

PENNSYLVANIA TITLE IV-E PREVENTION SERVICES PLAN

v3 June 2023

CONTENTS

INTRODUCTION	1
Agency Overview	1
FAMILY FIRST APPROACH	3
Race Equity.....	5
Congregate Care Reduction.....	6
Trauma-Informed Care.....	7
Pennsylvania’s Collaborative Structure	8
Candidacy	13
Eligible Populations.....	16
Community Pathways.....	16
SERVICE DESCRIPTION AND OVERSIGHT	19
CONTINUOUS QUALITY IMPROVEMENT (CQI)	34
Quality Collection of Child Welfare Data.....	34
CQI Feedback Loops for Child Welfare.....	37
Statewide Family First Approach to CQI.....	38
EBP Specific CQI, Fidelity Monitoring and Feedback Loops.....	39
EBP Specific Efforts	45
EVALUATION STRATEGY AND WAIVER REQUEST	60
Interventions and Target Population.....	60
Evaluation Overview and Goals.....	61
Reporting, Disseminating, and Using Findings	86
Evaluation Roles and Responsibilities	86
Evaluation Timeline	88
Evaluation Waiver Requests	88
MONITORING CHILD SAFETY	89
Periodic Risk Assessment	89
CONSULTATION AND COORDINATION	94
CHILD WELFARE WORKFORCE SUPPORT AND TRAINING	95
Workforce Support.....	95
Workforce Training	98
PREVENTION CASELOADS	103
ATTACHMENTS	105

- 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: Governance Structure/Group Membership
- Attachment VI: Community Pathways County Checklist
- Attachment VII: Family First Implementation Team Charter
- Attachment VIII: Licensing Inspection of the Public Children and Youth Agency IN-HOME ONLY
- Attachment IX: PA 5-Year Plan Change Log

1 INTRODUCTION

2 Agency Overview

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

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

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

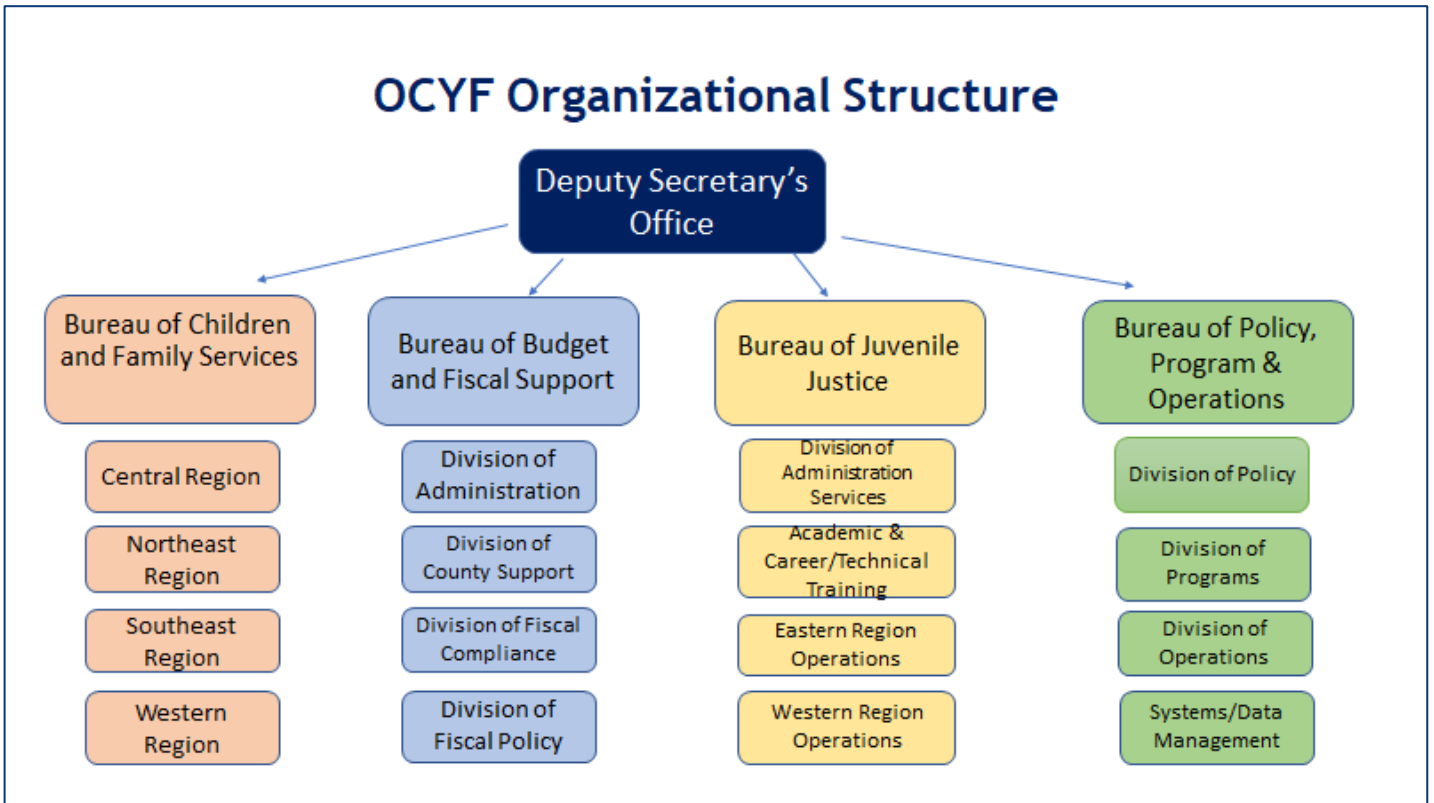
29 To carry out its various duties, OCYF is organized into four separate bureaus as
30 pictured in Figure 1: OCYF Organization Structure. the Bureau of Children and Family
31 Services (BCFS); the Bureau of Budget and Fiscal Support (BBFS); the Bureau of
32 Policy, Programs, and Operations (BPPO); and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

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

- 40 inspections, and assisting county and private agencies in the interpretation and
41 implementation of DHS regulations.
- 42 2. **BBFS** provides support functions for OCYF including budgeting, personnel,
43 management of federal grants and revenue, fulfillment of Needs-Based Plan and
44 Budget (NBPB) mandates, and administrative, financial, and operational support.
45 BBFS increases fiscal accountability through cost reporting, recovery,
46 containment, justification, and redistribution.
- 47 3. **BPPO** plans, develops, and implements regulations, provides program
48 clarifications, conducts training and orientation on new or revised procedures,
49 provides analysis of, and recommendations for, proposed legislation, develops
50 program reports and publications, and coordinates and provides TA and training
51 materials for OCYF Regional Office staff and service providers. BPPO is also
52 responsible for managing and operating the ChildLine and Abuse Registry,
53 clearance, and appeals processing and the three Interstate Compacts for
54 Pennsylvania, which are managed by the Division of Operations. The System
55 and Data Management Division within BPPO is responsible for oversight,
56 development, and maintenance of Pa's child welfare information systems. BPPO
57 also houses OCYF's Continuous Quality Improvement (CQI) unit.
- 58 4. **BJJS** is responsible for the management, operation, program planning, and
59 oversight of all five YDC/YFC facilities. The youth entrusted to BJJS' care are
60 adolescents who have been adjudicated delinquent by their county judicial
61 system. The BJJS's State Court Liaison Specialists work closely with PA's
62 county juvenile court system, the YDC/YFC system, and private provider
63 agencies to ensure residents are placed in the least restrictive and most
64 appropriate setting.
65

66

Figure 1: OCYF Organization Structure



67

68 **FAMILY FIRST APPROACH**

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

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

79

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

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

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

116 Pennsylvania's Child Welfare Practice Model¹¹¹ (Practice Model) serves as the
117 keystone that guides children, youth, families, child welfare representatives, and other
118 children and family service partners in working together by providing a consistent basis
119 for decision-making, clear expectations of outcomes, shared values, and ethics, and a
120 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>

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

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

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

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

142 Race Equity

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

155 Once Black children become known to the child welfare system, they are more
156 likely to enter foster care and stay in foster care longer than White children. Currently,
157 35 percent of children in foster care are Black, and Black children represent 42 percent
158 of children who have been in foster care for two years or more. Given the trauma that
159 children may experience when separated from their families, and the impact trauma can
160 have on social, economic, and health outcomes, racial disparities in placement may
161 have long lasting effects that are detrimental to the well-being of Black children and their

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

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

176 Congregate Care Reduction

177 Pennsylvania is well-positioned to move toward the vision of utilizing evidence-
178 based programs to reduce placement in out-of-home care, and specifically in
179 congregate care. This will be accomplished by using a continuum of efforts to safely
180 reduce the number and restrictiveness of placements used across the Commonwealth.
181 The Adoption and Foster Care Analysis and Reporting System (AFCARS) data show
182 that Pennsylvania has seen a nine percent decrease in out-of-home placements from
183 September 2019 to September 2020. The number of children and youth in out-of-home
184 placements was 13% lower in September 2020 than it was in September 2015. The
185 percentage of youth placed in congregate care remains lower now than it was five years
186 ago, (18% in September 2015 to 11% in September 2020). Additionally, a review of
187 recent data shows a decrease in entries into foster care. There were 2,797 fewer entries
188 from Federal Fiscal Year (FFY) 2019 to FFY 2020. Comparing FFY 2019 to FFY 2020,
189 14 counties saw an increase in entries, 51 counties saw a decrease, and two counties
190 had no change.

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

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

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

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

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

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

226 Trauma-Informed Care

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

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

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

258 Pennsylvania's Collaborative Structure

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

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

265 The Council served as the core stakeholder group consulted in the development
266 of the 2020-2024 Child and Family Services Plan (CFSP) and will continue to be
267 engaged in the ongoing monitoring and adjustment of the Five-Year Prevention Plan.
268 Since the Council's first convening in 2016, OCYF has consulted with Council to identify
269 priority areas of focus to improve Pennsylvania's child welfare system. The Council
270 supports communication among key partners related to Family First but also as a
271 broader system. The Council membership is comprised of internal and external
272 stakeholders who meet on a regular basis to support coordinated, multi-disciplinary,
273 strategic system planning, including the courts and the legal community. Specific areas
274 identified by the Council, which are reflected in the goals and objectives set forth in the
275 2020-2024 CFSP, include:

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

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

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

297 **Family First Governance Structure for Plan Development Phase**

298 DHS Executive Team

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

302

303 OCYF Steering Team

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

311

312 Project Team

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

320

321 PA Child Welfare Council

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

- 326 ○ Works in collaboration with the PA Family First Steering Team.
 327 ○ Comprised of stakeholders, persons with lived experiences, and includes
 328 representation from different geographic regions, socio-economic classes,
 329 and races.
 330 ○ Provides input, ideas and a strategic direction to the planning,
 331 development and implementation of projects and prevention services
 332 presented in Pennsylvania’s Five-Year Prevention Plan.
 333 ○ Ambassadors for Pennsylvania’s implementation effort and expert
 334 advisors to the process of enhancing prevention services and engaging
 335 families at the local level.
 336 ○ Assists the Commonwealth in identifying desired prevention services
 337 outcomes
 338 ○ Ensures prevention and family engagement activities in the counties are
 339 aligned with the overall vision presented in the Five-Year Prevention Plan .
 340 ○ Advises the Office of Children, Youth and Families on the performance
 341 evaluation for the proposed Community Pathways projects and help
 342 review and monitor outcomes and evaluate the effectiveness of the
 343 Community Pathways related to statewide goals.
 344 ○ Provides guidance, direction, and support to our county and community
 345 stakeholders who are implementing family support and primary prevention
 346 programming.
 347 ○ Leverages professional networks to further the goals of prevention work
 348 ○ Creates a learning community so partners benefit from knowledge that
 349 emerges from the real-life challenges and opportunities of Family First.

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

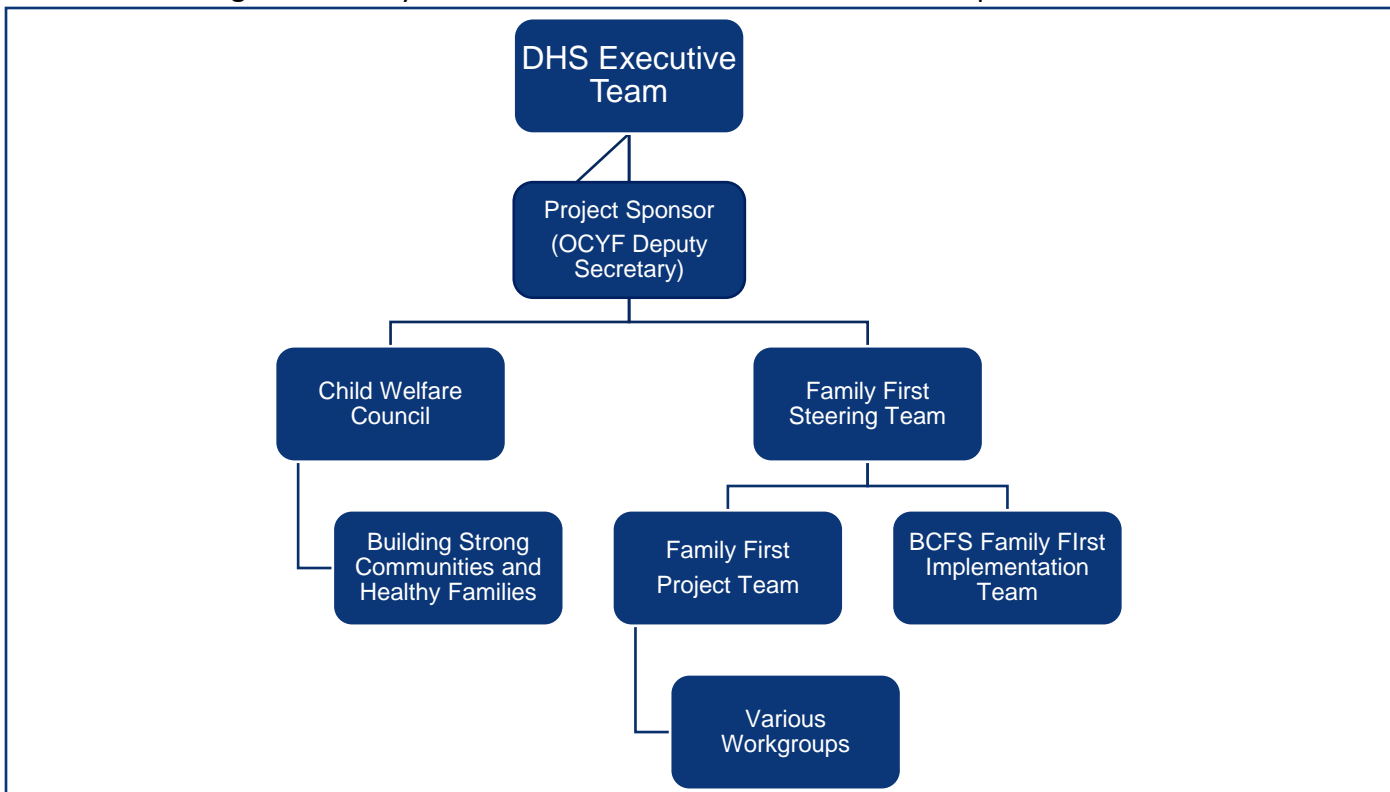
354 Bureau of Child and Family Services Family First Implementation Team (FFIT)

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

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

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

372 Figure 2: Family First Governance Structure for Plan Development Phase



373

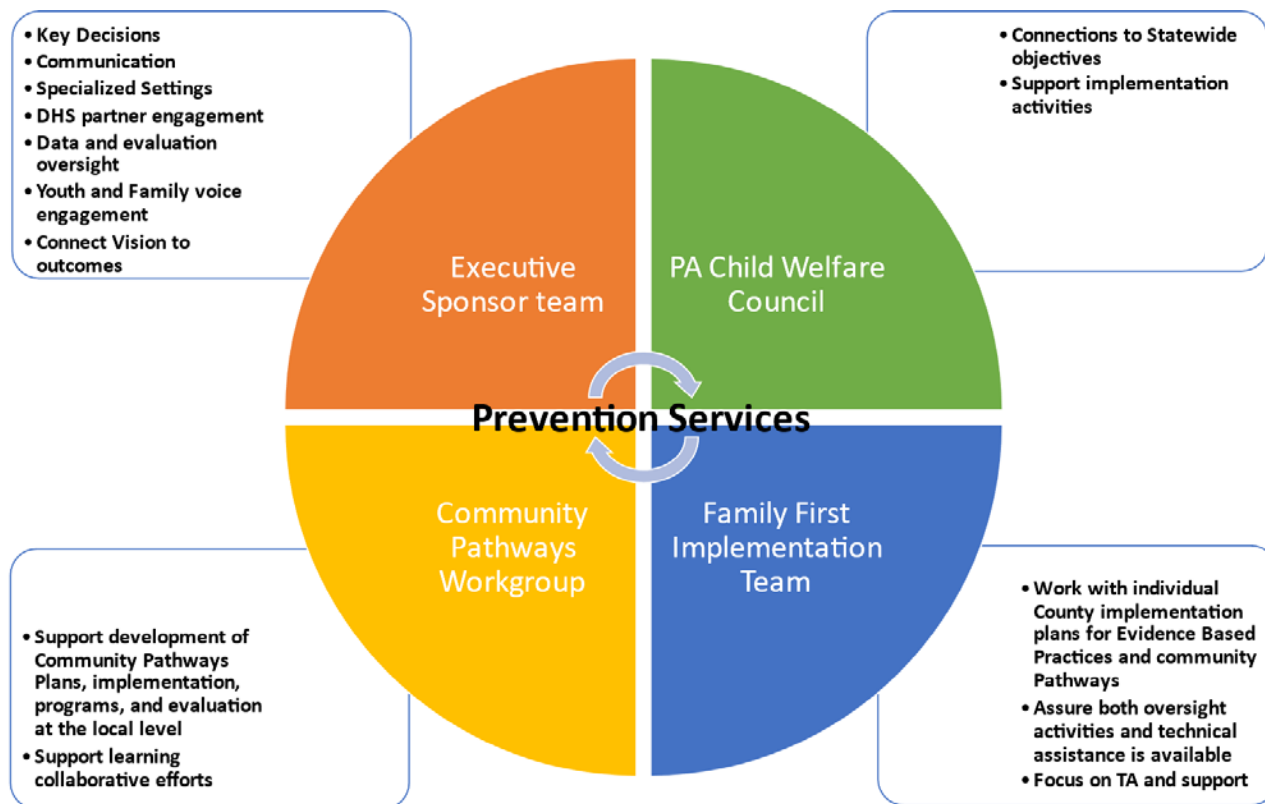
374 One of the workgroups under the Family First Project Team was the Title IV-E
 375 Prevention Workgroup which was convened in 2019. This workgroup engaged
 376 stakeholders from CCYAs, the private provider community, medical assistance
 377 program, mental health, substance use services, juvenile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

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

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

393 As Pennsylvania shifts from a planning phase to implementation, partnership with
 394 county agencies is vital to monitoring, evaluating, and updating Family First efforts and
 395 achieving desired outcomes. To ensure that each county will receive needed
 396 information and support, OCYF’s Bureau of Child and Family Services has developed
 397 Family First Implementation Teams (FFIT) to build capacity with our regional office staff
 398 on increasing the use of EBPs to meet specific population needs, monitoring prevention
 399 plans, and the development of CQI processes that integrate Family First strategies into
 400 existing protocols. Specially trained staff in each region will work with assigned county
 401 agency staff on making needed updates to family services plans and data collection
 402 processes and will be available to support the counties in developing individualized
 403 plans for implementation of evidence-based programs that meet the needs of their
 404 community. During implementation, Pennsylvania will continue to support statewide
 405 efforts with governance through partnerships utilizing already existing leadership teams
 406 in a collaborative model as shown in Figure 3 below.

407 Figure 3: Family First Governance Collaborative Model



408

409

410

411 Candidacy

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

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

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

- 432 1. Type of maltreatment
- 433 2. Nature of the maltreatment
- 434 3. Child functioning
- 435 4. Adult functioning
- 436 5. General parenting
- 437 6. Parenting discipline

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

- 439 1. Caregiver(s) intended to cause serious physical harm to the child.
- 440 2. Caregiver(s) is threatening to severely harm a child or are fearful that they will
 441 maltreat the child.
- 442 3. Caregiver(s) cannot or will not explain the injuries to a child
- 443 4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest
 444 abuse is likely to occur.
- 445 5. Caregiver(s) is violent and/or acting dangerously.
- 446 6. Caregiver(s) will not or cannot control their behavior.
- 447 7. Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of
 448 behavioral control, and/or self-destructive behavior.

- 449 8. Caregiver(s) cannot or will not meet the child's special, physical, emotional,
450 medical, and/or behavioral needs.
- 451 9. Caregiver(s) in the home is not performing duties and responsibilities that assure
452 child safety.
- 453 10. Caregiver(s) lacks parenting knowledge, skills, and/or motivation presents an
454 immediate threat of serious harm to a child.
- 455 11. Caregiver(s) does not have or does not use resources necessary to meet the
456 child's immediate basic needs which presents an immediate threat of serious
457 harm to a child.
- 458 12. Caregiver(s) perceives child in extremely negative terms.
- 459 13. Caregiver(s) overtly rejects county agency intervention; refuses access to a child;
460 and/or there is some indication that the caregiver(s) will flee.
- 461 14. Child is fearful of the home situation, including people living in or having access
462 to the home.

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

- 464 1. Child Factors:
- 465 a. Vulnerability
 - 466 b. Severity/Frequency and/or Recentness of Abuse/Neglect
 - 467 c. Prior Abuse/Neglect
 - 468 d. Extent of Emotional Harm
- 469 2. Caregiver/Household Member/Perpetrator Factors:
- 470 a. Age, Physical, Intellectual, or Emotional Status
 - 471 b. Cooperation
 - 472 c. Parenting Skill/Knowledge
 - 473 d. Alcohol/Substance Abuse
 - 474 e. Access to Children
 - 475 f. Prior Abuse/Neglect
 - 476 g. Parental Relationship with Child
- 477 3. Family Environment Factors:
- 478 a. Family Violence
 - 479 b. Condition of the Home
 - 480 c. Family Supports
 - 481 d. Stressors

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

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

- 490 • Serious harm potential

- 491 • Observable
- 492 • Out of Control
- 493 • Vulnerable child
- 494 • Immminent

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

506 Looking ahead, PA will be updating the SAMP process to a newly developed
507 Universal Assessment Tool (UAT) that will maintain the risk and safety assessment
508 factors, but will support child, youth, and family engagement and more holistic family
509 assessment work into that process. The UAT that will be utilized will be an updated
510 version of the Family Advocacy and Support Tool (FAST). The newly designed FAST
511 tool will serve to support candidacy determinations in the future as the SAMP process
512 does today.

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

523 Determining that a child is a Candidate for Foster Care is not dependent on a
524 substantiated child abuse or neglect finding. Children with an abuse investigation
525 determined as unfounded or a general protective services assessment determined as
526 invalid may still face significant threats in their home. These threats may be significant
527 and warrant the need for substance abuse, mental health, or parent education services
528 and interventions to prevent future placement in foster care. As other states mention in
529 their approved prevention plans, observable family conditions or behaviors that occur
530 now may have a negative impact on the child's development or functioning later that
531 would require a higher level of child welfare involvement or intervention including
532 placement in foster care that may be avoided with appropriate prevention supports.
533 Pennsylvania's goal is to support children, youth, and families before they are in crisis.

534 Eligible Populations

- 535 1. All children and youth who have not attained the age of 18 and are determined to be
536 a Candidate for Foster Care by a CCYA using the definition above may be
537 considered eligible.
- 538 2. A pregnant, expecting, or parenting youth in foster care, including a child of a youth
539 in foster care, will automatically be eligible to receive Title IV-E prevention services
540 and will not require an additional determination by a CCYA caseworker. In order for
541 a pregnant, expecting, or parenting youth that is 18 or older and has not yet reached
542 21 to be eligible, the youth must meet the following education/employment criteria
543 under the Juvenile Act (42 Pa.C.S. § 6302) definition of “child”:
544 “[The youth] is under the age of 21 years and was adjudicated dependent before
545 reaching the age of 18 years, who has requested the court to retain jurisdiction and
546 who remains under the jurisdiction of the court as a dependent child because the
547 court has determined that the child is:
- 548 (i) completing secondary education or an equivalent credential;
 - 549 (ii) enrolled in an institution which provides postsecondary or vocational
550 education;
 - 551 (iii) participating in a program actively designed to promote or remove
552 barriers to employment;
 - 553 (iv) employed for at least 80 hours per month; or
 - 554 (v) incapable of doing any of the activities described in subparagraph (i),
555 (ii), (iii), or (iv) due to a medical or behavioral health condition, which is
556 supported by regularly updated information in the permanency plan of the
557 child.”

558 Community Pathways

559 Pennsylvania is partnering with counties to develop community pathways models
560 for family support and prevention services to be delivered to meet the goals of Family
561 First in local communities. These community pathways will support the delivery and
562 planning for evidence-based prevention services for a child who does not have an open
563 case with the child welfare agency and does not require immediate child welfare
564 intervention but meets Pennsylvania’s definition of Candidate for Foster Care.

565 Community pathway counties can contract with approved community-based
566 providers to gather and document information using the same assessment tools that
567 would be used by the CCYA, but the assessment will be shared with the CCYA for the
568 CCYA be the agency to determine candidacy and eligibility for the selected prevention
569 service. Pennsylvania currently uses state approved risk and safety assessment tools
570 and will be transitioning to the use of a state specific model of FAST that will be
571 inclusive of current risk and safety factors. Depending on the timing of implementation
572 (FAST is expected to be piloted in 2023 in some counties and implemented statewide in
573 2024) the contracted provider will be trained to complete assessments in a way that
574 uses equivalent tools to the ones the county is using. The contracted provider for the
575 prevention service may develop or approve a child-specific prevention plan, provide

576 prevention plan case management, ongoing safety and risk monitoring and
577 assessments, and/or deliver approved evidence-based prevention services as agreed
578 upon in their contract. The processes set up by individual counties will be subject to
579 review and approval by OCYF regional office staff and ultimately by the Bureau of
580 Budget and Fiscal Support.

581 There are two candidacy populations that contracted community-based providers
582 in community pathway counties will be able to serve. The first population is children and
583 families who are referred directly to the community-based provider without being known
584 to the CCYA. This occurs when the community-based organization receives a referral
585 from another community partner (schools, health system, other social service programs,
586 or the family themselves). In this scenario, the community-based provider will assess
587 the family and child using the state approved assessment process that mirrors the
588 county process, document the findings, and provide information to the CCYA for review,
589 candidacy determination, and prevention plan creation and/or approval.

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

595 The means by which the county and contracted community-based providers
596 partner to provide the services will be described in appropriate sections throughout this
597 document but it should be noted that as part of the community pathway model in each
598 county the CCYA will remain responsible for:

- 599
- 600 • Determining candidacy
 - 601 • Creating and approving the child-specific prevention plan written by a
602 CCYA caseworker or approving the child-specific prevention plan written
603 by a contracted community-based provider.
 - 604 • Providing oversight to the contracted community-based provider to ensure
605 they are meeting all contractual agreements and providing evidence-
606 based practices with fidelity to the model.
 - 607 • Retaining and sharing all data necessary to be compliant with the Federal
608 Family First Title IV-E Prevention Services Provision, and applicable state
609 statute, laws, policy and guidelines issued by Pennsylvania's Department
610 of Human Services and Office of Children, Youth, and Families.
 - 611 • Assuring community-based partners receive the training and technical
assistance required to successfully implement the work.

612 As part of the community pathway model, the county can contract with the
613 community-based provider for any level of service that meets their community's need
614 with the exception of the Title IV- E Agency responsibilities outlined in the Family First
615 Title IV-E Prevention Services Provision.

616 The assessment process and eligibility criteria for the community pathways
617 would mirror the assessment process and use of eligibility criteria set forth above in this
618 plan.

619 For community pathway circumstances where the county agency receives a
620 referral and determines eligibility and candidacy and then refers the family for the
621 community pathway services without maintaining ongoing casework responsibilities, the
622 agency providing the services will be different from the county agency that determined
623 eligibility and candidacy, although the entities will work together as partners assuring
624 compliance with all elements of this plan. In circumstances where a county develops a
625 community pathway and a family seeks prevention services absent a report to the
626 county agency, the provider agency will complete the assessment and make the referral
627 to the county agency to determine candidacy and eligibility based on the assessment
628 completed by the provider agency.

629 Ongoing communication between the community pathway provider and the
630 CCYA is expected to occur. As noted above, a community pathway process could start
631 with a referral to the CCYA and that agency completes an assessment and then makes
632 a referral to a contracted provider based on the assessment they complete, or a family
633 may seek access to a prevention service in the community prior to a report of
634 maltreatment coming to the county agency. In either case, a prevention plan is
635 expected to be developed and communicated and shared between the provider agency
636 and the CCYA. While the prevention plan is implemented through the provider agency,
637 progress, or newly identified risks or concerns will be shared by the provider agency
638 with the CCYA. The provider agency will further communicate any change of status of
639 the work or when the work is completed, and or if the family prevention services are
640 closed. As assessment intervals at the provider agency are expected to mirror intervals
641 as if the county agency was servicing the family directly, even if no changes are
642 experienced an updated prevention plan must be completed and shared with the CCYA
643 within six months of initiation of the prevention plan.

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

652 The Bureau of Budget and Fiscal Support will approve any county's proposed
653 community pathway's model prior to beginning the work and will review the CCYA's
654 contract monitoring efforts of communities pathways models for fiscal compliance.
655 Additionally, BBFS will incorporate Prevention Service reviews into the Title IV-E QA
656 reviews to ensure accurate Random Moment Time Study (RMTS) coding selection
657 along with Title IV-E and state claiming. Please see <https://bit.ly/RMTS-3140-21-06>.

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

669 Participation in the community pathways model is optional for counties and
670 CCYA's will have the ability to participate in the future at a time of their choosing
671 following the approval of Pennsylvania's Title IV-E Prevention Services 5 Year Plan.

672 **SERVICE DESCRIPTION AND OVERSIGHT**

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

685 Specific data points considered:

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

- 698 • Program Rating: EBP rating (well-supported, supported, or promising), as
699 determined by the Title IV-E Prevention Services Clearinghouse program review
700 board.
- 701 • Child and adult outcomes: Total number of demonstrated outcomes for each
702 EBP, as well as the specific outcome domains (i.e., child behavioral and
703 emotional functioning, adult parenting practices) as determined by the Title IV-E
704 Prevention Services Clearinghouse literature review.
- 705 • Population: Age range of the population served by the program
- 706 • Fidelity measures
 - 707 ○ Existence of fidelity measures
 - 708 ○ Existence of support for collecting fidelity measures in Pennsylvania
- 709 • Program availability in Pennsylvania:
 - 710 ○ Number of counties in which each program is available
 - 711 ○ Number of counties currently receiving child welfare funding for each
712 program
 - 713 ○ Size of each county in which each program is offered
- 714 • Dollar amount spent by Pennsylvania child welfare during FY 2018/2019 on each
715 program
- 716 • Dollar amount budgeted by Pennsylvania child welfare for FY 2019/2020 for each
717 program

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

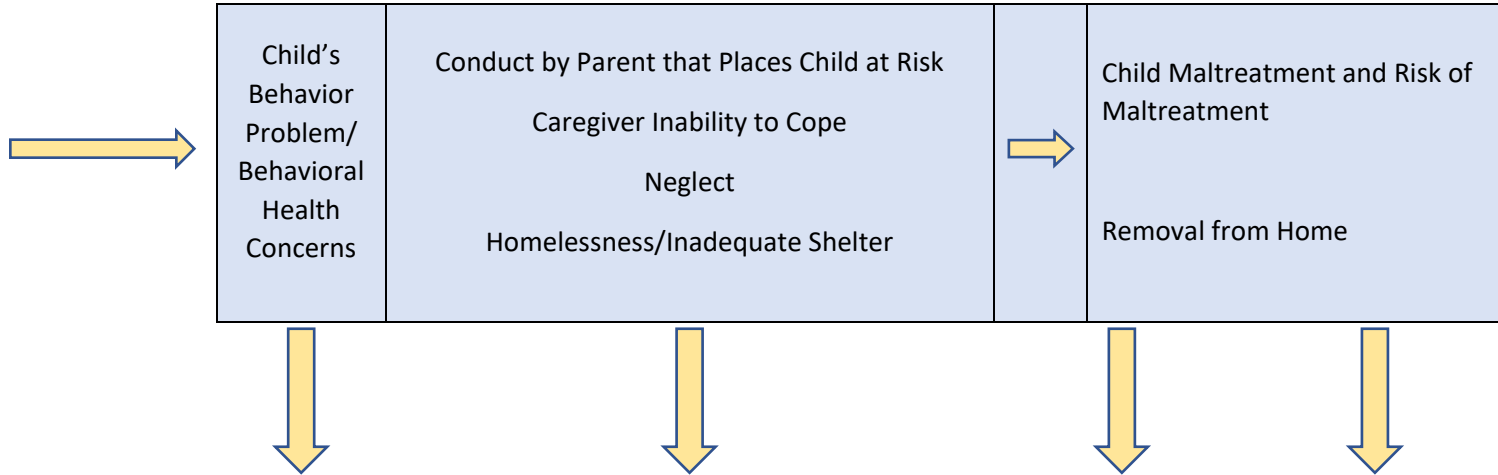
743 welfare population. Together, the selected EBPs cover the entire age range of children
744 and parents that Pennsylvania is seeking to serve and address the prioritized needs for
745 these populations (i.e., removal reasons of neglect, child's behavior problem, and
746 parent inability to cope and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

749 There is not a requirement that counties implement any or all of the EBPs
750 outlined in Pennsylvania's Five-Year Prevention Plan. Pennsylvania's counties have
751 discretion as to whether they will select to implement any of the EBPs that are included
752 in this Five-Year Prevention Plan based upon the needs of children and families in their
753 counties. Pennsylvania intends to monitor community needs, lessons learned, and
754 additions to the Clearinghouse to determine what changes need to be made to the plan.
755 Pennsylvania's plan includes services in the following service categories: mental health
756 treatment, substance use prevention and treatment, and in-home family support
757 services.

758 [Table 1. Evidence-Based Services and Programs Selected from the Title IV-E Clearinghouse](#)

759

Top reasons children are removed from their homes and top valid GPS reports in Pennsylvania.



These reasons align with Target Outcomes Domains and Sub-Domains in the Prevention Services Clearinghouse.

Target Outcome Domains	Child Well-Being Outcome	Adult Well-Being Outcomes				Safety	Permanency
Sub-Domains	Behavioral And Emotional Functioning	Parenting Practices	Parent/ Caregiver Mental/ Emotional Health	Family Functioning	Economic / Housing Stability	Valid / Substantiated Maltreatment	# of Placements Length of Placements Reunification Use of Kinship Care
Functional Family Therapy (FFT)	X					X	X

Pennsylvania selected programs that target outcomes that align with top removal reasons and reports.

Healthy Families America (HFA)		X	X	X		X	X
Homebuilders (HB)		X		X	X	X	X
Incredible Years - School-Age Basic (IY SAB)		X				X	X
Incredible Years - Toddler Basic (IY TB)		X				X	X
Multisystemic Therapy (MST)	X	X	X	X		X	X
Nurse-Family Partnership (NFP)					X	X	X
Parents as Teachers (PAT)		X				X	X
Triple P – Positive Parenting Program – Level 4 Standard (Triple P Level 4 Standard)	X	X	X			X	X

761 By addressing identified needs and improving well-being outcomes for
762 children/youth and adults, Pennsylvania anticipates subsequent improvements in child
763 safety and child permanency outcomes for families participating in the EBPs.

764 **Functional Family Therapy (FFT) – Mental Health - Well-Supported**

765 Pennsylvania is including FFT in their Prevention Plan because FFT addresses
766 needs that have been identified as top reasons for removing children from their home as
767 well as top valid GPS report reasons. Specifically, FFT addresses the removal reason,
768 “child’s behavior problem” and the valid GPS report reason, “child behavior
769 problems/behavior health concerns.” In addition, data from Pennsylvania’s Title IV-E
770 Child Welfare Demonstration Project and reentry data from CFSR3 confirm these as
771 needs in Pennsylvania.

772 In addition to meeting needs surrounding child behavior, FFT meets a population
773 need – specifically, Pennsylvania’s need to serve the older youth population. Transition-
774 aged youth (ages 13-20) make up approximately one third of PA’s foster care
775 population, and these youth have a higher risk of reentering care and being placed in a
776 non-family setting (Annie E. Casey Foundation). Studies of FFT have shown that while it
777 is effective overall at reducing the odds of an out-of-home placement, it is especially
778 effective at reducing out-of-home placements for older youth (Darnell & Schuler, 2015).

779 Pennsylvania will target youth 11 to 18 years old with behavioral or emotional
780 problems who are at risk of removal from the home and their families for participation in
781 FFT with the goal of improving child well-being outcomes related to behavioral and
782 emotional functioning including externalizing and internalizing behaviors.

783 Pennsylvania will partner with FFT LLC to monitor outcomes. In particular,
784 Pennsylvania will access data from measures already used by FFT practitioners such
785 as the Y-OQ® 2.01 Youth Outcome Questionnaire (completed by parent/ caregiver) and
786 the Y-OQ® SR 2.0 Youth Outcome Questionnaire (completed by the identified/ referred
787 youth 10 or older). Each Questionnaire contains subscales to measure the outcomes of
788 interest including externalizing behaviors (e.g., aggressive behavior, impulsive behavior)
789 and internalizing behaviors (e.g., depression, anxiety) (FFT LLC: Functional Family
790 Therapy Guide to Using and Inputting Assessments 2022).

791 Pennsylvania will also monitor child safety and child permanency outcomes.
792 OCYF will use AFCARS data to monitor child permanency and data collected through
793 the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF
794 will utilize fiscal invoicing data to monitor child/family participation in each EBP and
795 identify the children for whom safety and permanency data are needed.

796 Although there are two manuals that can be used to implement FFT, only one is
797 currently used by providers in Pennsylvania at this time, and thus the following version
798 will be allowable under Title IV-E:

799

800 Alexander, J.F. Waldron, H.B., Robbins, M.S. & Neeb, A.A. (2013). Functional
801 Family Therapy for adolescent behavioral problems. American Psychological
802 Association.

803 **Healthy Families America (HFA) – In-Home Parent Skill-Based - Well-Supported**

804 Pennsylvania is including HFA in their Prevention Plan because “conduct by the
805 parent that places a child at risk” and “parent inability to cope” are two of the top valid
806 GPS allegations in Pennsylvania. In addition to meeting these needs in Pennsylvania,
807 HFA was chosen because it is a home visiting program designed to prevent child abuse
808 and support child and family well-being. There are very few EBPs that target and have
809 been proven effective at reducing child maltreatment and neglect. Further, one study of
810 HFA showed that it was effective among teen parents, which is especially relevant to
811 Pennsylvania as one of our target populations for HFA is pregnant/parenting youth in
812 foster care. HFA is currently supported in only a few Pennsylvania counties by child
813 welfare and including it as part of Pennsylvania’s Prevention Services array will allow for
814 expanded implementation.

815 Pennsylvania will aim to serve two different target populations via HFA. First,
816 because HFA allows enrollment and participation as early as the prenatal period, we will
817 target pregnant and parenting youth in foster care prior to the birth of the child, as well
818 as after the child is born. For all other families served by Pennsylvania child welfare,
819 families will be able to enroll in HFA from the birth of the child until the child is 24
820 months old, per the expanded enrollment adaptation of HFA approved for use with child
821 welfare families. The goal is to promote family preservation and prevent children from
822 entering care by promoting adult well-being outcomes related to family functioning,
823 positive parenting, and parent/caregiver mental or emotional health.

824 Pennsylvania’s Office of Child Development and Early Learning (OCDEL),
825 Bureau of Early Intervention Services and Family Supports, oversees the Maternal,
826 Infant and Early Childhood Home Visiting (MIECHV) program in Pennsylvania and
827 provides support to HFA providers that are MIECHV grantees. MIECHV grantees follow
828 the federal requirements for CQI reporting, which have been established by the Health
829 Resources Services Administration (HRSA). OCYF will partner with OCDEL and the
830 HFA developer to identify and add items to existing data collection processes to gather
831 well-being outcome data from HFA providers serving children and families through
832 FFPSA funding. These data will be used for monitoring and CQI purposes.

833 In particular, OCYF, OCDEL, and the HFA developer will consider items from
834 existing HFA tools including the Family Resilience and Opportunities for Growth
835 (FROG) Scale to gather information about family functioning and parenting and the
836 CHEERS Check-In Tool to gather information about child behavioral and emotional
837 functioning. In addition, items will also be considered to gather information about
838 parent/caregiver mental health. Standard tools used by HFA practitioners will be
839 considered (e.g., Edinburgh Postnatal Depression Scale or Patient Health
840 Questionnaire [PHQ-9]) as well as performance measures that already exist in the

841 OCDEL system related to screening for caregiver depression to assess the most
842 informative and efficient means of gathering these data.

843 Pennsylvania will also monitor child safety and child permanency outcomes.
844 OCYF will use AFCARS data to monitor child permanency and data collected through
845 the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF
846 will utilize fiscal invoicing data to monitor child/family participation in each EBP and
847 identify the children for whom safety and permanency data are needed.

848 Family Resilience and Opportunities for Growth (FROG) Scale Scoring Guide.
849 (n.d.). Prevent Child Abuse America, Healthy Families America.

850 CHEERS Check-In Tool. (2017). Prevent Child Abuse America.

851 Cox, J.L., Holden, J.M. and Sagovsky, R. (1987). Detection of postnatal
852 depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British
853 Journal of Psychiatry, 150, 782-786.

854 Kroenke, K. & Spitzer, R.L. (2002). The PHQ-9: A new depression and diagnostic
855 severity measure. Psychiatric Annals, 32, 509-521.

856 HFA Manuals:

857 Healthy Families America. (2018) Best practice standards. Prevent Child Abuse
858 America.

859 Healthy Families America. (2018). State/multi-site system central administration
860 standards. Prevent Child Abuse America.

861 **Homebuilders (HB) – In-Home Parent Skill-Based - Well-Supported**

862 Pennsylvania is including HB in their Prevention Plan because HB addresses
863 needs that have been identified as top reasons for removing children from their home as
864 well as top valid GPS report reasons. Specifically, Homebuilders addresses the removal
865 reasons of “neglect” and “parent inability to cope” as well as the valid GPS report
866 reasons of “experiencing homelessness/inadequate shelter” and “conduct by parent that
867 places child at risk.”

868 In addition, HB was selected because it was designed specifically for families
869 with children at imminent risk of out-of-home placement. There are very few EBPs
870 designed for and proven effective for families served by child welfare and who are in
871 immediate need of intensive family preservation services. Homebuilders is currently
872 supported in only a few Pennsylvania counties by child welfare and including it as part
873 of Pennsylvania’s Prevention Services array will allow for expanded implementation.

874 Pennsylvania will target families with children from birth to age 18 who are at
875 imminent risk of out-of-home placement. Pennsylvania will also target parenting youth in
876 foster care and their partners/supports; although pregnant/expecting youth in foster care

877 will be identified as candidates for prevention services, these youth will not be able to
878 participate in HB services until their child is born, per the HB model. The goal is to
879 promote child permanency by improving adult well-being outcomes related to parenting
880 practices, family functioning, and economic/housing stability for participating families.

881 Pennsylvania will partner with the HB developer to monitor outcomes. In
882 particular, Pennsylvania will access data from measures already used by HB
883 practitioners such as the North Carolina Family Assessment Scale (NCFAS) to measure
884 outcomes related to parenting practices and family functioning (e.g., overall parental
885 capabilities, disciplinary practices, overall family interactions, expectations of children)
886 and the environment (e.g., housing stability, habitability of housing,
887 income/employment).

888 Pennsylvania will also monitor child safety and child permanency outcomes.
889 OCYF will use AFCARS data to monitor child permanency and data collected through
890 the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF
891 will utilize fiscal invoicing data to monitor child/family participation in each EBP and
892 identify the children for whom safety and permanency data are needed.

893 State-level child permanency data may be supplemented with existing HB
894 monitoring of placement prevention/ reunification / placement stabilization at the time of
895 program termination. State-level child safety data may be supplemented with data from
896 the NCFAS regarding family safety which includes the assessment of the
897 absence/presence of physical abuse, sexual abuse, emotional abuse, and neglect of
898 child(ren) and domestic violence between parents/caregivers.

899 HB Manual: Kinney, J., Haapala, D. A., & Booth, C. (1991). Keeping families
900 together: The HOMEBUILDERS model. Taylor Francis.

901 NCFAS-R: North Carolina Family Assessment Scale for Intensive Family
902 Preservation Services (IFPS) Programs Serving Reunification Cases. Version 2.0. Buhl:
903 N.p., 2005. Print.

904 **Incredible Years – School Age Basic (IY-SAB) – Mental Health - Promising**

905 Pennsylvania is including IY-SAB in their Prevention Plan because “conduct by
906 the parent that places a child at risk” is one of the top valid GPS allegations in
907 Pennsylvania; thus, there is a need to support parents by offering services that aim to
908 strengthen positive parenting practices and reduce negative ones. IY-SAB is a
909 parenting program for parents of children ages 6 to 12 years who have behavior
910 problems and/or are at risk for being removed from the home. IY-SAB has been shown
911 to improve parenting practices and child safety.

912 Pennsylvania is targeting families with children (6 to 12 years) for participation in
913 IY-SAB and particularly families in which children have behavior problems and are at
914 risk of removal from the home. The goal is to improve child safety and adult well-being
915 outcomes related to parenting practices including increased use of appropriate

916 discipline, positive verbal discipline, praise and incentive, and clear expectations and
917 decreased use of harsh and inconsistent discipline and physical punishment.

918 Because IY-SAB is a “Promising” program, Pennsylvania will partner with the
919 University of Pittsburgh, Pennsylvania Child Welfare Resource Center, Research and
920 Evaluation Team and IY-SAB practitioners across the Commonwealth to carry out a
921 rigorous evaluation of the program (see [Evaluation Plan](#)). As part of the evaluation, data
922 will be collected about parenting practices using the Parent Practices Interview
923 (Webster-Stratton) as well as data regarding child safety and permanency. The
924 Evaluation Team will partner with OCYF to access AFCARS data to monitor child
925 permanency and data collected through the Child Welfare Information System (CWIS)
926 to monitor child safety. In addition, OCYF will provide the Evaluation Team fiscal
927 invoicing data to monitor child/family participation in each EBP and identify the children
928 for whom safety and permanency data are needed. In addition to informing the
929 evaluation of IY-SAB, these data will also be used for monitoring and CQI purposes.

930 IY-SAB uses the Incredible Years Parents, Teachers and Children’s Training
931 Series manual. It is implemented in conjunction with the Curriculum Set below that is
932 specific to the IY-School Age program.

933 Webster-Stratton, C. (2011). Incredible Years parents, teachers and children’s
934 training series: Program content, methods, research, and dissemination, 1980 – 2011.
935 Incredible Years, Inc.

936 Incredible Years, Inc. (2019). School age basic curriculum set.

937 **Incredible Years – Toddler Basic (IY-TB) – Mental Health - Promising**

938 Pennsylvania is including IY-TB in their Prevention Plan because “conduct by the
939 parent that places a child at risk” is one of the top valid GPS allegations in
940 Pennsylvania; thus, there is a need to support parents by offering services that aim to
941 strengthen positive parenting practices and reduce negative ones. IY-TB is a parenting
942 program for parents of children ages 1 to 3 years that has been shown to improve
943 parenting practices.

944 Pennsylvania is targeting families with toddlers (1 to 3 years) for participation in
945 IY-TB and particularly families who need support forming secure attachments with their
946 toddlers or addressing their toddlers’ behavior problems to keep the child safely in the
947 home. The goal is to improve adult well-being outcomes related to parenting practices
948 including increased use of appropriate discipline, positive verbal discipline, praise and
949 incentive, and clear expectations and decreased use of harsh and inconsistent
950 discipline and physical punishment.

951 Because IY-TB is a “Promising” program, Pennsylvania will partner with the
952 University of Pittsburgh, Pennsylvania Child Welfare Resource Center, Research and
953 Evaluation Team and IY-TB practitioners across the Commonwealth to carry out a
954 rigorous evaluation of the program (see [Evaluation Plan](#)). As part of the evaluation, data
955 will be collected about parenting practices using the Parent Practices Interview

956 (Webster-Stratton) as well as data about child safety and permanency. The Evaluation
957 Team will partner with OCYF to access AFCARS data to monitor child permanency and
958 data collected through the Child Welfare Information System (CWIS) to monitor child
959 safety. In addition, OCYF will provide the Evaluation Team fiscal invoicing data to
960 monitor child/family participation in each EBP and identify the children for whom safety
961 and permanency data are needed. In addition to informing the evaluation of IY-SAB,
962 these data will also be used for monitoring and CQI purposes. In addition to informing
963 the evaluation of IY-TB, these data will also be used for monitoring and CQI purposes.

964 IY-TB uses the Incredible Years Parents, Teachers and Children's Training
965 Series group leader manual. It is implemented in conjunction with the Curriculum
966 Set below that is specific to the IY-Toddlers program.

967 Webster-Stratton, C. (2011). Incredible Years parents, teachers and children's
968 training series: Program content, methods, research, and dissemination, 1980 – 2011.
969 Incredible Years, Inc.

970 Incredible Years, Inc. (2019). *Toddler basic curriculum set*.

971 **Multisystemic Therapy (MST) – Mental Health & Substance Use - Well-Supported**

972 Pennsylvania is including MST in their Prevention Plan because “child’s behavior
973 problem” is a top removal reason in Pennsylvania and “child behavior
974 problems/behavioral health concerns” is a top valid GPS allegation. Programs that
975 address child behavior problems and promote child well-being are needed in
976 Pennsylvania. In addition, “conduct by the parent that places a child at risk” and “parent
977 inability to cope” are two of the top valid GPS allegations in Pennsylvania. Data from
978 Pennsylvania’s Title IV-E Child Welfare Demonstration Project and reentry data from
979 CFSR3 confirm these as needs in Pennsylvania. MST was selected because it
980 addresses these needs by promoting pro-social behavior and reducing mental health
981 symptomology in youth. MST has been shown to reduce behavioral and emotional
982 problems in high-risk youth and reduce the risk of out of home placements. In addition,
983 MST has shown improvements in family interactions and parental effectiveness and
984 reductions in parental stress (Curtis et al., 2004).

985 In addition to meeting needs in Pennsylvania, MST was selected because of its
986 widespread implementation and effectiveness throughout Pennsylvania counties.
987 Pennsylvania child welfare currently supports the provision of MST to child welfare
988 families in 47 out of 67 counties; including MST in Pennsylvania’s Prevention Service
989 array will assist in the continuation of this widely utilized and effective service.

990 Pennsylvania is targeting youth between the ages of 12 and 17 and their families,
991 particularly youth who are at risk for or are engaging in problem behaviors such as
992 delinquent activity or substance use or are at risk for or experiencing mental/emotional
993 health issues and are at-risk for out-of-home placement. The goal is to promote child
994 permanency and improve child well-being outcomes with a focus on behavioral and

995 emotional functioning as well as adult well-being outcomes related to positive parenting
996 practices, parent/caregiver mental or emotional health, and family functioning.

997 MST focuses on ultimate outcomes related to permanency as well as whether
998 youth avoid criminal activity and are in school/working. In addition to these ultimate
999 outcomes, MST focuses on fidelity monitoring rather than tracking proximal outcomes
1000 related to the reasons families are referred to MST (e.g., behavioral and emotional
1001 functioning, parenting practices) and proximal outcome data are not available through
1002 MST. Rather than attempt to collect these data directly from providers, Pennsylvania will
1003 focus monitoring efforts for MST on program fidelity as well as child safety and
1004 permanency.

1005 OCYF will use AFCARS data to monitor child permanency and data collected
1006 through the Child Welfare Information System (CWIS) to monitor child safety. In
1007 addition, OCYF will utilize fiscal invoicing data to monitor child/family participation in
1008 each EBP and identify the children for whom safety and permanency data are needed.

1009 MST Manual: Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M.
1010 D., & Cunningham, P. B. (2009). Multisystemic Therapy for antisocial behavior in
1011 children and adolescents (2nd ed.). Guilford Press.

1012 **Nurse-Family Partnership (NFP) – In-Home Parent Skill-Based - Well-Supported**

1013 Pennsylvania is including NFP in their Prevention Plan because NFP addresses
1014 needs that have been identified as top reasons for removing children from their home as
1015 well as top valid GPS report reasons. Specifically, NFP addresses the removal reason,
1016 “inadequate housing” and the valid GPS report reason, “experiencing
1017 homelessness/inadequate shelter.” In addition, NFP addresses “conduct by a parent
1018 that places a child at risk” which is a top valid GPS allegation.

1019 In addition to meeting these specific needs in Pennsylvania, NFP was selected
1020 because it is a home-visiting program designed for first-time mothers who are at
1021 particular risk for adverse outcomes, such as maltreatment, and their partners/supports.
1022 This program will directly serve one of PA’s target populations: pregnant/parenting
1023 youth in foster care.

1024 Because NFP requires that women enroll during their first pregnancy prior to the
1025 29th week of gestation, PA is targeting to serve only first-time pregnant and expecting
1026 youth in foster care and their partners/supports with the goal of promoting child safety
1027 and improving adult well-being outcomes related to economic and housing stability.

1028 Pennsylvania’s Office of Child Development and Early Learning (OCDEL),
1029 Bureau of Early Intervention Services and Family Supports, oversees the Maternal,
1030 Infant and Early Childhood Home Visiting (MIECHV) program in Pennsylvania and
1031 provides support to providers NFP providers that are MIECHV grantees. MIECHV
1032 grantees follow the federal requirements for CQI reporting, which have been established
1033 by the Health Resources Services Administration (HRSA). OCYF will partner with
1034 OCDEL to make use of existing data collection processes to gather outcome data from

1035 NFP providers serving children and families through FFPSA funding. In particular,
1036 OCYF will access data regarding economic and housing stability, including the primary
1037 caregiver’s employment status, housing status, and educational status.

1038 Pennsylvania will also monitor child safety and child permanency outcomes.
1039 OCYF will use AFCARS data to monitor child permanency and data collected through
1040 the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF
1041 will utilize fiscal invoicing data to monitor child/family participation in each EBP and
1042 identify the children for whom safety and permanency data are needed. These data will
1043 be used for monitoring and CQI purposes.

1044 NFP Manual: Nurse Family Partnership. (2020). Visit-to-visit guidelines.

1045 **Parents as Teachers (PAT) – In-Home Parent Skill-Based - Well-Supported**

1046 Pennsylvania is including PAT in their Prevention Plan because PAT addresses
1047 needs that have been identified as top valid GPS reasons and top reasons for removing
1048 children from their home including “conduct by parent that places a child at risk” and
1049 “parent inability to cope.”

1050 In addition to meeting this need, PAT was selected because some of the
1051 strongest positive effects have been found when implemented with families at high-risk
1052 for poor developmental outcomes; these risk factors included living in poverty, housing
1053 instability, unsafe living conditions, low parental education, parental substance abuse,
1054 abuse and neglect, teenage motherhood, single motherhood, and social isolation
1055 (Chaiyachati et al., 2018; Neuhauser, 2014). Many of these same risk factors are
1056 present among families served by child welfare in Pennsylvania, and the research
1057 evidence suggests PAT would be highly effective for Pennsylvania families as well.

1058 Pennsylvania will aim to serve two different target populations via PAT. First,
1059 because PAT allows enrollment and participation as early as the prenatal period, we will
1060 target pregnant and parenting youth in foster care prior to the birth of the child, as well
1061 as after their child is born. For all other families served by Pennsylvania child welfare
1062 who are in high-risk situations and who have a child at risk of removal from the home,
1063 PAT will be offered from the time the child is born through kindergarten, as is standard
1064 for the PAT model. The goal is to promote child safety by improving adult well-being
1065 outcomes related to parenting practices for participating families.

1066 Pennsylvania will partner with the PAT developer to monitor outcomes. In
1067 particular, Pennsylvania will access data from measures already used by PAT
1068 practitioners to monitor parenting practices such as communication and listening;
1069 nurturing, loving, or supportive behavior; rules and consequences; setting boundaries;
1070 warmth; and parent-child relationship. These measures may include one of the following
1071 tools: the Parenting Interactions with Children: Checklist of Observations Linked to
1072 Outcomes (PICCOLO™) Tool, Keys to Interactive Parenting Scale (KIPS), or Home
1073 Observation Measurement of the Environment (HOME).

1074 Pennsylvania will also monitor child safety and child permanency outcomes.
 1075 OCYF will use AFCARS data to monitor child permanency and data collected through
 1076 the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF
 1077 will utilize fiscal invoicing data to monitor child/family participation in each EBP and
 1078 identify the children for whom safety and permanency data are needed. These data will
 1079 be used for monitoring and CQI purposes.

1080 Caldwell, B. M., & Bradley, R. H. (2016). Home Observation for Measurement of
 1081 the Environment. The Connect Center, Arizona State University.

1082 Comfort, M., Gordon, P.R. & Naples, D. (2011). KIPS: An Evidence-Based Tool
 1083 for Assessing Parenting Strengths and Needs in Diverse Families. *Infants & Young*
 1084 *Children*, 24(1), 56-74.

1085 Roggman, L. A., Cook, G. A., Innocenti, M. S., Jump Norman, V., Christiansen,
 1086 K., and Anderson, S. (2013a). *Parenting Interactions with Children: Checklist of*
 1087 *Observations Linked to Outcomes (PICCOLO) User's Guide*. Baltimore, MD: Brookes
 1088 Publishing.

1089 Depending on the ages of children in the families served, the Foundational
 1090 Curriculum is available to support families prenatal to age 3 and the Foundational 2
 1091 Curriculum is available to support families with children age 3 through kindergarten. The
 1092 manuals may be used separately, concurrently, or sequentially and include:

1093 Parents as Teachers National Center, Inc. (2016). Foundational curriculum.

1094 Parents as Teachers National Center, Inc. (2014). Foundational 2 curriculum: 3
 1095 years through kindergarten.

1096 **Triple P – Positive Parenting Program – Level 4 Standard (Triple P Level 4**
 1097 **Standard) – Mental Health - Promising**

1098 Pennsylvania is including Triple P Level 4 Standard in their Prevention Plan
 1099 because “conduct by the parent that places a child at risk” and “parent inability to cope”
 1100 are two of the top valid GPS allegations in Pennsylvania; thus, there is a need to
 1101 support parents by offering services that aim to strengthen positive parenting practices
 1102 and reduce negative ones, as well as programs that treat parents’ mental health
 1103 concerns. Additionally, “child’s behavior problem” is a top removal reason in
 1104 Pennsylvania and “child behavior problems/behavioral health concerns” is a top valid
 1105 GPS allegation. Triple P Level 4 Standard is a program for families who have concerns
 1106 about their child’s behavior and has been shown to improve not only child behavior but
 1107 parenting practices and parents’ sense of confidence (mental health) as well. Thus,
 1108 Triple P Level 4 Standard meets several of Pennsylvania’s top needs for families.

1109 Pennsylvania is targeting families with children up to 12 years old who exhibit
 1110 behavior problems or emotional difficulties and are at risk of being removed from the
 1111 home. The goal is to improve child well-being outcomes related to behavioral and
 1112 emotional functioning including behavior problems, behavioral health concerns (e.g.,

1113 emotional problems, hyperactivity, peer problems), and prosocial skills as well as adult
1114 well-being outcomes related to parenting practices (e.g., parental consistency, coercive
1115 parenting, positive encouragement, and parent-child relationship) and parent/caregiver
1116 mental or emotional health (e.g., parental adjustment related to parents' feeling such as
1117 stress, worry, depression, and satisfaction).

1118 Because Triple P Level 4 Standard is a "Promising" program, Pennsylvania will
1119 partner with the University of Pittsburgh, Pennsylvania Child Welfare Resource Center,
1120 Research and Evaluation Team and program practitioners across the Commonwealth to
1121 carry out a rigorous evaluation of the program (see [Evaluation Plan](#)). As part of the
1122 evaluation, child well-being outcome data related to behavioral and emotional
1123 functioning will be collected using the Strengths and Difficulties Questionnaire (SDQ;
1124 Goodman, R., 2001). Adult well-being outcomes related to parenting practices and
1125 parent/caregiver mental or emotional health will be measured Parenting and Family
1126 Adjustment Scales (PAFAS; Sanders et al., 2014).

1127 The evaluation will also collect information about child safety and permanency.
1128 The Evaluation Team will partner with OCYF to access AFCARS data to monitor child
1129 permanency and data collected through the Child Welfare Information System (CWIS)
1130 to monitor child safety. In addition, OCYF will provide the Evaluation Team fiscal
1131 invoicing data to monitor child/family participation in each EBP and identify the children
1132 for whom safety and permanency data are needed. In addition to informing the
1133 evaluation of IY-SAB, these data will also be used for monitoring and CQI purposes.

1134 Triple P Level 4 Standard manual: Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T.
1135 (2013) Practitioner's manual for Standard Triple P (2nd ed.). Triple P International Pty
1136 Ltd.

1137 **CONTINUOUS QUALITY IMPROVEMENT (CQI)**

1138 Pennsylvania's approach to CQI originated from work out of Round 2 of the Child and
1139 Family Service Reviews (CFSR), which occurred in 2008. At that time, OCYF acknowledged
1140 that many of the same findings from Round 1 were seen in Round 2, despite successful
1141 completion of the Round 1 Program Improvement Plan (PIP). The Round 2 PIP outlined a
1142 commitment to achieving lasting and positive change in the child welfare system. The PIP
1143 further outlined a shift from the evaluation of practice being compliance-driven to focusing on
1144 CQI through the implementation of established outcome-based indicators to measure progress
1145 and a clear and pressing need to make connections among the vast array of initiatives,
1146 programs, and models that are in place across the Commonwealth.

1147 To support integration of a CQI process at the state and local level, Pennsylvania
1148 adopted the American Public Human Services' DAPIM™ model, which is structured around a
1149 systematic change cycle involving defining, assessing, planning, implementing, and
1150 monitoring. Pennsylvania has been establishing a CQI system comprised of various elements
1151 integral to a CQI system's success to include, but not limited to:

- 1152 • A foundational administrative structure to oversee and implement CQI
- 1153 • Staff and stakeholder engagement
- 1154 • Focus on quality data collection
- 1155 • Analysis, and dissemination of information, and
- 1156 • Case record reviews and application of CQI findings.

1157 Pennsylvania plans to leverage existing CQI efforts and structures in place at the state
1158 and local levels to establish the framework for monitoring Family First implementation. The
1159 information in the following sections will highlight key overarching elements of Pennsylvania's
1160 CQI infrastructure that will be used to support Family First CQI activities as well as the EBP
1161 specific CQI, fidelity monitoring and feedback loops that will be utilized.

1162 **Quality Collection of Child Welfare Data**

1163 Collecting quality data, both quantitative and qualitative, from a variety of sources is the
1164 foundation of well-functioning CQI systems. Pennsylvania's child welfare system has been
1165 continuously enhancing its data collection at both the state and local level as part of ongoing
1166 CQI activities. The 2020-2024 Child and Family Services Plan (CFSP) and Annual Progress
1167 and Services Reports (APSRs) offer a more global review of the ongoing efforts underway to
1168 further enhance data collection and analysis to inform CQI strategies focused on improving
1169 outcomes for those served by the child welfare system. Some of the core components of the
1170 current quality assurance/CQI system include:

- 1171
- 1172 • Gathering data/information about practice
- 1173 • Child/family outcomes and services needs via the CFSRs,
- 1174 • 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. Currently, QSR reviews have been postponed due to the lack of CCYA capacity to complete reviews. During this time, it is anticipated the project team will work on an updated QSR manual that will include virtual and in person reviews that are more compatible to CCYA's needs. We currently plan to resume reviews by mid 2024.

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.

1218 CCYA funds are allocated through the annual NBPB process. Through the NBPB
1219 process, counties are asked to identify program improvement strategies after identifying root
1220 causes based on their data analysis. The NBPB is a road map toward improving outcomes for
1221 children, youth, and families within counties. The NBPB process builds upon identification of
1222 historical and current service levels and outcome measures, directs the need for data analysis
1223 toward program improvement, identifies strategies and practice changes needed, and allows
1224 CCYAs to request the resources necessary for implementation. Through the NBPB process,
1225 CCYAs continue to build and adjust the local service array to meet the needs of children and
1226 families in their local communities. Counties engage a wide range of stakeholders in their
1227 planning through the development of a team that will assist in data identification, root cause
1228 analysis, identification and selection of strategies based on data analysis, and continuous
1229 monitoring of the implementation activities and outcomes. The team participants represent key
1230 external stakeholders as well as county commissioners and the courts. While each county
1231 currently has its own case management system that allows the county to review and analyze
1232 data regularly, OCYF also provides CCYAs with data packets from the Adoption and Foster
1233 Care Analysis Reporting System (AFCARS) biannually that supports the county in analyzing
1234 their progress in improving outcomes. Each CCYA identifies measurements for improvement
1235 within their plan. The data packets are provided to the OCYF Regional Office staff for use
1236 during consultation with individual CCYAs and assist in planning and monitoring efforts.

1237 As part of the NBPB process, counties identify requests for funding to support EBPs.
1238 Counties must provide detailed narrative information to support their request including:

- 1239
- 1240 • A description of the program and justification for selection
- 1241 • The EBP registry from which the program was selected, and
- 1242 • How the county plans to monitor the fidelity/integrity of the program.

1243 Counties must also provide data specific to the target population for the EBP, the
1244 number of referrals made, total children and families served, name of the provider, total costs,
1245 and number of referrals not covered through Medical Assistance. OCYF will continue to utilize
1246 the NBPB process to gather this information to inform CQI efforts related to Family First. This
1247 information allows OCYF to monitor the statewide service array and service utilization rates, as
1248 well as fidelity monitoring activities within each county. This information is compiled and
1249 analyzed annually to support CQI efforts through the identification of service gaps, potential
1250 expansion of EBPs in Pennsylvania's Five-Year Prevention Plan, and areas where county level
1251 monitoring of EBPs can be improved.

1252 As Pennsylvania implements, collaboration will continue to occur with counties and
1253 other stakeholders to gather relevant outcome data needed to evaluate Pennsylvania's Family
1254 First implementation. Through this work, Pennsylvania will be well-positioned to understand
1255 the business requirements to be embedded into to the development of the new Child Welfare
1256 Case Management system and how the newly developing system can further support
1257 collection of quality, comprehensive information to support these CQI efforts.

1258 CQI Feedback Loops for Child Welfare

1259 In addition to the Family First governance structure, Pennsylvania is looking to leverage
1260 many long established CQI feedback channels to support implementation and monitor
1261 statewide policy related to prevention services in alignment with Family First implementation.
1262 As a county-administered, state-supervised system, Pennsylvania has an existing
1263 infrastructure that supports necessary communications and feedback loops integral to any CQI
1264 system's sharing of data/information learned through CQI processes. Both statewide (Child
1265 Welfare Council and others) and regionally based groups are forums for sharing insights and
1266 ideas of how to best support successful implementation as part of CQI monitoring efforts. The
1267 FFIT Team, outlined in the section entitled Pennsylvania's Collaborative Structure, is working
1268 closely with county partners in identifying strategies that are working well and those that may
1269 benefit from further improvement. In addition to defining CQI strategies to support
1270 implementation, the FFIT will be working in collaboration with partners and stakeholders to
1271 identify training needs, transfer of learning opportunities, and technical assistance tools and
1272 processes to support implementation

1273 Statewide meetings with CCYAs occur quarterly as part of the Pennsylvania Children
1274 and Youth Administrators (PCYA) forums and provide opportunities to exercise feedback loops
1275 between OCYF, CCYAs and other entities. The mission of PCYA is to enhance the quality of
1276 service delivery for children, youth, and their families by providing its members:

- 1277
- 1278 • A forum for the exchange of information
- 1279 • Assistance in educating the general public and its constituencies
- 1280 • An environment of support for the PCYA membership.

1281 Several regional structures (based on the four OCYF designated regions) also provide
1282 multiple forums to connect with key stakeholders regarding various CQI activities, including
1283 Southeast, Northeast, Central, and Western regions. The membership, purpose, and focus of
1284 these regional groups varies by region and as a result, CQI activities will be shared via the
1285 most relevant group associated with region. Regional groups include:

- 1286
- 1287 • CQI, Quality Assurance (QA), Sustaining Change workgroups
- 1288 • All County Meetings
- 1289 • Technical Assistance Collaborative regional workgroups

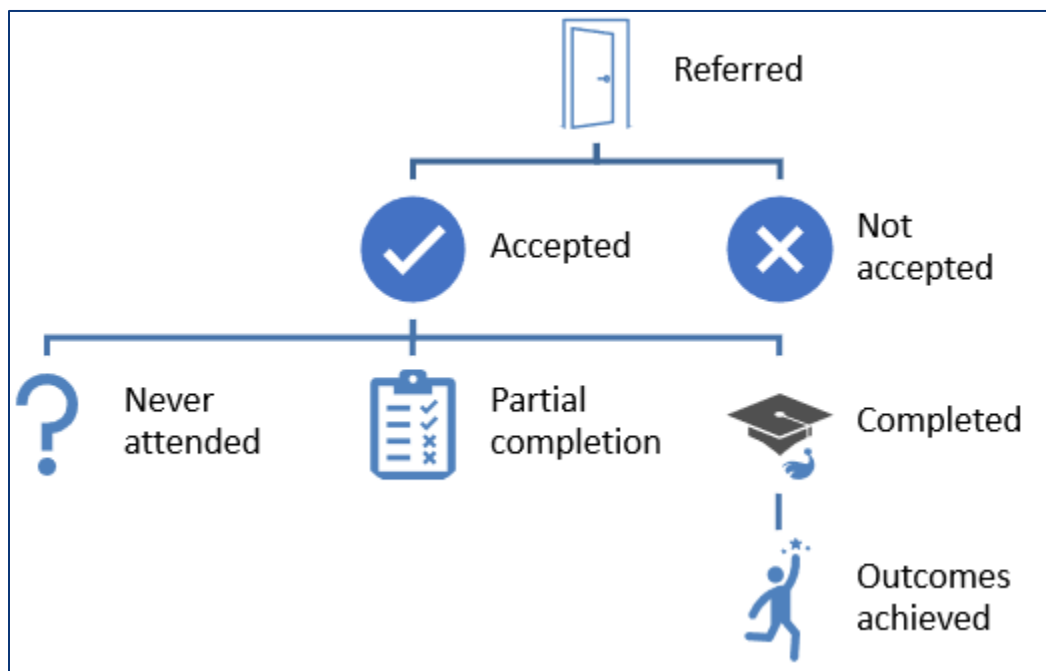
1290 Stakeholders from these groups have been engaged in both the planning for Family
1291 First implementation, including input on the vision for prevention services, review of key
1292 elements of statewide policy to support implementation of prevention services, and review of
1293 Family First planning documents, including input on workforce training considerations and
1294 discussion about EBPs being considered. These forums will continue to provide critical
1295 stakeholder feedback loops for prevention services implementation along the continuum of
1296 services focused on Family First implementation. These groups will continue to focus on data-
1297 driven and data-informed discussions. Information shared and learned via these feedback
1298 loops will continue to inform training, policy, practice, community partnerships, service array

1299 (service gaps, quality, etc.), automated system development, and other supportive systems for
 1300 the ongoing purpose of improving outcomes for children and families served by the system.

1301 **Statewide Family First Approach to CQI**

1302 Based on experiences in EBP implementation and lessons learned from participation in
 1303 the Title IV-E Waiver Demonstration Project, Pennsylvania has selected to focus Family First
 1304 CQI efforts on understanding referral pathways for the eight EBPs selected by Pennsylvania
 1305 and the outcomes achieved through completion of these EBPs. Pennsylvania will work to
 1306 track the numbers of children and families at each of the steps illustrated in Figure 4.

1307 Figure 4: CQI Check-Point Steps



1308
 1309 Additionally, where practical, OCYF will collect information about why families are not
 1310 accepted to a referred EBP, why they did not attend, or why they only partially completed the
 1311 service. OCYF will also work to collect data available on race and ethnicity where available. By
 1312 taking this approach, Pennsylvania looks to gain further understanding into:

- 1314 • EBP referral patterns,
- 1315 • Appropriateness of referrals,
- 1316 • How well families’ needs are assessed,
- 1317 • How well families are matched to services to meet their needs,
- 1318 • Variation in program completion rates and achievement of outcomes across providers,
- 1319 • Challenges that impede families’ ability to engage in programs; and
- 1320 • Potential differences in black and brown families’ experiences with the child welfare
- 1321 system in terms of the services they receive and the fit of these services to meet their
- 1322 needs.

1323 At the state level, Pennsylvania will focus on monitoring the demonstrated outcomes for
 1324 each EBP that are associated with the key drivers for foster care entry in Pennsylvania.
 1325 Please also refer to Table 1, “Evidence-Based Services and Programs Selected from Title IV-E
 1326 Clearinghouse” provided previously in this document for information on the selected outcomes
 1327 of focus for each EBP included in the Pennsylvania’s Five-Year Prevention Plan.

1328 EBP Specific CQI, Fidelity Monitoring and Feedback Loops

1329 Pennsylvania’s approach to EBP specific CQI, fidelity monitoring and feedback loops is
 1330 multi-faceted and involves activities at the EBP provider, CCYA and state levels. At the
 1331 provider level, OCYF continues to collaborate with key entities who have established CQI and
 1332 data collection practices already in place for many of the EBPs included in Pennsylvania’s
 1333 Five-Year Prevention Plan. Two of these entities who are key to Pennsylvania’s Family First
 1334 implementation include Penn State Evidence-Based Prevention and Intervention Support
 1335 (EPIS) and the Pennsylvania DHS Office of Child Development and Early Learning (OCDEL).

1336 The existence of strong implementation support frameworks to help support CQI and
 1337 fidelity monitoring was part of the criteria considered in selecting the EBPs to be included in
 1338 Pennsylvania’s Five-Year Prevention Plan. Pennsylvania is fortunate to have a long history of
 1339 implementation of several EBPs and as a result, benefits from the ability to leverage
 1340 relationships with key parties who have a history of supporting the programs. The roles of the
 1341 key parties who will support Pennsylvania’s EBP specific CQI and fidelity monitoring activities
 1342 are briefly detailed below.

1343 Penn State EPIS

1344 Penn State EPIS is a project housed within the Prevention Research Center at the
 1345 Pennsylvania State University. The EPIS project has been funded since 2008 by the
 1346 Pennsylvania Commission on Crime & Delinquency (PCCD). EPIS is a university-based
 1347 intermediary organization that connects policy makers, researchers and real-world practice in
 1348 order to improve outcomes for children, youth and families across Pennsylvania.

1349 There are three initiatives at Penn State EPIS that offer technical assistance across
 1350 different divisions:

- 1351 1. The Systems Change Team provides technical assistance for data-driven prevention
 1352 planning
- 1353 2. The SPEP Team provides technical assistance for improving juvenile justice
 1354 programs
- 1355 3. The Implementation Specialist Team provides technical assistance on the
 1356 implementation of programs for children, youth and families

1357 The Implementation Specialist Team is dedicated to supporting the high-quality
 1358 implementation and sustainability of evidence-based programs and practices across
 1359 Pennsylvania. Over the last thirteen years, technical assistance has been provided by
 1360 Implementation Specialists for a specific menu of programs. Programs included on the EPIS
 1361 menu are: FFT, MST, IY, and Triple P (among others). These four evidence-based programs
 1362 are listed on the Title IV-E Clearinghouse and included on Pennsylvania’s Five-Year

1363 Prevention Plan. Due to the extensive knowledgebase, implementation resources, experience
1364 and relationships established over time, EPIS is well situated to provide support for the
1365 implementation and sustainability of programs implemented through the Family First
1366 Prevention Services Act in Pennsylvania.

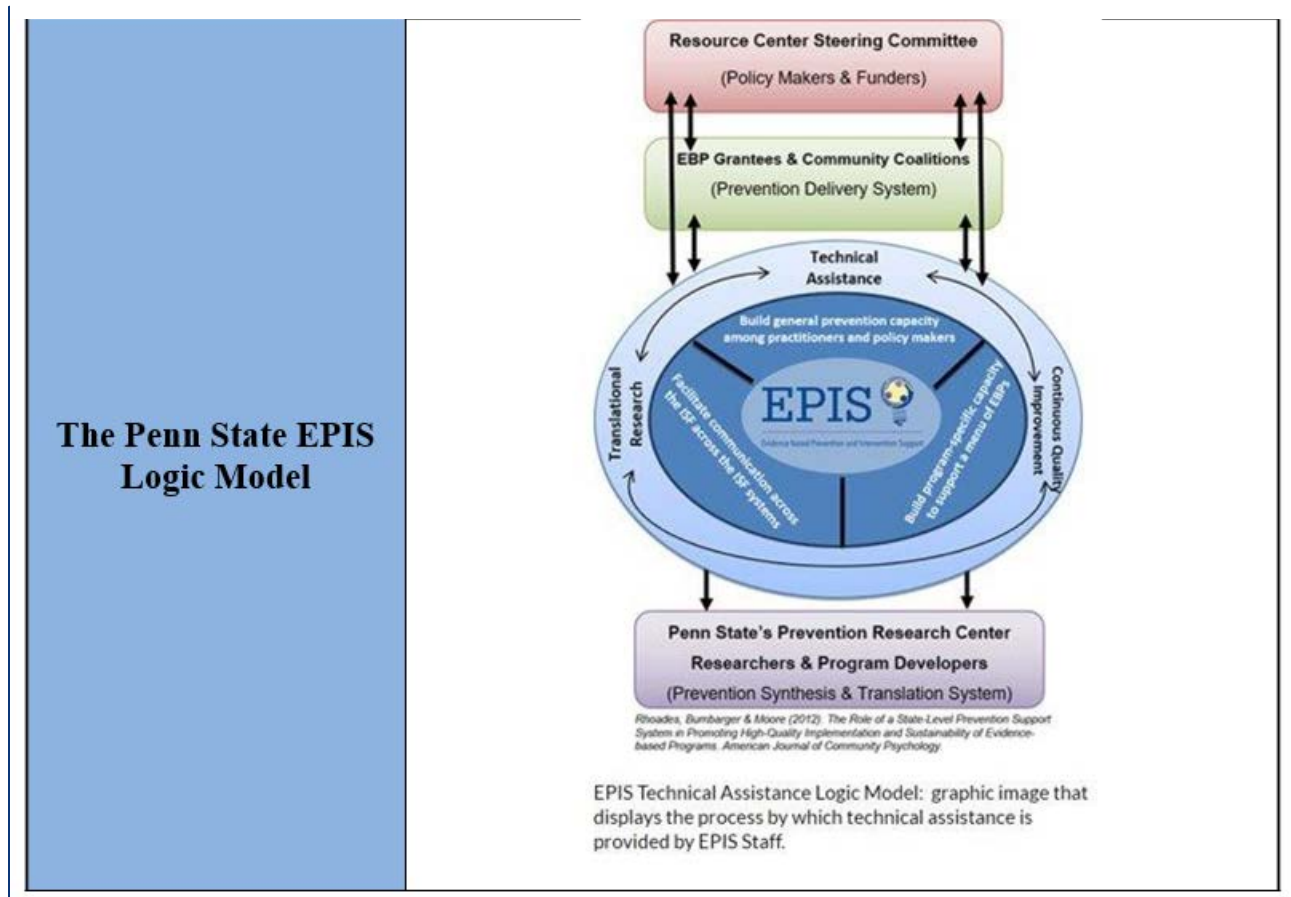
1367 OCYF was able to leverage the expertise of EPIS during the regional convenings
1368 hosted in the fall of 2019 for all 67 county child welfare agencies and human service providers.
1369 EPIS provided a presentation on *Implementation Science on Scaling-Up and Sustaining*
1370 *Evidence-Based Programs*.

1371 Penn State EPIS technical assistance includes:

- 1372 • Providing consultation for evidence-based program providers,
- 1373 • Facilitating learning communities,
- 1374 • Coordinating statewide trainings,
- 1375 • Hosting workshops and webinars,
- 1376 • Creating implementation resources,
- 1377 • Building standardized data collection tools and processes, and
- 1378 • Assisting providers as they navigate program sustainability.

1379 EPIS accomplishes this extensive outreach through a network of partnerships and
1380 collaborations with policy makers, evidence-based program developers as well as program
1381 providers across Pennsylvania. Figure 5 is an overview of Penn State EPIS Logic Model

Figure 5: Penn State EPIS Logic Model



1382 While each evidence-based program and practice is very unique, so is the technical
 1383 assistance (TA) provided for each of the models. The nature of the TA for each program is
 1384 determined by the specific funding initiative and is guided to some extent by recommendations
 1385 of the program developer. Table 2 highlights the technical assistance activities related to FFT,
 1386 MST, IY, and Triple P.

1387 Table 2: EPIS Technical Assistance Activities

1388 **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.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • FFT National Inc. provides the CSS as their online national data collection system. • EPIS creates implementation resources that is housed on their website. 	<ul style="list-style-type: none"> • MST Services provides the MST Institute as their online national data collection system. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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

1389 Pennsylvania's Office of Child Development and Early Learning (OCDEL), Bureau of
 1390 Early Intervention Services and Family Supports, oversees the Maternal, Infant and Early
 1391 Childhood Home Visiting (MIECHV) program in Pennsylvania and provides support to
 1392 providers offering three EBPs selected for Pennsylvania's Five-Year Prevention Plan: NFP,
 1393 PAT and HFA. There are thirty-five Local Implementing Agencies (LIAs) who report on CQI
 1394 initiatives and activities to OCDEL, however five of the programs are non-MIECHV funded NFP
 1395 programs. Due to COVID there are some agencies who have paused their work on CQI to
 1396 focus on staffing problems because they do not have the capacity to perform services for
 1397 families and work on CQI. They are working to hire staff, though this proves to be an issue,
 1398 and have the permission to not do CQI projects so that services to families are not impacted.

1399 The Family Support Team follows the federal requirements for CQI reporting, which
 1400 have been established by the Health Resources Services Administration (HRSA). HRSA
 1401 requires Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program grantees to

1402 collect certain data and report on their program's performance through annual and quarterly
 1403 performance reporting, to develop and implement plans for CQI and to meet certain statutory
 1404 requirements related to demonstrating improvement in at least four of six benchmark areas
 1405 and implementing data exchange standards for improved interoperability. MIECHV also
 1406 promotes rigorous evaluation at the national and local levels and supports research
 1407 infrastructure in the field.

1408 Through June 30th, 2022, only MIECHV and a small number of NFP grantees in
 1409 Pennsylvania will be required to report on CQI. After June 30th, 2022, all programs awarded
 1410 through the Family Support Request for Application (RFA) will be required to participate in CQI
 1411 implementation and reporting. OCDEL will roll out CQI in cohorts categorizing those awarded
 1412 based on experience with CQI and data collection. OCDEL recognizes that to fully support CQI
 1413 initiatives and Pennsylvania families, a variety of services and resources are needed. The CQI
 1414 Lead works individually with all thirty-five local CQI Teams to provide individualized resources
 1415 or TA to local CQI Teams to overcome the barriers they are facing in their CQI projects. CQI
 1416 Teams are provided the Plan-Do-Study-Act templates, and the document is reviewed with
 1417 teams so that the CQI Team understands the expectations with CQI related projects.

1418 Starting July 1, 2019, all OCDEL funded Family Support programs and Home Visiting
 1419 programs were required to use the *PA Home Visiting Data Collection System* to collect
 1420 demographics and performance measures. The data system was developed to limit the
 1421 amount of data collection errors, and OCDEL has live access to the data being entered by the
 1422 local implementing agencies (LIA)s. Automated reports are being developed to help LIAs
 1423 benefit from the data available. A demographic data report provides LIAs with aggregate data
 1424 for all demographic points collected in the data system for a chosen reporting period. An added
 1425 benefit of the *PA Home Visiting Data Collection System* is that CQI Teams are able to request
 1426 and access data reports to further inform their work. LIAs can request the specific data points
 1427 that they need for their CQI work, such as performance measure results over a given period.

1428 Because of the *PA Home Visiting Data Collection System*, the Family Support Team
 1429 can troubleshoot any questions or errors. The Family Support Team meets weekly, however
 1430 due to the COVID-19 Pandemic the meetings have been in a virtual format. Data and CQI are
 1431 standing agenda items, the MIECHV CQI Lead and MIECHV Data Lead discuss important
 1432 updates with the Family Support Team and highlight the ongoing work of LIAs.

1433 **CCYAs**

1434 At the county level, all CCYAs must participate in the following activities as part of the
 1435 plan for implementing the Family First program monitoring and EBP specific CQI requirements:

- 1436 • Engage in required evaluation activities at the request of OCYF for EBPs being used by
 1437 the CCYA that are rated as promising or supported on the Federal Title IV-E Prevention
 1438 Services Clearinghouse and included in Pennsylvania's Five-year Plan.
- 1439 • Report on CCYA procedures for monitoring model fidelity for EBPs as part of the county
 1440 NBPB submission.
- 1441 • Determine the specific outcomes the CCYA hopes to achieve using each EBP and the
 1442 data or information the CCYA will use to monitor achievement of these outcomes. This
 1443 information will be requested as part of the NBPB.

- 1444 • Establish clear data sharing policies as part of contracts with EBP providers to ensure
- 1445 the CCYA can obtain child specific data for children and families served by the CCYA
- 1446 who are receiving EBPs that is critical for county evaluation and monitoring activities.
- 1447 • Participate in all activities identified by OCYF as necessary to support monitoring of
- 1448 Family First EBP specific safety, permanency or well-being outcomes identified in pages
- 1449 22-35 of this plan.

1450 As Pennsylvania is a state-supervised, county administered system, gathering
 1451 information through the NBPB process about fidelity monitoring and quality improvement
 1452 efforts at the local level helps OCYF:

- 1453 • Confirm each county has an awareness of existing fidelity measures associated with the
- 1454 EBPs they are using and the fidelity monitoring activities occurring at the provider level;
- 1455 • Understand how counties are matching services to needs and anticipated outcomes the
- 1456 county hopes to achieve through use of specific EBPs;
- 1457 • Encourage counties to take a greater role in requesting data and information from
- 1458 provider fidelity monitoring activities to inform county monitoring of the service; and
- 1459 • Collect data and information about what individual provider fidelity monitoring and
- 1460 individual county monitoring looks like for each EBP so similarities, differences, gaps
- 1461 and best practices can be identified.

1462 **University of Pittsburgh Child Welfare Resource Center**

1463 The Pennsylvania Child Welfare Resource Center (CWRC) is a collaborative effort
 1464 between the University of Pittsburgh, School of Social Work, the Pennsylvania Department of
 1465 Human Services, and the Pennsylvania Children and Youth Administrators. The CWRC is
 1466 centrally managed and regionally administered by the University of Pittsburgh, School of Social
 1467 Work. The CWRC provides a continuum of services designed to facilitate and sustain positive
 1468 change in the child welfare system. The CWRC services include training, transfer of learning,
 1469 technical assistance, research and evaluation, project management and organizational
 1470 development.

1471 Primary CWRC strategies include:

- 1472 • Conducting research and evaluation
- 1473 • Providing consultation and support
- 1474 • Developing and revising tools, materials and curricula
- 1475 • Training child welfare professionals
- 1476 • Integrating youth and family engagement
- 1477 • Advocating for policy and practice improvements
- 1478 • Developing and implementing a quality improvement process
- 1479 • Organizing and sponsoring events
- 1480 • Providing resource coordination

1481 The Research and Evaluation Department and Statewide Quality Improvement
 1482 Department at the CWRC play an integral role in Pennsylvania's current CQI system for child
 1483 welfare. These Departments will continue to be key in Pennsylvania's implementation of
 1484 Family First by providing support and coordination for the statewide CQI approach overall in
 1485 partnership with the OCYF CQI Unit. The CWRC Research and Evaluation Team will serve as

1486 the leads for the evaluation of three Promising EBPs selected for Pennsylvania's Five-Year
1487 Prevention Plan, IY-SAB, YI-TB and Triple P Level 4 Standard.

1488 EBP Specific Efforts

1489 **Multi-Systemic Therapy (MST)**

1490 MST is a well-established program in Pennsylvania with approximately 50 CCYAs
1491 receiving financial support for the program through the NBPB Special Grants program. Model
1492 fidelity is monitored through activities supported by the program developer. MST, at the
1493 national level, has layered support systems for providers, an online data collection system
1494 where fidelity and outcome data are tracked and monitored, and national level coordinated
1495 trainings. Implementation support is available from either MST Services or from MST training
1496 organizations called Network Partner organizations. Fidelity measures include quality
1497 assurance support activities that focus on monitoring and enhancing program outcomes
1498 through increasing therapist adherence to the model. Two MST fidelity measures include The
1499 Therapist Adherence Measure Revised (TAM-R) and the Supervisor Adherence Measure
1500 (SAM). Providers begin the process by having a MST pre-implementation done by MST
1501 Services to assess readiness. MST providers complete a Program Implementation Review
1502 (PIR) every six months to assess for strengths and needs and to develop goals for the team to
1503 work on to address needs and areas of drift from the model.

1504 To support continued implementation of MST in Pennsylvania for Family First, OCYF
1505 will collaborate with Penn State EPIS to leverage the existing technical assistance structure.
1506 There are currently 12 MST providers representing 43 teams who are working with EPIS. MST
1507 Institute provides EPIS with annual fiscal year data and EPIS produces a statewide data
1508 highlights report.

1509 Under the existing model, Penn State EPIS's technical assistance for the MST providers
1510 in Pennsylvania includes:

- 1511 • Meetings with program developer approximately every three months,
- 1512 • Provision of supplemental funding to support the training of new MST therapists, and
- 1513 • Helps coordinate/host statewide meetings as needed.

1514 At the county level, many CCYAs receive local MST data yearly from their MST
1515 providers. As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- 1516 • Procedures for ensuring the EBP is being implemented with fidelity to the model,
- 1517 • Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- 1518 • Data and information the CCYA will use to monitor outcome success.

1519 This information is submitted to OCYF through the CCYA's annual NBPB submission
1520 and analyzed by OCYF. County specific examples of provider and/or CCYA monitoring efforts
1521 for MST include, but are not limited to:

- 1522 • Joint CCYA fiscal and program onsite periodic audits of MST providers with a sample of
1523 cases pulled from invoices to look at programmatic and fiscal compliance at the same
1524 time.

- 1525 • Assigning a CCYA contract administrator who closely monitors program outcomes to
1526 ensure they are being met, with the providers submitting data on a quarterly basis.
- 1527 • Joint meetings held every six weeks between the CCYA, Juvenile Probation Office,
1528 behavioral health managed care organization and provider to discuss service delivery,
1529 strengths and challenges, and to review new referrals, current cases and to review both
1530 successful and unsuccessful discharges.
- 1531 • MST providers must submit weekly contact notes and participate in scheduled case
1532 reviews with the county quality assurance department.

1533 With regards to MST, Pennsylvania has selected to focus on monitoring outcomes
1534 linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore,
1535 the outcomes of focus for monitoring for MST will be related to child behavioral and emotional
1536 functioning, parent mental health and improving positive parenting practices. As MST has
1537 been shown to promote child permanency, Pennsylvania also will focus on outcomes related to
1538 improving permanency. OCYF and the CWRC will work with the MST Network Director for
1539 Pennsylvania to identify the specific data and outcome information available at the provider
1540 level to inform monitoring efforts for Family First. OCYF and the CWRC will also collaborate
1541 with CCYAs where necessary to obtain any administrative data needed to support outcome
1542 monitoring.

1543 Existing feedback loops will continue to be utilized at all levels to support CQI efforts
1544 and fidelity monitoring for MST. At the provider level, current feedback loops between the
1545 providers, model developer, and TA provider EPIS, allow for data and information collected
1546 through fidelity monitoring activities to support continued refinement of practice. At the CCYA
1547 level, information collected regarding model fidelity and outcomes is generally shared with the
1548 CCYA by the provider, which is then used as part of the CCYA contract monitoring efforts.
1549 Each CCYA may also establish different processes for facilitating communications with the
1550 provider and other relevant parties to review the data and information with the provider. At the
1551 state level, information gathered through the state Family First CQI approach and relevant data
1552 available through EBP specific monitoring efforts will be shared – at a minimum – with
1553 applicable bodies within the Family First governance structure, including the FFIT and the PA
1554 Child Welfare Council. This information will be used to inform understanding of implementation
1555 progress, challenges and promising practices, quality of service delivery, and achievement of
1556 program outcomes. This information also will help inform decisions about continued use
1557 and/or expansion of MST in Pennsylvania, and recommendations as to what interventions at
1558 the state, CCYA or provider level may be needed to help ensure MST is implemented with
1559 fidelity to remain effective for the populations served by the CCYAs.

1560 **Functional Family Therapy (FFT)**

1561 FFT is an already established program in Pennsylvania with approximately 12 CCYAs
1562 receiving financial support for the program through the NBPB Special Grants program. FFT
1563 National, Inc. requires intensive procedures for monitoring quality of implementation on a
1564 continuous basis. Information is captured from multiple perspectives (family members,
1565 therapists, and clinical supervisors). The two measures that are utilized to represent therapist
1566 fidelity to the model are the Weekly Supervision Checklist and the Global Therapist Ratings
1567 (GTR). Following every clinical staffing, the clinical supervisor completes a fidelity rating for the

1568 case that was reviewed for each therapist. This fidelity rating reflects the degree of adherence
1569 and competence for that therapist's work in that case in a specific session. Thus, the weekly
1570 supervision ratings are not global, but specific to a single case presentation. Over the course
1571 of the year, a therapist may receive up to 50 ratings, which provides the supervisor with critical
1572 information about the therapist's progress in implementing FFT. Three times a year, the clinical
1573 supervisor rates each therapist's overall adherence and competence in FFT. The GTR
1574 specifically targets time period measures with the hope of displaying therapist growth. FFT
1575 National, Inc. provides the client services system (CSS) which is their online national data
1576 collection system.

1577 To support continued implementation of FFT in Pennsylvania for Family First, OCYF will
1578 collaborate with Penn State EPIS to leverage the existing technical assistance structure. There
1579 are currently 6 FFT providers representing 7 teams that are working with EPIS. FFT National
1580 Inc. provides EPIS with annual fiscal year data and EPIS produces a statewide data highlights
1581 report.

1582 Under the existing model, Penn State EPIS's technical assistance for the FFT providers
1583 in Pennsylvania includes:

- 1584 • Meetings with program developer approximately every two months,
- 1585 • Consulting with FFT program providers,
- 1586 • Supporting the training of new FFT therapists through supplemental funding,
- 1587 • Hosting 2-3 statewide learning community meetings in collaboration with FFT National,
1588 Inc. for FFT Program Directors within a calendar year,
- 1589 • Creation of FFT implementation resources that are housed on EPIS's website, and
- 1590 • Helping FFT providers in collect data, measure impact, and utilize data to improve
1591 practices and future planning.

1592 With regards to FFT, Pennsylvania has selected to focus on monitoring FFT outcomes
1593 linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore,
1594 the outcomes of focus for monitoring for FFT will be related to child behavioral and emotional
1595 functioning. OCYF and the CWRC will work with the Pennsylvania FFT National Trainer and
1596 Consultant to identify the data and outcome information available at the developer and
1597 provider level to inform monitoring efforts for Family First. OCYF and the CWRC also will
1598 collaborate with CCYAs, where necessary, to obtain administrative data needed to support
1599 outcome monitoring.

1600 At the county level, many CCYAs receive local FFT data yearly or during their provider
1601 reviews. As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- 1602 • Procedures for ensuring the EBP is being implemented with fidelity to the model,
- 1603 • Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- 1604 • Data and information the CCYA will use to monitor outcome success.

1605 This information is submitted to OCYF through the CCYA's annual NBPB submission
1606 and analyzed. County specific examples of provider and/or CCYA monitoring efforts for FFT
1607 include, but are not limited to:

- 1608 • Quarterly meetings between CCYA, JPO, FFT provider and behavioral health Medicaid
1609 managed care organization to review and discuss FFT data and outcome reports,
1610 evaluate provider capacity, and address concerns or barriers;
- 1611 • Utilizing CCYA CQI division to conduct quality reviews of contracted FFT providers
1612 using a tool developed by the CCYA to monitor compliance with the executed contract,
1613 which focus on the programmatic areas of service;
- 1614 • CCYAs working with their behavioral health Medicaid managed care organization to
1615 ensure contracts with FFT providers require the providers to contract with the model
1616 developer for ongoing training and consultation to ensure program integrity and fidelity.

1617 Existing feedback loops will continue to be utilized at all levels to support CQI efforts
1618 and fidelity monitoring for FFT. At the provider level, current feedback loops between the
1619 providers, model developer, as well as with TA provider EPIS, allow for data and information
1620 collected through fidelity monitoring activities to support continued refinement of practice. At
1621 the CCYA level, information collected regarding model fidelity and outcomes is generally
1622 shared with the CCYA by the provider, which is then used as part of the CCYA contract
1623 monitoring efforts. Each CCYA also may establish different processes for facilitating
1624 communications with the provider and other relevant parties to review the data and information
1625 with the provider. At the state level, information gathered through the state Family First CQI
1626 approach and relevant data available through EBP specific monitoring efforts will be shared –
1627 at a minimum – with applicable bodies within the Family First governance structure, including
1628 the FFIT, and the PA Child Welfare Council. This information will be used to inform
1629 understanding of implementation progress, challenges and promising practices, quality of
1630 service delivery, and achievement of program outcomes. This information also will help inform
1631 decisions about continued use and/or expansion of FFT in Pennsylvania, and
1632 recommendations as to what interventions at the state, CCYA or provider level may be needed
1633 to help ensure FFT is implemented with fidelity to remain effective for the populations served
1634 by the CCYAs.

1635 **Incredible Years (IY)**

1636 Use of IY has continued to grow across Pennsylvania over the past few years.
1637 Approximately 10 CCYAs receive financial support for the program through the NBPB Special
1638 Grants program. To ensure Incredible Years is implemented with fidelity, the program
1639 developer offers a robust training process that uses empirically validated training methods.
1640 The training process includes session protocols, detailed leader's manuals, self-study videos,
1641 books, coaching, mentoring and in-person consultation workshops.

1642 As noted in the Title IV-E Clearinghouse program description, IY offers a 3-day in-
1643 person training for group leaders which is required for group leaders who plan to become
1644 certified. It is recommended that at least one of the two leaders working with a group has a
1645 master's degree or comparable education/background. Group leaders who have attended
1646 training can become certified by demonstrating positive participant evaluations, positive
1647 trainer/mentor evaluations of videotape review, positive peer review, and satisfactory
1648 completion of session protocols. Additionally, they should have taken at least one course in
1649 child development or social learning theory.

1650 To support continued implementation of IY in Pennsylvania for Family First, OCYF will
 1651 collaborate with Penn State EPIS to leverage the existing technical assistance structure. There
 1652 are currently 44 IY sites in Pennsylvania across 26 counties working with Penn State EPIS.
 1653 Under the existing model, Penn State EPIS's technical assistance for the IY providers in
 1654 Pennsylvania includes:

- 1655 • Meeting with program developer approximately every two months,
- 1656 • Consulting with IY program providers,
- 1657 • Coordinating statewide trainings to help reduce the cost for agencies in Pennsylvania,
- 1658 • Collaborating with IY to host 4-6 statewide learning community meetings in a calendar
 1659 year for program implementation staff,
- 1660 • Building tools and establishing a standardized data collection process for Pennsylvania
 1661 to evaluate process and outcome measures,
- 1662 • Creating IY implementation resources that are housed on EPIS's website,
- 1663 • Helping IY providers in collecting data, measuring impact, and utilizing data to improve
 1664 practices and future planning, and
- 1665 • Creating templates for IY providers to communicate their program reach and impact to
 1666 key stakeholders.

1667 IY sites that receive grant funding through PCCD are required to collect, monitor and
 1668 report on IY data. Non-grantees can utilize the same processes with the assistance of EPIS.
 1669 Specifically related to IY, Penn State EPIS supports IY sites in collecting process and outcome
 1670 measures. Examples of process measures collected include:

- 1671 • Number of participants who completed at least 75% of the program.
- 1672 • Number of reports to the collaborative board.
- 1673 • Number of program participants that completed pre and post surveys.
- 1674 • Number of fidelity observations conducted.
- 1675 • Number of fidelity observations that met minimum fidelity.

1676 Examples of outcome measures collected include:

- 1677 • Decreased harsh discipline
 - 1678 • Decreased inconsistent discipline
 - 1679 • Increased appropriate discipline
 - 1680 • Increased positive parenting
 - 1681 • Increased Clear Expectations
- 1682 This information is captured using:
- 1683 • Internal Tracking Documents
 - 1684 • Demographic Forms
 - 1685 • Pre and Post Surveys
 - 1686 • Program-Specific Fidelity Checklists
 - 1687 • Data Tools

1688 With regards to IY, Pennsylvania has selected to focus on monitoring IY outcomes
 1689 linked to the drivers of children entering out-of-home placement in Pennsylvania. Therefore,
 1690 the outcomes of focus for monitoring for IY will be related to child safety and improving positive
 1691 parenting practices. OCYF and the CWRC will also collaborate with CCYAs, where
 1692 necessary, to obtain any administrative data needed to support outcome monitoring.

1693 As the two IY versions implemented in Pennsylvania for Family First (Toddler Basic and
1694 School Age Basic) are both rated as promising on the Title IV-E Clearinghouse, the CWRC will
1695 help Pennsylvania support a rigorous program evaluation. Further details are outlined in
1696 Incredible Years – Toddler Basic (IY-TB) and Incredible Years – School Age Basic (IY-SAB)
1697 sections of this document.

1698 As part of Pennsylvania’s CQI and monitoring efforts, CCYAs must report:

- 1699 • Procedures for ensuring the EBP is being implemented with fidelity to the model,
- 1700 • Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- 1701 • Data and information the CCYA will use to monitor outcome success.

1702 This information is submitted to OCYF through the CCYA’s annual NBPB submission and
1703 analyzed. County specific examples of provider and/or CCYA monitoring efforts for IY include,
1704 but are not limited to:

- 1705 • At the provider level, the IY supervisor will meet with the staff weekly to ensure
1706 compliance to IY regulations, billing, enrollment and case management. Through these
1707 supervision sessions, files will be checked for completion and model fidelity plans will be
1708 developed in order to send to the IY national office. Videos of home visits will also be
1709 completed and sent to the IY national office for model fidelity and compliance. The IY
1710 staff will also attend monthly staff meetings. IY will utilize all forms developed by the IY
1711 national office to ensure model fidelity.
- 1712 • The CCYA will receive quarterly reports from the provider with data pertaining to
1713 number of sessions, number of children, number of families, where sessions were held,
1714 and outcomes from surveys.
- 1715 • The provider, by contract, submits outcome measures to the CCYA quarterly and these
1716 are discussed at the quarterly review meetings as well as all other issues related to the
1717 program.
- 1718 • The IY providers are monitored by the CCYA’s CQI Department. The program
1719 oversight staff meet with the providers quarterly throughout the year to discuss the
1720 program and discuss opportunities for improvements. These forums are used to
1721 discuss the IY data and outcomes reports, as well as to evaluate provider capacity, and
1722 to address any concerns or barriers. Routine CQI Monitoring Reviews are conducted to
1723 ensure the program is fulfilling their obligations as outlined in their program descriptions
1724 as well as to ensure continued fidelity to the model.

1725 Existing feedback loops will continue to be utilized at all levels to support CQI efforts
1726 and fidelity monitoring. Penn State EPIS supports data collection and analysis to help
1727 provider’s practice assessments and hosts learning communities for IY program
1728 implementation staff. At the CCYA level, information collected regarding model fidelity and
1729 outcomes is generally shared with the CCYA by the provider, which is then used as part of the
1730 CCYA contract monitoring efforts. Each CCYA may also establish different processes for
1731 facilitating communications with the provider and other relevant parties to review the data and
1732 information with the provider.

1733 At the state level, information gathered through the state Family First CQI approach and
1734 relevant data available through EBP specific monitoring efforts will be shared – at a minimum –
1735 with applicable bodies within the Family First governance structure, including the FFIT, and the

1736 PA Child Welfare Council. This information will be used to inform understanding of
 1737 implementation progress, challenges and promising practices, quality of service delivery, and
 1738 achievement of program outcomes. This information also will help inform decisions about
 1739 continued use and/or expansion of IY in Pennsylvania, and recommendations as to what
 1740 interventions at the state, CCYA or provider level may be needed to help ensure IY is
 1741 implemented with fidelity to remain effective for the populations served by the CCYAs.

1742 **Positive Parenting Program (Triple P)**

1743 Approximately 11 CCYAs currently receive financial support for Triple P through the
 1744 NBPB Special Grants program. Triple P fidelity standards at the program developer level are
 1745 largely based upon practitioner accreditation requirements. Triple P has three quality
 1746 assurance or fidelity processes identified by the program developer:

- 1747 • Practitioner accreditation, which certifies that practitioners can deliver Triple P as
 1748 intended,
- 1749 • Session checklists, which can be assessed by practitioners themselves or by
 1750 supervisors, and
- 1751 • Peer support networks, such as PASS, during which practitioners review cases and
 1752 obtain feedback from other practitioners.

1753 Triple P implementation consultants can help agencies develop additional processes for
 1754 measuring fidelity that are consistent with an agency's existing oversight procedures.
 1755 Examples include debriefing with families after completing the program, video recording
 1756 sessions and coding practitioners' behaviors, and conducting site visits and chart reviews.
 1757 Triple P America recommends that agencies collect pre- and post-service delivery information
 1758 to inform implementation of Triple P and to serve as a framework for research and evaluation.

1759 As noted in the Title IV-E Clearinghouse program description, all Triple-P Standard
 1760 practitioners must complete a 3-day training program. This training covers topics such as
 1761 applying parenting strategies, identifying risk and protective factors in families, facilitating
 1762 active skills training with groups, and making referrals. Practitioners must also participate in a
 1763 1-day pre-accreditation workshop where they practice specific competencies and receive
 1764 individualized feedback. Then, 6 to 8 weeks later, practitioners complete a half-day
 1765 accreditation workshop in which they pass a written exam and demonstrate proficiency in key
 1766 competency areas.

1767 To support continued implementation of Triple P in Pennsylvania for Family First, OCYF
 1768 will collaborate with Penn State EPIS to leverage the existing technical assistance structure.
 1769 There are currently 43 Triple P sites in Pennsylvania covering 24 counties working with Penn
 1770 State EPIS. Under the existing model, Penn State EPIS's technical assistance for Triple P
 1771 includes:

- 1772 • Meetings with program developer approximately every month,
- 1773 • Consulting with Triple P program providers,
- 1774 • Coordinating statewide trainings to help reduce the cost for agencies in Pennsylvania,
- 1775 • Collaborating with Triple P to host 3-6 statewide meetings for program directors,
- 1776 • Collaborating with Triple P to host monthly statewide meetings for practitioners,

- 1777 • Building tools and establishing a standardized data collection process for Pennsylvania
- 1778 to evaluate process and outcome measures,
- 1779 • Creating implementation resources that are housed on EPIS's website,
- 1780 • Helping Triple P providers in collecting data, measuring impact, and utilizing data to
- 1781 improve practices and future planning, and
- 1782 • Creating templates for IY providers to communicate their program reach and impact to
- 1783 key stakeholders.

1784 Triple P sites that receive grant funding through PCCD are required to collect, monitor
 1785 and report on Triple P data. Non-grantees can utilize the same processes with the assistance
 1786 of EPIS. Specifically related to Triple P, EPIS supports Triple P sites in collecting process and
 1787 outcome measures. Examples of process measures collected include:

- 1788 • Number of caregivers that successfully completed Triple P.
- 1789 • Number of caregivers that completed 75% of the program.
- 1790 • Number of caregivers who completed Pre and Post Surveys (PAFAS and SDQ)
- 1791 • Number of Fidelity Observations conducted.
- 1792 • Number of Fidelity Observations that met minimum fidelity

1793
 1794 Examples of outcome measures include:

1795
 1796 Number of caregivers with:

- 1797 • Improved overall parenting practices.
- 1798 • Improved parental consistency.
- 1799 • Decreased coercive parenting.
- 1800 • Improved positive encouragement.
- 1801 • Improved parent-child relationship

1802
 1803 This information is captured using:

- 1804 • Internal Tracking Documents
- 1805 • Demographic Forms
- 1806 • Pre and Post Surveys
- 1807 • Program-Specific Fidelity Checklists
- 1808 • Data Tools

1809 With regards to Triple P, Pennsylvania has selected to monitor Triple P outcomes linked
 1810 to the drivers of children entering out-of-home placement in Pennsylvania. Therefore, the
 1811 outcomes of focus for monitoring for Triple P will be related to child behavioral and emotional
 1812 functioning, improving positive parenting practices and parent mental health. OCYF and the
 1813 CWRC are working with EPIS to identify the data and outcome information available for Triple
 1814 P to inform monitoring efforts for Family First. OCYF and the CWRC also will collaborate with
 1815 CCYAs, where necessary, to obtain any administrative data needed to support outcome
 1816 monitoring.

1817 As Triple P Level 4 Standard has been implemented in Pennsylvania under Family First
 1818 (it is rated as promising on the Title IV-E Clearinghouse, the CWRC will help Pennsylvania

1819 support a rigorous program evaluation. As part of Pennsylvania’s CQI and monitoring efforts,
1820 CCYAs must report:

- 1821 • Procedures for ensuring the EBP is being implemented with fidelity to the model,
- 1822 • Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- 1823 • Data and information the CCYA will use to monitor outcome success.

1824 This information is submitted to OCYF through the CCYA’s annual NBPB submission and
1825 analyzed. County specific examples of provider and/or CCYA monitoring efforts for Triple P
1826 include, but are not limited to:

- 1827 • The provider works with Penn State's EPIS and Triple P America implementation staff to
1828 monitor implementation and model fidelity. The goal is for providers to observe 20% of
1829 the sessions taught to assess model fidelity for Triple P with minimum fidelity defined as
1830 having conducted at least 75% of the program as designed by the developer. The
1831 provider submits attendance and outcome reports to the CCYA upon completion of the
1832 group or individual program and participates in any long-term follow-up requirements of
1833 the county.
- 1834 • The service is monitored monthly by the CCYA assistant director. The provider tracks
1835 the names of children whose caregivers completed Triple P during the previous fiscal
1836 year and provides the CCYA with this list of names and completion dates to determine if
1837 any of the children on the list had an indicated child abuse report or were opened for
1838 protective or placement services within one year after their family completed Triple P.
1839 Information will be collected on a quarterly basis and submitted by the provider to the
1840 CCYA in full annually CY5 within one year after their family completed Triple P.
- 1841 • At the provider level, each Triple P counselor collects data and assessments from the
1842 parents, youth and families. The information is then entered by data tracking staff into
1843 an Excel spreadsheet. The program director, counselors and clinical director review the
1844 information monthly to ensure accuracy. The data is also cross referenced during
1845 monthly and quarterly meetings with the CCYA and JPO. At the end of each year, the
1846 CCYA collects factual data from their system to look at every family who received Triple
1847 P to see if there have been any out-of-home placements, substantiated abuse, or the
1848 family is currently open with CYF.

1849 Existing feedback loops will continue to be utilized at all levels to support CQI efforts
1850 and fidelity monitoring. Penn State EPIS supports data collection and analysis to help provider
1851 practice assessment and provides learning communities for Triple P program directors and
1852 practitioners. At the CCYA level, information collected regarding model fidelity and outcomes is
1853 generally shared with the CCYA by the provider, which is then used as part of the CCYA
1854 contract monitoring efforts. Each CCYA may also establish different processes for facilitating
1855 communications with the provider and other relevant parties to review the data and information
1856 with the provider. At the state level, information gathered through the state Family First CQI
1857 approach and relevant data available through EBP specific monitoring efforts will be shared –
1858 at a minimum – with applicable bodies within the Family First governance structure, including
1859 the FFIT, and the PA Child Welfare Council. This information will be used to inform
1860 understanding of implementation progress, challenges and promising practices, quality of
1861 service delivery, and achievement of program outcomes. This information will also help inform
1862 decisions about continued use and/or expansion of Triple P in Pennsylvania, and

1863 recommendations as to what interventions at the state, CCYA or provider level may be needed
1864 to help ensure Triple P is implemented with fidelity to remain effective for the populations
1865 served by the CCYAs.

1866 **Parents as Teachers**

1867 Parents as Teachers is another well-established EBP in Pennsylvania with
1868 approximately 19 CCYAs receiving financial support for Parents as Teachers through the
1869 NBPB Special Grants program. Across Pennsylvania, there are 57 Parents as Teachers
1870 affiliates and the program is used in a variety of settings. Parents as Teachers programs have
1871 been operating in Pennsylvania since 1992 and OCYF reports annually to ACF about the
1872 program through the APSRs as it has been a key support in Pennsylvania's family support
1873 services continuum.

1874 As outlined on the Parents as Teachers national website, an organization must be
1875 designed to meet the Parents as Teachers model fidelity requirements known as Essential
1876 Requirements. These requirements address affiliate leadership, staffing, services to families
1877 and evaluation. Annually, affiliates report implementation and service data to confirm they are
1878 meeting or exceeding the minimum levels for each of the Essential Requirements. The
1879 program also has Quality Standards that provide a foundation for high quality service delivery.
1880 Additionally, all Parents as Teachers affiliates complete the Quality Endorsement and
1881 Improvement Process (QEIP) every five years. The Parents as Teachers model requires that
1882 affiliates implement a family-centered needs assessment. Parents as Teachers recommends
1883 using one of three tools that address all required areas:

- 1884 1. The Life Skills Progression
- 1885 2. The Family Map
- 1886 3. The Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment

1888 The Pennsylvania PAT state office at the Center for Schools and Communities provides
1889 implementation support to programs through site visits, phone consultations, monthly
1890 webinars, newsletters and professional development in local workshops and regional and
1891 statewide settings, as well as PAT National Center developed core certification courses.
1892 Pennsylvania PAT is part of Pennsylvania Family Support Stakeholders Committee and the
1893 Family Centers network and collaborates with other evidence based-home visiting models.

1894 To support continued implementation of Parents as Teachers in Pennsylvania for
1895 Family First, OCYF will collaborate with OCDEL to leverage the existing data collection and
1896 CQI support structures.

1897 With regards to Parents as Teachers, Pennsylvania has selected to focus on monitoring
1898 Parents as Teachers outcomes linked to the drivers of children entering out-of-home
1899 placement in Pennsylvania. Therefore, the outcomes of focus for monitoring for Parents as
1900 Teachers will be related to children's social functioning and child safety. OCYF and the CWRC
1901 are working with OCDEL to identify the data available through OCDEL's *PA Home Visiting
1902 Data Collection System* to inform monitoring efforts for Family First. OCYF and the CWRC
1903 also will collaborate with CCYAs, where necessary, to obtain administrative data needed to
1904 support outcome monitoring.

- 1905 As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:
- 1906
- 1907
- 1908
- 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.

1909 This information is submitted to OCYF through the CCYA's annual NBPB submission and
 1910 analyzed. County specific examples of provider and/or CCYA monitoring efforts for Parents as
 1911 Teachers include, but are not limited to:

- 1912
- 1913
- 1914
- 1915
- 1916
- 1917
- 1918
- 1919
- 1920
- 1921
- 1922
- 1923
- 1924
- 1925
- 1926
- 1927
- 1928
- 1929
- 1930
- 1931
- 1932
- 1933
- 1934
- 1935
- 1936
- 1937
- 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.

1938 Existing feedback loops will continue to be utilized at all levels to support CQI efforts
 1939 and fidelity monitoring. Both the program developer and OCDEL serve as sources for program
 1940 data that can be used to refine implementation of the Parents as Teachers model. At the
 1941 CCYA level, information collected regarding model fidelity and outcomes is generally shared
 1942 with the CCYA by the provider, which is then used as part of the CCYA contract monitoring
 1943 efforts. Each CCYA also may establish different processes for facilitating communications with
 1944 the provider and other relevant parties to review the data and information with the provider. At
 1945 the state level, information gathered through the state Family First CQI approach and relevant
 1946 data available through EBP specific monitoring efforts will be shared – at a minimum – with
 1947 applicable bodies within the Family First governance structure, including the FFIT, and the PA
 1948 Child Welfare Council. This information will be used to inform understanding of implementation

1949 progress, challenges and promising practices, quality of service delivery, and achievement of
 1950 program outcomes. This information also will help inform decisions about continued use
 1951 and/or expansion of Parents as Teachers in Pennsylvania, and recommendations as to what
 1952 interventions at the state, CCYA or provider level may be needed to help ensure Parents as
 1953 Teachers is implemented with fidelity to remain effective for the populations served by the
 1954 CCYAs.

1955 **Nurse Family Partnership (NFP)**

1956 NFP has been in Pennsylvania since 1999 and serves families in approximately 50
 1957 counties with 21 network partners. Approximately 11 CCYAs currently receive funding to
 1958 support NFP through the NBPB Special Grants program. At the program developer level, NFP
 1959 requires strict adherence to their 19 Model Elements to ensure fidelity of the NFP model.
 1960 Before becoming a NFP Network Partner, there must be an assurance by the applying agency
 1961 of its intention to deliver the program with fidelity to the model. NFP also has a robust data
 1962 collection system. Nurses collect client and home visit data as specified by the NFP National
 1963 Service Office and all data is sent to the national database. The NFP National Service Office
 1964 reports out data to agencies to assess and guide program implementation. Network partners
 1965 use these reports to monitor, identify and improve variances to ensure fidelity to the NFP
 1966 model. In Pennsylvania, data is provided to Pennsylvania's NFP representative and OCDEL to
 1967 ensure model fidelity. Monthly and quarterly reports are required as well as an annual CQI
 1968 project.

1969 To support continued implementation of NFP in Pennsylvania for Family First, OCYF
 1970 will collaborate with OCDEL to leverage the existing data collection and CQI support
 1971 structures.

1972 With regards to NFP, Pennsylvania has selected to monitor NFP outcomes linked to the
 1973 drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes
 1974 of focus for monitoring for NFP will be related to child safety as well as economic and housing
 1975 stability. OCYF and the CWRC are working with OCDEL to identify the data available through
 1976 OCDEL's *PA Home Visiting Data Collection System* to inform monitoring efforts for Family
 1977 First. OCYF and the CWRC also will collaborate with CCYAs where necessary to obtain
 1978 administrative data needed to support outcome monitoring.

1979 As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:

- 1980 • Procedures for ensuring the EBP is being implemented with fidelity to the model,
- 1981 • Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- 1982 • Data and information the CCYA will use to monitor outcome success.

1983 This information is submitted to OCYF through the CCYA's annual NBPB submission and
 1984 analyzed. County specific examples of provider and/or CCYA monitoring efforts for NFP
 1985 include, but are not limited to :

- 1986 • The NFP program that contracts with the CCYA receives annual auditing by the state
 1987 and national NFP office. In addition, the staff participate in monthly conference calls to
 1988 discuss fidelity to the model quarterly. The CCYA CQI department has oversight
 1989 responsibilities for the contract with the NFP service provider. Semi-annual meetings

1990 are conducted with the NFP staff to discuss capacity, waitlists, areas of strengths and
 1991 concern, as well as conducting a review of the annual outcome report. The annual
 1992 outcome report review allows for discussion surrounding the strategic plan for NFP in
 1993 the following year.

- 1994 • The NFP Provider submits quarterly reports on meeting with the clients to the CCYA
 1995 and participates in interim discussions with the CCYA between reporting.
- 1996 • Program fidelity is monitored by the local Home Nursing Agency which serves as the
 1997 administrative organization for NFP across six counties in the local geographic region.
 1998 Somerset County is now included in their service area. The agency reports directly to
 1999 the National Service Office for NFP which oversees fidelity monitoring for all NFP
 2000 programs in the United States. The 19 NFP Model Elements as well as several
 2001 outcomes are tracked, reported, and monitored by the National Service Office on a
 2002 quarterly basis and shared with the Home Nursing Agency to maintain fidelity and
 2003 achieve program goals. This information is regularly shared with the CCYA to support
 2004 CCYA contract monitoring efforts.

2005 Existing feedback loops will be utilized at all levels to support CQI efforts and fidelity
 2006 monitoring. Both the program developer and OCDEL serve as sources for program data that
 2007 are used to refine NFP implementation. At the CCYA level, information collected regarding
 2008 model fidelity and outcomes is generally shared with the CCYA by the provider, which is then
 2009 used as part of the CCYA contract monitoring efforts. Each CCYA also may establish different
 2010 processes for facilitating communications with the provider and other relevant parties to review
 2011 the data and information with the provider. At the state level, information gathered through the
 2012 state Family First CQI approach and relevant data available through EBP specific monitoring
 2013 efforts will be shared – a minimum – with applicable bodies within the Family First governance
 2014 structure, including the FFIT, and the PA Child Welfare Council. This information will be used
 2015 to inform understanding of implementation progress, challenges and promising practices,
 2016 quality of service delivery, and achievement of program outcomes. This information also will
 2017 help inform decisions about continued use and/or expansion of NFP in Pennsylvania, and
 2018 recommendations as to what interventions at the state, CCYA or provider level may be needed
 2019 to help ensure NFP is implemented with fidelity to remain effective for the populations served
 2020 by the CCYAs.

2021 **Healthy Families America**

2022 Approximately six CCYAs currently receive funding to support HFA through the NBPB
 2023 Special Grants program. At the program developer level, HFA requires implementing sites to
 2024 use the HFA Best Practice Standards and to demonstrate fidelity to the standards through
 2025 periodic accreditation site visits. The HFA Best Practice Standards serve as both the guide to
 2026 model implementation and as the tool used to measure adherence to model requirements. All
 2027 HFA affiliated sites are required to complete a self-study that illustrates current site policy and
 2028 practice, and an outside, objective peer review team uses this in conjunction with a multi-day
 2029 site visit to determine the site's rating of exceeding, meeting or not yet meeting for each of the
 2030 standards.

2031 As noted on the Title IV-E Clearinghouse description of HFA, the HFA National Office
 2032 offers several trainings for HFA staff. All staff are required to attend a four-day core training

2033 that is specialized based on role (assessors, home visitors, and supervisors). Supervisors
 2034 attend one additional day for the core training and an optional three days of training that
 2035 focuses on building reflective supervision skills. Program managers are required to attend core
 2036 training plus three days of training focused on how to implement the model to fidelity using
 2037 HFA's Best Practice Standards. HFA also offers supplemental online training, advanced
 2038 trainings, and on-site technical assistance.

2039 To support continued implementation of HFA in Pennsylvania for Family First, OCYF
 2040 will collaborate with OCDEL to leverage the existing data collection and CQI support
 2041 structures.

2042 With regards to HFA, Pennsylvania has selected to monitor HFA outcomes linked to the
 2043 drivers of children entering out-of-home placement in Pennsylvania. Therefore, the outcomes
 2044 of focus for HFA monitoring will be primarily related to child safety. OCYF and the CWRC are
 2045 working with OCDEL to identify the data available through OCDEL's *PA Home Visiting Data*
 2046 *Collection System* to inform monitoring efforts for Family First. OCYF and the CWRC will also
 2047 collaborate with CCYAs, where necessary, to obtain any administrative data needed to support
 2048 outcome monitoring. As part of Pennsylvania's CQI and monitoring efforts, CCYAs must
 2049 report:

- 2050 • Procedures for ensuring the EBP is being implemented with fidelity to the model,
- 2051 • Specific outcomes the CCYA hopes to achieve through use of the EBP, and
- 2052 • Data and information the CCYA will use to monitor outcome success.

2053 This information is submitted to OCYF through the CCYA's annual NBPB submission and
 2054 analyzed. County specific examples of provider and/or CCYA monitoring efforts for HFA
 2055 include, but are not limited to:

- 2056 • The HFA provider being monitored by a CCYA Program Specialist who tracks referrals
 2057 made for services and the provider's outcomes as well to ensure the quality of service
 2058 delivery. The CCYA contracting team completes a provider review in accordance with
 2059 the agency internal provider monitoring protocol.
- 2060 • The CCYA contracts with a private vendor to provide HFA. Monthly meetings to monitor
 2061 for fidelity/integrity and case reviews occur with the vendor. Copies of the results and
 2062 signature sheets verifying the service provided are sent to the CCYA.
- 2063 • The CCYA implemented an annual on-site auditing process to ensure the data and
 2064 clinical outcomes are submitted quarterly and align with CCYA expectations and service
 2065 units reported. The CCYA and HFA provider communicate monthly on issues related to
 2066 redefinition of program strategies.

2067 Existing feedback loops will be used at all levels to support CQI efforts and fidelity
 2068 monitoring. Both the program developer and OCDEL serve as sources for program data that
 2069 are used to refine implementation of HFA. At the CCYA level, information collected regarding
 2070 model fidelity and outcomes is generally shared with the CCYA by the provider, which is then
 2071 used as part of the CCYA contract monitoring efforts. Each CCYA may also establish different
 2072 processes for facilitating communications with the provider and other relevant parties to review
 2073 the data and information with the provider. At the state level, information gathered through the
 2074 state Family First CQI approach and relevant data available through EBP specific monitoring
 2075 efforts will be shared – at a minimum – with applicable bodies within the Family First

2076 governance structure, including the FFIT, and the PA Child Welfare Council. This information
 2077 will be used to inform understanding of implementation progress, challenges and promising
 2078 practices, quality of service delivery, and achievement of program outcomes. This information
 2079 also will help inform decisions about continued use and/or expansion of HFA in Pennsylvania,
 2080 and recommendations as to what interventions at the state, CCYA or provider level may be
 2081 needed to help ensure HFA is implemented with fidelity to remain effective for the populations
 2082 served by the CCYAs.

2083 **Homebuilders**

2084 Approximately nine CCYAs currently receive funding to support Homebuilders through
 2085 the NBPB Special Grants program. At the program developer level, Homebuilders has its own
 2086 database system. Information entered is reviewed to ensure fidelity and monitor outcomes.
 2087 The Homebuilders quality enhancement system (ECM), known as QUEST, is designed to
 2088 ensure quality through the development and continual improvement of the knowledge and
 2089 skills necessary to obtain model fidelity and service outcomes. QUEST activities focus on
 2090 providing training and creating an internal management system of on-going evaluation and
 2091 feedback. QUEST offers a process for assessing the performance of Homebuilders programs,
 2092 and a methodology for continuous quality improvement.

2093 The Institute for Family Development provides education and training to programs
 2094 implementing Homebuilders. As noted in the Title IV-E Clearinghouse program description for
 2095 Homebuilders, practitioners, supervisors, and program managers receive initial and ongoing
 2096 training, consultation, and support to deliver quality services and ensure fidelity to the
 2097 Homebuilders model. QUEST includes start up consultation and technical assistance,
 2098 webinars, workshop training for all staff during the first two years, an additional 2-4 days of
 2099 workshop training for supervisors and program managers, ongoing team and supervisor
 2100 consultation with a highly trained and experienced Homebuilders consultant, fidelity reviews
 2101 and site visits.

2102 To support continued implementation of Homebuilders in Pennsylvania for Family First,
 2103 OCYF will collaborate with CCYAs and their contracted Homebuilders providers to gather data
 2104 and information needed to help support statewide monitoring and CQI efforts.

2105 With regards to Homebuilders, Pennsylvania has selected to monitor Homebuilders
 2106 outcomes linked to the drivers of children entering out-of-home placement in Pennsylvania.
 2107 Therefore, the outcomes of focus for monitoring for Homebuilders will be related to child
 2108 permanency as well as economic and housing stability.

2109 As part of Pennsylvania's CQI and monitoring efforts, CCYAs must report:
 2110 • Procedures for ensuring the EBP is being implemented with fidelity to the model,
 2111 • Specific outcomes the CCYA hopes to achieve through use of the EBP, and
 2112 • Data and information the CCYA will use to monitor outcome success.

2113 This information is submitted to OCYF through the CCYA's annual NBPB submission and
 2114 analyzed. County specific examples of provider and/or CCYA monitoring efforts for
 2115 Homebuilders include, but are not limited to:

- 2116 • A program specialist in the CCYA quality assurance department oversees the program.
2117 All agency referrals to Homebuilders are sent through the program specialist. The
2118 program specialist reviews all available reports and works with the provider to ensure
2119 model fidelity.
- 2120 • CCYA monitoring will be done through a minimum of two site visits per fiscal year to
2121 review records and personnel files. In addition, backup documentation must be provided
2122 such as names of families receiving services and sign in sheets. The provider will track
2123 and monitor outcomes and submit them to the CCYA on an annual basis.
- 2124 • The Homebuilders model includes fidelity measures designed to track specific indicators
2125 and performance measures through Abridged 3.0. The Institute for Family Development
2126 (IFD) provides annual fidelity reports to the county CCYA's. In addition, there are
2127 ongoing monthly meetings between IFD, the provider, the specific in-home team, as
2128 well as the navigators who are the subject matter experts in the CCYA system. When
2129 teams are identified as struggling to maintain the model, booster sessions are provided
2130 to support the team and reorient their strategies.
- 2131 • IFD provides a detailed review of the provider's adherence to Homebuilders standards
2132 and fidelity measure throughout the life of the case. This report includes data charts
2133 when applicable, and determination of which standards need to be included in a Quality
2134 Enhancement Plan, Professional Development Plan, or Quality Improvement Plan.

2135 Existing feedback loops will be used at all levels to support CQI efforts and fidelity
2136 monitoring. CCYAs and their contracted providers will serve as sources for program data that
2137 will be used to ensure fidelity to the model and to refine implementation of Homebuilders. At
2138 the CCYA level, information collected regarding model fidelity and outcomes is generally
2139 shared with the CCYA by the provider, which is then used as part of the CCYA contract
2140 monitoring efforts. Each CCYA may also establish different processes for facilitating
2141 communications with the provider and other relevant parties to review the data and information
2142 with the provider. At the state level, information gathered through the state Family First CQI
2143 approach and relevant data available through EBP specific monitoring efforts will be shared –
2144 at a minimum - with applicable bodies within the Family First governance structure, including
2145 the FFIT, and the PA Child Welfare Council. This information will be used to inform
2146 understanding of implementation progress, challenges and promising practices, quality of
2147 service delivery, and achievement of program outcomes. This information will also help inform
2148 decisions about continued use and/or expansion of Homebuilders in Pennsylvania, and
2149 recommendations as to what interventions at the state, CCYA or provider level may be needed
2150 to help ensure Homebuilders is implemented with fidelity to remain effective for the populations
2151 served by the CCYAs.

2152 **EVALUATION STRATEGY AND WAIVER REQUEST**

2153 Interventions and Target Population

2154 Pennsylvania is including the following EBPs as part of their Family First Five-Year
2155 Prevention Plan.

- 2156 1. Functional Family Therapy (FFT)
 2157 2. Healthy Families America (HFA)
 2158 3. Home Builders (HB)
 2159 4. Incredible Years (IY) -Toddler Basic and School Age Basic
 2160 5. Multisystemic Therapy (MST)
 2161 6. Nurse-Family Partnership (NFP)
 2162 7. Parents as Teachers (PAT)
 2163 8. Positive Parenting Program (Triple P) – Level 4 Standard

2164 For a description of each EBP from the Title IV-E Clearinghouse and their target
 2165 population, please refer to the Service Description and Oversight section of the Pennsylvania
 2166 Five-Year Prevention Plan.

2167 Evaluation Overview and Goals

2168 The overarching goals for the evaluation are to:

- 2169 • Expand the research base of promising EBPs included in Pennsylvania’s Prevention
 2170 Plan (Incredible Years, Triple P) by examining their respective implementation and
 2171 outcomes.
 2172 • Use findings to support the ongoing development of CQI efforts and promote a stronger
 2173 focus on prevention, improve practice, and support decision-making regarding the
 2174 adoption and implementation of EBPs.

2175 Evaluation Approach and Design

2176 In recent years, the evaluation team conducted an evaluation of the Title IV-E Child
 2177 Welfare Demonstration Project and has used lessons learned and strategies employed
 2178 through that project to inform the current evaluation. In particular, the evaluation team plans to
 2179 begin the evaluation by working with counties that are implementing EBPs rated as “promising”
 2180 on the Title IV-E Prevention Services Clearinghouse to establish the infrastructure and
 2181 processes necessary for streamlined data collection. The establishment of a data collection
 2182 infrastructure and processes is critical because Pennsylvania’s state-supervised, county-
 2183 administered child welfare system currently lacks a statewide information system that is used
 2184 among all counties. This poses challenges to data collection in that the data collected, data
 2185 definitions, and storage/accessibility are inconsistent across counties. The evaluation team will
 2186 begin the evaluation by identifying critical data elements, refining how they are defined, and
 2187 working with counties to develop the most efficient processes for collecting this information.
 2188 The infrastructure will support the implementation of a rigorous evaluation design for Incredible
 2189 Years Toddler and School Age Basic and Triple P Level 4 Standard, comprised of a process
 2190 and outcomes evaluation for each program. In addition to supporting the evaluation, the
 2191 infrastructure and resulting data will also serve as a resource for ongoing CQI efforts.

2192 **Incredible Years – Toddler Basic (IY-TB)**

2193 Rationale

2194 Conduct by the caregiver that places a child at risk is one of the top valid general
 2195 protective services (GPS) allegations in PA; thus, there is a need to support caregivers by
 2196 offering services that aim to strengthen positive parenting practices and reduce negative ones.
 2197 IY-TB is a parenting program for caregivers of children ages 1 to 3 years that has been shown
 2198 to improve parenting practices.

2199 Process Evaluation

2200 The evaluation team will conduct a process evaluation to gain insight into 1) service
 2201 referrals to IY-TB, 2) program participation, and 3) the fidelity of program implementation.
 2202 They will utilize data collected by service providers as a routine part of program monitoring, as
 2203 well as additional information collected from service providers, child welfare agencies, and
 2204 caregivers to answer evaluation questions related to the implementation of IY-TB. The
 2205 evaluation data will support monitoring and CQI efforts as well. The research questions and
 2206 measures are presented in Table 3.

2207 Table 3. IY-TB Process Evaluation – Research Questions and Measures

2208

Research Questions	Measurement
1. Among the caregivers of FFPSA-eligible children who are referred to IY-TB, how many are eligible to participate in the program?	<ul style="list-style-type: none"> • Session tracking/attendance log that documents all participants referred to the program (collected by service providers) • Program-eligible participants included on the session tracking/attendance log will be cross-checked with referral and FFPSA eligibility documentation (provided by county child welfare agencies)
2. Among the caregivers of FFPSA-eligible children who are referred to IY-TB but do not participate, what are the reasons for non-participation?	<ul style="list-style-type: none"> • Semi-structured interview protocols (for caregivers, service providers, and caseworkers of county child welfare agencies) • Open-ended details provided on the session tracking/attendance log (collected by service providers)
3. How many caregivers who begin participation in IY-TB complete the program (defined as attending at least 75% of program sessions)?	<ul style="list-style-type: none"> • Session tracking/attendance log (collected by service providers)

<p>4. Of the caregivers who begin but do not complete the IY-TB program, what are the reasons for non-completion?</p>	<ul style="list-style-type: none"> • Semi-structured interview protocols (for caregivers, service providers, and caseworkers of county child welfare agencies) • Open-ended details provided on the session tracking/attendance log (collected by service providers)
<p>5. Is IY-TB being implemented as intended (defined as obtaining a fidelity rating of at least 75%)?</p>	<ul style="list-style-type: none"> • Fidelity observation checklist (collected by service providers)

2209

2210 *Study Design*

2211 The process evaluation will involve a mixed methods design. Quantitative data will be
 2212 collected to understand program-eligible referrals, participation in the program, and fidelity to
 2213 the program model. Qualitative data will be collected to contextualize non-participation and
 2214 non-completion numbers.

2215 The sample for the quantitative portion of the process evaluation will include all caregivers
 2216 of FFPSA-eligible children who are referred to IY-TB and are eligible to participate in the
 2217 program (i.e., caregivers with FFPSA-eligible children ages 1-3 years who need support
 2218 forming secure attachments with their toddlers or addressing their toddlers’ behavior problems
 2219 to keep the child safely in the home). All counties in Pennsylvania that refer caregivers to IY-
 2220 TB will be included in the process evaluation.

2221 For the qualitative piece, all service providers from counties that refer caregivers to IY-TB
 2222 will have the opportunity to document reasons that caregivers do not begin or complete the
 2223 program. Additionally, brief phone interviews will be conducted with a purposive sample of 1)
 2224 program-eligible caregivers of FFPSA-eligible children who are non-participants or non-
 2225 completers of the program, 2) service providers who encounter non-participants and non-
 2226 completers, and 3) caseworkers from county child welfare agencies who have non-participants
 2227 and non-completers on their caseload. The evaluation team will collaborate with counties to
 2228 determine the best approaches to recruitment for the interviews.

2229 *Data Collection*

2230 Using multiple methods, data will be collected from county child welfare agencies, service
 2231 providers, and caregivers of FFPSA-eligible children. County child welfare agencies will
 2232 document the families of FFPSA-eligible children who are referred to the program. Service

2233 providers will track and log the number of eligible caregivers who attend the program sessions.
2234 Additionally, service providers will document reasons that caregivers do not begin or complete
2235 the program via an open-ended item on the session tracking/attendance log. Service providers
2236 will also conduct observations to assess fidelity using a checklist of session components that is
2237 utilized as a routine part of program monitoring. These data will be shared with the evaluation
2238 team.

2239 Brief (10-minute) semi-structured phone interviews will be conducted with program-eligible
2240 caregivers of FFPSA-eligible children, service providers, and caseworkers from county child
2241 welfare agencies to further understand reasons for non-participation and non-completion. The
2242 evaluation team will obtain permission from the participants to audio record the phone
2243 interviews. These recordings will be transcribed before analysis. If participants choose not to
2244 be recorded, detailed notes will be taken to capture what was shared. Interviews will be
2245 conducted until saturation is reached, which is estimated to be 9-17 interviews (Hennink &
2246 Kaiser, 2022).

2247 *Analysis Plan*

2248 Using SPSS v 25, descriptive statistics will be calculated to understand the number of
2249 program-eligible caregivers of FFPSA-eligible children who are referred to IY-TB. Program
2250 eligibility data from service providers will be cross-checked with referral data and FFPSA
2251 eligibility documentation from county child welfare agencies to support these results.
2252 Additionally, descriptive statistics will be calculated to determine the number of caregivers who
2253 complete the program (i.e., attend at least 75% of the program sessions) and the number of
2254 program sessions observed that are delivered with a minimum fidelity score (i.e., a rating of at
2255 least 75%).

2256 Thematic analysis will be conducted to identify themes that emerge from the brief phone
2257 interviews regarding the reasons for not beginning and not completing the program.
2258 Additionally, we will use thematic analysis to analyze the open-ended details provided by
2259 service providers on the session tracking log regarding non-participation and non-completion.
2260 The analysis will follow the methods presented by Braun and Clark (2006). Two coders from
2261 the evaluation team will develop initial codes that are driven by the data and organize the
2262 codes into potential themes. Then the themes will be refined, defined, and named. If any
2263 differences in coding occur, the coders will discuss the discrepancies until they reach an
2264 agreement. Thematic analysis will be conducted using NVivo 12.

2265 *Limitations*

2266 It may be difficult to recruit program-eligible caregivers who do not begin or complete the
2267 program for participation in the brief phone interviews. As a result, interviews will also be
2268 conducted with service providers and caseworkers to support efforts to understand the
2269 reasons why these caregivers do not participate in or complete the program. Since these data
2270 will not come directly from the caregivers, they will be limited to the perspectives of service

2271 providers and caseworkers based on their experiences with the families and/or what
 2272 caregivers share with them.

2273 Furthermore, the process evaluation will involve a qualitative piece that includes a
 2274 purposive sample of caregivers, service providers, and caseworkers. This portion of the
 2275 process evaluation is intended to explore caregivers’ experiences and provide contextual
 2276 details regarding why they do not begin or complete the program. As with all qualitative studies
 2277 and nonprobability sampling techniques, the results will not be representative of all caregivers
 2278 who do not begin or complete the program, or all service providers and caseworkers that
 2279 encounter/work with these caregivers.

2280 Outcomes Evaluation

2281 *Research Questions and Methods*

2282 Based on the existing need and previously demonstrated outcomes for IY-TB, the
 2283 evaluation team seeks to answer the following primary research questions for families involved
 2284 in Pennsylvania’s child welfare system:

2285 Table 4. IY-TB Outcomes Evaluation Research Questions and Measures

Research Question and Intended Outcome	Measurement
1. Do families who participate in IY-TB improve in parenting practices more than families who do not participate?	<ul style="list-style-type: none"> • Parent Practices Interview (Webster-Stratton; 54 items), which measures seven subdomains of parenting, including: <ul style="list-style-type: none"> • Appropriate discipline • Harsh and inconsistent discipline • Positive verbal discipline • Parental monitoring • Physical punishment • Praise and incentives • Clear expectations <p>(collected by service providers)</p>
2. Are children of families who participate in IY-TB safer than children of families who do not participate?	<ul style="list-style-type: none"> • Number and category of indicated Child Protective Services (CPS) reports or valid General Protective Services (GPS) reports received during or after participation in the program (Child Welfare Information System [CWIS] data provided by the State of Pennsylvania; supporting information provided by county child welfare agencies as needed)

	<ul style="list-style-type: none"> • 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. The SAMP results in an in-home safety decision including options of safe, safe with a comprehensive safety plan, or unsafe (provided by county child welfare agencies).
<p>3. Do children of families who participate in IY-TB experience greater child permanency than children of families who do not participate?</p>	<ul style="list-style-type: none"> • Binary indicator of entry/re-entry into Federally defined foster care during or after participation in the program (Adoption and Foster Care Analysis and Reporting System [AFCARS] data provided by the State of Pennsylvania; supporting information provided by county child welfare agencies as needed)

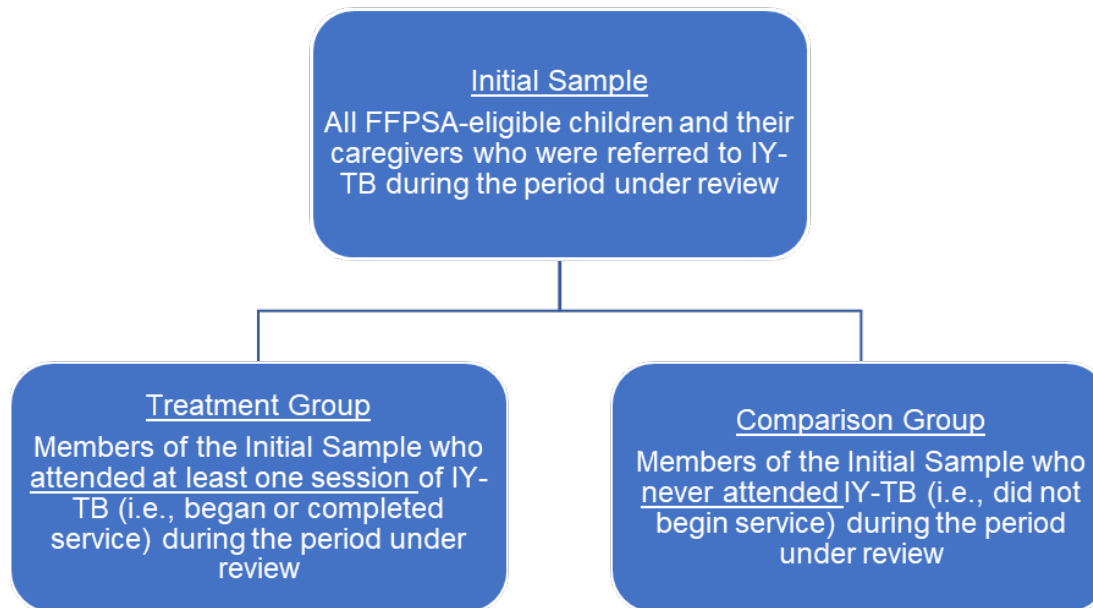
2286

2287 *Study Design*

2288 For the IY-TB outcomes evaluation, the evaluation team will use a propensity score
 2289 matching (PSM) design. When a randomized control trial (RCT) is not possible or desirable,
 2290 PSM is an excellent option that accounts for the non-random assignment of participants into a
 2291 treatment and comparison group. PSM achieves balance between the treatment and control
 2292 group (baseline equivalence), making it possible to link positive outcomes to participation in
 2293 the intervention/service, rather than confounding this effect with any number of other
 2294 contributing factors.

2295 As illustrated below, treatment and comparison groups will be created. PA is targeting
 2296 families with toddlers (1 to 3 years), particularly families who need support forming secure
 2297 attachments with their toddlers or addressing their toddlers’ behavior problems to keep the
 2298 child safely in the home. The groups will be formed from an initial sample of all youth who are
 2299 FFPSA-eligible and their caregivers who were referred to IY-TB. The treatment group will
 2300 consist of families who were referred and who attended at least one session (i.e., families who
 2301 began participation or fully participated). Comparison families will include all those families who
 2302 were referred to IY-TB, but that for any number of reasons did not begin participation (i.e.,
 2303 were not eligible, chose not to participate, no openings at the local provider, etc.). This method
 2304 of group assignment has been modeled in several propensity score matching (PSM) program

2305 evaluation designs and helps ensure groups are as closely matched as possible from the
 2306 beginning (Chaiyachati et al., 2018; Vidal et al., 2017).



2307

2308

2309 A minimum of 20 pairs (n=40 individuals) is recommended to carry out propensity score
 2310 analyses (see Piracchio et al., 2012 for information on assessing estimates of bias for different
 2311 sample sizes when using propensity score matching). As of FY 21/22, there are currently five
 2312 counties in Pennsylvania that refer families to IY-TB. All counties that refer families to IY-TB
 2313 will participate in the outcomes evaluation. Data collection will continue through Year 4 of the
 2314 evaluation as needed to ensure that at least the minimum number of participants (n=40) are
 2315 recruited, as some counties may be slower to recruit families than others.

2316

Data Collection

2317 Demographic data and all pretest outcomes measures will be collected from all families
 2318 upon acceptance into IY-TB (those in the treatment group or those in the non-treatment
 2319 comparison group who chose not to participate) or when they are deemed unable to participate
 2320 for various reasons by the service provider (those in the non-treatment comparison group).
 2321 Posttest parenting practices, child safety, and child permanency will be collected for all families
 2322 (those who go through treatment and those in the non-treatment comparison group) after the
 2323 completion of IY-TB or 12-20 weeks after pretest. This is the standard time it takes to complete
 2324 IY-TB, so although comparison families will not be participating in the program, they will be
 2325 assessed after a comparable amount of time has passed for those who did participate.
 2326 Posttest child safety and permanency will be collected at two additional time points (6 months
 2327 and 12 months after the end of program involvement [i.e., program completion or last session
 2328 attended]) since these are more distal outcomes and we might not expect to see effects

2329 immediately following participation in IY-TB. To note, safety and permanency measures will be
2330 assessed based on outcomes that occur closest to the specified data collection points, as such
2331 outcomes can occur at any point during the period under review (i.e., pretest/prior to, during, or
2332 posttest/after participation in the program). Participation in IY-TB will be on a rolling basis and
2333 data will be collected accordingly.

2334 As a routine part of program monitoring, service providers collect pretest and posttest
2335 parenting practice measures and some demographic data for caregivers and their children.
2336 They utilize a data collection tool developed by EPIS to report these outcomes. An adapted
2337 version of this tool will be utilized to support the evaluation efforts, as the current tool is not
2338 designed specifically for the child welfare system. The evaluation team will receive the
2339 completed data collection tool, which will include responses from the treatment group, directly
2340 from the service providers. Caregivers in the comparison group will provide pretest and
2341 posttest parenting practice measures and demographics via their choice of a paper survey, an
2342 online Qualtrics survey, or over the phone with evaluation staff. The evaluation team will
2343 provide caregivers with a self-addressed stamped envelope to mail their completed paper
2344 surveys directly to the team. The evaluation team will receive completed online surveys
2345 immediately upon submission via the University of Pittsburgh's Qualtrics account. Additionally,
2346 the team will use existing statewide and county-level data processes and sources to gather
2347 child safety and permanency measures for both the treatment and comparison groups. Given
2348 county variability in child welfare practice and the reporting of safety and permanency data,
2349 these data will be reviewed up to one year prior to the determination of FFPSA-eligible
2350 services through 12 months post program involvement (or a comparable amount of time for
2351 caregivers who never attended the program) to determine outcomes at the specified data
2352 collection points. Furthermore, the evaluation team will create a database for counties to enter
2353 a limited number of key data points not currently collected at a statewide level, including
2354 race/ethnicity and SES.

2355 *Analysis Plan*

2356 According to standard practice for propensity score matching (PSM) design, each
2357 individual in the treatment and comparison groups will be assigned a propensity score based
2358 on key demographic measures (e.g., race/ethnicity and SES) predicting probability of
2359 assignment to the treatment group, as well as the receipt of related services and pretest
2360 outcome measures (Eisner et al., 2012). The most appropriate PSM will be chosen based on
2361 the criteria (common support, covariate balancing, median bias) put forth by Guo et al. (2006).
2362 Regression analyses will be conducted to evaluate the effect of IY-TB on parenting skills, child
2363 safety, and child permanency; separate models will be run to evaluate the effect on each
2364 outcome. Linear regression will be used for those outcomes that are continuous in nature, and
2365 logistic regression will be used for outcomes that are binary. Regression analyses will be
2366 adjusted for clustering, that is, adjusting the standard errors to account for the for the
2367 intragroup correlation between families served by the same agency.

2368 *Limitations*

2369 One potential limitation to the evaluation of IY-TB is related to volume, and
2370 subsequently, effect size. Pennsylvania's lack of a statewide child welfare information system
2371 limits the data that can be collected in a routine, standardized way. As such, there will be some
2372 additional burden on counties and providers to ensure the necessary coordination efforts are in
2373 place to provide all data needed for a rigorous evaluation. While the evaluation team
2374 anticipates interest in and collaboration with counties for the evaluation, the team has factored
2375 in the time it will take to develop the appropriate data infrastructure to support the evaluation
2376 requirements.

2377 Additionally, because a randomized control trial is not feasible when prioritizing the
2378 provision of IY-TB to all families who would benefit from it to keep children safely in their
2379 homes, a propensity score design was selected and treatment and comparison groups were
2380 designed in an effort to establish baseline equivalence; as such, it is possible that there will be
2381 a difference in treatment and comparison group sample sizes since we are not predesignating
2382 families to either group.

2383 Another limitation is that because of using a quasi-experimental, observational study
2384 design, not all families will be starting or completing IY at the same time. We are allowing
2385 families to participate in the evaluation as they are referred during the normal course of their
2386 service planning and provision. Additionally, not all families will be receiving IY from the same
2387 service provider; while this cannot be included as a covariate because non-participants in the
2388 comparison group would be missing this information, we intend to include county as a
2389 covariate. As a result of bundled programming, families may participate in other services that
2390 could influence the same outcomes as IY-TB, thereby introducing contamination in the
2391 evaluation. Therefore, participating in similar programs may introduce opportunities for
2392 alternative explanations of achieving desired outcomes that are not due to IY-TB. To address
2393 this limitation, the evaluation team plans to include relevant services received as a covariate in
2394 the propensity score matching procedure, based on the availability of and access to such data.

2395

2396 **Incredible Years – School Age Basic (IY-SAB)**

2397 Rationale

2398 Conduct by the caregiver that places a child at risk is one of the top valid GPS allegations in
2399 PA; thus, there is a need to support caregivers by offering services that aim to strengthen positive
2400 parenting practices and reduce negative ones. IY-SAB is a parenting program for caregivers of
2401 children ages 6 to 12 years who have behavior problems and/or are at risk for being removed from
2402 the home. IY-SAB has been shown to improve parenting practices and child safety (via
2403 administrative reports).

2404 Process Evaluation

2405 The evaluation team will conduct a process evaluation to gain insight into 1) service
2406 referrals to IY-SAB, 2) program participation, and 3) the fidelity of program implementation. They
2407 will utilize data collected by service providers as a routine part of program monitoring, as well as
2408 additional information collected from service providers, child welfare agencies, and caregivers to

2409 answer evaluation questions related to the implementation of IY-SAB. The evaluation data will
 2410 support monitoring and CQI efforts as well. The research questions and measures are presented in
 2411 Table 5.

2412 Table 5. IY-SAB Process Evaluation – Research Questions and Measures

2413

Research Questions	Measurement
1. Among the caregivers of FFPSA-eligible children who are referred to IY-SAB, how many are eligible to participate in the program?	<ul style="list-style-type: none"> • Session tracking/attendance log that documents all participants referred to the program (collected by service providers) • Program-eligible participants included on the session tracking/attendance log will be cross-checked with referral and FFPSA eligibility documentation (provided by county child welfare agencies)
2. Among the caregivers of FFPSA-eligible children who are referred to IY-SAB but do not participate, what are the reasons for non-participation?	<ul style="list-style-type: none"> • Semi-structured interview protocols (for caregivers, service providers, and caseworkers of county child welfare agencies) • Open-ended details provided on the session tracking/attendance log (collected by service providers)
3. How many caregivers who begin participation in IY-SAB complete the program (defined as attending at least 75% of program sessions)?	<ul style="list-style-type: none"> • Session tracking/attendance log (collected by service providers)
4. Of the caregivers who begin but do not complete the IY-SAB program, what are the reasons for non-completion?	<ul style="list-style-type: none"> • Semi-structured interview protocols (for caregivers, service providers, and caseworkers of county child welfare agencies) • Open-ended details provided on the session tracking/attendance log (collected by service providers)

<p>5. Is IY-SAB being implemented as intended (defined as obtaining a fidelity rating of at least 75%)?</p>	<ul style="list-style-type: none"> Fidelity observation checklist (collected by service providers)
---	---

2414

2415 *Study Design*

2416 The process evaluation will involve a mixed methods design. Quantitative data will be
 2417 collected to understand program-eligible referrals, participation in the program, and fidelity to
 2418 the program model. Qualitative data will be collected to contextualize non-participation and
 2419 non-completion numbers.

2420 The sample for the quantitative portion of the process evaluation will include all caregivers
 2421 of FFPSA-eligible children who are referred to IY-SAB and are eligible to participate in the
 2422 program (i.e., caregivers with FFPSA-eligible children ages 6 to 12 years who have behavior
 2423 problems and are at risk of removal from the home). All counties in Pennsylvania that refer
 2424 caregivers to IY-SAB will be included in the process evaluation.

2425 For the qualitative piece, all service providers from counties that refer caregivers to IY-SAB
 2426 will have the opportunity to document reasons that caregivers do not begin or complete the
 2427 program. Additionally, brief phone interviews will be conducted with a purposive sample of 1)
 2428 program-eligible caregivers of FFPSA-eligible children who are non-participants or non-
 2429 completers of the program, 2) service providers who encounter non-participants and non-
 2430 completers, and 3) caseworkers from county child welfare agencies who have non-participants
 2431 and non-completers on their caseload. The evaluation team will collaborate with counties to
 2432 determine the best approaches to recruitment for the interviews.

2433 *Data Collection*

2434 Using multiple methods, data will be collected from county child welfare agencies,
 2435 service providers, and caregivers of FFPSA-eligible children. County child welfare agencies
 2436 will document the families of FFPSA-eligible children who are referred to the program. Service
 2437 providers will track and log the number of eligible caregivers who attend the program sessions.
 2438 Additionally, service providers will document reasons that caregivers do not begin or complete
 2439 the program via an open-ended item on the session tracking/attendance log. Service providers
 2440 will also conduct observations to assess fidelity using a checklist of session components that is
 2441 utilized as a routine part of program monitoring. These data will be shared with the evaluation
 2442 team.

2443 Brief (10-minute) semi-structured phone interviews will be conducted with program-eligible
 2444 caregivers of FFPSA-eligible children, service providers, and caseworkers from county child
 2445 welfare agencies to further understand reasons for non-participation and non-completion. The
 2446 evaluation team will obtain permission from the participants to audio record the phone

2447 interviews. These recordings will be transcribed before analysis. If participants choose not to
2448 be recorded, detailed notes will be taken to capture what was shared. Interviews will be
2449 conducted until saturation is reached, which is estimated to be 9-17 interviews (Hennink &
2450 Kaiser, 2022).

2451 *Analysis Plan*

2452 Using SPSS v 25, descriptive statistics will be calculated to understand the number of
2453 program-eligible caregivers of FFPSA-eligible children who are referred to IY-SAB. Program
2454 eligibility data from service providers will be cross-checked with referral data and FFPSA
2455 eligibility documentation from county child welfare agencies to support these results.
2456 Additionally, descriptive statistics will be calculated to determine the number of caregivers who
2457 complete the program (i.e., attend at least 75% of the program sessions) and the number of
2458 program sessions observed that are delivered with a minimum fidelity score (i.e., a rating of at
2459 least 75%).

2460 Thematic analysis will be conducted to identify themes that emerge from the brief phone
2461 interviews regarding the reasons for not beginning and not completing the program.
2462 Additionally, we will use thematic analysis to analyze the open-ended details provided by
2463 service providers on the session tracking log regarding non-participation and non-completion.
2464 The analysis will follow the methods presented by Braun and Clark (2006). Two coders from
2465 the evaluation team will develop initial codes that are driven by the data and organize the
2466 codes into potential themes. Then the themes will be refined, defined, and named. If any
2467 differences in coding occur, the coders will discuss the discrepancies until they reach an
2468 agreement. Thematic analysis will be conducted using NVivo 12.

2469 *Limitations*

2470 It may be difficult to recruit program-eligible caregivers who do not begin or complete the
2471 program for participation in the brief phone interviews. As a result, interviews will also be
2472 conducted with service providers and caseworkers to support efforts to understand the
2473 reasons why these caregivers do not participate in or complete the program. Since these data
2474 will not come directly from the caregivers, they will be limited to the perspectives of service
2475 providers and caseworkers based on their experiences with the families and/or what
2476 caregivers share with them.

2477 Furthermore, the process evaluation will involve a qualitative piece that includes a
2478 purposive sample of caregivers, service providers, and caseworkers. This portion of the
2479 process evaluation is intended to explore caregivers' experiences and provide contextual
2480 details regarding why they do not begin or complete the program. As with all qualitative studies
2481 and nonprobability sampling techniques, the results will not be representative of all caregivers
2482 who do not begin or complete the program, or all service providers and caseworkers that
2483 encounter/work with these caregivers.

2484 Outcomes Evaluation

2485

Research Questions and Methods

2486

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:

2487

2488

2489

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

2490

Research Question and Intended Outcome	Measurement
<p>1. Do families who participate in IY-SAB improve in parenting practices more than families who do not participate?</p>	<ul style="list-style-type: none"> • Parent Practices Interview (Webster-Stratton; 54 items), which measures seven subdomains of parenting, including: <ul style="list-style-type: none"> • Appropriate discipline • Harsh and inconsistent discipline • Positive verbal discipline • Parental monitoring • Physical punishment • Praise and incentives • Clear expectations <p>(collected by service providers)</p>
<p>2. Are children of families who participate in IY-SAB safer than children of families who do not participate?</p>	<ul style="list-style-type: none"> • Number and category of indicated Child Protective Services (CPS) reports or valid General Protective Services (GPS) reports received during or after participation in the program (CWIS data provided by the State of Pennsylvania; supporting information provided by county child welfare agencies as needed) • 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. The SAMP results in an in-home safety decision including options of safe, safe with a comprehensive safety plan, or unsafe (provided by county child welfare agencies).

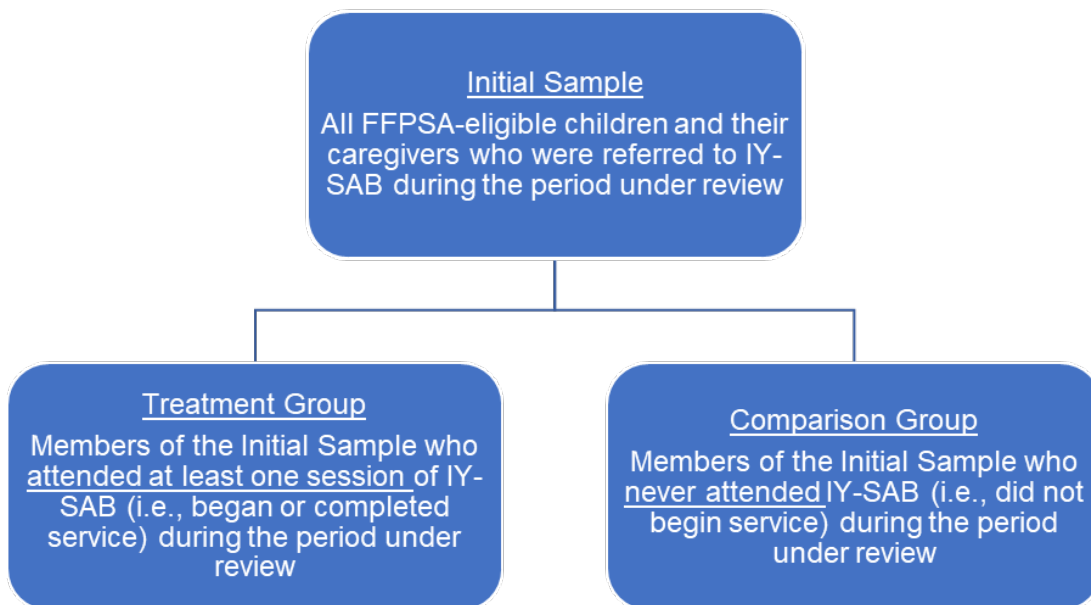
<p>3. Do children of families who participate in IY-SAB experience greater child permanency than children of families who do not participate?</p>	<ul style="list-style-type: none"> • Binary indicator of entry/re-entry into Federally defined foster care during or after participation in the program (AFCARS data provided by the State of Pennsylvania; supporting information provided by county child welfare agencies as needed)
--	--

2491

2492 *Study Design*

2493 For the IY-SAB outcomes evaluation, the evaluation team will use a propensity score
 2494 matching (PSM) design. When a randomized control trial (RCT) is not possible or desirable,
 2495 PSM is an excellent option that accounts for the non-random assignment of participants into a
 2496 treatment and comparison group. PSM achieves balance between the treatment and control
 2497 group (baseline equivalence), making it possible to link positive outcomes to participation in
 2498 the intervention/service, rather than confounding this effect with any number of other
 2499 contributing factors.

2500 As illustrated below, treatment and comparison groups will be created. PA is targeting
 2501 families with children (6 to 12 years) who have behavior problems and are at risk of removal
 2502 from the home. The groups will be formed from an initial sample of all youth who are FFPSA-
 2503 eligible and their caregivers who were referred to IY-SAB. The treatment group will consist of
 2504 families who were referred and who attended at least one session (i.e., families who began
 2505 participation or fully participated). Comparison families will include all those families who were
 2506 referred to IY-SAB, but that for any number of reasons did not begin participation (i.e., were
 2507 not eligible, chose not to participate, no openings at the local provider, etc.). This method of
 2508 group assignment has been modeled in several propensity score matching (PSM) program
 2509 evaluation designs and helps ensure groups are as closely matched as possible from the
 2510 beginning (Chaiyachati et al., 2018; Vidal et al., 2017).



2511
2512

2513 A minimum of 20 pairs (n=40 individuals) is recommended to carry out propensity score
 2514 analyses (see Piracchio et al., 2012 for information on assessing estimates of bias for different
 2515 sample sizes when using propensity score matching). As of FY 21/22, there are currently
 2516 seven counties in Pennsylvania that refer families to IY-SAB. All counties that refer families to
 2517 IY-SAB will participate in the outcomes evaluation. Data collection will continue through Year 4
 2518 of the evaluation as needed to ensure that at least the minimum number of participants (n=40)
 2519 are recruited, as some counties may be slower to recruit families than others.

2520 *Data Collection*

2521 Demographic data and all pretest outcomes measures will be collected from all families
 2522 upon acceptance into IY-SAB (those in the treatment group or those in the non-treatment
 2523 comparison group who chose not to participate) or when they are deemed unable to participate
 2524 for various reasons by the service provider (those in the non-treatment comparison group).
 2525 Posttest parenting practices, child safety, and child permanency will be collected for all families
 2526 (those who go through treatment and those in the non-treatment comparison group) after the
 2527 completion of IY-SAB or 12-20 weeks after pretest. This is the standard time it takes to
 2528 complete IY-SAB, so although comparison families will not be participating in the program,
 2529 they will be assessed after a comparable amount of time has passed for those who did
 2530 participate. Posttest child safety and permanency will be collected at two additional time points
 2531 (6 months and 12 months after the end of program involvement [i.e., program completion or
 2532 last session attended]) since these are more distal outcomes and we might not expect to see
 2533 effects immediately following participation in IY-SAB. To note, safety and permanency
 2534 measures will be assessed based on outcomes that occur closest to the specified data
 2535 collection points, as such outcomes can occur at any point during the period under review (i.e.,

2536 pretest/prior to, during, or posttest/after participation in the program). Participation in IY-SAB
2537 will be on a rolling basis and data will be collected accordingly.

2538 As a routine part of program monitoring, service providers collect pretest and posttest
2539 parenting practice measures and some demographic data for caregivers and their children.
2540 They utilize a data collection tool developed by EPIS to report these outcomes. An adapted
2541 version of this tool will be utilized to support the evaluation efforts, as the current tool is not
2542 designed specifically for the child welfare system. The evaluation team will receive the
2543 completed data collection tool, which will include responses from the treatment group, directly
2544 from the service providers. Caregivers in the comparison group will provide pretest and
2545 posttest parenting practice measures and demographics via their choice of a paper survey, an
2546 online Qualtrics survey, or over the phone with evaluation staff. The evaluation team will
2547 provide caregivers with a self-addressed stamped envelope to mail their completed paper
2548 surveys directly to the team. The evaluation team will receive completed online surveys
2549 immediately upon submission via the University of Pittsburgh's Qualtrics account. Additionally,
2550 the team will use existing statewide and county-level data processes and sources to gather
2551 child safety and permanency measures for both the treatment and comparison groups. Given
2552 county variability in child welfare practice and the reporting of safety and permanency data,
2553 these data will be reviewed up to one year prior to the determination of FFPSA-eligible
2554 services through 12 months post program involvement (or a comparable amount of time for
2555 caregivers who never attended the program) to determine outcomes at the specified data
2556 collection points. Furthermore, the evaluation team will create a database for counties to enter
2557 a limited number of key data points not currently collected at a statewide level, including
2558 race/ethnicity and SES.

2559 *Analysis Plan*

2560 According to standard practice for propensity score matching (PSM) design, each
2561 individual in the treatment and comparison groups will be assigned a propensity score based
2562 on key demographic measures (e.g., race/ethnicity and SES) predicting probability of
2563 assignment to the treatment group, as well as the receipt of related services and pretest
2564 outcome measures (Eisner et al., 2012). The most appropriate PSM will be chosen based on
2565 the criteria (common support, covariate balancing, median bias) put forth by Guo et al. (2006).
2566 Regression analyses will be conducted to evaluate the effect of IY-SAB on parenting skills,
2567 child safety, and child permanency; separate models will be run to evaluate the effect on each
2568 outcome. Linear regression will be used for those outcomes that are continuous in nature, and
2569 logistic regression will be used for outcomes that are binary. Regression analyses will be
2570 adjusted for clustering, that is, adjusting the standard errors to account for the for the
2571 intragroup correlation between families served by the same agency.

2572 *Limitations*

2573 One potential limitation to the evaluation of IY-SAB is related to volume, and
2574 subsequently, effect size. Pennsylvania's lack of a statewide child welfare information system
2575 limits the data that can be collected in a routine, standardized way. As such, there will be some
2576 additional burden on counties and providers to ensure the necessary coordination efforts are in
2577 place to provide all data needed for a rigorous evaluation. While the evaluation team

2578 anticipates interest in and collaboration with counties for the evaluation, the team has factored
 2579 in the time it will take to develop the appropriate data infrastructure to support the evaluation
 2580 requirements.

2581 Additionally, because a randomized control trial is not feasible when prioritizing the
 2582 provision of IY-SAB to all families who would benefit from it to keep children safely in their
 2583 homes, a propensity score design was selected and treatment and comparison groups were
 2584 designed in an effort to establish baseline equivalence; as such, it is possible that there will be
 2585 a difference in treatment and comparison group sample sizes since we are not predesignating
 2586 families to either group.

2587 Another limitation is that because of using a quasi-experimental, observational study
 2588 design, not all families will be starting or completing IY at the same time. We are allowing
 2589 families to participate in the evaluation as they are referred during the normal course of their
 2590 service planning and provision. Additionally, not all families will be receiving IY from the same
 2591 service provider; while this cannot be included as a covariate because non-participants in the
 2592 comparison group would be missing this information, we intend to include county as a
 2593 covariate.

2594 As a result of bundled programming, families may participate in other services that could
 2595 influence the same outcomes as IY-SAB, thereby introducing contamination in the evaluation.
 2596 Therefore, participating in similar programs may introduce opportunities for alternative
 2597 explanations of achieving desired outcomes that are not due to IY-SAB. To address this
 2598 limitation, the evaluation team plans to include relevant services received as a covariate in the
 2599 propensity score matching procedure, based on the availability of and access to such data.

2600 **Triple P Positive Parenting Program – Level 4 Standard**

2601 Rationale

2602 Conduct by the caregiver that places a child at risk and caregiver inability to cope are
 2603 two of the top valid GPS allegations in PA; thus, there is a need to support caregivers by
 2604 offering services that aim to strengthen positive parenting practices and reduce negative ones,
 2605 as well as programs that treat caregivers' mental health concerns. Additionally, child's behavior
 2606 problem is a top removal reason in PA and child behavior problems/behavioral health concerns
 2607 is a top valid GPS allegation; programs that address child behavior problems and promote
 2608 child well-being are highly needed in PA.

2609 Triple P Level 4 Standard is a program for families of children up to 12 years old and
 2610 who have concerns about their child's behavior. It has been shown to improve not only child
 2611 behavior, but parenting practices and caregivers' sense of confidence (mental health) as well.
 2612 Thus, Triple P Level 4 Standard meets several of PA's top needs for families.

2613 Process Evaluation

2614 The evaluation team will conduct a process evaluation to gain insight into 1) service
 2615 referrals to Triple P Level 4 Standard, 2) program participation, and 3) the fidelity of program
 2616 implementation. They will utilize data collected by service providers as a routine part of

2617 program monitoring, as well as additional information collected from service providers, child
 2618 welfare agencies, and caregivers to answer evaluation questions related to the implementation
 2619 of Triple P Level 4 Standard. The evaluation data will support monitoring and CQI efforts as
 2620 well. The research questions and measures are presented in Table 7.

2621 Table 7. Triple P Level 4 Standard Process Evaluation – Research Questions and Measures

2622

Research Questions	Measurement
1. Among the caregivers of FFPSA-eligible children who are referred to Triple P Level 4 Standard, how many are eligible to participate in the program?	<ul style="list-style-type: none"> • Session tracking/attendance log that documents all participants referred to the program (collected by service providers) • Program-eligible participants included on the session tracking/attendance log will be cross-checked with referral and FFPSA eligibility documentation (provided by county child welfare agencies)
2. Among the caregivers of FFPSA-eligible children who are referred to Triple P Level 4 Standard but do not participate, what are the reasons for non-participation?	<ul style="list-style-type: none"> • Semi-structured interview protocols (for caregivers, service providers, and caseworkers of county child welfare agencies) • Open-ended details provided on the session tracking/attendance log (collected by service providers)
3. How many caregivers who begin participation in Triple P Level 4 Standard complete the program (defined as attending at least 75% of program sessions)?	<ul style="list-style-type: none"> • Session tracking/attendance log (collected by service providers)
4. Of the caregivers who begin but do not complete the Triple P Level 4 Standard program, what are the reasons for non-completion?	<ul style="list-style-type: none"> • Semi-structured interview protocols (for caregivers, service providers, and caseworkers of county child welfare agencies) • Open-ended details provided on the session tracking/attendance log (collected by service providers)

<p>5. Is Triple P Level 4 Standard being implemented as intended (defined as obtaining a fidelity rating of at least 75%)?</p>	<ul style="list-style-type: none"> Fidelity observation checklist (collected by service providers)
--	---

2623

2624 *Study Design*

2625 The process evaluation will involve a mixed methods design. Quantitative data will be
 2626 collected to understand program-eligible referrals, participation in the program, and fidelity to
 2627 the program model. Qualitative data will be collected to contextualize non-participation and
 2628 non-completion numbers.

2629 The sample for the quantitative portion of the process evaluation will include all caregivers
 2630 of FFPSA-eligible children who are referred to Triple P Level 4 Standard and are eligible to
 2631 participate in the program (i.e., caregivers with FFPSA-eligible children up to 12 years old who
 2632 exhibit behavior problems or emotional difficulties and are at risk of being removed from the
 2633 home). All counties in Pennsylvania that refer caregivers to Triple P Level 4 Standard will be
 2634 included in the process evaluation.

2635 For the qualitative piece, all service providers from counties that refer caregivers to Triple P
 2636 Level 4 Standard will have the opportunity to document reasons that caregivers do not begin or
 2637 complete the program. Additionally, brief phone interviews will be conducted with a purposive
 2638 sample of 1) program-eligible caregivers of FFPSA-eligible children who are non-participants
 2639 or non-completers of the program, 2) service providers who encounter non-participants and
 2640 non-completers, and 3) caseworkers from county child welfare agencies who have non-
 2641 participants and non-completers on their caseload. The evaluation team will collaborate with
 2642 counties to determine the best approaches to recruitment for the interviews.

2643 *Data Collection*

2644 Using multiple methods, data will be collected from county child welfare agencies,
 2645 service providers, and caregivers of FFPSA-eligible children. County child welfare agencies
 2646 will document the families of FFPSA-eligible children who are referred to the program. Service
 2647 providers will track and log the number of eligible caregivers who attend the program sessions.
 2648 Additionally, service providers will document reasons that caregivers do not begin or complete
 2649 the program via an open-ended item on the session tracking/attendance log. Service providers
 2650 will also conduct observations to assess fidelity using a checklist of session components that is
 2651 utilized as a routine part of program monitoring. These data will be shared with the evaluation
 2652 team.

2653 Brief (10-minute) semi-structured phone interviews will be conducted with program-eligible
 2654 caregivers of FFPSA-eligible children, service providers, and caseworkers from county child

2655 welfare agencies to further understand reasons for non-participation and non-completion. The
2656 evaluation team will obtain permission from the participants to audio record the phone
2657 interviews. These recordings will be transcribed before analysis. If participants choose not to
2658 be recorded, detailed notes will be taken to capture what was shared. Interviews will be
2659 conducted until saturation is reached, which is estimated to be 9-17 interviews (Hennink &
2660 Kaiser, 2022).

2661 *Analysis Plan*

2662 Using SPSS v 25, descriptive statistics will be calculated to understand the number of
2663 program-eligible caregivers of FFPSA-eligible children who are referred to Triple P Level 4
2664 Standard. Program eligibility data from service providers will be cross-checked with referral
2665 data and FFPSA eligibility documentation from county child welfare agencies to support these
2666 results. Additionally, descriptive statistics will be calculated to determine the number of
2667 caregivers who complete the program (i.e., attend at least 75% of the program sessions) and
2668 the number of program sessions observed that are delivered with a minimum fidelity score
2669 (i.e., a rating of at least 75%).

2670 Thematic analysis will be conducted to identify themes that emerge from the brief phone
2671 interviews regarding the reasons for not beginning and not completing the program.
2672 Additionally, we will use thematic analysis to analyze the open-ended details provided by
2673 service providers on the session tracking log regarding non-participation and non-completion.
2674 The analysis will follow the methods presented by Braun and Clark (2006). Two coders from
2675 the evaluation team will develop initial codes that are driven by the data and organize the
2676 codes into potential themes. Then the themes will be refined, defined, and named. If any
2677 differences in coding occur, the coders will discuss the discrepancies until they reach an
2678 agreement. Thematic analysis will be conducted using NVivo 12.

2679 *Limitations*

2680 It may be difficult to recruit program-eligible caregivers who do not begin or complete the
2681 program for participation in the brief phone interviews. As a result, interviews will also be
2682 conducted with service providers and caseworkers to support efforts to understand the
2683 reasons why these caregivers do not participate in or complete the program. Since these data
2684 will not come directly from the caregivers, they will be limited to the perspectives of service
2685 providers and caseworkers based on their experiences with the families and/or what
2686 caregivers share with them.

2687 Furthermore, the process evaluation will involve a qualitative piece that includes a
2688 purposive sample of caregivers, service providers, and caseworkers. This portion of the
2689 process evaluation is intended to explore caregivers' experiences and provide contextual
2690 details regarding why they do not begin or complete the program. As with all qualitative studies
2691 and nonprobability sampling techniques, the results will not be representative of all caregivers
2692 who do not begin or complete the program, or all service providers and caseworkers that
2693 encounter/work with these caregivers.

2694

2695

Outcomes Evaluation

2696

Research Questions and Measures

2697

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:

2698

2699

2700

2701

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

2702

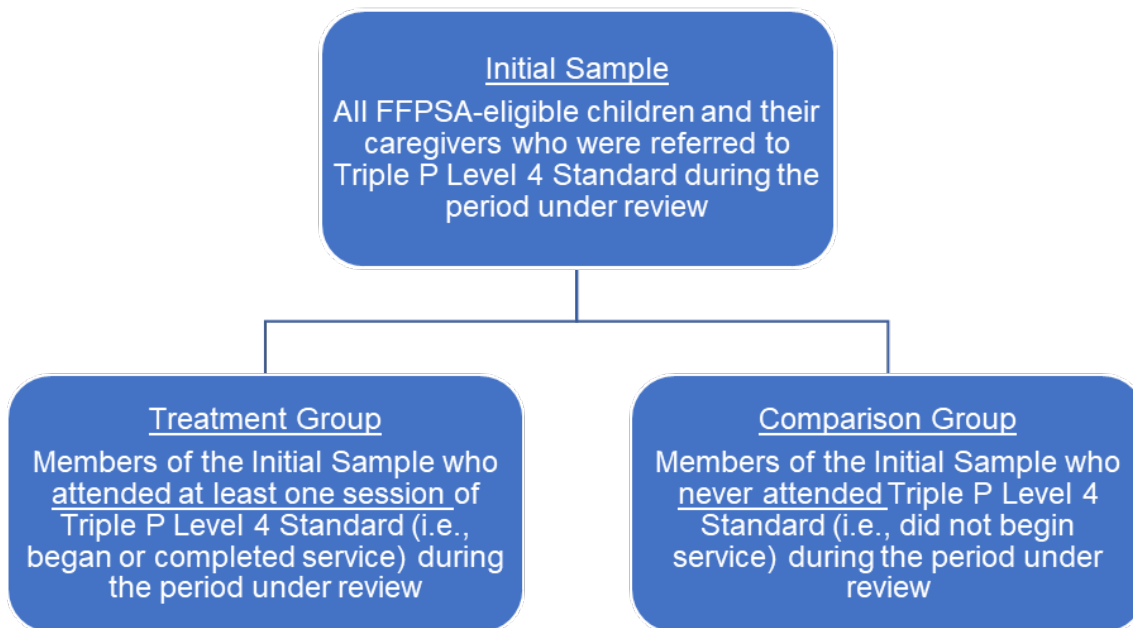
Research Question and Intended Outcome	Measures
<p>1. Do parents/caregivers who participate in Triple P Level 4 Standard improve in parenting practices more than families who do not participate?</p>	<ul style="list-style-type: none"> • Parenting scale of the Parenting and Family Adjustment Scales (PAFAS; Sanders et al., 2014), which measures four subdomains of parenting, including: <ul style="list-style-type: none"> • Parental consistency (5 items) • Coercive parenting (5 items) • Positive encouragement (3 items) • Parent-child relationship (5 items) <p>(collected by service providers)</p>
<p>2. Do parents/caregivers who participate in Triple P Level 4 Standard improve in parent mental health more than families who do not participate?</p>	<ul style="list-style-type: none"> • Family Adjustment scale of the Parenting and Family Adjustment Scales (PAFAS), which 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; collected by service providers)
<p>3. Do children whose parents participate in Triple P Level 4 Standard improve in child well-being more than children whose families do not participate?</p>	<ul style="list-style-type: none"> • 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

	<p>and Difficulties Questionnaire (SDQ; Goodman, R., 2001).</p> <ul style="list-style-type: none"> • Child behavioral health concerns will be measured by additional dimensions of child strengths and difficulties from the SDQ including: <ul style="list-style-type: none"> • 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. <p>(collected by service providers)</p>
<p>4. Are children of families who participate in Triple P Level 4 Standard safer than children of families who do not participate?</p>	<ul style="list-style-type: none"> • Number and category of indicated Child Protective Services (CPS) reports or valid General Protective Services (GPS) reports received during or after participation in the program (CWIS data provided by the State of Pennsylvania; supporting information provided by county child welfare agencies as needed) • 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. The SAMP results in an in-home safety decision including options of safe, safe with a comprehensive safety plan, or unsafe (provided by county child welfare agencies).
<p>5. Do children of families who participate in Triple P Level 4 Standard experience greater child permanency than children of families who do not participate?</p>	<ul style="list-style-type: none"> • Binary indicator of entry/re-entry into Federally defined foster care during or after participation in the program (AFCARS data provided by the State of Pennsylvania; supporting information provided by county child welfare agencies as needed)

2704 *Study Design*

2705 For the Triple P Level 4 Standard outcomes evaluation, the evaluation team will use a
 2706 propensity score matching (PSM) design. When a randomized control trial (RCT) is not
 2707 possible or desirable, PSM is an excellent option that accounts for the non-random assignment
 2708 of participants into a treatment and comparison group. PSM achieves balance between the
 2709 treatment and control group (baseline equivalence), making it possible to link positive
 2710 outcomes to participation in the intervention/service, rather than confounding this effect with
 2711 any number of other contributing factors.

2712 As illustrated below, treatment and comparison groups will be created. PA is targeting
 2713 families with children up to 12 years old who exhibit behavior problems or emotional difficulties
 2714 and are at risk of being removed from the home. The groups will be formed from an initial
 2715 sample of all youth who are FFPSA-eligible and their caregivers who were referred to Triple P
 2716 Level 4 Standard. The treatment group will consist of families who were referred and who
 2717 attended at least one session (i.e., families who began participation or fully participated).
 2718 Comparison families will include all those families who were referred to Triple P Level 4
 2719 Standard, but that for any number of reasons did not begin participation (i.e., were not eligible,
 2720 chose not to participate, no openings at the local provider, etc.). This method of group
 2721 assignment has been modeled in several propensity score matching (PSM) program
 2722 evaluation designs and helps ensure groups are as closely matched as possible from the
 2723 beginning (Chaiyachati et al., 2018; Vidal et al., 2017).



2724

2725

2726 A minimum of 20 pairs (n=40 individuals) is recommended to carry out propensity score
 2727 analyses (see Piracchio et al., 2012 for information on assessing estimates of bias for different
 2728 sample sizes when using propensity score matching). As of FY 21/22, there are currently 21

2729 counties in Pennsylvania that refer families to Triple P Level 4 Standard. All counties that refer
2730 families to Triple P Level 4 Standard will participate in the outcomes evaluation. Data collection
2731 will continue through Year 4 of the evaluation as needed to ensure that at least the minimum
2732 number of participants (n=40) are recruited, as some counties may be slower to recruit families
2733 than others.

2734 *Data Collection*

2735 Demographic data and all pretest outcomes measures will be collected from all families
2736 upon acceptance into Triple P Level 4 Standard (those in the treatment group or those in the
2737 non-treatment comparison group who chose not to participate) or when they are deemed
2738 unable to participate for various reasons by the service provider (those in the non-treatment
2739 comparison group). Posttest parenting practices, parent mental health, child well-being, child
2740 safety, and child permanency will be collected for all families (those who go through treatment
2741 and those in the non-treatment comparison group) after the completion of Triple P Level 4
2742 Standard or ten weeks after pretest. This is the standard time it takes to complete Triple P
2743 Level 4 Standard, so although comparison families will not be participating in the program, they
2744 will be assessed after a comparable amount of time has passed for those who did participate.
2745 Posttest child safety and permanency will be collected at two additional time points (6 months
2746 and 12 months after the end of program involvement [i.e., program completion or last session
2747 attended]) since these are more distal outcomes and we might not expect to see effects
2748 immediately following participation in Triple P Level 4 Standard. To note, safety and
2749 permanency measures will be assessed based on outcomes that occur closest to the specified
2750 data collection points, as such outcomes can occur at any point during the period under review
2751 (i.e., pretest/prior to, during, or posttest/after participation in the program). Participation in
2752 Triple P Level 4 Standard will be on a rolling basis and data will be collected accordingly.

2753 As a routine part of program monitoring, service providers collect pretest and posttest
2754 parenting practice measures and some demographic data for caregivers and their children.
2755 They utilize a data collection tool developed by EPIS to report these outcomes. An adapted
2756 version of this tool will be utilized to support the evaluation efforts, as the current tool is not
2757 designed specifically for the child welfare system. The evaluation team will receive the
2758 completed data collection tool, which will include responses from the treatment group, directly
2759 from the service providers. Caregivers in the comparison group will provide pretest and
2760 posttest parenting practice measures and demographics via their choice of a paper survey, an
2761 online Qualtrics survey, or over the phone with evaluation staff. The evaluation team will
2762 provide caregivers with a self-addressed stamped envelope to mail their completed paper
2763 surveys directly to the team. The evaluation team will receive completed online surveys
2764 immediately upon submission via the University of Pittsburgh's Qualtrics account. Additionally,
2765 the team will use existing statewide and county-level data processes and sources to gather
2766 child safety and permanency measures for both the treatment and comparison groups. Given
2767 county variability in child welfare practice and the reporting of safety and permanency data,
2768 these data will be reviewed up to one year prior to the determination of FFPSA-eligible
2769 services through 12 months post program involvement (or a comparable amount of time for

2770 caregivers who never attended the program) to determine outcomes at the specified data
2771 collection points. Furthermore, the evaluation team will create a database for counties to enter
2772 a limited number of key data points not currently collected at a statewide level, including
2773 race/ethnicity and SES.

2774 *Analysis Plan*

2775 According to standard practice for propensity score matching (PSM) design, each
2776 individual in the treatment and comparison groups will be assigned a propensity score based
2777 on key demographic measures (e.g., race/ethnicity and SES) predicting probability of
2778 assignment to the treatment group, as well as the receipt of related services and pretest
2779 outcome measures (Eisner et al., 2012). The most appropriate PSM will be chosen based on
2780 the criteria (common support, covariate balancing, median bias) put forth by Guo et al. (2006).
2781 Regression analyses will be conducted to evaluate the effect of Triple P Level 4 Standard on
2782 parenting skills, parent mental health, child well-being, child safety, and child permanency;
2783 separate models will be run to evaluate the effect on each outcome. Linear regression will be
2784 used for those outcomes that are continuous in nature, and logistic regression will be used for
2785 outcomes that are binary. Regression analyses will be adjusted for clustering, that is, adjusting
2786 the standard errors to account for the for the intragroup correlation between families served by
2787 the same agency.

2788 *Limitations*

2789 One potential limitation to the evaluation of Triple P Level 4 Standard is related to
2790 volume, and subsequently, effect size. Pennsylvania's lack of a statewide child welfare
2791 information system limits the data that can be collected in a routine, standardized way. As
2792 such, there will be some additional burden on counties and providers to ensure the necessary
2793 coordination efforts are in place to provide all data needed for a rigorous evaluation. While the
2794 evaluation team anticipates interest in and collaboration with counties for the evaluation, the
2795 team has factored in the time it will take to develop the appropriate data infrastructure to
2796 support the evaluation requirements.

2797 Additionally, because a randomized control trial is not feasible when prioritizing the
2798 provision of Triple P Level 4 Standard to all families who would benefit from it to keep children
2799 safely in their homes, a propensity score design was selected and treatment and comparison
2800 groups were designed in an effort to establish baseline equivalence; as such, it is possible that
2801 there will be a difference in treatment and comparison group sample sizes since we are not
2802 predesignating families to either group.

2803 Another limitation is that because of using a quasi-experimental, observational study
2804 design, not all families will be starting or completing Triple P at the same time. We are allowing
2805 families to participate in the evaluation as they are referred during the normal course of their
2806 service planning and provision. Additionally, not all families will be receiving Triple P from the
2807 same service provider; while this cannot be included as a covariate because non-participants
2808 in the comparison group would be missing this information, we intend to include county as a
2809 covariate.

2810 As a result of bundled programming, families may participate in other services that could
2811 influence the same outcomes as Triple P Level 4 Standard, thereby introducing contamination
2812 in the evaluation. Therefore, participating in similar programs may introduce opportunities for
2813 alternative explanations of achieving desired outcomes that are not due to Triple P Level 4
2814 Standard. To address this limitation, the evaluation team plans to include relevant services
2815 received as a covariate in the propensity score matching procedure, based on the availability
2816 of and access to such data.

2817 Reporting, Disseminating, and Using Findings

2818 The evaluation team will produce reports that summarize findings from each of the three
2819 program evaluations. Stakeholders will receive information to support policy and process
2820 decisions, identify training and TA needs, and inform system improvements at the local and
2821 state levels. Stakeholders include but are not limited to OCYF, county agencies and providers
2822 participating in the evaluation, county children and youth administrators, Child Welfare Council,
2823 providers, CQI partners, and TA providers. As appropriate, the evaluation team will publish
2824 evaluation results in peer-reviewed, scientific journals to contribute to the field and the
2825 evidence base for Triple P Level 4 Standard, Incredible Years School Age Basic, and
2826 Incredible Years Toddler Basic.

2827 The evaluation team anticipates the findings from each EBP's process evaluation will
2828 inform areas where statewide, county or program specific CQI efforts and monitoring may
2829 benefit from additional focus. For example, findings from the process evaluation may identify
2830 areas where the workforce would benefit from additional policy guidance or training to improve
2831 "front end" services such as determining candidacy, identifying families' needs, and matching
2832 families with appropriate services. In addition, the process evaluation findings may lead to
2833 additions or changes to Pennsylvania's proposed statewide child welfare information system to
2834 support new and ongoing evaluation, CQI, and monitoring efforts. Finally, the process
2835 evaluation could inform ongoing statewide work toward the adoption and implementation of a
2836 Universal Assessment tool.

2837 Findings from the outcomes evaluation will report on the relative effectiveness of each
2838 of the EBPs in producing anticipated outcomes. The evaluation team will share information
2839 with stakeholders and will provide guidance regarding how to interpret and use findings related
2840 to these particular programs. This will also serve as an opportunity to provide technical
2841 assistance and guidance to county agencies around implementing evaluations of services, in
2842 general, and how to interpret and use findings.

2843 Evaluation Roles and Responsibilities

2844 The evaluation will be led by research faculty and staff from the University of Pittsburgh
2845 School of Social Work, Child Welfare Education and Research Programs (CWERP).

2846 **Key Evaluation Staff:**

2847 Dana Reiss, PhD, Research and Evaluation Specialist, Pennsylvania Child Welfare
2848 Resource Center, University of Pittsburgh. Dr. Reiss has contributed to the development,

2849 implementation, and evaluation of several community-based intervention programs aimed at
2850 improving the health and well-being of children and families facing adverse circumstances.
2851 She has also led the analysis of training curriculum for child welfare caseworkers. Additionally,
2852 she has participated in CQI efforts to enhance the organizational effectiveness of county child
2853 welfare agencies. Dr. Reiss will serve as the Evaluation Lead and will guide efforts to develop
2854 and implement data collection, analysis, reporting, and coordination of resources to carry out
2855 all necessary evaluation activities.

2856 Marlo A. Perry, PhD, Research Associate Professor and Director of Research and
2857 Evaluation for the Child Welfare Education and Research Programs, University of Pittsburgh.
2858 Dr. Perry served as Co-PI for the evaluation of Pennsylvania's Title IV-E Child Welfare
2859 Demonstration Project. Additionally, she has led multi-tiered evaluations of statewide training
2860 curricula for child welfare caseworkers and new supervisors; she has collaborated on multiple
2861 statewide projects including an evaluation of organizational effectiveness and an examination
2862 of Pennsylvania's risk and safety tools. Dr. Perry will provide oversight of the evaluation, data
2863 analysis, and reporting.

2864 Jennifer Zajac, MA, Research and Evaluation Department Manager, Pennsylvania Child
2865 Welfare Resource Center University of Pittsburgh. Ms. Zajac has led, overseen, or supported
2866 the development and implementation of statewide evaluation projects focused on juvenile
2867 justice, child welfare, and early childhood education, including Pennsylvania's Title IV-E Child
2868 Welfare Demonstration Project. Ms. Zajac has served on Pennsylvania's FFPSA Steering
2869 Team and has contributed to the development of the plan for monitoring and CQI processes as
2870 well as the evaluation. Ms. Zajac will provide support, guidance, and resource coordination to
2871 ensure successful implementation of the evaluation.

2872 In addition to the leadership and oversight of Drs. Reiss and Perry as well as the
2873 support and coordination of Ms. Zajac, the evaluation team is made up of five additional
2874 members with master's or doctorate level degrees and experience carrying out evaluation
2875 projects with county children and youth agencies and/or other government and community
2876 organizations. These team members will support the evaluation by carrying out necessary
2877 activities associated with data collection processes, analysis, and reporting.

2878 **Institutional Review Board Approval**

2879 Before any evaluation data are collected, the evaluation team will develop and submit
2880 an evaluation protocol to the University of Pittsburgh Institutional Review Board (IRB). This
2881 review is necessary since some of the data of interest are from or about human subjects
2882 whose information should be protected and who may be required to provide their consent for
2883 their information to be used in the evaluation. In addition, where indicated, the evaluation team
2884 will enter into Data Sharing Agreements with partners in the evaluation, including EPIS and
2885 OCYF.

2886 Evaluation Timeline

2887 Year One

- 2888 • Establish data collection infrastructure and data sharing agreements
- 2889 • Finalize data collection processes and orientation materials
- 2890 • Submit evaluation protocol to University of Pittsburgh Institutional Review Board for
- 2891 approval
- 2892 • Identify, recruit, and orient initial counties to evaluation activities
- 2893 • Reporting

2894 Year Two

- 2895 • Implement data collection activities with initial counties
- 2896 • Identify, recruit, and orient additional counties to evaluation activities
- 2897 • Reporting

2898 Year 3

- 2899 • Continue evaluation activities with initial counties
- 2900 • Identify and recruit additional counties as needed, and orient to evaluation activities
- 2901 • Implement evaluation activities with additional counties
- 2902 • Reporting

2903 Year 4

- 2904 • Continue evaluation activities
- 2905 • Identify and recruit additional counties as needed, and orient to evaluation activities
- 2906 • Reporting

2907 Year 5

- 2908 • Wrap up evaluation activities
- 2909 • Conduct analyses and prepare final evaluation report

2910 Evaluation Waiver Requests

2911 Pennsylvania is requesting waivers for the evaluation of six of the eight EBPs being
 2912 utilized in the Commonwealth under Family First. These EBPs include Functional Family
 2913 Therapy, Healthy Families America, Homebuilders, Multi-Systemic Therapy, Nurse-Family
 2914 Partnership, and Parents as Teachers. Each of these EBPs have been rated as Well-
 2915 Supported on the Title IV-E Clearinghouse and will be monitored via the state's CQI process,
 2916 described above. Please see Attachment II for the evaluation waiver request for each EBP.

2917 Evaluation References

- 2918 Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative*
2919 *Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- 2920 Chaiyachati, B. H., Gaither, J. R., Hughes, M., Foley-Schain, K., & Leventhal, J. M.
2921 (2018). Preventing child maltreatment: Examination of an established statewide home-visiting
2922 program. *Child Abuse & Neglect*, 79, 476–484. <https://doi.org/10.1016/j.chiabu.2018.02.019>
- 2923 Eisner, M., Nagin, D., Ribeaud, D., & Malti, T. (2012). Effects of a universal parenting
2924 program for highly adherent parents: A propensity score matching approach. *Prevention*
2925 *Science*, 13, 252-266.
- 2926 Guo, S., Barth, R. P., & Gibbons, C. (2006). Propensity score matching strategies for
2927 evaluating substance abuse services for child welfare clients. *Children and Youth Services*
2928 *Review*, 28, 357–383.
- 2929 Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research:
2930 A systematic review of empirical tests. *Social Science & Medicine*, 292, 114523.
2931 <https://doi.org/10.1016/j.socscimed.2021.114523>
- 2932 Pirracchio, R., Resche-Rigon, M., & Chevret, S. (2012). Evaluation of the Propensity
2933 score methods for estimating marginal odds ratios in case of small sample size. *BMC Medical*
2934 *Research Methodology*, 12(70), 1-10.
- 2935 Vidal, S., Steeger, C. M., Caron, C., Lasher, L., and Connell, C. M. (2017). Placement
2936 and delinquency outcomes among system-involved youth referred to Multisystemic Therapy: A
2937 propensity score matching analysis. *Administration and Policy in Mental Health and Mental*
2938 *Health Services Research*, 44, 853-866.

2939 **MONITORING CHILD SAFETY**

2940 The ongoing review and monitoring of a family with a child-specific prevention plan,
2941 including documentation of a child’s continued safety and level of risk will align with current
2942 FSP and CPP practices and must be completed once every six months, or when family needs,
2943 composition or circumstances change, at a minimum. If it is determined that the child is no
2944 longer safe or the level of risk remains high despite the prevention service being provided, the
2945 safety concerns will be addressed immediately, and the child-specific prevention plan will be
2946 reexamined, updated accordingly, and reapproved. The safety and risk of every child will be
2947 documented and readily accessible so it can be easily extracted for data collection purposes.
2948 Below is the list of current risk and safety assessment intervals.

2949 Periodic Risk Assessment- Completed by the CCYA as follows:

- 2950 • At the conclusion of the intake investigation which should take no longer than 60
2951 calendar days; every six months in conjunction with the FSP or judicial review unless
2952 one of the following applies:
2953 ○ the risk remains low or there is no risk

- 2954 ○ the child has been in placement for more than six months and there are no other
2955 children residing in the home.
- 2956 ● Thirty calendar days before and after the child is returned to the family home unless:
 - 2957 ○ the risk remains low or there is no risk
 - 2958 ○ the child has been in placement for more than six months and there are no other
2959 children residing in the home.
 - 2960 ● Thirty days prior to case closure. However, risk assessments should also be completed
2961 as often as necessary to ensure the safety of the child and when the circumstances
2962 change within the child's environment at times other than required, as stated above.

2963 Periodic Safety Assessment – Completed by the CCYA as follows:

- 2964 ● During the Assessment/Investigation (This applies to the assessments or investigations
2965 that occur prior to a case being open for ongoing services):
- 2966 ○ Within three business days of the agency's first face-to-face contact with the
2967 identified child and/or caregiver(s) of origin;
- 2968 ○ Within three business days of the identification of additional evidence,
2969 circumstances, or information that suggests a change in the child's safety. Note: a
2970 change in safety refers to a positive or negative change to Safety Threats and/or the
2971 Safety Decision;
- 2972 ○ At the conclusion of the investigation/assessment, if there is not a change in the
2973 safety of the child, an additional worksheet does not need to be completed.
2974 However, information regarding the child's safety must be documented in the case
2975 record through a structured case note.
- 2976 ● Cases Accepted for Services
- 2977 ○ Within three business days of the identification of additional evidence,
2978 circumstances, or information that suggests a change in the child's safety. Note: a
2979 change in safety refers to a positive or negative change to Safety Threats and/or the
2980 Safety Decision;
- 2981 ○ Within three business days of any unplanned return home from an informal or formal
2982 placement, along with risk assessment in accordance with 3490.321(h)(3)(ii).
- 2983 ○ Within 30 days prior to case closure, along with risk assessment, in accordance with
2984 3490.321(h)(4).
2985

2986 The Pennsylvania Model of Risk Assessment was established in partnership between
2987 the Office of Children, Youth and Families and county child welfare leadership in June 1996.
2988 The model was enhanced in April 2015 to reflect the changes in the Pennsylvania Child
2989 Protective Services Law. In addition, in November 2012, the State initiated the Safety
2990 Assessment and Management Process. The use of these two tools contributes to ensuring the
2991 safety and well-being of the child. These tools are completed by the county caseworker
2992 assigned to ensure the safety of the child/ren, with oversight by the county casework
2993 supervisor who reviews and signs the document in acknowledgement and agreement of the
2994 findings. The OCYF Regional Offices, provide further oversight and monitoring when
2995 conducting annual licensing reviews, child protective service and complaint investigations, and

2996 during child fatality/near fatality case reviews to determine if the assessments are completed
2997 with fidelity to the models established and within regulatory requirements.

2998 In accordance with state regulation 3490.321 (h) the risk assessment is to be completed
2999 in the intervals addressed as stated as above, along with conducting safety assessments
3000 intervals as previous discussed.

3001 From the onset of a referral alleging that a child has been abused or neglected and
3002 ongoing thereafter, the county caseworker is continually assessing the safety and well-being of
3003 the child at every face-to face visit. The caseworkers assess the parents/caretaker's
3004 capabilities to appropriately meet the basic needs of the child such as food and appropriate
3005 housing and the ability to protect the child from any potential/immediate harm. The
3006 caseworkers also evaluate the physical surroundings to ensure safety and identify any
3007 potential risk.

3008 Based on the caseworker's assessment and completion of the safety assessment
3009 worksheet within three business days after the first face-to-face visit, the caseworker with the
3010 assistance of their supervisor may determine that absent services a child would be in
3011 significant risk of placement resulting in prevention services being offered to the family.

3012 The caseworker, in collaboration with the prevention service provider, will determine the
3013 level of progress and if the outcomes are adequately addressing the safety and risk concerns
3014 determined to exist. In addition, the caseworker's supervisor in accordance with state
3015 regulation §3490.61 (a) for child protective service investigations, the county agency
3016 supervisor shall review each report of suspected child abuse which is under investigation on a
3017 regular and ongoing basis to ensure that the level of services is consistent with the level of risk
3018 to the child, to determine the safety of the child and the progress made toward reaching a
3019 status determination. The supervisor shall maintain a log of these reviews which at a minimum
3020 shall include an entry at 10-calendar day intervals during the investigation period. Similarly,
3021 these reviews are required under state regulation §3490.235 (e) to occur every 10-days for
3022 general protective service investigations.

3023 If during an investigation, a change in the child's circumstances results in a concern for
3024 the child's safety a safety assessment worksheet would be required. During the 10-day
3025 supervisory reviews, the caseworker with the guidance of the supervisor will determine the
3026 level of service and service type necessary to alleviate the need for child welfare intervention
3027 and/or placement. The OCYF Regional Offices during annual licensing reviews, compliant
3028 investigations, and fatality/near fatality case reviews examine these logs to verify completion
3029 every 10-days and to confirm that the services provided correspond to the level of risk and
3030 safety. Through engagement with the family a prevention plan would be devised listing all
3031 services being rendered.

3032 The supervisor in accordance with state regulation §3490.235 (f) will review the family
3033 service plan, which is due every 6 months, within 10-calendar days of the completion, review
3034 the plan to ensure that the level of activity, in person contacts with the child, oversight,
3035 supervision and services for the child and family which are contained in the plan, are
3036 consistent with the level of risk determined by the county agency for the case. Documentation

3037 of this review shall be in the case record. The family, caseworker and supervisor review and
3038 sign the plan in acknowledgement of agreement. In addition, state regulation §3490.235
3039 (g) states when a case has been accepted for services, the county agency shall monitor the
3040 safety of the child and assure that contacts are made with the child, parents, and service
3041 providers. Risk assessments are completed every six months in conjunction with the family
3042 service plans, unless the child is in placement, or the risk level remains low or at no risk.

3043 At any point in the life of a case, a determination may be made that the safety, and/or
3044 the risk of the child is in peril, resulting in the county caseworker reassessing the
3045 circumstances through the completion of a safety and/or risk assessment. Additional
3046 prevention services may be necessary, or placement based on the results and consultation
3047 with their supervisor.

3048 It is also important to note, when a case has been accepted for ongoing services, the
3049 supervisor provides ongoing supervision at a minimum of once a month to ensure that the level
3050 of services address the safety and risk levels. In addition, based on contract language, the
3051 prevention service provider supplies the county with monthly progress reports to enable the
3052 county to assess that the services being offered are fully addressing the safety and risk to the
3053 child.

3054 To ensure compliance with all the regulations and statues that govern County Children
3055 and Youth Agencies, OCYF has enhanced and updated all licensing chapter's checklists
3056 utilized during annual licensing inspections, compliant investigations, and child fatality/near
3057 fatality reviews to include all legislative requirements that are to be included in a prevention
3058 service plan. The checklist is included in Attachment IX entitled Licensing Inspection of the
3059 Public Children and Youth Agency October 2020 IN-HOME ONLY.

3060 During the period of prevention services, the prevention strategy will be described in the
3061 child's prevention plan. The plan will be reviewed/re-evaluated at least every 6 months or as
3062 appropriate. If the prevention plan is a stand-alone document, reviews of the FSP or CPP will
3063 also be performed. There will also be monitoring of services and input from service providers,
3064 information learned through visits with the child and family, safety assessment and risk
3065 assessments and monitoring the provision of service. There would also be a services review
3066 currently being provided and a determination of whether the current service in place is the
3067 most appropriate service, is the dosage correct or is there another service to better meet the
3068 changing needs of the child/family.

3069 Tools being used by caseworkers would consist of safety assessment worksheet, risk
3070 assessment process and structured case notes. Contacts with the child, family, service
3071 providers and school would also provide important information regarding the progress of the
3072 child and service success.

3073 Tools would be completed at required intervals or when circumstances change within
3074 the family.

3075 Caseworkers would also be expected to review case progress in supervision with their
3076 supervisor for input.

3077 Ongoing monitoring of safety for pregnant and parenting youth in out of home care is
 3078 also captured in the activities similar to what has been described for those children who remain
 3079 in their home with prevention services. Monitoring the assessment of risk and safety occurs
 3080 through caseworker visitation with the pregnant and parenting youth (would also include the
 3081 infant child born to the parent in out of home care) and supervisory reviews and discussions.

3082 Periodic Risk Assessment - Completed by the CCYA for pregnant and parenting youth
 3083 in foster care as follows:

- 3084 • Every six months in conjunction with the FSP/_CPP or judicial review unless one of the
 3085 following applies:
 - 3086 ○ the risk remains low or there is no risk
 - 3087 ○ the child has been in placement for more than six months and there are no other
 3088 children residing in the home.
- 3089 • Thirty calendar days before and after the child is returned to the family home unless:
 - 3090 ○ the risk remains low or there is no risk
 - 3091 ○ the child has been in placement for more than six months and there are no other
 3092 children residing in the home.
- 3093 • Thirty days prior to case closure.

3094 However, risk assessments should also be completed as often as necessary to ensure
 3095 the safety of the child and when the circumstances change within the child's environment at
 3096 times other than required, as stated above. The birth of a child would be a change in
 3097 circumstances which would trigger an assessment of risk for both the parent and infant. This
 3098 would also include assessing the risk and safety to the newborn which includes the parenting
 3099 capacities of the teen parent.

3100 Ongoing caseworker visitation with a child/youth in out of home care occurs at a
 3101 minimum on a monthly basis. As further enhanced through Child and Family Services
 3102 Improvement Act of 2006 and the OCYF Bulletin 3490-08-05 *Frequency and Tracking of*
 3103 *Caseworker Visits to Children in Federally Defined Foster Care*, include focused visitations
 3104 within the placement setting with the core focus of visits is the protection of children. Visits are
 3105 the mechanism for monitoring safety and providing services to promote the well-being of the
 3106 child and the child's family and caregivers. The visits and information gathered during the visits
 3107 are documented in the case record through the use of structured case notes.

3108 As previously described, the monitoring from the OCYF level occurs through the case
 3109 review and licensing activities outlined.

3110 Community Pathway models for monitoring child safety

3111 Counties with community pathway models will work with contracted services providers
 3112 to assure the required county process as described above. The risk and safety assessment
 3113 tools will mirror the assessment tools in use at the county agency at the time of the
 3114 assessment and the contracted provider staff will be trained in use of the most current state
 3115 approved tools including the upcoming FAST tool to be piloted in 2023 and fully implemented
 3116 in 2024 to support consistency of monitoring with the county agency including the use of the

3117 same assessment tools. OCYF will require the counties to assure that the provider agency
 3118 conducts formal assessments with families in a manner that mirrors the county process for
 3119 families serviced directly by the county agency. Training for the provider agencies for
 3120 community pathways to achieve this goal will be discussed later in this plan.

3121 Regions will monitor the county processes as well as community pathway programs
 3122 through file review during annual licensing inspections, as outlined in the attached Special
 3123 Transmittal Office of Children, Youth and Families, Bureau of Children and Family Services
 3124 Oversight and Annual Licensing Responsibilities for County Child and Youth Agencies. This
 3125 Special Transmittal outlines areas that licensing staff review during annual inspections. This
 3126 includes the accurate and timely completion of safety and risk tools. Assessing compliance
 3127 with caseload ratios are included in the required annual inspection.

3128 The files/records sample size is comprised of 10% but no more than 10 records from
 3129 each service area to include:

- 3130 • 1 shared responsibility case
- 3131 • 1 youth resumption of jurisdiction case
- 3132 • 1 case with a primary goal of APPLA and 1 case with a concurrent goal of APPLA
- 3133 • 2 ICPC cases
- 3134 • All new county operated foster home files
- 3135 • All new personnel files hired in the licensing year
- 3136 • All personnel training records
- 3137 • Additional records may be reviewed if the Department feels additional records may
 3138 provide a more accurate reflection of agency practice.

3139 Additionally, county processes are monitored by the Department as part of complaint
 3140 investigations, Child Protective Service (CPS) investigations, random monitoring of case
 3141 samples, Fatality/Near Fatality reviews and during monthly county meetings/technical
 3142 assistance provided by the region.

3143 The regions have updated the county children and youth licensing checklists to include
 3144 the FFPSA requirements.

3145 **CONSULTATION AND COORDINATION**

3146 Pennsylvania recognizes that children, youth, families, child welfare representatives,
 3147 and other child and family service partners need to work together as team members with
 3148 shared community responsibility to achieve positive outcomes. To this end, OCYF works to
 3149 ensure strong consultation and coordination with community partners in the evaluation of
 3150 current practice and plans for ongoing improvement.

3151 At the state agency level, OCYF works with partners within DHS to ensure that services
 3152 outlined in the CFSP are coordinated with other federal programs serving the same population.
 3153 OCYF collaborates with the department's Office of Medical Assistance Program (OMAP) and
 3154 the Office of Income Maintenance (OIM) to ensure policies and procedures are in place to

3155 streamline the Medical Assistance eligibility process for children and youth entering and exiting
3156 foster care. Collaboration with the department's Office of Mental Health and Substance Abuse
3157 Services (OMHSAS) is also critical in ensuring state policies, procedures and funding
3158 structures support building a continuum of services that meet the needs of Pennsylvania's
3159 children and families served by the child welfare system. At the county level, local CCYAs and
3160 the Medical Assistance physical health managed care organizations are encouraged to
3161 develop health service coordination agreements to ensure the coordination of care to children
3162 in foster care, which includes working cooperatively to ensure children have timely access to
3163 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening. CCYAs also
3164 work with their local County Assistance Office to coordinate assisting families in accessing the
3165 Supplemental Nutrition Assistance Program (SNAP), housing assistance, heating assistance,
3166 and other available benefits.

3167 OCDEL administers Part C and Part B, Section 619 of the federal Individuals with
3168 Disabilities Education Improvement Act (IDEA) of 2004. OCDEL oversees the provision of
3169 PA's Early Intervention (EI) Program, which consists of services and supports designed to help
3170 families with children who have developmental delays and disabilities. CCYAs work closely
3171 with local EI providers to ensure that all eligible children from birth to five years of age in the
3172 child welfare system receive appropriate developmental screening through use of the Ages
3173 and Stages (ASQ™) and Ages and Stages: Social Emotional (ASQ:SE™) tools and when
3174 eligible, receive services and supports that help promote healthy early child development.

3175 To make certain that children and youth are receiving comprehensive coordinated
3176 services at the county level, the department implemented the Integrated Children's Services
3177 Planning process in 2004. Integrated planning calls for all child-serving systems within a
3178 county to plan together as one system in which appropriate services can be accessed
3179 regardless of what "door" a child or youth may initially enter. This planning process is an
3180 integral first step toward building a holistic approach to serving the individual child/youth and
3181 family. When a viable solution that addresses all the child/youth's needs cannot be reached for
3182 a child/youth with multi-system needs who is receiving services from more than one county
3183 agency or organization, the department will work with counties to address these complex
3184 situations either at the regional or state level.

3185 **CHILD WELFARE WORKFORCE SUPPORT AND TRAINING**

3186 Workforce Support

3187 As a state-supervised, county-administered state, Pennsylvania uses a collaborative
3188 approach to support and train the public and private child welfare workforce. Many
3189 organizations are involved in the efforts to support child welfare administrators, managers,
3190 supervisors, caseworkers, and private providers. As such, Pennsylvania views Family First
3191 implementation as an opportunity to reinforce strong curriculum development and meaningful
3192 training opportunities as true workforce development that will lead to the outcomes we achieve.
3193 Family First implementation will include ongoing efforts for assuring all of our trainings are
3194 rooted in trauma-informed practice that emphasizes family engagement, whole family support,

3195 collaboration with community partners, and the values and principles expressed in our child
3196 welfare practice model.

3197 The University of Pittsburgh's School of Social Work CWERP coordinates and
3198 administers Pennsylvania's Title IV-E education programs and the CWRC under the direction
3199 and oversight of OCYF. Together, the OCYF, PCYA, the individual CCYAs, and CWRC strive
3200 to prepare and support exceptional child welfare professionals and systems through education,
3201 research, and a commitment to best practice.

3202 The Title IV-E education programs are designed to recruit and prepare students for a
3203 career in the public child welfare field and consists of 15 BASW/BSW (Child Welfare Education
3204 for Baccalaureates or CWEB) and 12 MSW/MSS (Child Welfare Education for Leadership or
3205 CWEL) programs situated in 17 Schools of Social Work across the Commonwealth. Qualified
3206 students receive substantial financial support during their senior year in return for a legal
3207 commitment to work in one of Pennsylvania's county public child welfare agencies following
3208 graduation. Students must satisfactorily complete child welfare course work and an internship
3209 at a public child welfare agency. During the internship, most students complete some, or the
3210 entire, competency-based training required for public child welfare caseworkers. Upon
3211 graduation, students also receive assistance with their employment search.

3212 The OCYF facilitates and sustains positive change in the child welfare system through
3213 its collaborative partnership with the CWRC in its development and delivery of competency-
3214 based training, technical assistance, and transfer of learning (TOL) to the 67 CCYAs in the
3215 Commonwealth. The CWRC also provides the OCYF implementation support, evaluation, and
3216 project management. This continuum of services is guided by the Pennsylvania Child Welfare
3217 Practice Model and Child Welfare Competencies, which are designed to build child welfare
3218 professionals' competence, confidence, and compassion to support the safety, permanency,
3219 and well-being of children involved in Pennsylvania's child welfare system. The Pennsylvania
3220 Child Welfare Practice Model and Competencies place a special emphasis on engaging
3221 families, conducting quality assessments, and teaming with families in the selection and
3222 delivery of trauma-informed and evidenced-based services that are aligned with each family's
3223 unique needs, mitigating risk factors, promoting family stability, and ensuring the safety,
3224 permanency, and wellbeing of children and families.

3225 The CWRC continuously examines, develops, and revises its tools, materials, and
3226 curricula to meet the professional development needs of the child welfare workforce in
3227 Pennsylvania. In partnership with key stakeholders and subject matter experts, the
3228 CWRC conducts curriculum needs assessments, and develops curricula using the Analysis-
3229 Design-Development-Implementation-Evaluation (ADDIE) model. Team Based Learning™
3230 and simulation-based learning are incorporated into curriculum design to provide both
3231 knowledge acquisition in short online modules and skills practice in instructor-led sessions.

3232 To support successful delivery of curriculum, the CWRC recruits, selects, and trains
3233 approximately 100 contracted instructors, many of whom are current or former public child
3234 welfare professionals and subject matter experts in child welfare. The CWRC has provided the
3235 contracted instructors extensive professional development based on its instructor

3236 competencies, Team-Based Learning™, simulation-based learning, and remote delivery of
3237 training. In addition, the CWRC employs nearly 30 part-time standardized clients (SC) who
3238 have been trained to provide a realistic portrayal of a client in a variety of scenarios such as
3239 interviewing, conducting safety assessments, and full disclosure interviews. They also provide
3240 meaningful behaviorally based feedback to the learner at the conclusion of each learners'
3241 simulation. Standardized attorneys (SA), attorneys who have practiced in dependency court,
3242 conduct direct and cross examinations of the learners during a simulated dependency court
3243 hearing. At the conclusion of the learners' practice testimony, these attorneys also provide
3244 behaviorally based feedback. Additionally, the CWRC employs alumni from the child welfare
3245 system as Youth Quality Improvement Specialists and Parent Ambassadors to assist in
3246 developing and delivering training and technical assistance.

3247 The CWRC, in partnership with the OCYF and other technical assistance collaborative
3248 providers, provides technical assistance and transfer of learning activities designed to facilitate
3249 and sustain positive change in the child welfare workforce and system. Organizational
3250 Effectiveness (OE) services continue to be one of the main technical assistance interventions
3251 provided by the CWRC for CCYAs. These services include organizational assessments, the
3252 formation of sponsor teams and continuous improvement teams, development of processes
3253 and procedures, and continuous improvement plan implementation and monitoring at the local
3254 level. Entities who comprise the existing TA Collaborative will be utilized to support this effort
3255 and include the OCYF Regional Offices, CWRC, Statewide Adoption and Permanency
3256 Network (SWAN), PCG, the American Bar Association (ABA) and the Administrative Office of
3257 Pennsylvania Courts (AOPC). The TA Collaborative was established to bring together TA
3258 providers who work in collaboration with CCYAs to enhance the quality of child welfare
3259 services and improve outcomes for children, youth, and families. Additional goals of the
3260 collaboration are to improve communication, increase knowledge level, and enhance
3261 coordination of TA and other support services provided to CCYA.

3262 TOL activities are also provided by the CWRC to support child welfare professionals to
3263 apply new knowledge and skills in their practice with children and families. TOL in
3264 Pennsylvania is defined as a structured, deliberate set of activities or resources intended to
3265 help participants make the connections from theoretical concept and associated skill to
3266 integrating that concept into practice. It is comprised of a planned series of steps or activities
3267 that continue outside of a learning event. A learning event is an activity, such as a training, that
3268 provides participants the knowledge, values, and skills necessary to perform their professional
3269 responsibilities. Workforce support also includes collaboration at the state, region, and county
3270 level. Networking opportunities are provided across Pennsylvania and bring together statewide
3271 technical assistance partners, private providers, and CCYA staff. Networking sessions include
3272 private and public child welfare professionals sharing support and resources related to older
3273 youth, supervision, CQI, and best practices.

3274 Pennsylvania uses a comprehensive model to train and support the private child welfare
3275 workforce. Private provider agencies deliver a variety of in-home, community-based, and
3276 residential services. Some private providers belong to a statewide organization that offers
3277 direct programs and supports to their membership to achieve and maintain safety,
3278 permanency, and well-being for children, youth, and families. Private provider agencies also

3279 develop and deliver their own training and may also attend training at the CWRC as space is
3280 available.

3281 The primary focus of workforce support and training for child welfare professionals in
3282 Pennsylvania is trauma, trauma-informed care, and workforce well-being. As previously noted,
3283 efforts toward trauma-informed care were outlined in a 2019 Executive Order issued by
3284 Governor Wolf to make Pennsylvania a trauma-informed, healing-centered
3285 state. Pennsylvania's plan is further detailed in the 2020 Trauma Informed PA Plan.
3286 Pennsylvania's efforts toward becoming trauma-informed and healing-centered align with
3287 Family First and include training and workforce support to Pennsylvania's child welfare
3288 workforce.

3289 For community pathways counties, the efforts listed above document steps PA is taking
3290 to enhance the child welfare workforce not just for county employees but in private provider
3291 agencies as well. Should a county enter into a contract with a provider agency to provide
3292 services as described in the community pathway, it will assure the provider agency staff are
3293 trained in the specific assessment tools used by county employees regarding risk and safety
3294 assessment at the time of the community pathway implementation, including the
3295 implementation of the FAST tool as PA moves forward with implementation of that tool in
3296 counties in the coming months. The state will work with CWRC to assure accessibility to
3297 training for any such provider agencies.

3298 Community pathways counties will also be providing services to families in a manner
3299 that is consistent with families who access services through traditional child welfare channels
3300 following reports to the county and will therefore be fully trained in the implementation of the
3301 particular evidence-based practice model with fidelity as described elsewhere in this plan.

3302 This specific training concept, that provider agencies will receive the same family
3303 assessment training that county staff receive along with particular training in the evidence-
3304 based practice they are implementing, will ensure the provider agency staff in community
3305 pathway counties are able to conduct assessments, transmit information in the same
3306 terminology used by the county agency, and develop appropriate prevention plans to meet
3307 current needs without confusion that would be caused by the use of inconsistent tools.

3308 Workforce Training

3309 As noted earlier, as a state-supervised, county-administered state, Pennsylvania uses a
3310 collaborative approach to support and train the public and private child welfare workforce.
3311 Many organizations are involved in the efforts to support child welfare administrators,
3312 managers, supervisors, caseworkers, and private providers.

3313 The CWRC provides entry level certification and advanced training sessions for
3314 Pennsylvania child welfare professionals at all staff levels including administrator, supervisor
3315 and manager, and caseworker (direct service workers). Certification training series offered by
3316 the CWRC include: Foundations of Leadership, Foundations of Supervision and Foundations
3317 of Pennsylvania Child Welfare Practice: Building Competence, Confidence, and Compassion.

- 3318 • *Foundations of Leadership (FOL)* is a 12-hour instructor-led training that
3319 incorporates organizational effectiveness principles and assists new and seasoned
3320 administrators and their management teams with developing a change plan to
3321 effectively lead their organization. FOL is optional and strongly recommended to
3322 administrators and their management teams for their professional development.
- 3323 • *Foundations of Supervision (FOS)*, the revised and redesigned certification training
3324 series for supervisors, was piloted in late 2020 and in early 2021 and will launch
3325 statewide in August 2021. County casework supervisors must complete FOS and be
3326 certified as a direct service supervisor within 18 months of the start date in their
3327 supervisor position. FOS consists of 65 hours of content delivered online, through
3328 instructor-led skills-based trainings (Team-Based Learning™ and simulation
3329 activities), and field work activities. The online and field components are
3330 prerequisites to each instructor-led training session and can be completed at the
3331 learner's own pace in their home office. The online components provide learners
3332 with the content needed to practice skills in the instructor-led training sessions.
3333 There are six instructor-led sessions and two of these sessions include simulation
3334 activities. The instructor-led sessions provide learners the opportunity to practice key
3335 supervisory skills through realistic scenarios and in a supportive learning
3336 environment. Child welfare supervisors acquire the attitude, knowledge, and skills
3337 necessary to provide quality services related to the protection of abused and
3338 neglected children and stabilizing families. FOS is designed to provide children and
3339 youth supervisors and managers with the fundamental attitudes, knowledge, and
3340 skills necessary to supervise services to children and their families and support their
3341 supervisees. This series focuses on the administrative, supportive, educational, and
3342 clinical supervisory dimensions, emotional intelligence, trauma-informed care, self-
3343 care, and addressing racial inequities.

3344 FOS was developed as Pennsylvania concurrently prepared for the implementation of
3345 Family First; therefore, FOS content was strategically designed to align with the intent of
3346 Family First. The series supports supervisors to understand and apply a trauma-informed and
3347 prevention-focused approach to their work with supervisees, children and families. The
3348 following is an example of how we demonstrate the connection and alignment to Family First in
3349 FOS:

- 3350 • A county agency identifies an increasingly high number of youth have experienced
3351 trauma, are exhibiting challenging behaviors and other trauma responses, and are
3352 placed in congregate care. Casework staff are using congregate care because the
3353 parents/caregivers, kin and resource families available are not equipped to provide
3354 the care and support to meet the youth's needs. The agency identifies and
3355 implements an EBP that provides an in-home therapist to work with the youth,
3356 parents/caregivers, kin caregivers (when applicable) and resource families (when
3357 applicable). The goal of the EBP is to support the youth who has experienced
3358 trauma and their family to prevent the need for out of home placement. When out of
3359 home placement is needed as a last resort, the EBP works with the family to ensure
3360 placement stability with kin or a resource family. Supervisors in this activity are
3361 tasked with learning about the EBP, talking about the EBP with their supervisees,

3362 ensuring supervisees understand and buy-in to the use of the EBP when it matches
 3363 the needs of the family, and monitoring the use of the EBP and congregate care to
 3364 ensure a reduction in the use of out-of-home care and congregate care.

3365 Additionally, FOS represents the first phase of the development of a comprehensive
 3366 and coordinated plan to provide a continuum of supervisor preparation and support services.

3367 • *Foundations of Pennsylvania Child Welfare Practice: Building Competence,*
 3368 *Confidence, and Compassion (Foundations)* is the certification training series for
 3369 newly hired child welfare professionals in the Commonwealth and centers on the
 3370 core outcomes of safety, permanency, and well-being. Newly hired child welfare
 3371 professionals must complete Foundations and be certified as direct service workers
 3372 within 18 months of hire. Foundations consists of 124 hours of content delivered in
 3373 online, Instructor lead (Team-Based learning™ and Simulation-Based training), and
 3374 field work formats. The online delivery supports the learners in gaining factual
 3375 knowledge at their own pace, at their convenience, and at their home office.
 3376 Following these online pre-requisites, there are eight instructor-led sessions
 3377 dedicated to application and skill practice. Instructor-led sessions consist of unique
 3378 and powerful learning experiences that provide the learners opportunities to apply
 3379 course concepts in a realistic setting. In Team-Based learning™, the learners come
 3380 prepared, after completing online materials, to apply course concepts to solve real-
 3381 world problems within a team format. In simulation-based learning, the learners
 3382 come-prepared to practice course concepts through interaction with standardized
 3383 clients who have been trained to provide a realistic portrayal of a client in a scenario
 3384 and to provide meaningful behaviorally based feedback to the learner. This hybrid
 3385 delivery of curriculum content and practice sessions promotes the adult learner to
 3386 learn by doing and to practice skills in a real-life situation in a safe setting.

3387 Multiple revisions and enhancements were made throughout the Foundations series to
 3388 highlight the spirit and intent of Family First and prevention, including:

- 3389 • The introduction of prevention, levels of prevention, and preventing removal of all
- 3390 children and youth from their home and family
- 3391 • Engagement as critical for safety, permanency, and well-being
- 3392 • Partnering with families in planning services and resources
- 3393 • Benefits of engagement to family preservation
- 3394 • The connection between engagement and accurate and complete information
- 3395 gathering to inform assessments, prevention plans and case plans
- 3396 • Introduction to assessing and determining candidacy for foster care
- 3397 • Introduction to prevention plans and prevention services
- 3398 • Understanding trauma and the effects of trauma on children, youth and families
- 3399 served by child welfare professionals
- 3400 • Effects of trauma, separation, and loss on child development
- 3401 • Provision of placement prevention services to candidates for foster care and
- 3402 pregnant, expecting, and parenting youth in foster care

- 3403
- 3404
- 3405
- 3406
- 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

3407

3408

3409

3410

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.

3411

3412

3413

3414

3415

3416

3417

3418

3419

3420

3421

3422

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:

- 3423
- 3424
- 3425
- 3426
- 3427
- 3428
- 3429
- 3430
- 3431
- 3432
- 3433
- 3434
- 3435
- 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

3436

3437

3438

3439

3440

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.

3441

3442

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

3443 including the OCYF, PCYA, county child welfare professionals, and other providers, including
 3444 service recipients.

3445 As part of the Family First training plan, each of these certification series and the
 3446 advanced, specialized, and related courses will be carefully reviewed and cross-walked to
 3447 ensure alignment with Pennsylvania's implementation of Family First, best practices, and the
 3448 overall goal of prevention and trauma-informed care. Particular attention will be on the
 3449 enhancement and alignment of the following topics and skill-building areas according to the
 3450 unique needs of the various staffing levels including but not limited to:

- 3451 • Trauma-informed prevention plans that utilize assessments and include services that
- 3452 are consistent with the promising, supported, or well-supported evidence-
- 3453 based practice models, and concrete supports to meet the unique, individual needs
- 3454 of the family;
- 3455 • Preventing the removal of a child from the home when it is safe to do so, and
- 3456 preventing child abuse and neglect;
- 3457 • The creation and maintenance of a prevention-focused, trauma-informed, healing-
- 3458 centered child welfare system;
- 3459 • Identification of candidates for foster care;
- 3460 • Data-driven decision making; and
- 3461 • The use of CQI including overseeing and evaluating the continuing
- 3462 appropriateness and effectiveness of services

3463 As outlined above, many training sessions already exist that contain topics and skill-
 3464 building areas related to Family First. Additionally, the OCYF has begun providing information
 3465 convening sessions to all county CCYAs about Family First with the focus on implementation,
 3466 prevention services and best practices. Family First presentations and sessions are provided
 3467 at quarterly PCYA meetings and other venues to county administrators and other key
 3468 stakeholders. Technical assistance and TOL activities will also be provided to counties to
 3469 support prevention efforts, including Safety Assessment Support Sessions, Risk Assessment
 3470 Support Sessions and Family Service Planning Support Sessions. Support sessions are
 3471 facilitated by CWRC Practice Improvement Specialists and OCYF Human Services Program
 3472 Representatives. Family and youth engagement models such as Permanency Round Tables,
 3473 Family Team Conferences, Critical Case Reviews, Family Finding, and Family Group Decision
 3474 Making are supported at the statewide and county level. TOL and TA services facilitate county
 3475 partners in engaging families in the assessment of need, connecting to appropriate evidence-
 3476 based and trauma-informed services, and monitoring the appropriateness and continued need
 3477 of the service. The assessment competency and related skills taught in training are reinforced
 3478 through TOL booster and support sessions provided to counties to enhance gathering and
 3479 analyzing data and making informed decisions. The planning and
 3480 monitoring competencies and skills taught in training are also strengthened through TOL
 3481 activities, practice sessions, and organizational effectiveness interventions.

3482 The Organizational Effectiveness/Regional Team Department at the CWRC helps to
 3483 support organizational change and the implementation of best practice across Pennsylvania. In
 3484 partnership with CCYAs and TA partners, CWRC staff engage county teams in CQI efforts to

3485 make system changes and support the agency’s mission, vision, and values. Support is
 3486 provided to strengthen leadership teams, including meetings with supervisors,
 3487 managers, administrators, and feedback from child welfare staff. Implementation will
 3488 include ongoing training and support for the child welfare workforce to successfully incorporate
 3489 prevention provisions into their daily practice to:

- 3490 • Identify and address challenges associated with the culture shift further support
 3491 prevention efforts;
- 3492 • Incorporate trauma-informed principles and practices as well as utilization of healing
 3493 centered programs;
- 3494 • Ensure that service array is equitable and culturally responsive; and
- 3495 • Encourage CCYAs to participate in feedback loops designed to support CQI efforts to
 3496 improve outcomes for the children and families served.

3497 As has been previously described. PA is proposing for counties participating in the community
 3498 pathway model, provider agency staff will be trained using the same trainings provided to
 3499 county agency staff for family assessment and development of prevention plans for families.
 3500 As the CCYA maintains responsibility for determination of candidacy, it will be important for
 3501 the provider agency and CCYA to have a shared language for the determination to be made
 3502 based off of the assessment completed by provider staff.

3503 Community pathways provider agencies will be required to have appropriate certifications for
 3504 staff providing specific EBPs and will be part of PA’s statewide effort at being a trauma
 3505 informed state. County staff overseeing community pathway providers will also be trained in
 3506 overseeing case plans as those same staff will be expected to have been trained in the same
 3507 manner to oversee traditional provision of family services.

3508 **PREVENTION CASELOADS**

3509 As a county-administered system, CCYAs have discretion on how to organize and
 3510 structure their agencies. However, PA Code governs the administration and provision of public
 3511 children and youth social services. It is the responsibility of the CCYAs to determine how
 3512 prevention caseloads will be assigned within the staff complement of caseworker staff. Current
 3513 regulations set a maximum ratio of 1 caseworker to 30 families. However, Pennsylvania
 3514 recognizes the importance of maintaining manageable caseloads to promote quality in service
 3515 provision and retention of qualified staff. Therefore, Pennsylvania has supported CCYAs in
 3516 expanding their staff complement to lower caseloads.

3517 Pennsylvania is currently revising departmental regulations to lower the maximum
 3518 approved caseload and supervisor ratios. The ratios are projected to be no more than the
 3519 following:

- 3520 • 1 to 20 by the end of the first State fiscal year following the effective date of the
 3521 regulatory chapter.
- 3522 • 1 to 15 by the end of the second State fiscal year following the effective date of
 3523 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

Counties with community pathway models will assure that caseload sizes for providers implementing the EBP will maintain prescribed caseload limits as per the directions for each EBP. For county staff overseeing prevention plans, monitoring of services, and implementation of EBP services by the provider agency, caseload sizes should not exceed the current statewide 30-1 ratio.

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: Governance Structure/Group Membership

Attachment VI: Community Pathway County Checklist

Attachment VII: Family First Implementation Team Charter

Attachment VIII: Licensing Inspection of the Public Children and Youth Agency IN-HOME ONLY

Attachment IX: PA 5-Year Plan Change Log

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

- SECTION 1. Service description and oversight
- SECTION 2. Evaluation strategy and waiver request
- SECTION 3. Monitoring child safety
- SECTION 4. Consultation and coordination
- SECTION 5. Child welfare workforce support
- SECTION 6. Child welfare workforce training
- SECTION 7. Prevention caseloads
- SECTION 8. Assurance on prevention program reporting
- SECTION 9. Child and family eligibility for the title IV-E prevention program

- 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

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)	<p>A. SERVICES.</p> <p>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:</p> <ol style="list-style-type: none"> 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. 	<p>OCYF Bulletin #3130-21-03 <i>Policies and Procedures for Implementation of the Title IV-E Prevention Program under the Family First Prevention Services Act p. 2</i></p>
471(e)(5)(B)(² i)	<p>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.</p>	<p>OCYF Bulletin #3130-21-03 <i>Policies and Procedures for Implementation of the Title IV-E</i></p>

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
<p>471(e)(5)(B)(iii)(I)- (IV) 471(e)(4)(B)</p>	<p>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—</p> <ol style="list-style-type: none"> 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 	<p>Pennsylvania Title IV-E Prevention, Plan Pre-Print Attachment III</p> <p>Pennsylvania Title IV-E Prevention Plan, pp. 19-60</p>
<p>Section 2. Evaluation strategy and waiver request</p>		
<p>471(e)(5)(B)(iii)(V)</p>	<p>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</p>	<p>Pennsylvania Title IV-E Prevention Plan pp. 24-33</p>

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.	Pennsylvania Title IV-E Prevention Plan, Pre-Print 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.	<p>OCYF Bulletin #3130-21-03 <i>Policies and Procedures for Implementation of the Title IV-E Prevention Program under the Family First Prevention Services Act</i> p. 5</p> <p>Title 55, Pa. Code §3490.321 Standards for risk assessment.</p> <p>Title 55, Pa. Code §3130.61 Family service plans.</p> <p>Pennsylvania Title IV-E Prevention Plan pp. 89-94</p>
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: <ol style="list-style-type: none"> 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 <i>Complex Case Planning for Children and Youth Under Age 21</i>
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— <ol style="list-style-type: none"> 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 Training program requirements for direct service workers. Pennsylvania Title IV-E Prevention Plan pp. 97-104

Federal Regulatory/ Statutory References ¹	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
	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 Standards for risk assessment. Title 55, Pa. Code §3130.61 Family service plans. OCYF Bulletin 3130-21-03 <i>Policies and Procedures for Implementation of the Title IV-E Prevention Program under the Family First Prevention Services Act</i> , p. 5
Section 6. Child welfare workforce training		
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 Training program requirement. Pennsylvania Title IV-E Prevention Plan p. 97-104.
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 Staffing requirements. Pennsylvania Title IV-E Prevention Plan pp. 103-104
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).	Pennsylvania Title IV-E Prevention Plan, Pre-Print Attachment I
Section 9. Child and family eligibility for the title IV-E prevention program		

Federal Regulatory/ Statutory References ¹	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(2)	<p>A. CHILD DESCRIBED. — For purposes of the title IV-E prevention services program, a child is:</p> <ol style="list-style-type: none"> 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. 	<p>OCYF Bulletin #3130-21-03 <i>Policies and Procedures for Implementation of the Title IV-E Prevention Program under the Family First Prevention Services Act</i>, p. 3 and 5</p>

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.

6/26/2023



Secretary

(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.

6/26/2023



Secretary

(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 (Celinska 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.

References

- Celinska, K., Furrer, S., & Cheng, C. (2013). An outcome-based evaluation of Functional Family Therapy for youth with behavioral problems. *Journal of Juvenile Justice*, 2(2), 23-36. Retrieved from: https://www.researchgate.net/profile/Katarzyna-Celinska-2/publication/284958783_An_Outcome-based_Evaluation_of_Functional_Family_Therapy_for_Youth_with_Behavioral_Problems/links/565a8eed08ae4988a7b9867e/An-Outcome-based-Evaluation-of-Functional-Family-Therapy-for-Youth-with-Behavioral-Problems.pdf
- Celinska, K., Sung, H., Kim, C., & Valdimarsdottir, M. (2018). An outcome evaluation of Functional Family Therapy for court-involved youth. *Journal of Family Therapy*, 41(2), 251-276. <https://doi.org/10.1111/1467-6427.12224>
- Chilenski, S. M., Bumbarger, B. K., Kyler, S., & Greenberg, M. T. (2007). Reducing youth violence and delinquency in Pennsylvania: PCCD's research-based programs initiative. Retrieved from: http://www.episcenter.psu.edu/sites/default/files/PCCD_ReducingYouthViolence.pdf
- Commonwealth of Pennsylvania, Office of Administration, Department of Human Services, Bureau of Information Systems (2018). GPS referrals by county, sub-category of GPS concern. Retrieved from the Pennsylvania Child Welfare Information Solution (CWIS).
- Darnell, A. J. & Schuler, M. S. (2015). Quasi-experimental study of Functional Family Therapy effectiveness for juvenile justice aftercare in a racially and ethnically diverse community sample. *Children and Youth Services Review*, 50, 75-85. <https://doi.org/10.1016/j.childyouth.2015.01.013>
- EPISCenter (2015). Functional Family Therapy in Pennsylvania: Three years of data, fiscal years 2012-2014. Retrieved from: <http://www.episcenter.psu.edu/sites/default/files/ebp/FFT-Three-Year-Report-FINAL.pdf>
- Hansson, K., Johnansson, P., Drott-Englen, G., & Benderix, Y. (2004). Functional Family Therapy in child psychiatric practice. *Nordisk Psykologi*, 56, 304-320. Retrieved from: https://www.researchgate.net/publication/282751528_Functional_Family_Therapy_in_child_psychiatric_practice
- Hartnett, D., Carr, A., Hamilton, E., & O'Reilly, G. (2017). The effectiveness of Functional Family Therapy for adolescent behavioral and substance misuse problems: A meta-analysis. *Family Process*, 56(3):607-619. <https://doi.org/10.1111/famp.12256>
- Humayun, S., Herlitz, L., Chesnokov, M., Doolan, M., Landau, S., & Scott, S. (2017). Randomized controlled trial of Functional Family Therapy for offending and antisocial behavior in UK youth. *Journal of Child Psychology and Psychiatry*, 58(9), 1023-1032. <https://doi.org/10.1111/jcpp.12743>
- Pennsylvania Partnerships for Children. (2020). 2020 State of Child Welfare. Retrieved from <https://www.papartnerships.org/wp-content/uploads/2020/06/2020-State-of-Child-Welfare-PA.pdf>.
- Slesnick, N. & Prestopnik, J. L. (2009). Comparison of family therapy outcome with alcohol-

abusing, runaway adolescents. *Journal of Marital and Family Therapy*, 35(3), 255-277. <https://doi.org/10.1111/j.1752-0606.2009.00121.x>

The Annie E. Casey Foundation. KIDS COUNT Data Center. <https://datacenter.kidscount.org>

United States. (2019). The AFCARS report. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, 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 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.

6/26/2023



Secretary

(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 (Bezczky 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 (Bezczky 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 (Bezczky 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.

References

- Al, C. M. W., Stams, G. J. J. M., Bek, M. S., Damen, E. M., Asscher, J. J., & van der Laan, P. H. (2012). A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning. *Children and Youth Services Review*, 34(8), 1472–1479.
- Bezczky, Z., El-Banna, A., Petrou, S., Kemp, Al, Scourfield, J., Forrester, D., & Nurmatov, U. B. (2020). Intensive Family Preservation Services to prevention out-of-home placement of children: A systematic review and meta-analysis. *Child Abuse & Neglect*, 102. <https://doi.org/10.1016/j.chiabu.2020.104394>
- Feldman, L. H. (1991). Evaluating the impact of intensive family preservation services in New Jersey. In K. Wells, & D.E. Biegel (Eds.), *Family preservation services: Research and evaluation*. Newbury Park, CA: Sage.
- Pennsylvania Partnerships for Children. (2020). 2020 State of Child Welfare. Retrieved from <https://www.papartnerships.org/wp-content/uploads/2020/06/2020-State-of-Child-Welfare-PA.pdf>.
- The Institute for Family Development. (2021). Homebuilders IFPS: Intensive family preservation service and intensive family reunification services. Retrieved from http://www.institutefamily.org/programs_IFPS.asp.
- Westat, Chapin Hall Center for Children, James Bell Associates. (2002). Evaluation of family preservation and reunification programs: Executive summary.

Title IV-E Prevention and Family Services and Programs Plan

ATTACHMENT II

State of Pennsylvania

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.

6/26/2023

(Date)



Secretary

(Signature and Title)

(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).

It is important to note that Pennsylvania plans to allow counties to implement the adaptation of HFA approved for families involved with child welfare; this adaptation allows families to enroll in HFA up until their child is 24 months old, instead of the standard maximum enrollment age of three months old (Healthy Families America, n.d.). While no research has been conducted solely on the expanded enrollment adaptation, one study did include infants over three months of age at enrollment, and a reduced likelihood of maltreatment reoccurrence was found for those families who participated in HFA (Easterbrooks, Kotake, & Fauth, 2019). Pennsylvania child welfare data supports the use of the adaptation of HFA that expands enrollment to families with children up to 24 months old. Children aged 0-2 years represent more than 15% of all substantiated cases of maltreatment in PA (The Annie E. Casey Foundation, KIDS COUNT Data Center, 2019a). This figure has increased from 6.6% in 2012 to 19.7% in 2018 (The Annie E. Casey Foundation, KIDS COUNT Data Center, 2019a). Additionally, Pennsylvania children aged 0-2 years represent 20% of all children in out-of-

home care and are the most common age group of children placed into out-of-home care since 2015 (The Annie E. Casey Foundation, KIDS COUNT Data Center, 2019b). Taken together, these data indicate that Pennsylvania children aged 0-2 years would benefit from the adapted version of HFA.

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 responsiveness 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.

References

- Chambliss, J. W., & Emshoff, J. G. (1999). *The Evaluation of Georgia’s Healthy Families Program: Results of Phase 1 and 2*. Atlanta: Emstar Research, Inc.
- Commonwealth of Pennsylvania, Office of Administration, Department of Human Services, Bureau of Information Systems (2018). GPS referrals by county, sub-category of GPS concern. Retrieved from the Pennsylvania Child Welfare Information Solution (CWIS).
- Dew, B., & Breakey, G. F. (2014). An evaluation of Hawaii’s Healthy Start Program using child abuse hospitalization data. *Journal of Family Violence*, 29(8), 893-900.
- Duggan, A., Rodriguez, K., Burrell, L., Rohde, C., Caldera, D., & Shea, S.. (2005). Evaluation of the Healthy Families Alaska program: Final report. Retrieved from: <https://www.ojp.gov/ncjrs/virtual-library/abstracts/evaluation-healthy-families-alaska-program-final-report>.

Easterbrooks, M. A., Kotake, C., & Fauth, R. (2019). Recurrence of maltreatment after newborn home visiting: A randomized controlled trial. *American Journal of Public Health*, 109(5), 729-735. doi:10.2105/AJPH.2019.304957.

Eckenrode, J., Ganzel, B., Henderson, C. R., Smith, E., Olds, D., Powers, J. et al. (2000). Preventing child abuse and neglect with a program of nurse home visitation: The limiting effects of domestic violence. *Journal of the American Medical Association*, 284(11), 1385-1391.

Falconer, M. K., Clark, M. H., & Parris, D. (2011). Validity in an evaluation of Healthy Families Florida-A program to prevent child abuse and neglect. *Children and Youth Services Review*, 33(1), 66-77. doi:10.1016/j.childyouth.2010.08.014

Galano, J., & Huntington, L. (1999). Evaluation of the Hampton, Virginia Healthy Families Partnership 1992-1998. Center for Public Policy Research, The Thomas Jefferson Program in Public Policy, The College of William and Mary, Williamsburg VA

Galano, J., & Huntington, L. (2002). FY 2002 Healthy Families Partnership Benchmark Study: Measuring community-wide impact. Prepared by the Applied Social Psychology Research Institute, College of William and Mary, Williamsburg, VA.

Healthy Families America (n.d.). <https://www.healthyfamiliesamerica.org/protocols-child-welfare/>

Jacobs, F., & Easterbrooks, M. A., et al. (2005). Healthy Families Massachusetts: Final Evaluation Report. Medford MA: Tufts University. Retrieved from: <http://ase.tufts.edu/tier/documents/Phase1-FinalReport.pdf>

Landsverk, J., Carrilio, T., Connelly, C. D., Ganger, W. C., Slymen, D. J., Newton, R. R., et al. (2002). Healthy Families San Diego clinical trial: Technical report. San Diego, CA: Child and Adolescent Services Research Center, San Diego Children's Hospital and Health Center

Martin, J., Lang, M., & Ristow, R. (2003). HOME scale results from Healthy Families Indiana. Report to Healthy Families Indiana Advisory Committee.

Mitchell-Herzfeld, S., Izzo, C., Greene, R., Lee, E., & Lowenfels, A. (2005). *Evaluation of Healthy Families New York (HFNY): First year program impacts*. Office of Children and Family Services. Retrieved from: ocfs.state.ny.us/main/prevention/assets/HFNY_FirstYearProgramImpacts.pdf

The Annie E. Casey Foundation, KIDS COUNT Data Center (2019a). Child Abuse and Neglect - Number of substantiated cases by age group in Pennsylvania. <https://datacenter.kidscount.org/data/tables/4261-child-abuse-and-neglect--number-of-substantiated-cases-by-age-group?loc=40&loct=2#detailed/2/any/false/37,871,870,573,869,36,868,867,133,38/214,387,388,389,390,391,182,392/9781>

The Annie E. Casey Foundation, KIDS COUNT Data Center (2019b). Foster Care - September 30 snapshot by age group in Pennsylvania. <https://datacenter.kidscount.org/data/tables/8561-foster-care--september-30-snapshot-by-age->

group?loc=40&loct=2#detailed/2/any/false/37,871,870,573,869,36,868,867,133,38/126,387,1510,4571,390,391,182,4572,4573,4574/17264,17265 https://datacenter.kidscount.org/data/tables/4261-child-abuse-and-neglect--number-of-substantiated-cases-by-age-group?loc=40&loct=2 - detailed/2/any/false/37,871,870,573,869,36,868,867,133,38/214,387,388,389,390,391,182,392/9781

United States. (2019). The AFCARS report. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, 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 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.

6/26/2023

(Date)


(Signature and Title) Secretary

(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.

References

- Commonwealth of Pennsylvania, Office of Administration, Department of Human Services, Bureau of Information Systems (2018). GPS referrals by county, sub-category of GPS concern. Retrieved from the Pennsylvania Child Welfare Information Solution (CWIS).
- Curtis, N. M., Ronan, K. R., & Borduin, C. M. (2004). Multisystemic treatment: A meta-analysis of outcome studies. *Journal of Family Psychology, 18*, 411–419.
- EPISCenter. (2019). MST data highlights report: Fiscal year 2018-2019. Retrieved from: <http://epis.psu.edu/ebp/multisystemic>.
- EPISCenter. (2014). Multisystemic Therapy in Pennsylvania: Three years of data, fiscal years 2012-2014. Retrieved from <http://epis.psu.edu/ebp/multisystemic>.
- United States. (2019). The AFCARS report. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.
- Van der Stouwe, T., Asscher, J. J., Stams, G. J. J. M., Deković, M., & van der Laan, P. H. (2014). The effectiveness of multisystemic therapy (MST): A meta-analysis. *Clinical Psychology Review, 34*, 468–481.
- 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.

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 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.

6/26/2023

(Date)



Secretary

(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.

References

- Chilenski, S. M., Bumbarger, B. K., Kyler, S., & Greenberg, M. T. (2007). *Reducing youth violence and delinquency in Pennsylvania: PCCD's research-based programs initiative*. Prevention Research Center for the Promotion of Human Development, Pennsylvania State University. <https://files.eric.ed.gov/fulltext/ED521832.pdf>
- Commonwealth of Pennsylvania, Office of Administration, Department of Human Services, Bureau of Information Systems (2018). GPS referrals by county, sub-category of GPS concern. Retrieved from the Pennsylvania Child Welfare Information Solution (CWIS).
- Eckenrode, J., Campa, M., Luckey, D. W., Henderson, C. R., Cole, R., Kitzman, H., Anson, E., Sidora-Arcoleo, K., Powers, J., & Olds, D. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. *Archives of Pediatrics & Adolescent Medicine*, *164*(1). <https://doi.org/10.1001/archpediatrics.2009.240>
- Jones, D., Bumbarger, B. K., Greenberg, M., Greenwood, P., & Kyler, S. (2008). The economic return on PCCD's investment in research-based programs: A cost-benefit assessment of delinquency prevention in Pennsylvania. Prevention Research Center for the Promotion of Human Development, Pennsylvania State University. Retrieved from <https://files.eric.ed.gov/fulltext/ED502053.pdf>
- Kitzman, H., Olds, D. L., Knudtson, M. D., Cole, R., Anson, E., Smith, J. A., Fishbein, D., DiClemente, R., Wingood, G., Caliendo, A. M., Hopfer, C., Miller, T., & Conti, G. (2019). Prenatal and infancy nurse home visiting and 18-year outcomes of a randomized trial. *Pediatrics*, *144*(6). <https://doi.org/10.1542/peds.2018-3876>
- Mejdoubi, J., van den Heijkant, S. C. C. M., van Leerdam, F. J. M., Heymans, M. W., Crijnen, A., & Hirasing, R. A. (2015). The effect of VoorZorg, the Dutch nurse-family partnership, on child maltreatment and development: A randomized controlled trial. *PloS One*, *10*(4), e0120182. <https://doi.org/10.1371/journal.pone.0120182>
- Miller, T. R. (2015). Projected outcomes of Nurse-family Partnership home visitation during 1996-2013, United States. *Prevention Science*, *16*(6), 765–777. <https://doi.org/10.1007/s11121-015-0572-9>
- Olds, D. L. (2006). The Nurse–Family Partnership: An evidence-based preventive intervention. *Infant Mental Health Journal*, *27*(1), 5–25. <https://doi.org/10.1002/imhj.20077>
- Pennsylvania Department of Human Services & PolicyLab at Children's Hospital of Philadelphia. (2020). Pennsylvania family support programs: Needs assessment report. Retrieved from: <https://www.dhs.pa.gov/docs/Publications/Pages/Family-Support-Needs-Assessment.aspx>
- Robling, M., Bekkers, M.-J., Bell, K., Butler, C. C., Cannings-John, R., Channon, S., Martin, B. C., Gregory, J. W., Hood, K., Kemp, A., Kenkre, J., Montgomery, A. A., Moody, G., Owen-

Jones, E., Pickett, K., Richardson, G., Roberts, Z. E. S., Ronaldson, S., Sanders, J., ... Torgerson, D. (2016). Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): A pragmatic randomised controlled trial. *The Lancet*, 387(10014), 146–155. [https://doi.org/10.1016/S0140-6736\(15\)00392-X](https://doi.org/10.1016/S0140-6736(15)00392-X)

Sidora-Arcoleo, K., Anson, E., Lorber, M., Cole, R., Olds, D., & Kitzman, H. (2010). Differential effects of a nurse home visiting intervention on physically aggressive behavior in children. *Journal of Pediatric Nursing*, 25(1), 35–45. <https://doi.org/10.1016/j.pedn.2008.07.011>

United States. (2019). The AFCARS report. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, 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 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.

6/26/2023



Secretary

(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 responsiveness 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.

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>

Commonwealth of Pennsylvania, Office of Administration, Department of Human Services, Bureau of Information Systems (2018). GPS referrals by county, sub-category of GPS concern. Retrieved from the Pennsylvania Child Welfare Information Solution (CWIS).

Jonson-Reid, M., Drake, B., Constantino, J. N., Tandon, M., Pons, L., Kohl, P., Roesch, S., Wideman, E., Dunnigan, A., & Auslander, W. (2018). A randomized trial of home visitation for CPS-involved families: The moderating impact of maternal depression and CPS history. *Child Maltreatment, 23*(3), 281–293. <https://doi.org/10.1177/1077559517751671>

Neuhauser, A. (2014). A closer look at the effectiveness of early childhood education in at-risk families. *Mental Health & Prevention, 2*(3), 43–57. <https://doi.org/10.1016/j.mhp.2014.09.002>

Neuhauser, A., Ramseier, E., Schaub, S., Burkhardt, S. C. A., & Lanfranchi, A. (2018). Mediating role of maternal sensitivity: Enhancing language development in at-risk families. *Infant Mental Health Journal, 39*(5), 522–536. <https://doi.org/10.1002/imhj.21738>

Parents as Teachers. (2020). Parents as Teachers 2019-2020 affiliate performance report- Pennsylvania. <http://www.pa-pat.org/wp-content/uploads/sites/9/2020/10/APR-infographic.pdf>

Parents as Teachers National Center, Inc. (2021). About the evidence-based home visiting model. Retrieved from <https://parentsasteachers.org/evidencebased-home-visiting-model#aboutebm>

Pennsylvania Department of Human Services & PolicyLab at Children's Hospital of Philadelphia. (2020). Pennsylvania family support programs: Needs assessment report. Retrieved from: <https://www.dhs.pa.gov/docs/Publications/Pages/Family-Support-Needs-Assessment.aspx>

Pennsylvania Parents as Teachers State Office, Center for Schools and Communities. (2020). 2018-2019 Pennsylvania Parents as Teachers overview. <http://www.pa-pat.org/wp-content/uploads/sites/9/2020/02/2018-2019-PAT-Overview.pdf>

Pennsylvania Parents as Teachers State Office, Center for Schools and Communities. (n.d.). *Parents as Teachers (PAT)*. Pennsylvania Parents as Teachers. Retrieved December 15, 2020, from <http://www.pa-pat.org/about-us/>

Schaub, S., Ramseier, E., Neuhauser, A., Burkhardt, S. C. A., & Lanfranchi, A. (2019). Effects of home-based early intervention on child outcomes: A randomized controlled trial of Parents as Teachers in Switzerland. *Early Childhood Research Quarterly, 48*, 173–185. <https://doi.org/10.1016/j.ecresq.2019.03.007>

United States. (2019). The AFCARS report. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

Wagner, M. M., & Clayton, S. L. (1999). The Parents as Teachers program: Results from two demonstrations. *The Future of Children, 9*(1), 91–115. <https://doi.org/10.2307/1602723>

Wagner, M., Clayton, S., Gerlach-Downie, S., & McElroy, M. (1999). An evaluation of the Northern California Parents as Teachers demonstration. SRI International.

Wagner, M., Spiker, D., Hernandez, F., Song, J., & Gerlach-Downie, S. (2001). Multisite Parents as Teachers evaluation: Experiences and outcomes for children and families. SRI International.

Wakabayashi, T., Guskin, K. A., Watson, J., McGilly, K., & Klinger, L. L. (2011). The Parents as Teachers Promoting Responsible Fatherhood Project: Evaluation of “Dads in the Mix,” an exemplary site. Parents as Teachers. https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/58459b544402430206cff9e/1480956762505/Parents_as_Teachers_Fatherhood_Project_White_Paper.pdf

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.

6/26/2023

(Date)



(Signature and Title)

Secretary


(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:	

<p>This certifies that the information on this form is accurate and true to the best of my knowledge and belief.</p> <p>This also certifies that the next FFY foster care prevention expenditures will be submitted as required by law.</p>
<p>Signature, Approving Official:</p> 
<p>Typed Name, Title, Agency:</p> <p>Valerie A. Arkoosh, MD, MPH, Secretary, Pennsylvania Department of Human Services</p>
<p>Date: 6/26/2023</p>

Executive Team

Name	Department
Ahrens, Kristen	ODP
Bates, Natalie	OCYF
Campanini, Tracey	OCDEL
Derocher, Cortney	OCYF
Fogarty, Ali	Communications
Gilligan, Gloria	Budget
Houser, Kristen	OMHSAS
James, Erin	Communications
Kozak, Sally	OMAP
Leisch, Doris	Legal
Nolan, Britany	OPD
Patterson, Mary	Legal
Rubin, Jon	OCYF
Solimine, Cara	Legal
Taylor, Rebecca	Legal
Wilburne, Drew	Secretary

Steering Team

Name	Agency
Bates, Natalie	OCYF
Benson, Megan	OCYF
Butler, Gerry Lynn	OCYF
Derocher, Cortney	JAG Consultant
Dorris, Amanda	OCYF
Erazo, Melissa	OCYF
Keiser, Carrie	OCYF
Lincoln, Rebekah	OCYF
Nolan, Britany	DHS
Perry, Roseann	OCYF
Petrovitz, Tia	OCYF
Pettet, Jennie	OCYF
Phan, Cindy	OCYF
Retherford, Melanie	OCYF
Robinson, Caitlin	OCYF
Rubin, Jon	OCYF
Taylor, Rebecca	DHS
Tyler, Alicia	OCYF
Walsh, Michele	OCYF
Weisser, Desiree	OCYF
Byers, Michael	CWRC

Project Team

Name	Agency
Finkey, Sarah	Adams County
Kukovich, Nancy	Adelphoi Village, Inc
Fatherree, Kira	Allegheny County
Moore, Sandy	AOPC
Ayers, Carl	Casey Family Programs
Bornman, Brian	PCYA
Yoder, Gail	DDAP
Cwalina, Brandon	DHS Communications
Fogarty, Ali	DHS Communications
Solimine, Cara	DHS Legal
Taylor, Rebecca	DHS Legal
Nolan, Britany	DHS Policy
Kantner, Jan	HHSDC
Bianchi, Bernadette	Independent Contractor
Steele, Rick	JCJC
Pokempner, Jenny	JLC
Browning, Kerry	Lackawanna County
Representative Malcein King	Legislature
Representative Boback	Legislature
Representative Delozier	Legislature
Representative Petrarca	Legislature
Representative Toohil	Legislature
Senator Collett	Legislature
Senator DiSanto	Legislature
Senator Ward	Legislature
Algatt, Andrea	OCDEL
Bates, Natalie	OCYF
Brown, Jennifer	OCYF
Keiser, Carrie	OCYF
Perry, Roseann	OCYF
Rubin, Jon	OCYF
Tyler, Alicia	OCYF
Dorris, Amanda	OCYF
Ahrens, Kristen	ODP
Gaylor, Elizabeth	ODP
Wall, Nina	ODP
Talley, Scott	OHMSAS
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	

1

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 Community Pathway 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 Community Pathway 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.	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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:	
<input type="checkbox"/>	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
<input type="checkbox"/>	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?
<input type="checkbox"/>	How will the family’s progress be evaluated and monitored to ensure the prevention plan is still the best solution and working?

<input type="checkbox"/>	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:	
<input type="checkbox"/>	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?
<input type="checkbox"/>	Will the county provide ongoing technical assistance support for the providers? If so what?
<input type="checkbox"/>	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?
<input type="checkbox"/>	How will the provider document consent from the families to share the information with the CCYAs?
<input type="checkbox"/>	Will this require additional staff or the creation of an additional unit?
<input type="checkbox"/>	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.	
<input type="checkbox"/>	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	
<input type="checkbox"/>	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	
<input type="checkbox"/>	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	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 OCYF's 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 Community Pathways,

- 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.				

<p>2013 Act 55 Family Finding and Kinship Care</p>	<p>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.</p>				
<p>Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03</p>	<p>Effective October 1, 2021, in addition to current FSP/PPP documentation requirements, placement prevention efforts must be documented in the FSP and PPP 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.</p>				
<p>Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03</p>	<p>Counties may choose to develop a standalone placement prevention plan if needed or maintain the required elements within the FSP/PPP.</p>				
<p>Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03</p>	<p>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</p>				
<p>Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03</p>	<p>the FSP or PPP should be updated to reflect prevention planning progress and include any changes to the level of risk in the home.</p>				
<p>Title IV-E Prevention Program under the Family First Prevention Services Act 3130-21-03</p>	<p>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 PPP 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.</p>				

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
Monitoring Child Safety	For proposed Community Pathways, additional information is requested regarding how the Community Pathway providers will monitor child safety, conduct periodic risk assessments over the 12 month period of time, and re-examine the prevention plan.	749-757	In either case, a prevention plan is expected to be developed and communicated and shared between the provider agency and the CCYA. While the prevention plan is implemented through the provider agency, progress, or newly identified risks or concerns will be shared by the provider agency with the CCYA. The provider agency will further communicate any change of status of the work or when the work is completed, and or if the family prevention services are closed. As assessment intervals at the provider agency are expected to mirror intervals as if the county agency was servicing the family directly, even if no changes are experienced an updated prevention plan must be completed and shared with the CCYA within six months of initiation of the prevention plan.
Child Welfare Workforce Support	For proposed Community Pathways, what are the steps the state is taking to enhance a competent, skilled and professional child welfare workforce to deliver trauma-informed and evidence-based services?	3497-3502	PA is proposing for counties participating in the community pathway model, provider agency staff will be trained using the same trainings provided to county agency staff for family assessment and development of prevention plans for families.

Category	ACF Comment	Line #	Response
Child Welfare Workforce Support	For proposed Community Pathways, what is the state's plan to ensure child welfare staff are qualified to provide services that are consistent with the promising, supported and well-supported practice models	3497-3502	PA is proposing for counties participating in the community pathway model, provider agency staff will be trained using the same trainings provided to county agency staff for family assessment and development of prevention plans for families.
Child Welfare Workforce Support	For proposed Community Pathways, what is the state's plan to ensure child welfare staff are qualified to develop appropriate prevention plans and to conduct risk assessments for children receiving prevention services.	3111-3120 3291-3297	<p>Counties with community pathway models will work with contracted services providers to assure the required plan reviews, safety assessments and risk determinations occur at intervals that mirror the county process as described above. The contracted provider staff will be trained in use of the most current state approved tools including the upcoming FAST tool to be implemented in 2023 to support consistency of monitoring with the county agency. OCYF will require the counties to assure that the provider agency conducts formal assessments with families in a manner that mirrors the county process for families serviced directly by the county agency. Training for the provider agencies for community pathways to achieve this goal will be discussed later in this plan.</p> <p>Should a county enter into a contract with a provider agency to provide services as described in the community pathway, it will assure the provider agency staff are trained in the specific assessment tools used by county employees regarding risk and safety, including the implementation of the FAST tool</p>

Category	ACF Comment	Line #	Response
			<p>as PA moves forward with implementation of that tool in counties. The state will work with CWRC to assure accessibility to training for any such provider agencies.</p>
<p>Child Welfare Workforce Training</p>	<p>For proposed Community Pathways, what is the state's plan to provide training and support for caseworkers to assess what families need?</p>	<p>3289-3307</p>	<p>For community pathways counties, the efforts listed above document steps PA is taking to enhance the child welfare workforce not just for county employees but in private provider agencies as well. Should a county enter into a contract with a provider agency to provide services as described in the community pathway, it will assure the provider agency staff are trained in the specific assessment tools used by county employees regarding risk and safety, including the implementation of the FAST tool as PA moves forward with implementation of that tool in counties. The state will work with CWRC to assure accessibility to training for any such provider agencies.</p> <p>Community pathways counties will also be providing services to families in a manner that is consistent with families who access services through traditional child welfare</p>

Category	ACF Comment	Line #	Response
			<p>channels following reports to the county and will therefore be fully trained in the implementation of the particular evidence-based practice model with fidelity as described elsewhere in this plan.</p> <p>This specific training concept, that provider agencies will receive the same family assessment training that county staff receive along with particular training in the evidence-based practice they are implementing, will ensure the provider agency staff in community pathway counties are able to conduct assessments and develop appropriate prevention plans to meet current needs.</p>
<p>Child Welfare Workforce Training</p>	<p>For proposed Community Pathways, what is the state's plan to provide training and support for caseworkers to connect to families served?</p>	<p>3289-3307</p>	<p>For community pathways counties, the efforts listed above document steps PA is taking to enhance the child welfare workforce not just for county employees but in private provider agencies as well. Should a county enter into a contract with a provider agency to provide services as described in the community pathway, it will assure the provider agency staff are trained in the specific assessment tools used by county employees regarding risk and safety, including the implementation of the FAST tool as PA moves forward with implementation of that tool in counties. The state will work with CWRC to assure accessibility to training for any such provider agencies.</p> <p>Community pathways counties will also be providing services to families in a manner that is consistent with families who access services through traditional child welfare channels following reports to the county and will therefore be fully trained in the implementation of the particular evidence-</p>

Category	ACF Comment	Line #	Response
			<p>based practice model with fidelity as described elsewhere in this plan.</p> <p>This specific training concept, that provider agencies will receive the same family assessment training that county staff receive along with particular training in the evidence-based practice they are implementing, will ensure the provider agency staff in community pathway counties are able to conduct assessments and develop appropriate prevention plans to meet current needs.</p>
<p>Child Welfare Workforce Training</p>	<p>For proposed Community Pathways, what are the state's plans to provide training and support for caseworkers to know how to access and deliver needed trauma-informed and evidence-based services?</p>	<p>3289-3307</p>	<p>For community pathways counties, the efforts listed above document steps PA is taking to enhance the child welfare workforce not just for county employees but in private provider agencies as well. Should a county enter into a contract with a provider agency to provide services as described in the community pathway, it will assure the provider agency staff are trained in the specific assessment tools used by county employees regarding risk and safety, including the implementation of the FAST tool as PA moves forward with implementation of that tool in counties. The state will work with CWRC to assure accessibility to training for any such provider agencies.</p> <p>Community pathways counties will also be providing services to families in a manner that is consistent with families who access services through traditional child welfare channels following reports to the county and will therefore be fully trained in the implementation of the particular evidence-based practice model with fidelity as described elsewhere in this plan.</p> <p>This specific training concept, that provider agencies will receive the same family</p>

Category	ACF Comment	Line #	Response
			<p>assessment training that county staff receive along with particular training in the evidence-based practice they are implementing, will ensure the provider agency staff in community pathway counties are able to conduct assessments and develop appropriate prevention plans to meet current needs.</p>
<p>Child Welfare Workforce Training</p>	<p>For proposed Community Pathways, what are the state's plans to provide training and support to caseworkers in overseeing and evaluating the continuing appropriateness of services provided?</p>	<p>595-611</p>	<p>The means by which the county and contracted community-based providers partner to provide the services will be described in appropriate sections throughout this document but it should be noted that as part of the community pathway model in each county the CCYA will remain responsible for:</p> <ul style="list-style-type: none"> •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 oversight 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 and sharing 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. •Assuring community-based partners receive the training and technical assistance required to successfully implement the work.

Category	ACF Comment	Line #	Response
Prevention Caseloads	Specifically for Community Pathways, additional information is needed regarding anticipated caseloads. Overarching parameters and expectations regarding caseload sizes is requested.	3121-3127 3754-3758	<p>Regions will monitor the county processes as well as community pathway programs 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.</p> <p>Counties with community pathway models will assure that caseload sizes for providers implementing the EBP will maintain prescribed caseload limits as per the directions for each EBP. For county staff overseeing prevention plans, monitoring of services, and implementation of EBP services by the provider agency, caseload sizes should not exceed the current statewide 30-1 ratio.</p>
Eligibility Criteria	For proposed Community Pathways, will Community Pathway providers overseeing the child specific prevention plan be the same person providing the evidence-based program, or will a separate entity be serving in this capacity?	619-643	<p>For community pathways, it may or may not be the same person providing the EBP.</p> <p>For the circumstances where it is not the same person ongoing communication between the community pathway provider and the CCYA is expected to occur. As noted above, a community pathway process could start with a referral to the CCYA and that agency completes an assessment and then makes a referral to a contracted provider based on the assessment they complete, or a family may seek access to a prevention service in the community prior to a report of maltreatment coming to the county agency. In either case, a prevention plan is expected to be developed and communicated and shared between the provider agency and the CCYA. While the prevention plan is implemented through the provider agency,</p>

Category	ACF Comment	Line #	Response
			<p>progress, or newly identified risks or concerns will be shared by the provider agency with the CCYA. The provider agency will further communicate any change of status of the work or when the work is completed, and or if the family prevention services are closed. As assessment intervals at the provider agency are expected to mirror intervals as if the county agency was servicing the family directly, even if no changes are experienced an updated prevention plan must be completed and shared with the CCYA within six months of initiation of the prevention plan.</p> <p>For community pathway circumstances where the county agency receives a referral and determines eligibility and candidacy and then refers the family for the community pathway services without maintaining ongoing casework responsibilities, the agency providing the services will be different from the county agency that determined eligibility and candidacy, although the entities will work together as partners assuring compliance with all elements of this plan. In circumstances where a county develops a community pathway and a family seeks prevention services absent a report to the county agency, the provider agency will complete the assessment and make the referral to the county agency to determine candidacy and eligibility based on the assessment completed by the provider agency.</p>

Category	ACF Comment	Line #	Response
	<p>Section 471(e)(1) of the SSA requires states to include in their title IV-E prevention program five-year plan information regarding how the IV-E agency will assess children and their parents or kin caregivers to determine eligibility for title IV-E prevention services. The plan as currently outlined with the revised language provides minimal information related to the eligibility assessment that will be completed by providers in the agency's community pathway. These assessments are the primary source information that the IV-E agency will be basing eligibility determinations. Therefore, to strengthen the agency's plan and support consistent identification of candidates for foster care, the state may want to consider identifying any formalized processes, policies or procedures to standardize the information collected during assessment. This presents an opportunity for the IV-E agency to ensure that the information received from community providers is consistent and sufficient to make reliable and valid eligibility determinations.</p>	<p>565-578 586-589 616-618 3111-3120 3289-3287 3302-3307</p>	<p>Community pathway counties can contract with approved community-based providers to gather and document information as the assessment using the same assessment tools that would be used by the CCYA, but the assessment will be shared with the CCYA for the CCYA be the agency to determine candidacy and eligibility for the selected prevention service. Pennsylvania currently uses state approved risk and safety assessment tools and will be transitioning to the use of a state specific model of FAST that will be inclusive of current risk and safety factors. Depending on the timing of implementation (FAST is expected to be piloted in 2023 in some counties and implemented statewide in 2024) the contracted provider will be trained to complete assessments in a way that uses equivalent tools to the ones the county is using. The contracted provider for the prevention service may 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.</p> <p>In this scenario, the community-based provider will assess the family and child using the state approved assessment process that mirrors the county process, document the findings, and provide information to the CCYA for review, candidacy determination, and prevention plan creation and/or approval.</p> <p>The assessment process and eligibility criteria for the community pathways would mirror the assessment process and use of eligibility criteria set forth above in this plan.</p> <p>The risk and safety assessment tools will mirror the assessment tools in use at the county agency at the time of the assessment and the contracted provider staff will be</p>

Category	ACF Comment	Line #	Response
			<p>trained in use of the most current state approved tools including the upcoming FAST tool to be piloted in 2023 and fully implemented in 2024 to support consistency of monitoring with the county agency including the use of the same assessment tools.</p> <p>Should a county enter into a contract with a provider agency to provide services as described in the community pathway, it will assure the provider agency staff are trained in the specific assessment tools used by county employees regarding risk and safety assessment at the time of the community pathway implementation, including the implementation of the FAST tool as PA moves forward with implementation of that tool in counties in the coming months.</p> <p>This specific training concept, that provider agencies will receive the same family assessment training that county staff receive along with particular training in the evidence-based practice they are implementing, will ensure the provider agency staff in community pathway counties are able to conduct assessments, transmit information in the same terminology used by the county agency, and develop appropriate prevention plans to meet current needs without confusion that would be caused by the use of inconsistent tools.</p>
Eligibility Criteria	For proposed Community Pathways, specificity is requested regarding communications between Title IV-E agency and Community Pathways. For example, what information will be shared between the Community Pathways and the Title IV-E agency, how will this information be used, and how will coordination regarding case status occur?	534-557 619-628	<p>The eligibility criteria for the community pathways would mirror the eligibility criteria set forth above in this plan.</p> <p>For community pathway circumstances where the county agency receives a referral and determines eligibility and candidacy and then refers the family for the community pathway services without maintaining ongoing casework responsibilities, the agency providing the services will be different from</p>

Category	ACF Comment	Line #	Response
			<p>the county agency that determined eligibility and candidacy, although the entities will work together as partners assuring compliance with all elements of this plan. In circumstances where a county develops a community pathway and a family seeks prevention services absent a report to the county agency, the provider agency will complete the assessment and make the referral to the county agency to determine candidacy and eligibility based on the assessment completed by the provider agency.</p> <p>Ongoing communication between the community pathway provider and the CCYA is expected to occur. As noted above, a community pathway process could start with a referral to the CCYA and that agency completes an assessment and then makes a referral to a contracted provider based on the assessment they complete, or a family may seek access to a prevention service in the community prior to a report of maltreatment coming to the county agency. In either case, a prevention plan is expected to be developed and communicated and shared between the provider agency and the CCYA. While the prevention plan is implemented through the provider agency, progress, or newly identified risks or concerns will be shared by the provider agency with the CCYA. The provider agency will further communicate any change of status of the work or when the work is completed, and or if the family prevention services are closed. As assessment intervals at the provider agency are expected to mirror intervals as if the county agency was servicing the family directly, even if no changes are experienced an updated prevention plan must be completed and shared with the CCYA within six months of initiation of the prevention plan.</p>

Category	ACF Comment	Line #	Response
<p>Service Description and Oversight</p>	<p>For each of the EBPs, additional information is requested regarding the specific outcomes for each program and service the state will target through the implementation of the Title IV-E prevention program.</p> <p>For each of the EBPs, additional information is requested regarding how each continuous monitoring outcome will be collected</p>	<p>758 783-795 833-847 881-898 918-929 951-963 997-1008 1028-1043 1066-1079 1118-1133</p>	<p>Table 1. Evidence-Based Services and Programs Selected from the Title IV-E Clearinghouse – Table has been updated to show target outcomes for each EBP</p> <p>FFT - Pennsylvania will partner with FFT LLC to monitor outcomes. In particular, Pennsylvania will access data from measures already used by FFT practitioners such as the Y-OQ® 2.01 Youth Outcome Questionnaire (completed by parent/ caregiver) and the Y-OQ® SR 2.0 Youth Outcome Questionnaire (completed by the identified/ referred youth 10 or older). Each Questionnaire contains subscales to measure the outcomes of interest including externalizing behaviors (e.g., aggressive behavior, impulsive behavior) and internalizing behaviors (e.g., depression, anxiety) (FFT LLC: Functional Family Therapy Guide to Using and Inputting Assessments 2022).</p> <p>Pennsylvania will also monitor child safety and child permanency outcomes. OCYF will use AFCARS data to monitor child permanency and data collected through the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF will utilize fiscal invoicing data to monitor child/family participation in each EBP and identify the children for whom safety and permanency data are needed.</p> <p>HFA – In particular, OCYF, OCDEL, and the HFA developer will consider items from existing HFA tools including the Family Resilience and Opportunities for Growth (FROG) Scale to gather information about family functioning and parenting and the CHEERS Check-In Tool to gather information about child behavioral and emotional functioning. In addition, items will also be considered to gather information about parent/caregiver mental health. Standard tools used by HFA practitioners will be considered (e.g., Edinburgh Postnatal</p>

Category	ACF Comment	Line #	Response
			<p>Depression Scale or Patient Health Questionnaire [PHQ-9]) as well as performance measures that already exist in the OCDEL system related to screening for caregiver depression to assess the most informative and efficient means of gathering these data.</p> <p>Pennsylvania will also monitor child safety and child permanency outcomes. OCYF will use AFCARS data to monitor child permanency and data collected through the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF will utilize fiscal invoicing data to monitor child/family participation in each EBP and identify the children for whom safety and permanency data are needed.</p> <p>Homebuilders - Pennsylvania will also monitor child safety and child permanency outcomes. OCYF will use AFCARS data to monitor child permanency and data collected through the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF will utilize fiscal invoicing data to monitor child/family participation in each EBP and identify the children for whom safety and permanency data are needed.</p> <p>State-level child permanency data may be supplemented with existing HB monitoring of placement prevention/ reunification / placement stabilization at the time of program termination. State-level child safety data may be supplemented with data from the NCFAS regarding family safety which includes the assessment of the absence/presence of physical abuse, sexual abuse, emotional abuse, and neglect of child(ren) and domestic violence between parents/caregivers.</p> <p>IY-SAB - Because IY-SAB is a "Promising" program, Pennsylvania will partner with the University of Pittsburgh, Pennsylvania Child Welfare Resource Center, Research and Evaluation Team and IY-SAB practitioners</p>

Category	ACF Comment	Line #	Response
			<p>across the Commonwealth to carry out a rigorous evaluation of the program (see Evaluation Plan). As part of the evaluation, data will be collected about parenting practices using the Parent Practices Interview (Webster-Stratton) as well as data regarding child safety and permanency. The Evaluation Team will partner with OCYF to access AFCARS data to monitor child permanency and data collected through the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF will provide the Evaluation Team fiscal invoicing data to monitor child/family participation in each EBP and identify the children for whom safety and permanency data are needed. In addition to informing the evaluation of IY-SAB, these data will also be used for monitoring and CQI purposes.</p> <p>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.</p> <p>IY-TB - Because IY-TB is a "Promising" program, Pennsylvania will partner with the University of Pittsburgh, Pennsylvania Child Welfare Resource Center, Research and Evaluation Team and IY-TB practitioners across the Commonwealth to carry out a rigorous evaluation of the program (see Evaluation Plan). As part of the evaluation, data will be collected about parenting practices using the Parent Practices Interview (Webster-Stratton) as well as data about child safety and permanency. The Evaluation Team will partner with OCYF to access AFCARS data to monitor child permanency and data collected through the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF will provide the Evaluation Team fiscal invoicing data to monitor child/family participation in each EBP and identify the children for whom safety and</p>

Category	ACF Comment	Line #	Response
			<p>permanency data are needed. In addition to informing the evaluation of IY-SAB, these data will also be used for monitoring and CQI purposes. In addition to informing the evaluation of IY-TB, these data will also be used for monitoring and CQI purposes. 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.</p> <p>MST - MST focuses on ultimate outcomes related to permanency as well as whether youth avoid criminal activity and are in school/working. In addition to these ultimate outcomes, MST focuses on fidelity monitoring rather than tracking proximal outcomes related to the reasons families are referred to MST (e.g., behavioral and emotional functioning, parenting practices) and proximal outcome data are not available through MST. Rather than attempt to collect these data directly from providers, Pennsylvania will focus monitoring efforts for MST on program fidelity as well as child safety and permanency.</p> <p>OCYF will use AFCARS data to monitor child permanency and data collected through the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF will utilize fiscal invoicing data to monitor child/family participation in each EBP and identify the children for whom safety and permanency data are needed.</p> <p>NFP - 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 NFP providers that are MIECHV grantees. MIECHV grantees follow the federal requirements for</p>

Category	ACF Comment	Line #	Response
			<p>CQI reporting, which have been established by the Health Resources Services Administration (HRSA). OCYF will partner with OCDEL to make use of existing data collection processes to gather outcome data from NFP providers serving children and families through FFPSA funding. In particular, OCYF will access data regarding economic and housing stability, including the primary caregiver's employment status, housing status, and educational status.</p> <p>Pennsylvania will also monitor child safety and child permanency outcomes. OCYF will use AFCARS data to monitor child permanency and data collected through the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF will utilize fiscal invoicing data to monitor child/family participation in each EBP and identify the children for whom safety and permanency data are needed. These data will be used for monitoring and CQI purposes.</p> <p>PAT - Pennsylvania will partner with the PAT developer to monitor outcomes. In particular, Pennsylvania will access data from measures already used by PAT practitioners to monitor parenting practices such as communication and listening; nurturing, loving, or supportive behavior; rules and consequences; setting boundaries; warmth; and parent-child relationship. These measures may include one of the following tools: the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLOTM) Tool, Keys to Interactive Parenting Scale (KIPS), or Home Observation Measurement of the Environment (HOME). Pennsylvania will also monitor child safety and child permanency outcomes. OCYF will use AFCARS data to monitor child permanency and data collected through the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF will utilize fiscal invoicing data to monitor</p>

Category	ACF Comment	Line #	Response
			<p>child/family participation in each EBP and identify the children for whom safety and permanency data are needed. These data will be used for monitoring and CQI purposes.</p> <p>Triple P - Because Triple P Level 4 Standard is a "Promising" program, Pennsylvania will partner with the University of Pittsburgh, Pennsylvania Child Welfare Resource Center, Research and Evaluation Team and program practitioners across the Commonwealth to carry out a rigorous evaluation of the program (see Evaluation Plan). As part of the evaluation, child well-being outcome data related to behavioral and emotional functioning will be collected using the Strengths and Difficulties Questionnaire (SDQ; Goodman, R., 2001). Adult well-being outcomes related to parenting practices and parent/caregiver mental or emotional health will be measured Parenting and Family Adjustment Scales (PAFAS; Sanders et al., 2014).</p> <p>The evaluation will also collect information about child safety and permanency. The Evaluation Team will partner with OCYF to access AFCARS data to monitor child permanency and data collected through the Child Welfare Information System (CWIS) to monitor child safety. In addition, OCYF will provide the Evaluation Team fiscal invoicing data to monitor child/family participation in each EBP and identify the children for whom safety and permanency data are needed. In addition to informing the evaluation of IY-SAB, these data will also be used for monitoring and CQI purposes.</p>

Category	ACF Comment	Line #	Response
Service Description and Oversight	Additional information is requested as to whether all of the proposed EBPs will be available in each county and/or for each innovation zone.	856-866	There is not a requirement that counties implement any or all of the EBPs outlined in Pennsylvania's Five-Year Prevention Plan. 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. All proposed EBPs will be available to Pennsylvania's counties and community pathways that have selected those EBPs.
Service Description and Oversight	Will each county be engaged in continuous monitoring activities outlined in the plan?	1434-1461	<p>At the county level, all CCYAs must participate in the following activities as part of the plan for implementing the Family First program monitoring and EBP specific CQI requirements:</p> <ul style="list-style-type: none"> • 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 and included in Pennsylvania's Five-year Plan. • 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. <p>Participate in all activities identified by OCYF as necessary to support monitoring of Family First EBP specific safety, permanency or well-being outcomes identified in pages 22-35 of this plan.</p>

Category	ACF Comment	Line #	Response
Service Description and Oversight	Additional information is requested regarding the specific fidelity monitoring instrument(s) that will be used for Homebuilders. For example, what instruments, standards or performance measures will be used for this purpose?	2124-2130	<p>The Homebuilders model includes fidelity measures designed to track specific indicators and performance measures through Abridged 3.0. The Institute for Family Development (IFD) provides annual fidelity reports to the county CCYA's. In addition, there are ongoing monthly meetings between IFD, the provider, the specific in-home team, as well as the navigators who are the subject matter experts in the CCYA system. When teams are identified as struggling to maintain the model, booster sessions are provided to support the team and reorient their strategies. IFD provides a detailed review of the provider's adherence to Homebuilders standards and fidelity measure throughout the life of the case. This report includes data charts when applicable, and determination of which standards need to be included in a Quality Enhancement Plan, Professional Development Plan, or Quality Improvement Plan.</p>
Evaluation Strategy and Waiver Request	For Incredible Years - TB: Additional information is needed related to evaluation design, data collection, sampling plan, analysis plan and limitations. For outcome evaluation, additional information is requested regarding the data collection procedures for collecting the proposed outcomes.	2192-2394	<p>For each EBP (IY-TB, IY-SAB, and Triple P-Level 4 Standard), the process evaluation section was expanded to include the study design (which includes the sampling plan), data collection, analysis plan, and limitations (addresses ACF feedback).</p> <ul style="list-style-type: none"> • Process evaluation tables were updated to include more details about the measures, and a question was added to assess the fidelity of program implementation (a standard question that is assessed in a process evaluation). • The Outcomes Evaluation Research Questions and Measures table was modified in the following ways: <ul style="list-style-type: none"> ○ 1.) Child safety and permanency measures were updated to align with CQI measures.

Category	ACF Comment	Line #	Response
			<ul style="list-style-type: none"> ○ 2.) The research question about whether FFPSA eligibility status impacts the effectiveness of outcomes was removed. This decision was made based on changes in the data collection processes for obtaining these data. ○ 3.) Source of data (i.e., state, county, or service provider) was added to each measure. • The Study Design section was updated in the following ways: <ul style="list-style-type: none"> ○ 1.) Because we removed the research question about whether FFPSA eligibility status impacts the effectiveness of outcomes, the sample was updated to include FFPSA-eligible children/youth only. ○ 2.) The number of counties referring caregivers to the EBP was updated to reflect actual counts for FY 21/22. ○ 3.) All counties that currently refer families to the EBP will be involved in the evaluation. We will no longer be starting off with approximately two to five counties and then adding more as needed. <p>The Data Collection section was updated to include more details about the data collection processes for the outcomes evaluation (addresses ACF feedback).</p>
Evaluation Strategy and Waiver Request	For Incredible Years - IY SAB: Additional information is needed related to evaluation design, data collection, sampling plan, analysis plan and limitations. For outcome evaluation, additional information is requested regarding the data	2396-2599	For each EBP (IY-TB, IY-SAB, and Triple P-Level 4 Standard), the process evaluation section was expanded to include the study design (which includes the sampling plan),

Category	ACF Comment	Line #	Response
	collection procedures for collecting the proposed outcomes.		<p>data collection, analysis plan, and limitations (addresses ACF feedback).</p> <ul style="list-style-type: none"> • Process evaluation tables were updated to include more details about the measures, and a question was added to assess the fidelity of program implementation (a standard question that is assessed in a process evaluation). • The Outcomes Evaluation Research Questions and Measures table was modified in the following ways: <ul style="list-style-type: none"> ○ 1.) Child safety and permanency measures were updated to align with CQI measures. ○ 2.) The research question about whether FFPSA eligibility status impacts the effectiveness of outcomes was removed. This decision was made based on changes in the data collection processes for obtaining these data. ○ 3.) Source of data (i.e., state, county, or service provider) was added to each measure. • The Study Design section was updated in the following ways: <ul style="list-style-type: none"> ○ 1.) Because we removed the research question about whether FFPSA eligibility status impacts the effectiveness of outcomes, the sample was updated to include FFPSA-eligible children/youth only. ○ 2.) The number of counties referring caregivers to the EBP was updated to reflect actual counts for FY 21/22.

Category	ACF Comment	Line #	Response
			<ul style="list-style-type: none"> ○ 3.) All counties that currently refer families to the EBP will be involved in the evaluation. We will no longer be starting off with approximately two to five counties and then adding more as needed. <p>The Data Collection section was updated to include more details about the data collection processes for the outcomes evaluation (addresses ACF feedback).</p>
<p>Evaluation Strategy and Waiver Request</p>	<p>For Triple P Level 4 Standard: Additional information is needed related to evaluation design, data collection, sampling plan, analysis plan and limitations. For outcome evaluation, additional information is requested regarding the data collection procedures for collecting the proposed outcomes.</p>	<p>2600-2842</p>	<p>For each EBP (IY-TB, IY-SAB, and Triple P-Level 4 Standard), the process evaluation section was expanded to include the study design (which includes the sampling plan), data collection, analysis plan, and limitations (addresses ACF feedback).</p> <ul style="list-style-type: none"> • Process evaluation tables were updated to include more details about the measures, and a question was added to assess the fidelity of program implementation (a standard question that is assessed in a process evaluation). • The Outcomes Evaluation Research Questions and Measures table was modified in the following ways: <ul style="list-style-type: none"> ○ 1.) Child safety and permanency measures were updated to align with CQI measures. ○ 2.) The research question about whether FFPSA eligibility status impacts the effectiveness of outcomes was removed. This decision was made based on changes in the data collection processes for obtaining these data. ○ 3.) Source of data (i.e., state, county, or service

Category	ACF Comment	Line #	Response
			<p>provider) was added to each measure.</p> <ul style="list-style-type: none"> • The Study Design section was updated in the following ways: <ul style="list-style-type: none"> ○ 1.) Because we removed the research question about whether FFPSA eligibility status impacts the effectiveness of outcomes, the sample was updated to include FFPSA-eligible children/youth only. ○ 2.) The number of counties referring caregivers to the EBP was updated to reflect actual counts for FY 21/22. ○ 3.) All counties that currently refer families to the EBP will be involved in the evaluation. We will no longer be starting off with approximately two to five counties and then adding more as needed. <p>The Data Collection section was updated to include more details about the data collection processes for the outcomes evaluation (addresses ACF feedback).</p>
<p>Evaluation Strategy and Waiver Request</p>	<p>Specifically related to evaluation waiver request for HFA - what is the compelling evidence of effectiveness for implementing HFA with enrollment of children between 3 and 24 months?</p>	<p>Attachment II (Page 10-11)</p>	<p>It is important to note that Pennsylvania plans to allow counties to implement the adaptation of HFA approved for families involved with child welfare; this adaptation allows families to enroll in HFA up until their child is 24 months old, instead of the standard maximum enrollment age of three months old (Healthy Families America, n.d.). While no research has been conducted solely on the expanded enrollment adaptation, one study did include infants over three months of age at enrollment, and a reduced likelihood of maltreatment reoccurrence was found for those families who participated in HFA (Easterbrooks, Kotake, & Fauth, 2019). Pennsylvania child welfare data supports the</p>

Category	ACF Comment	Line #	Response
			<p>use of the adaptation of HFA that expands enrollment to families with children up to 24 months old. Children aged 0-2 years represent more than 15% of all substantiated cases of maltreatment in PA (The Annie E. Casey Foundation, KIDS COUNT Data Center, 2019a). This figure has increased from 6.6% in 2012 to 19.7% in 2018 (The Annie E. Casey Foundation, KIDS COUNT Data Center, 2019a). Additionally, Pennsylvania children aged 0-2 years represent 20% of all children in out-of-home care and are the most common age group of children placed into out-of-home care since 2015 (The Annie E. Casey Foundation, KIDS COUNT Data Center, 2019b). Taken together, these data indicate that Pennsylvania children aged 0-2 years would benefit from the adapted version of HFA.</p>
Monitoring Child Safety	For all EBPs, need additional information about child safety monitoring processes and assessments for pregnant and parenting youth in foster care	3007-3109	<p>Ongoing monitoring of safety for pregnant and parenting youth in out of home care is also captured in the activities similar to what has been described for those children who remain in their home with prevention services. Monitoring the assessment of risk and safety occurs through caseworker visitation with the pregnant and parenting youth (would also include the infant child born to the parent in out of home care) and supervisory reviews and discussions.</p> <p>Periodic Risk Assessment - Completed by the CCYA for pregnant and parenting youth in foster care as follows:</p> <ul style="list-style-type: none"> • Every six months in conjunction with the FSP/ CPP or judicial review unless one of the following applies: <ul style="list-style-type: none"> ○ the risk remains low or there is no risk ○ the child has been in placement for more

Category	ACF Comment	Line #	Response
			<p>than six months and there are no other children residing in the home.</p> <ul style="list-style-type: none"> • Thirty calendar days before and after the child is returned to the family home unless: <ul style="list-style-type: none"> ○ 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. <p>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. The birth of a child would be a change in circumstances which would trigger an assessment of risk for both the parent and infant. This would also include assessing the risk and safety to the newborn which includes the parenting capacities of the teen parent.</p> <p>Ongoing caseworker visitation with a child/youth in out of home care occurs at a minimum on a monthly basis. As further enhanced through Child and Family Services Improvement Act of 2006 and the OCYF Bulletin 3490-08-05 Frequency and Tracking of Caseworker Visits to Children in Federally Defined Foster Care, include focused visitations within the placement setting with the core focus of visits is the protection of children. Visits are the mechanism for monitoring safety and providing services to promote the well-being of the child and the child's family and caregivers. The visits and</p>

Category	ACF Comment	Line #	Response
			<p>information gathered during the visits are documented in the case record through the use of structured case notes.</p> <p>As previously described, the monitoring from the OCYF level occurs through the case review and licensing activities outlined.</p>
<p>Evaluation Strategy and Waiver Request</p>	<p>Given the wide range of EBPs and target populations in Pennsylvania’s prevention plan, are there any consideration (i.e., limitations) regarding bundled programming in any of the evaluation strategies?</p>	<p>2389-2394 2594-2599 2810-2816</p>	<p>As a result of bundled programming, families may participate in other services that could influence the same outcomes as the specific EBP, thereby introducing contamination in the evaluation. Therefore, participating in similar programs may introduce opportunities for alternative explanations of achieving desired outcomes that are not due to the specific EBP. To address this limitation, the evaluation team plans to include relevant services received as a covariate in the propensity score matching procedure, based on the availability of and access to such data.</p> <ul style="list-style-type: none"> • IY-TB • IY-SAB • Triple P
<p>Evaluation Strategy and Waiver Request</p>	<p>The evaluation strategies included information related to propensity score matching planned on race/ethnicity and SES variables. Additional information regarding other variables that will be used for propensity score matching purposes would provide clarification in this area.</p>	<p>2356-2360 2560-2564 2775-2779</p>	<p>Key demographic measures (e.g., race/ethnicity and SES) predicting probability of assignment to the treatment group, as well as the receipt of related services and pretest outcome measures (Eisner et al., 2012).</p> <ul style="list-style-type: none"> • IY-TB • IY-SAB • Triple P

