring and CQI efforts, as well as additional information collected from service providers, child welfare agencies, and families to answer questions related to the implementation of IY-TB.

Table 3. IY-TB Process Evaluation – Research Questions and Measures

Research Questions	Measurement
Service Referral and Participation: • Of the prevention candidates referred by child welfare service professionals to IY-TB, how many were eligible to participate? • Of the prevention candidates who are referred to IY-TB but do not participate, what are the reasons for non-participation? • How many families who begin participation in IY-TB complete the program? • Of the families who begin but do not complete the IY-TB program, what are the reasons for non-completion?	IY-TB referral and participation data will be collected by provider agencies and/or child welfare agencies and shared with the evaluation team. Additional information related to participants' experiences will be collected from the families by the evaluation team.

Outcomes Evaluation

Research Questions and Methods

Based on the existing need and previously demonstrated outcomes for IY-TB, the evaluation team seeks to answer the following primary research questions for families involved in Pennsylvania's child welfare system:

Table 4. IY-TB Outcomes Evaluation Research Questions and Measures

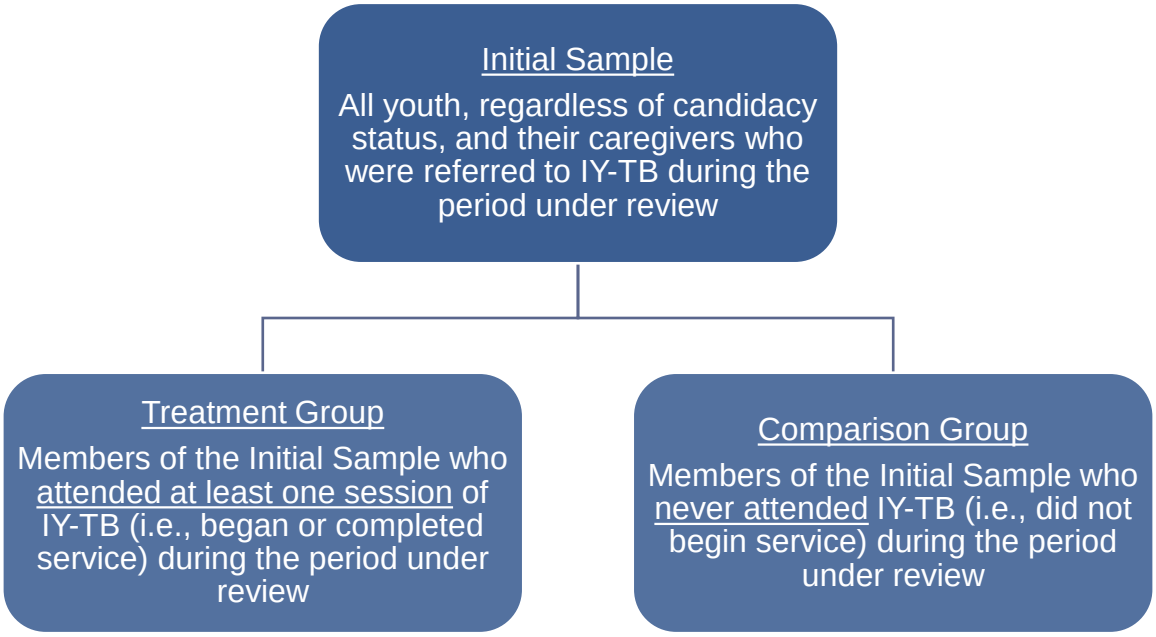
Research Question and Intended Outcome	Measurement
Do families who participate in IY-TB improve in **parenting practices** more than families who do not participate?	Parenting practices will be measured via The Parent Practices Interview (Webster-Stratton). This instrument measures seven subdomains of parenting, including: • Appropriate discipline • Harsh and inconsistent discipline • Positive verbal discipline • Parental monitoring • Physical punishment • Praise and incentives • Clear expectations
Are children of families who participate in IY-TB **safer** than children of families who do not participate?	Child safety will be measured in four ways: • Administrative reports. • Safety Assessment and Management Process (SAMP) in place in Pennsylvania. Safety is assessed during each contact with the family, and safety worksheets are completed during intake and at regular intervals throughout the life of the case. Information is gathered for six assessment domains, including type of maltreatment, nature of maltreatment, child functioning, adult functioning, general parenting, and parenting discipline. The presence of 14 safety threats is evaluated and logged, as well as an in-home safety decision including options of safe, safe with a comprehensive safety plan, or unsafe. • Binary indicator of whether the child was ever removed during or after participation in IY-TB. • PA also conducts regular risk assessments to evaluate future threats of harm to children at the conclusion of the intake assessment and every six months thereafter, as well as at the discretion of the agency/supervisor or if new information comes to light. The result of the risk assessment will also be considered.
Do children of families who participate in IY-TB experience greater **child permanency** than children of families who do not participate?	For prevention candidates still in the home, permanency will be measured by family stability (preservation of family relationships and connections) as indicated in the individual's Family Service Plan. For prevention candidates who are pregnant/expecting youth in foster care, permanency will be measured by family stability (preservation of family relationships and connections), stability of placements, and achievement of permanency goals.

Research Question and Intended Outcome	Measurement
Does a child's **status as a prevention candidate** impact the effectiveness of IY-TB on the outcomes identified above? (Moderation analysis)	Not all children whose families participate in IY-TB in Pennsylvania will qualify as candidates through Title IV-E Preventions Services Act. If there are enough children to whom this applies, we will conduct a moderation analysis to see if any of the above identified outcomes differ by candidacy status. Candidacy status data will be gathered from the Title IV-E Fiscal Validation System, as all counties will be required to indicate in each family's service plan whether individuals are candidates under Title IV-E.

Study Design

For the IY-TB outcomes evaluation, the evaluation team will use a propensity score matching (PSM) design. When a randomized control trial (RCT) is not possible or desirable, PSM is an excellent option that accounts for the non-random assignment of participants into a treatment and comparison group. PSM achieves balance between the treatment and control group (baseline equivalence), making it possible to link positive outcomes to participation in the intervention/service, rather than confounding this effect with any number of other contributing factors.

As illustrated below, treatment and comparison groups will be created. PA is targeting families with toddlers (1 to 3 years), particularly families who need support forming secure attachments with their toddlers or addressing their toddlers' behavior problems to keep the child safely in the home. The groups will be formed from an initial sample of all youth, regardless of candidacy status, and their caregivers who were referred to IY-TB. The treatment group will consist of families who were referred and who attended at least one session (i.e., families who began participation or fully participated). Comparison families will include all those families who were referred to IY-TB, but that for any number of reasons did not begin participation (i.e., were not eligible, chose not to participate, no openings at the local provider, etc.). This method of group assignment has been modeled in several propensity score matching (PSM) program evaluation designs and helps ensure groups are as closely matched as possible from the beginning (Chaiyachati et al., 2018; Vidal et al., 2017).



A minimum of 20 pairs (n=40 individuals) is recommended to carry out propensity score analyses (see Piracchio et al., 2012 for information on assessing estimates of bias for different sample sizes when using propensity score matching). Currently, there are at least five counties in Pennsylvania that refer families to IY-TB. An additional four counties have indicated that they intend to refer families to IY-TB during FYs 21/22 or 22/23. The evaluation team will initially recruit from a small number of counties (i.e., 2-3) to ensure that the infrastructure needed for clean, reliable data collection is built and sustainable. If necessary, the evaluation team will engage additional counties in the evaluation of IY-TB as needed to ensure that at least the minimum number of participants (n=40) are recruited; data collection will continue up through Year 4 of the evaluation as needed.

Data Collection

Demographic data and all pretest outcomes measures will be collected from all families upon referral to IY-TB. Posttest parenting practices, child safety, and child permanency will be collected for all families (those who go through treatment and those in the non-treatment comparison group) after the completion of IY Toddler Basic or 12-20 weeks after pretest. This is the standard time it takes to complete IY Toddler Basic, so although comparison families will not be participating in IY, they will be assessed after a comparable amount of time has passed for those who did participate. Posttest child safety and permanency will be collected at two additional time points (6 months and 12 months after pretest) since these are more distal outcomes and we might not expect to see effects immediately following participation in IY. Participation in IY-TB will be on a rolling basis and data will be collected accordingly. The evaluation team will take primary responsibility for capturing most of the necessary data points for the outcome evaluation. The team will use existing statewide data processes, including the Title IV-E Fiscal Validation System, AFCARS, and Pennsylvania's Data Warehouse to support these efforts. In addition, the evaluation team will create a database for counties to enter a

limited number of key data points not currently collected at a statewide level, including race/ethnicity and SES.

Analysis Plan

According to standard practice for propensity score matching (PSM) design, each individual in the treatment and comparison groups will be assigned a propensity score based on key demographic measures (race/ethnicity and SES) predicting probability of assignment to the treatment group, as well as pretest outcome measures (Eisner et al., 2012). The most appropriate PSM will be chosen based on the criteria (common support, covariate balancing, median bias) put forth by Guo et al. (2006). Regression analyses will be conducted to evaluate the effect of IY-TB on parenting skills, child safety, and child permanency; separate models will be run to evaluate the effect on each outcome. Linear regression will be used for those outcomes that are continuous in nature, and logistic regression will be used for outcomes that are binary. Regression analyses will be adjusted for clustering, that is, adjusting the standard errors to account for the for the intragroup correlation between families served by the same agency.

Limitations

One potential limitation to the evaluation of IY-TB is related to volume, and subsequently, effect size. Pennsylvania's lack of a statewide child welfare information system limits the data that can be collected in a routine, standardized way. As such, there will be some additional burden on counties and providers to ensure the necessary coordination efforts are in place to provide all data needed for a rigorous evaluation. While the evaluation team anticipates interest in and collaboration with counties for the evaluation, the team has factored in the time it will take to develop the appropriate data infrastructure to support the evaluation requirements.

Additionally, because a randomized control trial is not feasible when prioritizing the provision of IY-TB to all families who would benefit from it to keep children safely in their homes, a propensity score design was selected and treatment and comparison groups were designed in an effort to establish baseline equivalence; as such, it is possible that there will be a difference in treatment and comparison group sample sizes since we are not predesignating families to either group.

Another limitation is that because of using a quasi-experimental, observational study design, not all families will be starting or completing IY at the same time. We are allowing families to participate in the evaluation as they are referred during the normal course of their service planning and provision. Additionally, not all families will be receiving IY from the same service provider; while this cannot be included as a covariate because non-participants in the comparison group would be missing this information, we intend to include county as a covariate.

Incredible Years – School Age Basic (IY-SAB)

Rationale

Conduct by the parent that places a child at risk is one of the top valid GPS allegations in PA; thus, there is a need to support parents by offering services that aim to strengthen positive parenting practices and reduce negative ones. IY-SAB is a parenting program for parents of children ages 6 to 12 years who have behavior problems and/or are at risk for being removed from the home. IY-SAB has been shown to improve parenting practices and child safety (via administrative reports).

Process Evaluation

The evaluation team will utilize data collected from monitoring and CQI efforts, as well as additional information collected from service providers, child welfare agencies, and families to answer questions related to the implementation of IY-SAB.

Table 5. IY-SAB Process Evaluation Research Questions and Measures

Research Questions	Measurement
Service Referral and Participation: • Of the prevention candidates referred by child welfare service professionals to IY-SAB, how many were eligible to participate? • Of the prevention candidates who are referred to IY-SAB but do not participate, what are the reasons for non-participation? • How many families who begin participation in IY-SAB complete the program? • Of the families who begin but do not complete the IY-SAB program, what are the reasons for non-completion?	IY-SAB referral and participation data will be collected by provider agencies and/or child welfare agencies and shared with the evaluation team. Additional information related to participants' experiences will be collected from the families by the evaluation team.

Outcomes Evaluation

Research Questions and Methods

Based on the existing need and previously demonstrated outcomes for IY-SAB, the evaluation team seeks to answer the following primary research questions for families involved in Pennsylvania's child welfare system:

Table 6. IY-SAB Outcomes Evaluation Research Questions and Measures

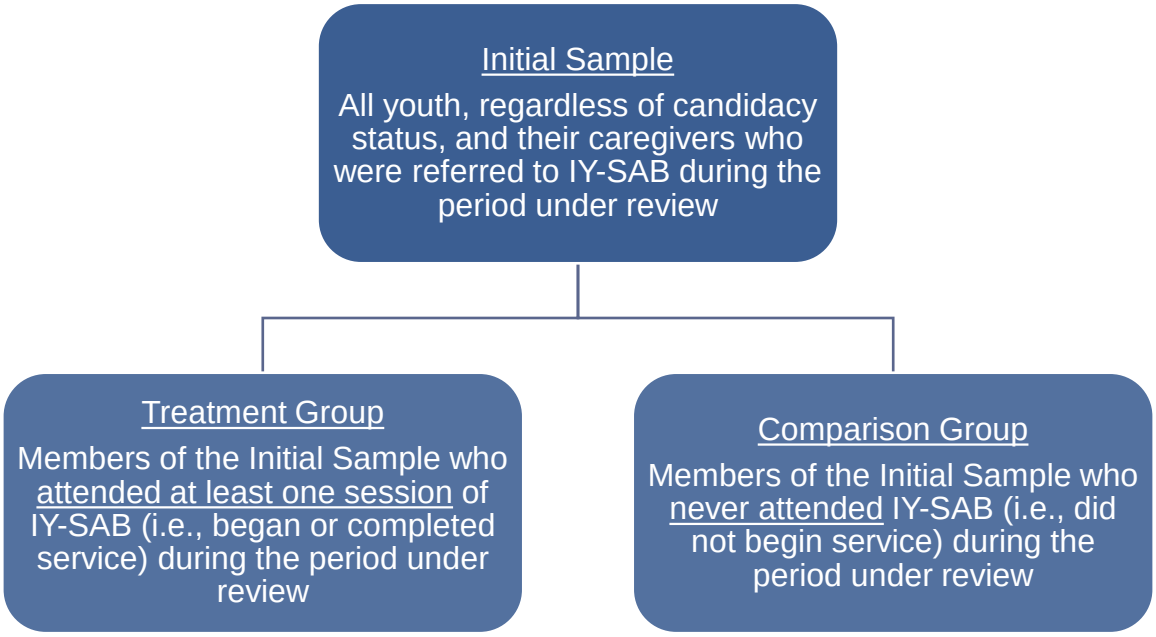
Research Question and Intended Outcome	Measurement
Do families who participate in IY-SAB improve in **parenting practices** more than families who do not participate?	Parenting practices will be measured via The Parent Practices Interview (Webster-Stratton). This instrument measures seven subdomains of parenting, including: • Appropriate discipline • Harsh and inconsistent discipline • Positive verbal discipline • Parental monitoring • Physical punishment • Praise and incentives • Clear expectations
Are children of families who participate in IY-SAB **safer** than children of families who do not participate?	Child safety will be measured in four ways: • Administrative reports. • Safety Assessment and Management Process (SAMP) in place in Pennsylvania. Safety is assessed during each contact with the family, and safety worksheets are completed during intake and at regular intervals throughout the life of the case. Information is gathered for six assessment domains, including type of maltreatment, nature of maltreatment, child functioning, adult functioning, general parenting, and parenting discipline. The presence of 14 safety threats is evaluated and logged, as well as an in-home safety decision including options of safe, safe with a comprehensive safety plan, or unsafe. • Binary indicator of whether the child was ever removed during or after participation in IY-SAB. • PA also conducts regular risk assessments to evaluate future threats of harm to children at the conclusion of the intake assessment and every six months thereafter, as well as at the discretion of the agency/supervisor or if new information comes to light. The result of the risk assessment will also be considered.
Do children of families who participate in IY-SAB experience greater **child permanency** than children of families who do not participate?	For prevention candidates still in the home, permanency will be measured by family stability (preservation of family relationships and connections) as indicated in the individual's Family Service Plan. For prevention candidates who are pregnant/expecting youth in foster care, permanency will be measured by family stability (preservation of family relationships and connections), stability of placements, and achievement of permanency goals.

Research Question and Intended Outcome	Measurement
Does a child's **status as a prevention candidate** impact the effectiveness of IY-SAB on the outcomes identified above? (Moderation analysis)	Not all children whose families participate in IY-SAB in Pennsylvania will qualify as candidates through Title IV-E Preventions Services Act. If there are enough children to whom this applies, we will conduct a moderation analysis to see if any of the above identified outcomes differ by candidacy status. Candidacy status data will be gathered from the Title IV-E Fiscal Validation System, as all counties will be required to indicate in each family's service plan whether individuals are candidates under Title IV-E.

Study Design

For the IY-SAB outcomes evaluation, the evaluation team will use a propensity score matching (PSM) design. When a randomized control trial (RCT) is not possible or desirable, PSM is an excellent option that accounts for the non-random assignment of participants into a treatment and comparison group. PSM achieves balance between the treatment and control group (baseline equivalence), making it possible to link positive outcomes to participation in the intervention/service, rather than confounding this effect with any number of other contributing factors.

As illustrated below, treatment and comparison groups will be created. PA is targeting families with children (6 to 12 years) who have behavior problems and are at risk of removal from the home. The groups will be formed from an initial sample of all youth, regardless of candidacy status, and their caregivers who were referred to IY-SAB. The treatment group will consist of families who were referred and who attended at least one session (i.e., families who began participation or fully participated). Comparison families will include all those families who were referred to IY-SAB, but that for any number of reasons did not begin participation (i.e., were not eligible, chose not to participate, no openings at the local provider, etc.). This method of group assignment has been modeled in several propensity score matching (PSM) program evaluation designs and helps ensure groups are as closely matched as possible from the beginning (Chaiyachati et al., 2018; Vidal et al., 2017).



A minimum of 20 pairs (n=40 individuals) is recommended to carry out propensity score analyses (see Piracchio et al., 2012 for information on assessing estimates of bias for different sample sizes when using propensity score matching). Currently, there are at least seven counties in Pennsylvania that refer families to IY-SAB. An additional three counties have indicated that they intend to refer families to IY-SAB during FYs 21/22 or 22/23. The evaluation team will initially recruit from a small number of counties (i.e., 2-3) to ensure that the infrastructure needed for clean, reliable data collection is built and sustainable. If necessary, the evaluation team will engage additional counties in the evaluation of IY-SAB as needed to ensure that at least the minimum number of participants (n=40) are recruited; data collection will continue up through Year 4 of the evaluation as needed.

Data Collection

Demographic data and all pretest outcomes measures will be collected from all families upon referral to IY-SAB. Posttest parenting practices, child safety, and child permanency will be collected for all families (those who go through treatment and those in the non-treatment comparison group) after the completion of IY-SAB or 12-20 weeks after pretest. This is the standard time it takes to complete IY-SAB, so although comparison families will not be participating in IY, they will be assessed after a comparable amount of time has passed for those who did participate. Posttest child safety and permanency will be collected at two additional time points (6 months and 12 months after pretest) since these are more distal outcomes and we might not expect to see effects immediately following participation in IY.

Participation in IY-SAB will be on a rolling basis and data will be collected accordingly. The evaluation team will take primary responsibility for capturing most of the necessary data points for the outcome evaluation. The team will use existing statewide data processes, including the Title IV-E Fiscal Validation System, AFCARS, and Pennsylvania's Data

Warehouse to support these efforts. In addition, the evaluation team will create a database for counties to enter a limited number of key data points not currently collected at a statewide level, including race/ethnicity and SES.

Analysis Plan

According to standard practice for propensity score matching (PSM) design, each individual in the treatment and comparison groups will be assigned a propensity score based on key demographic measures (race/ethnicity and SES) predicting probability of assignment to the treatment group, as well as pretest outcome measures (Eisner et al., 2012). The most appropriate PSM will be chosen based on the criteria (common support, covariate balancing, median bias) put forth by Guo et al. (2006). Regression analyses will be conducted to evaluate the effect of IY-SAB on parenting skills, child safety, and child permanency; separate models will be run to evaluate the effect on each outcome. Linear regression will be used for those outcomes that are continuous in nature, and logistic regression will be used for outcomes that are binary. Regression analyses will be adjusted for clustering, that is, adjusting the standard errors to account for the for the intragroup correlation between families served by the same agency.

Limitations

One potential limitation to the evaluation of IY-SAB is related to volume, and subsequently, effect size. Pennsylvania's lack of a statewide child welfare information system limits the data that can be collected in a routine, standardized way. As such, there will be some additional burden on counties and providers to ensure the necessary coordination efforts are in place to provide all data needed for a rigorous evaluation. While the evaluation team anticipates interest in and collaboration with counties for the evaluation, the team has factored in the time it will take to develop the appropriate data infrastructure to support the evaluation requirements.

Additionally, because a randomized control trial is not feasible when prioritizing the provision of IY-SAB to all families who would benefit from it to keep children safely in their homes, a propensity score design was selected and treatment and comparison groups were designed in an effort to establish baseline equivalence; as such, it is possible that there will be a difference in treatment and comparison group sample sizes since we are not predesignating families to either group.

Another limitation is that because of using a quasi-experimental, observational study design, not all families will be starting or completing IY at the same time. We are allowing families to participate in the evaluation as they are referred during the normal course of their service planning and provision. Additionally, not all families will be receiving IY from the same service provider; while this cannot be included as a covariate because non-participants in the comparison group would be missing this information, we intend to include county as a covariate.

Triple P Positive Parenting Program – Level 4 Standard

Rationale

Conduct by the parent that places a child at risk and parent inability to cope are two of the top valid GPS allegations in PA; thus, there is a need to support parents by offering services that aim to strengthen positive parenting practices and reduce negative ones, as well as programs that treat parents' mental health concerns. Additionally, child's behavior problem is a top removal reason in PA and child behavior problems/behavioral health concerns is a top valid GPS allegation; programs that address child behavior problems and promote child well-being are highly needed in PA.

Triple P Level 4 Standard is a program for families of children up to 12 years old and who have concerns about their child's behavior. It has been shown to improve not only child behavior, but parenting practices and parents' sense of confidence (mental health) as well. Thus, Triple P Level 4 Standard meets several of PA's top needs for families.

Process Evaluation

The evaluation team will utilize data collected from monitoring and continuous quality improvement efforts, as well as additional information collected from service providers, child welfare agencies, and families to answer questions related to the implementation of Triple P Level 4 Standard.

Table 7. Triple P Level 4 Standard Process Evaluation Research Questions and Measures

Research Questions	Measurement
Service Referral and Participation: • Of the prevention candidates referred by child welfare service professionals to Triple P Level 4 Standard, how many were eligible to participate? • Of the prevention candidates who are referred to Triple P Level 4 Standard but do not participate, what are the reasons for non-participation? • How many families who begin participation in Triple P Level 4 Standard complete the program? • Of the families who begin but do not complete the Triple P Level 4 Standard program, what are the reasons for non-completion?	Triple P Level 4 Standard referral and participation data will be collected by provider agencies and/or child welfare agencies and shared with the evaluation team. Additional information related to participants' experiences will be collected from the families by the evaluation team.

Outcomes Evaluation

Research Questions and Measures

Based on the need in Pennsylvania and demonstrated outcomes for Triple P Level 4 Standard described in the research literature and the Title IV-E Clearinghouse, the evaluation team seeks to answer the following primary research questions for families involved in Pennsylvania's child welfare system:

Table 8. Triple P Level 4 Standard Outcomes Evaluation Research Questions and Measures

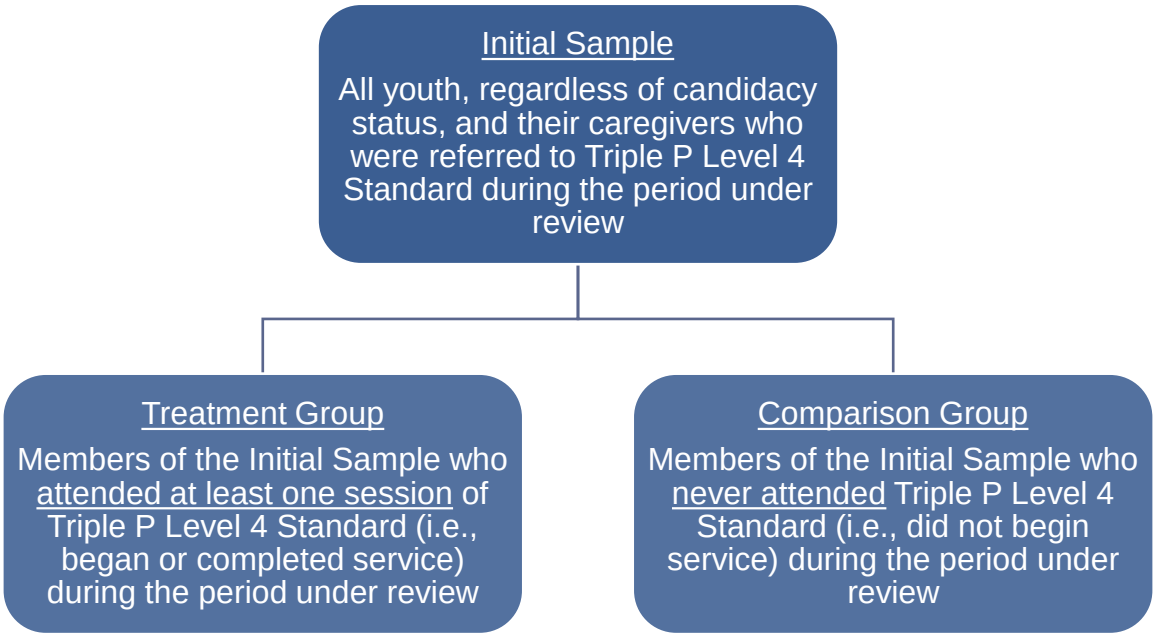
Research Question and Intended Outcome	Measures
Do parents/caregivers who participate in Triple P Level 4 Standard improve in **parenting practices** more than families who do not participate?	Parenting practices will be measured via the Parenting scale of Parenting and Family Adjustment Scales (PAFAS; Sanders et al., 2014). This scale measures four subdomains of parenting, including: • Parental consistency (5 items) • Coercive parenting (5 items) • Positive encouragement (3 items) • Parent-child relationship (5 items)
Do parents/caregivers who participate in Triple P Level 4 Standard improve in **parent mental health** more than families who do not participate?	Parent mental health will be measured via the Family Adjustment scale of the Parenting and Family Adjustment Scales (PAFAS). This scale includes a subdomain that measures Parental adjustment consisting of 5 items related to parents' feelings such as stress, worry, depression, satisfaction. (Sanders et al., 2014)
Do children whose parents participate in Triple P Level 4 Standard improve in **child well-being** more than children whose families do not participate?	Child well-being will be operationalized as reduced behavior problems, behavioral health concerns, and improved prosocial skills. Child behavior problems will be measured directly via the Conduct Problems Scale (5 items) of the Strengths and Difficulties Questionnaire (SDQ; Goodman, R., 2001). Child behavioral health concerns will be measured by additional dimensions of child strengths and difficulties from the SDQ including: • Emotional problems (5 items) • Hyperactivity (5 items) • Peer problems (5 items) Child prosocial skills will be measured via the Prosocial scale (5 items) of the SDQ.

Research Question and Intended Outcome	Measures
Are children of families who participate in Triple P Level 4 Standard **safer** than children of families who do not participate?	Child safety will be measured in four ways: • Administrative reports. • Safety Assessment and Management Process (SAMP) in place in Pennsylvania. Safety is assessed during each contact with the family, and safety worksheets are completed during intake and at regular intervals throughout the life of the case. Information is gathered for six assessment domains, including type of maltreatment, nature of maltreatment, child functioning, adult functioning, general parenting, and parenting discipline. The presence of 14 safety threats is evaluated and logged, as well as an in-home safety decision including options of safe, safe with a comprehensive safety plan, or unsafe. • Binary indicator of whether the child was ever removed during or after participation in Triple P Level 4 Standard. • PA also conducts regular risk assessments to evaluate future threats of harm to children at the conclusion of the intake assessment and every six months thereafter, as well as at the discretion of the agency/supervisor or if new information comes to light. The result of the risk assessment will also be considered.
Do children of families who participate in Triple P Level 4 Standard experience greater **child permanency** than children of families who do not participate?	For prevention candidates still in the home, permanency will be measured by family stability (preservation of family relationships and connections) as indicated in the individual's Family Service Plan. For prevention candidates who are pregnant/expecting youth in foster care, permanency will be measured by family stability (preservation of family relationships and connections), stability of placements, and achievement of permanency goals.
Does a child's status as a prevention candidate impact the effectiveness of Triple P Level 4 Standard on the outcomes identified above? (Moderation analysis)	Not all children whose families participate in Triple P Level 4 Standard in Pennsylvania will qualify as candidates through Title IV-E Preventions Services Act. If there are enough children to whom this applies, we will conduct a moderation analysis to see if any of the above identified outcomes differ by candidacy status. Candidacy status data will be gathered from the Title IV-E Fiscal Validation System, as all counties will be required to indicate in each family's service plan whether individuals are candidates under Title IV-E.

Study Design

For the Triple P Level 4 Standard outcomes evaluation, the evaluation team will use a propensity score matching (PSM) design. When a randomized control trial (RCT) is not possible or desirable, PSM is an excellent option that accounts for the non-random assignment of participants into a treatment and comparison group. PSM achieves balance between the treatment and control group (baseline equivalence), making it possible to link positive outcomes to participation in the intervention/service, rather than confounding this effect with any number of other contributing factors.

As illustrated below, treatment and comparison groups will be created. PA is targeting families with children up to 12 years old who exhibit behavior problems or emotional difficulties and are at risk of being removed from the home. The groups will be formed from an initial sample of all youth, regardless of candidacy status, and their caregivers who were referred to Triple P Level 4 Standard. The treatment group will consist of families who were referred and who attended at least one session (i.e., families who began participation or fully participated). Comparison families will include all those families who were referred to Triple P Level 4 Standard, but that for any number of reasons did not begin participation (i.e., were not eligible, chose not to participate, no openings at the local provider, etc.). This method of group assignment has been modeled in several propensity score matching (PSM) program evaluation designs and helps ensure groups are as closely matched as possible from the beginning (Chaiyachati et al., 2018; Vidal et al., 2017).



A minimum of 20 pairs (n=40 individuals) is recommended to carry out propensity score analyses (see Piracchio et al., 2012 for information on assessing estimates of bias for different sample sizes when using propensity score matching). Currently, there are at least ten counties in Pennsylvania that refer families to Triple P Level 4 Standard. An additional eleven counties

have indicated that they intend to refer families to Triple P Level 4 Group during FYs 21/22 or 22/23. The evaluation team will initially recruit from a small number of counties (i.e., 2-3) to ensure that the infrastructure needed for clean, reliable data collection is built and sustainable. If necessary, the evaluation team will engage additional counties in the evaluation of Triple P Level 4 Standard as needed to ensure that at least the minimum number of participants (n=40) are recruited; data collection will continue up through Year 4 of the evaluation as needed.

Data Collection

Demographic data and all pretest outcomes measures will be collected from all families upon referral to Triple P Level 4 Standard. Posttest parenting practices, parent mental health, child well-being, child safety, and child permanency will be collected for all families (those who go through treatment and those in the non-treatment comparison group) after the completion of Triple P Level 4 Standard or ten weeks after pretest. This is the standard time it takes to complete Triple P Level 4 Standard, so although comparison families will not be participating in Triple P, they will be assessed after a comparable amount of time has passed for those who did participate. Posttest child safety and permanency will be collected at two additional time points (6 months and 12 months after pretest) since these are more distal outcomes and we might not expect to see effects immediately following participation in Triple P.

Participation in Triple P will be on a rolling basis and data will be collected accordingly. The evaluation team will take primary responsibility for capturing most of the necessary data points for the outcome evaluation. The team will use existing statewide data processes, including the Title IV-E Fiscal Validation System, AFCARS, and Pennsylvania's Data Warehouse to support these efforts. In addition, the evaluation team will create a database for counties to enter a limited number of key data points not currently collected at a statewide level, including race/ethnicity and SES.

Analysis Plan

According to standard practice for propensity score matching (PSM) design, each individual in the treatment and comparison groups will be assigned a propensity score based on key demographic measures (race/ethnicity and SES) predicting probability of assignment to the treatment group, as well as pretest outcome measures (Eisner et al., 2012). The most appropriate PSM will be chosen based on the criteria (common support, covariate balancing, median bias) put forth by Guo et al. (2006). Regression analyses will be conducted to evaluate the effect of Triple P Level 4 Standard on parenting skills, parent mental health, child well-being, child safety, and child permanency; separate models will be run to evaluate the effect on each outcome. Linear regression will be used for those outcomes that are continuous in nature, and logistic regression will be used for outcomes that are binary. Regression analyses will be adjusted for clustering, that is, adjusting the standard errors to account for the for the intragroup correlation between families served by the same agency.

Limitations

One potential limitation to the evaluation of Triple P Level 4 Standard is related to volume, and subsequently, effect size. Pennsylvania's lack of a statewide child welfare information system limits the data that can be collected in a routine, standardized way. As such, there will be some additional burden on counties and providers to ensure the necessary coordination efforts are in place to provide all data needed for a rigorous evaluation. While the evaluation team anticipates interest in and collaboration with counties for the evaluation, the team has factored in the time it will take to develop the appropriate data infrastructure to support the evaluation requirements.

Additionally, because a randomized control trial is not feasible when prioritizing the provision of Triple P Level 4 Standard to all families who would benefit from it to keep children safely in their homes, a propensity score design was selected and treatment and comparison groups were designed in an effort to establish baseline equivalence; as such, it is possible that there will be a difference in treatment and comparison group sample sizes since we are not predesignating families to either group.

Another limitation is that because of using a quasi-experimental, observational study design, not all families will be starting or completing Triple P at the same time. We are allowing families to participate in the evaluation as they are referred during the normal course of their service planning and provision. Additionally, not all families will be receiving Triple P from the same service provider; while this cannot be included as a covariate because non-participants in the comparison group would be missing this information, we intend to include county as a covariate.

Triple P Positive Parenting Program – Level 4 Group

Rationale

Conduct by the parent that places a child at risk and parent inability to cope are two of the top valid GPS allegations in PA; thus, there is a need to support parents by offering services that aim to strengthen positive parenting practices and reduce negative ones, as well as programs that treat parents' mental health concerns. Additionally, child's behavior problem is a top removal reason in PA and child behavior problems/behavioral health concerns is a top valid GPS allegation; programs that address child behavior problems and promote child well-being are highly needed in PA.

Triple P Level 4 Group is a group-based parenting program for families of children up to 12 years old and who have concerns about their child's behavior or want to promote their child's development. It has been shown to improve child behavior and parenting practices and reduce parents' anxiety and depression as well. Thus, Triple P Level 4 Group meets several of PA's top needs for families.

Process Evaluation

The evaluation team will utilize data collected from monitoring and continuous quality improvement efforts, as well as additional information collected from service providers, child

welfare agencies, and families to answer questions related to the implementation of Triple P Level 4 Group.

Table 9. Triple P Level 4 Group Process Evaluation Research Questions and Measures

Research Questions	Data Collection/Measurement
Service Referral and Participation: • Of the prevention candidates referred by child welfare service professionals to Triple P Level 4 Group, how many were eligible to participate? • Of the prevention candidates who are referred to Triple P Level 4 Group but do not participate, what are the reasons for non-participation? • How many families who begin participation in Triple P Level 4 Group complete the program? • Of the families who begin but do not complete the Triple P Level 4 Group program, what are the reasons for non-completion?	Triple P Level 4 Group referral and participation data will be collected by provider agencies and/or child welfare agencies and shared with the evaluation team. Additional information related to participants' experiences will be collected from the families by the evaluation team.

Outcomes Evaluation

Research Questions and Measures

Based on the need in Pennsylvania and demonstrated outcomes for Triple P Level 4 Group described in the research literature and the Title IV-E Clearinghouse, the evaluation team seeks to answer the following primary research questions for families involved in Pennsylvania's child welfare system:

Table 10. Triple P Level 4 Group Outcomes Evaluation Research Questions and Measures

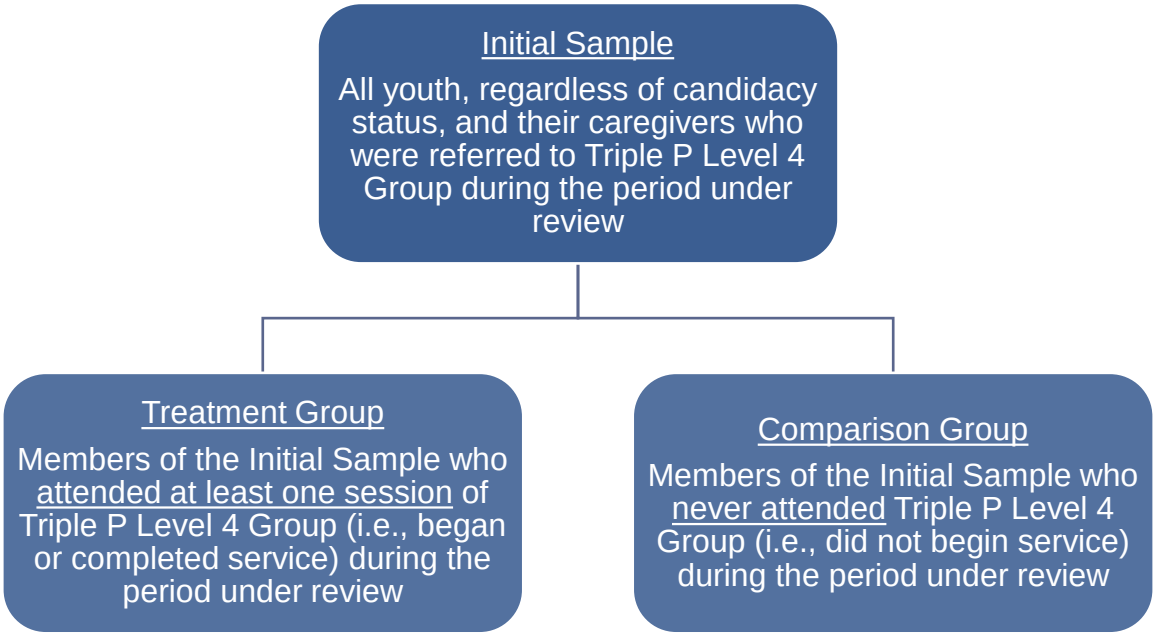
Research Question and Intended Outcome	Measures
Do parents/caregivers who participate in Triple P Level 4 Group improve in **parenting practices** more than families who do not participate?	Parenting practices will be measured via the Parenting scale of Parenting and Family Adjustment Scales (PAFAS; Sanders et al., 2014). This scale measures four subdomains of parenting, including: • Parental consistency (5 items) • Coercive parenting (5 items) • Positive encouragement (3 items) • Parent-child relationship (5 items)
Do parents/caregivers who participate in Triple P Level 4 Group improve in **parent mental health** more than families who do not participate?	Parent mental health will be measured via the Family Adjustment scale of the Parenting and Family Adjustment Scales (PAFAS). This scale includes a subdomain that measures Parental adjustment consisting of 5 items related to parents' feelings such as stress, worry, depression, satisfaction. (Sanders et al., 2014)
Do children whose parents participate in Triple P Level 4 Group improve in **child well-being** more than children whose families do not participate?	Child well-being will be operationalized as reduced behavior problems, behavioral health concerns, and improved prosocial skills. Child behavior problems will be measured directly via the Conduct Problems Scale (5 items) of the Strengths and Difficulties Questionnaire (SDQ; Goodman, R., 2001). Child behavioral health concerns will be measured by additional dimensions of child strengths and difficulties from the SDQ including: • Emotional problems (5 items) • Hyperactivity (5 items) • Peer problems (5 items) Child prosocial skills will be measured via the Prosocial scale (5 items) of the SDQ.

Research Question and Intended Outcome	Measures
Are children of families who participate in Triple P Level 4 Group **safer** than children of families who do not participate?	Child safety will be measured in four ways: • Administrative reports. • Safety Assessment and Management Process (SAMP) in place in Pennsylvania. Safety is assessed during each contact with the family, and safety worksheets are completed during intake and at regular intervals throughout the life of the case. Information is gathered for six assessment domains, including type of maltreatment, nature of maltreatment, child functioning, adult functioning, general parenting, and parenting discipline. The presence of 14 safety threats is evaluated and logged, as well as an in-home safety decision including options of safe, safe with a comprehensive safety plan, or unsafe. • Binary indicator of whether the child was ever removed during or after participation in Triple P Level 4 Group. • PA also conducts regular risk assessments to evaluate future threats of harm to children at the conclusion of the intake assessment and every six months thereafter, as well as at the discretion of the agency/supervisor or if new information comes to light. The result of the risk assessment will also be considered.
Do children of families who participate in Triple P Level 4 Group experience greater **child permanency** than children of families who do not participate?	For prevention candidates still in the home, permanency will be measured by family stability (preservation of family relationships and connections) as indicated in the individual's Family Service Plan. For prevention candidates who are pregnant/expecting youth in foster care, permanency will be measured by family stability (preservation of family relationships and connections), stability of placements, and achievement of permanency goals.
Does a child's status as a prevention candidate impact the effectiveness of Triple P Level 4 Group on the outcomes identified above? (Moderation analysis)	Not all children whose families participate in Triple P Level 4 Group in Pennsylvania will qualify as candidates through Title IV-E Preventions Services Act. If there are enough children to whom this applies, we will conduct a moderation analysis to see if any of the above identified outcomes differ by candidacy status. Candidacy status data will be gathered from the Title IV-E Fiscal Validation System, as all counties will be required to indicate in each family's service plan whether individuals are candidates under Title IV-E.

Study Design

For the Triple P Level 4 Group outcomes evaluation, the evaluation team will use a propensity score matching (PSM) design. When a randomized control trial (RCT) is not possible or desirable, PSM is an excellent option that accounts for the non-random assignment of participants into a treatment and comparison group. PSM achieves balance between the treatment and control group (baseline equivalence), making it possible to link positive outcomes to participation in the intervention/service, rather than confounding this effect with any number of other contributing factors.

As illustrated below, treatment and comparison groups will be created. PA is targeting families with children up to 12 years who are interested in promoting their child's development or who are concerned about their child's behavioral problems and where the child is at risk of being removed from the home. The groups will be formed from an initial sample of all youth, regardless of candidacy status, and their caregivers who were referred to Triple P Level 4 Group. The treatment group will consist of families who were referred and who attended at least one session (i.e., families who began participation or fully participated). Comparison families will include all those families who were referred to Triple P Level 4 Group, but that for any number of reasons did not begin participation (i.e., were not eligible, chose not to participate, no openings at the local provider, etc.). This method of group assignment has been modeled in several propensity score matching (PSM) program evaluation designs and helps ensure groups are as closely matched as possible from the beginning (Chaiyachati et al., 2018; Vidal et al., 2017).



A minimum of 20 pairs (n=40 individuals) is recommended to carry out propensity score analyses (see Piracchio et al., 2012 for information on assessing estimates of bias for different sample sizes when using propensity score matching). Currently, there are at least four counties in Pennsylvania that refer families to Triple P Level 4 Group. An additional eight

counties have indicated that they intend to refer families to Triple P Level 4 Group during FYs 21/22 or 22/23. The evaluation team will initially recruit from a small number of counties (i.e., 2-3) to ensure that the infrastructure needed for clean, reliable data collection is built and sustainable. If necessary, the evaluation team will engage additional counties in the evaluation of Triple P Level 4 Group as needed to ensure that at least the minimum number of participants (n=40) are recruited; data collection will continue up through Year 4 of the evaluation as needed.

Data Collection

Demographic data and all pretest outcomes measures will be collected from all families upon referral to Triple P Level 4 Group. Posttest parenting practices, parent mental health, child well-being, child safety, and child permanency will be collected from all families (those who go through treatment and those in the non-treatment comparison group) after the completion of Triple P Level 4 Group or eight weeks after pretest. This is the standard time it takes to complete Triple P Level 4 Group, so although comparison families will not be participating in Triple P, they will be assessed after a comparable amount of time has passed for those who did participate. Posttest child safety and permanency will be collected at two additional time points (6 months and 12 months after pretest) since these are more distal outcomes and we might not expect to see effects immediately following participation in Triple P.

Participation in Triple P will be on a rolling basis and data will be collected accordingly. The evaluation team will take primary responsibility for capturing most of the necessary data points for the outcome evaluation. The team will use existing statewide data processes, including the Title IV-E Fiscal Validation System, AFCARS, and Pennsylvania's Data Warehouse to support these efforts. In addition, the evaluation team will create a database for counties to enter a limited number of key data points not currently collected at a statewide level, including race/ethnicity and SES.

Analysis Plan

According to standard practice for propensity score matching (PSM) design, each individual in the treatment and comparison groups will be assigned a propensity score based on key demographic measures (race/ethnicity and SES) predicting probability of assignment to the treatment group, as well as pretest outcome measures (Eisner et al., 2012). The most appropriate PSM will be chosen based on the criteria (common support, covariate balancing, median bias) put forth by Guo et al. (2006). Regression analyses will be conducted to evaluate the effect of Triple P Level 4 Group on parenting skills, parent mental health, child well-being, child safety, and child permanency; separate models will be run to evaluate the effect on each outcome. Linear regression will be used for those outcomes that are continuous in nature, and logistic regression will be used for outcomes that are binary. Regression analyses will be adjusted for clustering, that is, adjusting the standard errors to account for the for the intragroup correlation between families served by the same agency.

Limitations

One potential limitation to the evaluation of Triple P Level 4 Group is related to volume, and subsequently, effect size. Pennsylvania's lack of a statewide child welfare information system limits the data that can be collected in a routine, standardized way. As such, there will be some additional burden on counties and providers to ensure the necessary coordination efforts are in place to provide all data needed for a rigorous evaluation. While the evaluation team anticipates interest in and collaboration with counties for the evaluation, the team has factored in the time it will take to develop the appropriate data infrastructure to support the evaluation requirements.

Additionally, because a randomized control trial is not feasible when prioritizing the provision of Triple P Level 4 Group to all families who would benefit from it to keep children safely in their homes, a propensity score design was selected and treatment and comparison groups were designed in an effort to establish baseline equivalence; as such, it is possible that there will be a difference in treatment and comparison group sample sizes since we are not predesignating families to either group.

Another limitation is that because of using a quasi-experimental, observational study design, not all families will be starting or completing Triple P at the same time. We are allowing families to participate in the evaluation as they are referred during the normal course of their service planning and provision. Additionally, not all families will be receiving Triple P from the same service provider; while this cannot be included as a covariate because non-participants in the comparison group would be missing this information, we intend to include county as a covariate.

Reporting, Disseminating, and Using Findings

The evaluation team will produce reports that summarize findings from each of the four program evaluations. Stakeholders will receive information to support policy and process decisions, identify training and TA needs, and inform system improvements at the local and state levels. Stakeholders include but are not limited to OCYF, county agencies and providers participating in the evaluation, county children and youth administrators, Child Welfare Council, providers, CQI partners, and TA providers. As appropriate, the evaluation team will publish evaluation results in peer-reviewed, scientific journals to contribute to the field and the evidence base for Triple P Level 4 Standard, Triple P Level 4 Group, Incredible Years School Age Basic, and Incredible Years Toddler Basic

The evaluation team anticipates the findings from each EBP's process evaluation will inform areas where statewide, county or program specific CQI efforts and monitoring may benefit from additional focus. For example, findings from the process evaluation may identify areas where the workforce would benefit from additional policy guidance or training to improve "front end" services such as determining candidacy, identifying families' needs, and matching families with appropriate services. In addition, the process evaluation findings may lead to additions or changes to Pennsylvania's proposed statewide child welfare information system to support new and ongoing evaluation, CQI, and monitoring efforts. Finally, the process evaluation could inform ongoing statewide work toward the adoption and implementation of a Universal Assessment tool.

Findings from the outcome evaluation and treatment-group only outcomes evaluation will report on the relative effectiveness of each of the EBPs in producing anticipated outcomes. The evaluation team will share information with stakeholders and will provide guidance regarding how to interpret and use findings related to these particular programs. This will also serve as an opportunity to provide technical assistance and guidance to county agencies around implementing evaluations of services, in general, and how to interpret and use findings.

Evaluation Roles and Responsibilities

The evaluation will be led by research faculty and staff from the University of Pittsburgh School of Social Work, Child Welfare Education and Research Programs (CWERP).

Key Evaluation Staff:

Kristine Creavey, PhD, Research and Evaluation Specialist, CWRC, University of Pittsburgh. Dr. Creavey has contributed to the development, implementation, and evaluation of several community-based intervention programs aimed at improving the well-being of families facing adverse circumstances. She has also collaborated on an evaluation of organizational effectiveness as a model to support the CQI of county child welfare agencies. For the past three years Dr. Creavey has participated directly in the state’s Family First preparation efforts, including serving on a Statewide Prevention Services subcommittee. Dr. Creavey will serve as the Evaluation Lead and will guide efforts to develop and implement data collection, analysis, reporting, and coordination of resources to carry out all necessary evaluation activities.

Marlo A. Perry, PhD, Research Associate Professor and Director of Research and Evaluation for the Child Welfare Education and Research Programs, University of Pittsburgh. Dr. Perry served as Co-PI for the evaluation of Pennsylvania's Title IV-E Child Welfare Demonstration Project. Additionally, she has led multi-tiered evaluations of statewide training curricula for child welfare caseworkers and new supervisors; she has collaborated on multiple statewide projects including an evaluation of organizational effectiveness and an examination of Pennsylvania’s risk and safety tools. Dr. Perry will provide oversight of the evaluation, data analysis, and reporting.

In addition to the leadership and oversight of Drs. Creavey and Perry, the evaluation team is made up of nine additional members with master’s or doctorate level degrees and experience carrying out evaluation projects with county children and youth agencies and/or other government and community organizations. These team members will support the evaluation by carrying out necessary activities associated with data collection processes, analysis, and reporting.

Institutional Review Board Approval

Before any evaluation data are collected, the evaluation team will develop and submit an evaluation protocol to the University of Pittsburgh Institutional Review Board (IRB). This review is necessary since some of the data of interest are from or about human subjects whose information should be protected and who may be required to provide their consent for their information to be used in the evaluation. In addition, where indicated, the evaluation team

will enter into Data Sharing Agreements with partners in the evaluation, including EPIS and OCYF.

Evaluation Timeline

Year One

- Establish data collection infrastructure and data sharing agreements
- Finalize data collection processes and orientation materials
- Submit evaluation protocol to University of Pittsburgh Institutional Review Board for approval
- Identify, recruit, and orient initial counties to evaluation activities
- Reporting

Year Two

- Implement data collection activities with initial counties
- Identify, recruit, and orient additional counties to evaluation activities
- Reporting

Year 3

- Continue evaluation activities with initial counties
- Identify and recruit additional counties as needed, and orient to evaluation activities
- Implement evaluation activities with additional counties
- Reporting

Year 4

- Continue evaluation activities
- Identify and recruit additional counties as needed, and orient to evaluation activities
- Reporting

Year 5

- Wrap up evaluation activities
- Conduct analyses and prepare final evaluation report

Evaluation Waiver Requests

Pennsylvania is requesting waivers for the evaluation of six of the nine EBPs being utilized in the Commonwealth under Family First. These EBPs include Functional Family Therapy, Healthy Families America, Homebuilders, Multi-Systemic Therapy, Nurse-Family Partnership, and Parents as Teachers. Each of these EBPs have been rated as Well-Supported on the Title IV-E Clearinghouse and will be monitored via the state's CQI process, described above. Please see Attachment II for the evaluation waiver request for each EBP.

Evaluation References

Chaiyachati, B. H., Gaither, J. R., Hughes, M., Foley-Schain, K., & Leventhal, J. M. (2018). Preventing child maltreatment: Examination of an established statewide home-visiting program. *Child Abuse & Neglect*, *79*, 476–484. https://doi.org/10.1016/j.chiabu.2018.02.019

Eisner, M., Nagin, D., Ribeaud, D., & Malti, T. (2012). Effects of a universal parenting program for highly adherent parents: A propensity score matching approach. *Prevention Science, 13*, 252-266.

Guo, S., Barth, R. P., & Gibbons, C. (2006). Propensity score matching strategies for evaluating substance abuse services for child welfare clients. *Children and Youth Services Review, 28*, 357–383.

Pirracchio, R., Resche-Rigon, M., & Chevret, S. (2012). Evaluation of the Propensity score methods for estimating marginal odds ratios in case of small sample size. *BMC Medical Research Methodology, 12*(70), 1-10.

Vidal, S., Steeger, C. M., Caron, C., Lasher, L., and Connell, C. M. (2017). Placement and delinquency outcomes among system-involved youth referred to Multisystemic Therapy: A propensity score matching analysis. *Administration and Policy in Mental Health and Mental Health Services Research, 44*, 853-866.

MONITORING CHILD SAFETY

The ongoing review and monitoring of a family with a child-specific prevention plan, including documentation of a child's continued safety and level of risk will align with current FSP and CPP practices and must be completed once every six months, or when family needs, composition or circumstances change, at a minimum. If it is determined that the child is no longer safe or the level of risk remains high despite the prevention service being provided, the safety concerns will be addressed immediately, and the child-specific prevention plan will be reexamined, updated accordingly, and reapproved. The safety and risk of every child will be documented and readily accessible so it can be easily extracted for data collection purposes. Below is the list of current risk and safety assessment intervals.

Periodic Risk Assessment- Completed by the CCYA as follows:

- At the conclusion of the intake investigation which should take no longer than 60 calendar days; every six months in conjunction with the FSP or judicial review unless one of the following applies:
    - the risk remains low or there is no risk
    - the child has been in placement for more than six months and there are no other children residing in the home.
- Thirty calendar days before and after the child is returned to the family home unless:
    - the risk remains low or there is no risk

  - the child has been in placement for more than six months and there are no other children residing in the home.
- Thirty days prior to case closure. However, risk assessments should also be completed as often as necessary to ensure the safety of the child and when the circumstances change within the child's environment at times other than required, as stated above.

Periodic Safety Assessment – Completed by the CCYA as follows:

- During the Assessment/Investigation (This applies to the assessments or investigations that occur prior to a case being open for ongoing services):
  - Within three business days of the agency's first face-to-face contact with the identified child and/or caregiver(s) of origin;
  - Within three business days of the identification of additional evidence, circumstances, or information that suggests a change in the child's safety. Note: a change in safety refers to a positive or negative change to Safety Threats and/or the Safety Decision;
  - At the conclusion of the investigation/assessment, if there is not a change in the safety of the child, an additional worksheet does not need to be completed. However, information regarding the child's safety must be documented in the case record through a structured case note.

- Cases Accepted for Services
  - Within three business days of the identification of additional evidence, circumstances, or information that suggests a change in the child's safety. Note: a change in safety refers to a positive or negative change to Safety Threats and/or the Safety Decision;
  - Within three business days of any unplanned return home from an informal or formal placement, along with risk assessment in accordance with 3490.321(h)(3)(ii).
  - Within 30 days prior to case closure, along with risk assessment, in accordance with 3490.321(h)(4).

The Pennsylvania Model of Risk Assessment was established in partnership between the Office of Children, Youth and Families and county child welfare leadership in June 1996. The model was enhanced in April 2015 to reflect the changes in the Pennsylvania Child Protective Services Law. In addition, in November 2012, the State initiated the Safety Assessment and Management Process. The use of these two tools contributes to ensuring the safety and well-being of the child. These tools are completed by the county caseworker assigned to ensure the safety of the child/ren, with oversight by the county casework supervisor who reviews and signs the document in acknowledgement and agreement of the findings. The OCYF Regional Offices, provide further oversight and monitoring when conducting annual licensing reviews, child protective service and complaint investigations, and during child fatality/near fatality case reviews to determine if the assessments are completed with fidelity to the models established and within regulatory requirements.

In accordance with state regulation 3490.321 (h) the risk assessment is to be completed in the intervals addressed as stated as above, along with conducting safety assessments intervals as previous discussed.

From the onset of a referral alleging that a child has been abused or neglected and ongoing thereafter, the county caseworker is continually assessing the safety and well-being of the child at every face-to face visit. The caseworkers assess the parents/caretaker's capabilities to appropriately meet the basic needs of the child such as food and appropriate housing and the ability to protect the child from any potential/immediate harm. The caseworkers also evaluate the physical surroundings to ensure safety and identify any potential risk.

Based on the caseworker's assessment and completion of the safety assessment worksheet within three business days after the first face-to-face visit, the caseworker with the assistance of their supervisor may determine that absent services a child would be in significant risk of placement resulting in prevention services being offered to the family.

The caseworker, in collaboration with the prevention service provider, will determine the level of progress and if the outcomes are adequately addressing the safety and risk concerns determined to exist. In addition, the caseworker's supervisor in accordance with state regulation §3490.61 (a) for child protective service investigations, the county agency supervisor shall review each report of suspected child abuse which is under investigation on a regular and ongoing basis to ensure that the level of services is consistent with the level of risk to the child, to determine the safety of the child and the progress made toward reaching a status determination. The supervisor shall maintain a log of these reviews which at a minimum shall include an entry at 10-calendar day intervals during the investigation period. Similarly, these reviews are required under state regulation §3490.235 (e) to occur every 10-days for general protective service investigations.

If during an investigation, a change in the child's circumstances results in a concern for the child's safety a safety assessment worksheet would be required. During the 10-day supervisory reviews, the caseworker with the guidance of the supervisor will determine the level of service and service type necessary to alleviate the need for child welfare intervention and/or placement. The OCYF Regional Offices during annual licensing reviews, compliant investigations, and fatality/near fatality case reviews examine these logs to verify completion every 10-days and to confirm that the services provided correspond to the level of risk and safety. Through engagement with the family a prevention plan would be devised listing all services being rendered.

The supervisor in accordance with state regulation §3490.235 (f) will review the family service plan, which is due every 6 months, within 10-calendar days of the completion, review the plan to ensure that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family which are contained in the plan, are consistent with the level of risk determined by the county agency for the case. Documentation of this review shall be in the case record. The family, caseworker and supervisor review and sign the plan in acknowledgement of agreement. In addition, state regulation §3490.235 (g) states when a case has been accepted for services, the county agency shall monitor the safety of the child and assure that contacts are made with the child, parents, and service providers. Risk assessments are completed every six months in conjunction with the family service plans, unless the child is in placement, or the risk level remains low or at no risk.

At any point in the life of a case, a determination may be made that the safety, and/or the risk of the child is in peril, resulting in the county caseworker reassessing the circumstances through the completion of a safety and/or risk assessment. Additional prevention services may be necessary, or placement based on the results and consultation with their supervisor.

It is also important to note, when a case has been accepted for ongoing services, the supervisor provides ongoing supervision at a minimum of once a month to ensure that the level of services address the safety and risk levels. In addition, based on contract language, the prevention service provider supplies the county with monthly progress reports to enable the county to assess that the services being offered are fully addressing the safety and risk to the child.

To ensure compliance with all the regulations and statues that govern County Children and Youth Agencies, OCYF has enhanced and updated all licensing chapter's checklists utilized during annual licensing inspections, compliant investigations, and child fatality/near fatality reviews to include all legislative requirements that are to be included in a prevention service plan. The checklist is included in Attachment IX entitled Licensing Inspection of the Public Children and Youth Agency October 2020 IN-HOME ONLY.

During the period of prevention services, the prevention strategy will be described in the child's prevention plan. The plan will be reviewed/re-evaluated at least every 6 months or as appropriate. If the prevention plan is a stand-alone document, reviews of the FSP or CPP will also be performed. There will also be monitoring of services and input from service providers, information learned through visits with the child and family, safety assessment and risk assessments and monitoring the provision of service. There would also be a services review currently being provided and a determination of whether the current service in place is the most appropriate service, is the dosage correct or is there another service to better meet the changing needs of the child/family.

Tools being used by caseworkers would consist of safety assessment worksheet, risk assessment process and structured case notes. Contacts with the child, family, service providers and school would also provide important information regarding the progress of the child and service success.

Tools would be completed at required intervals or when circumstances change within the family.

Caseworkers would also be expected to review case progress in supervision with their supervisor for input.

Innovation zone counties would need to rely on service providers to complete the required plan reviews, safety assessments and risk determination as these cases would not be open with the county agency.

Regions will monitor the county processes through file review during annual licensing inspections, as outlined in the attached Special Transmittal Office of Children, Youth and Families, Bureau of Children and Family Services Oversight and Annual Licensing

Responsibilities for County Child and Youth Agencies. This Special Transmittal outlines areas that licensing staff review during annual inspections. This includes the accurate and timely completion of safety and risk tools. Assessing compliance with caseload ratios are included in the required annual inspection.

The files/records sample size is comprised of 10% but no more than 10 records from each service area to include:

- 1 shared responsibility case
- 1 youth resumption of jurisdiction case
- 1 case with a primary goal of APPLA and 1 case with a concurrent goal of APPLA
- 2 ICPC cases
- All new county operated foster home files
- All new personnel files hired in the licensing year
- All personnel training records
- Additional records may be reviewed if the Department feels additional records may provide a more accurate reflection of agency practice.

Additionally, county processes are monitored by the Department as part of complaint investigations, Child Protective Service (CPS) investigations, random monitoring of case samples, Fatality/Near Fatality reviews and during monthly county meetings/technical assistance provided by the region.

The regions have updated the county children and youth licensing checklists to include the FFPSA requirements.

CONSULTATION AND COORDINATION

Pennsylvania recognizes that children, youth, families, child welfare representatives, and other child and family service partners need to work together as team members with shared community responsibility to achieve positive outcomes. To this end, OCYF works to ensure strong consultation and coordination with community partners in the evaluation of current practice and plans for ongoing improvement.

At the state agency level, OCYF works with partners within DHS to ensure that services outlined in the CFSP are coordinated with other federal programs serving the same population. OCYF collaborates with the department's Office of Medical Assistance Program (OMAP) and the Office of Income Maintenance (OIM) to ensure policies and procedures are in place to streamline the Medical Assistance eligibility process for children and youth entering and exiting foster care. Collaboration with the department's Office of Mental Health and Substance Abuse Services (OMHSAS) is also critical in ensuring state policies, procedures and funding structures support building a continuum of services that meet the needs of Pennsylvania's children and families served by the child welfare system. At the county level, local CCYAs and the Medical Assistance physical health managed care organizations are encouraged to develop health service coordination agreements to ensure the coordination of care to children in foster care, which includes working cooperatively to ensure children have timely access to

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening. CCYAs also work with their local County Assistance Office to coordinate assisting families in accessing the Supplemental Nutrition Assistance Program (SNAP), housing assistance, heating assistance, and other available benefits.

OCDEL administers Part C and Part B, Section 619 of the federal Individuals with Disabilities Education Improvement Act (IDEA) of 2004. OCDEL oversees the provision of PA's Early Intervention (EI) Program, which consists of services and supports designed to help families with children who have developmental delays and disabilities. CCYAs work closely with local EI providers to ensure that all eligible children from birth to five years of age in the child welfare system receive appropriate developmental screening through use of the Ages and Stages (ASQ™) and Ages and Stages: Social Emotional (ASQ:SE™) tools and when eligible, receive services and supports that help promote healthy early child development.

To make certain that children and youth are receiving comprehensive coordinated services at the county level, the department implemented the Integrated Children's Services Planning process in 2004. Integrated planning calls for all child-serving systems within a county to plan together as one system in which appropriate services can be accessed regardless of what "door" a child or youth may initially enter. This planning process is an integral first step toward building a holistic approach to serving the individual child/youth and family. When a viable solution that addresses all the child/youth's needs cannot be reached for a child/youth with multi-system needs who is receiving services from more than one county agency or organization, the department will work with counties to address these complex situations either at the regional or state level.

CHILD WELFARE WORKFORCE SUPPORT AND TRAINING

Workforce Support

As a state-supervised, county-administered state, Pennsylvania uses a collaborative approach to support and train the public and private child welfare workforce. Many organizations are involved in the efforts to support child welfare administrators, managers, supervisors, caseworkers, and private providers. As such, Pennsylvania views Family First implementation as an opportunity to reinforce strong curriculum development and meaningful training opportunities as true workforce development that will lead to the outcomes we achieve. Family First implementation will include ongoing efforts for assuring all of our trainings are rooted in trauma-informed practice that emphasizes family engagement, whole family support, collaboration with community partners, and the values and principles expressed in our child welfare practice model.

The University of Pittsburgh's School of Social Work CWERP coordinates and administers Pennsylvania's Title IV-E education programs and the CWRC under the direction and oversight of OCYF. Together, the OCYF, PCYA, the individual CCYAs, and CWRC strive to prepare and support exceptional child welfare professionals and systems through education, research, and a commitment to best practice.

The Title IV-E education programs are designed to recruit and prepare students for a career in the public child welfare field and consists of 15 BASW/BSW (Child Welfare Education for Baccalaureates or CWEB) and 12 MSW/MSS (Child Welfare Education for Leadership or CWEL) programs situated in 17 Schools of Social Work across the Commonwealth. Qualified students receive substantial financial support during their senior year in return for a legal commitment to work in one of Pennsylvania's county public child welfare agencies following graduation. Students must satisfactorily complete child welfare course work and an internship at a public child welfare agency. During the internship, most students complete some, or the entire, competency-based training required for public child welfare caseworkers. Upon graduation, students also receive assistance with their employment search.

The OCYF facilitates and sustains positive change in the child welfare system through its collaborative partnership with the CWRC in its development and delivery of competency-based training, technical assistance, and transfer of learning (TOL) to the 67 CCYAs in the Commonwealth. The CWRC also provides the OCYF implementation support, evaluation, and project management. This continuum of services is guided by the Pennsylvania Child Welfare Practice Model and Child Welfare Competencies, which are designed to build child welfare professionals' competence, confidence, and compassion to support the safety, permanency, and well-being of children involved in Pennsylvania's child welfare system. The Pennsylvania Child Welfare Practice Model and Competencies place a special emphasis on engaging families, conducting quality assessments, and teaming with families in the selection and delivery of trauma-informed and evidenced-based services that are aligned with each family's unique needs, mitigating risk factors, promoting family stability, and ensuring the safety, permanency, and wellbeing of children and families.

The CWRC continuously examines, develops, and revises its tools, materials, and curricula to meet the professional development needs of the child welfare workforce in Pennsylvania. In partnership with key stakeholders and subject matter experts, the CWRC conducts curriculum needs assessments, and develops curricula using the Analysis-Design-Development-Implementation-Evaluation (ADDIE) model. Team Based Learning™ and simulation-based learning are incorporated into curriculum design to provide both knowledge acquisition in short online modules and skills practice in instructor-led sessions.

To support successful delivery of curriculum, the CWRC recruits, selects, and trains approximately 100 contracted instructors, many of whom are current or former public child welfare professionals and subject matter experts in child welfare. The CWRC has provided the contracted instructors extensive professional development based on its instructor competencies, Team-Based Learning™, simulation-based learning, and remote delivery of training. In addition, the CWRC employs nearly 30 part-time standardized clients (SC) who have been trained to provide a realistic portrayal of a client in a variety of scenarios such as interviewing, conducting safety assessments, and full disclosure interviews. They also provide meaningful behaviorally based feedback to the learner at the conclusion of each learners' simulation. Standardized attorneys (SA), attorneys who have practiced in dependency court, conduct direct and cross examinations of the learners during a simulated dependency court hearing. At the conclusion of the learners' practice testimony, these attorneys also provide behaviorally based feedback. Additionally, the CWRC employs alumni from the child welfare

system as Youth Quality Improvement Specialists and Parent Ambassadors to assist in developing and delivering training and technical assistance.

The CWRC, in partnership with the OCYF and other technical assistance collaborative providers, provides technical assistance and transfer of learning activities designed to facilitate and sustain positive change in the child welfare workforce and system. Organizational Effectiveness (OE) services continue to be one of the main technical assistance interventions provided by the CWRC for CCYAs. These services include organizational assessments, the formation of sponsor teams and continuous improvement teams, development of processes and procedures, and continuous improvement plan implementation and monitoring at the local level. Entities who comprise the existing TA Collaborative will be utilized to support this effort and include the OCYF Regional Offices, CWRC, Statewide Adoption and Permanency Network (SWAN), PCG, the American Bar Association (ABA) and the Administrative Office of Pennsylvania Courts (AOPC). The TA Collaborative was established to bring together TA providers who work in collaboration with CCYAs to enhance the quality of child welfare services and improve outcomes for children, youth, and families. Additional goals of the collaboration are to improve communication, increase knowledge level, and enhance coordination of TA and other support services provided to CCYA.

TOL activities are also provided by the CWRC to support child welfare professionals to apply new knowledge and skills in their practice with children and families. TOL in Pennsylvania is defined as a structured, deliberate set of activities or resources intended to help participants make the connections from theoretical concept and associated skill to integrating that concept into practice. It is comprised of a planned series of steps or activities that continue outside of a learning event. A learning event is an activity, such as a training, that provides participants the knowledge, values, and skills necessary to perform their professional responsibilities. Workforce support also includes collaboration at the state, region, and county level. Networking opportunities are provided across Pennsylvania and bring together statewide technical assistance partners, private providers, and CCYA staff. Networking sessions include private and public child welfare professionals sharing support and resources related to older youth, supervision, CQI, and best practices.

Pennsylvania uses a comprehensive model to train and support the private child welfare workforce. Private provider agencies deliver a variety of in-home, community-based, and residential services. Some private providers belong to a statewide organization that offers direct programs and supports to their membership to achieve and maintain safety, permanency, and well-being for children, youth, and families. Private provider agencies also develop and deliver their own training and may also attend training at the CWRC as space is available.

The primary focus of workforce support and training for child welfare professionals in Pennsylvania is trauma, trauma-informed care, and workforce well-being. As previously noted, efforts toward trauma-informed care were outlined in a 2019 Executive Order issued by Governor Wolf to make Pennsylvania a trauma-informed, healing-centered state. Pennsylvania's plan is further detailed in the 2020 Trauma Informed PA Plan. Pennsylvania's efforts toward becoming trauma-informed and healing-centered align with

Family First and include training and workforce support to Pennsylvania's child welfare workforce.

Workforce Training

As noted earlier, as a state-supervised, county-administered state, Pennsylvania uses a collaborative approach to support and train the public and private child welfare workforce. Many organizations are involved in the efforts to support child welfare administrators, managers, supervisors, caseworkers, and private providers.

The CWRC provides entry level certification and advanced training sessions for Pennsylvania child welfare professionals at all staff levels including administrator, supervisor and manager, and caseworker (direct service workers). Certification training series offered by the CWRC include: Foundations of Leadership, Foundations of Supervision and Foundations of Pennsylvania Child Welfare Practice: Building Competence, Confidence, and Compassion.

- *Foundations of Leadership (FOL)* is a 12-hour instructor-led training that incorporates organizational effectiveness principles and assists new and seasoned administrators and their management teams with developing a change plan to effectively lead their organization. FOL is optional and strongly recommended to administrators and their management teams for their professional development.
- *Foundations of Supervision (FOS)*, the revised and redesigned certification training series for supervisors, was piloted in late 2020 and in early 2021 and will launch statewide in August 2021. County casework supervisors must complete FOS and be certified as a direct service supervisor within 18 months of the start date in their supervisor position. FOS consists of 65 hours of content delivered online, through instructor-led skills-based trainings (Team-Based Learning™ and simulation activities), and field work activities. The online and field components are prerequisites to each instructor-led training session and can be completed at the learner's own pace in their home office. The online components provide learners with the content needed to practice skills in the instructor-led training sessions. There are six instructor-led sessions and two of these sessions include simulation activities. The instructor-led sessions provide learners the opportunity to practice key supervisory skills through realistic scenarios and in a supportive learning environment. Child welfare supervisors acquire the attitude, knowledge, and skills necessary to provide quality services related to the protection of abused and neglected children and stabilizing families. FOS is designed to provide children and youth supervisors and managers with the fundamental attitudes, knowledge, and skills necessary to supervise services to children and their families and support their supervisees. This series focuses on the administrative, supportive, educational, and clinical supervisory dimensions, emotional intelligence, trauma-informed care, self-care, and addressing racial inequities.

FOS was developed as Pennsylvania concurrently prepared for the implementation of Family First; therefore, FOS content was strategically designed to align with the intent of Family First. The series supports supervisors to understand and apply a trauma-informed and

prevention-focused approach to their work with supervisees, children and families. The following is an example of how we demonstrate the connection and alignment to Family First in FOS:

- A county agency identifies an increasingly high number of youth have experienced trauma, are exhibiting challenging behaviors and other trauma responses, and are placed in congregate care. Casework staff are using congregate care because the parents/caregivers, kin and resource families available are not equipped to provide the care and support to meet the youth's needs. The agency identifies and implements an EBP that provides an in-home therapist to work with the youth, parents/caregivers, kin caregivers (when applicable) and resource families (when applicable). The goal of the EBP is to support the youth who has experienced trauma and their family to prevent the need for out of home placement. When out of home placement is needed as a last resort, the EBP works with the family to ensure placement stability with kin or a resource family. Supervisors in this activity are tasked with learning about the EBP, talking about the EBP with their supervisees, ensuring supervisees understand and buy-in to the use of the EBP when it matches the needs of the family, and monitoring the use of the EBP and congregate care to ensure a reduction in the use of out-of-home care and congregate care.

Additionally, FOS represents the first phase of the development of a comprehensive and coordinated plan to provide a continuum of supervisor preparation and support services.

- *Foundations of Pennsylvania Child Welfare Practice: Building Competence, Confidence, and Compassion (Foundations)* is the certification training series for newly hired child welfare professionals in the Commonwealth and centers on the core outcomes of safety, permanency, and well-being. Newly hired child welfare professionals must complete Foundations and be certified as direct service workers within 18 months of hire. Foundations consists of 124 hours of content delivered in online, Instructor lead (Team-Based learning™ and Simulation-Based training), and field work formats. The online delivery supports the learners in gaining factual knowledge at their own pace, at their convenience, and at their home office. Following these online pre-requisites, there are eight instructor-led sessions dedicated to application and skill practice. Instructor-led sessions consist of unique and powerful learning experiences that provide the learners opportunities to apply course concepts in a realistic setting. In Team-Based learning™, the learners come prepared, after completing online materials, to apply course concepts to solve real-world problems within a team format. In simulation-based learning, the learners come-prepared to practice course concepts through interaction with standardized clients who have been trained to provide a realistic portrayal of a client in a scenario and to provide meaningful behaviorally based feedback to the learner. This hybrid delivery of curriculum content and practice sessions promotes the adult learner to learn by doing and to practice skills in a real-life situation in a safe setting.

Multiple revisions and enhancements were made throughout the Foundations series to highlight the spirit and intent of Family First and prevention, including:

- The introduction of prevention, levels of prevention, and preventing removal of all children and youth from their home and family
- Engagement as critical for safety, permanency, and well-being
- Partnering with families in planning services and resources
- Benefits of engagement to family preservation
- The connection between engagement and accurate and complete information gathering to inform assessments, prevention plans and case plans
- Introduction to assessing and determining candidacy for foster care
- Introduction to prevention plans and prevention services
- Understanding trauma and the effects of trauma on children, youth and families served by child welfare professionals
- Effects of trauma, separation, and loss on child development
- Provision of placement prevention services to candidates for foster care and pregnant, expecting, and parenting youth in foster care
- Introduction to evidence-based practices (EBPs), the Title IV-E Clearinghouse and the consideration of EBPs in prevention planning
- Matching the unique needs of each family to services
- Prevention plans as part of Family Service Plans and the Child Permanency Plans

The content of both the FOS and the Foundations certification series aligns with Pennsylvania's Child Welfare Practice Model and Competencies and incorporates a variety of innovative training methods including online preparation course work, instructor-led skill building sessions, and field work providing additional application and practice opportunities.

All Pennsylvania child welfare professionals must earn at least 20 hours of professional development annually to maintain their certification to practice. Child welfare professionals meet this annual 20-hour requirement by selecting and completing professional development opportunities that best meet their individual learning needs The CWRC and other providers deliver a variety of training sessions for all levels of practitioners to build upon the foundational level training to increase their knowledge and skills in multiple topic areas and competencies. Administrators and other leaders attend the CWRC Leadership Academy elective courses that address topics related to the development and maintenance of an effective organization, including leadership, fiscal, and organizational development. The CWRC offers advance courses to supervisors to build their knowledge and skills in management and trauma-informed supervision. A variety of specialized and related training sessions are available for caseworkers including the following topic areas:

- Child Sexual Abuse Series
- Family Engagement (including Family Finding and Family Group Decision Making)
- Youth Engagement and Outcomes
- Drug and Alcohol
- Mental Health
- Quality Service Review
- Resource Parent related topics
- Concurrent Planning

- Recognizing and Reporting Child Abuse
- Trauma-Informed Care
- Commercial Sexual Exploitation of Children
- Child Welfare Fiscal topics
- Intimate Partner Violence

Primary focus areas for advanced level curriculum development over the upcoming fiscal year include race equity, trauma-informed care, and prevention including the best practices outlined in the Family First Prevention Services Act. Many existing CWRC courses contain elements related to Family First and will require minor revisions and enhancements to ensure the content aligns and promotes child welfare best practice under Family First.

The development of the certification series and the selection and development of advance training topics are always done in collaboration with state and county stakeholders including the OCYF, PCYA, county child welfare professionals, and other providers, including service recipients.

As part of the Family First training plan, each of these certification series and the advanced, specialized, and related courses will be carefully reviewed and cross-walked to ensure alignment with Pennsylvania's implementation of Family First, best practices, and the overall goal of prevention and trauma-informed care. Particular attention will be on the enhancement and alignment of the following topics and skill-building areas according to the unique needs of the various staffing levels including but not limited to:

- Trauma-informed prevention plans that utilize assessments and include services that are consistent with the promising, supported, or well-supported evidence-based practice models, and concrete supports to meet the unique, individual needs of the family;
- Preventing the removal of a child from the home when it is safe to do so, and preventing child abuse and neglect;
- The creation and maintenance of a prevention-focused, trauma-informed, healing-centered child welfare system;
- Identification of candidates for foster care;
- Data-driven decision making; and
- The use of CQI including overseeing and evaluating the continuing appropriateness and effectiveness of services

As outlined above, many training sessions already exist that contain topics and skill-building areas related to Family First. Additionally, the OCYF has begun providing information convening sessions to all county CCYAs about Family First with the focus on implementation, prevention services and best practices. Family First presentations and sessions are provided at quarterly PCYA meetings and other venues to county administrators and other key stakeholders. Technical assistance and TOL activities will also be provided to counties to support prevention efforts, including Safety Assessment Support Sessions, Risk Assessment Support Sessions and Family Service Planning Support Sessions. Support sessions are facilitated by CWRC Practice Improvement Specialists and OCYF Human Services Program

Representatives. Family and youth engagement models such as Permanency Round Tables, Family Team Conferences, Critical Case Reviews, Family Finding, and Family Group Decision Making are supported at the statewide and county level. TOL and TA services facilitate county partners in engaging families in the assessment of need, connecting to appropriate evidence-based and trauma-informed services, and monitoring the appropriateness and continued need of the service. The assessment competency and related skills taught in training are reinforced through TOL booster and support sessions provided to counties to enhance gathering and analyzing data and making informed decisions. The planning and monitoring competencies and skills taught in training are also strengthened through TOL activities, practice sessions, and organizational effectiveness interventions.

The Organizational Effectiveness/Regional Team Department at the CWRC helps to support organizational change and the implementation of best practice across Pennsylvania. In partnership with CCYAs and TA partners, CWRC staff engage county teams in CQI efforts to make system changes and support the agency's mission, vision, and values. Support is provided to strengthen leadership teams, including meetings with supervisors, managers, administrators, and feedback from child welfare staff. Implementation will include ongoing training and support for the child welfare workforce to successfully incorporate prevention provisions into their daily practice to:

- Identify and address challenges associated with the culture shift further support prevention efforts;
- Incorporate trauma-informed principles and practices as well as utilization of healing centered programs;
- Ensure that service array is equitable and culturally responsive; and
- Encourage CCYAs to participate in feedback loops designed to support CQI efforts to improve outcomes for the children and families served.

PREVENTION CASELOADS

As a county-administered system, CCYAs have discretion on how to organize and structure their agencies. However, PA Code governs the administration and provision of public children and youth social services. It is the responsibility of the CCYAs to determine how prevention caseloads will be assigned within the staff complement of caseworker staff. Current regulations set a maximum ratio of 1 caseworker to 30 families. However, Pennsylvania recognizes the importance of maintaining manageable caseloads to promote quality in service provision and retention of qualified staff. Therefore, Pennsylvania has supported CCYAs in expanding their staff complement to lower caseloads.

Pennsylvania is currently revising departmental regulations to lower the maximum approved caseload and supervisor ratios. The ratios are projected to be no more than the following:

- 1 to 20 by the end of the first State fiscal year following the effective date of the regulatory chapter.
- 1 to 15 by the end of the second State fiscal year following the effective date of

the regulatory chapter.

- 1 to 4 (Supervisor to Caseworker) ratios.

During annual licensing inspections, the OCYF regional office staff review individual caseload sizes. Noncompliance with the regulatory requirements referenced above is addressed through the licensing process and cited in the licensing inspection summary. Issuance of a citations requires the CCYAs to develop a plan of correction to ensure manageable caseload sizes are maintained. Caseload sizes and CCYA staff complement are also monitored by the OCYF regional offices through the Needs Based Planning and Budget Process. This process prompts the CCYAs to annually re-assess the agency's compliance with the PA Code requirement for CCYAs to organize and staff the county agency to ensure the provision of general protective services, child protective services, and direct case management of cases accepted for services. The CCYA's are required to annually submit a needs-based plan and budget estimate showing services required in PA Code relating to administration of county children and youth social service programs will be provided. The CCYAs must also address needs and problems identified in the Department's annual inspection of the CCYA. The requirements of PA Code are consistent with the purpose of the FFPSA to provide enhanced support to children and families and prevent foster care placement. PA code requires that the objectives, service projections and service budgets in the plan and budget estimate be consistent with the Commonwealth objectives to protect children from abuse and neglect, increase use of in-home services, use community based residential resources whenever possible, reduce the use of institutional placements, and reduce the duration of out of home placement.

PA Code related to child protective services and supervisory review outlines specific requirements for reports under investigation and assessment as well as for cases accepted for services. Reports under investigation or assessment must be reviewed by the county agency supervisor on a regular and ongoing basis to ensure that the level of services are consistent with the level of risk to the child. A case note must be entered at a minimum of 10 calendar day intervals during this period. When a case has been accepted for services, and a family service plan has been developed, the county agency supervisor is required to review the plan to assure that the level of activity, in person contacts with the child, oversight, supervision, and services are consistent with the level of risk for the case. This supervisory review must occur within 10 calendar days of plan completion and must be documented in the case record. Compliance with these requirements is assessed by the OCYF regional offices during file reviews, completion of technical assistance, complaint investigations, and licensing

CCYAs implementing Innovation Zones will establish caseload expectations with their respective providers as approved by the Innovation Zone Review Committee and monitored accordingly.

ATTACHMENTS

Attachment I: State Title IV-E Prevention Program Reporting Assurance
Attachment II: State Request for Waiver of Evaluation Requirement for a Well-Supported Practice
Attachment III: State Assurance of Trauma-Informed Service Delivery
Attachment IV: State Annual Maintenance of Effort (MOE) Report
Attachment V: Checklist for Program or Service Designation for HHS Consideration for Effective Black Parenting Program
Attachment VI: Governance Structure/Group Membership
Attachment VII: Innovation Zone County Checklist
Attachment VIII: Family First Implementation Team Charter
Attachment IX: Licensing Inspection of the Public Children and Youth Agency IN-HOME ONLY
Attachment X: PA 5-Year Plan Change Log
Attachment XI: Effective Black Parenting Response Log

OMB Approval No: 0970-0433
Expiration Date: 2/28/2019

B. STATE PLAN FOR TITLE IV-E OF THE SOCIAL SECURITY ACT: PREVENTION SERVICES AND PROGRAMS

STATE OF PENNSYLVANIA

U.S. Department of Health and Human Services
Administration for Children and Families
Children's Bureau
November 2018

OMB Approval No: 0970-0433
Expiration Date: 2/28/2019

As a condition of the receipt of Prevention Services and Program funds under title IV-E of the Social Security Act (hereinafter, the Act), the

PA Department of Human Services

(Name of State Agency)

submits here a plan to provide, in appropriate cases, Prevention Services and Programs under title IV-E of the Act and hereby agrees to administer the programs in accordance with the provisions of this plan, title IV-E of the Act, and all applicable Federal regulations and other official issuances of the Department. This Pre-print is provided as an option for title IV-E agencies to use over the course of the five years that the Prevention Services and Programs Plan is in effect.

The state agency understands that if and when title IV-E is amended or regulations are revised, a new or amended plan for title IV-E that conforms to the revisions must be submitted.

Federal Regulatory/ Statutory References[1]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
	Section 1. Services Description and Oversight	
471(e)(1)	A. SERVICES. The state agency provides the following services or programs for a child and the parents or kin caregivers of the child when the need of the child, such a parent, or such a caregiver for the services or programs are directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care: 1. MENTAL HEALTH AND SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES.—Mental health and substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12-month period that begins on any date described in paragraph (3) of Section 471(e) with respect to the child. 2. IN-HOME PARENT SKILL-BASED PROGRAMS.—In-home parent skill-based programs for not more than a 12-month period that begins on any date described in paragraph (3) of Section 471(e) with respect to the child and that include parenting skills training, parent education, and individual and family counseling.	OCYF Bulletin #3130-21-03 p. 2
471(e)(5)(B)([2]i)	B. OUTCOMES. The state agency provides services and programs specified in paragraph 471(e)(1) is expected to improve specific outcomes for children and families.	OCYF Bulletin #3130-21-03 p. 10

[2] Statutory references refer to the Social Security Act. Regulatory references refer to Title 45 of the Code of Federal Regulations (CFR).

Federal Regulatory/ Statutory References[1]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(5)(B)(iii)(I)- (IV) **471(e)(4)(B)**	C. PRACTICES With respect to the title IV-E prevention services and programs specified in subparagraphs (A) and (B) of paragraph 471(e)(1), information on the specific practices state plans to use to provide the services or programs, including a description of— 1. the services or programs selected by the state, and whether the practices used are promising, supported, or well- supported; 2. how the state plans to implement the services or programs, including how implementation of the services or programs will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices; 3. how the state selected the services or programs; 4. the target population for the services or programs; 5. an assurance that each prevention or family service or program provided by the state meets the requirements at section 471(e)(4)(B) of the Act related to trauma-informed service-delivery (states must submit Attachment III for each prevention or family service or program); and	Attachment III
	Section 2. Evaluation strategy and waiver request	
471(e)(5)(B)(iii)(V)	A. PRACTICES. With respect to the prevention family services and programs specified in subparagraphs (A) and (B) of paragraph 471(e)(1), information on the specific practices state plans to use to provide the services or programs, including a description of how each service or program provided will be evaluated through a well-designed and rigorous process, which may consist of an ongoing, cross-site evaluation approved by the Secretary, unless a waiver is approved for a well-supported practice; and	Pennsylvania Title IV-E Prevention Plan pp. 29-38 Attachment V EBPP Evaluation Plan pp. 3-9

Federal Regulatory/ Statutory References[1]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(5)(C)(ii)	B. REQUEST FOR WAIVER OF WELL DESIGNED, RIGOROUS EVALUATION OF SERVICES AND PROGRAMS FOR A WELL- SUPPORTED PRACTICE. The state must provide evidence of the effectiveness of the practice to be compelling and the state meets the continuous quality improvement requirements included in subparagraph 471(e)(5)(B)(iii)(II) with regard to the practice.	Attachment II
Section 3. Monitoring child safety		
471(e)(5)(B)(ii)	The state agency monitors and oversees the safety of children who receive services and programs specified in paragraph 471(e)(1), including through periodic risk assessments throughout the 12-month period in which the services and programs are provided on behalf of a child and reexamination of the prevention plan maintained for the child under paragraph 471(e)(4) for the provision of the services or programs if the state determines the risk of the child entering foster care remains high despite the provision of the services or programs.	OCYF Bulletin #3130-21-03 p. 5 Title 55, Pa. Code §3490.321 Title 55, Pa. Code §3130.61
Section 4. Consultation and coordination		

Federal Regulatory/ Statutory References[1]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(5)(B)(iv) and (vi)	A. The state must: 1. engage in consultation with other state agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described in paragraph 471(e)(2) and their parents or kin caregivers and 2. describe how the services or programs specified in paragraph (1) of section 471(e) provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with other child and family services provided to the child and the parents or kin caregivers of the child under the state plans in effect under subparts 1 and 2 of part B.	DHS Bulletin #14-Bulletin-110
Section 5. Child welfare workforce support		
471(e)(5)(B)(vii)	The state agency supports and enhances a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including— A. ensuring that staff is qualified to provide services or programs that are consistent with the promising, supported, or well- supported practice models selected; and	Title 55, Pa. Code §3490.312
	B. developing appropriate prevention plans, and conducting the risk assessments required under clause (iii) of section 471(e)(5)(B).	Title 55, Pa. Code §3490.321 Title 55, Pa. Code §3130.61 OCYF Bulletin #3130-21-03, p. 5
Section 6. Child welfare workforce training		

Federal Regulatory/ Statutory References[1]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(5)(B)(viii)	The state provides training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma- informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of the services.	Title 55, Pa. Code §3490.312
Section 7. Prevention caseloads		
471(e)(5)(B)(ix)	The state must describe how caseload size and type for prevention caseworkers will be determined, managed, and overseen.	Title 55, Pa. Code §3130.32
Section 8. Assurance on prevention program reporting		
471(e)(5)(B)(x)	The state provides an assurance in Attachment I that it will report to the Secretary such information and data as the Secretary may require with respect to the provision of services and programs specified in paragraph 471(e)(1), including information and data necessary to determine the performance measures for the state under paragraph 471(e)(6) and compliance with paragraph 471(e)(7).	Attachment I
Section 9. Child and family eligibility for the title IV-E prevention program		
471(e)(2)	A. CHILD DESCRIBED.—For purposes of the title IV-E prevention services program, a child is: 1. A child who is a candidate for foster care (as defined in section 475(13)) but can remain safely at home or in a kinship placement with receipt of services or programs specified in paragraph (1) of 471(e). 2. A child in foster care who is a pregnant or parenting foster youth.	OCYF Bulletin #3130-21-03, p. 3 and 5

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Title IV-E Plan – State of Pennsylvania

PLAN SUBMISSION CERTIFICATION

Instructions: This Certification must be signed and submitted by the official authorized to submit the title IV-E plan, and each time the state submits an amendment to the title IV-E plan.

I_____(name) hereby certify that I am authorized to submit the title IV-E Plan on behalf of Pennsylvania_____ (state). I also certify that the title IV-E plan was submitted to the governor for his or her review and approval in accordance with 45 CFR 1356.20(c)(2) and 45 CFR 204.1.

Date_____ _____
(Signature)

_____
(Title)

APPROVAL DATE:

_____

EFFECTIVE DATE:

_____

_____
(Signature, Associate Commissioner, Children's Bureau)

State Title IV-E Prevention Program Reporting Assurance

Instructions: This Assurance may be used to satisfy requirements at section 471(e)(5)(B)(x) of the Social Security Act (the Act), and will remain in effect on an ongoing basis. This Assurance must be re-submitted if there is a change in the assurance below.

In accordance with section 471(e)(5)(B)(x) of the Act, Pennsylvania Department of Human Services is providing this assurance consistent with the five-year plan to report to the Secretary such information and data as the Secretary may require with respect to title IV-E prevention and family services and programs, including information and data necessary to determine the performance measures.

Signature: This assurance must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children's Bureau Regional Office for approval.

_____ _____
(Date) (Signature and Title)

_____ _____
(CB Approval Date) (Signature, Associate Commissioner, Children's Bureau)

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice, and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements included in section

471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The Pennsylvania Department of Human Services requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e) (5)(C)(ii) of the Act for Functional Family Therapy and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children's Bureau Regional Office for approval.

(Date)	(Signature and Title)
(CB Approval Date)	(Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is an evidence-based program to treat adolescent behavior problems and substance abuse. It involves three phases of treatment, including engagement and motivation, behavior change, and generalization of skills to other contexts (Hartnett et al., 2016). FFT is considered an intensive, short-term family therapy model, usually completed during 12 sessions throughout a 90-day period. Previous evaluations of FFT provide compelling evidence that it promotes positive outcomes in youth and their caregivers, including outcomes that are of relevance to child welfare in Pennsylvania. These outcomes were achieved across multiple geographic settings (e.g., New Jersey, Celinska et al., 2013; New Mexico, Slesnick & Prestopnik, 2009; United Kingdom, Humayun et al., 2017; Sweden, Hansson et al., 2004) and with diverse populations of people (e.g., Celinska et al., 2013). Monitoring efforts of FFT in Pennsylvania corroborate these positive outcomes and suggest that families in PA will continue to benefit from FFT (Chilenski et al., 2007; EPISCenter, 2015). Thus, Pennsylvania is requesting an evaluation waiver for Functional Family Therapy.

A particular concern among youth served by Pennsylvania child welfare is behavior problems. Child behavior problems is consistently among the top four reasons for removal (United States, 2019), as well as the top General Protective Services (GPS) allegations (Commonwealth of Pennsylvania, 2018). Studies of FFT have shown that it effectively addresses child behavior problems across multiple domains. First, research evidence shows that FFT reduces externalizing behaviors, including the reduction of several risk behaviors such as suicide, self-harm, danger to others, and delinquency (Celinska et al., 2013). Impacts on other externalizing behaviors include reductions in impulsivity, anger, and aggression (Celinska et al., 2018). Next, FFT also has been shown to reduce internalizing problems (Slesnick & Pretopnik 2009). Additionally, FFT has increased positive youth behaviors, such as increasing youths' personal achievements and community involvement, as well as improving general functioning across a variety of settings, including at home, in school, and in the community (Celinksa et al., 2013). The definition of "child's behavioral problems" as a removal reason in Pennsylvania specifically includes behavior in the school and/or community that adversely affects socialization, learning, growth, and moral development; thus, research evidence showing the effectiveness of FFT on youth behavior in multiple settings suggests FFT will be effective in the domains of concern for PA. Finally, youth who participated in FFT were less likely to reoffend for drug & property offenses, illustrating an additional positive effect of FFT on child behavior that affects not only the individual and family, but the community as well (Celinska, et al., 2018).

Another concern among families served by Pennsylvania child welfare is parental behavior. For several years, neglect has been the second most common reason for removal (United States, 2019), and parental conduct that places the child at risk is a common GPS allegation (Commonwealth of Pennsylvania, 2018). FFT has positively impacted parents and guardians in addition to youth, specifically supporting parents in their creation of a stable home and increased involvement with their children (Celinska, et al., 2018).

Additionally, there are ongoing efforts in Pennsylvania to more effectively serve transition-aged youth (ages 13 and older) because these youth are at higher risk of reentering care

and being placed in a non-family setting. In 2018, transition-aged youth 13 to 20 made up one third of Pennsylvania's foster care population (The Annie E. Casey Foundation). Of the youth who were in foster care within 45 days following their 17th birthday and who completed the National Youth in Transition Database (NYTD) baseline survey, 38% reported that they had been committed to an out of home treatment facility at some point (The Annie E. Casey Foundation); this illustrates the need for programming that reduces antisocial and criminogenic behavior of older youth in Pennsylvania. Further, nearly half (49%) of youth reentering foster care are transition-aged youth (Pennsylvania Partnerships for Children, 2020); this is particularly concerning because youth who reenter care in Pennsylvania are less likely to be placed in a family-based setting compared to youth entering foster care for the first time (Pennsylvania Partnerships for Children, 2020). Studies of FFT have shown that while it is effective overall at reducing the odds of an out-of-home placement, it is especially effective at reducing out-of-home placements for older youth (Darnell & Schuler, 2015), and as has already been reviewed, decreases externalizing and antisocial behaviors. These findings suggest that FFT would be successful in serving Pennsylvania's older youth and meeting their unique needs.

PA-Specific Outcome Studies

In addition to the rigorous evaluations of FFT previously reviewed from the literature, Pennsylvania has evidence from monitoring efforts which show promising results among Pennsylvania's youth, their caregivers, and overall family dynamics after participating in FFT. First, in an outcomes evaluation of 796 youth who completed FFT in a northeastern Pennsylvania county between 2000 and 2004, 76% of youth did not violate probation during treatment, and 98% had no new charges filed by the end of treatment. Additionally, 89% of those youth avoided residential placement, 91% were drug-free, and 98% showed improved school attendance (Chilenski et al., 2007). In a different evaluation of 213 youth and their families who completed FFT between 2001 and 2005 in two eastern counties in Pennsylvania, 84% of parents improved in their use of positive parenting skills, and 71% of families improved their communication skills (Chilenski et al., 2007). Further, 66% of youth decreased their symptoms of conduct disorder and disruptive behavior disorder, 73% of youth with a substance abuse problem at intake reduced or eliminated their abuse problem, and 90% of youth avoided recidivism (Chilenski et al., 2007). Finally, results from a longitudinal outcomes evaluation of 109 youth in a western PA county showed that one year after the end of FFT treatment, 99% of youth had lower truancy rates and 89% had no new misdemeanor or felony offenses; additionally, 93% of youth had avoided residential placement by the one-year treatment follow-up (Chilenski et al., 2007).

The results of these local monitoring efforts suggest that FFT will be effective at addressing the needs of Pennsylvania's child welfare families, particularly needs related to child behavior problems, neglect, and parental behavior that put youth at risk for out of home placement. When this evidence of the success of FFT in Pennsylvania is combined with evidence of its effectiveness in the scientific literature, the evidence as a whole is compelling so as to warrant a waiver of the rigorous evaluation in Pennsylvania.

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State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice, and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The Pennsylvania Department of Human Services requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e) (5)(C)(ii) of the Act for Homebuilders and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children's Bureau Regional Office for approval.

_____	_____
(Date)	(Signature and Title)
_____	_____
(CB Approval Date)	(Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Homebuilders

Homebuilders is an intensive family preservation intervention designed to provide immediate support and services to families with children at imminent risk of out-of-home placement (Bezeczky et al., 2020). Homebuilders is based partly on crisis intervention theory, which holds that families experiencing a crisis are more ready to receive and participate in services, as well as learn new behaviors; thus, some key program characteristics of Homebuilders include: contact with the family within 24 hours of the crisis; service duration of four to six weeks; provision of concrete services and counseling; and the opportunity for families to receive up to 20 hours of service per week (Westat et al., 2002). The Homebuilders model is intentionally flexible in delivery mode and services offered so that families' unique needs can be met by the Homebuilders therapist working with each family (The Institute for Family Development). Because it is the explicit intent of the Homebuilders program to provide support to families in crisis so that a child does not have to be removed from the home, it is not only a relevant program to implement under Family First where the goal is to prevent entry and re-entry into foster care, but is also highly relevant to families served by child welfare in Pennsylvania.

The most recent State of Child Welfare Report published by Pennsylvania Partnerships for Children (2020) reported that during in 2019, 24,665 unduplicated children were served in foster care, which was a 7.3% increase from 2015. During that same year, there were 9,448 entries into foster care, 7,266 of which were first time entries. While some children entering foster care for the first time are placed in a family-based setting, more than half are placed in a non-relative home, congregate care, or supervised independent living setting. With these figures in mind, it is the goal for Pennsylvania to prevent out-of-home placements when possible, and when placement is necessary, to reduce non-relative placements.

Review of the Homebuilders literature revealed promising effects that suggest if implemented widely and with fidelity, Homebuilders would help move Pennsylvania toward reduced placements or a shift towards greater placements with kin when possible. A meta-analysis of 16 studies evaluating intensive family preservation interventions (all based on the original Homebuilders model) in three different countries found that Homebuilders is effective at reducing out-of-home placements at the child-level (Bezeczky et al., 2020). These reductions in placement were found 12 months after the completion of the intervention and only among studies where services were implemented with high fidelity to the Homebuilders model. Family-level removal rates were also examined (where multiple children were at risk of removal from a single home), and reduced out-of-home placements were found one-month post-intervention, again only among studies with high model fidelity (Bezeczky et al., 2020).

While out-of-home placements are perhaps the most overt or obvious indicator of evidence for effectiveness at reducing entry/re-entry into foster care, there are additional intervention outcomes that could be examined that are considered upstream factors contributing to removal from the home - one of these factors is family functioning. Improving family functioning is a key aim of programs whose goal is to reduce out-of-home placements. A meta-analysis reported a moderate positive effect of intensive family services such as Homebuilders on family functioning, as measured by a global indicator of parenting factors and family

interactions (Al et al., 2012). One of the studies included in the meta-analysis that found positive effects of Homebuilders on family functioning utilized the Family Environment Scale (FES), and found improvements specifically in the domains of family cohesion, expressiveness, and conflict (Feldman, 1991). Interventions that improve family functioning will bolster Pennsylvania's efforts to keep children in their homes and would also support the functioning of and relationships among kinship families with whom children are placed. 85.7% of children served in foster care in Pennsylvania in 2019 were placed in a family setting, including a pre-adoptive home or a foster family home with a relative or non-relative (Pennsylvania Partnerships for Children, 2020). While this represents an almost 6% increase in family setting placements from 2015, almost half of youth in a family setting were placed in non-relative family homes. It is the goal of Pennsylvania to provide additional support to kin families so that more children can be placed in a relative family home. Regardless of whether the family with whom the child is placed is a relative or not, all families who house a child in foster care would benefit from programs that improve family functioning and strengthen the family unit.

In sum, there is compelling evidence that Homebuilders supports family functioning and reduces out-of-home placements, both of which are key goals and needs of child welfare in Pennsylvania. Therefore, Pennsylvania is requesting a waiver of the rigorous evaluation component.

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State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice, and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The Pennsylvania Department of Human Services requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e) (5)(C)(ii) of the Act for Healthy Families America and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children's Bureau Regional Office for approval.

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(Date) (Signature and Title)

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(CB Approval Date) (Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Healthy Families America (HFA)

Healthy Families America (HFA) is a home-visiting program for new and expectant parents with the goals of promoting positive parenting, enhancing child health and development, and preventing child abuse and neglect (Harding et al., 2007). While each individual site follows a set of critical elements when implementing HFA, the program model allows for sites to tailor the details of program operation to meet their unique circumstances. Rigorous research studies of HFA have shown that it positively affects several domains related to parenting behavior and parental well-being, and reduces child abuse and neglect, all of which are needs in Pennsylvania child welfare. Further, community and statewide implementations of HFA have produced positive effects, indicating the efficacy of this program in different large-scale contexts.

First, participation in Healthy Families America has resulted in reduced rates of confirmed child maltreatment (Daro, 1999; Dew & Breakey, 2014; Falconer et al., 2011; Galano & Huntington, 2002; Harding et al., 2007), as well as reduced rates of parent self-reported psychological aggression and neglect (Duggan et al., 2005; Eckenrode et al., 2000; Harding et al., 2007; Landsverk, et al., 2002). Neglect is among the top reasons for removal in Pennsylvania, and similarly, conduct by the parent that places the child at risk is among the most common GPS allegations (Commonwealth of Pennsylvania, 2018; United States, 2019). In support of reducing harmful parenting behaviors, studies of HFA have consistently shown it results in improved parenting attitudes, measured in several studies by the "Child Abuse Potential Inventory" (Chambliss & Emshoff, 1999; Daro, 1999; Harding et al., 2007; Mitchell-Herzfeld et al., 2005;). One study conducted subgroup analyses and found that parenting attitudes improved particularly among teen parents, a finding that is highly relevant and promising given the goal of Family First to meet the needs of parenting youth in foster care (Harding et al., 2007; Mitchell-Herzfeld et al., 2005;). HFA also supported improvements in the home environment of program families, increasing the quantity and quality of positive stimulation and support available to children in the home (Chambliss & Emshoff, 1999; Daro, 1999; Duggan et al., 2005; Galano & Huntington, 1999; Harding et al., 2007). Among these improvements in supports were increased parental sensitivity and responsiveness to the child, considered components of more positive parent-child interactions (Daro, 1999; Galano & Huntington, 1999; Harding et al., 2007).

Parent inability to cope, defined as "a physical or emotional illness or disabling condition adversely affecting the caretaker's ability to care for the child," has also been among the top four most cited reasons for removal in Pennsylvania for the past several years (United States, 2019). Research shows that mothers who participated in HFA experienced a shorter duration of depression during the early years of their child's life (Harding et al., 2007; Jacobs et al., 2005; Landsverk et al., 2002). Several studies on the effectiveness of HFA also found reductions in overall parenting stress, which would reduce parents' inability to cope, thereby improving their ability to care for their children (Duggan et al., 2005; Harding et al., 2007).

In addition to the findings mentioned above, HFA has been successfully implemented at both the community and statewide levels, indicating evidence for scalability in different contexts. A community in Virginia successfully implemented HFA with positive results, specifically reducing child abuse and neglect (Galano & Huntington, 1999; 2002). At a larger scale, a

statewide evaluation in Indiana (where implementation occurred specially with families at higher risk of parenting difficulties) found that HFA improved the overall home environment, with subscale measurements indicating improved parental responsivity to and involvement with the child, as well as better home organization, more opportunities for learning, and greater variety in the daily routine (Martin, 2003). Evidence at the community and statewide level provides strong reasoning to expect positive outcomes following additional large-scale implementations in various contexts.

In summary, evaluations of HFA show it promotes positive outcomes in families, including reducing maltreatment, improving parenting efficacy and mental health, and improving the parent-child relationship. Evidence also shows that HFA is scalable and effective at both the community and statewide level. Together, this information suggests that HFA will be effective at meeting the needs of families served by Pennsylvania child welfare, and therefore, PA is requesting a waiver of the rigorous evaluation requirement for HFA.

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State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice, and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The Pennsylvania Department of Human Services requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e) (5)(C)(ii) of the Act for Multisystemic Therapy and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children's Bureau Regional Office for approval.

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_____ _____

(Date) (Signature and Title)

_____ _____

(CB Approval Date) (Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Multisystemic Therapy (MST)

Previous evaluations of Multisystemic Therapy (MST) provide compelling evidence that it promotes positive outcomes in youth and their families, including outcomes that are of particular relevance to child welfare in Pennsylvania. These positive outcomes were achieved with a variety of populations and in multiple geographic settings, indicating that similar results are highly probable with Pennsylvania's families. Further, MST has been shown to be a scalable intervention, suggesting the positive effects observed in previous evaluations will likely also be observed in additional large-scale implementations. Finally, monitoring efforts of MST in Pennsylvania suggest that it will be effective in helping Pennsylvania's child welfare families achieve positive outcomes. For these reasons, Pennsylvania is requesting an evaluation waiver for Multisystemic Therapy.

Studies have consistently shown that MST reduces serious behavioral and emotional problems in high-risk youth, as well as improves family interactions and parental effectiveness and reduces parental stress (Curtis et al., 2004, systematic review). Within Pennsylvania's child welfare population, child behavior problems fall within the top four reasons for removal (United States, 2019) and General Protective Services (GPS) allegations (Commonwealth of Pennsylvania, 2018) year after year. In addition, parental inability to cope and parental conduct that places the child at risk are of particular concern for child welfare in Pennsylvania, falling in the top four removal reasons and top two GPS allegations respectively in recent years. A meta-analysis of MST data revealed that MST has a greater impact on family outcomes than on individual outcomes, suggesting it will be effective at addressing the needs of the whole family, which is a goal of Pennsylvania's implementation of Family First (Curtis et al, 2004).

MST is also effective at reducing out-of-home placements for youth, a primary goal of the Family First legislation. In the 2017 study conducted by Vidal et al., 59% of youth in the comparison group experienced an out-of-home placement (defined as removal from parental custody due to a number of reasons such as child behavior, parent inability to cope, and abuse or neglect), compared to 41% of youth who participated in MST. This effect was corroborated in a 2014 meta-analysis of MST, suggesting that a reduction in out-of-home placements can be expected in future implementations of MST (van der Stouwe et al., 2014).

Next, there is evidence showing that MST is scalable at a state-wide level. MST was successfully implemented state-wide in Rhode Island and resulted in reduced out-of-home placement, reduced likelihood of adjudication, and reduced likelihood of placement in a juvenile training school for youth who completed MST compared to youth who did not (Vidal et al., 2017). This type of evidence is crucial to understanding the likelihood of a given intervention having effects beyond small-scale efficacy studies; successful implementation of MST and achievement of effects at a state-wide level suggests the effectiveness of MST in real-world settings and with a potentially more diverse population, thus strengthening the likelihood of positive effects in additional large-scale implementations.

In addition to the rigorously designed evaluation studies previously reviewed, Pennsylvania has supported several monitoring efforts of MST, the results of which show promising outcomes and support the effectiveness of MST for Pennsylvania youth and families.

Data from FY 2018-2019 reveal that of 1289 youth who completed their MST treatment, 98% remained at home and 89% showed improved mental health outcomes (EPISCenter, 2019). Additionally, in an implementation and outcomes monitoring evaluation of MST data from 2012-2014, 84 to 86% of clinically discharged youth over the three years examined showed improved family functioning, and 88-90% had no new criminal offenses; this is particularly applicable to PA's Family First efforts, as 71-79% of youth enrolled in MST at that time were at imminent risk of out-of-home placement or stepping down from placement (EPISCenter, 2014). In sum, several years of monitoring data from implementation of MST in Pennsylvania support the effectiveness of MST in improving outcomes among high-risk youth and their families.

In conclusion, there is strong research evidence supporting the effectiveness of MST at reducing out-of-home placements, improving individual behavior and family relations, as well as evidence supporting the scalability of MST. This compelling evidence, combined with the promising outcomes already observed among youth and their families in Pennsylvania, suggest that MST will be efficacious at meeting the needs of youth and families across the state of Pennsylvania and that a rigorous evaluation is not necessary at this time.

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State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice, and will

remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

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The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The Pennsylvania Department of Human Services requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e) (5)(C)(ii) of the Act for Nurse-Family Partnership and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children's Bureau Regional Office for approval.

_____	_____
(Date)	(Signature and Title)
_____	_____
(CB Approval Date)	(Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Nurse-Family Partnership (NFP)

Nurse-Family Partnership (NFP) is an intensive home-visiting program intended for low-income, first time mothers. The goals of NFP include improving prenatal health and pregnancy outcomes, improving child health and development early on, and improving parents' goal-setting in order to secure education and work (Miller, 2015). Reviews and meta-analyses of several randomized control trials (RCTs) of NFP provide compelling evidence that it not only achieves these goals, but also demonstrates efficacy in several additional outcome areas relevant to children and families served by child welfare in Pennsylvania. These outcomes have been observed across various cultural backgrounds and a wide variety of geographic locations (Mejdoubi et al., 2005; Olds, 2006; Robling et al., 2016). Thus, due to the compelling evidence of the efficacy of NFP in supporting the safety and well-being of families, Pennsylvania is requesting an evaluation waiver for Nurse-Family Partnership.

Previous evaluations of NFP have revealed wide applicability of its effectiveness. For instance, positive outcomes were achieved with populations of people across the United States, including in Elmira, NY, Memphis, TN, and Denver, CO, crossing a range of settings such as rural and urban. In addition, the participants from these states were White, Black, and Hispanic (Olds, 2006). Further, positive outcomes were found following implementations of NFP in the United Kingdom and the Netherlands, where NFP was successfully translated and culturally adapted (Mejdoubi et al., 2005; Robling et al., 2016). Because NFP has demonstrated flexibility in successful implementation and favorable outcomes among diverse people and settings, it is highly likely that these outcomes would be achieved in future implementations in Pennsylvania.

In addition to flexibility in implementation across contexts and achievement of positive outcomes among diverse populations of people and places, NFP has demonstrated outcomes that address the needs of families served by child welfare in Pennsylvania. In particular, these outcomes address PA's need to support the reduction of parental neglect and behavior that puts children at risk of physical or emotional harm, as well as at risk for removal from the home. Over the past several years, neglect has been the second most common reason for removal, and parental behavior that puts children at risk for physical or emotional harm is among the top allegations for General Protective Services (GPS) (Commonwealth of Pennsylvania, 2018; United States, 2019). The need for services that address child safety and maltreatment was highlighted in the 2020 needs assessment conducted as part of Pennsylvania's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. 17 of Pennsylvania's 67 counties experienced an elevated need for services to address child safety and maltreatment, while an additional 29 experienced a moderate need; only 21 counties experienced a low need in this domain (Pennsylvania Department of Human Services & PolicyLab at Children's Hospital of Philadelphia, 2020). Parents who participated in NFP showed reduced rates of child maltreatment, both when their children were young and up to as many as 15 years after participation in the program (Mejdoubi et al., 2015; Miller, 2015; Olds, 2006). This finding was particularly true for mothers who were experiencing difficult situations at the time of enrollment in NFP (operationalized as unmarried and financially poor) (Olds, 2006). Participation in NFP also resulted in reduced parental neglect, fewer visits to the emergency room for the children of participating mothers, as well as fewer visits to physicians for treatment of injuries and

ingestions (Olds, 2006).

In addition to parents reducing their harmful parenting behaviors after participating in NFP, parents also increased their use of appropriate parenting behaviors and behaviors that support healthy child development. For instance, mothers who participated in NFP exhibited less punishment and restriction of their infants' behaviors, as well as provided more appropriate play materials for their 10 and 22-month-old babies (Olds, 2006). The homes of NFP mothers were also found to be more conducive to their children's emotional and cognitive development; these positive attributes were found in addition to the home containing fewer safety hazards (Olds, 2006).

Another concern for families served by child welfare in Pennsylvania is child behavior problems; child behavior problems have been cited as the third or fourth most common reason for removal from the home for the past several years in Pennsylvania (United States, 2019). Child behavior problems or behavioral health concerns is also among the top GPS allegations in Pennsylvania (Commonwealth of Pennsylvania, 2018). Positive behavioral outcomes have been observed among children of NFP-participating mothers both when the children are young and when they are teenagers. For instance, at age two, children exhibited lower physical aggression as well as improved internalizing behaviors (Mejdoubi et al., 2015; Sidora-Arcoleo et al., 2010). Next, at 12 years old, children of mothers who participated in NFP reported lower use of cigarettes, alcohol, and marijuana, and were less likely to report internalizing disorders (Kitzman et al., 2010). Finally, several positive effects were observed among older children. In general, youth ages 11-19 were less likely to be arrested (Miller, 2005). Specifically, at a 15-year-old follow-up, youth had fewer arrests, convictions, less emergent substance use, and less promiscuous sexual activity (Olds, 2006). Similar effects were found at a 19-year-old follow-up, showing that girls were less likely to have been arrested and to have been convicted of crimes (Eckenrode et al., 2010).

Nurse-Family Partnership is well-established in Pennsylvania and serves 50 of PA's 67 counties. The most recent report published by Nurse-Family Partnership revealed positive outcomes for PA families, including 89% of babies born were full term, 85% of mothers initiated breastfeeding, 93% of babies received all immunizations by 24 months, and 66% of clients over 18 years of age were employed at 24 months postpartum (Lipper, 2020). Further, as observed via the monitoring of outcomes in a western PA county, mothers who participated in NFP experienced less physical abuse during pregnancy, which reduces the risk for parental behavior that puts the child at risk for physical and emotional harm (Chilenski et al., 2007). Additionally, a 2008 investigation into the return on investment based on a cost-benefit evaluation of NFP revealed several domains that would benefit economically in PA from wide implementation; among these domains were crime, child abuse and neglect, and substance abuse, all of which are priority areas of need for families served by child welfare in PA (Jones et al., 2008).

As reviewed above, there is robust evidence from multiple RCTs of NFP showing that NFP results in a reduction of child maltreatment and neglect among young, first-time mothers, an increase in positive parenting behaviors, as well as an improvement in child internalizing and externalizing behaviors into the teenage years. These outcomes have been observed across the

United States and in other countries, as well as among families of diverse cultures and racial backgrounds. Thus, Pennsylvania requests a waiver of the rigorous evaluation of NFP.

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State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice, and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The Pennsylvania Department of Human Services requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e) (5)(C)(ii) of the Act for Parents as Teachers and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children's Bureau Regional Office for approval.

_____ _____

(Date) (Signature and Title)

_____ _____

(CB Approval Date) (Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Parents as Teachers (PAT)

Parents as Teachers (PAT) is a home visiting, parent education model that provides services for families who are expecting a baby up and until the child(ren) is in kindergarten. The goals of PAT are to increase parent knowledge of child development, to improve parenting practices, to provide early detection of developmental delays and health issues, to prevent child abuse and neglect, and to increase children's school readiness and success (Parents as Teachers National Center, Inc., 2021). Multiple rigorous studies of PAT provide compelling evidence that this service supports favorable outcomes among youth and their caregivers, including outcomes in child social and cognitive functioning, child safety, and parenting behaviors and efficacy. PAT has been successfully translated and adapted in a non-English speaking country, and positive outcomes have been found among families with a variety of racial and ethnic backgrounds. PAT is particularly successful among families with complex needs, similar to the needs of families served by Pennsylvania child welfare. For these reasons, Pennsylvania is requesting a waiver of the rigorous evaluation of PAT.

PAT is adaptable and effective in a variety of settings with diverse families. First, it has been translated and adapted for implementation in Switzerland, where participants were of various ethnic backgrounds, including Swiss, Portuguese, Turkish, Kosovar, and Eritrean (Schaub, 2019). Studies of PAT conducted in the United States also included families from diverse backgrounds, including African American, White, and Latinx families (Johnson-Reid et al., 2018; Neuhauser, 2014; Wagner et al., 2001; Wagner & Clayton, 1999). While some of these studies conducted analyses across all participants, others included subgroup analyses indicating that the positive effects of PAT were found specifically within families of particular cultures and backgrounds, namely among Latinx families (Neuhauser, 2014; Wagner & Clayton, 1999).

Another notable distinction about PAT is that some of the strongest positive effects have been found when implemented with families at high-risk for poor developmental outcomes; these risk factors included living in poverty, housing instability, unsafe living conditions, low parental education, parental substance abuse, abuse and neglect, teenage motherhood, single motherhood, and social isolation (Chaiyachati et al., 2018; Neuhauser, 2014). Many of these same risk factors are present among families served by child welfare in Pennsylvania, and the research evidence suggests PAT would be highly effective for Pennsylvania families as well.

The positive outcomes achieved by families who participated in PAT also align with the top removal reasons and General Protective Services (GPS) allegations in PA child welfare, indicating that these needs would be successfully met by PAT. First, families who participated in PAT had lower maltreatment in general than other families. Specifically, PAT resulted in fewer overall reports of child abuse, and families had a lower percentage of having at least one Child Protective Services (CPS) report (Chaiyachati et al., 2018; Neuhauser, 2014). Next, PAT is shown to be effective at reducing parental neglect and improving parenting behaviors. For the past several years, neglect has been the second most frequent reason for child removal from the home in Pennsylvania, and parental behavior that puts the child at risk of harm has been among the top GPS allegations (Commonwealth of Pennsylvania, 2018; United States, 2019). The need for services that address child safety and maltreatment was also indicated in a 2020 needs assessment conducted as part of Pennsylvania's Maternal, Infant, and Early Childhood Home

Visiting (MIECHV) program. The needs assessment indicated that of Pennsylvania's 67 counties, 46 experienced an elevated or moderate need for services in this domain (Pennsylvania Department of Human Services & PolicyLab at Children's Hospital of Philadelphia, 2020). Families who participated in PAT not only had fewer cases of substantiated neglect (Chaiyachati et al., 2018), but PAT mothers also showed greater responsivity and sensitivity to their babies (Neuhauser et al., 2018; Wagner et al., 1999). Additionally, in an implementation of PAT with Latinx families, mothers displayed greater overall parenting efficacy (Wagner & Clayton, 1999). Finally, PAT improves child behavior, which is a great need among PA child welfare families, as child behavior problems/behavioral health concerns is one of the most common reasons for children being removed from their homes and GPS allegations (United States, 2019; Commonwealth of Pennsylvania, 2018). Children whose families participated in PAT had greater advancement in cognitive, social, and self-help development (Wagner & Clayton, 1999), as well as improved adaptive behavior, developmental status, and problem behavior at three years old (Schaub et al., 2019).

PAT in Pennsylvania:

Pennsylvania has a long history of successfully implementing PAT. PAT affiliate programs have been operating in PA since 1992, with services currently provided by 54 affiliates across the state (Parents as Teachers State Office, Center for Schools and Communities, n.d.). Since then, PAT has been meeting the needs of PA families, many of whom share common needs with families served by child welfare. For instance, according to the 2018-2019 PAT Affiliate Performance Report, 47% of families served experienced multiple stressors, including low income, substance use disorder, having a child with special needs, and having family members who are English language learners (Pennsylvania Parents as Teachers State Office, Center for Schools and Communities, 2020). Outputs and outcomes reported most recently in the 2020 PAT Affiliate Performance Report include: PAT conducted 64,348 personal visits in PA, 92% of 19 to 35-month old children were up to date with their immunizations, 3,149 potential concerns or delays (including developmental, social-emotional, hearing, vision, and physical health) were identified among children, and 605 children were referred for further assessment with 414 having received follow-up services (Parents as Teachers, 2020). Additionally, one small-scale evaluation of a PAT model adapted specifically to involve fathers (conducted in a western-PA county) found that fathers who participated in PAT reported positive changes in family functioning and resiliency, as well as increases in nurturing behaviors and attachment qualities (Wakabayashi et al., 2011).

In summary, there is robust evidence from multiple, rigorous RCTs of PAT providing evidence of its positive impact on outcomes in multiple domains of concern to child welfare in Pennsylvania, including child safety, parenting efficacy, and child behavior. These positive impacts have been found in a variety of geographic settings and among diverse families. Therefore, Pennsylvania is requesting a waiver of the rigorous evaluation of PAT.

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State Assurance of Trauma-Informed Service-Delivery

Instructions: This Assurance may be used to satisfy requirements at section 471(e)(4)(B) of the Social Security Act (the Act), and will remain in effect on an ongoing basis. This Assurance must be re-submitted if there is a change in the state's five-year plan to include additional title IV-E prevention or family services or programs.

Consistent with the agency's five-year title IV-E prevention plan, section 471(e)(4)(B) of the Act requires the title IV-E agency to provide services or programs to or on behalf of a child under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

The Pennsylvania Department of Human Services assures that in accordance with section 471(e)(4)(B) of the Act, each HHS approved title IV-E prevention or family service or program identified in the five-year plan is provided in accordance with a trauma-informed approach.

Signature: This assurance must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children's Bureau Regional Office for approval.

_____ _____

(Date) (Signature and Title)

_____ _____

(CB Approval Date) (Signature, Associate Commissioner, Children's Bureau)

U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES
Administration on Children, Youth and Families
Children's Bureau

State Annual Maintenance of Effort (MOE) Report

State: Pennsylvania	FFY:

Baseline Year:	2014 (10/1/2013-9/30/2014)
Baseline Amount: $	$ 1,112,798.65
Total Expenditures for Most Recent FFY:	

This certifies that the information on this form is accurate and true to the best of my knowledge and belief. **This also certifies that the next FFY foster care prevention expenditures will be submitted as required by law.**
Signature, Approving Official:
Typed Name, Title, Agency:
Date:

Attachment V - Section I. Summary of Programs and Services Reviewed

Table 1. Summary of Programs and Services Reviewed

To be considered for transitional payments, list programs and services reviewed and provide designations for HHS consideration.

Program or Service Name *(if there are multiple versions, specify the specific version reviewed)*	**Proposed Designations for HHS consideration** *(Promising, Supported, or Well-Supported)*
Effective Black Parenting Program (EBPP) - 15 session program	Promising

Attachment V - Section II. Standards and Procedures for a Systematic Review

(*Complete Table 2 and Table 3 to provide the requested information on the independent systematic review. The same standards and procedures should be used to review all programs and services.)*

Table 2. Systematic Review

Sections 471(e)(4)(C)(iii)(I), (iv)(I)(aa) and (v)(I)(aa) of the Act require that systematic standards and procedures must be used for all phases of the review process. In the table below, verify that systematic (i.e., explicit and reproducible) standards and procedures were used and submit documentation of reviewer qualifications. If the systematic review used the Prevention Services Clearinghouse Handbook of Standards and Procedures, indicate the relevant sections in the "Handbook Section" column. If other systematic standards and procedures were used, submit documentation of the standards and procedures

Table 2. Systematic Review	**X to Verify**	**Handbook Section**
Were the same systematic standards and procedures used to review all programs and services?	X	--
Were qualified reviewers trained on systematic standards and procedures used to review all programs and services?	X	--
Were standards and procedures in accordance with section 471(e) of the Social Security Act?	X	--
Were standards and procedures in accordance with the Initial Practice Criteria published in Attachment C of ACYF-CB-PI-18-09?	X	--
Program or Service Eligibility: Were systematic standards and procedures used to determine if programs or services were eligible for review? At a minimum, this includes standards and procedures to:	X	2
• Determine if a program or service is a mental health, substance abuse, in-home parent-skill based, or kinship navigator program; and	X	2.1
• Determine if there was a book/manual or writing available that specifies the components of the practice protocol and describes how to administer the practice.	X	2.1.2
Literature Review: Were systematic standards and procedures used to conduct a comprehensive literature review for studies of programs and services under review? At a minimum, this includes standards and procedures to:	X	3
• Search bibliographic databases; and Search other sources of publicly available	X	3.1 and 3.2
• Studies (e.g., websites of federal, state, and local governments, foundations, or other organizations).	X	3.1 and 3.2
Study Eligibility: Were systematic standards and procedures used to determine if studies found through the comprehensive literature review were eligible for review? At a minimum, this includes standards and procedures to:	X	4
• Determine if each study examined the program or service under review (as described in the book/manual or writing) or if it examined an adaptation;	X	4.1.6
• Determine if each study was published or prepared in or after 1990;	X	4.1.1
• Determine if each study was publicly available in English;	X	4.1.3
• Determine if each study had an eligible design (i.e., randomized control trial or quasi-experimental design);	X	4.1.4
• Determine if each study had an intervention *and* appropriate comparison condition;	X	4.1.4

Table 2. Systematic Review	X to Verify	Handbook Section
• Determine if each study examined impacts of program or service on at least one 'target' outcome that falls broadly under the domains of child safety, child permanency, child well-being, or adult (parent or kin-caregiver) well-being. Target outcomes for kinship navigator programs can instead or also include access to, referral to, and satisfaction with services; and		4.1.5
• Identify studies that meet the above criteria and are eligible for review.		4.1
Study Design and Execution: Were systematic standards and procedures used to determine if eligible studies were well-designed and well-executed? At a minimum, this includes standards and procedures to:		5
• Assess overall and differential sample attrition;	N/A	
• Assess the equivalence of intervention and comparison groups at baseline and whether the study statistically controlled for baseline differences;		5.7 and 5.8
• Assess whether the study has design confounds;		5.9.3
• Assess, if applicable, whether the study accounted for clustering (e.g., assessed risk of	N/A	
• Assess whether the study accounted for missing data; and		5.9.4
• Determine if studies meet the above criteria and can be designated as well-designed and well-executed.		5.2 using 5.1 – 5.9
Defining Studies: Sometimes study results are reported in more than one document, or a single document reports results from multiple studies. Were systematic standards and procedures used to determine if eligible, well-designed and well-executed studies of a program and service have non-overlapping samples?		4.1
Study Effects: Were systematic standards and procedures used to examine favorable and unfavorable effects in eligible, well-designed and well-executed studies? At a minimum, this includes standards and procedures to:		5.10
• Determine if eligible, well-designed and well-executed studies found a favorable effect (using conventional standards of statistical significance) on each target outcome; and		5.10
• Determine if eligible, well-designed and well-executed studies found an unfavorable effect (using conventional standards of statistical significance) on each target or non-target outcome.		5.10
Beyond the End of Treatment: Were systematic standards and procedures used to determine the length of sustained favorable effects beyond the end of treatment in eligible, well-defined and well-executed studies? At a minimum, this includes standards and procedures to:		6.2.3
• Identify (and if needed, define) the end of treatment; and		6.2.3
• Calculate the length of a favorable effect beyond the end of treatment.		6.2.3
Usual Care or Practice Setting: Were systematic standards and procedures used to determine if a study was conducted in a usual care or practice setting?		6.2.2
Risk of Harm: Were systematic standards and procedures used to determine if there is evidence of risk of harm?		6.2.1
Designation: Were systematic standards and procedures used to designate programs and services for HHS consideration (as promising, supported, well-supported, or does not currently meet the criteria)? At a minimum, this includes standards and procedures to:		6

Table 2. Systematic Review	X to Verify	Handbook Section
• Determine if a program or service has one eligible, well-designed and well-executed study that demonstrates a favorable effect on a target outcome and should be considered for a designation of promising;[3]		6
• Determine if a program or service has at least one eligible, well-designed and well-executed study carried out in a usual care or practice setting that demonstrates a favorable effect on a target outcome at least 6 months beyond the end of treatment and should be considered for a designation of supported; and	No	6
• Determine if a program or service has at least two eligible, well-designed and well-executed studies with non-overlapping samples carried out in usual care or practice settings that demonstrate favorable effects on a target outcome; at least one of the studies must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on a target outcome*;* and should be considered for a designation of well-supported	No	6
Reconciliation of Discrepancies: Were systematic standards and procedures used to reconcile discrepancies across reviewers? (applicable if more than one reviewer per study)	X	7.3.1
Author or Developer Queries: Were systematic standards and procedures used to query study authors or program or service developers? (applicable if author or developer queries made)	NA	

[3]1If a cluster randomized study permits individuals to join clusters after randomization, the estimate of the effect of the intervention on individual outcomes may be biased if individuals who join the intervention clusters are systematically different from those who join the comparison clusters.

Table 3 Independent Review

The systematic review must be independent (i.e., objective and unbiased). In the table below, verify that an independent review was conducted using systematic standards and procedures by providing the names of each state agency and external partner that reviewed the program or service. States must answer all applicable questions in the affirmative.

Submit MOUs, Conflict of Interest Policies, and other relevant documentation.

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Table 3. Independent Review	**X to Verify**
Was the review independent (conducted by reviewers without conflicts of interest including those that authored studies, evaluated, or developed the program or service under review)?	X
Was a Conflict of Interest Statement signed by reviewers attesting to their independence? If so, attach the statement.	X
Was a Memorandum of Understanding (MOU) signed by external partners (if applicable)? If so, attach MOU(s).	**NA (contracts)**

Table 4. Determination of Program or Service Eligibility

Fill in the table below for each program or service reviewed.

Table 4. Determination of Program or Service Eligibility:	❒ **to Verify**
Does the program or service have a book, manual, or other available documentation specifying the components of the practice protocol and describing how to administer the practice? Provide information about how the book/manual/other documentation can be accessed OR provide other information supporting availability of book/manual/other documentation.	X Materials, and training, can be purchased from the developer – the Center for Improving Child Care. See http://www.cicc parenting.org/index.php
Is the program or service a mental health, substance abuse, in-home parent-skill based, or kinship navigator program or service? Identify the program or service area(s).	X EBPP is an in- home parent- skill based program.

Table 5. Determination of Study Eligibility

Fill in the table below for each study of the program or service reviewed. Provide a response in every column; N/A or unknown are not acceptable responses. The response in columns iii, v, vi, vii, and ix must be "yes" or "no." The response in column ix is "yes" only when the responses in columns iii, v, vi, and vii are "yes."

i. Study Title/Authors	ii. Publicly Available Location	iii. Is the study in English? (Yes/No)	iv. Design (RCT, QED, or other). If other, specify design.	v. Did the intervention condition receive the program or service under review in accordance with the book/manual/documentation? (Yes/No)	vi. Did the comparison condition receive no or minimal intervention or treatment as usual? (Yes/No)	vii. Did the study examine at least one target outcome? (Yes/No)	viii. Year Published	ix. Eligible for Review? (Yes/No)
Myers et al (1992)	Journal of Community Psychology, vol 20, April 1992, pp. 132 – 147	Yes	Cluster QED	Yes	Yes	Yes	1992	Yes

Table 6. Studies that are "Well-Designed" and "Well-Executed"[4]

Provide an electronic copy of each of the studies determined to be eligible for review and determined to be "well-designed" and "well-executed."

List all eligible studies that are "well-designed" and "well-executed" (Study Title/Author)
Myers, H. F., K. T. Alvy, A. Arrington, M.A. Richardson, M. Marigna, R. Huff, M. Main, and M. D. Newcomb. "The impact of a parent training program on inner-city African American families." Journal of Community Psychology, vol 20, April 1992, pp. 132 - 147.

[4]For reference, the Prevention Services Clearinghouse Handbook Chapter 5 defines "well-designed" and "well-executed" studies as those that meet design and execution standards for high or moderate support of causal evidence. Prevention Services Clearinghouse ratings apply to contrasts reported in a study. A single study may have multiple design and execution ratings corresponding to each of its reported contrasts.

Table 7. Study Design and Execution

For each study eligible for review and determined to be "well-designed" and "well-executed," fill out the table below. Provide a response in every column; N/A or unknown are not acceptable responses for columns i, ii, iii, v, vi, and vii. The response in column ii must be "yes."

i. Study Title/Authors	ii. Verify the Absence of all Confounds?	iii. List Measures that Achieved Baseline Equivalence	iv. List Measures that did NOT Achieve Baseline Equivalence but were Statistically Controlled for in Analyses	v. Overall Attrition[3] (for RCTs only)	vi. Differential Attrition[4] (for RCTs only)	vii. Does Study Meet Attrition Standards?	viii. Notes, as needed
Myers et al (1992)	Yes	Cohort 1 contrasts with baseline equivalence: (a) PARQ hostile rejection (*g* = 0.19); (b) CBCL-boys withdrawn (*g* = 0.06); (c) CBCL-boys hyperactivity (*g* = 0.09); (d) CBCL-girls sexual behavior problems (*g* = -0.06). Cohort 2 contrasts with baseline equivalence: (a) PPI praise (*g* = 0.08); (b) PPI hitting/spanking (*g* = -0.05); and, (c) CBCL-girls social competence (*g* = -0.11).	Cohort 1 contrasts without baseline equivalence: (a) PARQ warmth (*g* = 0.61); (b) PARQ undifferentiated rejection (*g* = 0.33); (c) RETRO relationship with targeted child (no baseline information and no family co- factor baseline information); (d) RETRO relationship with other family members (no baseline information and no family co- factor baseline information); and, (e) CBCL-girls depression (*g* = 0.45). Cohort 2 contrasts without baseline equivalence: (a) PARQ hostile (*g* =0.55); (b) PARQ undifferentiated rejection (g = 0.28); (c) CBCL-boys delinquent (g = 0.71); and (d) CBCL-girls delinquent (g = 0.79).	N/A – the study is a QED	N/A – the study is a QED	N/A – the study is a QED	N/A

[3] For reference, the Prevention Services Clearinghouse Handbook section 5.6 defines o*verall attrition* as the number of individuals without post-test outcome data as a percentage of the total number of members in the sample at the time that they learned the condition to which they were randomly assigned.

[4] For reference, the Prevention Services Clearinghouse Handbook section 5.6 defines *differential attrition* as the absolute value of the percentage point difference between the attrition rates for the intervention group and the comparison group

Table 8. Study Description

For each study eligible for review and determined to be "well-designed" and "well-executed," fill out the table below to describe the practice setting and study sample as well as affirm that the program or service evaluated was not substantially modified or adapted from the version under review. Provide a response in every column; N/A or unknown are not acceptable responses. The response in column v must be "yes."

i. Study Title/Authors	ii. Was the study conducted in a usual care or practice setting?	iii. What is the study sample size?	iv. Describe the sample demographics and characteristics of the intervention	v. Describe the sample demographics and characteristics of the comparison group	vi. Verify that the program or service evaluated in the study was ***NOT*** substantially modified or
Myers et al (1992)	Yes	13 elementary schools in South Central LA (9 intervention and 4 comparison total). Cohort 1: analytic sample was 64 intervention and 28 comparison, although 193 intervention families and 35 comparison families completed pretests. Cohort 2: 45 intervention and 36 comparison families (analytic sample) although 196 and 65 families completed pretests, respectively	Cohort 1. On average, parents/caregivers, predominantly mothers (95%), were 31.34 years old, completed 12.88 years of education, had 3.20 children, and 3.94 dependents. Forty percent of parents/caregivers had never married. The average family income was $9,336 with 75 percent receiving governmental aid. Cohort 2. On average, parents/caregivers, predominantly mothers (96%), were 33.75 years old, completed 13.71 years of education, had 2.86 children, and 3.80 dependents. Thirty-six percent of parents/caregivers had never married. The average family income was $10,580 with 75 percent receiving governmental aid.	Cohort 1. On average, parents/caregivers, predominantly mothers (91%), were 31.38 years old, completed 13.06 years of education, had 3.18 children, and 4.03 dependents. Thirty-eight percent of parents/caregivers had never married. The average family income was $13,162 with 68 percent receiving governmental aid. Focusing on group mean differences, percent mothers was 0.42; age was - 0.01; years of education was – 0.10; number of children – 0.01; number of dependents -0.05; never married 0.05; family income - 0.49; and percent receiving governmental aid 0.22. Cohort 2. On average, parents/caregivers, predominantly mothers (93%), were 32.20 years old, completed 12.62 years of education, had 3.03 children, and 3.87 dependents. Thirty-five percent of parents/caregivers had never married. The average family income was $10,357 with 70 percent receiving governmental aid. Focusing on group mean differences, percent mothers was 0.42; age was 0.17; years of education was 0.46; number of children – 0.10; number of dependents -0.04; never married 0.04; family income 0.03; and percent receiving governmental aid 0.16.	Yes, this is the original program as designed. The developer is an author of the study.

Table 9. Favorable Effects

*For each study eligible for review and determined to be "well-designed" and "well-executed," fill out the table below listing only target outcomes with **favorable effects**. Provide a response in every column; N/A or unknown are **not acceptable** responses.*

Only contrasts given "moderate" causal rating in this review with statistically significant findings are presented as those are contrasts with favorable effect.

i. Study Title/Authors	ii. List the Target Outcome(s)	iii. List the Outcome Measures	iv. List the Reliability Coefficients for Each	v. Are Each of the Outcome Measures Valid?	vi. Are Each of the Outcome Measures Systematically Administered?	vii. List the P-Values for Each of the Outcome Measures	viii. List the Size of Effect for Each of the Outcome Measures	ix. Indicate the Length of Effect Beyond the End of Treatment (in months)
Myers et al (1992) Cohort 1	Child Well-being	CBCL-Girls: Sexual behavior problems	NR	Yes	Yes	.001	-1.19	Post – not specified in article but assumed less than 6 months post
Myers et al (1992) Cohort 2	Adult Well-being	PPI: Praise	0.93	Yes	Yes	.03 (study <.009)	0.85	Post – not specified in article but assumed less than 6 months post
	Adult Well-being	PPI: Hitting/Spanking	0.62	Yes	Yes	.012 (study < .03)	-0.72	Post – not specified in article but assumed less than 6 months post
	Child Well-being	CBCL-Girls: Social competence		Yes	Yes	.011 (study <.05)	0.72	Post – not specified in article but assumed less than 6 months post

Table 10. Unfavorable Effects

*For each study eligible for review and determined to be "well-designed" and "well-executed," fill out the table below listing only target outcomes with**unfavorable effects**. Provide a response in every column; N/A or unknown are not acceptable responses.*

Only contrasts given "moderate" causal rating in this review with statistically significant findings are presented as those are contrasts with unfavorable effects.

i. Study Title/Authors	ii. List the Target or Non-Target Outcome(s)	iii. List the Outcome Measures	iv. List the Reliability Coefficients for Each	v. Are Each of the Outcome Measures Valid?	vi. Are Each of the Outcome Measures Systematically Administered?	vii. List the P-Values for Each of the Outcome Measures	viii. List the Size of Effect for Each of the Outcome Measures	ix. Indicate the Length of Effect Beyond the End of Treatment (in months)

Table 11. Program or Service Designation for HHS Consideration

Fill out the table below for the program or service reviewed. Only select one designation. Answer questions relevant to the selected designation; relevant questions must be answered in the affirmative.

Table 11. Program or Service Designation for HHS Consideration	❒ **to Verify**
There is ***NOT*** sufficient evidence of risk of harm such that the overall weight of evidence does not support the benefits of the program or service.	
	❒ **the Designation and Provide a Response to the Questions Relevant to that Designation**
Well-Supported	
• Does the program or service have at least two eligible, well-designed and well-executed studies with non-overlapping samples[5] that were carried out in a usual care or practice setting?	Yes, the two cohorts contained within Myers et al (1992) are two well-designe[5]d and well-executed studies with non-overlapping samples carried out in a usual care setting.
• Does one of the studies demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome	No, no data were collected 12 months or more post end of treatment for both groups.
Supported	
• Does the program or service have at least one eligible, well-designed and well-executed study that was carried out in a usual care or practice setting and demonstrate a sustained	No, no data were collected 6 months or more post end of treatment for both groups.
Promising	

[5] [5]Samples across multiple sources of a study are considered overlapping if the samples are the same or have a large degree of overlap. Findings from an eligible study determined to be "well-executed" and "well-designed" may be reported across multiple sources including peer-reviewed journal articles and publicly available government and foundation reports. In such instances, the multiple sources would have overlapping samples. The findings across multiple sources with these overlapping samples should be considered **one** study when designating a program or service as "well-supported," "supported," and "promising."

Table 11. Program or Service Designation for HHS Consideration	❒ **to Verify**
• Does the program or service have at least one eligible, well-designed and well-executed study and demonstrate a favorable effect on at least one 'target outcome'?	Myers et al (1992) has four eligible, well- designed and well-executed contrasts that demonstrate a favorable effect on target outcomes. Cohort 1: CBCL Girls – Sexual Behavior Problems. Cohort 2: PPI – Praise; PPI – Hitting/spanking; CBCL Girls – Social Competence

I. Intervention, Target Population, and Evaluation Goals and Rationale

The focal intervention and population are described in this section. Additionally, we articulate the goals and rationale for the evaluation.

A. Effective Black Parenting Program

The Effective Black Parenting Program (EBPP) is one of three parenting programs developed by the Center for the Improvement of Child Caring (CICC). It is a parenting education program developed specifically for Black parents that teaches them a "positive approach to parenting and conveys important information about the ways children learn" (California Evidence Based Clearinghouse, 2020). The program aims to "prepare [parents] to use a variety of communication and disciplinary skills such as: effective praising, effective verbal confrontation, family rule guidelines, and the Thinking Parent's Approach" (CICC, n.d.). EBPP honors the history of Black people, recognizing the "special parenting challenges that racism and prejudice have created" (CICC, n.d). The program is taught as a series of classes with each class covering specific topics and teaching associated skills.

The EBPP was designed as a 15-session program to be offered to small groups. Delivery is recommended as weekly 3-hour sessions (45 hours). However, other studies evaluated EBPP adapted to fit within 8 weeks or an abbreviated 6.5-hour seminar.[1] Trained instructors present the program, demonstrate and model skills, and provide individual consultation to parents on home behavior change projects. Families complete homework – behavior change projects – with focal children. The program is scripted, which we believe means the manual gives the facilitator every word they should say. There is no clear indication in the studies reviewed or the developer's website of implementation or fidelity supports beyond the scripted manual and training offered by the developer.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) reviewed evidence on the effectiveness of EBPP. It found that EBPP is a "promising" program in two topic areas: (1) the "parent training programs that address behavior problems in children and adolescents" and (2) "prevention of child abuse and neglect (secondary) programs".

A review of evidence about the effectiveness of EBPP, conducted for the City of Philadelphia by Mathematica, found EBPP to be a "promising" program based on the Title IV-E Prevention Services Clearinghouse (PSC) Handbook, Version 1. The PSC defines a promising program as having "at least one contrast[2] in a study that achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome" (Wilson et al. 2019, p. 43). We found one eligible study of EBPP, Myers et al (1992), which had seven contrasts rated moderate on study design and execution. Four of seven contrasts had favorable effects – that is statistically significant effects less than 6 months after the end of the program. Therefore, the study meets the bar for being a promising program.

The remaining three contrasts did not have statistically significant effects. (Mathematica Team 2021)

[1] The PSC may determine that the adaptation related to dose is not an acceptable adaptation.

[2] A contrast is defined as an outcome at a specific time for two groups. Studies frequently have multiple contrasts due to collecting multiple outcomes at multiple points in time.

Table 1. Immediate post-programming contrasts included in Myers et al (1992)

Contrast (Outcome/Cohort)	Rating	Hedges' g	*p*-value	Categorization of Finding[a]
Parental Acceptance-Rejection Questionnaire (PARQ) Hostile Rejection / Cohort 1	Moderate	-0.22	.531	n.a.
Child Behavioral Checklist (CBCL)-Boys: Withdrawn / Cohort 1	Moderate	-0.65	.063	n.a.
CBCL-Boys: Hyperactivity / Cohort 1	Moderate	-0.58	.099	n.a.
CBCL-Girls: Sexual behavior problems / Cohort 1	Moderate	-1.2	.001	Favorable
Parenting Practices Inventory (PPI): Praise / Cohort 2	Moderate	0.85	.003	Favorable
PPI: Hitting/spanking / Cohort 2	Moderate	-0.73	.012	Favorable
CBCL-Girls: Social competence / Cohort 2	Moderate	0.73	.011	Favorable
PARQ: Warmth / Cohort 1	Low	-0.07	.835	n.a.
PARQ: Undifferentiated Rejection / Cohort 1	Low	-0.24	.495	n.a.
Retrospective Family Relationships Questionnaire (RETRO): Relationship w/ Target Child / Cohort 1	Low	0.36	.300	n.a.
RETRO: Relationships w/ Other Family Members / Cohort 1	Low	0.72	.040	n.a.
CBCL-Girls: Depression / Cohort 1	Low	-0.22	.532	n.a.
PARQ: Hostile Rejection / Cohort 2	Low	-0.39	.168	n.a.
PARQ: Undifferentiated Rejection / Cohort 2	Low	-0.45	.116	n.a.
CBCL-Boys: Delinquent Behavior / Cohort 2	Low	1.49	.000	n.a.
CBCL Girls: Delinquent Behavior / Cohort 2	Low	0.45	.113	n.a.

Source: Master Review Guide and EBPP systematic review memo (Mathematica Team 2021).

Note: Hedge's *g* and *p*-value calculated using the Master Review Guide, author-provided M and SD, and an intraclass correlation of 0.10. For details on formulas, see Wilson et al (2019).

[a]Findings were categorized as favorable or unfavorable based on PSC guidance. Findings were categorized as n.a. if the contrast rating was low or the finding was non-significant.

n.a. = not applicable.

Parent education programs aim to teach more positive and less coercive child management skills. Most parent education program are developed for white middle-class parents and have questionable utility for ethnic minority and low-income families (Myers et al 1992). However, culturally appropriate skill building could offer additional support to parents and children.

EBPP is a cognitive behavior therapy-based parenting program incorporating historical and contemporary sociocultural issues into child management strategies and skills. Based on the Confident Parenting Program, EBPP focuses on (1) describing and counting specific behaviors; (2) use of behavior-specific praise; and (3) behavioral consequences, including disapproval, ignoring, timeout or incentives. EBPP includes the Family Practice Guideline Strategy to help parents articulate rules and reasons for rules. The Thinking Parents Approach, which focuses on developmentally appropriate causes for behavior and getting parents to think before acting, is also part of the EBPP training.

Discipline is framed within the historical and contemporary context to contrast traditional and modern discipline. EBPP explores how coercive parenting practices have been institutionalized to protect children but may interfere with raising empowered young adults.

B. Target Population

The target population is Black families, specifically Black parents raising Black children. The literature suggests the program has been used with urban Black families. The CEBC indicates the target population is "African-American families at risk for child maltreatment" (CEBC » Program › Effective Black Parenting Program (cebc4cw.org)).

This evaluation focuses on Black families living in Philadelphia referred to a prevention program based on concerns of possible child maltreatment. Families may live anywhere within the City of Philadelphia.

C. Evaluation Goals and Rationale

The evaluation will provide additional evidence about the effectiveness of EBPP for Black urban families who are identified as at risk for child maltreatment. The evaluation is designed so that a rating of moderate support of causal evidence for study design and execution is possible. The evaluation is designed to collect outcomes more than 6 months post-programming, which if statistically significant positive effects are found could result in a program rating of supported by the PSC.

II. Evaluation

This section discusses characteristics of the evaluation including design, sample, data collection, and analytic plans. Both an impact and a process evaluation are planned.

A. Evaluation Design

The evaluation will include both an impact evaluation – estimating the effects of EBPP on key parenting and child outcomes – and a process evaluation.

Impact evaluation design

The evaluation will use a clustered quasi-experimental design, with families being identified as in the intervention group (participating in EBPP) or the comparison group (not offered EBPP) based on the agency they are referred to for prevention services. Data will be collected at four points in time: baseline (upon enrollment), immediate post-programming (at the end of the EBPP programming), 6-months post-programming, and 12-months post-programming.

The comparison group may be identified using propensity score matching if families served by the comparison agencies are not equivalent to the families served by the intervention agencies on pretests and key demographics (race/ethnicity and SES) as defined by the PSC.

Impact evaluation research questions

The same set of 10 outcomes are used for each impact research question. The outcomes are:

a. reduced parenting stress as measured by the parenting distress subscale of the Parental Stress and Coping Inventory;

b. increased appropriate discipline as measured by the Parenting Practices Inventory (PPI);
c. decreased harsh and inconsistent discipline as measured by the PPI;
d. increased positive verbal discipline as measured by the PPI;
e. decreased physical punishment as measured by the PPI;
f. increased praise and incentives as measured by the PPI;
g. increased clear expectations as measured by the PPI;
h. fewer substantiated hotline reports;
i. fewer families being accepted for services; and,
j. fewer children or youth in the family being placed in care.

- Immediately following participation in EBPP, do Black families demonstrate the outcomes listed above more than Black families who did not participate in EBPP?
- Six months following participation in EBPP, do Black families demonstrate the outcomes listed above more than Black families who did not participate in EBPP?
- Twelve months following participation in EBPP, do Black families demonstrate the outcomes listed above more than Black families who did not participate in EBPP?

Process evaluation design

The process evaluation will use existing and expanded continuous quality improvement (CQI) processes within Philadelphia DHS and its provider community to monitor fidelity of implementation of EBPP. Additionally, interviews with staff (supervisors and group leaders) providing EBPP will be conducted. Finally, focus groups with parents referred to EBPP will be conducted.

Process evaluation research questions

- Was EBPP delivered with fidelity?
- What facilitated delivery of EBPP to families?
- What facilitated engagement of families in EBPP?
- What hindered delivery of EBPP to families?
- What hindered engagement of families in EBPP?

Intervention condition

Black families in the intervention condition will participate in both the regular prevention program and EBPP. EBPP will be offered as a 15-week program, as described in Myers et al. (1992) with groups starting on a rolling basis.

Comparison condition

Black families in the comparison condition will participate in only the regular prevention program.

The evaluation is a test of EBPP, with both conditions being offered the same prevention services as usual.

B. Data Collection and Sample

The sample is comprised of Black families referred to a single prevention program. However, there are multiple providers, some of which provide EBPP and others that do not. If a family is referred to a provider offering EBPP, then they are eligible for participation in EBPP (intervention group). If a family is referred to a provider not offering EBPP then they will be considered a possible member of the comparison group.

Eligibility criteria

To be eligible for the evaluation, families must meet the eligibility criteria for the prevention program. Prevention programming, for the purpose of this evaluation, includes an array of non-placement services offered in the families' homes that aim to prevent out-of-home dependent placement services. Additionally, families must be enrolled in the prevention program and identify as Black.

Data collection

Impact evaluation

Prevention service providers will collect data from both the intervention and comparison groups using surveys designed for this evaluation that incorporate the selected outcome measures. Additionally, administrative data will be used to track calls to the hotline or placement of children and youth.

Families will be asked to complete surveys at four points: baseline (upon enrollment in the preventive service), immediately following the end of the EBPP session (or 15-weeks post-baseline), 6-months following the end of the EBPP session (or 45-weeks post-baseline), and 12-months following the end of the EBPP session (or 67-weeks post-baseline). Administrative data will be used to look at the three administrative data outcomes at each of the three follow-ups – in the first 15 weeks since referral, in the 45 weeks since referral, or in the 67 weeks since referral.

The evaluation will use the Parenting Practices Inventory (PPI) as its primary instrument. The PPI includes the following scales: (a) appropriate discipline, (b) harsh and inconsistent discipline, (c) positive verbal discipline, (d) monitoring, (e) physical punishment, (f) praise and incentives, and (g) clear expectations. The full instrument, a scoring spreadsheet, and instructions can be found on the Incredible Years website.[3]

The Parental Stress and Coping Inventory (Daire, Gonzalez, and O'Hare 2016) will be used to measure: (a) parental distress, (b) social support, and (c) family-based support.

Additionally, administrative data will be used to assess the degree to which one of three outcomes occurs: (a) a subsequent substantiated hotline report was made for a child or youth in the family; (b) the family was accepted for traditional child welfare services; or (c) a child or youth in the family is placed in care.

Process evaluation

The process evaluation will utilize data from DHS' continuous quality improvement (CQI) and monitoring and evaluation systems, which will be tailored to capture relevant data related to fidelity. Additionally, data from observing 10 percent of EBPP sessions provided will be collected using an observation form that captures elements important to fidelity.

[3] See https://www.incredibleyears.com/for-researchers/measures/ for the 2019 and 2003 versions of the PPI and scoring guides.

To capture information about implementation and experiences with EBPP, the evaluation will use protocols for interviews (or focus groups) with supervisors, EBPP group leaders, and participating parents will be used. Of particular interest will be factors contributing to the success or challenges related to implementation of and engagement with EBPP.

C. Analytic Plan

Impact evaluation

Prior to undertaking analyses, analytic files will be created by combing survey responses and administrative data at the family level.

Data cleaning
Surveys and administrative data will be merged using a unique case identifier, created for each family when a hotline report is made and shared with prevention program providers. Scores will be constructed for subscales and total scales following the instructions provided by the instrument developers.

All variables will be examined for outliers. Decisions on how to address outliers could include: (a) replacing extremely high or low values with the M +/- 2 SD or (b) dropping the families from the analytic file. Sensitivity analyses will be conducted to determine whether the findings are robust to the outliers.

Assessment of baseline equivalence
Initial assessment of baseline equivalence will be conducted with all EBPP-participating families (intervention families) or who received prevention services as usual in the same time frame as the intervention families. If there are significant differences on pretests, race/ethnicity, or socioeconomic status then propensity score matching will be conducted to identify comparable groups.

Analytic approach
Analyses will be conducted with the full sample of families using a complete case approach for each timepoint. Families with missing baseline data will be excluded from all analyses. Families missing survey data for a particular subsequent survey administration will be removed from that analysis but not others. That is, a family who did not complete the PPI at six months will be excluded from the analysis focusing on PPI outcomes at six months but included in analyses looking at the PSI at six months or the PPI at 12 months.

Regression will be used to estimate the effect of participating in EBPP (to any extent) on focal outcomes. Linear regression will be used for those outcomes that are continuous in nature – for example, scores on the PPI both the full scale and subscales. Logistic regression will be used for outcomes that are binary, including substantiated hotline report, family accepted for services, or family accepted for placement services. Regression analyses will be adjusted for clustering, that is, adjusting the standard errors to account for the for the intragroup correlation between families served by the same agency.

Regression models will include the intervention status as the independent variable. Additional baseline data could be added as covariates to help with precision, including the pretest score for the outcome, characteristics of the family (number of children, average age of children) and socioeconomic status. As EBPP should only be offered to Black families, we anticipate the intervention and comparison groups will only include families who identify as Black.

Sensitivity analyses
Sensitivity analyses will be conducted to assess whether findings are robust to the exclusion of all families with outlying values or to using different values to adjust for outlying values.

Additional sensitivity analyses will be conducted with a dataset in which cases with missing values are included. Two approaches will be taken to address missing data: (a) multiple imputation for intervention and comparison groups independently and (b) imputation of the median value and use of an indicator that a value was imputed.

Implementation evaluation
All interviews and focus groups will be recorded to facilitate analysis. A team will be formed who will review all interviews and focus groups and develop codes to systematically document factors that facilitated or inhibited the delivery of EBPP to Black families and the engagement of Black families in EBPP.

CQI data will be reviewed regularly to document (and address) any concerns with fidelity. Trend analysis will be conducted to determine whether fidelity increased or decreased over time and if there are differences by provider or group leader. If there are significant differences, sensitivity analyses may be conducted focusing on particular time periods of implementation, providers, or group leaders.

Study Limitations

The evaluation is limited in part due to the quasi-experimental design, which reduces the extent to which the effects can be attributed to the intervention. Verifying similarity between the intervention and comparison groups using baseline equivalence on outcomes as well as key demographic characteristics helps to mitigate this limitation. The plan to utilize propensity score matching to identify as comparable a comparison group as possible will help to mitigate the limitation.

Reporting, Disseminating, and Using Findings

We anticipate at least three reports will be written and disseminated among Philadelphia Department of Human Services staff and community partner agencies. Each report will focus on a single time point – that is immediate post-programming, 6-months post-programming, and 12-months post-programming. Each report should be viewed as an independent report with an assessment of baseline equivalence and determination of whether to use propensity score matching being conducted for each report. Reports will be drafted to provide all information necessary for a review by the Title IV-E Prevention Services Clearinghouse.

Each report will include findings from the process evaluation. For example, the percentage of families who received the recommended dosage or the percentage of group observations with acceptable fidelity. The report will discuss facilitators of or barriers to delivery and engagement of families.

Data Security and Privacy

A. Procedures for protecting participants

The City of Philadelphia has an Institutional Review Board (IRB) that can provide support and consultation as needed to ensure that all evaluation procedures protect participants and adhere to guidelines designed to protect human subjects. Additionally, Philadelphia's Department of Human

Services has an External Research Committee comprised of senior members of its research team and a senior attorney from the City's Law Department. These entities, in consultation with Mathematica, will ensure that all study procedures are designed in a manner that protects and upholds the rights and welfare of all study participants.

A. Procedures to safeguard data

The City of Philadelphia has extensive, state-of-the-art data safeguards in place to promote data security and prevent data breaches. The City's Office of Information and Technology (OIT) continuously works to ensure that the City has access to appropriate technology that safeguards confidential client-level data. A copy of OIT's most recent strategic plan with goals to continuously improve data security can be found here: https://www.phila.gov/media/20191016132244/IT-Strategic-Plan-2019.pdf. Likewise, Mathematica also maintains appropriate technology and procedures to ensure data security for confidential data. All data shared between the City and Mathematica is done so via secure and safe data transfer methods and subject to our contractual agreement outlining the protection of confidential data.

Evaluation Roles and Responsibilities

The City of Philadelphia has an established contractual relationship with Mathematica, a national research firm. Mathematica will lead and provide oversight for all evaluation activities described in this plan.

Mathematica is a for-profit organization that serves as an insight partner to illuminate the path to progress for public- and private-sector change makers. Mathematica applies expertise at the intersection of data, methods, policy, and practice, translating big questions into deep insights that weather the toughest tests. Driven by a mission to improve the public well-being, Mathematica collaborates closely with clients to improve programs, refine strategies, and enhance understanding. Mathematica staff are widely recognized as experts and contributors to high quality research and innovative evaluation methods.

Mathematica staff comprise more than 1,200 experts across the country and around the globe, partnering with federal agencies, state and local governments, foundations, universities, professional associations, and businesses. Mathematica is reimagining the way the world gathers and uses data, surfacing evidence that guides decisions in areas ranging from health, education, child welfare, and family support to nutrition, employment, disability, criminal justice, and international development.

The Philadelphia Department of Human Services' Division of Performance Management and Technology (PMT) also has a robust research and evaluation team with leadership that have extensive applied research and evaluation experience. The Chief of PMT, the Operations Director of Research and Evaluation, and the Senior Research Officer all have PhDs and applied research and evaluation expertise. PMT leadership and staff will work collaboratively with the Mathematica team to conduct the evaluation.

Timeline

Philadelphia plans to implement EBPP during FY22 and will outline a more detailed timeline for evaluation activities after the implementation.

Budget

The City of Philadelphia currently has a contract with Mathematica to lead and support all evaluation activities for the process and impact evaluations for the Effective Black Parenting Program.

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Memo

To: Philadelphia DHS

From: Mathematica Team

Date: 3/15/2021

Subject: Effective Black Parenting Program

This memorandum documents work completed as part of a systematic review of Effective Black Parenting Program (EBPP) for the City of Philadelphia. Mathematica wrote this memorandum to support the City of Philadelphia, and ultimately the State of Pennsylvania, in submitting necessary documentation for Administration for Children and Families (ACF) to determine whether EBPP is eligible for transitional payments until the Title IV-E Prevention Services Clearinghouse (PSC) completes their review of EBPP.

As part of the review, Mathematica completed the Children's Bureau Attachment B "Checklist for Program or Service Designation for HHS Consideration" issued with Program Instruction ACYF-CB-PI- 19-06 "Transitional Payments for the Title IV-E Prevention and Family Services and Programs." The completed Attachment is an appendix to this memo.

Overview

The City of Philadelphia contracted with Mathematica to provide a range of consulting services to support implementation of the Family First Prevention Services Act (FFPSA). As part of that work, Mathematica conducted a systematic review of EBPP using the PSC Handbook to guide decisions. Based on that assessment of the evidence, and out of the three potential PSC-ratings for the program evidence (promising, supported, or well-supported), EBPP is a **promising** program.

The PSC defines a promising program as having "at least one contrast[1] in a study that achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome" (Wilson et al. 2019, p. 43). We found one eligible study of EBPP, Myers et al (1992), which had seven contrasts rated moderate on study design and execution. Four of seven contrasts had favorable effects – that is statistically significant effects less than 6 months after the end of the program. Therefore, the study meets the bar for being a promising program. The remaining three contrasts did not have statistically significant effects. A requirement for a program being rated as supported or well-supported is that a study includes contrasts rated high or moderate more than 6 months post-end of program. Myers et al (1992) did not have contrasts rated moderate on study design that were more than 6 months post-end of program; therefore, EBPP is not eligible to be rated either supported or well-supported.

Review Team and Conflict of Interests

Dr. M.C. Bradley and Ms. Tori Rockwell conducted the literature search and reviews for the systematic review of EBPP. Both have experience working on other federal clearinghouse efforts including the What Works Clearinghouse and Home Visiting Evidence of Effectiveness, which use standards similar to the PSC Design and Execution Standards. Additionally, Dr. Herb Turner of Analytica Inc provided quality assurance feedback

[1] A contrast is defined as an outcome at a specific time for two groups. Studies frequently have multiple contrasts due to collecting multiple outcomes at multiple points in time.

on the study review guide developed by Dr. Bradley and Ms. Rockwell.

Dr. Bradley and Ms. Rockwell each reviewed the study. One person took responsibility for documenting the review in an Excel spreadsheet (known as a Study Review Guide) developed by Mathematica as part of the work for the City of Philadelphia. The Study Review Guide used a publicly available version of the What Works Clearinghouse Study Review Guide as its foundation, modifying as necessary to reflect the PSC Design and Execution Standards. Dr. Bradley and Ms. Rockwell met to discuss each study, generating a Master Study Guide based on their consensus. Dr. Turner reviewed the Master Review Guide and provided feedback on the application of PSC Design and Execution Standards and documentation of that work.

None of the staff involved in the review effort have a relationship with the developer of EBPP – the Center for the Improvement of Child Caring (CICC) – or the study authors. Mathematica considers the review impartial and independent of external influence.

Effective Black Parenting Program (EBPP)

The Effective Black Parenting Program (EBPP) is one of three parenting programs developed by the Center for the Improvement of Child Caring. It is a parenting education program developed specifically for Black parents and teaches them a "positive approach to parenting and conveys important information about the ways children learn" (California Evidence Based Clearinghouse, 2020). The program aims to "prepare [parents] to use a variety of communication and disciplinary skills such as: effective praising, effective verbal confrontation, family rule guidelines, and the Thinking Parent's Approach" (CICC, n.d.). EBPP honors the history of Black people, recognizing the "special parenting challenges that racism and prejudice have created" (CICC, n.d). The program is taught as a series of classes with each class covering specific topics and teaching associated skills.

The EBPP was designed as a 15-session program to be offered to small groups. Delivery is recommended as weekly 3-hour sessions (45 hours). However, other studies evaluated EBPP adapted to fit within 8 weeks or an abbreviated 6.5-hour seminar.[2] Trained instructors present the program, demonstrate and model skills, and provide individual consultation to parents on home behavior change projects. Families complete homework – behavior change projects – with focal children. The program is scripted and there is no clear indication in the studies reviewed or the developer's website of implementation or fidelity supports beyond the scripted manual and training offered by the developer.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) reviewed the EBPP finding it a "promising" program in the "parent training programs that address behavior problems in children and adolescents" and "prevention of child abuse and neglect (secondary) programs" topic areas.

Program or Service Area(s)

EBPP was reviewed in the area of in-home parenting skills-based programs[3] for the PSC. EBPP is a skill-based program that provides direct intervention to the parents/caregivers of children and adolescents at risk of child maltreatment or placement outside the home. EBPP is typically implemented in birth family homes, foster or kinship care, as well as outpatient clinics and community-based organizations (CEBC, 2020). CICC (n.d.) states it created EBPP to educate Black parents not only on child development, but "how to productively deal with a wide range of challenging behaviors." Localities that implemented, but not necessarily evaluated, EBPP include South Central Los Angeles, Philadelphia, and Washington, D.C.

[2] The PSC may determine that the adaptation related to dose is not an acceptable adaptation.

[3] The PSC does not require "in-home parenting skills-based programs" to be offered only in homes. Please see the PSC Handbook Version 1 for the specific definition

Handbook, Manual, and Program Documentation

The Center for the Improvement of Child Caring sells materials related to EBPP including a manual, a CD of support materials (charts, diagrams, and promotional flyers), a Parent Handbook, and promotional and celebratory materials (promotional CD, flyers, graduation certificates). The Center for the Improvement of Child Caring offers an instructor workshop, which is a 5-day training.

Eligible Studies

Based on a comprehensive literature search involving electronic databases, public websites, and Google Scholar, one study was identified and determined to be eligible for review under the PSC Design and Execution Standards.

- Myers, H. F., K. T. Alvy, A. Arrington, M.A. Richardson, M. Marigna, R. Huff, M. Main, and M. D. Newcomb. "The impact of a parent training program on inner-city African American families." Journal of Community Psychology, vol 20, April 1992, pp. 132 - 147.

The Master Review Guide (MRG), documenting the details of Mathematica's review of this study, can be requested from the City of Philadelphia.

Well-Designed and Well-Executed Studies

Mathematica found 7 of 16 contrasts within the Myers et al (1992) study were rated moderate support of causal evidence, indicative of a well-designed and well-executed study. Appendix A presents the data requested in Program Instruction ACYF-CB-PI-19-06 Attachment B.

The study is a clustered quasi-experimental study with elementary schools identified as intervention (EBPP) or comparison (business as usual). First and second grade families were invited to participate (i.e. volunteer be part of the study) in the study in two cohorts a year apart. A total of 13 elementary schools in South Central Los Angeles were included across the two cohorts – 9 of the 13 schools were identified as intervention while 4 were identified as comparison. The cohorts were analyzed separately, however.

Families with students in the intervention elementary schools participate in EBPP. Intervention families were offered a 15-session version of EBPP by African American professionals using the Pyramid of Success for Black Children. During the sessions, "pride in Blackness" was discussed and reinforced along with paying attention to positive communication about ethnicity and helping children cope with racism.
Parents were taught to explore rules for their children in the Family Rule Guideline Strategy and to "think before they act" in the Thinking Parents' Approach.

There is no indication of what comparison families received, so it is assumed they received business-as- usual, which is likely no specific parenting training, particularly no parenting training designed specifically for parents of Black students.

Population

Cohort 1 included families from 6 intervention and 4 comparison elementary schools. The study sample was comprised of 193 intervention group parents and 35 control group parents. The average EBPP parent in the first cohort was around 31 years old, with 3 children in the household and a family income of
$9,336. Four of the seven contrasts with moderate support of causal evidence were Cohort 1 contrasts.

Cohort 2 included families from all 13 schools (9 intervention and 4 comparison). The study sample consisted of 196 intervention group parents and 65 control group parents. In the second cohort, the average EBPP parent was slightly

older than their control group counterpart (34 years old). Similar to Cohort 1 , EBPP parents in Cohort 2 parents had approximately 3 children on average; average family income for parents in the second cohort was just over $10,500. Three of the seven contrasts with moderate support of causal evidence were Cohort 1 contrasts.

Across both cohorts and treatment conditions, never married parents made up the largest share of participating parents and a vast majority of families reported having received government aid.

Data

The evaluation team collected data using surveys. There is nothing to suggest the data were collected differently by condition or cohort.

The surveys collected both demographic data, "family factors," and outcome data. Outcomes varied by cohort. Table 1 presents the information collected.

Table 1. Data collected in Myers et al (1992)

Cohort	Demographic Data[a]	Family Factor Data[b]	Outcome Data
1	Parental age Number of children Number of dependents Family income Parental education (years) Respondent – Mother Respondent – Father/Other Married Divorced Separated Widowed Never Married Receipt of Governmental Aid	SES (three-factor system) Social Role Strain Questionnaire Parental substance abuse Hopkins Symptom Checklist	Parental Acceptance-Rejection Questionnaire (PARQ) – Warmth PARQ – Undifferentiated Rejection PARQ – Hostile Rejection Retrospective Family Relationships Questionnaire (RETRO) – Relationship with Target Child RETRO – Relationship with other family members Child Behavior Checklist (CBCL) – Boys – Withdrawn CBCL – Boys – Hyperactivity CBCL – Girls – Sexual Behavior Problems CBCL – Girls Depression

Cohort	Demographic Data[a]	Family Factor Data[b]	Outcome Data
2	Parental age Number of children Number of dependents Family income Parental education (years) Respondent – Mother Respondent – Father/Other Married Divorced Separated Widowed Never Married Receipt of Governmental Aid		PARQ – Hostile Rejection PARQ – Undifferentiated Rejection Parenting Practices Inventory (PPI) – Praise PPI – Hitting/Spanking CBCL – Boys – Delinquent Behavior CBCL – Girls – Delinquent Behavior CBCL – Girls – Social Competence

Source: Myers et al. (1992). Note: Type text here.

[a]The review could asses baseline equivalence on the demographic data. However, these variables were not included in the MANCOVA or ANCOVAs used to estimate effects.

[b]The family factor variables were included in the MANCOVA and ANCOVAs used to estimate effects. However, no baseline data were presented for the family factors, so equivalence could not be assessed.

Study Design and Execution Rating

Seven of the 16 contrasts are rated moderate support of causal evidence. The other nine contrasts are rated low support of causal evidence Seven of the low support of causal evidence are due to failure to demonstrate baseline equivalence – that is the pretest difference, assessed as Hedge's *g*, is greater than |0.25| SD. Two are rated low support of causal evidence due to a failure to meet the PSC measurement standards - both use the Retrospective Family Relationships Questionnaire (RETRO).

Statistical Models

Myers et al (1992) conducted MANCOVAs followed by ANCOVAs if the group*time interaction was significant. The pretest was included as a covariate along with "family factors," for which baseline equivalence could not be assessed.

The use of MANCOVAs, followed by ANCOVAs, that include the pretest as a covariate, is an acceptable statistical model as there are no endogenous covariates (see section 5.9.1 of the PSC Handbook Version 1).

Measurement Standards

All outcomes have face validity. The authors do not provide reliability information for the RETRO, which is not a well-known measure. Contrasts using the RETRO were rated low support for causal evidence for this reason. The authors do not provide reliability information for the Children's Behavior Checklist (or CBCL); however, this is a widely accepted standardized measure so the measure was not considered a reason for a low support for causal evidence.

The authors provided reliability information for all other measures that met PSC standards (see section 5.9.2 of the PSC Handbook Version 1). There is nothing to indicate data were not collected in a similar fashion across condition or cohort.

Design Confounds

No design confounds were identified (see section 5.9.3 of the PSC Handbook Version 1). There are some baseline differences on demographic characteristics, see the Baseline Equivalence section below, but none seem to meet the criteria

for the substantially different characteristics confound. There are multiple providers of EBPP, so there is not a N=1 person-provider confound. Multiple schools contributed families to the sample, so there is not a N=1 administrative unit confound.

Missing Data

Analyses included only families who contributed both pretest and outcome data.

Baseline Equivalence

Seven contrasts across Cohort 1 and Cohort 2 are rated low support for causal evidence as the baseline difference on the outcome is greater than |0.25| SD, presented as Hedges' *g*. Cohort 1 included three contrasts for which this was true: Parental Acceptance-Rejection Questionnaire (PARQ) warmth, PARQ undifferentiated rejection, and CBCL girls delinquent behavior. Cohort 2 included four contrasts for which this was true: PARQ hostile rejection, PARQ undifferentiated rejection, CBCL boy delinquent behavior, and CBCL girl delinquent behavior.

Additionally, while not clearly a "substantially different characteristics confound," there are demographic characteristics with differences greater than |0.25| SD, presented as Hedges' *g*. These include family income, mother as respondent, father/other guardian as respondent, and all martial states except married for Cohort 1. For Cohort 2, these include parent number of years of school, mother as respondent, father or other guardian as respondent, and widowed.

Table 2. Baseline equivalence on demographic characteristics for Myers et al (1992)

Variable / Cohort	Intervention (EBPP) Group				
	n	Proportion / Mean (Standard Deviation)	n	Proportion / Mean (Standard Deviation)	
Parental age / Cohort 1	64	31.34 (6.75)	28	31.38 (8.06)	- 0.01
Number of children / Cohort 1	64	3.20 (1.67)	28	3.18 (1.36)	0.01
Number of dependents / Cohort 1	64	3.94 (1.71)	28	4.03 (1.49)	- 0.05
Family income / Cohort 1	64	9,336 (5,674)	28	13,162 (11,066)	-0.49
Parental education / Cohort 1	64	12.88 (1.88)	28	13.06 (1.49)	-0.10
Respondent: Mother / Cohort 1	64	0.95	28	0.91	0.42
Respondent: Father/Other / Cohort 1	64	0.05	28	0.09	-0.42
Married / Cohort 1	64	0.29	28	0.32	-0.09

Variable / Cohort	Intervention (EBPP) Group				
	n	Proportion / Mean (Standard Deviation)	n	Proportion / Mean (Standard Deviation)	
Divorced / Cohort 1	64	0.11	28	0.18	-0.34
Separated / Cohort 1	64	0.19	28	0.12	0.32
Widowed / Cohort 1	64	0.02	28	0.00	n.a.
Never married / Cohort 1	64	0.40	28	0.38	0.05
Receive governmental aid: yes / Cohort 1	64	0.75	28	0.68	0.22
Receive governmental aid: no / Cohort 1	64	0.25	28	0.32	-0.22
PARQ – Warmth / Cohort 1	64	73.77 (5.14)	28	70.48 (5.41)	0.61
PARQ – Undifferentiated rejection / Cohort 1	64	15.45 (3.82)	28	14.22 (3.51)	0.33
PARQ – Hostile rejection / Cohort 1	64	25.64 (6.85)	28	24.26 (7.59)	0.19
CBCL – Boys – Withdrawn / Cohort 1	64	58.53 (6.35)	28	58.14 (5.23)	0.06
CBCL – Boys – Hyperactivity / Cohort 1	64	59.53 (4.96)	28	59.00 (7.85)	0.09
CBCL – Girls – Sexual behavior problems / Cohort 1	64	60.03 (6.16)	28	60.46 (7.47)	-0.06
CBCL – Girls – depression / Cohort 1	64	57.72 (5.71)	28	55.54 (1.05)	0.45
Parental age / Cohort 2	45	33.75 (8.51)	36	32.20 (9.36)	0.17
Number of children / Cohort 2	45	2.86 (1.66)	36	3.03 (1.77)	-0.10
Number of dependents / Cohort 2	45	3.80 (1.62)	36	3.87 (1.86)	-0.04
Family income / Cohort 2	45	10,580 (6,908)	36	10,357 (6,720)	0.03
Parental education / Cohort 2	45	13.71 (2.43)	36	12.62 (2.63)	0.46
Respondent: Mother / Cohort 2	45	0.96	36	0.93	0.42
Respondent: Father/Other / Cohort 2	45	0.04	36	0.07	-0.42
Married / Cohort 2	45	0.24	36	0.23	0.01
Divorced / Cohort 2	45	0.13	36	0.17	-0.19
Separated / Cohort 2	45	0.20	36	0.17	0.10
Widowed / Cohort 2	45	0.04	36	0.07	-0.44
Never married / Cohort 2	45	0.36	36	0.35	0.04
Receive governmental aid: yes / Cohort 2	45	0.75	36	0.70	0.16
Receive governmental aid: no / Cohort 2	45	0.25	36	0.30	-0.16

Variable / Cohort	Intervention (EBPP) Group

	n	Proportion / Mean (Standard Deviation)	n	Proportion / Mean (Standard Deviation)	
PARQ – Hostile rejection / Cohort 2	45	26.76 (5.93)	36	23.75 (4.64)	0.55
PARQ – Undifferentiated rejection / Cohort 2	45	15.82 (2.55)	36	15.03 (3.00)	0.28
PPI - Praise / Cohort 2	45	4.07 (0.80)	36	4.00 (0.79)	0.08
PPI – Hitting/spanking / Cohort 2	45	2.58 (0.92)	36	2.63 (0.91)	-0.05
CBCL – Boys – Delinquent behavior / Cohort 2	45	63.38 (5.94)	36	59.56 (4.44)	0.71
CBCL – Girls – Delinquent behavior / Cohort 2	45	61.25 (4.12)	36	58.33 (2.94)	0.79
CBCL – Girls – social competence / Cohort 2	45	43.74 (9.30)	36	44.71 (7.58)	-0.11

Source: Myers et al (1992) and Master Review Guide.

Note: Cohort 1 included 5 intervention and 2 comparison schools. Cohort 2 included 9 intervention and 4 comparison schools. No information was provided on the number of schools that contributed families to data collections, for the purposes of the Master Review Guide it was assumed all schools contributed at least one family to each data collection effort (baseline and follow-up).

n.a. = not applicable.

Contrasts

Table 3 presents all 16 contrasts included in Myers et al. (1992). The contrasts rated moderate are presented first, as those contribute to the program rating of promising. Contrasts rated low are presented at the end of the table.

Table 3. Immediate post-programming contrasts included in Myers et al (1992)

Contrast (Outcome/Cohort)	Rating	Hedges' g	*p*-value	Categorization of Finding[a]
Parental Acceptance-Rejection Questionnaire (PARQ) Hostile Rejection / Cohort 1	Moderate	-0.22	.531	n.a.
Child Behavioral Checklist (CBCL)-Boys: Withdrawn / Cohort 1	Moderate	-0.65	.063	n.a.
CBCL-Boys: Hyperactivity / Cohort 1	Moderate	-0.58	.099	n.a.
CBCL-Girls: Sexual behavior problems / Cohort 1	Moderate	-1.2	.001	Favorable
Parenting Practices Inventory (PPI): Praise / Cohort 2	Moderate	0.85	.003	Favorable
PPI: Hitting/spanking / Cohort 2	Moderate	-0.73	.012	Favorable
CBCL-Girls: Social competence / Cohort 2	Moderate	0.73	.011	Favorable

Contrast (Outcome/Cohort)	Rating	Hedges' g	*p*-value	Categorization of Finding[a]
PARQ: Warmth / Cohort 1	Low	-0.07	.835	n.a.
PARQ: Undifferentiated Rejection / Cohort 1	Low	-0.24	.495	n.a.
Retrospective Family Relationships Questionnaire (RETRO): Relationship w/ Target Child / Cohort 1	Low	0.36	.300	n.a.
RETRO: Relationships w/ Other Family Members / Cohort 1	Low	0.72	.040	n.a.
CBCL-Girls: Depression / Cohort 1	Low	-0.22	.532	n.a.
PARQ: Hostile Rejection / Cohort 2	Low	-0.39	.168	n.a.
PARQ: Undifferentiated Rejection / Cohort 2	Low	-0.45	.116	n.a.
CBCL-Boys: Delinquent Behavior / Cohort 2	Low	1.49	.000	n.a.
CBCL Girls: Delinquent Behavior / Cohort 2	Low	0.45	.113	n.a.

Source: Master Review Guide.

Note: Hedge's *g* and *p*-value calculated using the Master Review Guide, author-provided M and SD, and an intraclass correlation of 0.10. For details on formulas, see Wilson et al (2019).

[a]Findings were categorized as favorable or unfavorable based on PSC guidance. Findings were categorized as n.a. if the contrast rating was low or the finding was non-significant.

n.a. = not applicable.

Summary

EBPP is a well-established parenting program for Black parents, with limited implementation supports and evaluations eligible for review by the PSC. The one eligible study is from 1992 and includes promising findings for EBPP. No evidence of harm was identified, although most contrasts were not statistically significant.

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Welty, Jamey	OHMSAS
Buhrig, Cathy	OIM
Gasiewski, Kathleen	OIM
Smith, Thomas, Jr	OIM
Lickers, Eve	OMAP
Clark, Terry	PCCYFS

Name	Agency
Byers, Michael	CWRC
Mattern, Dave	PCCYFS
Shedlock, Sandra	PCG
Figueroa, Cynthia	Philadelphia County
Sally-Macmillan, Shana	Philadelphia County
Miller, Rachel	PPC
Sharp, Jim	RCPA
Wagaman, Courtney	The Impact Project
Williams, Gary	Philadelphia County
Knapp, Daniel	Philadelphia County
Terrell, Luciana	Philadelphia County
Thomas, Carmen	Philadelphia County
Rodriguez, Liza	Philadelphia County
Thompson, Allison	Philadelphia County

PA Child Welfare Council

Name	Agency
Heidi Epstein	American Bar Association Center for Children and the Law
Nancy Kukovich	Adelphoi
Sandra Moore	Administrative Office of the Pennsylvania Courts
Jessica Staller	Allegheny County
Kira Fatherree	Allegheny County
Marc Cherna	Allegheny County
Cynthia Stoltz	Allegheny County
Michele Fronheiser	Bucks County
Charles Johns	Butler County
Carl Ayers	Casey Family Programs
Wendell Kay	CCAP Human Services Committee
Cathleen Palm	Center for Children's Justice
Dr. Rachel Berger	Child Advocacy Center at Children's Hospital of Pittsburgh
Michael Byers	PA Child Welfare Resource Center
Anita Paukovits	Children's Home of Easton
Dr. Cindy Christian	Children's Hospital of Philadelphia
Kathleen Creamer	CLS Philadelphia
Jeff Steiner	DADs Resource Center
Marissa McClellan	Dauphin County
Peter Blank	DOH
Jeff Geibel	DDAP
Roseann Perry	OCYF
Amy Grippi	OCYF
Gloria Gilligan	OCYF
Charles Neff	OCYF
Jennie Pettet	OCYF
Jon Rubin	OCYF

Name	Agency
Michele Walsh	OCYF
Tia Petrovitz	OCYF
Elysa Springer	OCYF
Amber Kalp	OCYF
Natalie Bates	OCYF
Cindy Gariepy	OCYF
Carrie Keiser	OCYF
Amanda Dorris	OCYF
Jared Ebert	ODP
Lisa Parker	OCDEL
Britany Nolan	OCYF
Judy Damiano	SWAN Diakon
Cris Swank	SWAN Diakon
Rick Azzaro	SWAN Diakon
Maura McIlerney	Educational Law Center
Sarah Wasch	UPenn Field Center for Children's Policy, Practice and Research
Michelle Gerwick	George Jr. Republic
Rebecca Van der Groef	Hoffman Homes for Youth
Rick Steele	JCJC
Robert Tomassini	JCJC
Jennifer Pokempner	Juvenile Law Center
William Browning	Lackawanna County
Crystal Natan	Lancaster County
Rhonda Asaro	Lycoming County
Tara Wilcox	McKean County
Nicole Yancy	OAR
Scott Talley	OMHSAS
Jeanne Edwards	CWRC
Greg Rowe	PA District Attorneys Association
Rachael Miller	PA Partnerships for Children
Kari King	PA Partnerships for Children
Mike Pennington	PCCD
Jennie Noll	Penn State University, Network on Child Protection and Well-Being
Brian Bornman	PCYA
Terry Clark	PCCYFS
David Mattern	PCCYFS
Angela Liddle	Family Support Alliance
Kimberly Ali	Philadelphia County
Laura Morris	Philadelphia County
Gary Williams	Philadelphia County
Luis Santiago	Philadelphia County
Cynthia Schnieder	Philadelphia County
Michael Pratt	Philadelphia County
Robin Chapolini	Philadelphia County
Waleska Maldonado	Philadelphia County

Name	Agency
Sandra Shedlock	Public Consulting Group
Kevin Zacks	Public Consulting Group
Sara Zlotnik	Stoneleigh Foundation
Frank Cervone	Support Center for Child Advocates
Courtney Wagaman	The Impact Project
Nancy Clemens	Tioga County
Anne Schlegel	Washington County
Helene Cahalane	University of Pittsburgh
Shara Savikis	Westmorland County
Susan Clayton	York County
Nate O'Lay	George Jr. Republic
Melissa Erazo	OCYF
Gregory Young	Office of Juvenile Justice and Delinquency Prevention
Caitlin Robinson	OCYF
Brian Waugh	OCYF
Gabrielle Williams	OCYF
Alicia Tyler	OCYF

PA Child Welfare Council

Name	Agency/Region
Jennie Pettet	OCYF
Roseanne Perry	
Natalie Bates	
Cortney Derocher	
Wendy Unger	Child Welfare Resource Center (CWRC)
Christine Spencer	
Jeanne Edwards	
Gerry Lynn Butler	OCYF Northeast
Tom Deisenroth	
Eve Ammons-Johnson	
Will Wilson	
Tricia Johannsen	
Brian Waugh	
Kahisha Taylor	OCYF Southeast
Tineshia Hairston	
Penney Hall	
Jennifer Canty	
Jalisa Hunter	
Caitlin Robinson	
Russ Cripps	CWRC Southeast
Andy Grimm	
Gabi Williams	OCYF Central
Faith Blough	
Kip Cherry	

Name	Agency/Region
Cathy Gemberling	
Nick Ranney	CWRC Central
Nathan Humes	OCYF West
Rebecca Lewandowski	
Jameekia Barnett	
John Lindblom	
Alicia Clark	
Amber Kalp	
Jen Caruso	CWRC West
Steve Edison	

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This tool should be used by counties working with provider agencies to critically assess their ability and capacity to implement, support, and monitor a process by which private agency service prevention providers can be contracted to:

- Adequately document why a child/youth is at significant risk of placement absent a prevention service that listed in Pennsylvania's 5 Year Prevention Plan to support the county agency's ability to determine candidacy for foster care.
- Develop an appropriate, child-specific prevention plan that meets the need of the child/youth and family to reduce the risk of out-of- home placement.
- Deliver trauma-informed and evidence-based services while ensuring fidelity to the model.
- Periodically assess the candidate's risk and safety no less than every six months as described in Pennsylvania's 5 Year Prevention Plan.
- Provide necessary data to the county for accurate billing and to ensure CQI and Evaluation requirements can be met.

The questions and considerations in this document should be used to help inform and guide a county's submission for a Title IV-E Prevention Services Innovation Zone and are the minimum requirements for a proposal submission. Depending on the information submitted in the proposal, OCYF may need additional information to accurately assess the Innovation Zone plan.

Table 1: Candidacy Determination and Prevention Plan Development

The questions in this section are specific to the County Agency's supervision of Provider Responsibilities related to assessment of candidacy.	
☐	How will the county ensure the private provider follows a specific process or uses a specific assessment tool for assessment of children and their parents or caregivers to provide the county agency of the information needed for determining a child's eligibility for the service based on the risk of entering foster care? Detail the process. This should include the specific data that will be gathered by the provider and the process by which it is gathered.
☐	How will the county monitor that the provider is capable of and continues to properly implement tasks related to assessment?
The questions in this section are specific to the Prevention Plan Development:	
☐	Will the county provide a standard Prevention Services Plan template that the provider is required to complete to support the county's prevention plan development? Please provide the template
☐	What family involvement and engagement will be required by the provider during the development of the Prevention Plan? How will the provider advise the family that the information must be shared with the CCYAs?
☐	How will the family's progress be evaluated and monitored to ensure the prevention plan is still the best solution and working?

☐	What steps must the provider take to update county regarding the Prevention plan when necessary and how will they communicate the changes with the CCYA for approval?
	The questions in this section are specific training, monitoring, and procedures of candidacy determination and the Prevention Plan Development:
☐	How will the county provide or require specific training for providers pertaining to completing the assessment and transmitting the information to allow the county to complete candidacy determination and development of the Child-Specific Prevention Plan? If so, what training?
☐	Will the county provide ongoing technical assistance support for the providers? If so what?
☐	How long will the provider be required to keep the records that detail the candidacy determination and Child-Specific Prevention plan and how will this information be shared with the County for record keeping?
☐	How will the provider document consent from the families to share the information with the CCYAs?
☐	Will this require additional staff or the creation of an additional unit?
☐	Please attach any operating policies or procedures the county has that pertains to candidacy determination.

Table 2: Trauma-Informed Practice

	The questions in this section are specific to the county being able to assure the provider is consistent with the Pennsylvania's Five-Year Title IV-E Prevention Plan. Section 471(e)(4)(B) of the Family First Prevention Act requires the Title IV-E agency to provide services or programs to or on behalf of a child under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.
☐	How will the county ensure that provider is operating under trauma-informed principals?

Table 3: Periodic Safety and Risk Assessment

The question in this section is specific to the risk and safety assessment	
☐	How will the county agency ensure the provider is monitoring and overseeing the safety of children receiving services during the 12-month period. This must include how they will implement periodic risk assessments throughout the 12-month period. (If the county determines the risk of the child entering foster care remains high despite the provision of the services, the county must reexamine the child's prevention plan)

Table 4: Fiscal Tracking

The question in this section is specific to accurate Title IV-E invoicing	
☐	How will the county agency monitor the provider to ensure proper billing?

Table 5: Continuous Quality Improvement

The questions in this section is specific continuous quality improvement requirements	
☐	How will the county agency oversee the implementation of the services and assure they will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices.
☐	How will the county ensure the provider complies with any requests for participation in state Family First evaluation activities?

Charter

Bureau of Children and Family Services Family First Implementation Team (FFIT)

Vision:

Our vision for what our system will look like following implementation is simple:

- We strengthen community-based programs and evidence-based services, so they are trauma-informed, healing-centered, culturally relevant, and responsive to unique child and family strengths and needs. High quality services grow in communities that support families impacted by the effects of stress and behavioral health conditions and address cross-generational trauma.
- We encourage the use of evidence-based services that prevent child abuse and neglect through meaningful family engagement practices and strengths-based teaming that secure positive outcomes for the whole family.
- We value engaging and empowering children, youth, families, system partners, and communities to aid in strengthening the child welfare system while using data to drive decisions and measure success.
- We work to ensure prevention services are accessible to **all** families.
- We ensure basic needs such as food, healthcare, education, and shelter are met by collaborating with other government agencies, private community-based organizations, local leadership, and the court system.
- We prioritize and support safe kinship care when children are unable to safely remain in their primary home. We ensure that if a higher level of care is required, it is safe, trauma-informed, and focused on children safely returning home and attaining permanency and positive outcomes for the whole family.
- We promote and support the child welfare system's values of honesty, cultural awareness and responsiveness, teaming, organizational excellence, respect, and most importantly, believing in children, youth, and families.

Background/Purpose:

The Family First Prevention Services Act (Family First), enacted on February 9, 2018, provides states with the option of participating in the Title IV-E Prevention Services program. The Prevention Services program allows states to receive federal funding for approved evidence-

based mental health prevention and treatment, substance use prevention and treatment, and in-home parent skill-based programs that are delivered to a family to help prevent the placement of a child into out-of-home care. When children must be placed in out of home care, Families First reinforces the need to increase supports and services for kinship care, family-based settings in order to prevent placement in congregate settings.

The Policies and Procedures for Implementation of the Title IV-E Prevention Program under the Family First Prevention Services Act Bulletin outlines specific expectations to support the implementation of Family First. See the Bulletin for more information.

The Purpose of the Family First Implementation Team (FFIT) is to:

1. Identify and address challenges associated with implementation of Families First, incorporate Families First principles and practice that support successful expansion of services to include prevention, support for kinship care and family based care and enhance provider capacity to deliver services in Specialized Settings in a way that is trauma-informed and healing-centered.
2. Integrate principles and practice that strengthen equity and promote a culturally responsive prevention service array,
3. Further define the responsibilities of the Regional Offices, CWRC, and Technical Assistance (TA) Providers to support Family First implementation,
4. Analyze Continuous Quality Improvement strategies to support implementation,
5. Identify and provide training, transfer of learning, and TA tools and processes to support implementation, and
6. Identify themes, resources, and supports to address county, provider, and statewide needs.

Research:

OCYF's Families First Steering Committee reviewed data, obtained stakeholder and partner feedback and conducted research to identify the recommended EBPs to include in the Five-Year Prevention Plan. Research on EBPs will be ongoing as additional EBPs are added to the available Title IVE funding to allow CYAs to identify services that will address family needs.

- Through the review of the Demonstration Project OCYF learned that counties need support in applying principles of implementation science to help them match EBPs to needs, and then scale up and maintain the services.
- Ongoing assessment of OCYFs work on Complex Case Protocol, OCYF increased understanding of the challenges County Child and Youth Agencies (CCYAs) have in expanding service array and develop strategies to build CCYA capacity to increase partnership and collaboration at the local county level
- Identify the need for TA to support expansion of service array to promote increased use of family-based settings and step-down strategies for children with complex needs
- Identify and share county successes for promising practices and new EBPs

- Expand the TA for root cause analysis for children placed in congregate care
- Identify and expand kinship care and foster care services that promote child wellbeing and permanency that are successful as an alternative to congregate care placement

Goals/Guiding Principles:

The expected outcomes of Family First are to increase effective prevention services to prevent maltreatment and to strengthen continuum of care options to prevent placement in congregate care settings.

To this end, the FFIT will:

- Develop strategies to promote successful integration of processes and practices identified in Pennsylvania's Five-Year Prevention Plan,
- Increase TA for CCYAs to expand strategies to support kinship care and services to ensure children are placed in family settings,
- Work closely with CCYAs and providers to identify and address challenges associated with successful implementation,
- Build capacity to strengthen Specialized Settings and other programs that support trauma-informed care and healing-centered practice,
- Incorporate principles and practices that strengthen equity and a culturally responsive service array,
- Update business processes including:
    - Policies and procedures,
    - Continuous Quality Improvement, Case Review, and related tools,
    - Licensing tools updated and accessible to all regional offices,
    - Needs Based Plan & Budget and fiscal trainings,
    - Identify activities to incorporate into regional licensing processes to ensure counties are meeting fiscal reimbursement requirements and prepared for fiscal audit,
    - Increase communication and collaboration between fiscal and regional inspections,
    - Assess impact on special grants,
- Provide workforce support and training,
    - Identify workforce needs to support county implementation,
    - Work with CWRC to develop and offer additional trainings and transfer of learning suggestions, resources, and activities,
    - Maintain a location for all Family First resources for statewide implementation, TA providers, supervisors, counties, and private providers
    - Develop TA tools/expectations,
        - Identify specific resources needed for Innovation Zones,

  - Develop a CCYA readiness discussion guide,
  - Identify ongoing training and TA support for Specialized Setting implementation,
- Promote effective relationships between TA providers, counties, private providers, stakeholders, and consumers,
  - Define responsibilities of CWRC, SWAN and other TA partners,
  - Develop targeted list of strategies for foster care recruitment and retention for youth with complex needs,
  - Support provider development to build capacity for specialized settings, trauma-informed care, utilization of EBP's and expansion of continuum of care strategies,
  - Engage data partners in developing dashboards or measures of success for Regional Offices and CCYAs,
- Develop a communication plan that ensures information is shared in a way that promotes successful implementation,
  - Establish multiple feedback loops with all groups supporting Pennsylvania's prevention services,
  - Strengthen common language to prevent communication gaps,
  - Strengthen internal communication and feedback loops with Family First Steering Committee, across program offices, with counties, and with other groups supporting implementation,
  - Share lessons learned, best practices, and ideas across regions,
  - Support consistent regional office practice and TA strategies to ensure expectations and support are uniform and align with Families First requirements,
  - Create a central location to store Family First materials for the Implementation Team and for counties,
- Enhance data-driven decision-making,
  - Establish benchmarks to measure success of FFIT goals and use CQI efforts to revise strategies as needed,
  - Consider Evidence Based Practice knowledge and needs
  - Develop and monitor timelines, flowcharts, and new tools
  - Develop and use evaluation tools, such as CCYA Readiness Tool, federal learning collaboratives, Title IV-E Clearing house during implementation and beyond

Timeline:

Start Date: May 2021
Important Dates:

- Five-Year Prevention Plan - final draft completed June 2021
- Charter Finalized - July 2021
- Submit Plan to FFIT Charter to Families First Steering Committee July, 2021
- Draft Work Plan - August 2021

- County Readiness Checklist - August 2021
- Family First Implementation - October 1, 2021

The workgroup will meet for 2-hour sessions on a biweekly basis beginning May 28, 2021. Meetings will be held virtually with the possibility of moving to in-person meetings later.

The workgroup will submit a completed Implementation Plan for Family First to the Family First Sponsor Team by 8/2021. There will be ongoing efforts to fully implement, monitor, and adjust the 5-year Prevention and Implementation Plans.

The Family First Sponsor Team meets virtually, every Thursday from 12:30-2pm.

Communication Plan:

Sponsor Team - biweekly communication will occur every Thursday with the Family First Steering Committee. Jennie, Roseann, Natalie, Wendy, Chris, and Jeanne are standing members:

- Regional Offices - Regional Directors and their representatives will share information across the regional offices and with FFIT
- CWRC - Representatives will share information across the program and with FFIT
- Counties - determine statewide, regional, and/or county specific message
- Providers - determine when, what, and how to best share with providers
- TA Partners - ongoing communication with other partners to support implementation
- Data Partners - ongoing communication to support Family First efforts
- Courts and Judges - ongoing communication to support Family First efforts
- Youth and Family Members - engage youth and family members with lived experience in Family First efforts

	Public Children and Youth Agency – Family Case Records: IN-HOME	**1**	**2**	**3**	**4**
3130.43 (a)	Case record needed for each family **accepted** for service				
3130.43 (b)(1)	Date of acceptance				
	Date of closure				
3490.236(a)	Records for reports that are accepted for service shall include the following info: - Date and source of the report - Names & addresses of persons interviewed during assessment - Services provided by county during assessment - Level of service provided is consistent with level of risk				
3130.43(b) (2)(3)	Name & address of parents Name, race, sex, & DOB for each family member				
3130.43(b) (5)(i-iv)	Record of service activity (includes dates of contact w/ family; parties involved in the contact; action taken; results of actions)				
3130.43(b) (6)	Correspondence b/t agencies & individuals involved in the case				
3130.43(b) (7)	Appropriate medical information on family members (Special Transmittal: School Vaccination Requirements 7-15-19: The CCYA must obtain immunization records, when a family is accepted for services)				
CPSL § 6340.1 Exchange of information.	(d) Notification by county agency. --In circumstances which negatively affect the medical health of a child, the county agency shall notify the certified medical practitioner who is the child's primary care provider, if known, of the following information: (3) If accepted for services, any service provided, arranged for or to be provided by the county agency.				
CPSL 6375(g)	Photographs of all children in the home (updated annually)				
Implementation of Act 126 of 2006 Amending the Child Protective Services Law Bulletin 3490-08-02	Ages and Stages assessment must be completed for all children under age 3 of a substantiated report of child abuse/neglect. Recommend for all children under age 5(cases after Sept 1, 2008)				
3490. 235 (c)	Caseworker has seen the family every 180 days to monitor the provision of services and evaluate the effectiveness of the services provided under the Family Service Plan (as required by 3130.63)				
3490. 235 (g)	Face to face contact with parent and child (needed weekly if high risk; 1x/month for 6 months or case closure when not high risk) When a case has been accepted for service, the county agency shall monitor the safety of the child and assure that contacts are made with the child, parents and service providers. The contacts may occur either directly by a county agency worker or through purchase of service, by phone or in person but face-to-face contacts with the parent and the child must occur as often as necessary for the protection of the child but no less often than: (1) Once a week until the case is no longer designated as high risk by the county agency, if the child remains in or returns to the home in which the abuse occurred, and the county agency has determined a high level of risk exists for the case. (2) Once a month for 6 months or case closure when the child is either:(i) Placed out of the home or setting in which the abuse occurred. (ii)Not at a high risk of abuse/neglect. (Written documentation must be provided regarding supervisory monitoring of decisions made by caseworkers with regards to the safety of the child.)				
3490.235 (i)	the agency shall assess risk as often as necessary to assure the child's safety				
3490.235(j)	The agency shall assess safety and risk of the child when circumstances change in the child's environment at times other than required in this section				
3490. 321 (d) or .235 (h)	A periodic assessment of the risk of harm to the child shall be conducted as required by the State-approved risk assessment process				
3490. 321 (h)(2)	Every 6 months with the FSP/Review (unless the child is at low or no risk; or the child is placed out of the home for more than 6 months and there are no other children in the home)				

	Public Children and Youth Agency – Family Case Records: IN-HOME	1	2	3	4
	Risk assessment completed 30 days prior to case closure				
3490. 322 (d)	The county agency in developing and implementing the family service plan and placement amendment as required by Chapter 3130 (relating to administration of county children and youth social service programs) shall assure that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family are consistent with the level of risk as determined by the county agency.				
3490.235(f)	When a case has been accepted for service and a family service plan has been developed the sup. shall review with in 10 calendar days to assure consistency with the level of risk, documentation of this review shall be kept in the rec.				
3490.235 (k)	FSP requires the agency be notified within 24 HRS when the child or family move				
3130.61 (a) 3490.235(b)	Service plan needed within 60 days of accepting the family for service. If accepted for service, FSP is needed within 60 days of date accepted for service (but needed within 30 days if emergency placement is taken and continued placement is necessary 3130.66(a))				
3130.61 (b)	The service plan shall be a discrete part of the family case record and shall include:				
(b)(1)	Identifying information pertaining to both the child and other family members				
(2)	Description why case was accepted for service				
(3)	The service objectives for the family, identifying changes needed to protect children in the family in need of protection from abuse, neglect, and exploitation and to prevent their placement				
(4)	Services to be provided to achieve the objectives				
(5)	Actions to be taken by all parties & and the by when date				
(7)	Results of the FSP and Reviews				
(c)	FSP signed by the county worker; parent/legal guardian and the opportunity to sign FSP given to parties 14 years or older, the county agency shall inform the parent or guardian that signing the plan constitutes agreement with the service plan.				
(d)	The county agency shall provide family members, including the child, their representatives and service providers, the opportunity to participate in the development and amendment of the service plan if the opportunity does not jeopardize the child's safety. The method by which these opportunities are provided shall be recorded in the plan.				
(e)	Copies of the plan provided to all parties (includes service plan amendments and reviews when they would change the previously agreed upon plan)				
3130.62 (a) (1-2)	(a) The county agency shall provide to the parents, along with a copy of the family service plan and, if applicable, placement amendment, a written notice of their right to appeal the following to the Department's Office of Hearings and Appeals: (1) A determination which results in a denial, reduction, discontinuance, suspension or termination of service. (2) The agency's failure to act upon a request for service with reasonable promptness.				
(b)	The notice shall include a statement of the parents' right to be represented by an attorney or other representative and the name and address of the local legal services agency.				
(c)	In addition to the written notice, the county agency shall notify the parents of children who are under the jurisdiction of the court in writing of their right to petition the court regarding an action of the county agency affecting their children				
(e)	Upon receipt of the parent's appeal, the agency shall date-stamp the appeal and submit it, along with the proposed family service plan, placement amendment and court orders involving the parents and the child, to the Department's Office of Hearings and Appeals, within 5 working days. The Office of Hearings and Appeals has the exclusive authority to grant or dismiss the appeal for failure to file in a timely manner.				

2013 Act 55 Family Finding and Kinship Care	Family Finding shall be conducted for a child when the child is accepted for service and at least annually thereafter until the child's involvement with the county agency is terminated or the family finding is discontinued in accordance with section 1302.2. Ongoing diligent efforts between a county agency or its contracted providers and relatives and kin to search for and identify adult relatives and kin to search for and identify adult relatives and kin and engage them in children and youth social services planning and delivery and gain commitment from relatives and kin to support a child or parent receiving children and youth services.				
Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03	Effective October 1, 2021, in addition to current FSP/CPP documentation requirements, placement prevention efforts must be documented in the FSP and CPP for: 1. Any child assessed and determined to be a candidate for foster care and. 2. Any pregnant, expecting or parenting youth in foster care.				
Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03	Counties may choose to develop a standalone placement prevention plan if needed or maintain the required elements within the FSP/CPP.				
Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03	The placement prevention plan must include at a minimum: 1. Identifying information of parents/caregivers and child 2. Demographics for family members including DOB, gender, race, ethnicity, MCI number of any child who is a candidate for foster care 3. Indicate the child is a candidate for foster care 4. Initial reason parents/caregivers/child was determined to need a prevention service (combination of all visits, assessment.) 5. Describe the foster care prevention strategies for the child to remain safely at home, live temporarily with kin until reunification can be safely achieved, or live permanently with a kin caregiver that prevents CCYA from assuming custody 6. Identification of specific prevention services or programs the child/youth/parent/caregiver will engage in to ensure the success of the prevention strategy 7. Beginning and ending dates of each prevention service or program 8. Identify the prevention plan progress, which includes changes to safety and risk 9. Signatures of CCYA caseworker and supervisor with dates 10. Signature line for parents/caregivers with dates 11. Documentation if parents/caregivers refuse to sign				
Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03	the FSP or CPP should be updated to reflect prevention planning progress and include any changes to the level of risk in the home.				
Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03	The ongoing review and monitoring of the services, including documentation of a child's continued safety and level of risk should align with current FSP and CPP practices as outlined in 55 PA. Code § 3130.61 (relating to family service plans) and § 3130.67 (relating to placement planning) and must be completed once every six months, at a minimum.				

Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03	If it is determined that the child who is a candidate for foster care is no longer safe or the level of risk remains high despite the OCYF Bulletin # 3130-21-03 Page 9 of 11 prevention service(s) provided, the safety concerns must be addressed immediately, and the plan must be re-examined and updated accordingly and reapproved.				

Category	ACF Comment	Line #	Response
Version of allowable programs and services	The plan includes two citations for Functional Family Therapy (FFT). Please clarify the book/manual/available documentation that will be used to implement FFT under the title IV-E prevention program.	Table 1: Evidence-Based Services and Programs Selected from the title IV-E Clearinghouse starting on line number 830	Alexander, J. F., Waldron, H. B., Robbins, M. S., & Neeb, A. A. (2013). Functional Family Therapy for adolescent behavioral problems. American Psychological Association.
Outcomes	The plan identifies broad goals for each program and service. Please clarify the specific outcomes that are expected to be improved for children and families served in PA through provision of each allowable service. This may include clarification about whether PA expects to achieve improvements in all or a subset of the outcome domains identified in the plan and a description of how the specific outcomes for each service align with the service needs of children and families in PA.	Outcomes are listed in Table 1: Evidence-Based Services and Programs Selected from the title IV-E Clearinghouse starting on line number 830. The outcomes also are referenced in The CQI section.	**MST**: Child behavior and emotional functioning, parent mental health and improving positive parenting practices **FFT**: Child behavioral and emotional functioning **IY**: child safety and improving positive parenting practices **Triple** P: Child behavioral and emotional functioning, improving positive parenting practices, and parent mental health **PAT**: Children's social functioning and child safety **NFP**: Child safety and economic and housing stability **HFA**: Child safety **Homebuilders**: Child permanency and economic and housing stability
Implementation of allowable programs and services	For each allowable service, please describe the tools and/or processes that will be used to monitor fidelity to the practice model.	PA's overarching approach is detailed beginning on line 1049. Specific EBP approaches are listed under the CQI section for each. MST: 1191 FFT: 1669 IY: 1344 Triple P: 1453 PAT: 1579 NFP: 1667 HFA: 1733 Homebuilders: 1795	Model fidelity tasks and processes are outlined in the Continuous Quality Improvement section for each EBP selected

Category	ACF Comment	Line #	Response
Implementation of allowable programs and services	Please specify the outcome measures that will be continuously monitored for each allowable program or service and describe how this information will be collected and analyzed (e.g., case file reviews, administrative data, standardized instruments, etc.).	Specific Well-Supported EBP approaches are listed under the CQI sections. MST: 1191 FFT: 1669 PAT: 1579 NFP: 1667 HFA: 1733 Homebuilders: 1795 Statewide measures are listed for each promising practice: IY (TB): 1924 IY (SAB): 2029 Triple P (Standard): 2255	This information has been added in Continuous Quality Improvement section for each EBP selected. For the Well-Supported EBPs, CCYAs must report specific outcomes the CCYA hopes to achieve and the data and information the CCYA will use to monitor the success. As PA is county-administered, each county may choose to monitor the outcomes in a way that best suites the population of children and families they are looking to serve. For PA's Promising Practices, detailed outcomes and outcome measurements have been added to the Evaluation Strategy Section.
Implementation of allowable programs and services	Please describe how information gathered from continuous monitoring efforts will be used to refine and improve practices and how these processes will be tailored to each allowable service. This may include information regarding data collection and analyses plans specific to each service and/or additional information regarding how the feedback loop will be operationalized for each allowable service.	PA's overarching approach is detailed beginning on line 1049. Specific EBP approaches are listed under the CQI section for each. MST: 1273 FFT: 1353 IY: 1475 Triple P: 1597 PAT: 1692 NFP: 1762 HFA: 1827 Homebuilders: 1889	This information has been added in Continuous Quality Improvement section for each EBP selected

Category	ACF Comment	Line #	Response
Implementation of allowable programs and services	Please describe how the IV-E agency will provide oversight of prevention services provided to families served by an agency other than the IV-E agency, e.g., Innovation Zones. This may include specifics regarding responsibility for overseeing the child's prevention plan throughout the twelve months prevention services are provided and/or details regarding the processes OCYF will use to determine if a county has presented a plan sufficient to meet the prevention program requirements.	This is detailed in the Innovation Zone section and specifically begins on line 591	This information has been added to the Innovation Zone section.
Program Selection	The plan identifies the information sources that were used to select the prevention services included in PA's prevention program five-year plan. Please provide additional information regarding how PA selected each program or service. This may include details regarding the information collected from the data sources and/or how the information collected informed selection of each program or service.	Table 1: Evidence-Based Services and Programs Selected from the title IV-E Clearinghouse starting on line number 830	
Target Population	Please specify the age range of the target population who will receive HFA services in PA	Table 1: Evidence-Based Services and Programs Selected from the title IV-E Clearinghouse starting on line number 830	Pennsylvania will aim to serve two different target populations via HFA. First, because HFA allows enrollment and participation as early as the prenatal period, we will target pregnant and parenting youth in foster care prior to the birth of the child, as well as after the child is born. For all other families served by Pennsylvania child welfare, families will be able to enroll in HFA from the birth of the child until the child is 24 months old, per the expanded enrollment adaptation of HFA approved for use with child welfare families.

Category	ACF Comment	Line #	Response
Target Population	The prevention plan describes the target population for home visitation programs as including prenatal enrollment. A child cannot meet the definition of a candidate for foster care prior to being born for purposes of title IV-E reimbursement. However, a pregnant or parenting youth in foster care can potentially meet candidacy/eligibility for purposes of title IV-E reimbursement. Please clarify the intersection between PA's target population for each home visitation program and eligibility criteria for the agency's prevention program.	Table 1: Evidence-Based Services and Programs Selected from the title IV-E Clearinghouse starting on line number 830	Because NFP requires that women enroll during their first pregnancy prior to the 29th week of gestation, PA is targeting to serve only first-time pregnant and expecting youth in foster care and their partners/supports.
Evaluation Strategy	Please provide a well-designed and rigorous evaluation strategy specific to each program or service. Each strategy should include individualized process, outcomes, and treatment group-only outcomes evaluation questions; identified outcomes and associated measures; data collection methods (e.g. administrative data, focus groups, and standardized instruments); additional specificity on the proposed sampling strategies, target sample sizes, and analytic strategies; and anticipated limitations.	IY - Toddler: 1906 IY -School Age: 2009 Triple P - Level 4 Standard: 2113 Triple P - Level 4 Group: 2228 Effective Black Parenting: Attachment V	

Category	ACF Comment	Line #	Response
Evaluation Waiver	i. It is unclear if PA is proposing to implement HFA with expanded enrollment of children between 3 months and 24 months of age. If PA intends to implement HFA with expanded age of enrollment under the title IV-E prevention program, please provide compelling evidence of effectiveness for implementing HFA with expanded enrollment of children between 3 months and 24 months of age. Possible considerations for drafting the compelling evidence statement for the expanded enrollment age may include: • Identification and summary of literature that evaluates HFA with an expanded age at time of enrollment from 3 months to 24 months. • Discussion of how implementing the expanded enrollment age meets the needs of the child welfare population in PA.	Table 1: Evidence-Based Services and Programs Selected from the title IV-E Clearinghouse starting online number 830	PA is not expanding the enrollment age.
Monitoring Child Safety	Please describe the specific tools and/or processes that will be used to monitor safety and assess risk for children receiving services under the title IV-E prevention program.	Begins on line 2453 Additionally, please see the licensing checklist in attachment IX.	PA has further detailed the process by which child safety is monitored by the county and overseen by the state.
Monitoring Child Safety	Please describe the IV-E agency's plans to oversee the safety and periodic risk assessments for children receiving services under the title IV-E prevention program through Innovation Zones. This may include specificity regarding who is responsible for conducting periodic risk and safety assessments, timeframes for conducting risk and safety assessments, and accountability for reassessing the child's prevention plan if the risk of entering foster care remains high despite the provision of services.	This process is detailed beginning on line 591	

Category	ACF Comment	Line #	Response
Monitoring Child Safety	Please describe the IV-E agency's plans to re-examine the child's prevention plan during the 12-month period services are provided if the risk of entering foster care remains high despite the provision of services.	This is detailed in the Monitoring Child Safety Section and begins on line 2453.	The ongoing review and monitoring of a family with a child-specific prevention plan, including documentation of a child's continued safety and level of risk will align with current FSP and CPP practices and must be completed once every six months, or when family needs, composition or circumstances change, at a minimum.
Workforce Support and Training	Please provide additional details regarding PA's plans to provide workforce training and support to meet the legislative requirements. This may include clarification regarding whether trainings are required or optional and/or how workforce training will be tailored to providing services approved as part of the title IV-E prevention program. ii.	Additional details were added to each training session which outline the changes to the current curriculum. This begins on Line 2841	A total of 13 competencies were added to the mandatory training modules for caseworkers.
Workforce Support and Training	Please provide greater specificity regarding how PA will ensure the child welfare workforce providing prevention services through the Innovation Zones will be qualified to meet the legislative requirements (e.g., develop appropriate prevention plans, conduct risk assessments, and deliver services approved as part of the title IV- E prevention program).	This process is detailed beginning on line 591.	The Department Approval Committee has been detailed in the plan. Additionally, the role of the regional representative for ongoing monitoring has been outlined.
Prevention Caseloads	Please describe how prevention caseloads will be managed and overseen.	Additional details were added to the Prevention Caseload section that begins on line 2951	During annual licensing inspections, the OCYF regional office staff review individual caseload sizes. Noncompliance with the regulatory requirements referenced above is addressed through the licensing process and cited in the licensing inspection summary. Issuance of a citations requires the CCYAs to develop a plan of correction to ensure manageable caseload sizes are maintained
Prevention Caseloads	Please provide additional details regarding how prevention caseloads will be determined, managed, and overseen for children and families receiving services through Innovation Zones.	Additional details were added to the Prevention Caseload section that begins on line 3000	CCYAs implementing Innovation Zones will establish caseload expectations with their respective providers and monitor accordingly. I think we should state that they are expecting to follow the requirements set by regulation at a minimum.

Category	ACF Comment	Line #	Response
Child and Family Eligibility	Please provide additional details regarding the IV-E agency's plans to assess families and determine eligibility for prevention services. This may include identification of specific assessment tools or processes, the process for documenting the eligibility date in the child specific prevention plan, and/or accountability for overseeing the child's prevention plan throughout the twelve months prevention services are provided.	Additional details were added to the Candidacy section beginning on line 459	The process by which caseworkers evaluate the family and children were added. This includes but is not limited to Risk and Safety Assessments, In home Visits, etc.
Child and Family Eligibility	Please describe how the IV-E agency will provide oversight of the prevention program in Innovation Zones. This may include identification of the individuals who will oversee the child's prevention plan, plans for coordination across community agencies when multiple evidence-based programs are being provided to a family, and/or the role of the IV-E agency in intervening when a child's risk level remains high despite the provision of services.	Additional details were added to the Innovation Zone section beginning on line 591.	PA further detailed the responsibilities the CCYA must detail in their submission to become an Innovation Zone.

Area Two: Title IV-E Prevention Program Five-Year Plan Pre-Print for Services where PA Requested HHS Consideration of Transitional Payments

PA submitted a request for HHS consideration of transitional payments for the following program in accordance with 471(e)(4)(C) under the title IV-E prevention program until it can be rated by the Title IV-E Clearinghouse. The following program was included in the plan for consideration of transitional payments through the independent systematic review process:

Effective Black Parenting Program (EBPP)

As it relates to EBPP that is pending a request for transitional payments, please provide the following additional information or clarification:

i. The PA plan includes a brief description of EBPP. Please describe how PA will meet the title IV-E prevention program requirements related to implementation of EBPP. For example, please identify the version of the book/manual/available documentation that will be used to implement EBPP in PA; specify the outcomes that are intended to be achieved through provision of EBPP in PA; and provide further details regarding continuous quality improvement processes (i.e., fidelity to the practice model, how outcomes achieved will be determined, and how information gathered will be used to refine and improve processes).

DHS will meet the title IV-E prevention program requirements related to the implementation of EBPP by relying heavily on the existent materials available through the EBPP developer, the Center for the Improvement of Child Caring (CICC). CICC offers a full implementation packet for jurisdictions implementing EBPP, and we will use the most up-to-date version of the implementation packet as of 11/1/2021. CICC's website does not indicate that there have been multiple versions of EBPP. Contained within their implementation packet is a 300+ page fully scripted instructor manual that lays out implementation guidelines for the full, 15-week intervention; a parent handbook that corresponds to the scripted manual; a PowerPoint, promotional video, and flyers that assist implementation teams with family engagement; and a book of evaluative interviews with parents, instructors, and trainers. We will use these materials.

Consistent with the Myers et al. study (1992), we will seek to achieve the following core outcomes: (1) improved quality of the parent-child relationship and (2) more frequent use of positive parenting practices and less frequent use of negative practices. In addition to these outcomes, we will also seek to achieve reduced parental stress and reduced formal child welfare involvement. As listed in the evaluation plan, the specific outcomes that are intended to be achieved through the provision of EBPP are:

a. reduced parenting stress as measured by the parenting distress subscale of the Parental Stress and Coping Inventory;
b. increased appropriate discipline as measured by the Parenting Practices Inventory (PPI);
c. decreased harsh and inconsistent discipline as measured by the PPI;

d. increased positive verbal discipline as measured by the PPI;
e. decreased physical punishment as measured by the PPI;
f. increased praise and incentives as measured by the PPI;
g. increased clear expectations as measured by the PPI;
h. fewer substantiated hotline reports;
i. fewer families being accepted for services; and,
j. fewer children or youth in the family being placed in care

In terms of our approach to CQI for the implementation of EBPP, we will rely heavily on the process evaluation described in our full evaluation submission. Specifically, we will use existing and expanded CQI processes within Philadelphia's Department of Human Services (DHS) to monitor the fidelity of implementation of EBPP and will conduct interviews and focus groups with staff and families to understand and improve the fit of EBPP within our local context (in close collaboration with the developer). Specifically, and as contained in our evaluation plan, we will ask:

- Was EBPP delivered with fidelity?
- What facilitated delivery of EBPP to families?
- What facilitated engagement of families in EBPP?
- What hindered delivery of EBPP to families?
- What hindered engagement of families in EBPP?

Philadelphia DHS is well-positioned to utilize its current CQI structure to support the implementation of EBPP. Specifically, DHS' Division of Performance Management and Technology has several key staff with extensive child welfare, research, and evaluation experience who will lead the CQI work for EBPP implementation. The Division's Research and Evaluation team is overseen by a PhD Researcher and includes a PhD-level Senior Research Office and Director of Implementation Science. DHS has already instituted a variety of CQI processes with the Community Umbrella Agencies (CUAs), which are the agencies that will be participating in this evaluation process. Current CQI strategies include the use of a public scorecard with performance metrics (https://www.phila.gov/documents/cua-scorecards/) and Closing the Loop sessions, which bring together a robust team of TA and training staff, practice leadership, and data experts on a quarterly basis to use data-driven strategies to improve practice and interventions. PMT also has existent strategies to engage families and include their voice and experiences in evaluation processes. These mechanisms that are already in place will be used to support the aforementioned CQI efforts related to EBPP implementation.

Within the Division of Performance Management and Technology, DHS has hired two dedicated Data and Evaluation Associates to lead the data collection, monitoring, and

reporting functions related to Family First and EBP implementation. DHS also has a dedicated Project Manager within its Systems Enhancement Team to bring together key internal and external stakeholders to support ongoing CQI processes. DHS is well equipped to develop and sustain the CQI strategies contained in the evaluation plan.

ii. The evaluation strategy provided for EBPP is detailed and comprehensive. Additional information is needed regarding the proposed sample size/sampling strategy. It is unclear if all families referred to EBPP will be included in the study or if a subsample will be selected from the full population eligible for the evaluation. It is also unclear what sample size is targeted for the evaluation.

The sample for the EBPP evaluation will include all families referred for in-home safety services through Philadelphia's array of ongoing service providers, the Community Umbrella Agencies (CUAs). Families receiving in-home safety services in Philadelphia represent a sub-sample of all families who are eligible to receive EBPP. There are ten CUAs that are geographically located throughout Philadelphia and provide in-home safety services, which are designed to mitigate active safety threats through a specialized plan and individualized case management services so that children can safely remain in their own homes and communities. EBPP will be offered to half of the CUAs (n=5) in addition to services as usual. This group will serve as the intervention group. The other half of the CUAs (n=5) will only receive services as usual, and this group will serve as the comparison group. Consistent with the recommendations of the PSC (Section 5.7), we will use a similar sample size among the intervention and control groups to assess baseline equivalence and differences post-intervention.

Families are assigned to CUAs based on their home address, and so families will be part of the intervention and control groups based on their CUA assignment. Efforts will be made to assign similar CUAs to different arms of the evaluation (e.g., the intervention or the control groups) so that the groups are as similar as possible except for the EBPP intervention.

Our targeted sample sizes for the evaluation are based on counts of families referred for in-home safety services in the previous fiscal year (FY 2021) and historical percentages of children receiving in-home safety services who are Black. Table 1 shows minimum detectable effects for three binary and continuous outcomes for a range of sample sizes. Our target sample sizes (first column) are that 315 families will be referred to EBPP and the same number of families will be in the comparison group, for a total analytic sample size of 630. For comparison, we also present effect sizes from Myers et al. (1992) for the Praise and Hitting/spanking outcomes. We anticipate that the evaluation's target sample sizes can support minimum detectable effect sizes in line with the findings from Myers et al. (1992). If 158 families are referred to EBPP and the total analytic sample size is 316, the evaluation could detect an effect of the same size as Myers et al. (1992) for the Praise outcome but not the Hitting/spanking outcome.

Table 1. Minimum detectable effects for placement and parenting practices outcomes

	Percentage of In-Home Safety Families in Treatment CUAs who are Referred to EBPP			Hedge's *g* effect size based on Myers et al. (1992)
	50%	25%	10%	
Sample sizes				
Number of families referred to EBPP	315	158	126	n.a.
Total analytic sample size	630	316	252	n.a.
Minimum detectable effects for outcomes (absolute value)				
Not stepping up to placement	27.8 pp	29.4 pp	34.1 pp	n.a.
Praise (PPI)	0.741 sd	0.786 sd	0.907 sd	0.85 sd
Hitting/spanking (PPI)	0.741 sd	0.786 sd	0.907 sd	0.73 sd

n.a. = not applicable; PPI = Parenting Practices Inventory.
Note: These calculations assume a two-tailed test with a significance level of 0.05, power of 0.80, and an intracluster correlation (ICC) of 0.1. The assumed ICC follows the Prevention Services Clearinghouse's assumption for a cluster assignment study that does not report an ICC. As conservative assumptions, we further assumed that within- and between-group R2's are 0, and the proportion of the variance of the treatment group assignment explained by covariates is 0.15. For the placement outcome, we used historical administrative data to calculate the percentage of children receiving in-home safety services who stepped up to placement within 12 months. For the PPI scale outcomes, we used baseline means and standard deviations from the control group in Cohort 2 of Myers et al. (1992). Effect sizes from Myers et al. (1992) were originally reported from the EBPP Evaluation Plan and are shown in absolute value here.

Consideration to Strengthen the EBPP Evaluation Strategy (not required for plan approval):

To account for potential baseline differences beyond pretests, race/ethnicity, or socioeconomic status between the intervention and comparison group, the evaluation team may wish to explore/document how it is determined which individuals are referred to providers offering EBPP versus providers not offering EBPP and consider strategies (analytic or otherwise) to account for potential differences in the groups.

In addition to the use of propensity score matching to ensure that families served by the comparison group are as similar as possible to the intervention group, we will also conduct an analysis of key child and family characteristics at the CUA-level to help ensure that CUAs with similar child- and family-level characteristics are assigned to separate arms of the study (i.e., the control and intervention groups). This will increase the likelihood that the families within the control and intervention groups are as similar as possible except for the availability of EBPP. The evaluation and CQI processes will also document the processes used to refer individuals to EBPP.

Area Three: Attachment B Checklist and Supporting Documentation to Request Transitional Payments

The PA title IV-E prevention program five-year plan includes a request for transitional payments through the independent systematic review process with the proposed designation of Promising.

An initial review was conducted for face validity of the submitted Attachment B Checklist for Program and Service Designation for HHS Consideration and supporting documentation provided for the Effective Black Parenting Program (EBPP)-15 session program to determine if the designation under HHS consideration meets the criteria outlined in section 471(e)(4)(C) of the Family First Prevention Services Act (the Act) and Attachment C to ACYF-CB-PI-18-09 as well as the requirements outlined in ACYF-CB-PI-19-06.

During this initial review of the Checklist for face validity, we determined the following areas require additional information or clarification.

- As noted in Section 2.1.2 of the Prevention Services Clearinghouse Handbook of Standards and Procedures, programs and services must be clearly defined and replicable. To meet this criterion, programs and services must have available written protocols, manuals, or other documentation that describes how to implement or administer the practice. The submitted materials note that The Center for the Improvement of Child Caring sells materials related to EBPP including a manual, a CD of support materials, a Parent Handbook, a 5-day instructor workshop and other materials. Please provide a citation for the book/manual/other documentation that specify the components of the practice protocol and describe how to administer the practice. If multiple written protocols, manuals, or other documentation are available, please specify which are essential to implement the program and which are supporting documentation.

  To prepare for the implementation of the Effective Black Parenting Program (EBPP), we have been in ongoing conversation with the developer, the Center for the

Improvement of Child Caring (CICC). Contained within their implementation packet is a 300+ page, fully scripted instructor manual that lays out implementation guidelines for the full, 15-week intervention; a parent handbook that corresponds to the scripted manual; a PowerPoint, promotional video, and flyers that assist implementation teams with family engagement; and a book of evaluative interviews with parents, instructors, and trainers. All materials are contained on the CICC website: https://www.effectiveblackparenting.com/shop. The use of these materials will allow DHS to utilize a clearly defined process to replicate the intervention. We will use the most up-to-date versions of the implementation manual and accompanying resources available:

Center for the Improvement of Child Caring. "Complete Instructor Kit (English)." Washington, D.C.: Center for the Improvement of Child Caring, received from developer in [Month] 2022.

- Table 3 indicates that a Conflict of Interest Statement was signed by reviewers attesting to their independence. Please provide the Conflict of Interest Statement.

See attached Conflict of Interest Statements, signed by members of the Mathematica team who conducted the Independent Systematic Review.

- As noted in Section 4.1.4. of the Prevention Services Clearinghouse Handbook of Standards and Procedures, eligible comparison groups must be "no or minimal intervention" or "treatment as usual" groups and "treatment as usual" group members may receive services, but those services must be clearly described as the usual or typical services available for that population in the study. The submitted documentation notes, there is no indication of what comparison families received, so it is assumed they received business as usual." This assumption does not appear consistent with the Handbook's requirement for services to be clearly described as the usual or typical services available for that population in the study. Please clarify how reviewers determined the comparison group was eligible. For example, was a query to the study author conducted?

An author query was conducted to inquire about more detail related to the "treatment as usual" comparison group. On 11/8/21, the authors responded to our query confirming that the sample was drawn from first and second grade children in local public schools- all within South Central Los Angeles and with similar socio-economic neighborhood-level characteristics. The study also states that "seven schools were selected on the basis of high African-American enrollments, no concurrent drug education or parent training programs that might confound the results." Thus, we confirmed that the comparison group received typical educational services through the local public school and did not receive additional social supports through the school. The study authors sought to identify schools that were similar in every regard without ancillary social supports so that the only difference was receipt of the intervention EBPP. Because the study was conducted roughly 30 years ago, the study authors did not have additional detail about the comparison group.

- The submitted documentation notes that there are demographic characteristics with differences greater than |0.25| SD. These include family income, mother as respondent, father/other guardian as respondent, and all martial states except married for Cohort 1. For Cohort 2, these include parent number of years of school, mother as respondent, father or other guardian as respondent, and widowed. As noted in the Prevention Services Clearinghouse Handbook of Standards and Procedures (Section 5.7.1), evidence of large differences (ES > 0.25) in demographic or socioeconomic characteristics can be evidence that the individuals in the intervention and comparison conditions were drawn from very different settings and are not sufficiently comparable for the review. Such cases may be considered to have substantially different characteristics confounds (see Section 5.9.3). Please clarify how it was determined that these baseline differences in key demographic characteristics did not constitute substantially different characteristics confounds.

  Although there are a few differences in baseline characteristics with differences greater than |0.25| SD between the intervention and comparison groups, the reviewers did not consider these differences to constitute a substantially different characteristics confound. First, and most importantly per the guidelines of the PSC, baseline equivalence among the intervention and comparison groups was successfully demonstrated at the time of the pre-test for the favorable outcomes identified in the systematic review. Second, the PSC requires that, if a pre-test is not available, the study must demonstrate baseline equivalence on characteristics of race/ethnicity, socioeconomic status, and child age. The study successfully demonstrated baseline equivalence for each of these areas for Cohort 2. Specifically, the intervention and comparison groups were similar across the following characteristics: child age (controlled by study design), race (controlled by study design), number of children/dependents, family income (a measure of SES), married, divorced, separated, never married, received governmental aid (a measure of SES). Cohort 2 only differed on parental education, mother/father respondent, and widowed. It is also important to note the small proportion of respondents who were father respondents or who were widowed, and so these significant findings should be taken with caution. Finally, the fact that the study examined differences on a range of variables beyond just race/ethnicity, SES, and child age means that there is a greater likelihood of finding at least one statistically significant difference based on random chance alone. The issue of questionable p-values when many variables are included, coupled with the equivalence of the pre-test measure, the small proportions for select variables, and the lack of theory that would support a logical rationale for these measures to increase differences in outcomes when pre-tests, race/ethnicity, socioeconomic status, and child age are similar, led us and the reviewers to conclude that there is not a substantially different characteristics confound, particularly for Cohort 2. Three of the four significant contrasts for outcomes were found within Cohort 2.For Cohort 1, we recognize that although the PSC does not require baseline equivalence on family income in addition to the pre-test for Cohort 1, and the study shows equivalence on another well-known measure of SES (receives government aid), the PSC may still determine there is a substantially different characteristics confound based on theory identifying family income as a stressor for maltreatment. This does not change the review's final rating, as there are three favorable contrasts in Cohort 2.

- Select favorable effects listed in Table 9 appear to come from sub-group analyses comparing boys to girls. As noted in the Prevention Services Clearinghouse Handbook of Standards and Procedures, ratings are applied to benchmark full-sample analyses, not full-sample sensitivity analyses or subgroup analyses. Please clarify whether these effects are eligible for review.

  It is correct that one of the favorable contrasts within Cohort 2 pertains to a sub-group analysis comparing boys to girls. If this contrast is ineligible for review, there are still two remaining favorable contrasts within Cohort 2 that hold. However, Section 5.2 of the PSC states, "Prevention Services Clearinghouse ratings are applied to benchmark full-sample analyses, not full-sample sensitivity analyses or subgroup analyses. Future versions of the Handbook may allow for subgroup results to receive design and execution ratings." Thus, we encourage the PSC to include the sub-group analysis, particularly for sub-groups that are relevant for roughly half of the full sample (as is the case for this study) versus sub-groups that are only relevant for a small niche group. Additionally, the subgroup was not chosen by the author, rather the outcome is only defined for this subgroup.

- Select favorable effects listed in Table 9 are missing reliability coefficients. Please clarify the reliability of these measures.

  The only favorable effects listed in Table 9 with missing reliability coefficients are those measured using the Child Behavior Checklist (CBCL). The CBCL is a well-established, ubiquitously used measure in the social sciences with long-standing demonstrated reliability and validity. Per Achenbach and Rescorla (2001), the Alpha coefficients for the CBCL items "reflect considerable internal consistency." Specifically, the reliability of the competence scales have been found to be moderately high, with Alphas ranging from .63 to .79. The reliability for the empirically based problem scales were also found to be quite high, with Alphas ranging from .78 to .97. Finally, the reliability of the DSM-oriented scales were also found to be quite high, with Alphas ranging from .72 to .91. Nearly 20,000 studies have sited this source as justification for the sufficient psychometric properties of the CBCL (Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families). The reliability coefficients for the PPI measures, which were also demonstrated favorable contrasts, are already included in the systematic review.

Please provide the requested additional information and clarifications as revisions to PA's title IV-E prevention program five-year plan. In addition, the next plan submission should be a complete submission with all necessary attachments, including all requests for a waiver of evaluation requirements, assurance of trauma informed service delivery, prevention program reporting assurance, and state regulatory, statutory, and policy references as required by the Attachment B Pre-Print. PA is also reminded that the effective date for claiming title IV-E prevention services under an approved plan cannot be before the state submits a title IV-E foster care plan amendment that addresses the effective provisions of P.L. 115-123, 471(a)(37), 472(k),

472(c), 475A(c) (i.e., certification preventing increases to the juvenile justice population; limitations on title IV-E FCMPs for placements that are not foster family homes; limit on number of children in a foster family home; and qualified residential treatment placement requirements).

Please acknowledge receipt and provide an anticipated timeframe for submission of the revised plan and attachments. If additional information would be helpful, please contact the regional office.