pennsylvania
DEPARTMENT OF HUMAN SERVICES

PENNSYLVANIA TITLE IV-E PREVENTION SERVICES PLAN

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INTRODUCTION

Agency Overview

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

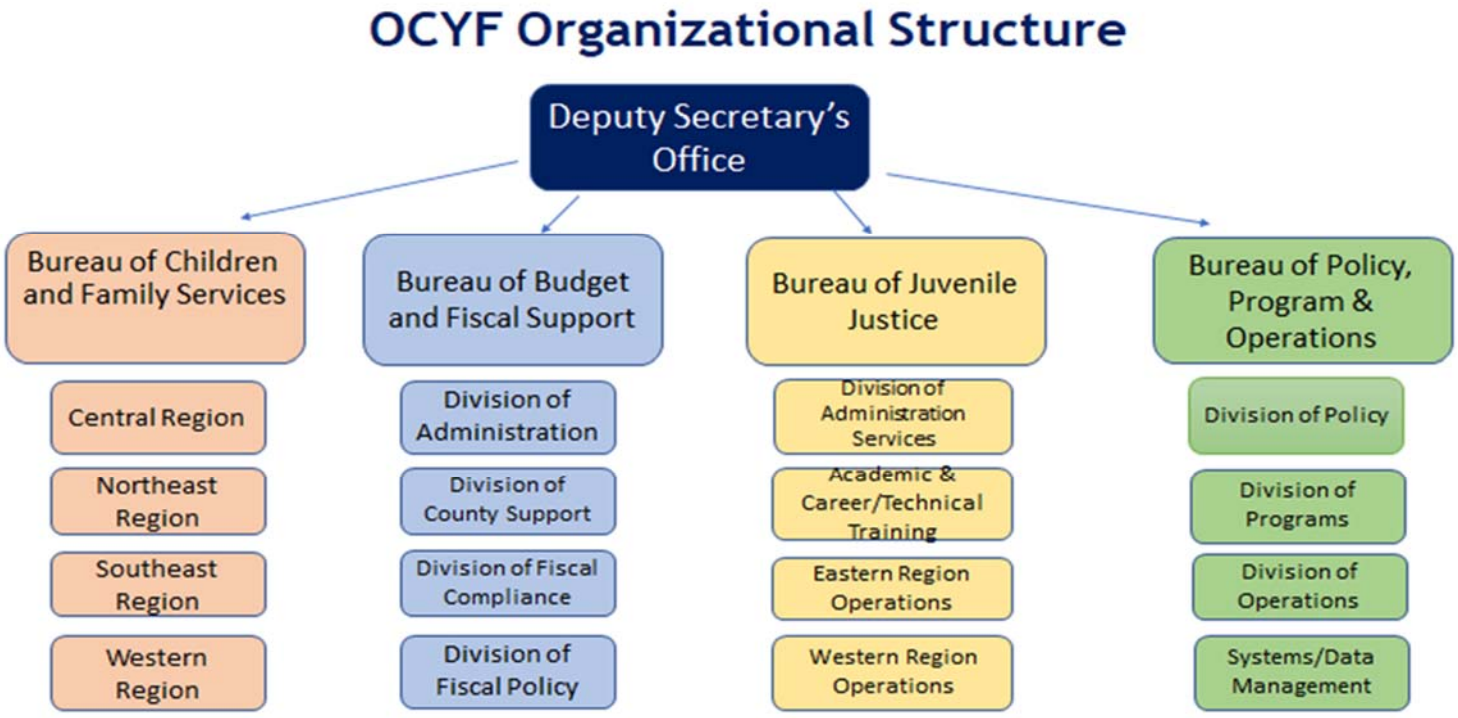
As a Commonwealth with a state-supervised, county-administered child welfare system, Pennsylvania's approach to participating in the Prevention Services program is designed to ensure fulfillment of all federal requirements while allowing counties the maximum flexibility possible to meet the specific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

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

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

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

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



FAMILY FIRST APPROACH

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

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

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

Primary, secondary, and tertiary prevention services have and will continue to be a critical piece of Pennsylvania's child welfare service array. These services are supported with a combination of federal, state, and local funds. State Act 148 funding is allocated through the Needs-Based Plan and Budget (NBPB) process, and the Special Grants Initiative (SGI) which was established in 2009 to incentivize prevention services. The SGI provides a larger percentage of state Act 148 funding in four categories of prevention services, Evidence-Based Programs (EBP), Pennsylvania Promising Practices, Alternatives to Truancy Prevention, and Housing. These categories have been identified as areas that can make a significant impact on reducing abuse and

neglect and preventing out-of-home placement of children. Act 148 funding is used to support program start-up costs, collaboration with cross-systems initiatives, coordination of services using family- and team-based models, and investments in staff and financial resources. Pennsylvania plans to use this funding opportunity to leverage and expand the existing continuum of services.

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

The Practice Model[1] is comprised of six core outcomes, which together frame the vision for Pennsylvania's child welfare system. These outcomes reflect the mission and values of OCYF as well as the mission and guiding principles for Pennsylvania's child dependency system and the Practice Model aligns with the broader vision of Family First legislation, focused on "strengthening families by preventing child maltreatment, unnecessary removal of children from their families and homelessness among youth." (ACYF-CB-PI-18-09) This alignment can be seen in the following three outcomes included in the Practice Model:

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

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

Race Equity

The practice model further highlights the importance of cultural awareness and responsiveness. To that end, Pennsylvania is committed to identifying and addressing any racial disparities in the child welfare system. Understanding the impact of racial disparity in the child welfare system requires recognition of the points at which bias may

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

enter the system and how inequities at each point may impact the trajectory of children and families as they move through the system. Racial disparity may often be found at the very point where families first come into contact with the child welfare system. In Pennsylvania there are significant racial disparities in the number of suspected child abuse and neglect reports that are received by the county children and youth agencies and ChildLine, Pennsylvania's child abuse hotline. Notably, Black children make up 14 percent of the total child population in Pennsylvania but represent 21 percent of alleged victims of abuse in child protective service reports.

Once Black children become known to the child welfare system, they are more likely to enter foster care and stay in foster care longer than White children. Currently, 35 percent of children in foster care are Black, and Black children represent 42 percent of children who have been in foster care for two years or more. Given the trauma that children may experience when separated from their families, and the impact such trauma can have on social, economic, and health outcomes, racial disparities in placement may have long lasting effects that are detrimental to the well-being of Black children and their families. DHS is committed to reviewing data across the full spectrum of child welfare services to gain a better understanding of any racial disparities in outcomes related to safety, permanency, and well-being of children and collaborating with stakeholders to reduce any disparities across the system.

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

Congregate Care Reduction

Pennsylvania is well-positioned to move toward the vision of utilizing evidence-based programs to reduce placement in out-of-home care, and specifically in congregate care by using a continuum of efforts to safely reduce the number and restrictiveness of placements used across the Commonwealth. The Adoption and Foster Care Analysis and Reporting System (AFCARS) data show that Pennsylvania has seen a nine percent decrease in out–of-home placements from September 2019 to September 2020. The number of children and youth in out-of-home placements was 13% lower in September 2020 than it was in September 2015. The percentage of youth placed in congregate care remains lower now than it was five years ago; 18% in September 2015 to 11% in September 2020. Additionally, a review of recent data shows a decrease in entries into foster care; there were 2,797 fewer entries from Federal Fiscal Year (FFY) 2019 to FFY 2020. Comparing FFY 2019 to FFY 2020, 14 counties

saw an increase in entries, 51 counties saw a decrease, and two counties had no change.

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

Meaningful family involvement increases the likelihood that children will safely remain in their own home or will be placed with family if out-of-home placement is necessary. In addition, the initiative focuses on well-being of the child as well as the entire family. The FEI builds upon the county's implementation of the Permanency Practice Initiative by focusing on three components designed to meaningfully involve family: Family Finding – Revised; Crisis/Rapid Response Family Meetings and; Enhanced Legal Representation.

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

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

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

Trauma-Informed Care

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

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

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

Pennsylvania's Collaborative Structure

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

Pennsylvania also has benefitted from a statewide stakeholder collaboration called the Pennsylvania Child Welfare Council (Council), which was previously formed to inform and support the implementation of new and enhanced practices across the state including Family First.

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

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

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

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

<u>DHS Executive Team</u>

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

<u>OCYF Steering Team</u>

- Provides global direction for the implementation of Family First
- Defines scope of the Family First project
- Provides high-level guidance to project team
- Establishes cross-office/system collaboration

- Sets measurable goals
- Determines implementation timelines
- Communicates with key stakeholders, including the Council

Project Team

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

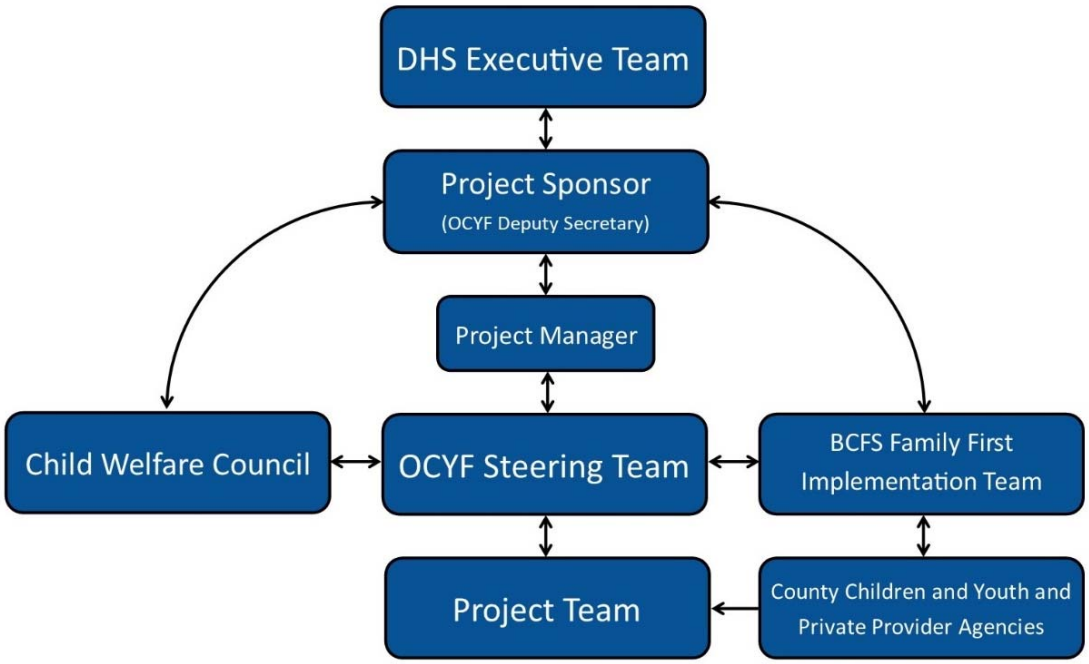
PA Child Welfare Council

Provides leadership and guidance to support collaborative strategic visioning for all aspects of Child Welfare in Pennsylvania

Bureau of Child and Family Services Family First Implementation Team

Identifies and addresses challenges associated with implementation of Family First and incorporates Family 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.

The following offers a visual depiction of the Family First Planning Team Structure. This structure may be altered as PA transitions to implementation and monitoring.



In addition, a Prevention Workgroup was convened in 2019 as a Project Team subcommittee and engaged stakeholders from CCYAs, the private provider community, medical assistance program, mental health, substance use services, juvenile justice, behavioral health organizations, and non-profit advocacy organizations to make recommendations about Family First implementation. In particular, this workgroup made recommendations on candidacy eligibility criteria, potential eligible populations, how to document key data elements within prevention plans, risk and safety monitoring of those receiving prevention services, fidelity, outcome, and CQI monitoring considerations, and implementation considerations for being more trauma-informed.

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

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

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

The BCFS Family First Implementation Team (FFIT) will:

- Identify and address challenges associated with the culture shift related to moving from reactive to proactive, preventive services,
- Incorporate principles and practice that support implementation of prevention services that are trauma-informed care and healing centered programs,
- Incorporate principles and practice that strengthens equity and a culturally responsive prevention service array,
- Define the responsibilities of the Regional Offices, Child Welfare Resource Center, and other partners with Family First implementation,
- Define Continuous Quality Improvement strategies to support implementation

- Identify and provide training, transfer of learning, and technical assistance tools and processes to support implementation, and
- Identify themes, resources, and support for county, provider, and statewide needs.

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

Candidacy

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

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

Having a child determined to be a Candidate for Foster Care will not be dependent on having a substantiated finding of child abuse or neglect. Children who may have had an abuse investigation determined as unfounded or a general protective services assessment determined as invalid may still face significant threats in their home and the need for substance abuse, mental health, or parent education services and interventions as offered by Family First may still serve to prevent placement in foster care.

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

Innovation Zones

For the reasons provided above, Pennsylvania is working with county partners to develop “Prevention Services Innovation Zones” to support the provision of evidence-based prevention services for a child who would be a Candidate for Foster Care but has not been referred to a child welfare agency as a result of maltreatment or who does not require immediate Child Welfare intervention while still meeting the definition of Candidate for Foster Care.

In these Innovation Zones, counties will work with identified community-based providers of the evidence-based prevention services, as approved in this plan, to allow for the community-based organization to complete the information gathering for the assessment of candidacy. The information gathered will be provided to the CCYA (the Title IV-E agency) who will make the actual determination of candidacy. This may occur when the community-based organization directly receives referrals from other community partners (schools, other social service programs) or from a CCYA who does not feel child welfare intervention is immediately required but prevention services based on the assessment are warranted. While the CCYA would be responsible for all the elements of prevention services planning (including determination of candidacy, monitoring of service provision, child safety, and fiscal compliance with Title IV-E requirements) they would not be required to create a new referral for investigation or assign a caseworker from the CCYA to monitor the family. Those services would be provided by the community-based organization.

Pennsylvania has created guidelines for the development of an innovation zone for counties (see attached checklist of requirements in Appendix VII) and OCYF will be responsible for reviewing and approving plans submitted by counties. The OCYF regional offices will include oversight of the innovation zone efforts as part of licensing and monitoring efforts. Evaluation of the impact of the innovation zones will be included in monitoring and evaluation work.

Counties will not be required to have innovation zones as this will be an optional effort determined by each individual county. CCYA’s will have the ability to add innovation zone programs through a regular review process following Family First implementation.

Pennsylvania recognizes that as program definitions are broadened there can sometimes be unintended consequences of unnecessary program involvement for families with child welfare services. This is why OCYF is intentionally allowing for assessment and service provision to be provided by community-based organizations on behalf of CCYAs based on family need without requirement of a child welfare referral or assignment of a caseworker from the child welfare agency, while the CCYA maintains the requirements of the Title IV-E agency as noted above.

If a county is approved as an Innovation Zone, and if a child is determined to be a Candidate for Foster Care, the CCYA will support the provision of the appropriate EBP to prevent placement of the child. The CCYA will document the placement prevention efforts within the Family Service Plan (FSP), Child Permanency Plan (CPP), or a separate Placement Prevention Plan.

To support this practice, OCYF will implement and maintain a review team for a county to submit a plan for an Innovation Zone specific to their county's program. The review committee will determine if the county has presented a plan sufficient to achieve Family First goals and requirements for documentation, assuring good practice and child safety.

Eligible Populations

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

SERVICE DESCRIPTION AND OVERSIGHT

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

Pennsylvania prioritized EBPs for inclusion in the Five-Year Prevention Plan by focusing on Clearinghouse-rated programs that were already available in Pennsylvania that address an identified need for children and families. In part, this decision was made based on lessons learned through Pennsylvania's implementation of the Title IV-E Demonstration Project. By starting with EBPs already being utilized the challenges associated with initial startup can be mitigated for those communities. Together, the selected EBPs cover the entire age range of children and address three of the top four removal reasons in Pennsylvania (i.e., neglect, child's behavior problem, and parent inability to cope), and three of the top four valid GPS report reasons in Pennsylvania (i.e., conduct by parent that places child at risk, experiencing homelessness/inadequate shelter, child behavior problems/behavior health concerns).

Specific data points considered:

- Meets an existing need in Pennsylvania
    - Removal reasons addressed by EBP: Whether the demonstrated outcomes of each EBP map onto one of the top four removal reasons in Pennsylvania (i.e., neglect, child's behavior problem, parent inability to cope, drug abuse by the parent), suggesting that an existing need would be met by families participating in a given program
    - Valid GPS reports addressed by EBP: Whether the demonstrated outcomes of each EBP map onto one of the top four valid GPS Reports in Pennsylvania (i.e., parent substance use, conduct by parent that places child at risk, experiencing homelessness/inadequate shelter, child behavior problems/behavior health concerns), suggesting that an existing need would be met by families participating in a given program
- Program Rating: EBP rating (well-supported, supported, or promising), as determined by the Title IV-E Prevention Services Clearinghouse program review board.
- Child and adult outcomes: Total number of demonstrated outcomes for each EBP, as well as the specific outcome domains (i.e., child behavioral and emotional functioning, adult parenting practices) as determined by the Title IV-E Prevention Services Clearinghouse literature review.

- Population: Age range of the population served by the program
- Fidelity measures
    - Existence of fidelity measures
    - Existence of support for collecting fidelity measures in Pennsylvania
- Program availability in Pennsylvania:
    - Number of counties in which each program is available
    - Number of counties currently receiving child welfare funding for each program
    - Size of each county in which each program is offered
- Dollar amount spent by Pennsylvania child welfare during FY 2018/2019 on each program
- Dollar amount budgeted by Pennsylvania child welfare for FY 2019/2020 for each program

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

Evidence-Based Services and Programs Selected from Title IV-E Clearinghouse

Functional Family Therapy

Program or Service Area	Mental Health
Title IV-E Clearinghouse Rating	Well-Supported
Target Population	Youth 11 to 18 years old who have been referred for behavioral or emotional problems by juvenile justice, mental health, school, or child welfare systems
Intended Outcomes	Child well-being: Behavioral and emotional functioning, Substance use, Delinquent behavior Adult well-being: Family functioning
Program Book/ Manual	There are two manuals that can be used to implement this version of FFT: Alexander, J. F., Waldron, H. B., Robbins, M. S., & Neeb, A. A. (2013). *Functional Family Therapy for adolescent behavioral problems.* American Psychological Association. Sexton, T. L. (2010). *Functional Family Therapy in clinical practice: An evidence based treatment model for at risk adolescents*. Routledge.

Healthy Families America

Program or Service Area	In-Home Parent Skill-Based
Title IV-E Clearinghouse Rating	Well-Supported
Target Population	Families of children who have increased risk for maltreatment or other adverse childhood experiences
Intended Outcomes	Child safety: Self-reports of maltreatment Child well-being: Behavioral and emotional functioning, Cognitive functions and abilities, Delinquent behavior, Educational achievement and attainment Adult well-being: Positive parenting practices, Parent/caregiver mental or emotional health, Family functioning
Program Book/ Manual	Healthy Families America. (2018) *Best practice standards*. Prevent Child Abuse America. Healthy Families America. (2018). *State/multi-site system central administration standards*. Prevent Child Abuse America.

Homebuilders

Program or Service Area	In-Home Parent Skill-Based
Title IV-E Clearinghouse Rating	Well-Supported
Target Population	Families who have children (0-18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services
Intended Outcomes	Child permanency: Out-of-home placement, Planned permanent exits Adult well-being: Economic and housing stability
Program Book/ Manual	Kinney, J., Haapala, D. A., & Booth, C. (1991). *Keeping families together: The HOMEBUILDERS model*. Taylor Francis.

Multisystemic Therapy

Program or Service Area	Mental Health & Substance Use
Title IV-E Clearinghouse Rating	Well-Supported
Target Population	Youth between the ages of 12 and 17 and their families, particularly youth who are at risk for or are engaging in delinquent activity or

	substance use, experience mental health issues, and are at-risk for out-of-home placement
Intended Outcomes	Child permanency: Out-of-home placement Child well-being: Behavioral and emotional functioning, Substance use, Delinquent behavior Adult well-being: Positive parenting practices, Parent/caregiver mental or emotional health, Family functioning
Program Book/ Manual	Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). *Multisystemic Therapy for antisocial behavior in children and adolescents* (2nd ed.). Guilford Press.

Nurse-Family Partnership

Program or Service Area	In-Home Parent Skill-Based
Title IV-E Clearinghouse Rating	Well-Supported
Target Population	Young, first-time, low-income mothers from early pregnancy through their child's first two years, as well as fathers and other family members
Intended Outcomes	Child safety: Child welfare administrative reports Child well-being: Cognitive functions and abilities, Physical development and health Adult well-being: Economic and housing stability
Program Book/ Manual	Nurse Family Partnership. (2020). *Visit-to-visit guidelines.*

Parents as Teachers

Program or Service Area	In-Home Parent Skill-Based
Title IV-E Clearinghouse Rating	Well-Supported
Target Population	New and expectant parents, starting prenatally and continuing until their child reaches kindergarten, particularly families in possible high-risk environments such as teen parents, low income, parental low educational attainment, history of substance use in the family, and chronic health conditions
Intended Outcomes	Child safety: Child welfare administrative reports Child well-being: Social functioning, Cognitive functions and abilities

Program Book/ Manual	Depending on the ages of children in the families served, the *Foundational Curriculum* is available to support families prenatal to age 3 and the *Foundational 2 Curriculum* is available to support families with children age 3 through kindergarten. The manuals may be used separately, concurrently, or sequentially. Parents as Teachers National Center, Inc. (2016). *Foundational curriculum.* Parents as Teachers National Center, Inc. (2014). *Foundational 2 curriculum: 3 years through kindergarten.*

Incredible Years – Toddler Basic

Program or Service Area	Mental Health
Title IV-E Clearinghouse Rating	Promising
Target Population	Parents with toddlers (1 to 3 years), particularly higher risk parents who need support forming secure attachments with their toddlers or addressing their toddlers' behavior problems
Intended Outcomes	Adult well-being: Positive parenting practices
Program Book/ Manual	IY-Toddlers uses the *Incredible Years Parents, Teachers and Children's Training Series* group leader manual. It is implemented in conjunction with the *Curriculum Set* below that is specific to the IY-Toddlers program. Webster-Stratton, C. (2011). *Incredible Years parents, teachers and children's training series: Program content, methods, research, and dissemination, 1980 – 2011*. Incredible Years, Inc. Incredible Years, Inc. (2019). *Toddler basic curriculum set*.

Incredible Years – School Age Basic

Program or Service Area	Mental Health
Title IV-E Clearinghouse Rating	Promising
Target Population	Parents of children 6 to 12 years old who are high risk or have behavior problems
Intended Outcomes	Child safety: Child welfare administrative reports Adult well-being: Positive parenting practices
Program Book/ Manual	IY-School Age uses the *Incredible Years Parents, Teachers and Children's Training Series* manual. It is implemented in conjunction

	with the *Curriculum Set* below that is specific to the IY-School Age program. Webster-Stratton, C. (2011). *Incredible Years parents, teachers and children's training series: Program content, methods, research, and dissemination, 1980 – 2011*. Incredible Years, Inc. Incredible Years, Inc. (2019). *School age basic curriculum set*.

Triple P – Positive Parenting Program – Level 4 Standard

Program or Service Area	Mental Health
Title IV-E Clearinghouse Rating	Promising
Target Population	Families with children up to 12 years old who exhibit behavior problems or emotional difficulties
Intended Outcomes	Child well-being: Behavioral and emotional functioning Adult well-being: Positive parenting practices, Parent/caregiver mental or emotional health
Program Book/ Manual	Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T. (2013). *Practitioner's manual for Standard Triple P (2nd ed.)*. Triple P International Pty Ltd.

Triple P – Positive Parenting Program – Level 4 Group

Program or Service Area	Mental Health
Title IV-E Clearinghouse Rating	Promising
Target Population	Families with children up to 12 years who are interested in promoting their child's development or who are concerned about their child's behavioral problems
Intended Outcomes	Child well-being: Behavioral and emotional functioning Adult well-being: Positive parenting practices, Parent/caregiver mental or emotional health
Program Book/ Manual	Turner, K. M. T., Markie-Dadds, C., & Sanders, M. R. (2010). *Facilitator's manual for Group Triple P (3rd ed.)*. Triple P International Pty Ltd.

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

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

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

CONTINUOUS QUALITY IMPROVEMENT (CQI)

Pennsylvania plans to leverage existing CQI efforts and structures in place at the state and local levels to establish the broad, overarching framework for monitoring Family First implementation.

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

The CQI is defined by Casey Family Programs and the National Resource Center for Organizational Improvement as "the complete process of identifying, describing and analyzing strengths and problems and then testing, implementing, learning from, and revising, solutions." To support integration of a CQI process at the state and local level, Pennsylvania adopted the American Public Human Services' DAPIM™ model, which is structured around a systematic change cycle involving defining, assessing, planning, implementing, and monitoring. Furthermore, Pennsylvania has been establishing a CQI system comprised of various elements integral to a CQI system's success to include, but not limited to, the following: a foundational administrative structure to oversee and implement CQI; staff and stakeholder engagement; focus on quality data collection, analysis, and dissemination of information; and case record reviews and application of CQI findings. The following information will highlight key elements of the CQI system's infrastructure that has been established to support ongoing CQI activities as well as those specific CQI activities associated with Family First implementation and monitoring.

Quality Data Collection

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

Budget process. These core components will be leveraged to support CQI efforts specifically related to Family First.

Pennsylvania has been rolling out voluntary, phased implementation of our Quality Service Reviews (QSRs) across the state since 2010. 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. QSR findings are used for providing safe, positive feedback to frontline staff, supervisors, and program managers while also identifying systemic strengths and barriers. 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 in their monitoring of services provided under Family First while also building a repository of information available to support further state level qualitative analysis as needed.

Pennsylvania also has a statewide licensing system that evaluates all 67 CCYAs, private service providers, and childcare facilities for compliance with laws, regulations, and policies. When county and private agencies are not in substantial compliance, OCYF regional staff representatives conduct case reviews and interviews with stakeholders to identify strengths and needs for improvement. 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 will update the licensing checklist utilized during the annual reviews to include any elements needed related to Family First requirements. This will allow for monitoring to ensure counties are able to meet all of the essential requirements and help determine where there may be any challenges in implementation that warrant further attention. This information will be utilized to help inform county-level and statewide CQI efforts related to Family First.

CCYA funds are allocated through the annual Needs Based Plan Budget (NBPB) process. Through the NBPB process, counties are asked to identify strategies toward program improvement after identifying root causes based on the analysis of their data. The NBPB process builds upon identification of historical and current service levels and outcome measures, directs the need for data analysis toward program improvement, identifies strategies and practice changes needed, and requests the resources necessary for implementation. The NBPB is a road map toward improving outcomes for children, youth, and families within counties. Counties engage a wide range of stakeholders in their planning through the development of a team that will assist in data identification, root cause analysis, identification and selection of strategies based on data analysis, and continuous monitoring of the implementation activities and outcomes. The team participants represent key external stakeholders as well as county commissioners and the courts. While each county currently has its own case management system that allows the county to review and analyze data regularly, CCYAs are also provided data packets twice a year to support their county efforts in analyzing their progress in improving outcomes. Each CCYA determines measures to focus on improving within their plan. The data packets are provided to the regional OCYF staff for use during consultation with individual CCYAs and will assist in planning and monitoring efforts.

As part of the NBPB process, counties identify requests for funding to support EBPs. Counties must provide detailed narrative information to support their request including a description of the program and justification for selection, the EBP registry from which the program was selected, and how the county plans to monitor the fidelity/integrity of the program. Counties must also provide data specific to the target population for the EBP, the number of referrals made, total children and families served, name of the provider, total costs, and number of referrals not covered through Medical Assistance. OCYF will continue to utilize the NBPB process to gather this information to inform CQI efforts related to Family First. This information will allow OCYF to monitor the statewide service array and service utilization rates, as well as fidelity monitoring activities within each county. This information will be compiled and analyzed annually to support CQI efforts through the identification of service gaps, potential expansion of EBPs in PA's Title IV-E Prevention Plan, and areas where county level monitoring of EBPs can be improved.

CCYAs are to participate in the following activities as part of the plan for implementing the Family First program monitoring and CQI requirements:

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

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

In addition to these and other sources of data, CQI monitoring activities will include collaboration with the following entities that will further inform CQI activities related to Family First implementation and monitoring of the specific EBPs has selected for inclusion in the state's Title IV-E Prevention Plan.

- *Office of Child Development and Early Learning (OCDEL)* – OCDEL provides fidelity and outcome monitoring for three well-supported, evidence-based practices to include: Nurse-Family Partnership (NFP); Parents and Teachers (PAT); and Health Families America (HFA).
- *Evidence-based Prevention and Intervention Support (EPIS) center* – EPIS provides fidelity and outcome monitoring for two well-supported, and two promising evidence-based practices to include: Multi-Systemic Therapy (MST); Functional Family Therapy (FFT); Positive Parenting Program (Triple P); and Incredible Years.
- *University of Pittsburgh, School of Social Work, Pennsylvania Child Welfare Resource Center's Research and Evaluation Department* – The University of Pittsburgh, School of Social Work, Pennsylvania Child Welfare Resource Center's Research and Evaluation Department will be conducting a rigorous evaluation for those promising practices selected as part of the FAMILY FIRST prevention services continuum.

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

CQI Structure

Pennsylvania will look to leverage existing infrastructure to support implementation and monitoring of statewide policy related to prevention services and alignment with Family First implementation. As a county-administered, state-supervised system, Pennsylvania has an existing infrastructure to support the necessary communications and feedback loops integral to any CQI system's sharing of data/information learned through CQI processes. Both statewide (Child Welfare Council and others) and regionally based groups will offer forums for sharing insights and ideas of how to best support successful implementation as part of CQI monitoring efforts. To ensure existing CQI efforts are adapted and extend to practices employed by CCYAs, the FFIT Team, outlined above, will be working closely with county partners in

identifying opportunities to prioritize strategies to increase understanding of what is working and what needs to change. In addition to defining CQI strategies to support implementation, the FFIT will be working in collaboration with partners and stakeholders to identify training needs, transfer of learning opportunities, and technical assistance tools and processes to support implementation

Statewide meetings with CCYAs occur quarterly as part of the Pennsylvania Children and Youth Administrators (PCYA) forums. The mission of PCYA is to enhance the quality of service delivery for children, youth, and their families by providing for its members: 1) A forum for the exchange of information; 2) Assistance in educating the general public and its constituencies; 3) An environment of support for the PCYA membership.

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

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

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

EVALUATION STRATEGY AND WAIVER REQUEST

Interventions and Target Population

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

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

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

Evaluation Overview and Goals

The overarching goals for the evaluation are to:

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

Evaluation Approach and Design

In recent years, the evaluation team conducted an evaluation of the Title IV-E Child Welfare Demonstration Project and has made use of lessons learned and strategies employed through that project to inform the current evaluation. In particular, the evaluation team plans to begin the evaluation by working with counties that are implementing EBPs rated as "promising" on the Title IV-E Prevention Services Clearinghouse to establish the infrastructure and processes necessary for streamlined data collection. The establishment of a data collection infrastructure and processes is critical because Pennsylvania's state-supervised, county-administered child welfare system currently lacks a statewide information system that is used among all counties. This poses challenges to data collection in that the data collected, data definitions, and storage/accessibility are inconsistent across counties. The evaluation team will begin

the evaluation by identifying critical data elements, refining how they are defined, and working with counties to develop the most efficient processes for collecting this information. The infrastructure will support the implementation of a rigorous evaluation design comprised of three components: (1) Process Evaluation, (2) Outcomes Evaluation, and (3) Treatment Group-only Outcomes Evaluation. In addition to supporting the evaluation, the infrastructure and resulting data may also serve as a resource for ongoing CQI efforts.

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

Process Evaluation

The evaluation team will develop and utilize an evaluation-specific case review process to answer questions about procedures associated with candidacy determination, identification of needs, and program matching and provision. At a minimum, the evaluation team will explore these questions specifically for families referred to Triple P and Incredible Years. However, Pennsylvania also hopes to explore these questions more broadly as they apply to all child welfare prevention practices via the provision of "front end" services. Doing so will support OCYF's ability to assess the extent to which these issues contribute to the achievement of Pennsylvania's vision for Family First and prevention services and may inform CQI processes. The questions include the following:

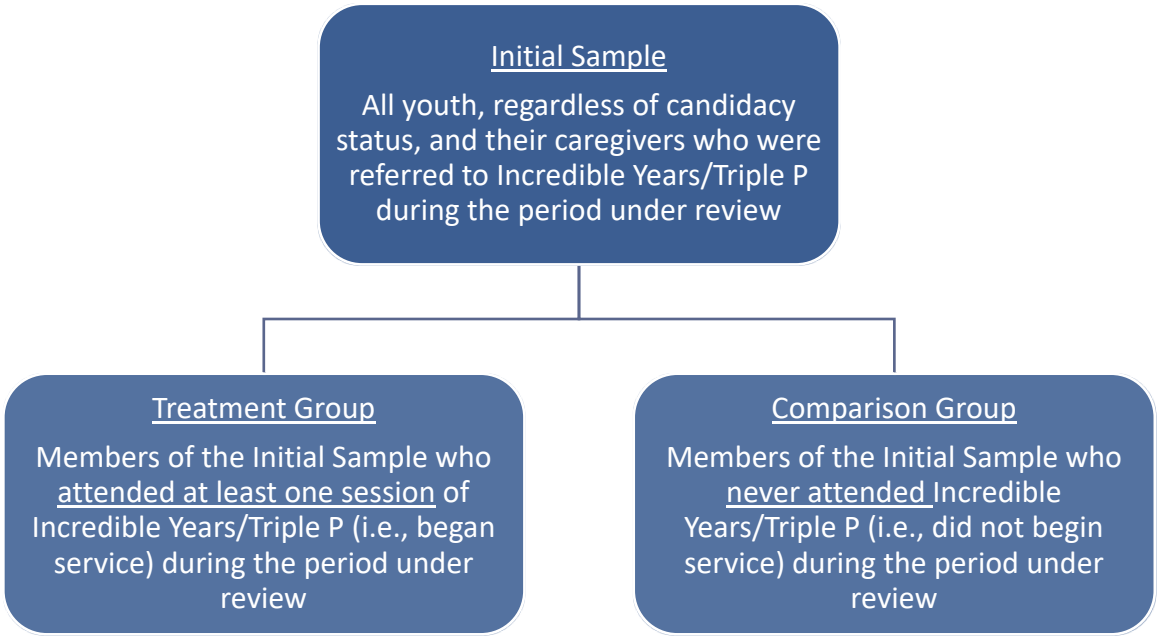
1. To what extent are certain factors (e.g., race, neighborhood, socioeconomic status, risk factors) more common among families identified as being at risk for the removal of a child (i.e., over-representation)?
2. To what extent are families' needs being accurately identified?
3. To what extent are families being referred to/provided services that match their identified needs?
4. To what extent does Pennsylvania's service array align with the needs of the population?

The evaluation team will coordinate with counties to secure case files to review and will also conduct focus groups and key informant interviews with stakeholders, including caseworkers, supervisors, EBP providers, and family members. Upon approval of Pennsylvania's Prevention Plan, OCYF will develop and distribute guidance on required evaluation activities to counties implementing the approved promising and supported programs outlined in the plan. The evaluation team will share back information with counties, and CWRC will provide support for counties to use the information for CQI purposes.

Outcomes Evaluation

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

As illustrated below, treatment and comparison groups will be created for each version of Triple P and Incredible Years (i.e., Triple P, Level 4 – Standard; Triple P, Level 4 – Group; Incredible Years, Toddler Basic; Incredible Years, School Age Basic). The groups will be formed from an initial sample of all youth, regardless of candidacy status, and their caregivers who were referred to each of the specific versions of the EBPs during the second, third, and fourth years of the evaluation. The treatment group will consist of families who were referred to each version of the EBPs and who attended at least one session (i.e., families who fully participated in or began participation in the EBP). Comparison families will include all those families who were referred to each version of the EBPs but for any number of reasons did not begin participation in the EBP (i.e., chose not to participate, no openings at the local provider, etc.). This method of group assignment has been modeled in several propensity score matching (PSM) program evaluation designs and helps ensure groups are as closely matched as possible from the beginning (Chaiyachati et al., 2018; Vidal et al., 2017).



A minimum of 20 pairs (n=40) is recommended for each of the four EBP versions to carry out the analyses (see Piracchio et al., 2012 for information on assessing estimates of bias for different sample sizes when using propensity score matching). Data collection will continue up through Year 4 of the evaluation as needed to ensure that at least the minimum number of participants are recruited.

Based on the demonstrated outcomes for Incredible Years and Triple P 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:

1. Does Incredible Years/Triple P improve positive parenting practices?
2. Does Incredible Years/Triple P support child safety?
3. Does Incredible Years/Triple P support child permanency?
4. Does Triple P improve parent mental health?
5. Does Triple P improve child behavior?

In addition, the evaluation will consider the following secondary research question:

1. Does a child's status as a prevention candidate impact the effectiveness of Incredible Years or Triple P on the outcomes identified above? (Moderation analysis)

The evaluation team will take primary responsibility for capturing most of the necessary data points for the outcome evaluation. The team will use existing statewide data processes, including the Title IV-E Fiscal Validation System, AFCARS, and Pennsylvania's Data Warehouse to support these efforts. In addition, the evaluation

team will create a database for counties to enter a limited number of key data points not currently collected at a statewide level.

Treatment Group-Only Outcomes Evaluation

The evaluation team will explore additional questions related to outcomes achieved by all the families who participated in Incredible Years or Triple P. This portion of the evaluation will make use of the data from families who were a part of the outcomes study (aka, the Treatment group) as well as those families who participated in the programs but whose data were not included in the outcomes study because they could not be matched with families in the Control group. The evaluation team will use data collected from/about families by treatment providers and submitted to EPIS. A collaboration between several state agencies and a state university, EPIS supports the dissemination, quality implementation, and sustainability of several EBPs across the state, including Incredible Years and Triple P. This portion of the evaluation will use a pre-post design with no comparison group, as comparable assessments are not completed for families who do not participate in the program. The evaluation team will explore evaluation questions specific to the outcomes described for each program.

Program	**Program-Specific Evaluation Questions**
Incredible Years – Toddler Basic	To what extent does participation in IY-TB improve child safety specific to child welfare administrative reports, child permanency specific to placements, and adult well-being specific to positive parenting practices?
Incredible Years – School Age Basic	To what extent does participation in IY-SAB improve child safety specific to child welfare administrative reports, child permanency specific to placements, and adult well-being specific to positive parenting practices?
Positive Parenting Program – Level 4 Standard	To what extent does participation in Triple P – Level 4 Standard improve child well-being specific to behavioral and emotional functioning, child safety specific to child welfare administrative reports, child permanency specific to placements, and adult well-being specific to positive parenting practices and parent/caregiver mental or emotional health?
Positive Parenting Program – Level 4 Group	To what extent does participation in Triple P – Level 4 Group improve child well-being specific to behavioral and emotional functioning, child safety specific to child welfare administrative reports, child permanency specific to placements, and adult well-being specific to positive parenting practices and parent/caregiver mental or emotional health?

Data Analysis Plans

Process Evaluation: Data sources will include county case files, as well as focus groups and key informant interviews with stakeholders, including caseworkers, supervisors, EBP providers, and family members. The evaluation team will create a case review tool to capture relevant variables related to candidacy determination, identification of needs, and program matching and provision. Focus groups and key informant interviews will be analyzed using tape and note-based analysis, and categories will be identified and triangulated with themes and patterns that emerge from the case file review. Process evaluation data will provide rich contextual information that will help Pennsylvania better understand the implementation of Family First in these counties, as well as interpret findings from the outcome evaluations.

Outcomes Evaluation: According to standard practice for propensity score design, each individual will be assigned a propensity score based on key measures previously identified in the literature predicting probability of assignment to the treatment group, as well as correlates of the outcomes of interest (Eisner et al., 2012). The most appropriate PSM will be chosen based on the criteria (common support, covariate balancing, median bias) put forth by Guo et al. (2006). Regression analyses will be conducted to evaluate the effect of Triple P and Incredible Years on parenting skills, parent mental health, child safety, child permanency, and child wellbeing; separate models will be run to evaluate the EBP's effect on each outcome of interest.

Treatment Group-only Outcome Evaluation: Utilizing standard measures of parenting practices utilized in each program (e.g., Incredible Years: Parent Practices Interview; Triple P: Parenting and Family Adjustment Scales), analysis will determine how well treatment objectives are being achieved.

Study Limitations

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

Reporting, Disseminating, and Using Findings

The evaluation team will produce reports that summarize findings from the three components of the evaluation: (1) Process Evaluation, (2) Outcomes Evaluation, and (3) Treatment-group only Outcomes Evaluation. Stakeholders will receive information to support policy and process decisions, identify training and TA needs, and inform system improvements at the local and state levels. Stakeholders include but are not limited to OCYF, county agencies and providers participating in the evaluation, county children

and youth administrators, Child Welfare Council, providers, CQI partners, and TA providers. As appropriate, the evaluation team will publish evaluation results in peer-reviewed, scientific journals to contribute to the field and the evidence base for Triple P and Incredible Years.

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

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

Evaluation Roles and Responsibilities

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

Key Evaluation Staff:

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

Marlo A. Perry, PhD, Research Associate Professor and Director of Research and Evaluation for the Child Welfare Education and Research Programs, University of Pittsburgh. Dr. Perry served as Co-PI for the evaluation of Pennsylvania's Title IV-E

Child Welfare Demonstration Project. Additionally, she has led multi-tiered evaluations of statewide training curricula for child welfare caseworkers and new supervisors; she has collaborated on multiple statewide projects including an evaluation of organizational effectiveness and an examination of Pennsylvania's risk and safety tools. Dr. Perry will provide oversight of the evaluation, data analysis, and reporting.

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

Institutional Review Board Approval

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

Evaluation Timeline

Year One

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

Year Two

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

Year 3

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

- Reporting

Year 4

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

Year 5

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

Evaluation Waiver Requests

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

Evaluation References

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

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

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

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

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

MONITORING CHILD SAFETY

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

Periodic Risk Assessment – Completed by the CCYA as follows:

- At the conclusion of the intake investigation which should take no longer than 60 calendar days; every six months in conjunction with the FSP or judicial review unless one of the following applies:
    - the risk remains low or there is no risk
    - the child has been in placement for more than six months and there are no other children residing in the home.
- Thirty calendar days before and after the child is returned to the family home unless:
    - the risk remains low or there is no risk
    - the child has been in placement for more than six months and there are no other children residing in the home.
- Thirty days prior to case closure. However, risk assessments should also be completed as often as necessary to assure the safety of the child and when the circumstances change within the child's environment at times other than required, as stated above.

Periodic Safety Assessment – Completed by the CCYA as follows:

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

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

CONSULTATION AND COORDINATION

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

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

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

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

CHILD WELFARE WORKFORCE SUPPORT AND TRAINING

Workforce Support

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

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

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

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

assessments, and teaming with families in the selection and delivery of trauma-informed and evidenced-based services that are aligned with each family's unique needs, mitigating risk factors, promoting family stability, and ensuring the safety, permanency, and wellbeing of children and families.

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

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

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

goals of the collaboration are to improve communication, increase knowledge level, and enhance coordination of TA and other support services provided to CCYA.

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

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

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

Workforce Training

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

The CWRC provides entry level certification and advanced training sessions for Pennsylvania child welfare professionals at all staff levels including administrator, supervisor and manager, and caseworker (direct service workers). Certification training series offered by the CWRC include:

- *Foundations of Leadership (FOL)* is a 12-hour instructor-led training that incorporates organizational effectiveness principles and assists new and seasoned administrators and their management teams with developing a change plan to effectively lead their organization.
- *Foundations of Supervision (FOS)*, the revised and redesigned certification training series for supervisors, was piloted in late 2020 and in early 2021 and will launch statewide in August 2021. FOS consists of 65 hours of content delivered online, through instructor-led skills-based trainings (Team-Based Learning™ and simulation activities), and field work activities. The online and field components are prerequisites to each instructor-led training session and can be completed at the learner's own pace in their home office. The online components provide learners with the content needed to practice skills in the instructor-led training sessions. There are six instructor-led sessions and two of these sessions include simulation activities. The instructor-led sessions provide learners the opportunity to practice key supervisory skills through realistic scenarios and in a supportive learning environment. Child welfare supervisors acquire the attitude, knowledge, and skills necessary to provide quality services related to the protection of abused and neglected children and stabilizing families. FOS is designed to provide children and youth supervisors and managers with the fundamental attitudes, knowledge, and skills necessary to supervise services to children and their families and support their supervisees. This series focuses on the administrative, supportive, educational, and clinical supervisory dimensions, emotional intelligence, trauma-informed care, self-care, and addressing racial inequities. Additionally, FOS represents the first phase of the development of a comprehensive and coordinated plan to provide a continuum of supervisor preparation and support services.
- *Foundations of Pennsylvania Child Welfare Practice: Building Competence, Confidence, and Compassion (Foundations)* is the certification training series for newly hired child welfare professionals in the Commonwealth and centers on the core outcomes of safety, permanency, and well-being. Foundations consists of 124 hours of content delivered in online, Instructor lead (Team-Based learning™ and Simulation-Based training), and field work formats. The online delivery supports the learners in gaining factual knowledge at their own pace, at their convenience, and at their home office. Following these online pre-requisites, there are eight instructor-led sessions dedicated to application and skill practice. Instructor-led sessions consist of unique and powerful learning experiences that provide the learners opportunities to apply course concepts in a realistic setting. In Team-Based learning™, the learners come prepared, after completing online materials, to apply course concepts to solve real-world problems within a team format. In simulation-based learning, the learners come-prepared to practice course concepts through interaction with standardized clients who have been trained to provide a realistic portrayal of a client in a scenario and to provide meaningful behaviorally based feedback to the learner. This hybrid delivery of curriculum content and practice sessions promotes the adult learner to learn by doing and to practice skills in a real-life situation in a safe setting.

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

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

- Child Sexual Abuse Series
- Family Engagement (including Family Finding and Family Group Decision Making)
- Youth Engagement and Outcomes
- Drug and Alcohol
- Mental Health
- Quality Service Review
- Resource Parent related topics
- Concurrent Planning
- Recognizing and Reporting Child Abuse
- Trauma-Informed Care
- Commercial Sexual Exploitation of Children
- Child Welfare Fiscal topics
- Intimate Partner Violence

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

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

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

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

As outlined above, many training sessions already exist that contain topics and skill-building areas related to Family First. Additionally, the OCYF has begun providing information convening sessions to all county CCYAs about Family First with the focus on implementation, prevention services and best practices. Technical assistance and TOL activities will also be provided to counties to support prevention efforts. Family and youth engagement models such as Permanency Round Tables, Family Team Conferences, Critical Case Reviews, Family Finding, and Family Group Decision Making are supported at the statewide and county level. TOL and TA services facilitate county partners in engaging families in the assessment of need, connecting to appropriate evidence-based and trauma-informed services, and monitoring the appropriateness and continued need of the service. The assessment competency and related skills taught in training are reinforced through TOL booster and support sessions provided to counties to enhance gathering and analyzing data and making informed decisions. The planning and monitoring competencies and skills taught in training are also strengthened through TOL activities, practice sessions, and organizational effectiveness interventions.

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

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

PREVENTION CASELOADS

As a county-administered system, CCYAs have discretion as to how to organize and structure their agencies. As such, it will be the responsibility of the CCYAs to determine which caseworkers will be assigned prevention cases. However, Pennsylvania recognizes the importance of maintaining manageable caseloads and has supported CCYAs in expanding their compliment to lower caseloads. Current regulations set a maximum ratio of 1 caseworker to 30 families. In addition, Pennsylvania is currently revising departmental regulations to lower the maximum approved caseload and supervisor ratios. The ratios are projected to be no more than the following:

- 1 to 20 by the end of the first State fiscal year following the effective date of the regulatory chapter.
- 1 to 15 by the end of the second State fiscal year following the effective date of the regulatory chapter.
- 1 to 4 (Supervisor to Caseworker) ratio.

CCYAs implementing Innovation Zones will establish caseload expectations with their respective providers and monitor accordingly.

ATTACHMENTS

Attachment I: State Title IV-E Prevention Program Reporting Assurance

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

Attachment III: State Assurance of Trauma-Informed Service Delivery

Attachment IV: State Annual Maintenance of Effort (MOE) Report

Attachment V: Checklist for Program or Service Designation for HHS Consideration for Effective Black Parenting Program

Attachment VI: Governance Structure/Group Membership

Attachment VII: Innovation Zone County Checklist

Attachment VIII: Family First Implementation Team Charter

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

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

STATE OF PENNSYLVANIA

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

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

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

PA Department of Human Services

(Name of State Agency)

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

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

Federal Regulatory / Statutory References[1]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
Section 1. Services Description and Oversight		
471(e)(1)	A. SERVICES. The state agency provides the following services or programs for a child and the parents or kin caregivers of the child when the need of the child, such a parent, or such a caregiver for the services or programs are directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care: 1. MENTAL HEALTH AND SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES.—Mental health and substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12-month period that begins on any date described in paragraph (3) of Section 471(e) with respect to the child. 2. IN-HOME PARENT SKILL-BASED PROGRAMS.—In-home parent skill-based programs for not more than a 12-month period that begins on any date described in paragraph (3) of Section 471(e) with respect to the child and that include parenting skills training, parent education, and individual and family counseling.	OCYF Bulletin #3130-21-03 p. 2
471(e)(5)(B)(i)	B. OUTCOMES. The state agency provides services and programs specified in paragraph 471(e)(1) is expected to improve specific outcomes for children and families.	OCYF Bulletin #3130-21-03 p. 10
471(e)(5)(B)(iii)(I)-(IV) **471(e)(4)(B)**	C. PRACTICES. With respect to the title IV-E prevention services and programs specified in subparagraphs (A) and (B) of paragraph 471(e)(1), information on the specific practices state plans to use to provide the services or programs, including a description of—	Attachment III

[1] 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
	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 6. how each service or program provided will be evaluated.	Attachment III
Section 2. Evaluation strategy and waiver request		
471(e)(5)(B)(iii)(V)	A. PRACTICES. With respect to the prevention family services and programs specified in subparagraphs (A) and (B) of paragraph 471(e)(1), information on the specific practices state plans to use to provide the services or programs, including a description of how each service or program provided will be evaluated through a well-designed and rigorous process, which may consist of an ongoing, cross-site evaluation approved by the Secretary, unless a waiver is approved for a well-supported practice; and	Pennsylvania Title IV-E Prevention Plan pp. 29-38 Attachment V EBPP Evaluation Plan pp. 3-9
471(e)(5)(C)(ii)	B. REQUEST FOR WAIVER OF WELL DESIGNED, RIGOROUS EVALUATION OF SERVICES AND PROGRAMS FOR A WELL-SUPPORTED PRACTICE. The state must provide evidence of the effectiveness of the practice to be compelling and the state meets the continuous quality improvement requirements included in subparagraph 471(e)(5)(B)(iii)(II) with regard to the practice.	Attachment II

Federal Regulatory / Statutory References[1]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
Section 3. Monitoring child safety		
471(e)(5)(B)(ii)	The state agency monitors and oversees the safety of children who receive services and programs specified in paragraph 471(e)(1), including through periodic risk assessments throughout the 12-month period in which the services and programs are provided on behalf of a child and reexamination of the prevention plan maintained for the child under paragraph 471(e)(4) for the provision of the services or programs if the state determines the risk of the child entering foster care remains high despite the provision of the services or programs.	OCYF Bulletin #3130-21-03 p. 5 Title 55, Pa. Code §3490.321 Title 55, Pa. Code §3130.61
Section 4. Consultation and coordination		
471(e)(5)(B)(iv) and (vi)	A. The state must: 1. engage in consultation with other state agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described in paragraph 471(e)(2) and their parents or kin caregivers and 2. describe how the services or programs specified in paragraph (1) of section 471(e) provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with other child and family services provided to the child and the parents or kin caregivers of the child under the state plans in effect under subparts 1 and 2 of part B.	DHS Bulletin #14-Bulletin-110
Section 5. Child welfare workforce support		
471(e)(5)(B)(vii)	The state agency supports and enhances a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including— A. ensuring that staff is qualified to provide services or programs that are consistent with the promising, supported, or well-supported practice models selected; and	Title 55, Pa. Code §3490.312

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 Title 55, Pa. Code §3130.61 OCYF Bulletin #3130-21-03, 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
Section 7. Prevention caseloads		
471(e)(5)(B)(ix)	The state must describe how caseload size and type for prevention caseworkers will be determined, managed, and overseen.	Title 55, Pa. Code §3130.32
Section 8. Assurance on prevention program reporting		
471(e)(5)(B)(x)	The state provides an assurance in Attachment I that it will report to the Secretary such information and data as the Secretary may require with respect to the provision of services and programs specified in paragraph 471(e)(1), including information and data necessary to determine the performance measures for the state under paragraph 471(e)(6) and compliance with paragraph 471(e)(7).	Attachment I
Section 9. Child and family eligibility for the title IV-E prevention program		
471(e)(2)	A. CHILD DESCRIBED.—For purposes of the title IV-E prevention services program, a child is: 1. A child who is a candidate for foster care (as defined in section 475(13)) but can remain safely at home or in a kinship placement with receipt of services or programs specified in paragraph (1) of 471(e). 2. A child in foster care who is a pregnant or parenting foster youth.	OCYF Bulletin #3130-21-03, p. 3 and 5

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

Title IV-E Plan – State of Pennsylvania

PLAN SUBMISSION CERTIFICATION

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

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

Date August 9, 2021

(Signature)

Acting Secretary, Department of Human Services
(Title)

APPROVAL DATE:

_____

EFFECTIVE DATE:

_____

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

State Title IV-E Prevention Program Reporting Assurance

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

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

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

August 9, 2021
(Date)

(Signature, Acting Secretary, PA Department of Human Services)

(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

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

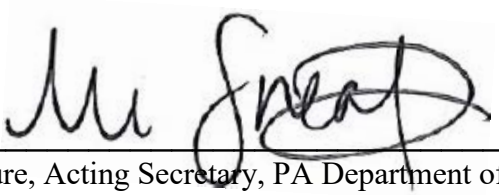
Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice, and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information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



August 9, 2021
(Date)

(Signature, Acting Secretary, PA Department of Human Services)

(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Functional Family Therapy (FFT)

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

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

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

Additionally, there are ongoing efforts in Pennsylvania to more effectively serve transition-aged youth (ages 13 and older) because these youth are at higher risk of reentering care and being placed in a non-family setting. In 2018, transition-aged youth 13 to 20 made up one third of Pennsylvania's foster care population (The Annie E. Casey Foundation). Of the youth who were in foster care within 45 days following their 17th birthday and who completed the National Youth in Transition Database (NYTD) baseline survey, 38% reported that they had

been committed to an out of home treatment facility at some point (The Annie E. Casey Foundation); this illustrates the need for programming that reduces antisocial and criminogenic behavior of older youth in Pennsylvania. Further, nearly half (49%) of youth reentering foster care are transition-aged youth (Pennsylvania Partnerships for Children, 2020); this is particularly concerning because youth who reenter care in Pennsylvania are less likely to be placed in a family-based setting compared to youth entering foster care for the first time (Pennsylvania Partnerships for Children, 2020). Studies of FFT have shown that while it is effective overall at reducing the odds of an out-of-home placement, it is especially effective at reducing out-of-home placements for older youth (Darnell & Schuler, 2015), and as has already been reviewed, decreases externalizing and antisocial behaviors. These findings suggest that FFT would be successful in serving Pennsylvania's older youth and meeting their unique needs.

PA-Specific Outcome Studies

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

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

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

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

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

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

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

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

August 9, 2021 _____
(Date) (Signature, Acting Secretary, PA Department of Human Services)

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

Evaluation Waiver Request for Homebuilders

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

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

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

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

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

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

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

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

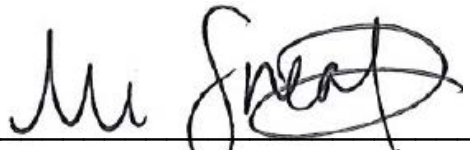
Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may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

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

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

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

August 9, 2021
(Date)



(Signature, Acting Secretary, PA Department of Human Services)

(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Healthy Families America (HFA)

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

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

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

In addition to the findings mentioned above, HFA has been successfully implemented at both the community and statewide levels, indicating evidence for scalability in different contexts. A community in Virginia successfully implemented HFA with positive results, specifically reducing child abuse and neglect (Galano & Huntington, 1999; 2002). At a larger scale, a statewide evaluation in Indiana (where implementation occurred specially with families at higher risk of parenting difficulties) found that HFA improved the overall home environment, with subscale measurements indicating improved parental responsivity to and involvement with the child, as well as better home organization, more opportunities for learning, and greater variety in the daily routine (Martin, 2003). Evidence at the community and statewide level provides strong

reasoning to expect positive outcomes following additional large-scale implementations in various contexts.

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

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

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

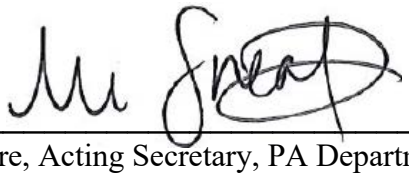
Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may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

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

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

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

August 9, 2021
(Date)



(Signature, Acting Secretary, PA Department of Human Services)

(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Multisystemic Therapy (MST)

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

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

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

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

In addition to the rigorously designed evaluation studies previously reviewed, Pennsylvania has supported several monitoring efforts of MST, the results of which show

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

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

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

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

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.

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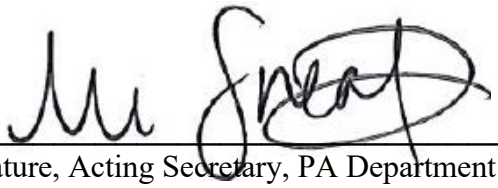
(Date)



(Signature, Acting Secretary, PA Department of Human Services)

(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Nurse-Family Partnership (NFP)

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

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

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

participating mothers, as well as fewer visits to physicians for treatment of injuries and ingestions (Olds, 2006).

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

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

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

As reviewed above, there is robust evidence from multiple RCTs of NFP showing that NFP results in a reduction of child maltreatment and neglect among young, first-time mothers, an increase in positive parenting behaviors, as well as an improvement in child internalizing and

externalizing behaviors into the teenage years. These outcomes have been observed across the United States and in other countries, as well as among families of diverse cultures and racial backgrounds. Thus, Pennsylvania requests a waiver of the rigorous evaluation of NFP.

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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.

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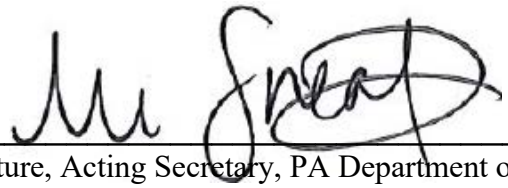

(Signature, Acting Secretary, PA Department of Human Services)

(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

Evaluation Waiver Request for Parents as Teachers (PAT)

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

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

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

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

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

PAT in Pennsylvania:

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

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

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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/58459b544402430206cff9ee/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.

August 9, 2021
(Date)

(Signature, Acting Secretary, PA Department of Human Services)

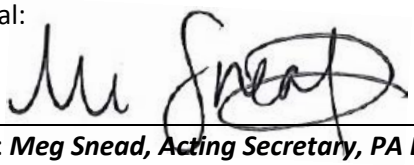
(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

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

State Annual Maintenance of Effort (MOE) Report

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

This certifies that the information on this form is accurate and true to the best of my knowledge and belief. **This also certifies that the next FFY foster care prevention expenditures will be submitted as required by law.**
Signature, Approving Official: 
Typed Name, Title, Agency: ***Meg Snead, Acting Secretary, PA Department of Human Services***
Date: ***August 9, 2021***

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

Table 1. Summary of Programs and Services Reviewed

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

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

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

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

Table 2. Systematic Review

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

Table 2. Systematic Review	❒ to Verify	Handbook Section
Were the same systematic standards and procedures used to review all programs and services?	✓	--
Were qualified reviewers trained on systematic standards and procedures used to review all programs and services?	✓	--
Were standards and procedures in accordance with section 471(e) of the Social Security Act?	✓	--
Were standards and procedures in accordance with the Initial Practice Criteria published in Attachment C of ACYF-CB-PI-18-09?	✓	--
Program or Service Eligibility: Were systematic standards and procedures used to determine if programs or services were eligible for review? At a minimum, this includes standards and procedures to:	✓	2
• Determine if a program or service is a mental health, substance abuse, in-home parent-skill based, or kinship navigator program; and	✓	2.1
• Determine if there was a book/manual or writing available that specifies the components of the practice protocol and describes how to administer the practice.	✓	2.1.2
Literature Review: Were systematic standards and procedures used to conduct a comprehensive literature review for studies of programs and services under review? At a minimum, this includes standards and procedures to:	✓	3
• Search bibliographic databases; and Search other sources of publicly available	✓	3.1 and 3.2
• Studies (e.g., websites of federal, state, and local governments, foundations, or other organizations).	✓	3.1 and 3.2
Study Eligibility: Were systematic standards and procedures used to determine if studies found through the comprehensive literature review were eligible for review? At a minimum, this includes standards and procedures to:	✓	4
• Determine if each study examined the program or service under review (as described in the book/manual or writing) or if it examined an adaptation;	✓	4.1.6
• Determine if each study was published or prepared in or after 1990;	✓	4.1.1
• Determine if each study was publicly available in English;	✓	4.1.3
• Determine if each study had an eligible design (i.e., randomized control trial or quasi-experimental design);	✓	4.1.4
• Determine if each study had an intervention *and* appropriate comparison condition;	✓	4.1.4
• Determine if each study examined impacts of program or service on at least one 'target' outcome that falls broadly under the domains of child safety, child permanency, child well-being, or adult (parent or kin-caregiver) well-being. Target outcomes for kinship navigator programs can instead or also include access to, referral to, and satisfaction with services; and	✓	4.1.5
• Identify studies that meet the above criteria and are eligible for review.	✓	4.1

Table 2. Systematic Review	❒ to Verify	Handbook Section
Study Design and Execution: Were systematic standards and procedures used to determine if eligible studies were well-designed and well-executed? At a minimum, this includes standards and procedures to:		5
• Assess overall and differential sample attrition;	N/A	
• Assess the equivalence of intervention and comparison groups at baseline and whether the study statistically controlled for baseline differences;	✓	5.7 and 5.8
• Assess whether the study has design confounds;	✓	5.9.3
• Assess, if applicable, whether the study accounted for clustering (e.g., assessed risk of joiner bias[1]);	N/A	
• Assess whether the study accounted for missing data; and	✓	5.9.4
• Determine if studies meet the above criteria and can be designated as well-designed and well-executed.	✓	5.2 using 5.1 – 5.9
Defining Studies: Sometimes study results are reported in more than one document, or a single document reports results from multiple studies. Were systematic standards and procedures used to determine if eligible, well-designed and well-executed studies of a program and service have non-overlapping samples?	✓	4.1
Study Effects: Were systematic standards and procedures used to examine favorable and unfavorable effects in eligible, well-designed and well-executed studies? At a minimum, this includes standards and procedures to:		5.10
• Determine if eligible, well-designed and well-executed studies found a favorable effect (using conventional standards of statistical significance) on each target outcome; and	✓	5.10
• Determine if eligible, well-designed and well-executed studies found an unfavorable effect (using conventional standards of statistical significance) on each target or non-target outcome.	✓	5.10
Beyond the End of Treatment: Were systematic standards and procedures used to determine the length of sustained favorable effects beyond the end of treatment in eligible, well-defined and well-executed studies? At a minimum, this includes standards and procedures to:		6.2.3
• Identify (and if needed, define) the end of treatment; and	✓	6.2.3
• Calculate the length of a favorable effect beyond the end of treatment.	✓	6.2.3
Usual Care or Practice Setting: Were systematic standards and procedures used to determine if a study was conducted in a usual care or practice setting?	✓	6.2.2
Risk of Harm: Were systematic standards and procedures used to determine if there is evidence of risk of harm?	✓	6.2.1
Designation: Were systematic standards and procedures used to designate programs and services for HHS consideration (as promising, supported, well-supported, or does not currently meet the criteria)? At a minimum, this includes standards and procedures to:		6
• Determine if a program or service has one eligible, well-designed and well-executed study that demonstrates a favorable effect on a target outcome and should be considered for a designation of promising;	✓	6
• Determine if a program or service has at least one eligible, well-designed and well-executed study carried out in a usual care or practice setting that demonstrates a favorable effect on a target outcome at least 6 months beyond the end of treatment and should be considered for a designation of supported; and	No	6
• Determine if a program or service has at least two eligible, well-designed and well-executed studies with non-overlapping samples carried out in usual care or practice settings that demonstrate favorable effects on a target outcome; at least one of the studies must demonstrate a sustained favorable effect of at least 12 months beyond	No	6

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

Table 2. Systematic Review	❒ to Verify	Handbook Section
the end of treatment on a target outcome; and should be considered for a designation of well-supported.		
Reconciliation of Discrepancies: Were systematic standards and procedures used to reconcile discrepancies across reviewers? (applicable if more than one reviewer per study)	✓	7.3.1
Author or Developer Queries: Were systematic standards and procedures used to query study authors or program or service developers? (applicable if author or developer queries made)	NA	

Table 3. Independent Review

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

Mathematica Inc and Analytica Inc

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

Attachment V - Section III. Review of Programs and Services
(*Complete Tables 4-5 for each program or service reviewed.)*

Table 4. Determination of Program or Service Eligibility

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

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

Table 5. Determination of Study Eligibility

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

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

Attachment V - Section IV. Review of "Well-designed" and "Well-executed" Studies
(Complete Tables 6-10 for each program or service reviewed.)

Table 6. Studies that are "Well-Designed" and "Well-Executed"[2]

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

List all eligible studies that are "well-designed" and "well-executed' (Study Title/Author)
Myers, H. F., K. T. Alvy, A. Arrington, M.A. Richardson, M. Marigna, R. Huff, M. Main, and M. D. Newcomb. "The impact of a parent training program on inner-city African American families." Journal of Community Psychology, vol 20, April 1992, pp. 132 - 147.

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

Table 7. Study Design and Execution

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

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

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

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

i. Study Title/Authors	ii. Verify the Absence of all Confounds? (Yes/No)	iii. List Measures that Achieved Baseline Equivalence	iv. List Measures that did NOT Achieve Baseline Equivalence but were Statistically Controlled for in Analyses	v. Overall Attrition[3] (for RCTs only)	vi. Differential Attrition[4] (for RCTs only)	vii. Does Study Meet Attrition Standards?	viii. Notes, as needed
			0.55); (b) PARQ undifferentiated rejection (g = 0.28); (c) CBCL-boys delinquent (g = 0.71); and (d) CBCL-girls delinquent (g = 0.79).				

Table 8. Study Description

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

i. Study Title/Authors	ii. Was the study conducted in a usual care or practice setting? (Yes/No)	iii. What is the study sample size?	iv. Describe the sample demographics and characteristics of the intervention group	v. Describe the sample demographics and characteristics of the comparison group	vi. Verify that the program or service evaluated in the study was ***NOT*** substantially modified or adapted from the manual or version of the program or service selected for review (Yes/No)
Myers et al (1992)	Yes	13 elementary schools in South Central LA (9 intervention and 4 comparison total). Cohort 1: analytic sample was 64 intervention and 28 comparison, although 193 intervention families and 35 comparison families completed pretests. Cohort 2: 45 intervention and 36	Cohort 1. On average, parents/caregivers, predominantly mothers (95%), were 31.34 years old, completed 12.88 years of education, had 3.20 children, and 3.94 dependents. Forty percent of parents/caregivers had never married. The average family income was $9,336 with 75 percent receiving governmental aid. Cohort 2. On average, parents/caregivers, predominantly mothers (96%), were 33.75 years old, completed 13.71 years of education, had 2.86 children, and 3.80 dependents. Thirty-six percent of parents/caregivers had never married. The average family income was $10,580 with 75 percent receiving governmental aid.	Cohort 1. On average, parents/caregivers, predominantly mothers (91%), were 31.38 years old, completed 13.06 years of education, had 3.18 children, and 4.03 dependents. Thirty-eight percent of parents/caregivers had never married. The average family income was $13,162 with 68 percent receiving governmental aid. Focusing on group mean differences, percent mothers was 0.42; age was - 0.01; years of education was – 0.10; number of children – 0.01; number of dependents -0.05; never married 0.05; family income - 0.49; and percent receiving governmental aid 0.22. Cohort 2. On average, parents/caregivers, predominantly mothers (93%), were 32.20 years old, completed 12.62 years of education, had 3.03 children, and 3.87 dependents. Thirty-five percent of parents/caregivers had never married. The average family income was $10,357 with 70 percent receiving governmental aid. Focusing on group mean differences, percent mothers was 0.42; age was 0.17; years of education was 0.46; number of children – 0.10; number of dependents -0.04; never married 0.04; family income 0.03; and percent receiving governmental aid 0.16.	Yes, this is the original program as designed. The developer is an author of the study.

i. Study Title/Authors	ii. Was the study conducted in a usual care or practice setting? (Yes/No)	iii. What is the study sample size?	iv. Describe the sample demographics and characteristics of the intervention group	v. Describe the sample demographics and characteristics of the comparison group	vi. Verify that the program or service evaluated in the study was ***NOT*** substantially modified or adapted from the manual or version of the program or service selected for review (Yes/No)
		comparison families (analytic sample) although 196 and 65 families completed pretests, respectively.			

Table 9. Favorable Effects

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

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

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

Table 10. Unfavorable Effects

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

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

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

Attachment V - Section V. Program or Service Designation for HHS Consideration

Table 11. Program or Service Designation for HHS Consideration

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

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

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

Table 11. Program or Service Designation for HHS Consideration	❒ **to Verify**
	Cohort 1: CBCL Girls – Sexual Behavior Problems. Cohort 2: PPI – Praise; PPI – Hitting/spanking; CBCL Girls – Social Competence

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

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

A. Effective Black Parenting Program

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

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

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

A review of evidence about the effectiveness of EBPP, conducted for the City of Philadelphia by Mathematica, found EBPP to be a "promising" program based on the Title IV-E Prevention Services Clearinghouse (PSC) Handbook, Version 1. The PSC defines a promising program as having "at least one contrast[2] in a study that achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome" (Wilson et al. 2019, p. 43). We found one eligible study of EBPP, Myers et al (1992), which had seven contrasts rated moderate on study design and execution. Four of seven contrasts had favorable effects – that is statistically significant effects less than 6 months after the end of the program. Therefore, the study meets the bar for being a promising program. The remaining three contrasts did not have statistically significant effects. (Mathematica Team 2021)

[1] The PSC may determine that the adaptation related to dose is not an acceptable adaptation.
[2] A contrast is defined as an outcome at a specific time for two groups. Studies frequently have multiple contrasts due to collecting multiple outcomes at multiple points in time.

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

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

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

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

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

n.a. = not applicable.

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

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

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

B. Target Population

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

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

C. Evaluation Goals and Rationale

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

II. Evaluation

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

A. Evaluation Design

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

Impact evaluation design

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

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

Impact evaluation research questions

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

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

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

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

Process evaluation design

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

Process evaluation research questions

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

Intervention condition

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

Comparison condition

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

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

B. Data Collection and Sample

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

Eligibility criteria

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

Data collection

Impact evaluation

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

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

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

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

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

Process evaluation

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

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

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

C. Analytic Plan

Impact evaluation

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

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

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

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

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

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

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

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

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

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

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

Study Limitations

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

Reporting, Disseminating, and Using Findings

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

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

Data Security and Privacy

A. Procedures for protecting participants

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

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

B. Procedures to safeguard data

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

Evaluation Roles and Responsibilities

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

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

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

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

Timeline

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

Budget

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

References

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Wilson, S. J., Price, C. S., Kerns, S., E. U., Dastrup, S. D. & Brown, S. R. "Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, version 1.0." OPRE Report #2019-56. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, April 2019.

Memo

To: Philadelphia DHS

From: Mathematica Team

Date: 3/15/2021

Subject: Effective Black Parenting Program

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

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

Overview

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

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

Review Team and Conflict of Interests

Dr. M.C. Bradley and Ms. Tori Rockwell conducted the literature search and reviews for the systematic review of EBPP. Both have experience working on other federal clearinghouse efforts including the What Works Clearinghouse and Home Visiting Evidence of Effectiveness, which use standards similar to the

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

PSC Design and Execution Standards. Additionally, Dr. Herb Turner of Analytica Inc provided quality assurance feedback on the study review guide developed by Dr. Bradley and Ms. Rockwell.

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

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

Effective Black Parenting Program (EBPP)

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

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

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

Program or Service Area(s)

EBPP was reviewed in the area of in-home parenting skills-based programs[3] for the PSC. EBPP is a skill-based program that provides direct intervention to the parents/caregivers of children and adolescents at

[2] The PSC may determine that the adaptation related to dose is not an acceptable adaptation.
[3] The PSC does not require "in-home parenting skills-based programs" to be offered only in homes. Please see the PSC Handbook Version 1 for the specific definition.

risk of child maltreatment or placement outside the home. EBPP is typically implemented in birth family homes, foster or kinship care, as well as outpatient clinics and community-based organizations (CEBC, 2020). CICC (n.d.) states it created EBPP to educate Black parents not only on child development, but "how to productively deal with a wide range of challenging behaviors." Localities that implemented, but not necessarily evaluated, EBPP include South Central Los Angeles, Philadelphia, and Washington, D.C.

Handbook, Manual, and Program Documentation

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

Eligible Studies

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

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

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

Well-Designed and Well-Executed Studies

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

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

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

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

Population

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

Cohort 2 included families from all 13 schools (9 intervention and 4 comparison). The study sample consisted of 196 intervention group parents and 65 control group parents. In the second cohort, the average EBPP parent was slightly older than their control group counterpart (34 years old). Similar to Cohort 1 , EBPP parents in Cohort 2 parents had approximately 3 children on average; average family income for parents in the second cohort was just over $10,500. Three of the seven contrasts with moderate support of causal evidence were Cohort 1 contrasts.

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

Data

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

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

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

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

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

Source: Myers et al. (1992).

Note: Type text here.

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

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

Study Design and Execution Rating

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

Statistical Models

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

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

Measurement Standards

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

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

Design Confounds

No design confounds were identified (see section 5.9.3 of the PSC Handbook Version 1). There are some baseline differences on demographic characteristics, see the Baseline Equivalence section below, but none seem to meet the criteria for the substantially different characteristics confound. There are multiple providers of EBPP, so there is not a N=1 person-provider confound. Multiple schools contributed families to the sample, so there is not a N=1 administrative unit confound.

Missing Data

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

Baseline Equivalence

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

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

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

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

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

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

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

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

n.a. = not applicable.

Contrasts

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

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

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

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

Source: Master Review Guide.

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

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

n.a. = not applicable.

Summary

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

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Attachment VI – Group Membership (as Described in 5-Year Prevention Plan)

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

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
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
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

Family First Implementation Team (FFIT):

Sponsor Team:
Office of Children, Youth, and Families (OCYF): Jennie Pettet, Roseann Perry and Natalie Bates
Child Welfare Resource Center (CWRC): Wendy Unger, Chris Spencer and Jeanne Edwards
West:
OCYF: Nathan Humes, Rebecca Lewandowski, Jameekia Barnett, John Lindblom, Alicia Clark, Amber Kalp, Cyndi Gariepy, Wendy Reed
CWRC: Jen Caruso and Steve Eidson
Central:
OCYF: Gabi Williams, Faith Blough, Kip Cherry, Cathy Gemberling
CWRC: Nick Ranney and Jeanne Edwards
Northeast:
OCYF: Gerry Lynn Butler, Tom Deisenroth, Eve Ammons-Johnson, Will Wilson, Tricia Johannsen, Brian Waugh
CWRC: Jill Ferraro and Erin Miller
Southeast:
OCYF: Kahisha Taylor, Tineshia Hairston, Penney Hall, Jennifer Canty, Jalisa Hunter, Caitlyn Robinson
CWRC: Russ Cripps and Andy Grimm

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Title IV-E Prevention Services Innovation Zone Submission Checklist

A Title IV-E Prevention Services Innovation Zone is identified as a County Children and Youth Agency's (CCYA's) approval to contract some or all of the requirements set forth in the Family First Prevention Services Act to a private provider while continuing to adhere to requirements outlined by ACF for Family First Prevention Services, guidance published in the Prevention Bulletin (*insert number*) and information detailed in Pennsylvania's 5 Year Prevention Plan which was approved by ACF. (*make this a link to the draft once available*).

This tool should be used by counties to critically assess their ability and capacity to implement and support a process by which private 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. (Candidate for foster care determination)
- 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.
- Provide necessary data to the county for accurate billing and to ensure CQI and Evaluation requirements can be met.

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

Along with the proposal, please submit the following information for private prevention providers who will be contracted to perform the Prevention Services duties:

- Provider Name
- Provider Address
- Provider Contact
- Provider Contract
- Provider Program Description

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Table 1: Candidacy Determination and Prevention Plan Development

The questions in this section are specific to candidacy determination.	
☐	How will the county ensure the private provider follows a specific process or uses a specific assessment for determining a child's 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.
☐	What specific guidance will be given to the provider in the creation of this process?
☐	How will the county monitor that the provider is capable of and continues to properly determine candidacy as defined and approved in PA's 5 Year Prevention Plan?
The questions in this section are specific to the Child-Specific Prevention Plan Development:	
☐	How will the county monitor and assess that the provider is developing appropriate child-specific prevention plans that meet the needs of the child/youth and family?
☐	Will the county provide a standard Child-Specific Prevention Services Plan template that the provider is required to complete? Please provide the template, if not using the one offered by OCYF.
☐	If the county is not providing a standard child-specific prevention services plan template, what guidance will be given to the provider to ensure their plans meet the requirements set forth in the Family First Prevention Services act and the Prevention Bulletin?
☐	What family involvement and engagement will be required by the provider during the development of the Child-Specific Prevention Plan?
☐	How will the family's progress be evaluated and monitored to ensure the prevention plan is still the best solution and working?
☐	What steps must the provider take to update the Child-Specific 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 Child-Specific Prevention Plan Development:	
☐	Will the county provide or require specific training for providers pertaining to candidacy determination and developing the Child-Specific-Prevention Plan? If so, what training?
☐	Will the county provide technical assistance support for the providers? If so what?
☐	How will the provider share candidacy and the prevention plan documentation with the county?

☐	How long will the provider be required to keep the records that detail the candidacy determination and Child-Specific Prevention plan and how will this information be shared with the County for record keeping?
☐	How will the provider advise the family that the information must be shared with the CCYAs?
☐	Will the provider have to obtain consent from the families to share the information with the CCYAs?
☐	What will the county's process be to attest to the candidacy determination using the documentation given by the provider? What staff will review the documentation? Will the staff be trained so all attestations and reviews are consistent? Will this require additional staff or the creation of an additional unit?
☐	Please attach any operating policies or procedures the county has the 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.
☐	Will the county specify what trauma-informed approach the provider must use? If so, what? If not, how are you verifying that the provider is trauma-informed?
☐	Is the provider's trauma-informed approach reflected in programming/policies and in services and treatment provided?
☐	How will the county ensure that provider is operating under trauma-informed principals?

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Table 3: Periodic Safety and Risk Assessment

The question in this section is specific to the initial risk and safety assessment	
☐	How will the county agency ensure the provider is conducting appropriate periodic safety and risk assessments are completed on an ongoing basis?

Table 4: Fiscal Tracking

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

Table 5: Continuous Quality Improvement

The questions in this section is specific continuous quality improvement requirements	
☐	How will the county agency ensure the provider is providing the service(s) with fidelity to the model?
☐	How will the county monitor outcomes associated with the service(s)?
☐	How will the information gathered through monitoring be used to drive continuous quality improvement? What will the communication feedback loops look like?
☐	How will the county ensure the provider complies with any requests for participation in state Family First evaluation activities?

Attachment VIII:
Family First Implementation Team
Charter 5/2021-10/2021

Charter

Initiative: 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.

Structure and Members:

See also Family First Structure Document

Sponsor Team:

Office of Children, Youth, and Families (OCYF): Jennie Pettet, Roseann Perry and Natalie Bates

Child Welfare Resource Center (CWRC): Wendy Unger, Chris Spencer and Jeanne Edwards

West:

OCYF: Nathan Humes, Rebecca Lewandowski, Jameekia Barnett, John Lindblom, Alicia Clark, Amber Kalp, Cyndi Gariepy, Wendy Reed

CWRC: Jen Caruso and Steve Eidson

Central:

OCYF: Gabi Williams, Faith Blough, Kip Cherry, Cathy Gemberling

CWRC: Nick Ranney and Jeanne Edwards

Northeast:

OCYF: Gerry Lynn Butler, Tom Deisenroth, Eve Ammons-Johnson, Will Wilson, Tricia Johannsen, Brian Waugh

CWRC: Jill Ferraro and Erin Miller

Southeast:

OCYF: Kahisha Taylor, Tineshia Hairston, Penney Hall, Jennifer Canty, Jalisa Hunter, Caitlyn Robinson

CWRC: Russ Cripps and Andy Grimm

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.

Family First Implementation Team
5/2021-10/2021

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

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

Research:

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

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

Goals/Guiding Principles:

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

To this end, the FFIT will:

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

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

Timeline:

Start Date: May 2021
Important Dates:

- Five-Year Prevention Plan - final draft completed June 2021
- Charter Finalized - July 2021
- Submit Plan to FFIT Charter to Families First Steering Committee July, 2021
- Draft Work Plan - August 2021
- County Readiness Checklist - August 2021
- Family First Implementation - October 1, 2021

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

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

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

Communication Plan:

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

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