

## **Appendix A**

Common CANS and Common FAST

CHILD NEEDS AND STRENGTHS ASSESSMENT (CANS)									
COMMON ELEMENTS iv-e Demonstration Project									
					Date: mm/dd/yyyy				
Child's Name:					Date of Birth: mm/dd/yyyy		Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other		
<b>LIFE FUNCTIONING</b>									
			0	1	2	3			
1. Family Functioning			0	0	0	0			
2. Living Situation			0	0	0	0			
3. School			0	0	0	0			
4. School Behavior			0	0	0	0			
5. School Achievement			0	0	0	0			
6. School Attendance			0	0	0	0			
7. Social Functioning			0	0	0	0			
8. Intellectual/Developmental			0	0	0	0			
9. Decision Making			0	0	0	0			
10. Legal			0	0	0	0			
11. Physical/Medical			0	0	0	0			
12. Sleep			0	0	0	0			
13. Sexual Development			0	0	0	0			
<b>YOUTH STRENGTHS</b>									
			0	1	2	3			
14. Family			0	0	0	0			
15. Interpersonal Skills			0	0	0	0			
16. Educational			0	0	0	0			
17. Vocational			0	0	0	0			
18. Talents/Interests			0	0	0	0			
19. Spiritual/Religious			0	0	0	0			
20. Community Connection			0	0	0	0			
21. Relationship Permanence			0	0	0	0			
<b>CAREGIVER STRENGTHS &amp; NEEDS</b>									
			0	1	2	3			
22. Supervision			0	0	0	0			
23. Involvement with Care			0	0	0	0			
24. Knowledge			0	0	0	0			
25. Organization			0	0	0	0			
26. Social Resources			0	0	0	0			
27. Residential Stability			0	0	0	0			
28. Intellectual/Developmental			0	0	0	0			
29. Safety			0	0	0	0			
<b>TRAUMA EXPERIENCES</b>									
			0	1	2	3			
54. Sexual Abuse			0	0	0	0			
55. Physical Abuse			0	0	0	0			
56. Emotional Abuse			0	0	0	0			
57. Medical Trauma			0	0	0	0			
58. Natural/Man-Made Disaster			0	0	0	0			
59. Witness to Family Violence			0	0	0	0			
60. Witness/Victim-- Criminal Acts			0	0	0	0			
61. Neglect			0	0	0	0			
62. Disrupt. in Caregiving/Attach. Losses			0	0	0	0			
63. System Induced Trauma			0	0	0	0			
<b>CULTURE</b>									
			0	1	2	3			
30. Language			0	0	0	0			
<b>YOUTH BEHAVIORAL/EMOTIONAL NEEDS</b>									
			0	1	2	3			
31. Psychosis			0	0	0	0			
32. Impulsivity/Hyperactivity			0	0	0	0			
33. Depression			0	0	0	0			
34. Anxiety			0	0	0	0			
35. Oppositional			0	0	0	0			
36. Conduct Behaviors			0	0	0	0			
37. Adjustment to Trauma			0	0	0	0			
38. Anger Control			0	0	0	0			
39. Substance Use			0	0	0	0			
40. Attachment			0	0	0	0			
<b>YOUTH RISK BEHAVIORS/FACTORS</b>									
			0	1	2	3			
41. Suicide Risk			0	0	0	0			
42. Self-Injurious Behaviors			0	0	0	0			
43. Other Self-Harm			0	0	0	0			
44. Danger to Others			0	0	0	0			
45. Runaway			0	0	0	0			
46. Fire Setting			0	0	0	0			
47. Intentional Misbehavior/Sanction Seeking			0	0	0	0			
48. Sexual Aggression			0	0	0	0			
49. Exploited			0	0	0	0			
<b>TRANSITION AGE MODULE</b>									
			0	1	2	3			
50. Independent Living Skills			0	0	0	0			
51. Job Functioning			0	0	0	0			
52. Peer/Social Experiences			0	0	0	0			
53. Caregiving Role			0	0	0	0			

# FAMILY ADVOCACY & SUPPORT TOOL (FAST)

Fast 1.2  
/LS/2013

Type: ☐ Initial  
☒ Reassessment  
☐ End of services

Family Name: \_\_\_\_\_

Assessor: \_\_\_\_\_ Date Completed: \_\_\_\_\_

"0" indicates no evidence of a need, can also indicate a clear strength  
"1" indicates watchful waiting/prevention, opportunities for strength building  
"2" indicates a need, 1 For service action  
"3" indicates a need, 1 For immediate or intensive service action

## I. THE FAMILY TOGETHER

	0	1	2	3
1. Parent/Caregiver Collaboration	D	D	D	D
2. Relations among Siblings	D	D	D	D
3. Extended Family Relations	D	D	D	D
4. Family Conflict	D	D	D	D
5. Family Communication	D	D	D	D
6. Family Safety	D	D	D	D
7. Financial Resources	D	D	D	D
8. Family Stability	D	D	D	D
9. Natural Supports	D	D	D	D
10. Involvement with Core	D	D	D	D
11. Advocacy Skills	D	D	D	D

## II. CAREGIVER A

Name: \_\_\_\_\_

Gender: ☐ OM ☐ OF Age: \_\_\_\_\_

	0	1	2	3
12A. Caregiver's Emotional Response	D	D	D	D
13A. Caregiver's Boundaries	D	D	D	D
14A. Caregiver's Involvement	D	D	D	D
15A. Caregiver's Supervision	D	D	D	D
16A. Caregiver's Partner Relationship	D	D	D	D
17A. Caregiver's Vocational Functioning	D	D	D	D
18A. Caregiver's Mental Health	D	D	D	D
19A. Caregiver's Substance Abuse	D	D	D	D
20A. Caregiver's Knowledge	D	D	D	D
21A. Caregiver's Organization	D	D	D	D
22A. Caregiver's Social Resources	D	D	D	D
23A. Caregiver's Intellectual/Developmental	D	D	D	D
24A. Caregiver's Posttraumatic Reactions	D	D	D	D

\*Trauma Experiences (triggered by 2/3)

- A1. Sexual Abuse
- A2. Physical Abuse
- A3. Emotional Abuse
- A4. Medical Trauma
- A5. Natural/Manmade Disaster
- A6. Witness to Family Violence
- A7. Witness/Victim—Criminal Acts
- A8. Neglect
- A9. Disrupt in Coregiving/Attoch. Losses
- A10. System Induced Trauma

## II. CAREGIVER D

Name: \_\_\_\_\_

Gender: ☐ OM ☐ OF Age: \_\_\_\_\_

	0	1	2	3
12D. Caregiver's Emotional Response	D	D	D	D
13D. Caregiver's Boundaries	D	D	D	D
14D. Caregiver's Involvement	D	D	D	D
15D. Caregiver's Supervision	D	D	D	D
16D. Caregiver's Partner Relations	D	D	D	D
17D. Caregiver's Vocational Functioning	D	D	D	D
18D. Caregiver's Mental Health	D	D	D	D
19D. Caregiver's Substance Abuse	D	D	D	D
20D. Caregiver's Knowledge	D	D	D	D
21D. Caregiver's Organization	D	D	D	D
22D. Caregiver's Social Resources	D	D	D	D
23D. Caregiver's Intellectual/Developmental	D	D	D	D
24D. Caregiver's Posttraumatic Reactions	D	D	D	D

\*Trauma Experiences (triggered by 2/3)

- D1. Sexual Abuse
- D2. Physical Abuse
- D3. Emotional Abuse
- D4. Medical Trauma
- D5. Natural/Manmade Disaster
- D6. Witness to Family Violence
- D7. Witness/Victim—Criminal Acts
- D8. Neglect
- D9. Disrupt in Coregiving/Attoch. Losses
- D10. System Induced Trauma

# FAMILY ADVOCACY & SUPPORT TOOL (FAST)

Fast 1.2  
/LS/2013

## II. CAREGIVER C

Name: \_\_\_\_\_

	0	1	2	3
12C. Caregiver's Emotional Response	D	D	D	D
13C. Caregiver's Boundaries	D	D	D	D
14C. Caregiver's Involvement	D	D	D	D
15C. Caregiver's Supervision	D	D	D	D
16C. Caregiver's Partner Relationship	D	D	D	D
17C. Caregiver's Vocational Functioning	D	D	D	D
18C. Caregiver's Mental Health	D	D	D	D
19C. Caregiver's Substance Abuse	D	D	D	D
20C. Caregiver's Knowledge	D	D	D	D
21C. Caregiver's Organization	D	D	D	D
22C. Caregiver's Social Resources	D	D	D	D
23C. Caregiver's Intellectual/Developmental	D	D	D	D
24C. Caregiver's Posttraumatic Reactions	D	D	D	D

\*Trauma Experiences (triggered by 2/3)

- C1. Sexual Abuse
- C2. Physical Abuse
- C3. Emotional Abuse
- C4. Medical Trauma
- C5. Natural/Manmade Disaster
- C6. Witness to Family Violence
- C7. Witness/Victim—Criminal Acts
- C8. Neglect
- C9. Disrupt in Coregiving/Attoch. Losses
- C10. System Induced Trauma

## II. CAREGIVER D

Name: \_\_\_\_\_

	0	1	2	3
12D. Caregiver's Emotional Response	D	D	D	D
13D. Caregiver's Boundaries	D	D	D	D
14D. Caregiver's Involvement	D	D	D	D
15D. Caregiver's Supervision	D	D	D	D
16D. Caregiver's Partner Relations	D	D	D	D
17D. Caregiver's Vocational Functioning	D	D	D	D
18D. Caregiver's Mental Health	D	D	D	D
19D. Caregiver's Substance Abuse	D	D	D	D
20D. Caregiver's Knowledge	D	D	D	D
21D. Caregiver's Organization	D	D	D	D
22D. Caregiver's Social Resources	D	D	D	D
23D. Caregiver's Intellectual/Developmental	D	D	D	D
24D. Caregiver's Posttraumatic Reactions	D	D	D	D

\*Trauma Experiences (triggered by 2/3)

- D1. Sexual Abuse
- D2. Physical Abuse
- D3. Emotional Abuse
- D4. Medical Trauma
- D5. Natural/Manmade Disaster
- D6. Witness to Family Violence
- D7. Witness/Victim—Criminal Acts
- D8. Neglect
- D9. Disrupt in Coregiving/Attoch. Losses
- D10. System Induced Trauma

## III. CHILD FUNCTIONING A

Gender: ☐ OM ☐ OF Age: \_\_\_\_\_ Name: \_\_\_\_\_

	0	1	2	3
25A. Relationship w/ Bio Mother	D	D	D	D
26A. Relationship w/ Bio Father	D	D	D	D
27A. Relationship w/ Primary Caregiver	D	D	D	D
28A. Relationship w/ Other Family Adults	D	D	D	D
29A. Relationship w/ Siblings	D	D	D	D
30A. Physical/Medical Status	D	D	D	D
31A. Mental Health Status	D	D	D	D
32A. Intellectual/Developmental	D	D	D	D
33A. Self-Regulation Skills	D	D	D	D
34A. Social Functioning	D	D	D	D
35A. School	D	D	D	D

## III. CHILD FUNCTIONING B

Gender: ☐ OM ☐ OF Age: \_\_\_\_\_ Name: \_\_\_\_\_

	0	1	2	3
25B. Relationship w/ Bio Mother	D	D	D	D
26B. Relationship w/ Bio Father	D	D	D	D
27B. Relationship w/ Primary Caregiver	D	D	D	D
28B. Relationship w/ Other Family Adults	D	D	D	D
29B. Relationship w/ Siblings	D	D	D	D
30B. Physical/Medical Status	D	D	D	D
31B. Mental Health Status	D	D	D	D
32B. Intellectual/Developmental	D	D	D	D
33B. Self-Regulation Skills	D	D	D	D
34B. Social Functioning	D	D	D	D
35B. School	D	D	D	D

## **Appendix B**

### **Sampling Plans for Allegheny and Philadelphia**

# **Sampling Plan for Allegheny County's Role in the Child Welfare Title IV-E Waiver Demonstration Project (CWWDP)**

## **University of Pittsburgh Department of Biostatistics**

**Project Title:** Sampling Plan for Allegheny County's Role in the Child Welfare Title IV-Waiver Demonstration Project

**Contact:** Mary E. Rauktis, Ph.D.

**Consultants:** Yimeng Liu, MPH, M.S., Gary M. Marsh, Ph.D.

**Date:** November 15, 2013

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### **Objectives:**

This document describes the algorithm to prospectively sample participants (children) registered in the child welfare system for the year one Child Welfare Title IV-E Waiver Demonstration Project in Allegheny County.

### **Background of the CWWDP project:**

**AIM:** The Child Welfare Title IV-E Waiver Demonstration Project (CWWDP) aims to show that the flexible use of IV-E funds in developing a new case practice model focused on family engagement, structure assessment and the expanded use of evidence-based programs (EBPs) according to local needs can improve 1) safety, 2) permanency and 3) well-being outcomes for children and families involved in the State's child welfare system.

**Target population:** All Title IV-E eligible and non-eligible children aged 0-18 years old in PA who are: 1) in placement, discharged from placement or receiving in-home services at the beginning of the demonstration period; 2) at risk of or enter placement during the term of the waiver demonstration.

**Outcome indicators:** Outcome indicators for the project can be divided into two categories: 1) Improved child and family functioning (Parent mental health and parenting skill, Child and adolescent's functioning at home, school and the community etc.) and 2) Improved placement decisions (Youth entering / re-entering placement rate, Use of congregate care rate; Lengths of stay in out-of-home and recurrence of child abuse/neglect etc.)

**Study period:** The whole project is planned for five years, including an initial evaluation in year one of all candidate intervention plan and the application of selected EBPs intervention during year two and year five.

## **Methods:**

**Rationale:** Five counties in PA (Allegheny, Dauphin, Lackawanna, Philadelphia, Venango) are participating the phase-one demonstration project (year one). The outcome of the intervention project among the sampled participants will be measured and assessed although all non-sampled children will receive the usual intervention program. Due to the large population sizes, participants for the project will be sampled from all eligible children in the two largest counties (Allegheny and Philadelphia).

**Sampling design:** The sampling procedure is a prospective process, thus no existing sampling frame is available at this time. Due to the nature of the problem, a stratified systematic sampling design was chosen to ensure that the final sample was representative and accounted for possible seasonality or other time effects. This was done by selecting subjects at roughly equal intervals across the study time frame.

### **1. Strata:**

In order to gain statistical efficiency and to ensure representativeness of the target population, the sampling process will be stratified by three variables related to the outcomes under study. By doing this, we will achieve a moderate reduction in the sample size required from non-stratified simple random sampling with replacement (SRS) while maintaining the same desirable statistical characteristics. The variables

chose for the strata are region (5 levels), race (Black, and Other)) and age (less than or equal to 12 years and 13 years or older) groups. These decisions were made by evaluating the historical data provided by the PA child welfare department and discussions with the principal investigators at the Social Work Department at UPitt. More details regarding the stratification variables follow.

**Region:** Allegheny Co. is geographically divided into 5 regions (Central, East, Mon Valley, North and South) and there are welfare offices in each region. Statistics including the number of new families accepted for service was summarized in each region office in the past years. As a result, region can be the first choice of the design variable for stratified sampling.

**Race & Age group:** The historical data showed that distributions of the placement type (one of the primary outcome indicators) are quite different in different age and race groups. Given the large proportion of Black families/children involved in the program, Black was chosen as the primary race group.

Table 1 shows the strata definition used in sampling design. There are a total of 20 strata (5x2x2).

**Table 1: Stratum definition for the sampling design**

Region	Age group	Race group
Central	<= 12yrs	Black
		Non-black
	>12yrs	Black
		Non-black
East	<= 12yrs	Black
		Non-black
	>12yrs	Black
		Non-black
North	<= 12yrs	Black
		Non-black
	>12yrs	Black
		Non-black
South	<= 12yrs	Black
		Non-black
	>12yrs	Black
		Non-black
Mon Valley	<= 12yrs	Black
		Non-black
	>12yrs	Black
		Non-black

## **2. Sample size:**

Since the primary outcome indicator was not determined by the investigators at this time, the population parameter  $p$  (the unknown population proportion) required for the sample size calculation was selected to be 0.5. This provides the most conservative sample size estimates as the binary outcome achieves the maximum variance when the mean percentage is 0.5 (i.e, the variance is  $0.5 \times 0.5 = 0.25$ ). It was also assumed that most key outcomes under study would ultimately be expressed as a proportion (e.g., the proportion of children who responded favorably to the program).

We also assumed that the error bound associated with our estimation of the population parameter would be  $\pm 0.05$ . As a result, the sample size needed to get this level of



precision (i.e.,  $\frac{1}{2}$  the width of the 95% confidence interval assuming an infinitely large population) can be calculated as follows:

$$n_0 = \frac{1.96^2 S^2}{e} = \frac{1.96^2 \cdot 0.25}{0.05} = \frac{1.96^2 \cdot 0.5^2}{0.05} \approx 385 \quad (1)$$

$$p^2 = p(1 - p) = 0.5 * 0.5 = 0.25$$

where  $p$  is the probability of success,  $1 - p$  is the probability of failure.

where  $n_0$  is the sample size for an infinite population.

To adjust for the finite population involved in this sample, the sample size can be reduced from  $n_0$  to  $n$  by the following formula.

$$n = \frac{n_0}{1 + \frac{n_0}{N}} \quad (2)$$

According to nature of the binary outcome, an approximate design effect achieved from the stratified sampling design was estimated as 5%. That is, by using the stratified sampling design, we can reduce the sample size about 5% in order to get same level of the precision as a simple random sample. Thus,

$$n_s = n * 95\% \quad (3)$$

Ultimately,  $n_s$  will be the final estimate of the total sample size needed for the prospective sampling process regardless of the stratum. The total sample size will be allocated proportionately to each stratum according to the number of children in each stratum in the target population.

### 3. Estimated population size:

Due to the prospective design of the sampling process, we do not know the true population size at this time. The population size will be estimated using the most recent group of enrolled children similar to the anticipated target population. Table 3 shows

the distribution of the new children accepted for service during Oct 1, 2012 – September 30, 2013 by region, race and age groups. According to Table 3, the estimated target population size of the following one year sampling frame will be 4196 (N). The

estimated stratum population size will be the count of new children accepted in the 2012-2013 period in each stratum shown in Table 3.

**Table 2: New children accepted for service (10/01/2012 – 09/30/2013)**

Race & Age	Regional Office					Total
	CRO	ERO	MVRO	NRO	SRO	
<b>Black</b>	<b>332</b>	<b>565</b>	<b>516</b>	<b>458</b>	<b>298</b>	<b>2182</b>
0-12	235	412	410	332	199	1605
13-18	97	153	106	127	99	577
<b>White</b>	<b>86</b>	<b>153</b>	<b>323</b>	<b>516</b>	<b>343</b>	<b>1407</b>
0-12	61	113	256	372	254	1050
13-18	26	40	67	144	89	357
<b>Biracial</b>	<b>42</b>	<b>67</b>	<b>118</b>	<b>136</b>	<b>87</b>	<b>448</b>
0-12	40	54	93	110	69	362
13-18	2	13	25	26	18	86
<b>Other</b>	<b>9</b>	<b>25</b>	<b>46</b>	<b>43</b>	<b>32</b>	<b>159</b>
0-12	9	17	35	22	18	104
13-18	0	8	12	20	14	55
<b>Total</b>	<b>256</b>	<b>1023</b>	<b>1128</b>	<b>1029</b>	<b>760</b>	<b>4196</b>

Table 3 shows the re-categorization of Table 2 counts by the strata definition in Table 1.

**Table 3: Re-categorization of Table 2**

Race & Age of children	Regional Office					Total
	CRO	ERO	MVRO	NRO	SRO	
<b>Black</b>	<b>332</b>	<b>565</b>	<b>516</b>	<b>459</b>	<b>298</b>	<b>2182</b>
0-12	235	412	410	332	199	1605
> 12	97	153	106	127	99	577
<b>Non-black</b>	<b>138</b>	<b>245</b>	<b>488</b>	<b>694</b>	<b>462</b>	<b>2014</b>
0-12	110	184	384	504	341	1516
> 12	28	61	104	190	121	498
<b>Total</b>	<b>28</b>	<b>61</b>	<b>104</b>	<b>190</b>	<b>121</b>	<b>4196</b>

According to Table 3, the estimated target population size of the following one year sampling frame will be 4196 (N). The estimated stratum population size will be the count of new children accepted in the 2012-2013 period in each stratum shown in Table 3.

#### 4. Final calculation:

Applying equations 1, 2 & 3, the estimated sample size for the whole sampling process is 335.

$$n = \frac{n_0}{N} = \frac{385}{1 + \frac{385}{4196}} \approx 352$$

$$n_s = n * 95\% = 352 * 95\% \approx$$

335

Use proportional allocation, the estimated sample size for stratum i can be calculated as follow:

$$n_s = n_s \frac{n_s}{N} \quad (4)$$

Where  $n_s$  is the estimated population size for stratum i (Table 3) and  $N$  is the estimated total population size (4196).

Table 4 shows the sample size for each stratum calculating using equation 4.

**Table 4: Sample size estimated by stratum**

Race	Age group	Regional Office					Total
		CRO	ERO	MVRO	NRO	SRO	
Black	0-12 yrs	19	33	33	27	16	128
	> 12 yrs	8	12	8	10	8	46
Non-black	0-12 yrs	9	15	31	40	27	122
	> 12 yrs	2	5	8	15	10	40

<b>Total</b>	38	65	80	92	61	336
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## Sampling algorithms:

The sampling process is a prospective systematic sampling. In order to do the systematic sampling, we need to calculate the length of the zone  $K$  by:

$$K = \frac{N}{n_s} = \frac{4196}{336} \approx 12$$

As a result, the entire time frame is divided into  $N/K = 4196/12 \approx 350$  zones (by time order). The length of each zone is 12 (order child by time) and only one child will be selected in each interval. Every new child registered in the system will be ordered from the start day of the sampling frame. A random start  $i$  (randomly picked from 1-12) will be selected before the sampling process begins. The first child selected in the sample will be the  $i$ th child in the first interval (first 12 children). As a result, every  $i+K$ th child will then be selected in the sample continuously. Each child selected will then be put into the corresponding stratum (region, age & race) and the number of children selected in each stratum will be counted.

If one child selected belonging to a stratum that already achieved the expected sample size (Table 4), this child will not be selected in the final sample and the next child will be selected instead of waiting to the next  $k$  children after. Notice that whenever a family gets registered, all children belonging to the family will be registered as an active case for the care. As a result, all children from the same family will be listed adjacently in the sampling frame and only one child from each family could be selected in the final sample unless there are 13 children in that family due to the systematic sampling algorithm.

Considering the possibility of reentry to the system of a same child, we revised the algorithm so that child already been selected in the sample will not be selected again even with their 2<sup>nd</sup> entry to the system. However, a 2<sup>nd</sup> entry of the child without being selected in the 1<sup>st</sup> entry could still has the probability to be selected in the sample.

**The sampling algorithm is summarized as follows:**

1. Pick a random start  $\diamond\diamond$ .  
2. Evaluate the two question below for every  $\diamond\diamond rr$  child registered for the service in each zone (each zone has 12 children).

- 1) Isthis child already been selected in the sample (If this child is a second entry to the system within the sampling process and already been selected into the sample at the first entry?)?
- 2) Is the stratum associated with this child already filled? (Is the current stratum total in the sample of this child  $< \diamond\diamond_s$ ?)

If no to both questions, **select** the child and evaluate the next  $\diamond\diamond rr$  child;

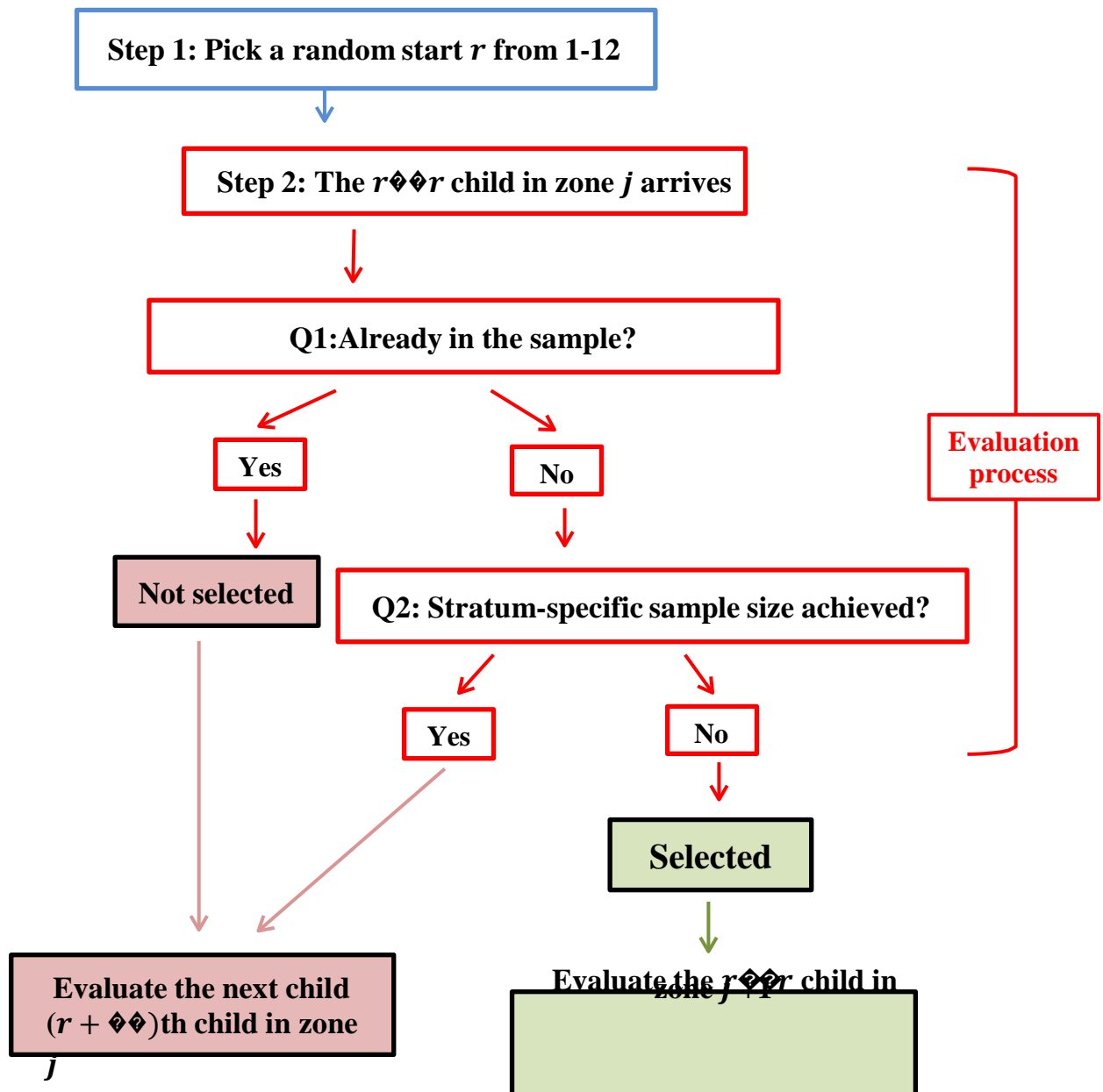
If yes to either question, **do not** select this child and evaluate the next child coming after this child (do not need to wait until the next  $\diamond\diamond rr$  child to do evaluation)

3. Repeat step 2 until all stratum reach the required sample size ( $\diamond\diamond_s$ )

Figure 1 shows the sampling algorithm in a flow chart.

We also created an Excel program that facilitates the identification and recruitment of children into the program. This will be provided to the recruiters separately following a tutorial session we will present to the investigators and the recruiters at the Allegheny County office. Figure 2 in this document provides a screen shot of the main worksheet from the Excel file.

Figure 1: Flow Chart of the Stratified Systematic Sampling Algorithm



Note: Repeat Step 2 until all strata have required sample size  $(n_{j\cdot})$



[illegible]

# **Sampling Plan for Philadelphia County's Role in the Child Welfare Title IV-E Waiver Demonstration Project (CWWDP)**

## **University of Pittsburgh Department of Biostatistics**

**Project Title:** Sampling Plan for Philadelphia County's Role in the Child Welfare Title IV-Waiver Demonstration Project

**Contact:** Mary E. Rauktis, Ph.D.

**Consultants:** Yimeng Liu, MPH, M.S., Gary M. Marsh, Ph.D.

**Date:** April 22, 2014

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### **Objectives:**

This document describes the algorithm to prospectively sample participants (children) registered in the child welfare system for the year one Child Welfare Title IV-E Waiver Demonstration Project in Philadelphia County.

### **Background of the CWWDP project:**

**AIM:** The Child Welfare Title IV-E Waiver Demonstration Project (CWWDP) aims to show that the flexible use of IV-E funds in developing a new case practice model focused on family engagement, structure assessment and the expanded use of evidence-based programs (EBPs) according to local needs can improve 1) safety, 2) permanency and 3) well-being outcomes for children and families involved in the State's child welfare system.

**Target population:** All Title IV-E eligible and non-eligible children aged 0-18 years old in PA who are: 1) in placement, discharged from placement or receiving in-home services at the beginning of the demonstration period; 2) at risk of or entering placement during the term of the waiver demonstration.

**Outcome indicators:** Outcome indicators for the project can be divided into two categories: 1) Improved child and family functioning (Parent mental health and parenting skill, Child and adolescent's functioning at home, school and the community etc.) and 2) Improved placement decisions (Youth entering / re-entering placement rate, Use of congregate care rate; Lengths of stay in out-of-home and recurrence of child abuse/neglect etc.)

**Study period:** The whole project is planned for five years, including an initial evaluation in year one of all candidate intervention plan and the application of selected EBPs interventions during year two through year five.

## **Methods:**

**Rationale:** Five counties in PA (Allegheny, Dauphin, Lackawanna, Philadelphia, Venango) are participating in the first year of the Demonstration Project. The outcome of the intervention project among the sampled participants will be measured and assessed, although all non-sampled children will receive the usual intervention program. Due to the large population sizes, in the two largest counties (Allegheny and Philadelphia) participants for the project will be sampled from all eligible children.

**Sampling design:** The sampling procedure is a prospective process, thus no existing sampling frame is available at this time. Due to the nature of the problem, a stratified systematic sampling design was chosen to ensure that the final sample was representative and accounted for possible seasonality or other time effects. This was done by selecting subjects/families at roughly equal intervals across the study time frame.

### **1. Strata:**

Stratification in the sampling process can help to gain statistical efficiency and to ensure representativeness of the target population. In the sampling plan for Allegheny County, we used three factors (region, race and age group) to construct the stratum. In order to

be consistent with Allegheny County, we consider the same factors in designing the stratum for Philadelphia County.

### **Community Umbrella Agencies (CUAs):**

The community umbrella agencies (CUAs) are newly defined geographic zones coterminous with the city's police districts in Philadelphia County. The total number of CUAs is 10. The Philadelphia Department of Human Services (DHS) plans to sequentially open the CUAs for registration. It is planned that different CUAs may focus on different types of cases (in-home cases or in placement cases, etc.) until implementation is fully complete. As a result, stratification by CUA can capture both types of the heterogeneities (geographic area and case type) in the population.

According to the corresponding geographic zones, the expected number of newly registered families for each CUA during the sampling cohort is estimated from the historical data. However, the historical data from the old system do not contain any child-level information. As a result, the sampling process can only be based at the family level.

### **Race & Age group:**

Since the historical data do not have child-level information, we will post-stratify the sample by race and age group in the estimation. As a result, the race and age information will be tracked and recorded for each newly registered child in the following sampling cohort.

In summary, only the factor of the CUA will be accounted for in the pre-stratification. There are in total 10 stratum in the final sampling process (10 CUAs).

## **2. Sample size:**

Due to the restriction of the historical data, the sampling process will be done at the family level. After a family is selected in the sample, one child will be randomly selected from the family. The final sample for evaluation would be all children selected in the

process. As a result, the sample size of the number of children equals to the sample size of the number of families.

Because the sampling will be performed at the family level, the sample size will also be calculated at the family level. Since the primary outcome indicator was not known by the investigators at this time, the population parameter  $p$  (the unknown population proportion) required for the sample size calculation was selected to be 0.5. This provides the most conservative sample size estimates as the binary outcome achieves the maximum variance when the mean percentage is 0.5 (i.e, the variance is  $0.5 \times 0.5 = 0.25$ ). It was also assumed that most key outcomes under study would ultimately be expressed as a proportion (e.g., the proportion of children who responded favorably to the program).

We also assumed that the error bound associated with our estimation of the population parameter would be  $\pm 0.05$ . As a result, the sample size needed to get this level of precision (i.e,  $\frac{1}{2}$  the width of the 95% confidence interval assuming an infinitely large population) can be calculated as follows:

$$n_0 = \frac{z^2 p q}{e^2} = \frac{(1.96)^2 (0.5)(0.5)}{(0.05)^2} = \frac{1.96^2 * 0.5^2}{0.05^2} \approx 385 \quad (1)$$

$$p q^2 = p(1 - p) = 0.5 * 0.5 = 0.25$$

$$p: \text{the expected proportion of } b \text{ s haa } p \text{ the width of the } (1 - \alpha)\%$$

$$c a b c e n t a$$

To adjust for the finite population involved in this sample, the sample size can be reduced from  $n_0$  to  $n$  by the following formula.

$$n = \frac{n_0}{1 + \frac{n_0}{N}} \quad (2)$$

Due to the pre and post-stratification, we could expect a gain in the efficiency of the estimation from the simple random sampling without replacement (SRS) design. However, by sampling at the family level (cluster) rather than at the child level, we may

lose some efficiency due to the heterogeneity of the families. In summary, we assumed that the positive stratification effect and the negative clustering effect will effectively cancel each other out. As a result, the final sample size is just the sample size calculated from the SRS design (equation 2). The total sample size will be allocated proportionately to each stratum according to the number of families in each stratum in the target family population.

### 3. Estimated family population size:

Due to the prospective design of the sampling process, we do not know the true family population size at this time. The family population size will be estimated using the most recent group of newly registered families similar to the anticipated target population. Table 1 shows the distribution of the new family accepted for service during March 1, 2013 – February 28, 2014 by CUA in Philadelphia County.

The CUA specific numbers are estimated from the number of families in the corresponding geographic area in the old system. The total number of the newly accepted families in the old cohort is 5163. Of these, 4096 are successfully assigned to a particular CUA by their corresponding geographic information. Excluding families assigned to the 10 CUAs, there are a total of 1067 families without a corresponding CUA. However, the Philadelphia team indicated to us that all newly accepted families in the following cohort will be assigned into a CUA. As a result, we re-allocated the 1067 families (without a CUA) into the 10 CUA categories by the CUA-specific proportion in all families with a CUA.

**Table 1: New families accepted for service (March 01, 2013 – February 28, 2014)**

CUA	1	2	3	4	5	6	7	8	9	10	Unknown	Total
<b>Original number</b>	325	447	392	350	645	314	366	363	450	444	1,067	5,163
<b>Re-allocation</b>	410	563	494	441	813	396	461	458	567	560	5,163	

According to Table 1, the estimated target family population size of the following one year sampling frame will be 5163 (N). The estimated CUA population size will be the

count of new families accepted in the 2013-2014 period in each CUA after the re-allocation (See the row of “Re-allocation” in Table 1).

#### 4. Final calculation:

Applying equations 1 & 2, the estimated sample size for the whole sampling process is 359.

$$n = \frac{n_0}{1 + \frac{n_0}{N}} = \frac{385}{1 + \frac{385}{5163}} \approx 359 \quad (3)$$

Using proportional allocation, the estimated sample size for stratum i (CUA i) can be calculated as follows:

$$n_{s_i} = n_s \frac{N_i}{N} \quad (4)$$

Where  $N_i$  is the estimated population size for stratum i (Table 3) and  $N$  is the estimated total population size (5163).

Table 2 shows the sample size for each stratum calculating using equation 4.

**Table 2: Sample size estimated by stratum**

CUA	1	2	3	4	5	6	7	8	9	10	Total
Families	28	39	34	31	57	28	32	32	39	39	359

#### Sampling algorithms:

The sampling process is a prospective two-stage systematic stratified-cluster sample. The systematic sampling frame is applied at the cluster level (family). In order to do the systematic sampling, we need to calculate the length of the zone k by:



$$k = \frac{N}{n_s} = \frac{5163}{359} \approx 14$$

As a result, the entire time frame is divided into  $\frac{N}{k} = \frac{5163}{14} \approx 369$  zones (by time order).

The length of each zone is 14 (order family by time) and only one family will be selected in each interval. Every new family registered in the system will be ordered from the first day of the sampling frame. A random start  $i$  (randomly picked from 1-14) will be selected before the sampling process begins. The first family selected in the sample will be the  $i$ th family in the first interval (first 14 families). As a result, every  $i+k$ th family will then be selected in the sample continuously. Each family selected will then be put into the corresponding stratum (CUA) and the number of families selected in each stratum will be counted.

If one family is selected that belongs to a stratum that already achieved the expected sample size (Table 2), this family will not be selected in the final sample and the next family will be selected instead of waiting to the next  $k$  family after it.

To select a specific child as the focus for the forms, please follow the procedure as listed in the Family Engagement Study User's Guide for when a family has more than one child. The text is included here for your reference:

*What is the protocol when a family is the subject of the conference, rather than a child/youth?*

When a family is the subject of the conference, rather than an identified child, a child must be randomly selected as the focus for these forms. Please select the child whose birth month and day is the closest to the current date. For example, if today's date is March 21st, and you have a referral for an entire family, then look at the birth days and month for each of the children. There are three children with birth dates of March 3rd, July 6th and September 9th. You would choose as the focus the child with the March 3rd birth date to be the identified child and focus for the forms.

**The sampling algorithm is summarized as follows:**

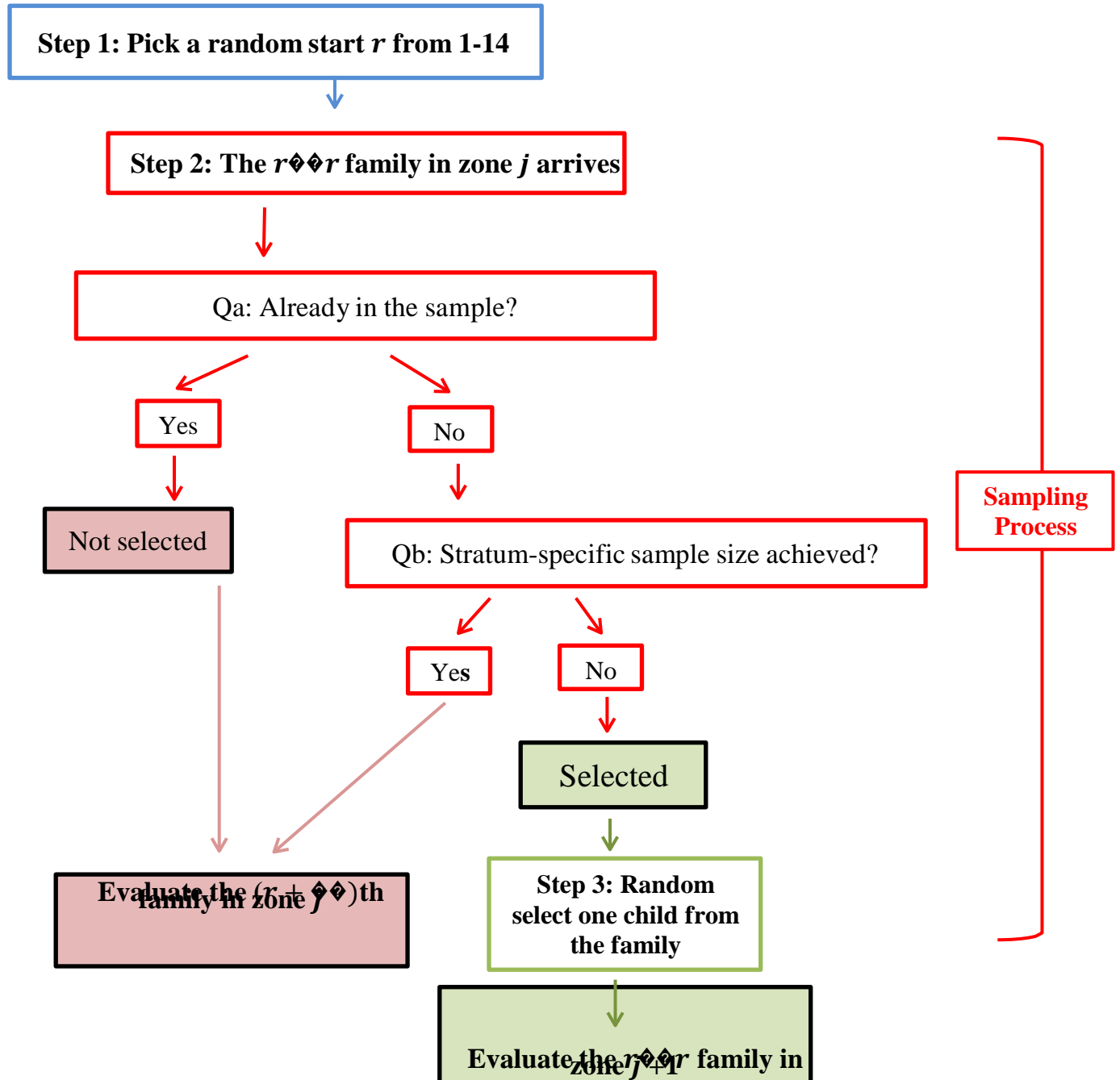
1. Pick a random start  $\diamond\diamond$ .
2. Evaluate the two questions below for every  $\diamond\diamond rr$  family registered for the service in each zone (each zone has 14 families).
  - a) Was this family already selected in the sample? (If this family is re-entering the system during the sampling frame, has the family already been selected at a prior entry?)
  - b) Is the stratum associated with this family already filled? (Is the current stratum total in the sample of this child =  $\diamond\diamond_s$ ?)

If no to both questions, **select** the family and evaluate the next  $\diamond\diamond rr$  family;

If yes to either question, **do not** select this family and evaluate the next family coming after this family (do not need to wait until the next  $\diamond\diamond rr$  family to do evaluation)

3. List all children in this family and randomly select one child for evaluation.
4. Repeat step 2-3 until all stratum reach the required sample size of the family ( $\diamond\diamond_s$ ) Figure 1 shows the sampling algorithm in a flow chart.

Figure 1: Flow Chart of the Stratified Systematic Sampling Algorithm



Note: Repeat Step 2-3 until all strata have required sample size (◆◆◆)

## **Appendix C**

### Data Dictionaries and Project Procedures

## Demonstration Project Procedures

### 1. Counties participating in the Demonstration Project

- a. Allegheny (2)
- b. Crawford (20)
- c. Dauphin (22)
- d. Lackawanna (35)
- e. Philadelphia (51)
- f. Venango (61)

### 2. Date Range for Demonstration Project data is from 7/1/2013 to present.

### 3. Demonstration Project Assessments

- a. Family Engagement
- b. CANS
- c. FAST
- d. Ages and Stages

### 4. Family Engagement (FES, or FGDM)

- a. Database Name (FGDM)
- b. Tables used for Demonstration Project
  - i. Facilitator (face sheet)
  - ii. FE\_Survey (follow up)
  - iii. Outcome (outcome)
  - iv. Baseline (baseline)
- c. **How we receive data:** All Family Engagement data is received through Teleforms (all counties)
- d. **Graveyard:** All data identified as unusable, test, or duplicate data gets moved to the graveyard by using and insert statement, then deleted from the production tables.
- e. **Trackers and fixes:**
  - i. Family Engagement tracker is found in the R:\Demonstration Project\Family Engagement\Tracking Logs folder. File named "FES\_QA\_Tracker". Active issues to be fixed are on the "Issues under investigation" tab. Once corrected, the record must be initialed, dated, and a small blurb about the fix added to the resolution column. The record is then moved (cut and pasted) to the "resolved issues" tab.
- f. **QA Process:** QA Process document can be found in R:\Demonstration Project\Family Engagement\Family Engagement Resources. Document is called "Family Engagement QA Process 5\_27\_15"
- g. **Reports and Report Templates:**
  - i. Monthly/Quarterly reports can be found in R:\Demonstration Project\Family Engagement\Monthly Reports. These reports are generated based on the conference or meeting dates. Report templates can be found in..  
R:\Demonstration Project\Data Summaries\Family Engagement Reports\Single Month Reports.
- h. **Frequency:** As data arrives on teleforms.

## 5. CANS

### a. Tables used for the Demonstration project

- i. Demo\_Processing database
  - 1. CANS\_Screen
- ii. Graveyard database
  - 1. CANS\_Screen
- iii. Research\_Db Database
  - 1. CANS\_Research

### b. **How we receive data:** All CANS data is submitted through Sharefile

### c. **CANS data processing:** Each set of data is imported into the Demo\_Processing database (CANS\_Screen table) after making the appropriate additions (row # and submission date). At this point, the level 1 QA is conducted on the data set. Identified issues are recorded in the tracker (**each tracker can be found in R:\Demonstration Project\CANS-FAST\%countyname%\CANS\CANS Tracking**), followed by notifying Justin. The set of data is then recorded in the master tracker. Once the issues in the tracker are resolved, the set of data is then copied over to the Research\_DB. If there are unresolvable records in the set, they are moved to the graveyard followed by deleting them from the demo\_processing database.

### d. **CANS QA Process:**

- i. Can be found in.. R:\Demonstration Project\CANS-FAST\QA-Lookups-Procedures. File is called "CWDP CANS\_FAST\_QA Process\_FINAL"

### e. **Reports and templates:**

- i. Quarterly and monthly reports are run through the master tracker (master tracker is shared with the data group.)

### f. **Frequency:** Should be monthly, but as often as we receive them.

## 6. FAST

### a. Tables used for the Demonstration project

- i. Demo\_Processing database
  - 1. FAST\_family\_screen
  - 2. FAST\_Caregiver\_screen
  - 3. FAST\_Child\_Screen
- ii. Graveyard database
  - 1. FAST\_family\_screen
  - 2. FAST\_Caregiver\_screen
  - 3. FAST\_Child\_Screen
- iii. Research\_DB Database
  - 1. FAST\_family\_research
  - 2. FAST\_caregiver\_research
  - 3. FAST\_child\_research

### b. **How we receive data:** All FAST data is submitted through Sharefile

### c. **FAST data processing:** Each set of data is imported into the Demo\_Processing database (FAST\_family\_Screen, FAST\_Caregiver\_screen, FAST\_Child\_screen tables) after making the appropriate additions (row # and submission date). At this point, the level 1 QA is

conducted on the data set. Identified issues are recorded in the tracker (**each tracker can be found in R:\Demonstration Project\CANS-FAST\%countyname%\FAST\FAST Tracking**), followed by notifying Justin. The set of data is then recorded in the master tracker. Once the issues in the tracker are resolved, the set of data is then copied over to the Research\_DB. If there are unresolvable records in the set, they are moved to the graveyard followed by deleting them from the demo\_processing database.

**d. FAST QA Process:**

- i. Can be found in.. R:\Demonstration Project\CANS-FAST\QA-Lookups-Procedures. File is called "CWDP CANS\_FAST\_QA Process\_FINAL"

**e. Reports and templates:**

- i. Quarterly and monthly reports are run through the master tracker (master tracker is shared with the data group.

**f. Frequency:** Should be monthly, but as often as we receive them.

## **7. Ages and Stages**

**a. Tables used for the Demonstration project**

- i. Demo\_Processing database
  - 1. ASQ\_Import (for all data received from Allegheny and Philadelphia)
  - 2. ASQ\_Local (for all data pulled from the production database (Ages and Stages) Crawford, Dauphin, Lackawanna, Venango)
- ii. Graveyard database
  - 1. ASQ\_Import (for all data received from Allegheny and Philadelphia)
  - 2. ASQ\_Local (for all data pulled from the production database (Ages and Stages) Crawford, Dauphin, Lackawanna, Venango)
- iii. Research\_Db Database
  - 1. ASQ\_research

**b. How we receive data:** Allegheny and Philadelphia submit their data through Sharefile. Crawford, Dauphin, Lackawanna, and Venango use our local Ages and Stages database..

**c. ASQ data processing:** Allegheny and Philadelphia data sets are imported into the ASQ\_Import table of the Demo\_processing database. At which time the level 1 QA is conducted. Identified issues are entered in the prospective county trackers followed by contacting Justin. Counties which use our local Ages and Stages database (Crawford, Dauphin, Lackawanna, Venango): the data must be pulled monthly from our local database by using the timestamp in both the ASQ and ASQSE tables. Only kids whose most recent case opening date is 7/1/2013 or greater are used for the demo project, also, only screenings (screening date) conducted on or after 7/1/2013 are used for the demo project. Only pull records from our local ASQ database where an MCI is present on the child. Those that are without an MCI are entered into the tracker. Once these records are fixed, these records and their assessments can then be pulled from the local ASQ database.

**d. ASQ QA Process:**

- i. Can be found in.. R:\Demonstration Project\Ages and Stages\Procedures-QA-Lookups. File is called "ASQ\_QA\_2015\_Update"

**e. Reports and templates:**

- i. Quarterly and monthly reports are run through the master tracker (master tracker is shared with the data group).

**f. Frequency:** Allegheny and Philadelphia should send in their data monthly, but this isn't nearly the case. Local ASQ database counties (Dauphin, Crawford, Lackawanna, and Venango) get pulled monthly (by the 5<sup>th</sup> of every month).



# **PA Waiver**

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## **Data Required**

We typically recommend that counties send us all full tables including all data history for the tables in their system required to capture the data elements listed below. We request that all table fields be included with the exception of sensitive fields such as text fields with user-entered text (comment fields) since these often contain hard returns that create issues reading in data. The following is a summary of the data elements required for our work.

### **Child Level Data**

- \* Unique child identifier
- \* Demographics: sex, race/ethnicity, date of birth
- \* Identifying information such as first name, last name, and social security number to assess and handle duplication across child identifiers

### **Placement Level Data**

For each placement in care, we require the following information:

- \* Placement Type
- \* Begin date
- \* End date
- \* Exit destination (including any tables/fields that will allow us to identify final adoption date if it is not stored on the placement records. This often includes legal status data)
- \* Any data fields required to determine whether adjacent placement records represent moves or not - this typically includes provider/facility fields
- \* Data tables/fields which will allow us to identify children in care due to abuse/neglect vs. delinquency. This often includes legal status/custody data. Our final files will need to distinguish between children who are in care due to reasons of abuse/neglect or delinquency.

### **Abuse/Neglect Data – Report level**

- \* Report date
- \* Report unique identifier
- \* Report source
- \* Report disposition
- \* Report disposition date

### **Abuse/Neglect Data – Allegation level**

- \* Report unique identifier
- \* Maltreatment Type
- \* Maltreatment Disposition Level

## **Documentation**

Any of the following would be helpful:

Chapin Hall Center for Children1

## **PA Waiver**

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- \* List of data tables
- \* File layouts
- \* Entity relationship diagrams
- \* Data dictionary, code book or code tables

### **Data Transfer**

Our overall goal is to make this process as easy on state staff as possible. Data will be transferred every 12 months. We ask that all files be sent with full history for each update.

- \* We typically ask that data be sent as ASCII text files, | or @ delimited if possible. If you'd like to discuss alternatives, please let us know.
- \* If possible, we prefer to transfer data via sftp. We will set up an account for you on our sftp server.

# PA Waiver

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## Standardized State Child File:

Each county has a file named pa\_XXXX\_child\_MMYYS.sas7bdat where XXXX is county name abbreviated. (alleg, lack, phil, dauph, ven) and MMYYS indicates the month/year through which activity is covered in the spell file generated from the event file.

Variable Name	Type	Length	Values
CHILDDID	Char	20	Will be populated with either county ID or Chapin generated unduplicated ID
MCI_ID			State ID
STATE	Char	2	Postal Abbreviation (e.g. IL)
COUNTY	Num	4	FIPS code
URBAN	Num	1	0 not in primary urban area 1 in primary urban area
GENDER	Char	1	M male F female U unknown or missing
ETHNIC	Char	2	WH non-hispanic white BL non-hispanic african american HI hispanic AS asian and pacific AN native american OT other category UK unknown
DOB	Date	8	Date of birth

## Standardized State Event File:

Each county has a file named pa\_XXXX\_pevent\_MMYYS where XXXX is county name abbreviated in the file and MMYYS indicates the month/year through which activity is covered in the spell file generated from the event file.

Variable Name	Type	Length	Values
CHILDDID	Char	20	Will be populated with either county ID or Chapin generated unduplicated ID
MCI_ID			State ID
EDATE	Date	8	Event date
EVENT	Char	3	PFC foster care placement PKC kinship care placement PCC congregate care placement POT other substitute care placement XRF exit by reunification XRL exit to relative care, relative guardianship XCA exit by completed adoption XRY exit by runaway XRM exit by reach majority, age out, emancipation XOT exit to other (other agency, independent living, etc) XUK
ESEQ	Num	4	Event sequence number by client, by date

## PA Waiver

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From these child and event files, a spell file is created for each county(pa\_alleg\_rawspMMYY.sas7bdat) .  
Spell files reflect the following:

Multiple spells were bridged into one if the gap between them met the following criteria:

- A gap of 30 days or less regardless of exit type.

**pawaiverspMMYY.sas7bdat** contains spells for all waiver counties and is created by  
finalspells\_pawaiver\_MMYY.sas. This file is created by concatenating the county spell files adding  
analytic fields and removing spells meeting the following criteria:

Spells meeting the following criteria are discarded:

- child's age at start of spell less than 0 or greater than or equal to 20
- (no duration tolerance is applied, all spells are retained regardless of duration)

Additionally, the following changes are made to exits on selected spells:

- Children, who were still in care on their 21<sup>st</sup> birthday, are exited to reach majority (XRM) on their birthday.
- Spells for which a child exits to runaway (XRY) at less than age 10 are recoded to exit to other (XOT).
- Spells for which a child exits to reach majority (XRM) at less than age 13 are recoded to exit to other (XOT).

Spell records in contain the fields shown below.

Child-Specific Variables	Type	Length	
CHILDDID	Char	20	Unique value for each child within a state.
MCI_ID	Num		State MCI_ID. May or may not be populated depending on availability.
STATE	Char	2	State postal abbreviation
STATEFIP	Num	2	State FIPS code
COUNTY	Num	3	FIPS county code
CNTYNAME	Char	30	County name
ST_CNTYNAME	Char	33	State postal abbreviation_county name NY_Albany
URBAN	Num	2	0-non-urban area; 1-designated primary urban area.
URBAN75	Num	2	0 – Less than 75% of population is in urban area. 1 – 75% or more of population is in urban area. (Based on 2000 census)
REGION	Num	2	0-non-urban 1-non-primary urban (at least 75% of pop in urban area) 2-designated primary urban
GENDER	Char	2	M-male, F-female, U-unknown
ETHNIC	Char	2	WH - non-hispanic white BL - non-hispanic african american HI - hispanic AS - asian and pacific AN - native american OT - other category UK - unknown
ETHNIC2	Char	2	WH, BL, HI, OT(unknown or other)

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DOB	Num	8	Date of birth
STARTAGE	Num	2	Child's age at first date of service.
AGEOUT	Num	8	Date of Ageout (age 21)
AGECAT2	Num	2	Based on startage 1 – 0 to 4 years old 2 – 5 to 17 years old
AGECAT4	Num	1	Based on startage 1 – 0 2 – 1 to 5 years 3 – 6 to 12 years 4 – 13 to 17 years
AGECAT7	Num	2	Based on startage 1 – 0 2 – 1 to 2 years 3 – 3 to 5 years 4 – 6 to 8 years 5 – 9 to 11 years 6 – 12 to 14 years 7 – 15 to 17 years
SPELLAGECAT7	Num	2	Based on spellage 1 – 0 2 – 1 to 2 years 3 – 3 to 5 years 4 – 6 to 8 years 5 – 9 to 11 years 6 – 12 to 14 years 7 – 15 to 17 years
EXITAGECAT8	Num	2	Based on exitage 1 – 0 2 – 1 to 2 years 3 – 3 to 5 years 4 – 6 to 8 years 5 – 9 to 11 years 6 – 12 to 14 years 7 – 15 to 17 years 8 – 18 to 21 years
INYEAR	Num	4	First year of service (entry cohort year)
COHORT	Num	2	0 - child is not in a valid entry cohort year 1 – child IS in a valid entry cohort year
<b>Spell-related variables</b>			
SPELLAGE	Num	2	Age of child at the beginning of spell.
EXITAGE	Num	2	Age at exit or censoring date.
SPELL	Num	2	Spell sequence number
START	Num	8	Start date of spell.
STOP	Num	8	End date of spell.
SPELLONE	Num	2	0- Not child's first spell. 1- Child's first spell.
TYPE	Char	2	Primary type of spell FC, KC, CC, OT, MX
PLACE1	Char	3	Type of first placement in spell.

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PLACE2	Char	3	Type of second placement in spell
PLACE2_DATE	Num	8	Date of second placement
LASTPLACE	Char	3	Last placement type occurring in spell as of censor date.
LEVELCHG	Num	2	0 – All placements in the spell same type as place1. 1 – At least one placement during a spell is of a different type than place1.
NPLACES	Num	8	Number of placements in spell.
MOVES	Num	8	Number of movements in spell (nplaces-1)
DISCH	Num	2	0-spell is censored. 1-spell was completed with a hard-coded exit.
BRIDGED	Num	2	0 – no bridging in spell 1 – bridging in spell
RUNS	Num	8	Number of XRYs occurring during spell (will only be greater than 1 if bridging was implemented)
REENTER	Num	2	0-child does not have subsequent spells. 1-child has subsequent spell.
DURAT	Num	8	Duration of spell in days.
DURMO	Num	12	Duration of spell in months.
DURCAT	Num	8	Based on duration of spell between start and stop or start and censor date if still in care. durat < 0 then durcat=-1; if durat = 0 then durcat =0; else if 1 <= durat < 30 then durcat =1; else if 30 <= durat < 90 then durcat =2; else if 90 <= durat < 180 then durcat =3 else if 180 <= durat < 365 then durcat =4 else if 365 <= durat < 545 then durcat =5; else if 545 <= durat < 1095 then durcat =6; else if 1095 <=durat then durcat =7;
DURCAT2			All spells still in care are assigned a value of 8. durat < 0 then durcat2=-1; if durat = 0 then durcat2 =0; else if 1 <= durat < 30 then durcat2 =1; else if 30 <= durat < 90 then durcat2 =2; else if 90 <= durat < 180 then durcat2 =3 else if 180 <= durat < 365 then durcat2 =4 else if 365 <= durat < 545 then durcat2 =5; else if 545 <= durat < 1095 then durcat2 =6; else if 1095 <=durat then durcat2 =7; if disch=0 then durcat2=8;
PREVTIME	Num	8	Previous time in care prior to current spell.
TIMER	Num	8	Amount of time between current spell and next spell.
RECAT	Num	2	Based on ‘timer’ variable: 1 - under 1 month 2 - 1-2 months 3 - 3-5 months 4 - 6-11 months 5 - 12-17 months 6 – 18-35 months 7 – More than 35 months.
EXIT	Char	3	Type of exit for spell.

## PA Waiver

Files generated during 06/30/2013 & 6/30/2014 update

			XCA-Completed adoption XRF-Exit to family XRL-Exit to relative XRY – Runaway XRM-Reach majority XOT-Other ZTC – Censored
IM	Num	2	Month spell began
IY	Num	4	Year spell began
IYMO	Num	6	Year/Month that spell began (ie.198801)
OM	Num	2	Month spell ended.
OY	Num	4	Year spell ended.
OYMO	Num	6	Year/Month that spell ended (ie.198812)
P_CC	Num	2	Proportion of spell in congregate care placement.
P_FC	Num	2	Proportion of spell in foster care placement.
P_KC	Num	2	Proportion of spell in kinship care placement.
P_OT	Num	2	Proportion of spell in placement type other than congregate, foster care or kinship care.
<b>Dummy Variables</b>			
GENDERF	Num	1	
GENDERM	Num	1	
URBAN0	Num	1	
URBAN1	Num	1	
REGION0	Num	1	
REGION1	Num	1	
REGION2	Num	1	
AGE2_1	Num	1	Based on agecat2
AGE2_2	Num	1	Based on agecat2
AGE1	Num	1	Based on agecat7.
AGE2	Num	1	
AGE3	Num	1	
AGE4	Num	1	
AGE5	Num	1	
AGE6	Num	1	
AGE7	Num	1	
AGE0	Num	1	Based on agecat4.
AGE1_5	Num	1	Based on agecat4.
AGE6_12	Num	1	Based on agecat4.
AGE13_17	Num	1	Based on agecat4.
RACEBL	Num	1	
RACEHI	Num	1	
RACEOT	Num	1	
RACEWH	Num	1	
Note: COHORTYYYY fields indicate whether or not a spell is associated with a child who FIRST entered care during the specified year. A child who first entered in 1990 will have COHORT1990=1 for all of their spells regardless of start year. This field does not indicate whether or not it is a valid cohort year for that state. The COHORT field will be equal to 1 if it is a valid entry cohort year.			
COHORT1988	Num	1	
COHORT1989	Num	1	
COHORT1990	Num	1	

## PA Waiver

Files generated during 06/30/2013 & 6/30/2014 update

COHORT1991	Num	1	
COHORT1992	Num	1	
COHORT1993	Num	1	
COHORT1994	Num	1	
COHORT1995	Num	1	
COHORT1996	Num	1	
COHORT1997	Num	1	
COHORT1998	Num	1	
COHORT1999	Num	1	
COHORT2000	Num	1	
COHORT2001	Num	1	
COHORT2002	Num	1	
COHORT2003	Num	1	
COHORT2004	Num	1	
COHORT2005	Num	1	
COHORT2006	Num	1	
COHORT2007	Num	1	
COHORT2008	Num	1	
COHORT2009	Num	1	
COHORT2010	Num	1	
COHORT2011	Num	1	
COHORT2012	Num	1	
COHORT2013	Num	1	
CARECC	Num	1	
CAREFC	Num	1	
CAREKC	Num	1	
CAREMX	Num	1	
CAREOT	Num	1	
DISXCA	Num	1	=1 if exit=XCA
DISXRF	Num	1	=1 if exit=XRF
DISOTH	Num	1	=1 if exit=XRL, XRY, XRM, XOT
SPSEQ0	Num	1	=1 if spellone=0;
SPSEQ1	Num	1	=1 if spellone=1;



## **Appendix D**

### Summary Category Mapping

## Appendix XX. Summary Category Mapping

Act 148 Cost Center	Summary Category	Act 148 Cost Center	Summary Category
ADMINISTRATION	Administration	HOMEMAKER SERVICE	In Home Services
ADOPTION ASSISTANCE	Adoption & Guardianship	INTAKE & REFERRAL	In Home Services
ADOPTION SERVICE	Adoption & Guardianship	LIFE SKILLS - DEPENDENT	In Home Services
SUBSIDIZED PERMANENCT LEGAL CUSTODIANSHIP	Adoption & Guardianship	PROTECTIVE SERVICE - CHILD ABUSE	In Home Services
DAY CARE	Day Care	PROTECTIVE SERVICE - GENERAL	In Home Services
ALTERNATIVE TREATMENT - DELINQUENT	Delinquent	SERVICE PLANNING	In Home Services
COMMUNITY RESIDENTIAL - DELINQUENT	Delinquent	SG_Alt_to_Truancy	In Home Services
COUNSELING - DELINQUENT	Delinquent	SG_EBP_Fmly_Develop_Credential	In Home Services
DAY TREATMENT - DELINQUENT	Delinquent	SG_EBP_Fmly_Finding	In Home Services
EMERGENCY SHELTER - DELINQUENT	Delinquent	SG_EBP_Fmly_Group_Decision_Mkng	In Home Services
FOSTER FAMILY - DELINQUENT	Delinquent	SG_EBP_Funct_Fmly_Therapy	In Home Services
JUVENILE ACT PROCEEDINGS - DELINQUENT	Delinquent	SG_EBP_High_Fidelity_Wrap_Around	In Home Services
JUVENILE DETENTION SERVICE	Delinquent	SG_EBP_MltDimen_Trtmnt_Fstr_Care	In Home Services
LIFE SKILLS - DELINQUENT	Delinquent	SG_EBP_MultiSystemic_Therapy	In Home Services
RES. SERV. - DELINQUENT (EXCEPT YDC)	Delinquent	SG_Housing	In Home Services
RES. SERVICE - DELINQUENT (Non YDC/YFC)	Delinquent	SG_Independent_Living	In Home Services
SECURE RES. SERVICE (EXCEPT YDC)	Delinquent	SG_Promising_Practice_Delinquent	In Home Services
SUPERVISED IND. LIVING - DELINQUENT	Delinquent	SG_Promising_Practice_Dependent	In Home Services
YDC	Delinquent	SG_StateWide_Adopt_Network	In Home Services
BG_Alt_to_Truancy	In Home Services	JUVENILE ACT PROCEEDINGS - DEPENDENT	Juvenile Act Proceeding
BG_Evidence_Based_Practices	In Home Services	ALTERNATIVE TREATMENT - DEPENDENT	Out of Home Dependent
BG_Housing	In Home Services	COMMUNITY RESIDENTIAL - DEPENDENT	Out of Home Dependent
BG_Promising_Practice	In Home Services	EMERGENCY SHELTER - DEPENDENT	Out of Home Dependent
COUNSELING - DEPENDENT	In Home Services	FOSTER FAMILY - DEPENDENT	Out of Home Dependent
DAY TREATMENT - DEPENDENT	In Home Services	RESIDENTIAL SERVICE - DEPENDENT	Out of Home Dependent

## **Appendix E**

### Measures

## Demonstration Project Document Review

### **Instructions**

The document review process is another way of obtaining information about readiness (in addition to interviews and surveys). The document review process looks for WRITTEN evidence that activities are in place, underway or planned for, or not in place.

The document review is undertaken by two individuals. In a rare instance, it may be done by one person, but the procedure is to have two individuals review the information independently and jointly come to a consensus. When you call to set up the appointment, ask if they can please gather for you **ALL DOCUMENTS**

**RELATED TO THE DEMONSTRATION PROJECT.** This could include, but is not limited to, the following:

- ☐ Meeting minutes
- ☐ Interoffice memos or communications
- ☐ Emails
- ☐ Job descriptions for positions
- ☐ Interview protocols for new hires or transfers to positions for the Demonstration Project
- ☐ Contracts with providers which include job descriptions for key positions
- ☐ Training curricula
- ☐ Training plans
- ☐ Training sign-in sheets
- ☐ Training agendas
- ☐ IT documentation
- ☐ Policies and procedures
- ☐ RFPs for EBP providers
- ☐ Letters, documents, emails
- ☐ Consulting agreements
- ☐ EBP informational or marketing materials.
- ☐ Decision pathways or trees related to referral protocols

Please see the procedures for DP document review for the steps to follow in setting up the time, arranging for the documents to be available. There is also an email and instructions for the county.

While on site, each reviewer will read the documents and then individually rate the degree to which evidence exists to support the statement. For this round, we're looking primarily at information related to EBPs. However, if there have been organizational/structural changes related to engagement and/or assessment, we will also want to note those. In those cases, you may rate family engagement and assessment separately or you may look at them as a whole. Check all of the sources of information that you used and provide details in the far right hand column. One data source may serve to document/support the rating for several items. For each element that is identified "in place" or "partially in place" briefly describe or reference the evidence and or data sources that demonstrate that that element is observable or measureable. If you are told that the documents are "somewhere" or that they exist but cannot be produced, then this should be rated as a "0" with a note that there is a verbal report but no supporting documentation. Try to come to your rating individually because you will discuss with the other rater your individual scores and then arrive at a consensus score.

**In place=2.** There is/are document(s) that provide the evidence that there are procedures in place.

**Partially in place/initiated=1.** There are documents that provide evidence that procedures have been initiated but are not fully in place or are inconsistently being implemented.

**Not in place/absent=0.** There is no documented evidence that there are procedures in place.

Rater Initials: \_\_\_\_\_

County: \_\_\_\_\_

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

When a new practice is introduced to an organization or sustained over time, practitioners must be employed to interact with clients using the new ways of work. This domain is about <b>recruiting, interviewing, and hiring new practitioners or existing practitioners</b> within the organization.	Score	Source (check all used in your review and used in your score)	Justification for your score (what went into your assignment of the score)
<p><b><u>Recruitment and Selection</u></b></p> <p>1.a. The <b>right*</b> people/organizations are being hired or contracted or re-deployed within the organization in order to implement the EBPs.</p> <p><i>*right people = the organization is trying to find people who are suited to the work. This could be through education, training, and/or experience.</i></p>	1.a EBP	<p><b><u>Potential types of documents:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interoffice memos or communications</li> <li><input type="checkbox"/> Emails</li> <li><input type="checkbox"/> Study of current workforce attributes</li> <li><input type="checkbox"/> Job descriptions for positions</li> <li><input type="checkbox"/> Interview protocols</li> <li><input type="checkbox"/> Contracts with providers which include job descriptions for key positions</li> <li><input type="checkbox"/> Other documents (please detail)</li> </ul>	

**In place=2.** There is/are document(s) that provide the evidence that there are procedures in place

**Partially in place/ initiated=1.** There documents that provide evidence that procedures have been initiated but are not fully in place or are inconsistently being implemented.

**Not in place/absent=0.** There is no documented evidence that there are procedures in place

**Partially in place/ initiated=1.** There documents that provide evidence that procedures have been initiated but are not fully in place or are inconsistently being implemented.

**Not in place/absent=0.** There is no documented evidence that there are procedures in place

<p>Organizations must have some way to monitor the implementation of new initiatives and to use the information. The information can be used for internal or external accountability purposes, quality improvement, or for making decisions at the child, family, unit/department and agency level. This domain is about the <b>access and use of information relative to decision making and also how the agency is tracking and checking for implementation of EBPs</b></p>	<p><b>Score</b></p>	<p><b>Source</b> (check all used in your review and used in your score)</p>	<p><b>Justification for your score</b> (what went into your assignment of the score)</p>
<p><b><u>Decision support</u></b> Structures or procedures exist that provide decision support using:</p> <p>3.a. Decision support tools help to identify the appropriate EBP (e.g. pathways, decision trees)</p> <p>3.b. Provides leaders with easy access to information in order to make decisions</p> <p>3.c. Monitor the implementation of the new initiatives (e.g. track the number referrals to EBPs). In other words, there is a system in place to monitor the outputs and to do corrective actions.</p>	<p>3.a. EBP</p> <p>3.b. EBP</p> <p>3.c. EBP</p>	<p><b><u>Potential types of documents:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IT screens or IT documentation</li> <li><input type="checkbox"/> Policies and procedures for incorporating assessment data into plans, case review procedures or for problem solving with action planning and feedback loops</li> <li><input type="checkbox"/> Spreadsheets</li> <li><input type="checkbox"/> Decision tools/pathways</li> <li><input type="checkbox"/> Other documents (please detail)</li> </ul>	

**In place=2.** There is/are document(s) that provide the evidence that there are procedures in place

**Partially in place/ initiated=1.** There documents that provide evidence that procedures have been initiated but are not fully in place or are inconsistently being implemented.

**Not in place/absent=0.** There is no documented evidence that there are procedures in place



<p>Administrators and leaders create the culture. Have those in charge of implementation put into place the <b>administrative structures and processes to support and actively encourage the use of an innovation</b> by the practitioners? Have they <b>adapted and restructured and communicated</b> the reasons. Leadership also communicates and gives a <b>consistent message about the importance of the practices.</b></p>	<p><b>Score</b></p>	<p><b>Source</b> (check all used in your review and used in your score)</p>	<p><b>Justification for your score</b> (what went into your assignment of the score)</p>
<p>4.a. Leaders are communicating the value of the CWDP and its emphasis on EBPs and this information is shared via presentations, meetings, social marketing materials (e.g. posters, or marketing materials for judges, parole officers, teachers etc).</p> <p>4.b. Administrative practices and procedures have been altered to accommodate the needs of the innovation (e.g., procedures for sharing information between EBP providers and child welfare staff).</p> <p>4.c. Adjustments have been made in organizational structures and rules specifically to promote the use of the innovation.</p> <p>4.d. Administrative staff and stakeholders have received explicit training about the use of EBPs.</p>	<p>4.a.EBP</p> <p>4.b. EBP</p> <p>4.c. EBP</p> <p>4.d.EBP</p>	<p><b><u>Potential types of documents:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Communication plans</li> <li><input type="checkbox"/> Memos</li> <li><input type="checkbox"/> Email communications</li> <li><input type="checkbox"/> Minutes from leadership meetings</li> <li><input type="checkbox"/> Administrative policies and procedures</li> <li><input type="checkbox"/> Training materials</li> <li><input type="checkbox"/> Other</li> </ul>	

**In place=2.** There is/are document(s) that provide the evidence that there are procedures in place

**Partially in place/ initiated=1.** There documents that provide evidence that procedures have been initiated but are not fully in place or are inconsistently being implemented.

**Not in place/absent=0.** There is no documented evidence that there are procedures in place

<b>Collaboration with other systems</b>	<b>Score</b>	<b>Source</b> (check all used in your review and used in your score)	<b>Justification for your score</b> (what went into your assignment of the score)
5. What is in place that will enable sharing of information across systems?	5. EBP	<b><u>Potential types of documents:</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Memorandums of understanding (MOU's) with mental health, EI, Juvenile Justice and other judicial bodies for sharing data</li> <li><input type="checkbox"/> Communication protocols</li> <li><input type="checkbox"/> Other documents (please detail)</li> </ul>	
<b>Evidence Based Practice Preparation</b>	<b>Score</b>	<b>Source</b> (check all used in your review and used in your score)	<b>Justification for your score</b> (what went into your assignment of the score)
6. Has the county systematically prepared for EBPs by examining client need, fit, organization resources and workforce? Is there a practice in place to discuss when it doesn't "fit" when there is a lack of fit or failures? Does the county make adjustments?	6. EBP	<b><u>Potential types of documents:</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Needs-based budget plans (detailing high areas of need for clients, potential EBPs, etc.)</li> <li><input type="checkbox"/> Lists of current EBP providers</li> <li><input type="checkbox"/> Other documents (please detail)</li> </ul>	

**In place=2.** There is/are document(s) that provide the evidence that there are procedures in place

**Partially in place/ initiated=1.** There documents that provide evidence that procedures have been initiated but are not fully in place or are inconsistently being implemented.

**Not in place/absent=0.** There is no documented evidence that there are procedures in place

### Consensus Score Data Sheet

**Instructions:** Discuss your individual scores on the domains and individual items within each domain. Discuss what you considered in your assignment and then together agree on how each item should be scored. Document your discussion as needed, particularly if there are scores that are very different (e.g. one rater had scored 2.a. as a 2, and the other had scored it as a 0).

Scores:

**In place=2.** There is/are document(s) that provide the evidence that there are procedures in place

**Partially in place/ initiated=1.** There documents that provide evidence that procedures have been initiated but are not fully in place or are inconsistently being implemented.

**Not in place/absent=0.** There is no documented evidence that there are procedures in place

Date: \_\_/\_\_/\_\_

Raters' initials:

County being reviewed.

Domain	EBP Score
<p><b><u>Recruitment and Selection</u></b></p> <p>1.a. The <b>right*</b> people/organizations are being hired or contracted or re-deployed within the organization in order to implement the EBPs.</p> <p><i>*right people = the organization is trying to find people who are suited to the work. This could be through education, training, and/or experience.</i></p>	
<p><b><u>Training and supervision</u></b></p> <p>2.a. Staff/ supervisors who will make referrals to PCIT, Triple P, or other EBPs receive information about the EBP: for example, who the target population is for the EBP; what the EBP involves; what can help facilitate the success of the EBP; how to talk to families about the EBP.</p> <p>2.b. Staff/supervisors are being coached on who and how to make a referral and how to work with provider staff and what to expect and coached on how to approach and support families in the EBP.</p> <p>2.c. Staff are evaluated on the behaviors and practices (as referenced in 2b above) as part of their performance appraisals.</p>	

Domain	EBP Score
<p><b><u>Decision support</u></b> Structures or procedures exist that provide decision support using:</p> <p>3.a. Decision support tools help to identify the appropriate EBP (e.g. pathways, decision trees)</p> <p>3.b. Provides leaders with easy access to information in order to make decisions</p> <p>3.c. Monitor the implementation of the new initiatives (e.g. track the number referrals to EBPs). In other words, there is a system in place to monitor the outputs and to do corrective actions.</p>	
<p><b><u>Culture</u></b></p> <p>4.a. Leaders are communicating the value of the CWDP and its emphasis on EBPs and this information is shared via presentations, meetings, social marketing materials (e.g. posters, or marketing materials for judges, parole officers, teachers etc).</p> <p>4.b. Administrative practices and procedures have been altered to accommodate the needs of the innovation (e.g., procedures for sharing information between EBP providers and child welfare staff).</p> <p>4.c. Adjustments have been made in organizational structures and rules specifically to promote the use of the innovation.</p> <p>4.d. Administrative staff and stakeholders have received explicit training about the use of EBPs.</p>	

Domain	EBP Score
<b><u>Collaboration with other systems</u></b> 5. What is in place which will enable sharing of information across systems?	
<b><u>Evidence Based Practice Preparation</u></b> 6. Has the county systematically prepared for EBPs by examining client need, fit, organization resources and workforce? Is there a practice in place to discuss when it doesn't "fit" when there is a lack of fit or failures? Does the county make adjustments?	
<b>Comments from both raters</b>	

### **EBP Provider Key Informant Interview Questions**

- 1) What is your understanding of the Child Welfare Demonstration Project (Phila only: that is occurring with the IOC initiative) in your county? (probe for how they found out about it—training, supervisor communicated it, newsletter etc.)
- 2) What is your understanding of how children and families are referred to you/your agency by Children, Youth, and Families?
- 3) Tell us about your training in PCIT/Triple P. What kinds of on-going training, coaching, and/or consultation do you receive? How is your supervisor involved in any on-going coaching and/or consultation?
- 4) What are some of the barriers in getting families to engage in PCIT (and/or Triple P if the county is implementing it)? (probe for agency & staff barriers as well as family-level barriers). How common are these barriers? What is the impact of these barriers on families? What is the impact of these barriers on you as providers?
- 5) What kinds of things have helped to get families to engage in PCIT (and/or Triple P if the county is implementing it)? (probe for agency & staff facilitators as well as family-level facilitators)
- 6) How closely do you work with your families' CYF caseworkers? What helps or hinders those relationships? How do you know how your families are progressing in their family service plans? Are there any formal communication plans/protocols in place between you and the CYF caseworkers?
- 7) If you had ten minutes with key decision-makers in your county, what issues would be most important for that person to understand in terms of getting the right families to the right services at the right time?

## Key Informant Interview Questions

### Leadership -- Sustainability

- 1) What have been the biggest successes of the CWDP?
  - (if they don't touch on all three components – Assessment, Family Engagement, EBPs – then prompt for them)
- 2) What have been the biggest challenges of the CWDP?
  - (if they don't touch on all three components – Assessment, Family Engagement, EBPs – then prompt for them)
- 3) What would you do differently if you were to do this again?
- 4) *(If not addressed in any of the above)* How did the CWDP change collaboration between child welfare and other child/family-serving systems in your county? (prompt for each: juvenile justice, behavioral health, education, early intervention)
- 5) *(If not addressed in any of the above)* Did the flexible federal out-of-home maintenance and administration funding of the CWDP change the way your county made spending decisions during the waiver period? If so, how?
- 6) What are your county's plans for sustainability after the completion of the CWDP and the extension?
  - (if they don't touch on all three components – Assessment, Family Engagement, EBPs – then prompt for them)
- 7) What supports do you need from the state, the CWRC, or other sources in order to sustain your county's efforts?



## EBP Focus Groups with County Supervisors and Caseworkers

*Last year we surveyed child welfare case workers in all our Demonstration Project counties to find out about attitudes to evidence- based practice. We also asked caseworkers how and why they might make referrals to evidence-based practices.*

*Following on from that, and based on some of what those folks told us, we would like to get your thoughts about evidence -based practice in your county currently.*

1. When I say Evidence-Based Practice, what does that mean to you?
  - a. What are some examples of EPBs

### **Explanation:**

*Evidence-based practice refers to a service that has some research behind it. So, a study has been done on that service that showed positive outcomes that can be measured. EBP is becoming increasingly important in Child Welfare where caseworkers can use their expertise and knowledge of a family to refer them to an EBP that is likely to be the most effective for that family.*

*Some examples of EBPs in your county are: PCIT, Triple P etc.*

2. Can you think of an EBP service that caseworkers frequently refer families to (if an EBP cannot be thought of, ask about any service frequently referred to)?
  - a. Why do caseworkers select this service? Why do caseworkers choose this service over other services?
  - b. How are referrals made to this service?
  - c. How do families benefit from participating in this service? What does family participation look like for this service?
3. What kind of training or coaching do you receive on EBP services (past and present)?
  - a. What kind of support do you receive from your supervisor and/or administration on referring families to EBP's?
4. What helps to aide your relationship with EBP providers?
  - a. How does your relationship with providers affect referrals?
  - b. Are there any EBP providers that you do not work closely with? Why not?
5. What do you think would be a good way of encouraging families to participate in evidence-based services?
6. What is your understanding of PCIT/Triple P?
  - a. Can you tell us about how you acquired that understanding of this/these services (formal communication, informal communication, email, memo, etc.)?
  - b. What kind of training or coaching do you receive on PCIT/Triple P services (past and present)?

7. What are some of the barriers in getting families referred to PCIT/Triple P? What are some barriers to getting families to participate in PCIT/Triple P (probe for agency & staff barriers as well as family-level barriers)?
  - a. If referrals are not being made, why are they not referring?
8. If you had ten minutes with key decision makers in your county, what issues would be most important for that person to understand in terms of getting the right families to the right services at the right time?

## Organizational Readiness for Change (ORC) Survey

This survey is an opportunity for you to provide your honest assessment of the strengths and weaknesses of your workplace. All of your answers are confidential. All information is reported in group form so that no one person's responses can be identified. Your user ID number is used by the researchers to track completion of the survey. The only people able to link your ID number to your personal information are the researchers. However, your participation is voluntary and you may choose NOT to complete the survey or you may start the survey and then stop completing it at any time. If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next item. If an item does not apply to you or your workplace, leave it blank. The survey will take approximately 15-20 minutes to complete. Hit >> to start the survey.

Q2 My organization needs additional guidance in:

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
defining its mission (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
setting specific goals (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assigning or clarifying staff roles (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
establishing accurate job descriptions for staff (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
evaluating staff performance (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improving relations among staff (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improving communications among staff (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improving record keeping and information systems (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improving financial/accounting procedures (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 I need more training for:

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
basic computer skills/programs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
specialized computer applications (e.g., data systems) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
new methods/developments in my area of responsibility (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
new equipment or procedures being used or planned (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
maintaining/obtaining certification or other credentials (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
new laws or regulations I need to know about (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
management or supervisory responsibilities (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Current pressures to make agency changes come from:

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
the people being served (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other staff members (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
supervisors or managers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
advisory board members (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
community groups (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
funding agencies (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
accreditation or licensing authorities (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

Q5 How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
I receive good management here. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My office (size and furnishings) here are adequate. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the skills needed to conduct my duties effectively. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff sometimes get confused about our main goals and mission. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff here get along very well. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my present job. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to find a job somewhere else. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand how everyone's duties fit together as part of the overall mission. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too many staff decisions have to be reviewed by someone else. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff training and continuing education are priorities here. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

Q6 How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
Office equipment (e.g., telephone, fax, copier) here is adequate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I frequently share my knowledge or ideas with other staff. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel the Advisory Board/Board of Directors/Oversight Board provides effective leadership. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have used the Internet in the past month. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management here fully trusts my professional judgment. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel appreciated for the job that I do. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is too much friction among staff members. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have fears about the future health of this agency. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ideas or suggestions from staff get a fair hearing from management. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff generally regard me as a valuable source of information. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have easy access for using the Internet at work. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff here work together effectively as a team. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the basic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

computer equipment/programs that I need. (13)					
My duties are clearly related to the overall goals here. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have learned new skills or techniques at a professional conference in the past year. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consistently plan ahead and then carry out my plans. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have too many pressures to do my job effectively. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Organizational Readiness for Change (ORC)

Q7 How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
Staff members are given broad authority in carrying out their duties. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This agency encourages and supports professional growth. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like the people that I work with. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I read about new ideas and techniques related to my duties each month. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff here are always quick to help one another when needed. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer problems are usually repaired promptly. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Novel ideas by staff are discouraged here. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff here have the skills they need to do their jobs. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The budget here allows staff to attend professional conferences each year. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough opportunities to keep my	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

professional skills up-to-date. (10)					
Mutual trust and cooperation among staff here are strong. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most records here are computerized. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing to try new ideas even if some people are reluctant. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning and using new procedures are easy for me. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goals and objectives of this agency are communicated clearly. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff here often show signs of stress and strain. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff participate in making long-range plans for this agency. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

Q8 How strongly do you agree or disagree with each of the following statements?

	Strongly Disagree (1)	Disagree (2)	Uncertain (3)	Agree (4)	Strongly Agree (5)
I usually accomplish whatever I set my mind to. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to change routine procedures to meet new conditions. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff here are free to try out different ideas or techniques. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use the Internet to get work-related information. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The formal and informal communication channels here work fine. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies here limit staff access to the Internet and use of e-mail. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offices here allow the privacy needed for staff duties. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sometimes too cautious or slow to make changes. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are too many rules and limitations here. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a lot of stress here. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

are ignored in most decisions. (11)					
The staff here are kept well informed by management. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The heavy workloads reduce staff effectiveness. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I regularly read professional articles or books related to my job here. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have confidence in how decisions are made here. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other staff often ask for my advice about things. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

Q9 How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
More open discussions about issues would be helpful. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive regular in-service training here. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I give high value to the work I do here. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I frequently hear good staff ideas for improving operations. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other staff often ask for my opinions. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am effective and confident in doing my job. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a computer to use in my personal office space. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some staff members do not do their fair share of work. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More support staff are needed for getting tasks completed. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The general attitude here is to change things that aren't working. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do a good job of routinely updating and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

improving my skills. (11)					
Staff members here always feel free to ask questions and express their concerns. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been highly effective in my work here. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff frustration is common here. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need better access while at work to resources on the Internet. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management here has a clear plan for accomplishing goals. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

Q10 How strongly do you agree or disagree with each of the following statements?

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
I have a positive influence on other staff here. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud to tell others where I work. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have convenient access to e-mail communications. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am encouraged to try new and different ideas here. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to adapt quickly when I have to shift focus. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management decisions here are well planned. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am viewed as a leader by other staff here. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My computer equipment is mostly old and outdated. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arrangement of staff offices is convenient and efficient. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are satisfied with the computer system here. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent staff turnover here is a problem. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Readiness for Change (ORC)

usually have enough time to complete assigned duties. (12)					
There are enough staff here to meet organizational needs. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff here are qualified for their duties. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The workload and pressures here keep motivation for new training low. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More computers are needed for staff use. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Organizational Readiness for Change (ORC)

We would like to be able to describe who took this survey and that is why we ask you to describe yourself. However, you can choose to skip these questions.

Q11 Age:

- ☐ Under 21 (1)
- ☐ 22-30 (2)
- ☐ 31-40 (3)
- ☐ 41-50 (4)
- ☐ 51-60 (5)
- ☐ 61-70 (6)
- ☐ Over 70 (7)

Q12 Gender:

- ☐ Male (1)
- ☐ Female (2)

Q13 County of employment:

- ☐ Allegheny (1)
- ☐ Crawford (2)
- ☐ Dauphin (3)
- ☐ Lackawanna (4)
- ☐ Philadelphia (5)
- ☐ Venango (6)

Q14 Agency name:

Organizational Readiness for Change (ORC)

Q15 Race:

- ☐ Black/African American (1)
- ☐ American Indian/Alaskan Native (2)
- ☐ White/Caucasian (3)
- ☐ Native Hawaiian/Other Pacific Islander (4)
- ☐ Asian (5)
- ☐ Hispanic/Latino (6)
- ☐ Biracial/Multiracial (7)
- ☐ Other (8) \_\_\_\_\_

Q16 Is your degree in Social Work?

- ☐ Yes (1)
- ☐ No (2)

## Organizational Readiness for Change (ORC)

Q17 What is your highest educational degree?

- ☐ Less than high school (1)
- ☐ High school diploma (2)
- ☐ Associates degree (3)
- ☐ Bachelor's degree (4)
- ☐ Master's degree (5)
- ☐ Doctoral degree (6)

If Less than high school Is Selected, Then Skip To Current Job Title: If High school diploma Is Selected, Then Skip To Current Job Title: If Associates degree Is Selected, Then Skip To What was your major? If Bachelor's degree Is Selected, Then Skip To What was your major? If Master's degree Is Selected, Then Skip To What was your major? If Doctoral degree Is Selected, Then Skip To What was your major?

## Organizational Readiness for Change (ORC)

Q18 What was your major?

- ☐ N/A (1)
- ☐ Accounting (2)
- ☐ Agriculture (3)
- ☐ Agronomy (4)
- ☐ Anthropology (5)
- ☐ Archeology (6)
- ☐ Architecture (7)
- ☐ Arts, Fine & Applied (8)
- ☐ Astronomy (9)
- ☐ Aviation (10)
- ☐ Biology (11)
- ☐ Botany (12)
- ☐ Business (13)
- ☐ Cartography (14)
- ☐ Chemistry (15)
- ☐ Communications (16)
- ☐ Corrections (17)
- ☐ Counseling (18)
- ☐ Criminal Justice/Law Enforcement (19)
- ☐ Dietetics/Nutrition (20)
- ☐ Economics (21)
- ☐ Education (22)
- ☐ Electronics Technology (23)
- ☐ Employee/Labor Relations (24)
- ☐ Engineering (25)
- ☐ English & Literature (26)
- ☐ Environmental Studies (27)
- ☐ Epidemiology (28)
- ☐ Finance (29)
- ☐ Fish, Game & Wildlife Management (30)
- ☐ Food Technology & Safety (31)
- ☐ Foreign Language (32)
- ☐ Forestry (33)
- ☐ Geography (34)
- ☐ Geology (35)
- ☐ Geophysics (36)
- ☐ Health (37)
- ☐ History (38)
- ☐ Home Economics (39)
- ☐ Horticulture (40)

## Organizational Readiness for Change (ORC)

- ☐ Hospital Administration (41)
- ☐ Human Resource Management (42)
- ☐ Hydrology (43)
- ☐ Industrial Management (44)
- ☐ Information Technology (45)
- ☐ Insurance (46)
- ☐ International Relations (47)
- ☐ Journalism (48)
- ☐ Law (49)
- ☐ Law Enforcement (50)
- ☐ Liberal Arts/Humanities (51)
- ☐ Library Science (52)
- ☐ Management Information Systems (53)
- ☐ Management (54)
- ☐ Marketing (Facilities) (55)
- ☐ Marketing (56)
- ☐ Mathematics (57)
- ☐ Medical Support (58)
- ☐ Meteorology (59)
- ☐ Natural Resource Management (60)
- ☐ Nursing (61)
- ☐ Park & Recreation Management (62)
- ☐ Pharmacy (63)
- ☐ Physical Science (64)
- ☐ Physics (65)
- ☐ Political Science/Government (66)
- ☐ Psychology (67)
- ☐ Public Health (68)
- ☐ Public Administration (69)
- ☐ Public Relations (70)
- ☐ Purchasing (71)
- ☐ Real Estate (72)
- ☐ Rehabilitation Therapy (73)
- ☐ Sociology (74)
- ☐ Statistics (75)
- ☐ Surveying (76)
- ☐ Systems Analyst (77)
- ☐ Theology (78)
- ☐ Transportation (79)
- ☐ Zoology (80)
- ☐ Other (81)

Organizational Readiness for Change (ORC)

Q20 Are you a CWEB graduate?

- ☐ Yes (1)
- ☐ No (2)

Q21 Are you a CWEL graduate?

- ☐ Yes (1)
- ☐ No (2)

## Organizational Readiness for Change (ORC)

Q22 Current Job Title:

- ☐ Director (1)
- ☐ Drug and Alcohol Treatment Specialist (2)
- ☐ Human Services Program Specialist (3)
- ☐ Human Services Program Specialist Supervisor (4)
- ☐ Manager (5)
- ☐ Psychological Services Associate (6)
- ☐ Social Worker (7)
- ☐ Youth Development Aide (8)
- ☐ Youth Development Aide Supervisor (9)
- ☐ Youth Development Counselor (10)
- ☐ Youth Development Counselor Supervisor (11)
- ☐ Administrator (12)
- ☐ Assistant Director (13)
- ☐ Case Aide (14)
- ☐ Caseworker (15)
- ☐ Child Care Worker (16)
- ☐ Clerk/Typist (17)
- ☐ Executive Director (18)
- ☐ Fiscal Staff (19)
- ☐ Homemaker (20)
- ☐ Intern (21)
- ☐ MH/MR worker (22)
- ☐ Program Director (23)
- ☐ Resource Parent (24)
- ☐ Social Service Program Analyst (25)
- ☐ Social Service Program Supervisor (26)
- ☐ Supervisor (27)
- ☐ Training Program Staff (28)
- ☐ Administrator (29)
- ☐ Program Representative 1 (30)
- ☐ Program Representative 2 (31)
- ☐ Attorney (32)
- ☐ Court Appointed Special Advocates (CASA) (33)
- ☐ Guardian Ad Litem (GAL) (34)
- ☐ Judge (35)
- ☐ Legislator (36)
- ☐ Other (37)

Q23 Effective date of current position: mm/dd/yyyy

Q24 Agency type:

- ☐ Public Child Welfare (1)
- ☐ Other (2) \_\_\_\_\_

Q25 Primary Work Unit (please choose one)

- ☐ Intake (1)
- ☐ Investigation/Assessment (CPS, GPS) (2)
- ☐ Independent Living (3)
- ☐ Non-direct Service (clerical, fiscal, business) (4)
- ☐ School-based (5)
- ☐ Ongoing (in-home, family preservation) (6)
- ☐ Substitute Care (out of home placement, foster care) (7)
- ☐ Administrative (manager, director/assistant, program specialist, contract monitor) (8)
- ☐ Other Direct Service (homemaker, case aide, family group coordinator/facilitator) (9)
- ☐ Generic Unit (agency does not have distinct work units) (10)
- ☐ Other (11) \_\_\_\_\_

Q26 If you work directly with families and children, please tell us, in a "typical" month, how many families and how many children are you responsible for managing? (If you do not work directly with families and children, leave this blank.)

# of families (1)

# of children (2)

Thank you for completing the survey!



Common CANS, Demonstration Project 12.1.16  
**Service Process Adherence to Needs and Strengths (SPANS)**

---

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

County: \_\_\_\_\_

Case worker: \_\_\_\_\_

Reviewer: \_\_\_\_\_

MCI #: \_\_\_\_\_

Rating Period: \_\_\_\_\_ to \_\_\_\_\_

(circle one): Ongoing Case

New Case

Date of CANS: \_\_\_\_\_

Date of Family Service Plan: \_\_\_\_\_

- **IF debrief/feedback occurred post SPANS with the county please include details:**

- **Overall Observations:**

### Domain: LIFE FUNCTIONING

CANS Rating	Domain: Life Functioning	A Child/ Family needs were a focus of plan(s)?	B Recommended services & supports were a focus of plan(s)?	C Child/Family needs were monitored?	D Recommended services/supports were discussed elsewhere in chart?	E* Types of services, supports & activities are appropriate to address the need	F* Intensity of services, supports & activities are appropriate to address the need
	1) Family Functioning						
	2) Living Situation						
	3) School						
	4) School Behavior						
	5) School Achievement						
	6) School Attendance						
	7) Social Functioning						
	8) Intellectual/Developmental						
	9) Decision Making						
	10) Legal						
	11) Physical/Medical						
	12) Sleep						
	13) Sexual Development						

\*Only score for items with a rating of **3**.

## Record/Chart Characteristics

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings:

**Domain: YOUTH STRENGTHS**

<b>CANS Rating</b>	<b>Domain: Youth Strengths</b>	<b>A Child strengths were mentioned on the plan(s)?</b>	<b>B<sup>1</sup> Child strengths were used to address needs and promote healthy development on the plan(s)?</b>	<b>B<sup>2</sup> Strength building activities were a focus of the plan(s)?</b>	<b>C Child strengths were monitored?</b>	<b>D Recommended services/supports were discussed elsewhere in chart?</b>	<b>E Types of services, supports &amp; activities are in line with child's strengths?</b>	<b>F Intensity of services, supports &amp; activities utilize of build on child's strengths?</b>
	1) Family							
	2) Interpersonal Skills							
	3) Educational							
	4) Vocational							
	5) Talent/Interests							
	6) Spiritual/Religious							
	7) Community Connection							
	8) Relationship Permanence							

**Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings:

**Domain: CAREGIVER STRENGTHS AND NEEDS<sup>1</sup>**

CANS Rating	Domain: Caregiver Strengths and Needs	A Caregiver needs were a focus of plan(s)?	B Recommended services & supports were a focus of plan(s)?	C Caregiver needs were monitored?	D Recommended services/supports were discussed elsewhere in chart?	E* Types of services, supports & activities are appropriate to address the need/strength	F* Intensity of services, supports & activities are appropriate to address the need/strength
	1) Supervision						
	2) Involvement with Care						
	3) Knowledge						
	4) Organization						
	5) Social Resources						
	6) Residential Stability						
	7) Intellectual/Developmental						
	8) Safety						

\*Only score for items with a rating of **3**.

<sup>1</sup> All items are scored as needs ONLY. Strengths are not being scored at this time.

## Record/Chart Characteristics

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings:



**Domain: CULTURE**

		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E*</b>	<b>F*</b>
<b>CANS Rating</b>	<b>Domain: Culture</b>	<b>Child/Family needs were a focus of plan(s)?</b>	<b>Recommended services &amp; supports were a focus of plan(s)?</b>	<b>Child/Family needs were monitored?</b>	<b>Recommended services/supports were discussed elsewhere in chart?</b>	<b>Types of services, supports &amp; activities are appropriate to address the need</b>	<b>Intensity of services, supports &amp; activities are appropriate to address the need</b>
	1) Language						

\*Only score for items with a rating of **3**.

**Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings (continue on back if needed)

**Domain: YOUTH BEHAVIORAL/EMOTIONAL NEEDS**

<b>CANS Rating</b>	<b>Domain: Youth Behavioral/ Emotional Needs</b>	<b>A Child/ Family needs were a focus of plan(s)?</b>	<b>B Recommended services &amp; supports were a focus of plan(s)?</b>	<b>C Child/Family needs were monitored?</b>	<b>D Recommended services/supports were discussed elsewhere in chart?</b>	<b>E* Types of services, supports &amp; activities are appropriate to address the need</b>	<b>F* Intensity of services, supports &amp; activities are appropriate to address the need</b>
	1) Psychosis						
	2) Impulsivity/Hyperactivity						
	3) Depression						
	4) Anxiety						
	5) Oppositional						
	6) Conduct Behaviors						
	7) Adjustment to Trauma						
	8) Anger Control						
	9) Substance Use						
	10) Attachment						

\*Only score for items with a rating of **3**.

**Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings (continue on back if needed):

**Domain: YOUTH RISK BEHAVIORS/FACTORS**

<b>CANS Rating</b>	<b>Domain: Youth Risk Behaviors/Factors</b>	<b>A Child/ Family needs were a focus of plan(s)?</b>	<b>B Recommended services &amp; supports were a focus of plan(s)?</b>	<b>C Child/Family needs were monitored?</b>	<b>D Recommended services/supports were discussed elsewhere in chart?</b>	<b>E* Types of services, supports &amp; activities are appropriate to address the need</b>	<b>F* Intensity of services, supports &amp; activities are appropriate to address the need</b>
	1) Suicide Risk						
	2) Self-Injurious Behaviors						
	3) Other Self-Harm						
	4) Danger to Others						
	5) Runaway						
	6) Fire Setting						
	7) Intentional Misbehavior/ Sanction Seeking Behavior						
	8) Sexual Aggression						
	9) Exploited						

\*Only score for items with a rating of **3**.

**Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings (continue on back if needed):

**Domain: TRANSITION AGE MODULE**

<b>CANS Rating</b>	<b><i>Domain: Life Functioning</i></b>	<b>Child/ Family needs were a focus of plan(s)?</b>	<b>Recommended services &amp; supports were a focus of plan(s)?</b>	<b>Child/Family needs were monitored?</b>	<b>Recommended services/supports were discussed elsewhere in chart?</b>	<b>Types of services, supports &amp; activities are appropriate to address the need</b>	<b>Intensity of services, supports &amp; activities are appropriate to address the need</b>
	1) Independent Living Skills						
	2) Job Functioning						
	3) Peer/Social Experiences						
	4) Caregiving Role						

**Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings (continue on back if needed):



**DOMAIN: TRAUMA EXPERIENCES**

<b>CANS Rating</b>	<b><i>Domain: Life Functioning</i></b>	<b>Child/ Family needs were a focus of plan(s)?</b>	<b>Recommended services &amp; supports were a focus of plan(s)?</b>	<b>Child/Family needs were monitored?</b>	<b>Recommended services/supports were discussed elsewhere in chart?</b>	<b>Types of services, supports &amp; activities are appropriate to address the need</b>	<b>Intensity of services, supports &amp; activities are appropriate to address the need</b>
	1) Sexual Abuse						
	2) Physical Abuse						
	3) Emotional Abuse						
	4) Medical Trauma						
	5) Natural/Man-Made Disaster						
	6) Witness to Family Violence						
	7) Witness/Victim—Criminal Acts						
	8) Neglect						
	9) Disrupt. In Caregiving/Attach. Losses						
	10) System Induced Trauma						

**Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings (continue on back if needed):

**What Services and supports were included in the most recent Family Service Plan? (See definitions)\***

**Check all that apply:**

- ☐ Adult probation
- ☐ After-school services
- ☐ Cash assistance
- ☐ Child D&A services
- ☐ Child mental health services
- ☐ Child wraparound or intensive case management
- ☐ Domestic Violence treatment/prevention
- ☐ Early intervention
- ☐ Education assistance e.g. GED preparation
- ☐ Employment/pre-employment
- ☐ Family debt assistance
- ☐ Family energy assistance
- ☐ Family finding
- ☐ Family food support
- ☐ Family Housing support
- ☐ Family income support assistance
- ☐ Family support
- ☐ Family therapy/family preservation
- ☐ Foster care
- ☐ Independent living services or aftercare
- ☐ Juvenile probation
- ☐ Kinship care
- ☐ Kinship support
- ☐ Literacy services
- ☐ Parent Mental Health Services
- ☐ Parent Substance Abuse services
- ☐ Recreational services
- ☐ Residential treatment center
- ☐ Respite
- ☐ Therapeutic group home services/therapeutic foster care
- ☐ Transportation services

**OTHERS: please list.**

---

(Note: list group home under “others” unless the record explicitly states that the group home placement is therapeutic residential care or a therapeutic residential unit, then select therapeutic group home above.)

**Definitions: Services and Supports\***

**Adult probation.** Adult or adults in the family are being supervised by the court due to or subsequent to a criminal offense. This includes community sentences which are an alternative to being incarcerated (house arrest).

**After school services** supervision of youth/children in the after school hours or weekends. May include tutoring, computer services, childcare

**Cash assistance** Onetime cash assistance e.g. cash to pay for a housing security deposit, rent, temporary living expenses, to purchase an appliance etc.

**Child mental health services** include medication, individual therapy, group therapy provided by MD, Ph.D. or licensed clinician

**Child D&A services** include medication, individual therapy, group therapy provided by MD, Ph.D. or licensed clinician for the purpose of treating drug or alcohol use

**Child wraparound or intensive case management** finding or organizing multiple treatment and support services and advocating for the family

**Domestic Violence treatment/prevention individual** therapy for abusing partner or abused partner, group therapy, crisis intervention including temporary shelter

**Early intervention** services for children and infants that are developmentally delayed e.g. speech, hearing, motor.

**Education assistance** e.g. GED preparation or assistance in getting into college or completing high school

**Employment/pre-employment** services include pre-employment counseling, vocational testing, resume writing and interviewing skills

**Family energy assistance** financial assistance in paying heat or electric for the family

**Family debt assistance** Credit counseling or debt consolidation services; assistance with bankruptcy proceedings

**Family finding** involves systematic search techniques to find relatives of the children

**Family food support** financial assistance in purchasing food (WIC, food stamps)

**Family housing support** financial assistance in paying rent/mortgage or housing is subsidized (e.g. "section 8).

**Family support** is a network of community-based resources and services focused on strengthening parenting practices and healthy development of the children.

**Family income support assistance** ongoing financial assistance based on poverty status (e.g. TANF). This does not include unemployment compensation or Social Security Disability

**Family therapy/family preservation** involves a variety of family member with child present. Interaction among family members if facilitated by a counselor or therapist. This category also includes **family preservation** designed to keep the family together and may include 24 hour access to support, intensive in home treatment, crisis services offered in the home

**Foster care** 24 hour placement in a home with caregivers who are not family

**Independent living services or aftercare** designed to prepare older adolescents to live independently and reduce their reliance on family or service system. It can include social and community living skills, and peer support.

**Juvenile probation** Youth are being supervised by the court due to or subsequent to a criminal offense. This includes community sentences which are an alternative to being incarcerated (house arrest).

**Kinship care** out of home residential care provided by relative of the child/youth

**Kinship support** financial support given to kin who are caring for youth in their home

**Literacy services** for adults such as tutoring, helping with learning to read

**Parent Mental Health Services** Individual or group therapy for parents including outpatient and inpatient services, conducted by a professional

**Parent Substance Abuse services** Individual or group therapy for parents including outpatient and inpatient services conducted by a professional.

Include AA and Alanon.

**Recreational services** use of community recreation resources including the Y or other physical fitness activities, youth sport programs, karate classes, etc.

**Residential treatment center** 24 hour out of home care in a residential setting, may hold large number of children, may be secured facility

**Respite** planned “time away” from children in which children are cared for by a professional or trained parent in order to give parents a break. Can be in child home or outside the home

**Therapeutic group home services/Therapeutic foster care** 24 hour placement in a home with caregivers who are trained in behavior management and social and independent living skills development for children and youth with emotional and behavioral problems

**Transportation services** transportation to/from appointments or other scheduled services or reimbursement for public transportation

## SPANS - FAST

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

---

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

Agency: \_\_\_\_\_

Caseworker: \_\_\_\_\_

Reviewer: \_\_\_\_\_

MCI #: \_\_\_\_\_

Rating Period: \_\_\_\_\_ to \_\_\_\_\_

(circle one): Ongoing Case

New Case

Date of FAST: \_\_\_\_\_

Date of Family Service Plan: \_\_\_\_\_

## NOTES



## SPANS – FAST

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

### I. THE FAMILY TOGETHER

		A	B	C	D	E*	F*
FAST Rating	Domain: The Family Together	Family needs were a focus of plan(s) or Family Strengths were mentioned	Recommended services & supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development	Family needs/strengths were monitored	Recommended services/supports were discussed elsewhere in chart	Types of services, supports & activities are appropriate to address the need	Intensity of services, supports & activities are appropriate to address the need
	14) Parental/Caregiver Collaboration						
	15) Relations among Siblings						
	16) Extended Family Relations						
	17) Family Conflict						
	18) Family Communication						
	19) Family Safety						
	20) Financial Resources						
	21) Residential Stability						
	22) Natural Supports						
	23) Involvement with Care						
	24) Advocacy Skills						

\*Only score for items with a rating of 3.

## **SPANS – FAST**

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

### **Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings:

## SPANS – FAST

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

### II. CAREGIVER STATUS

#### Caregiver (A) Status

		A	B	C	D	E*	F*
FAST Rating	Domain: Caregiver Functioning	Caregiver needs were a focus of plan(s) or Caregiver Strengths were mentioned	Recommended services & supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development	Caregiver needs/strengths were monitored	Recommended services/supports were discussed elsewhere in chart	Types of services, supports & activities are appropriate to address the needs	Intensity of services, supports & activities appropriate to address the needs
	12) Caregiver's Emotional Response						
	13) Caregiver's Boundaries						
	14) Caregiver's Involvement						
	15) Caregiver's Supervision						
	16) Caregiver's Partner Relations						
	17) Caregiver's Vocational Functioning						
	18) Caregiver's Mental Health						
	19) Caregiver's Substance Abuse						
	20) Caregiver's Knowledge						
	21) Caregiver's Organization						
	22) Caregiver's Social						

## SPANS – FAST

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

	Resources						
	23) Caregiver's Intellectual/Developmental						
	24) Caregiver's Posttraumatic Reactions						

### Record/Chart Characteristics

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings:

## SPANS – FAST

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

### Caregiver (B) Status

		A	B	C	D	E*	F*
FAST Rating	Domain: Caregiver Functioning	Caregiver needs were a focus of plan(s) or Caregiver Strengths were mentioned	Recommended services & supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development	Caregiver needs/strengths were monitored	Recommended services/supports were discussed elsewhere in chart	Types of services, supports & activities are appropriate to address the need	Intensity of services, supports & activities appropriate to address the need
	12) Caregiver's Emotional Response						
	13) Caregiver's Boundaries						
	14) Caregiver's Involvement						
	15) Caregiver's Supervision						
	16) Caregiver's Partner Relations						
	17) Caregiver's Vocational Functioning						
	18) Caregiver's Mental Health						
	19) Caregiver's Substance Abuse						
	20) Caregiver's Knowledge						
	21) Caregiver's Organization						
	22) Caregiver's Social						

## SPANS – FAST

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

	Resources						
	23) Caregiver's Intellectual/Developmental						
	24) Caregiver's Posttraumatic Reactions						

### Record/Chart Characteristics

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings:

## SPANS – FAST

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

### III. CHILD STATUS

#### Child (A) Status

		A	B	C	D	E*	F*
FAST Rating	Domain: Child Functioning	Child needs were a focus of plan(s) or Child Strengths were mentioned	Recommended services & supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development	Child needs/strengths were monitored	Recommended services/supports were discussed elsewhere in chart	Types of services, supports & activities are appropriate to address the need	Intensity of services, supports & activities are appropriate to address the need
	25) Relationship w/ Bio Mother						
	26) Relationship w/ Bio Father						
	27) Relationship w/ Primary Caregiver						
	28) Relationship w/ other Family Adults						
	29) Relationship w/ Siblings						
	30) Physical/Medical Status						
	31) Mental Health Status						
	32) Intellectual/Developmental						
	33) Self-Regulation Skills						
	34) Social Functioning						
	35) School						

\*Only score for items with a rating of 3.

## SPANS – FAST

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

		A	B	C	D	E*	F*
FAST Rating	Domain: Early Childhood	Child needs were a focus of plan(s) or Child Strengths were mentioned	Recommended services & supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development	Child needs/ strengths were monitored?	Recommended services/ supports were discussed elsewhere in chart	Types of services, supports & activities are appropriate to address the need	Intensity of services, supports & activities are appropriate to address the need
	A1) Social – Emotional						
	A2) Sensory						
	A3) Atypical Behaviors						
	A4) Attachment						

\*Only score for items with a rating of **3**.



## **SPANS – FAST**

Service Process Adherence to Needs and Strengths (SPANS)  
for the Family Advocacy and Support Tool (FAST)

### **Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on rating

**Child (B) Status**

		A	B	C	D	E*	F*
FAST Rating	Domain: Child Functioning	Child needs were a focus of plan(s) or Child Strengths were mentioned	Recommended services & supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development	Child needs/strengths were monitored	Recommended services/supports were discussed elsewhere in chart	Types of services, supports & activities are appropriate to address the need	Intensity of services, supports & activities are appropriate to address the need
	25) Relationship w/ Bio Mother						
	26) Relationship w/ Bio Father						
	27) Relationship w/ Primary Caregiver						
	28) Relationship w/ other Family Adults						
	29) Relationship w/ Siblings						
	30) Physical/Medical Status						
	31) Mental Health Status						
	32) Intellectual/Developmental						
	33) Self-Regulation Skills						
	34) Social Functioning						
	35) School						

\*Only score for items with a rating of **3**.

		A	B	C	D	E*	F*
<b>FAST Rating</b>	<b>Domain: Early Childhood</b>	<b>Child needs were a focus of plan(s) or Child Strengths were mentioned</b>	<b>Recommended services &amp; supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development</b>	<b>Child needs/ strengths were monitored</b>	<b>Recommended services/ supports were discussed elsewhere in chart</b>	<b>Types of services, supports &amp; activities are appropriate to address the need</b>	<b>Intensity of services, supports &amp; activities are appropriate to address the need</b>
	A1) Social – Emotional						
	A2) Sensory						
	A3) Atypical Behaviors						
	A4) Attachment						

\*Only score for items with a rating of **3**.

**Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings:

**Child (C) Status**

		A	B	C	D	E*	F*
<b>FAST Rating</b>	<b>Domain: Child Functioning</b>	<b>Child needs were a focus of plan(s) or Child Strengths were mentioned</b>	<b>Recommended services &amp; supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development</b>	<b>Child needs/strengths were monitored</b>	<b>Recommended services/supports were discussed elsewhere in chart</b>	<b>Types of services, supports &amp; activities are appropriate to address the need</b>	<b>Intensity of services, supports &amp; activities are appropriate to address the need</b>
	25) Relationship w/ Bio Mother						
	26) Relationship w/ Bio Father						
	27) Relationship w/ Primary Caregiver						
	28) Relationship w/ other Family Adults						
	29) Relationship w/ Siblings						
	30) Physical/Medical Status						
	31) Mental Health Status						
	32) Intellectual/Developmental						
	33) Self-Regulation Skills						
	34) Social Functioning						
	35) School						

\*Only score for items with a rating of **3**.

		A	B	C	D	E*	F*
<b>FAST Rating</b>	<b>Domain: Early Childhood</b>	<b>Child needs were a focus of plan(s) or Child Strengths were mentioned</b>	<b>Recommended services &amp; supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development</b>	<b>Child needs/ strengths were monitored</b>	<b>Recommended services/ supports were discussed elsewhere in chart</b>	<b>Types of services, supports &amp; activities are appropriate to address the need</b>	<b>Intensity of services, supports &amp; activities are appropriate to address the need</b>
	A1) Social – Emotional						
	A2) Sensory						
	A3) Atypical Behaviors						
	A4) Attachment						

\*Only score for items with a rating of **3**.

**Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings:

**Child (D) Status**

		A	B	C	D	E*	F*
<b>FAST Rating</b>	<b>Domain: Child Functioning</b>	<b>Child needs were a focus of plan(s) or Child Strengths were mentioned</b>	<b>Recommended services &amp; supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development</b>	<b>Child needs/strengths were monitored</b>	<b>Recommended services/supports were discussed elsewhere in chart</b>	<b>Types of services, supports &amp; activities are appropriate to address the need</b>	<b>Intensity of services, supports &amp; activities are appropriate to address the need</b>
	25) Relationship w/ Bio Mother						
	26) Relationship w/ Bio Father						
	27) Relationship w/ Primary Caregiver						
	28) Relationship w/ other Family Adults						
	29) Relationship w/ Siblings						
	30) Physical/Medical Status						
	31) Mental Health Status						
	32) Intellectual/Developmental						
	33) Self-Regulation Skills						
	34) Social Functioning						
	35) School						

\*Only score for items with a rating of **3**.



		A	B	C	D	E*	F*
<b>FAST Rating</b>	<b>Domain: Early Childhood</b>	<b>Child needs were a focus of plan(s) or Child Strengths were mentioned</b>	<b>Recommended services &amp; supports were a focus of plan(s) or strength(s) were used to address need/promote healthy development</b>	<b>Child needs/ strengths were monitored</b>	<b>Recommended services/ supports were discussed elsewhere in chart</b>	<b>Types of services, supports &amp; activities are appropriate to address the need</b>	<b>Intensity of services, supports &amp; activities are appropriate to address the need</b>
	A1) Social – Emotional						
	A2) Sensory						
	A3) Atypical Behaviors						
	A4) Attachment						

\*Only score for items with a rating of **3**.

**Record/Chart Characteristics**

Services and supports never started (specify reason)

Services and supports were discontinued, (specify reason)

Other notes on ratings:



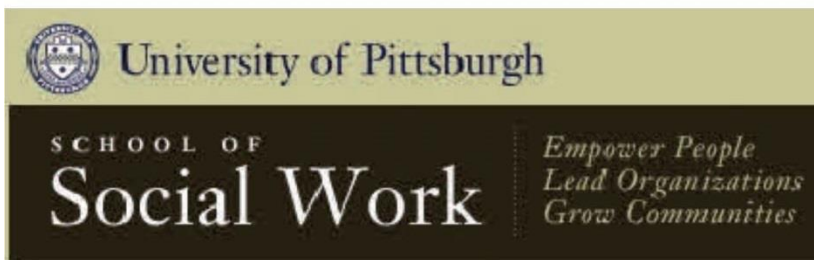
# Pennsylvania's Child Welfare Demonstration Project: Family Engagement Study User's Guide

Revised September 2014

## Introduction

This User's Guide is a compilation of various materials created exclusively for Pennsylvania's Child Welfare Demonstration Project for the Family Engagement Study. The materials are intended for county and agency partners along with their private providers to provide copies of all the necessary forms to adequately collect data for the Family Engagement Study and to give guidance on the usage of these forms. All documents, webpages, photographs and images are the property of the University of Pittsburgh, except where noted. Permission is required to copy, download or use any text, photographs or image files.

These materials were created in partnership with:



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# Family Engagement Study: Overview

## **What is the Family Engagement Study?**

The purpose of the family engagement component of the Demonstration Project is to answer questions about the fidelity and the impact of family conferences or groups on certain outcomes. Although each county is calling their engagement processes by a different name, and may have slightly different purposes, all have five core elements:

- Conferences are facilitated by neutral and trained staff;
- Effective partnerships are promoted between child welfare and other partners;
- Outreach to kin and others as support for parents or potential caregivers;
- Individuals are prepared for the conference;
- Families are helped to identify and access services.

The interventions in the Demonstration Project (as per each County's IDIR) that include these five core elements are:

- Allegheny- Conferencing and Teaming
- Crawford-Family Group Decision Making; Family Team Meeting
- Dauphin- Family Group Conference
- Lackawanna- Family Team Conferencing; Family Group Decision Making
- Philadelphia- Family Team Conferencing and Family Group Decision Making
- Venango- Family Group Decision Making; Family Team Meeting

## **Who is in the study?**

The study began with the implementation of the Demonstration Project on July 1, 2013. Therefore, any children and families whose cases were opened for services from child welfare after July 1<sup>st</sup>, and participate in one of the conferences identified are included in the study. Children and families already active in child welfare may also be offered one of the family conferences in order to keep children in the home or to try to move children out of foster care or institutional/residential placement. These open cases are also included in the study.

## **What ends participation in the study?**

When the case is closed to child welfare or the child ages out.

## **How is data collected?**

There are 4 tools: Facilitator Face Sheet; Family Conference Survey; Baseline Form and Follow-up Form, which are included in this document. These forms are now in final format.

## **Will there be trainings on how to administer these forms? How will my questions be answered?**

You may access a training video on how to implement and complete the Family Engagement Forms on the Child Welfare Resource Center site (<http://www.pacwrc.pitt.edu/ChildWelfareDemoProject.htm>). Additionally, we have created a Frequently Asked Questions (FAQ) document that accompanies this User's Guide and the training video. If you have further questions that are not addressed by these resources, please contact Alexis Pigott ([alp159@pitt.edu](mailto:alp159@pitt.edu); 717-605-0235).

## Family Engagement Study: Definitions

### What is the protocol when a family is the subject of the conference, rather than a child/youth?

When a family is the subject of the conference, rather than an identified child, ***a child must be randomly selected as the focus for these forms.*** Please select the child whose birth month and day is the closest to the current date. For example, if today's date is March 21st, and you have a referral for an entire family, then look at the birth days and month for each of the children. There are three children with birth dates of March 3rd, July 6th and September 9th. You would choose as the focus the child with the March 3rd birth date to be the identified child and focus for the forms.

### What is considered an "initial" conference?

***An "initial" conference is defined as the first conference that occurs in the course of the child's involvement with CYF OR a conference that occurs more than 12 months after the last conference.***

For example, the Smith family is referred to CYF for child neglect. This is their first referral to CYF. There is an investigation, the case is opened for services and a conference is held. This is an initial conference. The Park family has been open for family services for the past 6 months, during which time no conference has been held. The family initially refused to have a conference, but now feel that it would be helpful for the family to come together; therefore, a conference is held. This would be an initial conference. The Miller family was involved in CYF from 2010-2011 and then the case was closed. They were re-referred in June of 2013 and a conference was held. This would be considered an initial conference. June has been in a group home for the past 14 months. She had a conference 13 months ago and the agency is committed to finding her a permanent home. They schedule a conference. Since her last conference was 13 months ago, this is considered an initial conference.

### What is considered a "follow-up" conference?

According to the IDIRs, all of the Demonstration counties are doing ongoing family conferences after the initial conferences and these are convened around the time of plan revision. ***We refer to these as "followup conferences" — a conference or meeting which brings all or some of the family group and professionals back together again.*** Not all of the follow-up conferences held will include family, but the expectation held by all of the Demonstration counties is that most conferences will. Conferences are typically being scheduled around family service plan revision but in some counties, conferences may also be held when there is a change in placement being considered, a decision needs to be made, or if new needs arise. Families may also call a conference. The time frame for these subsequent conferences (follow-up conferences) varies by county.

***Note:*** Some counties with well-established family engagement practices may see families for "follow-up" conferences in the months immediately after joining the Demonstration Project. In these cases, although the conferences are technically "follow-up" conferences, we're asking that the baseline form be completed at this first follow-up conference so that there is baseline data for that child/family. For example, if a family had an initial conference in May with a routinely scheduled follow-up conference in November, we are asking for the completion of the baseline form at that November conference.

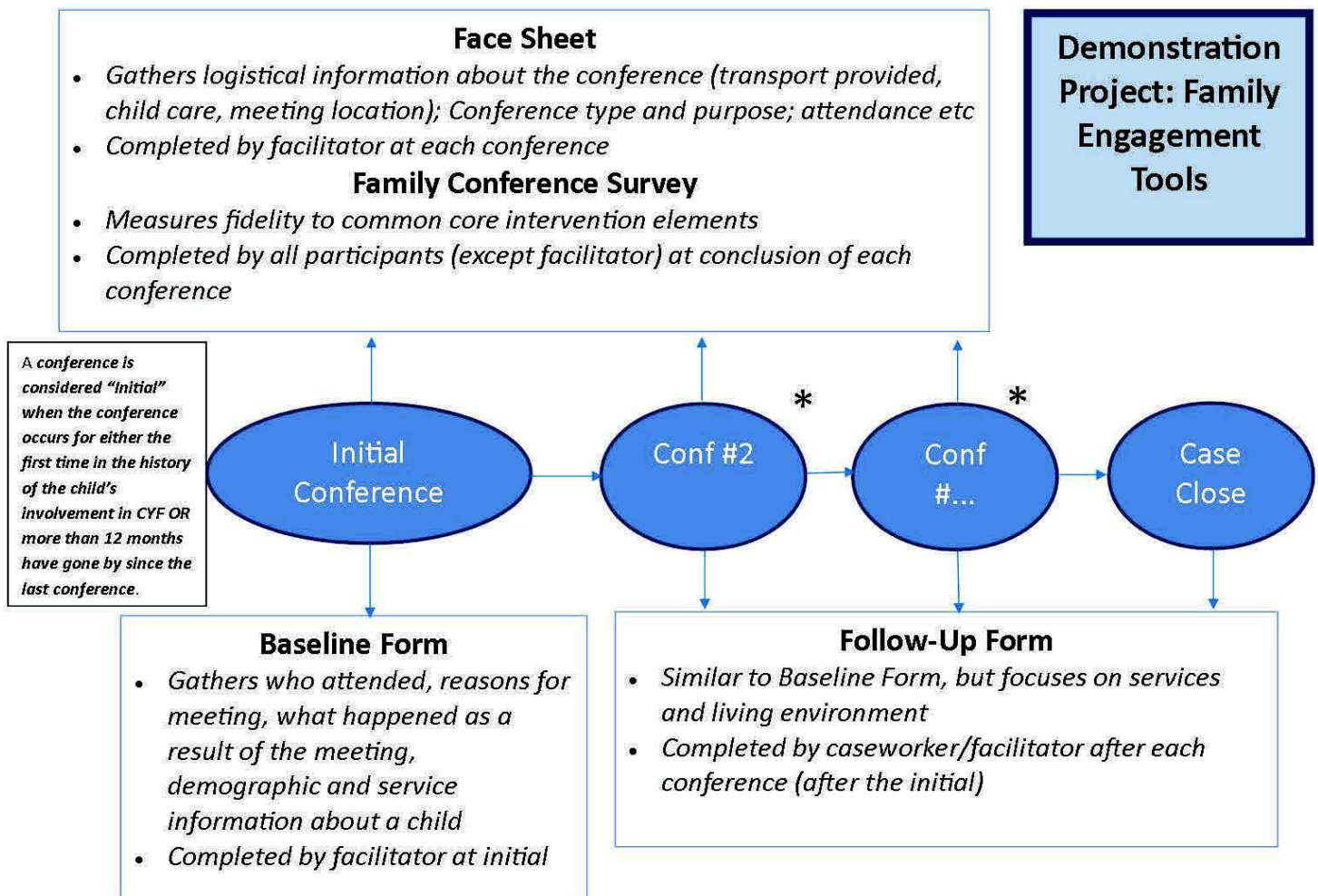
## Family Engagement Study: Procedures

At or immediately after the initial conference, a Face Sheet is completed and a Baseline Form is also completed by the conference facilitator and/or a caseworker—whoever has the information. Several people may contribute information but we prefer that only one person actually complete it.

Immediately after the conference, the family and professionals are asked to complete a Family Conference Survey. The facilitator of the meeting does NOT complete this survey.

At or prior to each follow-up conference, the facilitator is to complete a Face Sheet and a Follow-Up Form and, if present, family members and others are to complete Family Conference Surveys (see the model below). **In addition, the Follow-Up Form must be completed at case closure.**

In this document, you will find procedures for each of the forms. Please contact Alexis Pigott ([alp159@pitt.edu](mailto:alp159@pitt.edu)) with any questions.



\*Conferences held after the initial conference are held at the time of a Family Service Plan revision OR when there is an ad-hoc meeting due to emergent situation (e.g. placement in jeopardy)



## Family Engagement Study: Teleforms

These forms are designed so that the information can be scanned instead of entered manually. PDFs of the Face Sheet; Family Conference Survey; Baseline Form and Follow-Up Form are posted on the CWRC website and can be downloaded from this URL: <http://www.pacwrc.pitt.edu/ChildWelfareDemoProject.htm>. These forms can be printed out using any printer. **When using these forms please follow the instructions below:**

- Print out the surveys front and back; do NOT staple them.
- Use black or blue ink or pencil to fill out the form. Do NOT use Sharpies, magic markers, or felt tip markers.
- Please do NOT fold surveys as this can impact scanning accuracy.
- On each form, there is a printed bar code that provides the information for the computer to read the document. Do NOT color or write in this box.
- Please review the forms for incorrect information, stray marks, or missing information and correct when possible before sending them to us.

Please mail all Family Engagement forms to the Child Welfare Resource Center **MONTHLY** so that we can scan the forms and keep data collection up to date. If we have any questions, we will contact you.

Mailing address:  
Pennsylvania Child Welfare Resource Center  
Attn: Alexis Pigott  
403 East Winding Hill Road  
Mechanicsburg, PA 17055

## Family Engagement Study: Submitting a file from your information system

If counties wish to submit their family engagement data electronically, instead of mailing in the Teleforms to be scanned, they should follow the process below:

- Data files should be uploaded to the file repository Sharefile. (<https://pacwrc.sharefile.com/>)
- Please submit a comma delimited text file. We have a flat file example with variable names and look up tables. If you would like a copy of this, please contact Alexis Pigott (alp159@pitt.edu).
- The naming convention of the file is: **county\_dataname\_month\_date\_year.extension**. For example, a Baseline Form data file for May 17<sup>th</sup>, 2013 from Venango would be named Venango\_**baseline**\_5\_17\_13.txt; a Face Sheet data file would be Venango\_**face**\_5\_17\_13.txt; a Family Conference Survey data files would be Venango\_**famconf**\_5\_17\_13.txt; and a Follow-Up data file would be Venango\_**followup**\_5\_17\_13.txt.
- Each county has a Sharefile folder and two people designated with usernames and passwords. If you need to change designated individuals, or have problems with Sharefile contact Matt Kerr (mak38@pitt.edu).
- Please submit data files **MONTHLY** (this will become quarterly once we have worked out problems).
  - For ease of data uploads, we suggest that all data elements be entered into your data system by the last day of each month. This should give your staff time to check the data and prepare the data file for upload. Data uploads are due by the 5<sup>th</sup> business day of every month. For example, May 2013 baseline data files would be uploaded by June 7<sup>th</sup>.
  - If we have any questions, we will contact you within 30 days.

## Facilitator Face Sheet: Instructions

**\*Form should be completed before or shortly after the conference**

**\*ALL FORMS SHOULD BE PRINTED FROM THE PDF ON THE WEBSITE AT:**

<http://www.pacwrc.pitt.edu/ChildWelfareDemoProject.htm>

### **Identifying Information**

**County Code:** Please indicate the county code that is associated with the conference.

**Family Conference Date:** This is the date that the conference was held. It is MM/DD/YYYY (e.g., 05/15/2013)

**Type of meeting:** FTC is Family Team Conferencing; FTM is Family Team Meeting; FGDM is Family Group Decision Making; FGC is Family Group Conferencing (specific to Dauphin County); Conferencing and Teaming (specific to Allegheny County).

**Scheduled conference:** Some conferences are routine and scheduled. For example, an initial conference is scheduled in advance or a conference is scheduled in order to update a plan. A “not scheduled” conference is one that was held within 1 to 2 days after an identified need. For example, the foster parent was threatening to leave the child at the agency, or an emergency occurred (parent hospitalized or arrested). This may not always be clear but probably the best way to determine this is by asking “was this conference scheduled more than 48 hours ahead of time?”

**Name of person facilitating the conference:** Some counties have multiple facilitators and some have one or two. If numbers are assigned to facilitators, put down the number. If not, then please write the first and last name of the facilitator.

**Facilitator type:** A facilitator may have multiple roles (e.g. she/he may also be the assigned caseworker or supervisor). Since the counties are all using different models, we are attempting to determine which model your county is using. In the event where you have an internal unit staffed by specialists rather than caseworkers, check the option “Facilitator is a CYF caseworker NOT assigned to the family”. If you check “other”, please be specific (e.g. “facilitator is the pastor for the family”).

**Meeting location:** Agency means the CYF or CYS agency; placement setting would be an out of home placement such as a professional placement setting (e.g. residential treatment facility group home; provider agency headquarters; domestic violence shelter conference room). A parent/caregiver home would be a conference held at the family home or a foster parent or kinship parent home. A neutral/offsite placement would be a place in the community that is not associated with a helping service (e.g. a library, a fire-hall, a restaurant, a church). Use “other” if you cannot put the location in any of these categories but please use it sparingly.

**MCI (Master Client Index):** The MCI is the number assigned to the child by the state that uniquely identifies the child. Every child involved in Children and Youth services is assigned a state MCI number. If you are working as a contractor for the agency, please contact the agency to obtain this number.

**Family ID number:** Some counties also assign a number to families. If there is a number, include it here. You may find it on a record. However, it is the MCI number that is critical, so if you cannot find a Family ID, or none is assigned, leave it blank.

1. **Was at least one birth parent in attendance?** This refers to a birth parent and does NOT include a foster parent, resource parent, treatment parent or kinship foster care parent (e.g. those acting as a parent but are not birth parent).
  2. **Number of family and friends invited:** This refers to the number of people identified and invited to the conference. This number does NOT include the facilitator, and does not include professionals. Write in the actual number (e.g. 20 were invited).
  3. **Number who attended:** This refers to the number of people who attended. This number does NOT include the facilitator, and does not include professionals (e.g. 18 attended the conference). This can include participation by phone or internet (e.g. WebEx, Skype).
- 4a.-4b. **Was transportation OFFERED (4a) or PROVIDED (4b)?** This includes an actual ride or could include bus fare, tickets or jitney fare.
- 5a.-5b. **Was child care OFFERED (5a) or PROVIDED (4b)?** This would be on site or parents are reimbursed for child care provided by someone else.

# DEMONSTRATION PROJECT

## Facilitator Face Sheet for Family Engagement Conferences

County Code:      Date of Meeting:

/

/

Type of Meeting: ☐ FTC

☐ FGDM

☐ FGC

☐ FTM

☐ Conferencing & Teaming

Meeting location:

☐ CYS/CYF Agency Setting

☐ Placement Setting

☐ Parent/Caregiver/Foster home

☐ Neutral/Offsite

☐ Other

Scheduled Conference:

☐ Routinely scheduled conference

☐ Not scheduled - held due to a need or decision point

Name of Person Facilitating Family Conference or Code number:

Facilitator type:

☐ Facilitator is a caseworker for the family

☐ Facilitator is a contracted provider

☐ Facilitator is a CYF caseworker but NOT assigned to the family

☐ Facilitator is a supervisor for the family

☐ Other: Please Specify

**Instructions for selecting a child's MCI# when the "family" is the subject of the conference rather than a particular child.**

In these cases, a child from the family must be selected as the focus for these forms. Please select the child whose birth month and day is the closest to the current date.

For example, today's date is 3/21/13 and you have a referral for an entire family. There are 3 children in the family. Their birthdates are 3/4/96; 7/6/99 and 12/25/05. In this case, choose as the child for which the baseline and follow-up form will be completed on as the one who has the birth date of 3/4/96.

Child's MCI #

Family Identification Number:

1. Was at least one birth parent in attendance?

☐ Yes ☐ No

2. Number of family and friends invited to the conference?

Write Number

3. Number of family and friends attended the conference?

Write Number

4a. Was transportation to the conference OFFERED? ☐ Yes ☐ No ☐ Unknown

4b. Was transportation to the conference PROVIDED? ☐ Yes ☐ No ☐ Unknown

5a. Was childcare during the conference OFFERED? ☐ Yes ☐ No ☐ Unknown

5b. Was childcare during the conference PROVIDED? ☐ Yes ☐ No ☐ Unknown



## Family Conference Survey: Items and Definitions

Fill out the top part of the survey before distributing to the family and professionals at the conference.

**\*ALL FORMS SHOULD BE PRINTED FROM THE PDF ON THE WEBSITE AT:**

<http://www.pacwrc.pitt.edu/ChildWelfareDemoProject.htm>

There are English and Spanish versions of the survey included.

This survey is completed by everyone attending the conference except the facilitator. The facilitator should use his/her own judgment to decide whether or not the youth is capable of completing the survey.

### **Identifying Information**

**First conference:** A conference that is being held for the first time for this child/children/family.

**Follow-Up Conference:** A conference that occurs after there has been a first or initial conference. Please see page 5 of this document if you have questions about what is an “initial” or a “follow-up” conference.

**Family Conference Date:** Date that the conference was held. It is MM/DD/YYYY (e.g., 05/15/2013).

### **Form ID:**

Conference ID: Represent the number given to the conference or family engagement meeting. The terms, Conference ID and Conference Number are used interchangeably.

*County Code: Each county's code is listed below. Please insert the appropriate code in this box.*

Allegheny = 2

Crawford = 20

Dauphin = 22

Lackawanna = 35

Philadelphia = 51

Venango = 61

Year is 4 digits (e.g., 2013)

**Child's MCI #** (Master Client Index): The MCI is the number assigned to the child by the state that uniquely identifies the child. Every child involved in Children and Youth services is assigned a state MCI number. If you are working as a contractor for the agency, please contact the agency to obtain this number.

**Family ID number:** Some counties also assign a number to families. If there is a number, include it here. You may find it on a record. However, it is the MCI number that is critical, so if you cannot find a Family ID, or none is assigned, leave it blank.

### *Additional Definitions:*

**Paid professional:** Someone who being paid to work with this family. Examples of a paid professional are a counselor, caseworker, doctor, therapist, or a nurse. Unpaid professionals would include someone like a pastor (since they are paid to work with all of the families not just this family); these are individuals who are not working for a salary when they attend the meeting.

**Facilitator:** The person who is facilitating the conference or meeting.

**Private time:** Time when the family meets without the professionals present.

**Relationship:** Often people are in dual relationships (they are both a family member and a foster parent).

When this happens, they should pick the one that feels most comfortable to them. They can also write in the “other” section if they feel that there is not a descriptor. However, **ONLY ONE SHOULD BE CHECKED. IF MORE THAN ONE RELATIONSHIP CODE IS CHECKED, THE SURVEY WILL NOT BE USED.**

# Family Conference Survey: Instructions and Script

## Before the conference:

Fill out the top section of the Family Conference Surveys using blue or black pen or pencil, including all of the Identifying Information.

## Things to bring to the conference:

- Black or blue pens, pencils
- Copies of the Family Conference Survey with the top section completed
- A LARGE mailing envelope

## At the end of the Conference:

- Everyone attending the meeting should be asked to fill out a survey; however, it is okay if they refuse to do so. If someone does refuse to complete the survey, please still include the blank survey (which would already have the top portion completed) in the packet of surveys to be scanned. The facilitator does NOT complete the survey.

- Introduce and distribute the survey immediately after the conference. Use the following script:

“Thanks again for coming today—your participation has been very valuable. We have one more thing that we would like you to do before you leave, and ask for a few more minutes of your time. At the end of every family conference, we ask everyone to complete a survey. The survey asks for your opinion about how you were prepared for the meeting, how the meeting was organized, if the right people were here and how you feel about the meeting. There are no right or wrong answers. If you don’t have the information to answer the question, it is ok to put “don’t know” as your answer or leave it blank. You can start filling it out and change your mind and leave the answers blank. However, we really appreciate your thoughts about the conference.”

“It is your choice to participate. You can choose not to fill out a survey and this will not change the help that you receive or your relationships with anyone in the group or your job.”

“All of the information is confidential. We do not share an individual’s answers. The surveys are scanned into a computer and the information is looked at to see what groups say about the conferences (e.g., What fathers feel, what mothers feel, what professionals feel, what friends feel). We also use this information to make sure that we are doing a good job in our conferences. All information will be reported in a group format so that no one person’s answers will be identified. We hope that you will help us because the feedback from the people who participate helps us to do a better job at helping families. “

“The information from the surveys is kept securely on a computer server at the University of Pittsburgh. The paper forms are kept in a locked file drawer at the Child Welfare Resource Center in Mechanicsburg. They are then destroyed after a certain period of time when it is legal to do that.”

Remind them....

1. **The survey has TWO sides; make sure to flip it over and fill out BOTH sides.**
2. **Please only check one relationship.**
3. **If you have any questions when you are filling it out, please ask me.**
4. **Use one of the black or blue pens or pencils (no markers, Sharpies, or crayons).**



- When everyone has completed their survey, pass around a LARGE envelope and ask each person to put their survey in the envelope. The last person should seal the envelope and give it to the facilitator or coordinator.
- If a participant states that they cannot read the survey then ask if they would like to have the survey read to them over the phone. If yes, then obtain their phone number and the best time to reach them and send this information to Alexis Pigott ([alp159@pitt.edu](mailto:alp159@pitt.edu)) who will contact them and read the survey over the phone to them. It's a little trickier when participants don't self-identify. They may use the excuse, "I forgot my glasses" or ask if they can take it home to read it. Participants may take the form home, but ask if they are okay with Alexis calling them to ask about their experience. If they say "No" to the phone call, then drop the subject.
- If someone does not understand a question try the following:
  - First ask them what they think that it means. Sometimes people want to have their perception verified.
  - If there is a word that is unclear (e.g. they need a definition), you can define the word. Try to avoid interpreting the question for them (e.g. this question means...).
  - If they cannot answer it, then instruct them to leave it blank.

Please mail the Family Conference Surveys to the Child Welfare Resource Center MONTHLY so that we can scan the forms and keep data collection up to date. If we have any questions, we will contact you.

Mailing address:

Pennsylvania Child Welfare Resource Center  
 Attn: Alexis Pigott  
 403 East Winding Hill Road  
 Mechanicsburg, PA 17055

# DEMONSTRATION PROJECT

## Family Conference Survey

- ☐ First Conference  
☐ Follow-up

Family Conference Date

		/			/				
M	M		D	D		Y	Y	Y	Y

Form ID

County Code		Year		Conference ID #			

Child's MCI #

--	--	--	--	--	--	--	--	--	--

Family Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

We would like to know what you observed about the family group conference and how you feel about the conference. Please put an "X" in the box that best represents your response for each question. If you don't know, choose "Don't Know". If it doesn't apply, choose N/A (not applicable).

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	N/A
1. Each paid professional was clear about their role in the conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The facilitator was fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The facilitator discussed the purpose for the conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. More family than paid professionals participated in the conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Different sides of the family participated in the conference (ex: Father & Mother sides of the family).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Some of the people at the conference were relatives and/or people who feel "like family" (ex: old friends, good neighbors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The family was prepared for the conference (ex: received enough information on what happens at a conference).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The paid professionals were prepared for the conference (ex: received enough information on what happens at a conference).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The conference was a safe place to discuss feelings and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Paid professionals shared their knowledge but they did not tell the family how to solve the concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The family had private time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The plan included ways that the family will help out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The plan included what to do if the plan is not working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The plan included how to get the group back together if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other thoughts or comments about the conference? Please share them with us by writing them here.

Please do NOT write below this line

University of Pittsburgh School of Social Work    Pennsylvania Child Welfare Resource Center    Adapted from Pennell, J. (2005) Checking for model fidelity. In J. Pennell & G. Anderson (Eds), Widening the circle: the practice and evaluation of family group conferencing with children, youths & their families. NASW Press: DC

## DEMONSTRATION PROJECT

Family Conference Survey

What is your relationship to the child/children in the family? You can put yourself down as whatever feels most comfortable to you but we ask that you only CHECK ONE.

- ☐ I am a Child/Youth/Individual & focus of the meeting

☐ Mother of the family

☐ Father of the family

☐ Stepfather of the family

☐ Stepmother of the family

☐ Sibling

☐ Mother's family: aunt/uncle or cousins

☐ Mother's family: grandparent of children

☐ Mother's significant other

☐ Father's family: aunt/uncle or cousins

☐ Father's family: grandparent of children

☐ Father's significant other

☐ Family friends, neighbors

☐ Godmother / Godfather

☐ Other

☐ CYS Supervisor

☐ Foster family of the children

☐ Clergy (pastor, rabbi, priest, minister)

☐ CYS worker

☐ Legal (GAL, judge, lawyer advocate)

☐ Juvenile probation or adult probation

☐ Provider of therapeutic services (residential, wraparound, foster care, etc)

☐ Mental health or drug & alcohol professional

☐ School professional (teacher, guidance counselor, school librarian)

☐ Community support resource (housing, food bank, TANF, energy assistance)

☐ Domestic violence professional / specialist

☐ Housing shelter professional

☐ Early Intervention / Early Head Start / Head Start professional

☐ Legal Guardian of child / youth who is focus of the meeting

*if you chose "Other", please write in your relationship*

We would like to be able to learn about who attends the family conference and that is why we ask you to describe yourself. However, you can choose to skip these questions.

<b>Age Range:</b> Please choose one	<input type="checkbox"/> 6-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-21	<input type="checkbox"/> 22-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> Over 70
--	---	--	--

<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<b>Ethnicity</b> Are you of Hispanic, Latino or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan/Hawaiian <input type="checkbox"/> Multiracial <input type="checkbox"/> Other
---	---	--

Please do NOT write below this line

# PROYECTO DEMOSTRATIVO

## Encuesta sobre la Conferencia Familiar

- ☐ Primer conferencia  
☐ Seguimiento

Fecha de la Conferencia

/   /

M M D D Y Y Y Y

Formulario

Código del condado Año de identificación de la Conferencia

# MCI del niño/a

# de identificación de la familia

Queremos saber sus sentimientos y observaciones en cuanto a la Conferencia. Favor de marcar con 'X' la respuesta más apropiada para cada pregunta. Si usted no lo sabe, favor de marcar 'No lo sé'. Si no se aplica, favor de marcar 'N/A'.

	Totalmente en desacuerdo	En desacuerdo	De acuerdo	Totalmente de acuerdo	No lo sé	N/A
1. Todos los profesionales que participaron en la Conferencia entendieron sus responsabilidades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. El facilitador de la Conferencia era justo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. El facilitador explicó el propósito de la Conferencia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. La mayoría de los participantes en la Conferencia eran los parientes y no los profesionales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Parientes del padre así como parientes de la madre participaron en la Conferencia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Algunas personas que participaron en la Conferencia eran parientes o personas que se consideran formar parte de la familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. La familia estaba preparada para la Conferencia (recibió informaciones sobre lo que sucede en una Conferencia).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Los profesionales pagados estaban preparados para la Conferencia (tenían las informaciones sobre lo que sucede en una Conferencia).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. La Conferencia era un lugar seguro para compartir opiniones y sentimientos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Los profesionales pagados compartieron sus conocimientos, pero no le dijeron a la familia cómo resolver los problemas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. La familia tuvo tiempo privado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. El plan contenía maneras en que participe el grupo familiar para ayudar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. El plan contenía medidas para tomar si no estaba funcionando.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. El plan contenía medidas para tomar si fuera necesario reunir al grupo familiar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¿Tiene otras ideas o comentarios acerca de la Conferencia? Por favor compártalos.

Favor de no escribir debajo de esta línea

University of Pittsburgh School of Social Work Pennsylvania Child Welfare Resource Center Adapted from Pennell, J. (2005) Checking for model fidelity. In J.Pennell & G.Anderson (Eds), Widening the circle: the practice and evaluation of family group conferencing with children, youths & their families. NASW Press: DC



# PROYECTO DEMOSTRATIVO

## Encuesta sobre la Conferencia Familiar

¿Cuál es su relación principal con los niños de la familia?  
Favor de seleccionar una sola relación.

- |  |   |
|--|---|
| <input type="checkbox"/> Soy un niño (a) / joven / persona y el foco de la reunion | <input type="checkbox"/> Supervisor del Trabajo del Caso  |
| <input type="checkbox"/> Madre de la familia                                       | <input type="checkbox"/> Padre/Madre de crianza temporal de los niños   |
| <input type="checkbox"/> Padre de la familia                                       | <input type="checkbox"/> Clero (pastor, rabino, sacerdote, ministro)  |
| <input type="checkbox"/> Padrastro de la familia                                   | <input type="checkbox"/> Trabajador del Caso  |
| <input type="checkbox"/> Madrastra de la familia                                   | <input type="checkbox"/> Legal (guardian, juez, abogado, consejero legal)                                     |
| <input type="checkbox"/> Hermano (a)   | <input type="checkbox"/> Oficial de Probatoria (juvenil o de adulto)  |
| <input type="checkbox"/> Familia maternal: tía / tío o primos                      | <input type="checkbox"/> Proveedor de servicios terapéuticos (cuidado residencial, panorámico, acogida, etc.) |
| <input type="checkbox"/> Familia maternal: abuelos de los niños                    | <input type="checkbox"/> Profesional de salud mental, drogas o alcohol  |
| <input type="checkbox"/> Novio (a) Amigo (a) cercano(a) de la madre                | <input type="checkbox"/> Profesional escolar (maestro, consejero, coordinador de asuntos escolares)           |
| <input type="checkbox"/> Familia paternal: tía / tío o primos                      | <input type="checkbox"/> Recursos de apoyo de comunidad (vivienda, banco de alimentos, asistencia de energía) |
| <input type="checkbox"/> Familia paternal: abuelos de los niños                    | <input type="checkbox"/> Especialista en violencia doméstica  |
| <input type="checkbox"/> Novia(o) Amiga(o) cercana(o) del padre                    | <input type="checkbox"/> Profesional en asuntos de vivienda   |
| <input type="checkbox"/> Amigos de la familia, vecinos                             | <input type="checkbox"/> Profesional en desarrollo infantil (Early Intervención Head Start)                   |
| <input type="checkbox"/> Madrina / Padrino   | <input type="checkbox"/> Guardian legal del niño / joven que es el foco de la reunion                         |
| <input type="checkbox"/> Otro _____  |   |

Nos gustaría saber quién asiste a la Conferencia. Por eso le pedimos que describa a usted mismo. Sin embargo, puede elegir no responder a estas preguntas.

- |                             |                                |                                |                                  |
|-----------------------------|--------------------------------|--------------------------------|----------------------------------|
| <b>Rango de edad</b>        | <input type="checkbox"/> 6-12  | <input type="checkbox"/> 22-30 | <input type="checkbox"/> 51-60   |
| <i>Por favor, elija una</i> | <input type="checkbox"/> 13-17 | <input type="checkbox"/> 31-40 | <input type="checkbox"/> 61-70   |
|                             | <input type="checkbox"/> 18-21 | <input type="checkbox"/> 41-50 | <input type="checkbox"/> Over 70 |

### Genero / Sexo

- ☐ Hombre  
☐ Mujer  
☐ Transgénero/a

### Etnicidad

¿Es usted de origen Hispano, Latino o Español?

- ☐ Si  
☐ No

### Raza

- ☐ Negro/Afro Americano  
☐ Blanco Americano  
☐ Asiático / Isla Pacifica  
☐ Nativo Americano/Alaska/Hawaiana  
☐ Multiracial  
☐ Otra

Favor de no escribir debajo de esta línea

Draft

## Baseline Conference Form: Instructions

*This form is filled out shortly after the initial conference by the facilitator, caseworker or another professional. That may mean that a caseworker fills out the top section and the facilitator the lower section. Ideally, the person or persons who have the information should fill it out. You may need to go to the case file or speak with the caseworker or supervisor in order to complete this form.*

*Please refer to page 5 of the User's Guide for how to proceed if more than one child is referred within the family as well as for other procedures.*

**\*ALL FORMS SHOULD BE PRINTED FROM THE PDF ON THE WEBSITE AT:**

<http://www.pacwrc.pitt.edu/ChildWelfareDemoProject.htm>

### **Identifying Information**

**County Name:** Enter the county name here.

**County Code:** Each county's code is listed below. Please insert the appropriate code in this box.

Allegheny=2

Crawford= 20

Dauphin=22

Lackawanna=35

Philadelphia=51

Venango=61

**Year** is 4 digits (e.g., 2013)

**Conference ID:** Some counties assign a unique number to the conference. If your county does this, then put the number here. If not, leave blank.

**Family Conference Date:** Date that the conference was held. It is MM/DD/YYYY (e.g., 05/15/2013).

**Referral Date:** Date that the child/children/family were referred for a family conference. It is MM/DD/YYYY (e.g. 04/20/2013).

**MCI (Master Client Index):** The MCI is the number assigned to the child by the state that uniquely identifies the child. Every child involved in Children and Youth services is assigned a state MCI number. If you are working as a contractor for the agency, please contact the agency to obtain this number.

**Number of people invited to and attending the conference:** These numbers INCLUDE the parent, children, family, friends and professionals. It does NOT include the facilitator.

**Primary Referring Agency:** The agency that referred the child or family. There may be more than one agency, pick the primary one. JPO is juvenile probation, private provider is any nonprofit agency that provides services, MH, ID, EI refers to mental health, intellectual disabilities and early intervention which are typically divisions within a human service system in a county. Court refers to judges or the juvenile or family court division. Family centers are centers in the community which serve families. Self-referrals occur when the referral is made by the family. Community partner is a broad category including churches, self-help groups, and shelters for example. School professionals include school counselors, teachers, principals.

**Open with which agencies:** Please indicate with which agency or agencies the case is open at the time of the conference. If the case is still under investigation and has not been opened for services, then please select "No open case with CYS or JPO".

- 1. Participants in the conference:** Check all that apply. If someone attends who does not fit one of the categories, please check “other” and describe this person’s position or relationship to the child/family. If someone is both a foster parent and a relative, check relative.
- 2. Primary purpose:** Check only one. There may be multiple reasons, but pick the reason that best describes the intended purpose of the conference. For example, the referral to CYS may have been made due to housing and environmental issues, or due to the parent’s mental illness, or because the child is having behavioral problems in the foster home, but the reason for holding a conference is to prevent a placement out of home. When thinking of this, think of what the conference is trying to avoid or divert from rather than the reason that the child came into care. If there are other reasons that you would like to note, you can use the text box to provide that information. However, please use the text box as the exception.
- 3. Services and Supports:** Check all that apply. Throughout the Family Plan process, which services and supports were identified for the child and family as resources that can be utilized. If services were recommended, but not included in the plan, they should NOT be checked.
- 4. During the time while preparing for the conference, select the response that best describes where the child was living MOST of the time:** Please check only one. Remember that only one child is the focus of the baseline form (see page 5 on how to select identified child). For example, Jane lived with her grandmother immediately after removal from the home for 3 days, and then she was moved to an aunt’s home and has remained there for 3 weeks prior to the conference. In this case, you would check “relative’s home”. Another example is that Joe went immediately to emergency shelter for 36 hours, and then was moved to a group home where he has remained for 2 weeks. In this case, you would select “group home”.
- 4a. The same rules apply to living arrangement after the conference. Please check only one.** While you can’t predict what will happen in the future, describe the living arrangements that are planned as a result of the conference. So in the case of Jane, as a result of the meeting, it was determined that she would remain at her aunt’s home, so you would select “relative’s home”. In the case of Joe, as a result of the conference, Joe went into Supervised Independent Living, and so you would select that option. It is possible that the living arrangements may change, but the living arrangement you should select is the living arrangement that was planned as a result of the conference.
- 5. Did the conference prevent the child moving to a formal, non-kin, paid out of home placement?** A formal, non-kin, paid out of home placement is any placement in which the care, nurturance and the provision of services (behavioral health, treatment) are provided by PAID individuals who are either supervising the youth or the adults caring for a younger child. This excludes the following placements: parent’s home, relative’s home; adoptive home; living independently, homeless, military.

***Note: If the purpose of the conference was NOT around placement issues (e.g., the goal was resolving family conflict or addressing truancy issues and there was no plan for out-of-home placement), then the response should be N/A.***

- 6. Did the conference allow the child to return/remain home with their parents OR a relative?** There may be cases where the child goes to a relative for a very short time and then home, and in this case, the answer would be “yes.” There are also some other arrangements that result from a conference. For example, as a result of a conference, an arrangement could be made in which the children stay with their parents until nightfall and then go to the home of a relative to sleep. In this case, the answer would be “yes.”

***Note: If the purpose of the conference was NOT around placement issues (e.g., the goal was resolving family conflict or addressing truancy issues and there was no plan for out-of-home placement), then the response should be N/A.***

**7. Service pathway point:** Only check one. The intent of this question is to identify the point in the CYS pathway. For the most part, the family will be at the assessment or intake phase, open for services with the children in the home or opened for services with the children out of the home. In Dauphin, where there are JPO and shared cases, it may be JPO supervision. Also, it is possible that a meeting is held to get youth out of foster care who are stuck in care but family is no longer active. In that case “aftercare” would be checked, although that is not quite accurate. We may need to revise this item when permanency conferences are being implemented.

## **8. Child demographic information**

**Race:** Do NOT assume that biracial children identify as either black or white. Ask the parents (or the youth) what they consider their child’s or youth’s race to be. If they say “mixed,” check multiracial. If they say “biracial” check multiracial.

**Ethnicity:** Check only one. The same rule applies. Ask the parents, or child or youth whether they consider themselves to be Hispanic or Latino.

**Gender:** Check only one. In the case of transgendered youth, check with the youth and select the gender with which the youth identifies.

**Child’s Age (in years):** Please write age of child (round up at the six month mark; e.g. if a child is 6 months, round up to 1 year, if less than 5 months, round to 0 and if 11 years, 6 months, please write 12).

**9. Current court/legal involvement for the child or youth:** This question is categorizing the legal status of the child as allegedly dependent or delinquent, determined to be dependent or delinquent, or both dependent and delinquent. In cases where the conference is being held as a diversion or when there is no agency involvement, there will be no court status or none at this time. In these cases, select “None.”

**10. Reports of abuse/neglect:** These questions are about the child’s history of abuse and neglect. The first question is if there has been a substantiated/founded/indicated (counties use different terms) report of child abuse or neglect. The report could be at any time in their life for cases where there has been more than one substantiated incident. If there has ever been a substantiated/founded/indicated report, select the type of abuse that occurred in the most recent report. For example, there was a substantiated report of neglect in 2010 and then another substantiated report of physical abuse in 2012. You would check “yes” and then for abuse type, you would identify “physical.” For some counties a report may be more than one abuse type (e.g., physical abuse and imminent sexual risk). In this case you would select both types.



# DEMONSTRATION PROJECT

## Baseline Family Engagement Conference Form

*This is to be completed at or immediately after the FIRST conference.*

Family Conference Date

 /  /  20  

Referral Date

 /  /  20  

Number of people invited

Number of people attended

County Code

Year

Conference Number

Child's MCI#

Length of Conference

Hours

Minutes

Is there shared case responsibility? ☐ Yes ☐ No

**PRIMARY referring agency: Select only ONE**

- ☐ CYS      ☐ Private Provider      ☐ Family Center      ☐ MH/MR/EI      ☐ School Professional (teacher, counselor, etc...)  
☐ JPO      ☐ Self Referral      ☐ Court      ☐ Community Partner

At the time of the conference, the case was open with which agencies?

- ☐ CYS    ☐ JPO    ☐ Both CYS & JPO    ☐ No open case with CYS or JPO

### 1. Participants in Conference - check all that apply

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Child/Youth/Individual & focus of meeting | <input type="checkbox"/> Family friends, neighbors   | <input type="checkbox"/> Community support resource                   |
| <input type="checkbox"/> Mother of the family                      | <input type="checkbox"/> Godmother/Godfather   | <input type="checkbox"/> Juvenile probation or adult probation        |
| <input type="checkbox"/> Father of the family                      | <input type="checkbox"/> CYS Supervisor  | <input type="checkbox"/> Housing shelter professional                 |
| <input type="checkbox"/> Stepfather of the family                  | <input type="checkbox"/> Foster family of child/youth/children                                   | <input type="checkbox"/> Mental health or drug & alcohol professional |
| <input type="checkbox"/> Stepmother of the family                  | <input type="checkbox"/> Clergy  | <input type="checkbox"/> Domestic violence professional/specialist    |
| <input type="checkbox"/> Siblings                                  | <input type="checkbox"/> CYS Caseworker  |   |
| <input type="checkbox"/> Mother's family: aunt/uncle or cousins    | <input type="checkbox"/> Provider of therapeutic services (residential, foster care, wraparound) |   |
| <input type="checkbox"/> Mother's family: grandparent              | <input type="checkbox"/> Early intervention/Early Head Start/Head Start professional             |   |
| <input type="checkbox"/> Mother's significant other                | <input type="checkbox"/> School professional (teacher, guidance counselor, etc)                  |   |
| <input type="checkbox"/> Father's family: aunt/uncle or cousins    | <input type="checkbox"/> Legal (GAL, judge, advocate, lawyer)                                    |   |
| <input type="checkbox"/> Father's family: grandparents             | <input type="checkbox"/> Legal guardian  |   |
| <input type="checkbox"/> Father's significant other                | <input type="checkbox"/> Other: Please Specify <input type="text"/>                              |   |

### 2. Primary purpose why family was referred for a Family conference at this time (please check only ONE)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Develop/Revise FSP/Family conference plan | <input type="checkbox"/> Prevent further delinquent behavior  | <input type="checkbox"/> Develop plan to keep child in a safe & stable home                        |
| <input type="checkbox"/> Develop/Revise treatment plan             | <input type="checkbox"/> Address child/family parent conflict   | <input type="checkbox"/> Address child/youth's behavioral issues                                   |
| <input type="checkbox"/> Change in placement setting               | <input type="checkbox"/> Identify supports for caregivers   | <input type="checkbox"/> Communication issues  |
| <input type="checkbox"/> Placement prevention                      | <input type="checkbox"/> Develop/revise Child Permanency plan   | <input type="checkbox"/> Plan and assist in reunification  |
| <input type="checkbox"/> Truancy                                   | <input type="checkbox"/> Transitional conference (aging out/IL)   | <input type="checkbox"/> Prevent disruption of current placement outside of home                   |
| <input type="checkbox"/> Lack of supervision                       | <input type="checkbox"/> Housing & environmental issues   | <input type="checkbox"/> Address concerns regarding parent's medical/mental/ drug & alcohol issues |
| <input type="checkbox"/> Transportation issues                     | <input type="checkbox"/> Address concerns regarding child's medical/ mental health/ drug & alcohol issues |  |

### 3. What Services & Supports were Included in the Family Plan? (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Parent substance abuse services        | <input type="checkbox"/> Juvenile Probation                      | <input type="checkbox"/> Residential treatment facility           |
| <input type="checkbox"/> Parent mental health services          | <input type="checkbox"/> Adult Probation                         | <input type="checkbox"/> Recreational services                    |
| <input type="checkbox"/> Child substance abuse services         | <input type="checkbox"/> Early Intervention                      | <input type="checkbox"/> After-school services                    |
| <input type="checkbox"/> Child mental health services           | <input type="checkbox"/> Literacy services                       | <input type="checkbox"/> Transportation services                  |
| <input type="checkbox"/> Family support                         | <input type="checkbox"/> Family Finding                          | <input type="checkbox"/> Employment/pre-employment                |
| <input type="checkbox"/> Family housing support                 | <input type="checkbox"/> Family therapy                          | <input type="checkbox"/> Family income support assistance         |
| <input type="checkbox"/> Family food support                    | <input type="checkbox"/> Foster Care                             | <input type="checkbox"/> Education assistance (ie GED prep)       |
| <input type="checkbox"/> Family energy assistance               | <input type="checkbox"/> Kinship Care                            | <input type="checkbox"/> Therapeutic group home services          |
| <input type="checkbox"/> Family debt assistance                 | <input type="checkbox"/> Respite                                 | <input type="checkbox"/> Independent living services or aftercare |
| <input type="checkbox"/> Cash assistance                        | <input type="checkbox"/> Parent Intellectual Disability services | <input type="checkbox"/> Domestic violence treatment/prevention   |
| <input type="checkbox"/> Kinship support                        |  | <input type="checkbox"/> Faith based support                      |
| <input type="checkbox"/> Child Intellectual Disability services |  |   |

# DEMONSTRATION PROJECT

## Baseline Family Engagement Conference Form

4. During the period of time while preparing for the conference, the child was living MOST of the time:

- |   |   |
|---|---|
| <input type="checkbox"/> Independently (older youth-16 & older)   | <input type="checkbox"/> Group home   |
| <input type="checkbox"/> Parent's home (older youth - 16 & older) | <input type="checkbox"/> Shelter  |
| <input type="checkbox"/> Parent's home (youth 15 & younger)       | <input type="checkbox"/> State psychiatric hospital                           |
| <input type="checkbox"/> School dorm                              | <input type="checkbox"/> Residential treatment facility                       |
| <input type="checkbox"/> Supervised independent living setting    | <input type="checkbox"/> Youth correctional facility (YDC)                    |
| <input type="checkbox"/> Relative's home                          | <input type="checkbox"/> Juvenile detention facility                          |
| <input type="checkbox"/> Adoptive home                            | <input type="checkbox"/> Intensive treatment or an inpatient psychiatric unit |
| <input type="checkbox"/> Job Corp                                 | <input type="checkbox"/> Homeless   |
| <input type="checkbox"/> Specialized foster care                  | <input type="checkbox"/> Jail   |
| <input type="checkbox"/> Foster care                              | <input type="checkbox"/> Wilderness camp                                      |
| <input type="checkbox"/> Therapeutic foster care                  |   |

4a. After the conference, select the response that best describes where will the child be living MOST of the time?

- |   |   |
|---|---|
| <input type="checkbox"/> Independently (older youth-16 & older)   | <input type="checkbox"/> Group home   |
| <input type="checkbox"/> Parent's home (older youth - 16 & older) | <input type="checkbox"/> Shelter  |
| <input type="checkbox"/> Parent's home (youth 15 & younger)       | <input type="checkbox"/> State psychiatric hospital                           |
| <input type="checkbox"/> School dorm                              | <input type="checkbox"/> Residential treatment facility                       |
| <input type="checkbox"/> Supervised independent living setting    | <input type="checkbox"/> Youth correctional facility (YDC)                    |
| <input type="checkbox"/> Relative's home                          | <input type="checkbox"/> Juvenile detention facility                          |
| <input type="checkbox"/> Adoptive home                            | <input type="checkbox"/> Intensive treatment or an inpatient psychiatric unit |
| <input type="checkbox"/> Job Corp                                 | <input type="checkbox"/> Homeless   |
| <input type="checkbox"/> Specialized foster care                  | <input type="checkbox"/> Jail   |
| <input type="checkbox"/> Foster care                              | <input type="checkbox"/> Wilderness camp                                      |
| <input type="checkbox"/> Therapeutic foster care                  |   |
| <input type="checkbox"/> Placement Pending                        |   |

5. Did the family conference prevent moving the child to a formal, non-kin, paid out-of-home placement? ☐ Yes ☐ No ☐ N/A

6. Did the family conference allow the child to RETURN or REMAIN home with their parents or relative? ☐ Yes ☐ No ☐ N/A

7. At what point in the service pathway is the family and/or youth? Select ONE.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No agency involvement                           | <input type="checkbox"/> JPO Supervision   | <input type="checkbox"/> Family opened for services and child/youth is IN out-of-home placement |
| <input type="checkbox"/> Assessment / Investigation / Intake / Aftercare | <input type="checkbox"/> Family opened for services and family IS receiving in-home services |   |

8. Child's Demographic Information

Race

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian/Pacific Islander           |
| <input type="checkbox"/> Multiracial     | <input type="checkbox"/> Other                  | <input type="checkbox"/> Native American/Alaskan/Hawaiian |

Ethnicity

- ☐ Hispanic ☐ Not Hispanic or Latino

Gender

- ☐ Male ☐ Female ☐ Transgender

Child's Age (in years)

9. Court / Legal Involvement (for child/youth)

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Alleged Dependent  | <input type="checkbox"/> Dependent | <input type="checkbox"/> Delinquent                    |
| <input type="checkbox"/> Alleged Delinquent | <input type="checkbox"/> None      | <input type="checkbox"/> Both (Dependent & Delinquent) |

10. Have there been substantiated/founded/indicated reports of child abuse/neglect for this child/youth? ☐ Yes ☐ No

If YES, select the most recent abuse type:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Student Abuse            | <input type="checkbox"/> Mental/Emotional | <input type="checkbox"/> Imminent Risk: Physical |
| <input type="checkbox"/> Neglect        | <input type="checkbox"/> Serious Physical Neglect | <input type="checkbox"/> Sexual Abuse     | <input type="checkbox"/> Imminent Risk: Sexual   |

## Follow-up Conference Form: Instructions

Complete this form at all follow-up conferences and at case closure.

**\*ALL FORMS SHOULD BE PRINTED FROM THE PDF ON THE WEBSITE AT:**

<http://www.pacwrc.pitt.edu/ChildWelfareDemoProject.htm>

**County Code:** Each county's code is listed below. Please insert the appropriate code in this box.

Allegheny=2

Crawford= 20

Dauphin=22

Lackawanna=35

Philadelphia=51

Venango=61

**Year** is 4 digits (e.g., 2013)

**Conference ID:** Some counties assign a unique number to the conference. If your county does this, then put the number here. If not, leave blank.

**MCI** (Master Client Index): The MCI is the number assigned to the child by the state that uniquely identifies the child. Every child involved in Children and Youth services is assigned a state MCI number. If you are working as a contractor for the agency, please contact the agency to obtain this number.

**County Name:** Enter the name of county here.

**Follow-Up Conference Date:** Date that the conference was held. It is MM/DD/YYYY (e.g. 05/15/2013).

**Family ID:** Some counties also assign a number to families. If there is a number, include it here. You may find it on a record. However, it is the MCI number that is critical, so if you cannot find a Family ID, or none is assigned, leave it blank.

**Initial family conference date:** Date that the first conference was held (the conference that was referenced when completing the Baseline Form). This is considered the initial conference and although other conferences may have been held in the interim, this is considered to be the first conference (see page 5).

The two questions "At the time of the initial conference, the case was open with which agencies" and "At the time of follow-up the case was open with which agencies?" are to be filled out by **DAUPHIN COUNTY ONLY**.

**1. Is the CYS case closed?** If the case has been closed, choose the reasons in item 1a for closing the case. If you do not find the reason, check "other," and describe the reason in the space provided.

**IF THE CASE IS CLOSED BY CYF/CYS, YOU ARE DONE WITH THIS FORM. (DAUPHIN COUNTY—** the case could still be open with JPO; but if CYF closes the case, it is considered closed and you are done with this form as well.)

**IF THE CASE IS OPEN, PLEASE ANSWER THE REST OF THE QUESTIONS.**

## Service History:

**2-2a. Reports of abuse/neglect:** These questions are about the child's history of abuse and neglect since the most recent conference. The first question is if there has been a substantiated/founded/indicated (counties use different terms) report of child abuse or neglect since the most recent conference. This is a YES/NO. For the purposes of the next question (if yes, type of report), pick the most recent substantiated incident of child abuse and neglect. For some counties a report may be more than one abuse type (e.g., physical abuse and imminent sexual risk). In this case you would select both types.

**2b. Delinquent offenses:** Have there been adjudicated reports of delinquent offenses since the most recent conference? If yes, describe the crime type in 2c.

**3. Of the services identified in the most recent conference, which services were involved with the family?** This question is trying to get at which services and supports that the family conference identified were involved with the family. You can check more than one. If the family accessed additional services that weren't on the most recent plan, please also include those here. Please use the "other" selection as a last resort. A common mistake is to put the name of the provider in "other." Please think of this as "type" of service NOT "name of provider."

**4-4a. If a placement option was identified at the time of the most recent conference, is the child/youth still living in the planned placement?** This question is trying to identify whether the youth has moved out of the placement type identified in the Baseline Form as the planned living arrangement, after the family conference. If they have moved, check "No" for number 4, and in 4a, check the box for the type of environment that they are currently living most of the time.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
County Code	Year		Conference ID		Child's MCI#						Initial Family Conference Date						
Follow-Up Date					Family Identification Number												

At the time of the initial conference, the case was open with which agencies? ☐ CYS ☐ JPO ☐ Both CYS & JPO ☐ No open case

At the time of the follow-up, the case was open with which agencies? ☐ CYS ☐ JPO ☐ Both CYS & JPO ☐ No open case

- ☐
- Family Moved
- ☐
- Aging Out of System
- ☐
- Goal Achievement
- ☐
- Court Closed for Other Reason
- ☐
- Other

<input type="checkbox"/> Independently (Older Youth 16 & older)	<input type="checkbox"/> Job Corp	<input type="checkbox"/> Residential treatment facility
<input type="checkbox"/> Parent's home (Older Youth 16 & older)	<input type="checkbox"/> Specialized foster care	<input type="checkbox"/> Youth correction facility (YDC)
<input type="checkbox"/> Parent's home (youth 15 & younger)	<input type="checkbox"/> Foster care	<input type="checkbox"/> Juvenile detention facility
<input type="checkbox"/> School dorm	<input type="checkbox"/> Therapeutic foster care	<input type="checkbox"/> Intensive treatment or inpatient psychiatric unit
<input type="checkbox"/> Supervised independent living setting	<input type="checkbox"/> Group home	<input type="checkbox"/> Homeless
<input type="checkbox"/> Relative's home	<input type="checkbox"/> Shelter	<input type="checkbox"/> Jail
<input type="checkbox"/> Adoptive home	<input type="checkbox"/> State psychiatric hospital	<input type="checkbox"/> Wilderness camp



## **Contact Information**

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Child Welfare Demonstration Project web site:

<http://www.pacwrc.pitt.edu/ChildWelfareDemoProject.htm>

## Family Engagement Observation

**Family Conference Observation Form**

County Code: \_\_\_\_\_ Number of Meeting: \_\_\_\_\_

1. Initial Comments about observation (E.g. placement of the observers, were any children present, other initial observations noted):

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2. Name of Observer: \_\_\_\_\_ If there is a second observer, who is it? \_\_\_\_\_

3. County: ☐ Allegheny ☐ Dauphin ☐ Crawford ☐ Lackawanna ☐ Philadelphia ☐ Venango

4. Date of Meeting: DD/MM/YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_ Meeting Length: \_\_\_\_\_(minutes)

Time of Meeting: \_\_\_\_\_ (am/pm)

5. Type of Meeting: ☐ FTC ☐ FGDM ☐ FGC (Dauphin) ☐ Teaming & Conferencing

6. Scheduled conference: ☐ Routinely scheduled conference ☐ Not routine: held due to a need or decision point

7. Name of Person Facilitating Family Conference: \_\_\_\_\_

8. Facilitator Type: ☐ Facilitator is a caseworker for the family

- ☐ Facilitator is a supervisor for the family  
☐ Facilitator is a CYF caseworker (but NOT assigned to the family)  
☐ Facilitator is a contracted provider  
☐ Other \_\_\_\_\_(specify)

9. Meeting Location: ☐ CYS/CYF ☐ Agency Setting ☐ Placement Setting  
☐ Parent/Caregiver/Foster Home ☐ Neutral/Offsite ☐ Other

## Family Engagement Observation

**10. Describe the room in terms of comfort and atmosphere:**


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**11. Attendees (number of each):**

Mother	_____	Father	_____	Non-parent primary caregiver	_____
Children	_____	Other	relatives	Service providers	_____
Advocates	_____	CYF Staff	_____	Other	_____
<b>TOTAL</b>	_____				

**12. What did you observe in the family process (non-verbal, family dynamics)?**


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**13. Please check which of the following were demonstrated by the facilitator of the conference:**

- |  |  |
|--|--|
| <input type="checkbox"/> Welcomed and led introductions  | <input type="checkbox"/> Explained rules and guidelines  |
| <input type="checkbox"/> Presented agenda                | <input type="checkbox"/> Explained roles of facilitator  |
| <input type="checkbox"/> Recapped decisions and plan     | <input type="checkbox"/> Explained roles of participants |
| <input type="checkbox"/> Discussed purpose of meeting    | <input type="checkbox"/> Told the family what to do      |
| <input type="checkbox"/> Recapped assignments at the end | <input type="checkbox"/> Explained confidentiality       |

**14. To what degree did the following occur?**

(1 = none of the time; 2 = occasionally; 3 = most-but not all of the time; 4 = all of the time)

- |   |         |
|---|---------|
| ■ Supported discussion about needs                          | 1 2 3 4 |
| ■ Brought all participants into discussion                  | 1 2 3 4 |
| ■ Supported discussion about strengths                      | 1 2 3 4 |
| ■ Kept the conference focused                               | 1 2 3 4 |
| ■ Facilitator encouraged family to be involved in decisions | 1 2 3 4 |
| ■ Remained neutral/respectful (services)                    | 1 2 3 4 |
| ■ Remained neutral/respectful (family and supports)         | 1 2 3 4 |
| ■   |         |



## Family Engagement Observation

**15. To what degree did the facilitator bring the participants into the discussion?**

*(1 = no encouragement; 2 = little encouragement; 3 = a moderate degree of encouragement; 4 = the facilitator encouraged the family to a large degree)*

**1 2 3 4**

**16. Did the facilitator discuss next steps e.g. come together in a defined period of time?**

☐ **Yes**

☐ **No**

**17. What other observations did you have about the family members or participants in the conference?**

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## Facilitator Survey

**Q1** The following survey is being conducted as part of ongoing efforts to learn more about family engagement activities taking place in counties participating in Pennsylvania's Child Welfare Demonstration Project. We are asking you to complete this survey because of your role as a facilitator, co-facilitator and/or coordinator of family engagement meetings in a Demonstration Project county. Through the survey, we hope to learn more about your experiences as a facilitator, co-facilitator/ coordinator of family engagement meetings.

**Q3** Do you work in a public child welfare agency?

- ☐ Yes (1)
- ☐ No (2)

Answer If Q3= Yes

**Q4** How long have you worked for this agency (response in years)?

- ☐ Less than 1 year (1)
- ☐ 1 year (2)
- ☐ 2 years (3)
- ☐ 3 years (4)
- ☐ 4 years (5)
- ☐ 5 years (6)
- ☐ 6 years (7)
- ☐ 7 years (8)
- ☐ 8 years (9)
- ☐ 9 years (10)
- ☐ 10 years (11)
- ☐ More than 10 years (12)

Answer If Q3= No

**Q5** Do you work for a private agency?

- ☐ Yes (1)
- ☐ No (2)

Answer If Q5= Yes

**Q6** How long have you worked for this agency (response in years)?

- ☐ Less than 1 year (1)
- ☐ 1 year (2)
- ☐ 2 years (3)
- ☐ 3 years (4)
- ☐ 4 years (5)
- ☐ 5 years (6)
- ☐ 6 years (7)
- ☐ 7 years (8)
- ☐ 8 years (9)
- ☐ 9 years (10)
- ☐ 10 years (11)
- ☐ More than 10 years (12)

Answer If Q5= No

**Q7** Are you a contractor/subcontractor who provides family engagement services?

- ☐ Yes (1)
- ☐ No (2)

**Q8** In the past three months I have been involved with family engagement meetings in the following way for the majority of the time:

- ☐ I facilitate/co-facilitate family engagement meetings. (1)
- ☐ I coordinate family engagement meetings. (2)
- ☐ I facilitate/co-facilitate AND coordinate family engagement meetings. (3)
- ☐ I have been involved with coordinating/facilitating family engagement meetings in the past (4)
- ☐ I am not involved with family engagement meetings. (5)
- ☐ I supervise/coach individuals who facilitate, co-facilitate, or coordinate family engagement meetings. (7)
- ☐ Other (6) \_\_\_\_\_

If I am not involved with family engagement meetings. Is Selected, Then Skip To End of Survey

**Q9** How long have you facilitated/co-facilitated, coordinated, or supervised/coached family engagement meetings (response in years)?

- ☐ Less than 1 year (1)
- ☐ 1 year (2)
- ☐ 2 years (3)
- ☐ 3 years (4)
- ☐ 4 years (5)
- ☐ 5 years (6)
- ☐ 6 years (7)
- ☐ 7 years (8)
- ☐ 8 years (9)
- ☐ 9 years (10)
- ☐ 10 years (11)
- ☐ More than 10 years (12)

**Q10** I am involved with facilitating/co-facilitating, coordinating, or supervising/coaching family engagement meetings because (select all that apply):

- ☐ It is part of my job at a public child welfare agency (1)
- ☐ It is part of my job at a private child welfare agency (2)
- ☐ I am an employee at an agency whose focus is family engagement meetings (e.g., It Takes a Village, etc.) (3)
- ☐ I have a contract with an agency whose focus is family engagement meetings (e.g., It Takes a Village, etc.). (4)
- ☐ Other (5) \_\_\_\_\_

**Q11** Select the family engagement model you use MOST frequently:

- ☐ Family Group Decision Making (FGDM) (1)
- ☐ Teaming and Conferencing (3)
- ☐ Family Team Conferencing (4)
- ☐ Family Team Meeting (5)
- ☐ Family Group Conferencing (6)
- ☐ Other (7) \_\_\_\_\_

**Q12** When did you receive the initial training for (selected engagement technique) that allowed you to carry out your current role with family engagement meetings?

- ☐ Within the past 12 months (1)
- ☐ 13 months to 24 months ago (2)
- ☐ 25 months to 36 months ago (3)
- ☐ More than 3 years but less than 10 years ago (4)
- ☐ Ten years or more (5)

**Q13** Which activities did your initial training include (select all that apply):

- ☐ Single or multiple day, in-person training (1)
- ☐ Role play / Practice (2)
- ☐ Written Materials (3)
- ☐ Web-based training (e.g., videos, written materials, practice exercises, on-line discussions) (4)
- ☐ Webinars (5)

**Q14** After your initial training which of the following did you experience to support your role as a facilitator/ co-facilitator/coordinator (select all that apply)?

- ☐ Ongoing meetings with your supervisor regarding your work as a facilitator/coordinator (1)
- ☐ Ongoing meetings with a trainer/coach regarding your work as a facilitator/coordinator (2)
- ☐ Booster sessions to learn new information or expand/sharpen skills related to the family engagement model (e.g., webinars, assigned reading and discussion, structured discussion with a trainer or coach). (3)
- ☐ Other (5) \_\_\_\_\_
- ☐ None of the above (4)

**Q15** What would you change about the training and/or coaching (add, take away, do differently) to better prepare facilitators/ co-facilitators/coordinators to better engage challenging or reluctant families?

Answer If Q16 if Q8= I facilitate/co-facilitate family engagement meetings. OR if Q8= I facilitate/co-facilitate AND coordinate family engagement meetings.

Q16 Before you facilitated meetings on your own, which of the following did you experience (select all that apply):

- ☐ Observed Actual Meetings (1)
- ☐ Co-facilitating actual meetings with feedback from your co-facilitator/trainer/coach (2)
- ☐ Having your facilitation video taped or observed with feedback provided (3)

Answer If Q18-19 if Q8= I facilitate/co-facilitate family engagement meetings. OR if Q8= I facilitate/co-facilitate AND coordinate family engagement meetings. OR if Q8= I supervise/coach individuals who facilitate, co-facilitate, or coordinate family engagement meetings.

Q17 Please think of the typical meetings you have facilitated/co-facilitated or supervised/coached over the past 3 months rather than the ones that were the most challenging or those that were the easiest.

**Q18** Please select the FIVE most important things you do when facilitating/co-facilitating or supervising/coaching meetings to ensure that the meeting is successful:

- ☐ Reiterate that the meeting is private (1)
- ☐ Explain the role of the facilitator (2)
- ☐ Explain everyone's role in the meeting (3)
- ☐ Explain the purpose of the meeting (4)
- ☐ Review the meeting agenda (5)
- ☐ Reassure the participants that the meeting is a safe environment in which they should feel free to contribute (6)
- ☐ Consider the family's strengths throughout the meeting process (7)
- ☐ Acknowledge the family as the experts (8)
- ☐ Help the participants come to agreement on the concerns that need to be addressed (9)
- ☐ Help the participants develop a specific and concrete plan (10)
- ☐ Help the participants identify how they can take on active roles to support the plan (11)
- ☐ Help the participants identify appropriate resources to include in the plan to address concerns (12)
- ☐ Schedule follow-up meetings, as needed (13)
- ☐ Determine who will make referrals for services (14)
- ☐ Make connections between family members and recommended services during the meeting (15)
- ☐ Present and discuss findings from assessments (e.g., CANS, FAST, ASQ) (16)
- ☐ Review roles and guidelines for the meeting (18)
- ☐ Identify mandated reporters (19)
- ☐ Other (17) \_\_\_\_\_

**Q19** Please describe one or two typical challenges that you experience when facilitating/co-facilitating or supervising/coaching meetings AND the strategies you use / the actions you take to address / overcome these challenges.

Answer If Q21 if Q8= I coordinate family engagement meetings. OR if Q8= I facilitate/co-facilitate AND coordinate family engagement meetings.

**Q21** Before you coordinated meetings on your own, which of the following did you experience (select all that apply):

- ☐ Shadowing an experienced coordinator (1)
- ☐ Other (2) \_\_\_\_\_

Answer If Q18-19 if Q8= I coordinate family engagement meetings. OR if Q8= I facilitate/co-facilitate AND coordinate family engagement meetings. OR if Q8= I supervise/coach individuals who facilitate, co-facilitate, or coordinate family engagement meetings.

Q22 For the next two questions, please think about the typical meetings you have coordinated or supervised/coached over the past 3 months rather than the ones that were the most challenging or those that were the easiest.

Q23 Please select the FIVE most important things you do to prepare FAMILIES for a (selected engagement technique) meeting:

- ☐ Explain the purpose of the meeting to each participant (1)
- ☐ Explain to each participant the role that she or he will play in the meeting (2)
- ☐ Explain to each participant the role that other attendees will play in the meeting (3)
- ☐ Explain all of the components of the meeting and review the agenda with the family (4)
- ☐ Work with participants to identify strengths and concerns for the meeting (5)
- ☐ Help the family identify supportive people to invite to the meeting (6)
- ☐ Work with the family to clarify concerns that brought them into child welfare services (7)
- ☐ Review meeting logistics with the family (e.g., transportation to the meeting, invitation list, menu) (8)
- ☐ Meet with families and supportive others before the meeting to prepare them (9)
- ☐ Pledging to ensure the emotional and physical safety of the participants during the meeting (11)
- ☐ Other (please describe anything else you do to prepare families) (10) \_\_\_\_\_



**Q24** Please select the FIVE most important things you do to prepare PROFESSIONALS (e.g., service providers, child welfare professionals, etc) for a (selected engagement technique) meeting

- ☐ Explain the purpose of the meeting to each participant. (1)
- ☐ Explain to each participant the role that she or he will play in the meeting (2)
- ☐ Explain to each participant the role that other attendees will play in the meeting (3)
- ☐ Explain all of the components of the meeting and review the agenda with the professionals (4)
- ☐ Work with participants to identify strengths and concerns for the meeting (5)
- ☐ Encourage professionals to identify possible resources for the family and bring this information to the meeting (6)
- ☐ Encourage professionals to bring documents (e.g., initial intake paperwork, assessments) that will help the meeting process (7)
- ☐ Meet with professionals before the meeting to prepare them (8)
- ☐ Other (please describe anything else you do to prepare professionals) (9) \_\_\_\_\_

**Q26** What do you find to be the most challenging barrier to implementing your family engagement meeting type and staying true to the model you are implementing is?

**Q27** How often do you use laptop computers or tablets at Family Engagement meetings?

- ☐ All of the time (1)
- ☐ Most of the time (2)
- ☐ Some of the time (3)
- ☐ Never (4)

**Q28** How often do you have access to Wi-Fi at Family Engagement meetings?

- ☐ All of the time (1)
- ☐ Most of the time (2)
- ☐ Some of the time (3)
- ☐ Never (4)

**Q29** Are you responsible for completing the Facilitator Face Sheet, Baseline Form, and Follow-Up Forms for family engagement meetings?

- ☐ Yes (1)
- ☐ No (2)

If No Is Selected, Then Skip Q20

**Q30** Where do you typically complete the Facilitator Face Sheet, Baseline Form, and Follow-Up Form?

- ☐ In my office (1)
- ☐ At the meeting location (2)
- ☐ Other (3) \_\_\_\_\_

**Q31** When do you typically complete the Facilitator Face Sheet, Baseline Form, and Follow-Up Form?

- ☐ Before the meeting (1)
- ☐ After the meeting (2)
- ☐ Some before and some after the meeting (3)

**Q32** Please indicate your interest in accessing, completing, and entering these forms on-line:

- ☐ Very Interested (1)
- ☐ Somewhat Interested (2)
- ☐ Not at All Interested (3)

**Q33** What could make the process of completing these forms easier for you?

**Q20** Which county are you associated with?

- ☐ Allegheny (1)
- ☐ Crawford (2)
- ☐ Dauphin (3)
- ☐ Lackawanna (4)
- ☐ Philadelphia (5)
- ☐ Venango (6)

## **Evidence Based Practices Attitudes Scale (EBPAS)**

Q1 The evaluators of the Child Welfare Demonstration Project (CWDP) are interested in learning more about how you make referrals to services and supports for the children, parents and families on your caseload. We are also interested in learning more about how you feel about referring youth to new types of therapies, interventions and treatments. This on-line survey will take approximately 15 minutes to complete. All of your answers are private. They will not be shared as individual answers but will be grouped with the answers of others who are participating. You can skip questions; you can begin the survey and decide not to complete it, but we do hope that you will help in our efforts to see how the CWDP may be changing practice.

**Q2** 1. The following questions ask about your feelings about referring youth to new types of therapy, interventions, or treatments. Manualized therapy, treatment, or interventions refer to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that providers are expected to follow in a structured or predetermined way. Indicate the extent to which you agree with each item.

	Not at all (0)	To a Slight Extent (1)	To a Moderate Extent (2)	To a Great Extent (3)	To a Very Great Extent (4)
I like to refer to new types of therapy/interventions to help my clients. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing for my clients to receive new types of therapy/interventions even if the therapist is following a treatment manual. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know better than academic researchers how to care for my clients. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing to refer to new and different types of therapy/interventions. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research based treatments/interventions are not clinically useful. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical experience is more important than using manualized therapy/interventions. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I was providing the services, I would not use manualized therapy/interventions. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I was providing the services, I would try a new therapy/intervention even if it were very different from what I used to doing. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q3** 2. If you received training on an intervention that was new to you, how likely would be to refer to it if:

	Not At All (0)	To a Slight Extent (1)	To a Moderate Extent (2)	To a Great Extent (3)	To a Very Great Extent (4)
It was intuitively appealing? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It made sense to you? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was required by your supervisor? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was required by your agency? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was required by your state? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was being used/referred to by colleagues who were happy with it? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You felt you had enough training to make appropriate referrals? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q4** 3. The term "evidence-based" is used frequently in our field to refer to programs or practices, but individuals often define the term differently. How do you define "evidence-based"?

**Q5** 4. Have you received any information about evidence-based practices or programs such as who would benefit, what types of problems it addresses, and the nature of the intervention?

- ☐ Yes (1)
- ☐ No (0)

Answer Q6 If Q5 Yes Is Selected

**Q6** 4a. Where did you receive this information (check all that apply)?

- ☐ As part of an undergraduate or graduate course work (1)
- ☐ At a conference (2)
- ☐ Child Welfare Resource Center provided training (3)
- ☐ Agency in-service or supervision meeting (4)
- ☐ Other (5) \_\_\_\_\_

**Q7** 5. To the best of your knowledge, are these evidence-based programs or practices available in your community (check all that apply)?

- ☐ Triple P Parenting Program
- ☐ SafeCare
- ☐ Parent Child Interaction Therapy (PCIT)
- ☐ Homebuliders
- ☐ Functional Family Therapy (FFT)
- ☐ Parents as Teachers (PAT)
- ☐ Nurse Home Visiting (NFP)
- ☐ Multisystemic Therapy (MST)
- ☐ Dialectical Behavior Therapy (DBT)
- ☐ Trauma-focused Cognitive Therapy (TF-CBT)
- ☐ Multi-dimensional Treatment Foster Care (MDTFC)
- ☐ Healthy Families America
- ☐ The Incredible Years

**Q8** 6. Are there other evidence-based programs or practices available that are not listed?

- ☐ Yes (1)  
☐ No (0)

Answer Q9 If Q8 Yes Is Selected

**Q9** 6a. Please list any other evidence-based programs or practices not listed.

**Q10** 7. How frequently have you referred for an assessment for or to any of the following services in the past year?

	Not At All (0)	Occasionally (1)	Frequently (2)
Triple P Parenting program (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SafeCare (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction Therapy (PCIT) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homebuilders (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Family Therapy (FFT) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents as Teachers (PAT) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse Home Visiting (NFP) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multisystemic Therapy (MST) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dialectical Behavior Therapy (DBT) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-focused Cognitive Therapy (TF-CBT) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi-dimensional Treatment Foster Care (MDTFC) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Families America (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Incredible Years (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q11** This last set of questions describes you and your current position.

**Q12** 8. Age:

- ☐ Under 21 (1)
- ☐ 22-30 (2)
- ☐ 31-40 (3)
- ☐ 41-50 (4)
- ☐ 51-60 (5)
- ☐ 61-70 (6)
- ☐ Over 70 (7)

**Q13** 9. Gender

- ☐ Male (1)
- ☐ Female (2)
- ☐ Transgender (3)

**Q14** 10. Race (select all that apply)

- ☐ African American (1)
- ☐ Caucasian (2)
- ☐ Alaskan Native/Native American (3)
- ☐ Asian (4)
- ☐ Native Hawaiian/Pacific Islander (5)
- ☐ Unknown (6)
- ☐ Other (7) \_\_\_\_\_

**Q15** 11. Hispanic Origin:

- ☐ Yes (1)
- ☐ No (2)



**Q16** 12. How many years of experience, including your present job, have you had in full-time human services work?

- ☐ Less than 1 year (1)
- ☐ 1 year (2)
- ☐ 2 years (3)
- ☐ 3 years (4)
- ☐ 4 years (5)
- ☐ 5 years (6)
- ☐ 6 years (7)
- ☐ 7 years (8)
- ☐ 8 years (9)
- ☐ 9 years (10)
- ☐ 10 years (11)
- ☐ More than 10 years (12)

**Q17** 13. How many years have you worked in your present agency?

- ☐ Less than 1 year (1)
- ☐ 1 year (2)
- ☐ 2 years (3)
- ☐ 3 years (4)
- ☐ 4 years (5)
- ☐ 5 years (6)
- ☐ 6 years (7)
- ☐ 7 years (8)
- ☐ 8 years (9)
- ☐ 9 years (10)
- ☐ 10 years (11)
- ☐ More than 10 years (12)

**Q18** 14. Current highest educational degree:

- ☐ Less than high school (1)
- ☐ High school diploma (2)
- ☐ Associates degree (3)
- ☐ Bachelor's degree (4)
- ☐ Master's degree (5)
- ☐ Doctoral degree (6)

**Q19** 15. What was your major?

- ☐ N/A (1)
- ☐ Arts (e.g., Design & Applied Arts, Drama, Language & Literature, Music, Fine & Studio Arts) (2)
- ☐ Business (e.g., Accounting, Financial Management, Marketing, Hospitality Administration) (3)
- ☐ Communications (e.g., Media Studies, Journalism, Public Relations & Advertising, Radio/Television/Digital Communication) (4)
- ☐ Community Services (e.g., Family & Consumer Science, Parks, Recreation, & Leisure Studies) (5)
- ☐ Computer & Information Sciences (e.g., Management Information Systems, Computer Programming) (6)
- ☐ Education (e.g., Elementary Ed, Special Ed, Physical Ed, Secondary Ed, Health Ed) (7)
- ☐ Engineering & Technology (e.g., Chemical, Civil, Electrical, Industrial, or Mechanical Engineering, Agricultural Operations, Automotive Technology) (8)
- ☐ Human Services (9)
- ☐ Medicine & Allied Health (e.g., Medicine, Nursing, Physical Therapy, Medical Assisting, Medical Technology) (10)
- ☐ Science & Math (e.g., Animal Sciences, Biology, Chemistry, Geography, Statistics) (11)
- ☐ Social Sciences- Criminology or Criminal Justice/Corrections (12)
- ☐ Social Sciences- Economics (13)
- ☐ Social Sciences- History (14)
- ☐ Social Sciences- Human Development & Family Studies (15)
- ☐ Social Sciences- Political Science/Government (16)
- ☐ Social Sciences- Psychology (17)
- ☐ Social Sciences- Sociology (18)
- ☐ Social Sciences- Social Work (19)

**Q20** 16. What specialty credentials or License(s) do you have?

**Q21** \*17. County of employment:

- ☐ Allegheny (1)
- ☐ Crawford (2)
- ☐ Dauphin (3)
- ☐ Lackawanna (4)
- ☐ Philadelphia (5)
- ☐ Venango (6)

## **Appendix F**

User's Guide for PCIT and Triple P

# **Child Welfare Demonstration Project**

## **Study of PCIT and Triple P**

### **User's Guide**

Created by:

Child Welfare Demonstration Project Evaluation Team

# Child Welfare Demonstration Project

## Study of PCIT and Triple P

### Overview

#### What is the study of PCIT and Triple P?

The purpose of the study of PCIT and Triple P in Pennsylvania's Child Welfare Demonstration Project (CWDP) is to answer questions about the fidelity, implementation, and impact of these two evidence-based practices on certain outcomes. Note that for Triple P, we are only interested in Levels 4 and 5.

According to the IDIRs, CWDP counties are implementing one or both of these EBPs as follows:

- Allegheny – PCIT
- Dauphin – PCIT and Triple P
- Lackawanna – PCIT
- Philadelphia – PCIT and Triple P
- Venango – PCIT and Triple P

#### Who is in the study?

Referral processes vary from county to county, but generally, all referrals from the child welfare system will be included in this study.

#### How is data collected?

There are five tools: Parenting Questionnaire; Eyberg Child Behavior Inventory; Barriers to Treatment Participation Scale; Demographic Form; and Treatment Summary Report (different versions for PCIT and Triple P). These forms will be completed on paper and will be mailed to the Evaluation Team to be entered.

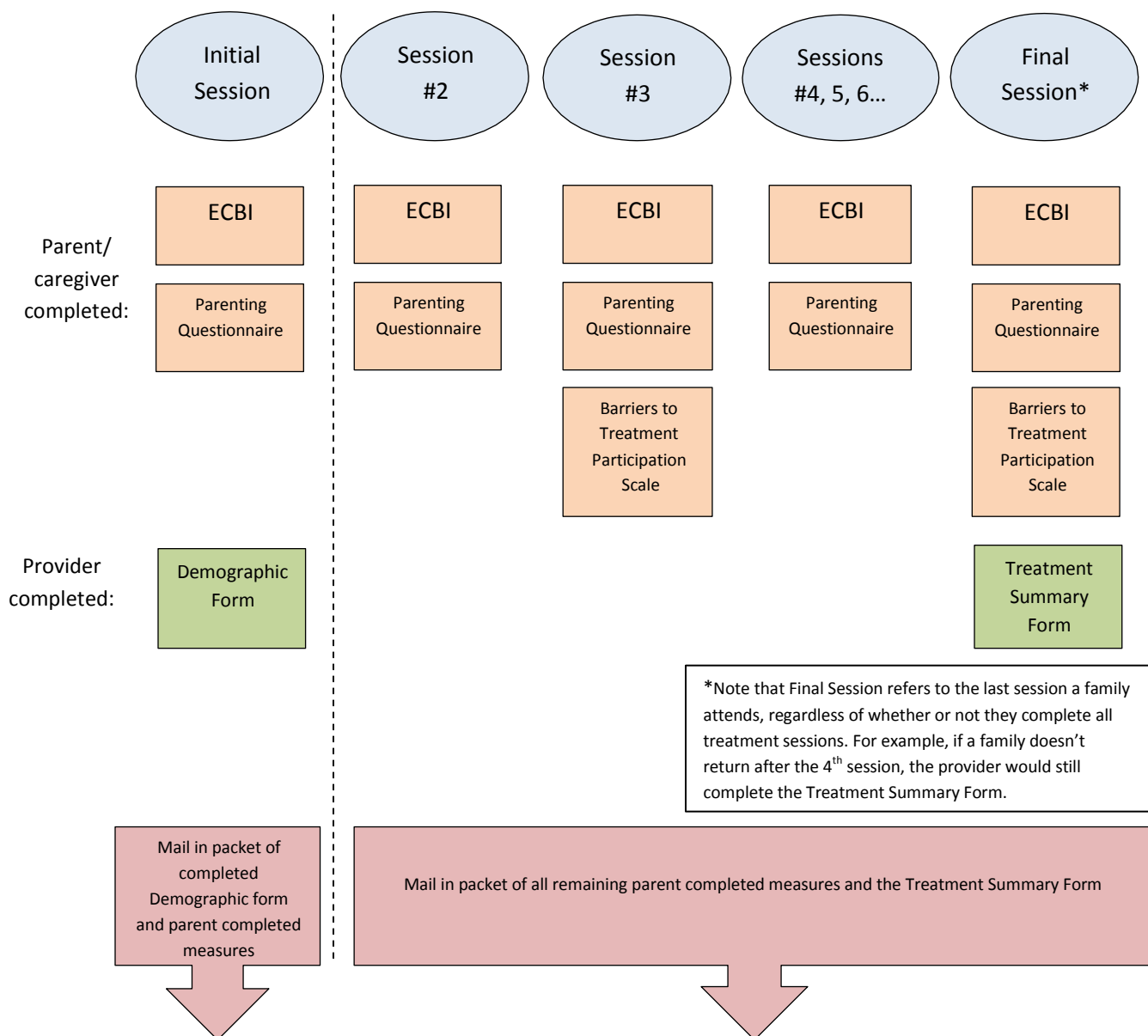
Three of the forms are to be completed by the parent/caregiver at the following intervals:

- Parenting Questionnaire: every session
- Eyberg Child Behavior Inventory (ECBI): every session
- Barriers to Treatment Participation Scale (BTPS): at the 3rd and 10<sup>th</sup> (or final) sessions

The remaining tools are to be completed by the provider at the following intervals:

- Demographic form: at the initial session
- PCIT Treatment Summary Form: at discharge/last session
- Triple P Treatment Summary Form: at discharge/last session

Figure 1 below illustrates the forms to be collected and the intervals at which they are to be collected.



#### Data submission procedures:

For every family you see as part of the CWDP, there will be two separate times when you mail us a packet. The first will consist of tools collected at the first session: the ECBI, Parenting Questionnaire, and Demographic Form. This will allow us to begin the data entry and tracking process. You will mail the second packet upon completion of treatment (or if/when a family terminates treatment early). It will include all remaining ECBI's and Parenting Questionnaires (completed by caregivers at each session), the Barriers to Treatment Participation Scale (collected at the 3<sup>rd</sup> & final sessions), and the Treatment Summary Form.

Using the pre-addressed enclosed envelopes, please mail completed packets to Justin Donofrio. Additionally, if you have any questions, please contact the Evaluation Coordinator, Justin Donofrio, via email ([jdd63@pitt.edu](mailto:jdd63@pitt.edu)) or by phone (717 795-9048).

## Eyberg Child Behavior Inventory (ECBI)

**\*Note that this is a PARENT SURVEY to be completed at EACH SESSION**

Since the ECBI is a copyrighted measure, we cannot include it here.

Information about the ECBI can be found here: <http://www.pcit.org/measures/>.

ECBI is published by Psychological Assessment Resources: [www.parinc.com](http://www.parinc.com)

The ECBI asks for the parent/caregiver to complete the following demographic information: parent/caregiver name; relationship to child; the date the measure is being completed; child's name; child's gender; and child's date of birth. **We also need you – the provider – to legibly print near the top of the form the child's 9-digit MCI number. This is the only way we will be able to link it to the other data you are providing.**

Parents/caregivers then complete items #1-36 and turn it in to the clinician to score and utilize during that session.

**PCIT providers:** Please score and utilize the ECBI as you have been trained to do.

**Triple P providers:** If you need training on how to score and utilize the ECBI in your work with families, please consult the ECBI training manual that you should have received with the ECBI scoring sheets. Alternatively, if you don't plan to utilize the ECBI results in your work with families, you may send the ECBI to us un-scored, and we will score it at a later date for our evaluation purposes.

\*Note that we do NOT need the originals of the ECBI. If you would like to keep the originals for your own records, please make copies to include with the packet you send to us. Please make sure copies are clear and legible.

## Parenting Questionnaire

**\*Note that this is a PARENT SURVEY to be completed at EACH SESSION**

### **Before the session:**

Fill out the section at the bottom that says “To be completed by clinicians only” as follows:

**PCIT or Triple P:** Please circle the appropriate service

**Date of session:** Please enter the date of the session. It is MM/DD/YYYY (e.g., 11/15/2014).

**Child’s MCI#:** Please write in the child’s 9-digit state Master Client Index (MCI) number, including any leading zeros.

**Child’s initials:** Please legibly print the child’s first and last initials.

**Child’s DOB:** Please enter the date of birth of the target child. It is MM/DD/YYYY (e.g., 05/15/2009).

**County:** Please legibly print the name of the county in which the child resides.

**Session #:** Please legibly print the session number in which this form is being completed.

**Provider/agency name:** Please legibly print the name of the agency for which you work.

**Clinician’s initials:** Please legibly print your initials.

Please have the parent/caregiver complete the rest of the survey (items 1-9) just prior to or at the beginning of EACH session.

Note that three of the items (#3, #5, #8) may not be applicable to younger children. In that case, parents/caregivers would check the box for “NA (child too young)” for those items.



## Parenting Questionnaire

The following are a number of statements about your family. Please rate each item as to how often it typically occurs in your home. Please answer all items.

*Note: Items 3, 5, and 8 may not be applicable to younger children. Please mark the box for "NA (child too young)" if your child is too young for these items to apply.*

	Never	Almost Never	Sometimes	Often	Always	NA (child too young)
1. You let your child know when he/she is doing a good job with something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. You threaten to punish your child and then do not actually punish him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Your child fails to leave a note or to let you know where he/she is going.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your child talks you out of being punished after he/she has done something wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Your child stays out in the evening after the time he/she is supposed to be home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You compliment your child after he/she has done something well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. You praise your child if he/she behaves well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Your child is out with friends you don't know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You let your child out of a punishment early (like lift restrictions earlier than you originally said).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*\*\*\*\*

To be completed by clinicians only:

**PCIT** or **Triple P** (circle one)

Date of session: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's 9 digit MCI # (please include leading zeros):

--	--	--	--	--	--	--	--	--

Child's initials: \_\_\_\_\_

Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

County: \_\_\_\_\_

Session #: \_\_\_\_\_

Provider/agency name: \_\_\_\_\_

Clinician's initials: \_\_\_\_\_

## Barriers to Treatment Participation Scale

**\*Note that this is a PARENT SURVEY to be completed at the THIRD and TENTH or FINAL session (of either PCIT or Triple P)**

### **Before the session:**

Fill out the section at the top that says "To be completed by clinicians only" as follows:

**PCIT or Triple P:** Please circle the appropriate service

**Date of session:** Please enter the date of the session. It is MM/DD/YYYY (e.g., 11/15/2014).

**Child's MCI#:** Please write in the child's 9-digit state Master Client Index (MCI) number, including any leading zeros.

**Child's initials:** Please legibly print the child's first and last initials.

**Child's DOB:** Please enter the date of birth of the target child. It is MM/DD/YYYY (e.g., 05/15/2009).

**County:** Please legibly print the name of the county in which the child resides.

**Session #:** Please legibly print the session number in which this form is being completed.

**Provider/agency name:** Please legibly print the name of the agency for which you work.

**Clinician's initials:** Please legibly print your initials.

Please have the parent/caregiver complete the rest of the survey (items 1-20) just prior to or at the beginning of the session.

Since this survey asks about some sensitive information, we have enclosed plain envelopes in which parents/caregivers can seal their completed surveys. This will allow parents/caregivers to feel that they can be honest in their responses. Please include these sealed envelopes in the second packet of information that you mail in.

\*\*\*\*\*

To be completed by clinicians only:

**PCIT or Triple P** (circle one)

Date of session: \_\_/\_\_/\_\_

Child's 9 digit MCI # (please include leading zeros):

--	--	--	--	--	--	--	--	--

Child's initials: \_\_\_\_\_

Child's DOB: \_\_/\_\_/\_\_

County: \_\_\_\_\_

Session #: \_\_\_\_\_

Provider/agency name: \_\_\_\_\_

Clinician's initials: \_\_\_\_\_

\*\*\*\*\*

## Barriers to Treatment Participation Scale (Parent)

### DIRECTIONS

Coming to treatment is often difficult because of the many demands on parents and families such as school, work, and other activities. It is important to understand different factors and how they affected your participation and attendance in treatment. Please answer the items below that will be used to help us make our treatment better. As you answer the questions, please think about your own situation only and things that you felt about coming to treatment. (All answers are completely confidential.)

Below are common problems that come up in treatment. For each one, circle the answer that applies to you.

Never a  
problem

Once in a  
while

Sometimes a  
problem

Often a  
problem

Very often a  
problem

Colonna-Pyden, C., Gjesfjeld, C. D., & Greeno, C. G. (2007). The factor structure of the Barriers to Treatment Participation Scale (BTPS): Implications for future barriers scale development. *Administration and Policy in Mental Health*, 34, 563-569.

BTPS-Parent.doc rev 7/2007; revised with permission for PACWDP 09/2014

Please rate the extent to which various problems applied to you and were related to coming to treatment.

**1. Scheduling of appointment times for treatment**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

**2. Treatment lasted too long (too many weeks)**

Not too long	Lasted a little too long	Lasted too long	Lasted much too long	Lasted very much too long
--------------	--------------------------	-----------------	----------------------	---------------------------

**3. Treatment was in conflict with another of my activities (classes, job, friends)**

Never	Once in a while	Sometimes	Often	Very often
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**4. I did not like the therapist**

I liked the therapist a lot	I liked the therapist	I liked the therapist a little	I did not like the therapist very much	I did not like the therapist at all
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**5. Treatment was not what I expected**

Just like I expected	Mostly what I expected	Sort of what I expected	A little of what I expected	Not at all what I expected
----------------------	------------------------	-------------------------	-----------------------------	----------------------------

**6. Information in the session and handouts seemed confusing**

Not confusing at all	A little confusing	Somewhat confusing	Often confusing	Very often confusing
----------------------	--------------------	--------------------	-----------------	----------------------

**7. My child had trouble understanding treatment**

No trouble understanding treatment	Had a little trouble	Sometimes had trouble	I had trouble	Had a lot of trouble
------------------------------------	----------------------	-----------------------	---------------	----------------------

**8. Crises at home made it hard for me to get to a session**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

**9. I did not feel that I had enough to say about what goes on in treatment**

Not a problem	A slight problem	A problem	A big problem	A very big problem
---------------	------------------	-----------	---------------	--------------------

**10. I feel treatment did not focus on my life and problems**

Treatment related to my problems	A little related to my problems	Not really related to my problems	Treatment was unrelated to my problems	Treatment was very <u>un</u> related to my problems
----------------------------------	---------------------------------	-----------------------------------	--	---

**11. The therapist did not seem confident that treatment would work for my child**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

**12. The therapist did not seem confident in my ability to carry out programs**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

**13. Treatment did not seem to be working**

Treatment helped a lot	Treatment helped most of the time	Helped a little	Hardly ever helped	Treatment did not help at all
------------------------	-----------------------------------	-----------------	--------------------	-------------------------------

**14. I do not feel the therapist supported me or my efforts**

Therapist was very supportive	Supportive most of the time	Supportive	Sometimes supportive	Therapist was <u>never</u> supportive
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**15. There was always someone sick in my home**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

**16. Getting a baby-sitter so I could come to the sessions**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

**17. I was too tired after work to come to a session**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

**18. My job got in the way of coming to a session**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

**19. Treatment took time away from spending time with my children**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

**20. I had trouble with other children at home, which made it hard to come to treatment**

Never a problem	Once in a while	Sometimes a problem	Often a problem	Very often a problem
-----------------	-----------------	---------------------	-----------------	----------------------

Comments about coming to treatment: \_\_\_\_\_

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Thank you for completing this form

## Demographic Form: Instructions

**\*Form should be completed by the PROVIDER immediately before or after the first session**

### **Parent/Caregiver Demographic Information**

**Parent/Caregiver date of birth:** Please enter the date of birth of the primary parent/caregiver who is participating in treatment. It is MM/DD/YYYY (e.g., 05/15/1986).

**Is the parent/caregiver Spanish, Hispanic, or Latino:** Please indicate whether or not parent/caregiver identifies as Spanish, Hispanic, or Latino by circling yes or no.

**Race:** Please check the box that indicates the race that the parent/caregiver identifies with. If they identify as multi-racial or as other, please write in the appropriate response.

**Education:** Check the box that indicates the highest level of education of the parent/caregiver.

**Marital status:** Check the box that indicates the marital status of the parent/caregiver.

**Occupational status:** Check the box that indicates the occupational status of the parent/caregiver.

### **Target Child Information**

**Target child living situation:** Please indicate whether or not the child is living with his/her biological parent by circling yes or no.

**Child's date of birth:** Please enter the date of birth of the target child. It is MM/DD/YYYY (e.g., 05/15/2009).

**Is child Spanish, Hispanic, or Latino:** Please indicate whether or not the parent/caregiver identifies the child as being Spanish, Hispanic, or Latino by circling yes or no.

**Race:** Please check the box that indicates the race that the parent/caregiver identifies for the child. If they identify the child as multi-racial or as other, please write in the appropriate response.

**Child's MCI#:** Please write in the child's 9-digit state Master Client Index (MCI) number, including any leading zeros.

**Session #:** Please legibly print the session number in which this form is being completed.

## Child Welfare Demonstration Project

### Parent/Caregiver Demographic Information

1. Parent/Caregiver date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Is parent/caregiver Spanish, Hispanic, or Latino? (circle one)      Yes      No
3. What race does the parent/caregiver identify with?
  - ☐ Black/African American
  - ☐ White/Caucasian
  - ☐ American Indian/Native Alaskan
  - ☐ Asian
  - ☐ Hawaiian/Pacific Islander
  - ☐ Multi-racial (please specify): \_\_\_\_\_
  - ☐ Other: \_\_\_\_\_
4. What is the highest educational degree of the parent/caregiver?
  - ☐ Less than High School
  - ☐ High School Equivalency (GED)
  - ☐ High School Diploma
  - ☐ Vocational Tech Diploma/Certificate
  - ☐ Associates Degree
  - ☐ RN Diploma
  - ☐ Bachelor's Degree
  - ☐ Master's Degree
  - ☐ M.D., Ph.D., Law, Dental
  - ☐ Other \_\_\_\_\_
5. What is the parent's/caregiver's current marital status?
  - ☐ Single/Never Married
  - ☐ Married
  - ☐ Separated/Divorced/Widowed
  - ☐ Living with someone
6. What is the parent's/caregiver's current occupational status?
  - ☐ Work Full-Time (35 hours a week or more)
  - ☐ Work Part-Time (Less than 35 hours a week)
  - ☐ Work when work is available
  - ☐ Unemployed, looking for work
  - ☐ Don't work because of family responsibilities
  - ☐ Don't work because retired
  - ☐ Don't work because of an illness or disability
  - ☐ Don't work because don't want to work
  - ☐ Don't work because currently a student
  - ☐ Other \_\_\_\_\_



### Target Child Information

8. Is the target child currently living with parent? (circle one)      Yes      No

9. Child's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Is the child Spanish, Hispanic, or Latino? (circle one)      Yes      No

11. What race does the parent/caregiver identify for the child?

- ☐ Black/African American
- ☐ White/Caucasian
- ☐ American Indian/Native Alaskan
- ☐ Asian
- ☐ Hawaiian/Pacific Islander
- ☐ Multi-racial (please specify): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

12. Child's 9 digit MCI # (please include leading zeros):

--	--	--	--	--	--	--	--	--

13. Session #: \_\_\_\_\_

For illustrative purposes only

## PCIT Treatment Summary Report

**\*Note that this form is completed when a family ends treatment with PCIT (including both those that complete all sessions and those who terminate services early, regardless of the reason).**

**\*This form is completed by the PROVIDER**

### Demographic information:

**County:** Please legibly print the name of the county in which the child resides.

**Agency:** Please legibly print the name of the agency for which you work.

**Clinician name:** Please legibly print your first and last name.

**Session #:** Please legibly print the session number in which this form is being completed.

**Child's name:** Please legibly print the child's last name and first initial, with one letter in each box. If the child's last name is longer than the boxes will allow, please just print as many letters as will fit.

**Child's MCI#:** Please write in the child's 9-digit state Master Client Index (MCI) number, including any leading zeros.

### PCIT Services Provided

1. **Treatment Timeline:** Please indicate the date when each session occurred (using MM/DD/YYYY; e.g., 5/15/2014). If the family did not complete a particular session, please indicate that by checking the appropriate row in the last column. If a session occurred over multiple dates, please provide all of those dates.

1a. **Date of last session:** Write the date of the last session (whether this is the final session after a family completed the entire treatment or whether this is the last session a family attended), using MM/DD/YYYY.

2. **Content of last session:** Check the box indicating the last session that the family attended. Please check only one box.

2a. If the last session was a coaching session, write in the number of that session in the box.

3. Indicate the number of **CDI coaching** sessions attended.
4. Indicate the number of **PDI coaching** sessions attended.
5. Answer the questions about **PDI coach sessions** by filling in the appropriate circle and legibly writing in the boxes. Please use minutes for the question about the average amount of time the child spent in the time-out back-up.
6. Please legibly print any feedback you'd like to provide about **PDI or the time-out procedure** with this family.

7. Please indicate the family's **Eyberg Child Behavior Inventory (ECBI)** scores before PCIT and after completing (all or some) of PCIT. If you did not complete the ECBI with this family, please legibly print the reason(s) why.
8. Indicate the number of **hours** of PCIT services that you provided to the family.
9. Indicate the number of **weeks** that you provided PCIT to this family.
10. Indicate which **family members** participated in treatment by filling in all of the circles that apply. If you fill in the circle for "other", please legibly print the other family member type.
11. Indicate which **services** you or your agency provided while working with this family by filling in the circles for all that apply. If you fill in the circle for "other", please legibly print the other service(s) provided.
12. If PCIT was **terminated early**, please indicate the reason(s) by filling in the appropriate circle(s). If you fill in the circle for "other", please legibly print the reason and indicate whether the parent reported this reason or if this is your clinical impression. If the family completed all sessions of PCIT, this item will be left blank; however, items 13-21 should still be completed.
13. Indicate whether or not each of the listed **issues had a negative impact** on the course of PCIT and outcomes with this family by checking the appropriate column.
14. Rate the parent's/caregiver's overall **commitment to services** by filling in the appropriate circle.
15. Please legibly print up to three **treatment targets for the child**, and rate the level of change for each by checking the corresponding box.
16. Please legibly print up to three **treatment targets for the parent/caregiver**, and rate the level of change for each by checking the corresponding box.
17. Indicate whether or not **other service providers** were involved with this family during the course of their treatment with you.
18. Indicate the **level of progress** that the family made by filling in the appropriate circle.
19. Indicate the **disposition of the case** by filling in the appropriate circle. If you select a response with a text box, please print legibly the service or reason in the box.
20. Indicate the **end date** of the case (using MM/DD/YYYY; e.g., 5/15/2014) and fill in the appropriate circle indicating whether a family completed treatment at an agreed upon timeframe or whether the family terminated services prematurely. If you fill in the circle for "other", please legibly print the other case disposition.
21. Indicate which **services were recommended** for the child and/or family after discharge by filling in all circles that apply. If you fill in the circle for "other", please legibly print the other service(s) recommended.

# Child Welfare Demonstration Project PCIT Treatment Summary Report

*Abbreviated*

*Please print legibly:*

County: \_\_\_\_\_

Agency: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

Session #: \_\_\_\_\_

	First Name	Last Initial
Child's name	<div style="display: flex; justify-content: space-around; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; background-color: black;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Child's 9 digit MCI # (please include leading zeros)

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**Please summarize this family's recent service involvement and experience with you as indicated below. This information is confidential and will not be shared with the family, your agency, or other providers. The use of this form is for research purposes only. Thank you in advance for your help!**

## PCIT Services Provided

### 1. Treatment Timeline:

Please include the date for each of the activities/sessions mentioned below, **OR** mark if family did not complete the session.

Activity/Session	Date if family completed session <i>Date: ____/____/____</i>	<input checked="" type="checkbox"/> Check if family did not complete this session
1 <sup>st</sup> Contact with the agency		
initial agency intake session(s)		
PCIT Intake session(s)		
CDI Teach		
PDI Teach		
Graduation		

**1a. Date of last session:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. What was the content of the last session that the family attended? (please check one)

- ☐ Assessment
- ☐ CDI Teach
- ☐ CDI Coach
- ☐ PDI Teach
- ☐ PDI Coach
- ☐ Graduation

2a. If a coaching session was the last session a family attended, please specify the number (e.g., CDI Coach-8):

3. How many CDI Coaching Sessions did the family attend?

4. How many PDI Coach Sessions did the family attend?

*If the family did not attend PDI Coach Sessions and you indicated zero for item #4, please skip to item #7*

5. If the family completed any PDI Coach Sessions, please complete the following set of questions about the time-out sequence:

Did the child ever go to the time-out chair during a clinic-based PCIT session?

☐ Yes ☐ No

Did the child ever go to the time-out back up (e.g., time-out room, swoop & go) during a clinic-based PCIT session?

☐ Yes ☐ No

If yes, what did you use as the time-out back-up?

- ☐ time-out room
- ☐ swoop & go

☐ other, please specify:

If yes, for how many sessions did the child go to the time-out back-up?

If yes, what was the average amount of time that the child spent in the time-out back-up at any one time?

6. Is there anything you would like to mention about your experience with PDI Generally or the time-out procedure specifically?

7. Please include the family's Eyberg Child Behavior Inventory (ECBI) Scores below

**Before PCIT Began**

What was the pre-treatment ECBI Intensity Score?

What was the pre-treatment ECBI Problem Score?

**After Completing Some or All of PCIT**

What was the date the last ECBI was completed?

What was the last ECBI Intensity Score?

What was the last ECBI Problem Score?

Was this ECBI considered a post-treatment ECBI Score?

☐ YES

☐ NO

☐ I did not complete the ECBI with this family.

*Please explain the reasons why the ECBI was not completed*

8. What is the approximate total number of hours of PCIT services that you provided to the family: (# of hours)

9. Over how many weeks were PCIT services provided? (# of weeks)

10. Which family members participated in PCIT during the above-mentioned time frame?

Fill in circles for all that apply.

- ☐ Child/Adolescent
- ☐ Female Caregiver
- ☐ Male Caregiver
- ☐ Grandmother
- ☐ Grandfather
- ☐ Siblings

☐ Other (specify):

11. Please indicate all services that you or your agency provided while working with this client/family during the specified time frame. Fill in **all** that apply:

- |  |   |
|--|---|
| <input type="radio"/> Triple P                                 | <input type="radio"/> Outpatient individual therapy with parent |
| <input type="radio"/> BHRS or wraparound                       | <input type="radio"/> Outpatient family therapy                 |
| <input type="radio"/> School-based Counseling / Consulting     | <input type="radio"/> Medication for parent                     |
| <input type="radio"/> Therapeutic Preschool                    | <input type="radio"/> Group therapy with parent                 |
| <input type="radio"/> Group therapy with child                 | <input type="radio"/> Crisis In-Home                            |
| <input type="radio"/> Medication for child                     | <input type="radio"/> Family-based mental health services       |
| <input type="radio"/> Case Management                          | <input type="radio"/> Family-focused/Solution-based             |
| <input type="radio"/> Outpatient individual therapy with child | <input type="radio"/> Family Preservation                       |
| <input type="radio"/>  | <input type="radio"/> Other (specify):                          |

## Your Impressions about Treatment Completion

12. If applicable, why were PCIT services terminated/ended? (fill in all that apply)

- ☐ Family felt that services were no longer needed
- ☐ Problem got worse/clinical deterioration; (e.g. level/type of treatment not working)
- ☐ Disinterest/low motivation
- ☐ Non-compliance by patient and/or family during sessions
- ☐ No-shows (list frequency):
- ☐ Cancellations (list frequency):
- ☐ Family or child moved/no longer available/missing
- ☐ Major crises or family emergency, including serious illness (describe):
- ☐ Limited resources/unable to attend due to time, transportation, or money
- ☐ Do not like therapy, therapist, or other aspects of the service
- ☐ Legal problems that prevent family's participation
- ☐ Schedule conflicts
- ☐ Insurance company or policy constraints/issues
- ☐ Child removed from home during course of intervention
- ☐ Other (specify if clinician impression or parent report):

13. Indicate if the following issues have had a negative impact on the overall course and outcome of this case:

	Yes	No
a. Marital discord/conflict		
b. Family involvement in other treatment programs that interfere/compete with PCIT services		
c. Conflict with an outside family member/friend		
d. Conflict with work and family schedules/too busy		
e. Dangerous community		
f. Parent very angry or hostile		
g. Drug/alcohol problem		
h. Severity of parental mental health problems		
i. Limited parental cognitive skills		
j. Residential instability – moves, no phone, etc.		
k. Child out of the home		
l. Parent out of the home		
m. Limited child cognitive skills		
n. Having to "Childline" a family or report suspected abuse to child welfare		
o. Domestic violence		
p. Other (please specify):		

14. Rate the caretaker's (i.e., primary adult participant's) overall commitment to services (e.g., attendance, participation in sessions, follow-through on recommendations, completion of homework):

Very Low                      Moderate                      Very High

0                      0                      0                      0                      0

15. Please list up to 3 primary targets of treatment that you identified for the **child**, and rate the level of change in these areas over the course of treatment:

	Got worse	About the same	A little better	A lot better	Problem resolved	No info
(a)						
(b)						
(c)						

16. Please list up to 3 primary targets of treatment that you identified for the **parent**, and rate the level of change in these areas over the course of treatment:

	Got worse	About the same	A little better	A lot better	Problem resolved	No info
(a)						
(b)						
(c)						

17. Were other providers involved with this client/family during the time you provided services? ☐ Yes ☐ No

18. Overall, how much progress did the family make in treatment?

None ☐ Some ☐ Very Much ☐

19. Please summarize the overall disposition of the case (fill in **one** only):

- ☐ Case Closed: with no continuation of current service(s)  
☐ Case Closed: with some resources/info (e.g., provider list, info on services)  
☐ Case Closed: with recommended alternate service(s):   
☐ Case Active: continuation of existing services only  
☐ Case Active: continuation of existing services + recommended:   
☐ Uncertain of disposition as of End Date - reason:

20. Case status as of End Date: \_\_\_ / \_\_\_ / \_\_\_ -- choose one:

- ☐ Case completed at agreed upon time  
☐ Case left services prematurely, before an adequate or agreed upon time

Other (specify):

21. Indicate which, if any, of these services were recommended after discharge (fill in all that apply):

- ☐ Partial hospitalization or day treatment  
☐ Residential treatment  
☐ Inpatient hospitalization or day treatment  
☐ Support group  
☐ Community supportive services  
☐ Administrative case management (not face-to-face)  
☐ Intensive case management/resource coordination (face-to-face)  
☐ Other (specify):
- ☐ Family-based  
☐ Family-therapy  
☐ Outpatient treatment  
☐ BHRS (wraparound)



## Triple P Treatment Summary Report

**\*Note that this form is completed when a family ends treatment with Levels 4 and 5 of Triple P (including both those that complete all sessions and those who terminate services early, regardless of the reason).**

**\*This form is completed by the PROVIDER**

### Demographic information:

**County:** Please legibly print the name of the county in which the child resides.

**Agency:** Please legibly print the name of the agency for which you work.

**Session #:** Please legibly print the session number in which this form is being completed.

**Clinician name:** Please legibly print your first and last name.

**Child's name:** Please legibly print the child's last name and first initial, with one letter in each box. If the child's last name is longer than the boxes will allow, please just print as many letters as will fit.

**Child's MCI#:** Please write in the child's 9-digit state Master Client Index (MCI) number, including any leading zeros.

### Triple P Services Provided

1. **Treatment Timeline:** Please legibly print the session topic in the appropriate row and indicate the date when the session occurred (using MM/DD/YYYY; e.g., 5/15/2014). If the family did not complete a particular session, please indicate that by checking the appropriate row in the last column. If a session occurred over multiple dates, please provide all of those dates.
  - 1a. **Date of last session:** Write the date of the last session (whether this is the final session after a family completed the entire treatment or whether this is the last session a family attended), using MM/DD/YYYY.
2. **Content of last session:** Please legibly print the topic of the last session the family attended.
3. Indicate the number of **home visits** that were conducted.
4. Please indicate the family's **Eyberg Child Behavior Inventory (ECBI)** scores *before* Triple P and *after* completing (all or some) of Triple P. If you did not complete the ECBI with this family, please legibly print the reason(s) why.
5. Indicate the number of **hours** of Triple P services that you provided to the family.
6. Indicate the number of **weeks** that you provided Triple P to this family.
7. Indicate which **family members** participated in treatment by filling in all of the circles that apply. If you fill in the circle for "other", please legibly print the other family member type.

8. Indicate which **services** you or your agency provided while working with this family by filling in the circles for all that apply. If you fill in the circle for “other”, please legibly print the other service(s) provided.
9. If Triple P was **terminated early**, please indicate the reason(s) by filling in the appropriate circle(s). If you fill in the circle for “other”, please legibly print the reason and indicate whether the parent reported this reason or if this is your clinical impression. If the family completed all sessions of Triple P, this item will be left blank; however, items 10-18 should still be completed.
10. Indicate whether or not each of the listed **issues had a negative impact** on the course of Triple P and outcomes with this family by checking the appropriate column.
11. Rate the parent’s/caregiver’s overall **commitment to services** by filling in the appropriate circle.
12. Please legibly print up to three **treatment targets for the child**, and rate the level of change for each by checking the corresponding box.
13. Please legibly print up to three **treatment targets for the parent/caregiver**, and rate the level of change for each by checking the corresponding box.
14. Indicate whether or not **other service providers** were involved with this family during the course of their treatment with you.
15. Indicate the **level of progress** that the family made by filling in the appropriate circle.
16. Indicate the **disposition of the case** by filling in the appropriate circle. If you select a response with a text box, please print legibly the service or reason in the box.
17. Indicate the **end date** of the case (using MM/DD/YYYY; e.g., 5/15/2014) and fill in the appropriate circle indicating whether a family completed treatment at an agreed upon timeframe or whether the family terminated services prematurely. If you fill in the circle for “other”, please legibly print the other case disposition.
18. Indicate which **services were recommended** for the child and/or family after discharge by filling in all circles that apply. If you fill in the circle for “other”, please legibly print the other service(s) recommended.

# Child Welfare Demonstration Project Triple P Treatment Summary Report

*Abbreviated*

Please print legibly:

County: \_\_\_\_\_

Agency: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

Session #: \_\_\_\_\_

	First Name	Last Initial
Child's name	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; background-color: black;"></div>

Child's 9 digit MCI # (please include leading zeros)

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**Please summarize this family's recent service involvement and experience with you as indicated below. This information is confidential and will not be shared with the family, your agency, or other providers. The use of this form is for research purposes only. Thank you in advance for your help!**

## Log of Triple P Level 4 & 5 Services Provided

Level 4 refers to Standard Triple P (NOT level 4 group, group teen or self-directed)  
 Level 5 refers to Enhanced Triple P, Pathways Triple P, Behavioral family intervention models

**1. Treatment Timeline.** Please include the date for each of the activities/sessions mentioned below, **OR** mark if family did not complete the session.

Activity/Session for <b>Standard Triple P</b> (please write the topic covered next to the session number)	Date if family completed session Date: ____/____/____	<input checked="" type="checkbox"/> check this column if family did not complete this session
1 <sup>st</sup> Contact with the agency		
initial agency intake session(s)		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Activity/Session <b>Enhanced Triple P</b>	Date if family completed session Date: ____/____/____	<input checked="" type="checkbox"/> check this column if family did not complete this session
1 <sup>st</sup> Contact with the agency		
initial agency intake session(s)		
1 Module1: practice		
2 Module 1: practice		
3 Module 1:practice		
4 Module 2: coping		
5 Module 2: coping		
6 Module 2: coping		
7 Module 3: Partner support		
8 Module 3: Partner support		
9 Module 3: Partner support		
10 Other??		

1a. Date of last session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. What was the content of the last session that the family attended? \_\_\_\_\_

3. How many home visits were conducted?

4. Please include the Eyberg Child Behavior Inventory (ECBI) Scores below

**Before Triple P Began**

What was the pre-treatment ECBI Intensity Score?

What was the pre-treatment ECBI Problem Score?

**After Completing Some or All of Triple P**

What was the date the last ECBI was completed?

What was the last ECBI Intensity Score?

What was the last ECBI Problem Score?

Was this ECBI considered a post-treatment ECBI Score? ☐ YES ☐ NO

☐ I did not complete the ECBI with this family.

*Please explain the reasons why the ECBI was not completed*

5. What is the approximate total number of hours of Triple P services that you provided to the family: (# of hours)

6. Over how many weeks was Triple P services provided? (# of weeks)

7. Which family members participated in Triple P during the above-mentioned time frame?:

Fill in circles for all that apply.

- ☐ Child/Adolescent
- ☐ Female Caregiver
- ☐ Male Caregiver
- ☐ Grandmother
- ☐ Grandfather
- ☐ Siblings

☐ Other (specify):

8. Please indicate all services that you or your agency provided while working with this client/family during the specified time frame. Fill in **all** that apply:

- |  |   |
|--|---|
| <input type="radio"/> PCIT                                     | <input type="radio"/> Outpatient individual therapy with parent |
| <input type="radio"/> BHRS or wraparound                       | <input type="radio"/> Outpatient family therapy                 |
| <input type="radio"/> School-based Counseling/Consulting       | <input type="radio"/> Medication for parent                     |
| <input type="radio"/> Therapeutic Preschool                    | <input type="radio"/> Group therapy with parent                 |
| <input type="radio"/> Group therapy with child                 | <input type="radio"/> Crisis In-Home                            |
| <input type="radio"/> Medication for child                     | <input type="radio"/> Family-based mental health services       |
| <input type="radio"/> Case Management                          | <input type="radio"/> Family-focused/Solution-based             |
| <input type="radio"/> Outpatient individual therapy with child | <input type="radio"/> Family Preservation                       |
|  | <input type="radio"/> Other (specify):                          |

## Your Impressions about Treatment Completion

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9. If applicable, why were Triple P services terminated/ended? (fill in **all** that apply)

- ☐ Family felt that services were no longer needed
- ☐ Problem got worse/clinical deterioration; (e.g., level/type of treatment not working)
- ☐ Disinterest / low motivation
- ☐ Non-compliance by patient and/or family during sessions
- ☐ No-shows (list frequency):
- ☐ Cancellations (list frequency):
- ☐ Family or child moved/ no longer available/missing
- ☐ Major crises or family emergency, including serious illness (describe):
- ☐ Limited resources / unable to attend due to time, transportation, or money
- ☐ Do not like therapy, therapist, or other aspects of the service
- ☐ Legal problems that prevent family's participation
- ☐ Schedule conflicts
- ☐ Insurance company or policy constraints/issues
- ☐ Child removed from home during course of intervention
- ☐ Other (specify if clinician impression or parent report):

10. Indicate if the following issues have had a negative impact on the overall course and outcome of this case:

	Yes	No
a. Marital discord/conflict		
b. Family involvement in other treatment programs that interfere/compete with Triple P services		
c. Conflict with an outside family member/friend		
d. Conflict with work and family schedules/too busy		
e. Dangerous community		
f. Parent very angry or hostile		
g. Drug/alcohol problem		
h. Severity of parental mental health problems		
i. Limited parental cognitive skills		
j. Residential instability – moves, no phone, etc.		
k. Child out of the home		
l. Parent out of the home		
m. Limited child cognitive skills		
n. Having to “Childline” a family or report suspected abuse to child welfare		
o. Domestic violence		
p. Other (please specify):		

11. Rate the caretaker's (i.e., primary adult participant's) overall commitment to services (e.g., attendance, participation in sessions, follow-through on recommendations, completion of homework):

Very Low

Moderate

Very High

0

0

0

0

0

12. Please list up to 3 primary targets of treatment that you identified for the child, and rate the level of change in these areas over the course of treatment:

	Got worse	About the same	A little better	A lot better	Problem resolved	No info
(a)						
(b)						
(c)						

13. Please list up to 3 primary targets of treatment that you identified for the parent, and rate the level of change in these areas over the course of treatment:

	Got worse	About the same	A little better	A lot better	Problem resolved	No info
(a)						
(b)						
(c)						

14. Were other providers involved with this client/family during the time you provided services? ☐ Yes ☐ No

15. Overall, how much progress did the family make in treatment?

None ☐ Some ☐ Very Much ☐

16. Please summarize the overall disposition of the case (fill in one only):

- ☐ Case Closed: with no continuation of current service(s)
- ☐ Case Closed: with some resources/info (e.g., provider list, info on services)
- ☐ Case Closed: with recommended alternate service(s):
- ☐ Case Active: continuation of existing services only
- ☐ Case Active: continuation of existing services + recommended:
- ☐ Uncertain of disposition as of End Date - reason:

17. Case status as of End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ -- choose one:

- ☐ Case completed at agreed upon time
- ☐ Case left services prematurely, before an adequate or agreed upon time

Other (specify):

18. Indicate which, if any, of these services were recommended after discharge (fill in all that apply):

- ☐ Partial hospitalization or day treatment
- ☐ Residential treatment
- ☐ Inpatient hospitalization or day treatment
- ☐ Support group
- ☐ Community supportive services
- ☐ Administrative case management (not face-to-face)
- ☐ Intensive case management / resource coordination (face-to-face)
- ☐ Other (specify):
- ☐ Family-based
- ☐ Family-therapy
- ☐ Outpatient treatment
- ☐ BHRS (wraparound)

## **Appendix G**

### Facilitator Survey Tables



## Question 18-All timepoints

	All Counties	Allegheny	Philadelphia	Crawford/Dauphin /Lackawanna/ Venango
Purpose of meeting	<b>1</b> (n=206)	<b>1</b> (n=124)	<b>1</b> (n=48)	<b>1</b> (n=31)
Family's strengths	<b>2</b> (n=188)	<b>2</b> (n=118)	<b>2</b> (n=43)	<b>2</b> (n=25)
Develop specific/concrete plan	<b>3</b> (n=164)	<b>3</b> (n=110)	<b>3</b> (n=35)	<b>3</b> (n=18)
Family as experts	<b>4</b> (n=111)	<b>4</b> (n=67)	<b>5</b> (n=29)	
Meeting safe environment	<b>5</b> (n=105)		<b>4</b> (n=32)	<b>4</b> (n=16)
Identify active roles to support plan		<b>5</b> (n=58)		<b>5</b> (n=15)

	All Counties			Allegheny			Philadelphia			Crawford/Dauphin/ Lackawanna/Venango		
	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3
Purpose of meeting	<b>1</b> (n=64)	<b>1</b> (n=62)	<b>1</b> (n=80)	<b>2</b> (n=40)	<b>2</b> (n=39)	<b>1</b> (n=45)	<b>1</b> (n=13)	<b>1</b> (n=13)	<b>1</b> (n=22)	<b>1</b> (n=9)	<b>1</b> (n=9)	<b>1</b> (n=13)
Family's strengths	<b>2</b> (n=62)	<b>2</b> (n=61)	<b>2</b> (n=65)	<b>1</b> (n=41)	<b>1</b> (n=41)	<b>3</b> (n=36)	<b>1</b> (n=13)	<b>2</b> (n=11)	<b>2</b> (n=19)	<b>2</b> (n=6)	<b>1</b> (n=9)	<b>2</b> (n=10)
Develop specific/concrete plan	<b>3</b> (n=52)	<b>3</b> (n=56)	<b>3</b> (n=56)	<b>3</b> (n=35)	<b>3</b> (n=38)	<b>2</b> (n=37)	<b>1</b> (n=13)	<b>2</b> (n=11)	<b>5</b> (n=11)		<b>3</b> (n=7)	<b>3</b> (n=8)
Family as experts	<b>4</b> (n=35)	<b>4</b> (n=40)	<b>5</b> (n=36)	<b>4</b> (n=27)	<b>4</b> (n=24)			<b>2</b> (n=11)	<b>4</b> (n=13)			<b>4</b> (n=7)
Meeting safe environment	<b>5</b> (n=33)		<b>4</b> (n=42)	<b>5</b> (n=20)		<b>4</b> (n=21)	<b>2</b> (n=10)	<b>3</b> (n=7)	<b>3</b> (n=15)		<b>3</b> (n=7)	<b>5</b> (n=6)
Identify active roles to support plan		<b>5</b> (n=32)		<b>5</b> (n=20)	<b>5</b> (n=21)	<b>5</b> (n=17)					<b>2</b> (n=8)	
Review meeting Agenda							<b>3</b> (n=8)			<b>3</b> (n=4)		
Role of facilitator							<b>3</b> (n=8)	<b>2</b> (n=8)				
Identify mandated reporters										<b>3</b> (n=4)		

## Question 23-All timepoints

	All Counties	Allegheny	Philadelphia	Crawford/Dauphin/ Lackawanna/Venango
Purpose of meeting	<b>1</b> (n=182)	<b>2</b> (n=105)	<b>1</b> (n=47)	<b>1</b> (n=28)
Help family identify supportive people	<b>2</b> (n=157)	<b>3</b> (n=101)	<b>2</b> (n=29)	<b>3</b> (n=25)
Work with family to identify strengths/concerns	<b>3</b> (n=150)	<b>1</b> (n=108)	<b>5</b> (n=27)	
Explain meeting components/review agenda	<b>4</b> (n=127)	<b>5</b> (n=72)	<b>3</b> (n=28)	<b>2</b> (n=25)
Clarify concerns of reason for child welfare involvement	<b>5</b> (n=114)	<b>4</b> (n=82)		
Explain role participant will play			<b>4</b> (n=27)	<b>5</b> (n=20)
Meet with family/supports before to prepare them				<b>4</b> (n=22)

	All Counties			Allegheny			Philadelphia			Crawford/Dauphin/ Lackawanna/Venango		
	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3
Purpose of meeting	<b>1</b> (n=61)	<b>1</b> (n=57)	<b>1</b> (n=64)	<b>3</b> (n=33)	<b>2</b> (n=35)	<b>1</b> (n=37)	<b>1</b> (n=17)	<b>1</b> (n=12)	<b>1</b> (n=18)	<b>1</b> (n=10)	<b>1</b> (n=9)	<b>3</b> (n=9)
Help identify supportive people to invite	<b>2</b> (n=54)	<b>3</b> (n=49)	<b>2</b> (n=54)	<b>4</b> (n=25)	<b>3</b> (n=32)	<b>3</b> (n=32)	<b>2</b> (n=11)	<b>4</b> (n=7)	<b>5</b> (n=11)	<b>4</b> (n=5)	<b>1</b> (n=9)	<b>1</b> (n=11)
Work with participants to identify strengths/concerns	<b>3</b> (n=48)	<b>2</b> (n=53)	<b>3</b> (n=49)	<b>2</b> (n=36)	<b>1</b> (n=39)	<b>2</b> (n=33)		<b>3</b> (n=8)	<b>4</b> (n=11)		<b>4</b> (n=5)	
Explain role participant will play	<b>4</b> (n=42)		<b>4</b> (n=39)	<b>4</b> (n=27)			<b>4</b> (n=9)		<b>3</b> (n=12)	<b>2</b> (n=8)	<b>5</b> (n=5)	<b>4</b> (n=7)
Clarify concerns on child welfare involvement	<b>5</b> (n=38)	<b>5</b> (n=38)	<b>5</b> (n=38)	<b>5</b> (n=25)	<b>4</b> (n=29)	<b>4</b> (n=28)	<b>3</b> (n=10)	<b>5</b> (n=7)			<b>3</b> (n=7)	
Explain meeting components/review agenda		<b>4</b> (n=44)	<b>3</b> (n=49)		<b>5</b> (n=26)	<b>5</b> (n=26)		<b>2</b> (n=9)	<b>2</b> (n=13)	<b>3</b> (n=7)	<b>2</b> (n=8)	<b>2</b> (n=10)
Explain other’s roles in meeting							<b>5</b> (n=9)					
Meet with family/supports to prepare them										<b>2</b> (n=8)	<b>3</b> (n=7)	
Pledge to ensure emotional/physical safety										<b>5</b> (n=5)		<b>5</b> (n=5)

## Question 24-All timepoints

	All Counties	Allegheny	Philadelphia	Crawford/Dauphin/ Lackawanna/Venango
Identify potential resources for the family	<b>1</b> (n=181)	<b>1</b> (n=113)	<b>4</b> (n=36)	<b>1</b> (n=31)
Explain purpose	<b>2</b> (n=165)	<b>2</b> (n=102)	<b>2</b> (n=37)	<b>3</b> (n=24)
Explain role of participant	<b>3</b> (n=164)	<b>3</b> (n=101)	<b>3</b> (n=36)	<b>2</b> (n=26)
Encourage to bring documents	<b>4</b> (n=140)	<b>5</b> (n=88)	<b>1</b> (n=40)	
Work with participants to identify strengths/concerns	<b>5</b> (n=138)	<b>4</b> (n=90)		<b>2</b> (n=24)
Explain meeting components/review agenda			<b>5</b> (n=25)	<b>5</b> (n=22)

	All Counties			Allegheny			Philadelphia			Crawford/Dauphin/ Lackawanna/Venango		
	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3
Identify resources for the family	<b>1</b> (n=60)	<b>1</b> (n=56)	<b>1</b> (n=65)	<b>2</b> (n=37)	<b>2</b> (n=36)	<b>1</b> (n=40)	<b>3</b> (n=12)	<b>1</b> (n=10)	<b>2</b> (n=14)	<b>1</b> (n=10)	<b>1</b> (n=10)	<b>1</b> (n=11)
Explain purpose	<b>3</b> (n=58)	<b>3</b> (n=50)	<b>2</b> (n=57)	<b>3</b> (n=34)	<b>3</b> (n=33)	<b>2</b> (n=35)	<b>2</b> (n=14)	<b>1</b> (n=10)	<b>3</b> (n=13)	<b>2</b> (n=9)	<b>4</b> (n=6)	<b>2</b> (n=9)
Explain role participant will play	<b>2</b> (n=59)	<b>2</b> (n=53)	<b>3</b> (n=52)	<b>1</b> (n=38)	<b>1</b> (n=37)		<b>2</b> (n=14)	<b>3</b> (n=7)	<b>1</b> (n=15)	<b>4</b> (n=7)	<b>2</b> (n=8)	<b>1</b> (n=11)
Encourage to bring documents	<b>5</b> (n=43)	<b>4</b> (n=45)	<b>3</b> (n=52)		<b>4</b> (n=30)	<b>3</b> (n=34)	<b>1</b> (n=15)	<b>1</b> (n=10)	<b>1</b> (n=15)			
Work with professionals to identify strengths/concerns	<b>4</b> (n=46)	<b>4</b> (n=45)	<b>5</b> (n=47)	<b>4</b> (n=29)	<b>5</b> (n=29)	<b>4</b> (n=32)	<b>5</b> (n=8)	<b>2</b> (n=8)		<b>3</b> (n=8)	<b>2</b> (n=8)	<b>3</b> (n=8)
Explain meeting components/review agenda		<b>5</b> (n=37)	<b>4</b> (n=50)	<b>5</b> (n=27)		<b>5</b> (n=29)	<b>4</b> (n=9)	<b>4</b> (n=6)	<b>4</b> (n=10)	<b>5</b> (n=5)	<b>4</b> (n=6)	<b>1</b> (n=11)
Explain other’s roles in meeting								<b>4</b> (n=6)	<b>5</b> (n=9)	<b>5</b> (n=5)		
Meet with professionals to prepare them										<b>3</b> (n=8)	<b>3</b> (n=7)	<b>4</b> (n=6)

## **Appendix H**

SPANS Flash Report



## SPANS-CANS & SPANS-FAST

In this Flash Report (FR), we are focusing on the SPANS-CANS, using data collected from January 20<sup>th</sup>, 2015 through April 7<sup>th</sup>, 2016 and the SPANS-FAST using data collected between November 18<sup>th</sup> 2015 and June 8<sup>th</sup> 2016. Because this is a “brief” report, we are not going over the CANS or FAST items, so please refer to your CANS and FAST manuals for item descriptions.

The purpose of the FR is to generate some discussion (please find some discussion questions on the last page). We don’t have the answers — our role is to present information to begin the discussion. **The goal of this FR is to help us understand the way in which these assessments are being used to inform Family Service Plans. Due to the small numbers of SPANS assessments, the analysis is by group rather than any individual county.**

### *The Service Process Adherence to Needs and Strengths (SPANS)*

The SPANS is a companion measure to the CANS and the FAST; it measures the degree to which the needs and strengths identified by the CANS and/or FAST are addressed in the Family Service Plan. The SPANS-CANS and the SPANS-FAST are completed by the evaluation team. Two evaluators independently review the records and determine through consensus how well the assessments are informing the plans. The SPANS manual for the SPAN-FAST and the SPANS-CANS can be obtained by contacting Justin Donofrio at [JDD63@pitt.edu](mailto:JDD63@pitt.edu). The steps in completing the SPANS are as follows:



## How to Score the SPANS:

### The steps in completing the SPANS are as follows:

- Each county is asked to randomly select a specific number of cases for each of the following categories: New CANS; Ongoing CANS; New FAST; Ongoing FAST. The county grants access to the record for each case identified.
- Two independent evaluators use the SPANS-CANS or the SPANS-FAST to assess the degree to which there is correspondence between actionable scores on the CANS or FAST and what is in the service plans and documentation in the record.
- CANS/FASTS scores are transferred to the SPANS scoresheet, but only the **actionable items** are scored on the SPANS (2's and 3's for needs; 0's and 1's for strengths) after record review.
- Each evaluator reviews plans and service documentation to examine how service and supports were used to address needs and build on strengths;
- Each evaluator rates the degree to which needs were met and strengths utilized.
  - 0 = the need/strength is mostly/consistently addressed in the FSP**
  - 1 = the need/strength is partially/inconsistently addressed in the FSP**
  - 2 = the need/strength is not addressed/absent from the FSP**
- After raters independently establish their scores, a consensus is reached as they collaborate on a final set of SPANS scores for each case. Scores are then entered into an access database.

## SPANS-CANS

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**SPANS - CANS completed by the evaluation team: January 20th, 2015 through April 7<sup>th</sup>, 2016**

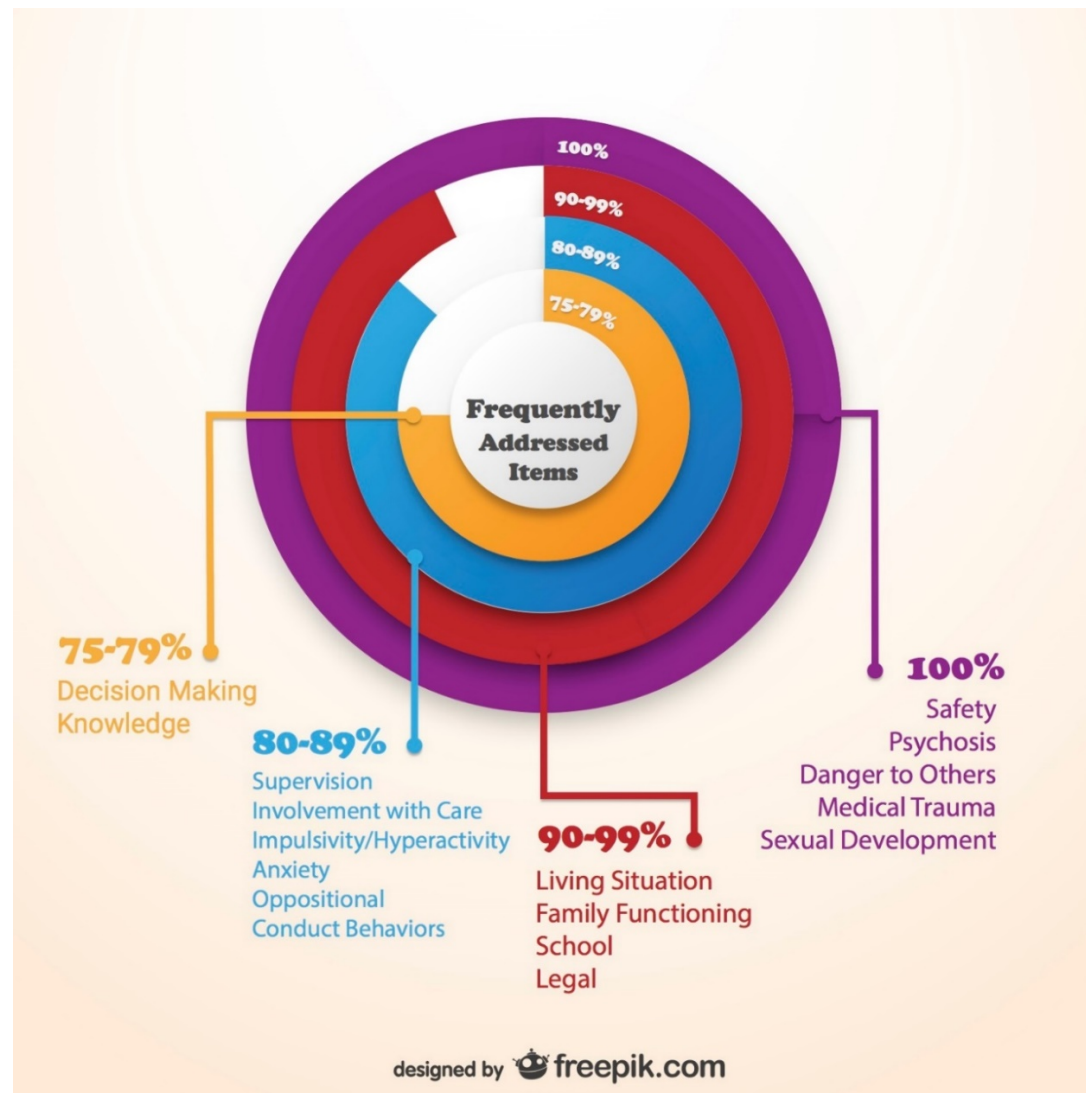
County	53 Completed
Allegheny	20 (38%)
Crawford	4 (8%)
Dauphin	3 (6%)
Lackawanna	5 (9%)
Philadelphia	13 (25%)
Venango	8 (15%)

## **Notes on SPANS-CANS Data Analysis and Interpretation** (Illustration appears on page 5)

**Research Question:** When items are rated **actionable in the CANS** how likely are they to appear in the **Family Service Plan**?

- Using SPANS-CANS results we looked at the CANS domains and then percentage of “actionable” items within that domain.
- Attachment A Shows Actionable Items on the CANS and how often they made it into the Family Service Plan.
- We established a benchmark of 75%, based on the distribution of scores (attachment A) and the assumption that needs and strengths should reasonably be seen 75% of the time in the plan. The figure on the **page 5** highlights which potential actionable items were seen in the plans.
- Actionable items that made it into the plan involved the living situation, how the family functions, school and legal, safety, as well as parents supervision and involvement. In terms of the emotional and behavioral health needs of the child, externalizing and acting out disorders were a focus of the plan.
- In terms of youth strengths, none of the items in that domain met the benchmark. If a strength was identified, it was likely to be a focus of the plan less than half of the time.
- The text box on the right summarizes actionable items **less likely** to appear in the plans.

Actionable items on CANS  
Most likely to appear in FSP



Actionable items on CANS  
Less Likely to appear in FSP

**Actionable Items in CANS less likely to appear in the FSP (see attachment A)—**

**Within Life Functioning:** Intellectual Developmental; Physical/Medical; Sleep; Social Functioning; School Behavior; School Achievement; School Attendance

**Within Caregiver Strengths and Needs:** Social Resources; Organization; Residential Stability

**Within Youth Behavioral/ Emotional Needs:** Anger Control; Substance Abuse; Depression; Adjustment to Trauma; Attachment

**Within Youth Risk Behaviors/Factors:** Exploited, Runaway; Suicide Risk; Sanction Seeking Behavior; Sexual Aggression

**Within Transition Age:** Job functioning; Independent living; Peer Social Experience

**Within Trauma Experiences:** Physical Abuse; Sexual Abuse; Witness/Victim Criminal Acts; Neglect; Emotional Abuse; Disruption in Caregiving; Witness to Family Violence

**Within Youth Strengths:** Spiritual Religious; Vocational; Community Connection; Interpersonal Skills; Interests; Relationship Permanence; Family

# SPANS-FAST

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**SPANS-FAST completed by the evaluation team between November 18<sup>th</sup> 2015 and June 8<sup>th</sup> 2016**

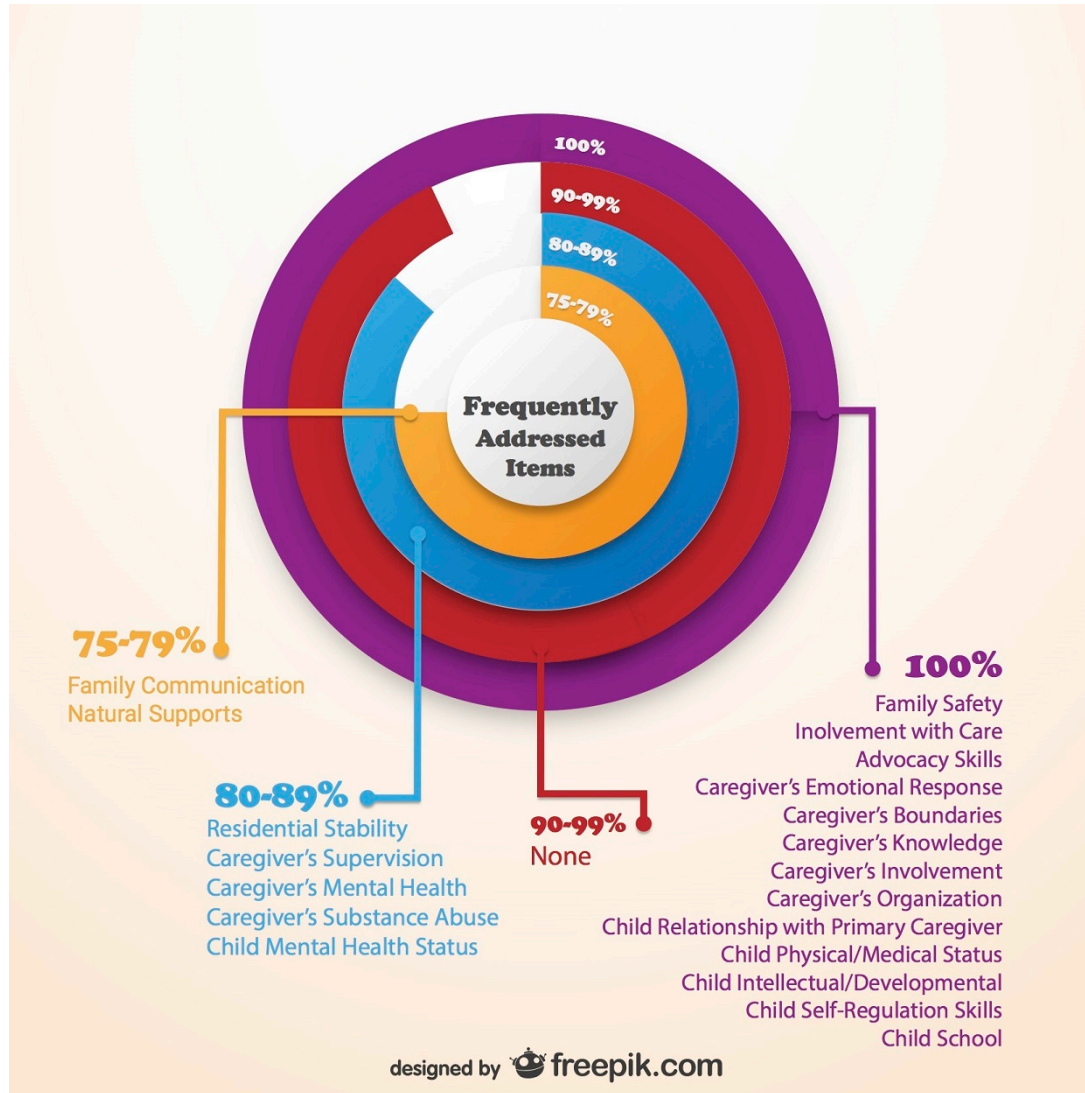
County	25 Completed
Allegheny	10 40%
Crawford	2 12%
Dauphin	0 0%
Lackawanna	0 0%
Philadelphia	6 24%
Venango	6 24%

## **Notes on SPANS-FAST Data Analysis and Interpretation** (Illustration appears on page 8)

**Research Question:** When items are rated **actionable in the FAST** how likely are they to appear in the **treatment plan**?

- The analysis for the SPANS- FAST includes the Family Together, Caregiver A and Child A.
- Attachment B Shows Actionable Items on the FAST and how often they made it into the Family Service Plan.
- Similar to the analysis of the SPANS-CANS, we used a benchmark of 75%.
- The figure on page 8 highlights the potential actionable items that were found in the plan. In reading this Figure, you can see that many of the FAST items, particularly those addressing caregiver needs are found in the plans.
- Actionable items **less likely** to be addressed in the plan are shown in the text box to the right. They include extended family relations, managing conflict and parent and child relationships.

Actionable items on FAST  
Most likely to appear in FSP



Actionable items on FAST  
Less Likely to appear in FSP

**Actionable Items in FAST less likely to appear in the FSP (see attachment B)**

**Within Family Together:** Extended Family Relations;  
Financial Resources; Parental/Caregiver collaboration;  
Family Conflict

**Within Caregiver A Status:** Caregivers Posttraumatic  
Reactions; Caregiver's Partner Relations

**Within Child A Status:** Relationship with bio Mother;  
Relationship with Bio Father; Social Functioning

# Let's talk

**These numbers are small, so we should NOT rush to any conclusions**

**What are your thoughts?**

- How have plans changed as a result of using the CANS/FAST, in conjunction with the Safety & Risk Assessment?
- Is your county challenged to incorporate factors from each of these assessments?
- If we were to dig deeper into these data, what other questions should we be asking?
- What are your thoughts on building on identified strengths in the CANS?



## SPANS- CANS

Domain/Item	Total Actionable Items (n)	Focus of Plan?
<b>Life Functioning</b>		
Family Functioning	20	95% (19/20)
Living Situation	19	90% (17/19)
School	17	94% (16/17)
School Behavior	11	55% (6/11)
School Achievement	11	64% (7/11)
School Attendance	10	70% (7/10)
Social Functioning	14	43% (6/14)
Intellectual/Developmental	3	33% (1/3)
Decision Making	18	78% (14/18)
Legal	10	90% (9/10)
Physical/Medical	3	33% (1/3)
Sleep	5	40% (2/5)
Sexual Development	2	100% (2/2)
<b>Caregiver Strengths and Needs</b>		
Supervision	15	87% (13/15)
Involvement with Care	6	83% (5/6)
Knowledge	4	75% (3/4)
Organization	6	67% (4/6)
Social Resources	5	40% (2/5)
Residential Stability	6	67% (4/6)
Intellectual/Developmental	1	0%
Safety	1	100% (1/1)
<b>Youth emotional and behavioral needs</b>		
Psychosis	3	100% (3/3)
Impulsivity/Hyperactivity	10	80% (8/10)
Depression	9	67% (6/9)
Anxiety	10	80% (8/10)
Oppositional	16	88% (14/16)
Conduct Behaviors	9	89% (8/9)
Adjustment to Trauma	12	67% (8/12)
Anger Control	11	46% (5/11)
Substance Use	5	60% (3/5)
Attachment	3	67% (2/3)
<b>Youth Risk behaviors</b>		
Suicide Risk	2	50% (1/2)
Self-Injurious Behavior	1	0%
Other Self-Harm	2	0%
Danger to Others	3	100% (3/3)
Runaway	12	42% (5/12)
Fire Setting	0	

## SPANS- CANS

Intentional Misbehavior/Sanction Seeking Behavior	8	63% (5/8)
Sexual Aggression	3	67% (2/3)
Exploited	4	25% (1/4)
Transition		
Independent Living	9	33% (3/9)
Job Functioning	1	0%
Peer/Social Experience	9	56% (5/9)
Caregiving Role	0	
Trauma		
Sexual Abuse	6	17% (1/6)
Physical Abuse	8	13% (1/8)
Emotional Abuse	4	25% (1/4)
Medical Trauma	1	100% (1/1)
Natural/Man-Made Disaster	0	
Witness to Family Violence	6	50% (3/6)
Witness/Victim Criminal Acts	6	17% (1/6)
Neglect	5	20% (1/5)
Disruption in Caregiving	10	40% (4/10)
System Induced Trauma	0	

### Youth Strengths:

Item	Total Actionable Items (n)	Focus of Plan?
Family	44	52% (23/44)
Interpersonal Skills	41	15% (6/41)
Educational	39	31% (12/39)
Vocational	17	0%
Talent/Interests	38	29% (11/38)
Spiritual/Religious	25	0%
Community Connection	23	4% (1/23)
Relationship Permanence	36	50% (18/36)

## SPANS - FAST

### Family Together

Item	Total Actionable Items	Focus of plan?
Parental/Caregiver Collaboration	7	57% (4/7)
Relations Among Siblings	2	0%
Extended Family Relations	6	33% (2/6)
Family Conflict	7	57% (4/7)
Family Communication	4	75% (3/4)
Family Safety	4	100% (4/4)
Financial Resources	6	50% (3/3)
Residential Stability	5	80% (4/5)
Natural Supports	4	75% (3/4)
Involvement with Care	2	100% (2/2)
Advocacy Skills	2	100% (2/2)

### Caregiver A Status

Item	Total Actionable Items	Focus of plan?
Caregiver's Emotional Response	5	100% (5/5)
Caregiver's Boundaries	2	100% (2/2)
Caregiver's Involvement	1	100% (1/1)
Caregiver's Supervision	6	83% (5/6)
Caregiver's Partner Relations	3	67% (2/3)
Caregiver's Vocational Functioning	4	0%
Caregivers' Mental Health	7	86% (6/7)
Caregiver's Substance Abuse	7	86% (6/7)
Caregiver's Knowledge	3	100% (3/3)
Caregiver's Organization	1	100% (1/1)
Caregiver's Social Resources	1	0%
Caregiver's Intellectual/Developmental	0	
Caregiver's Posttraumatic Reactions	4	25% (1/4)

## SPANS - FAST

### Child A Status

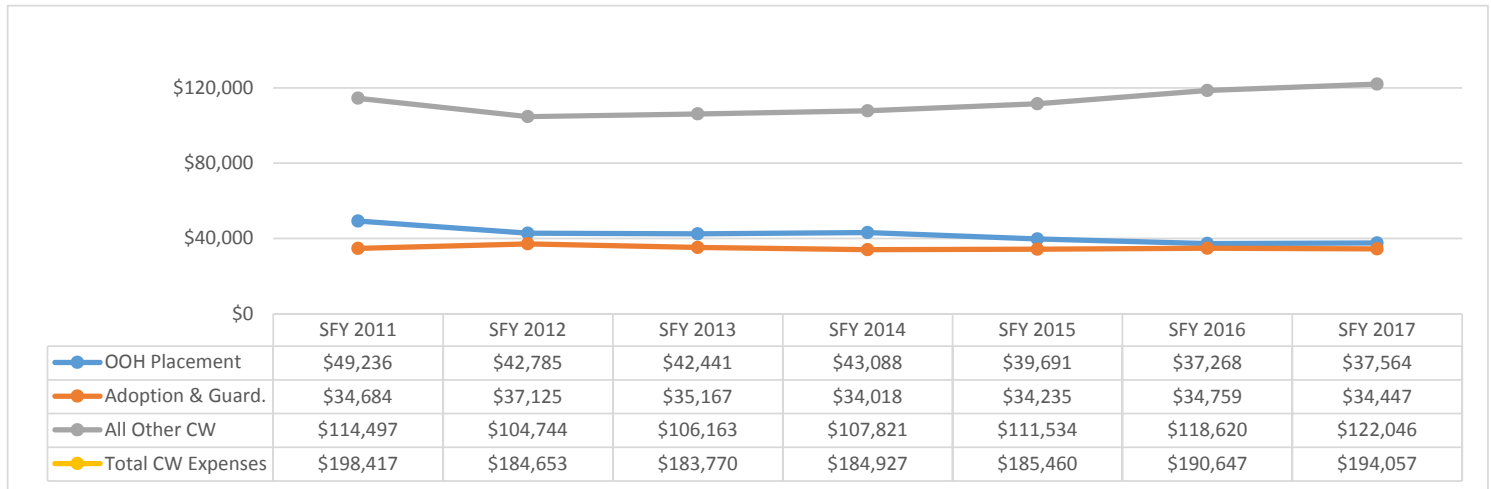
Item	Total Actionable Items	Focus of plan?
Relationship with Bio Mother	3	33% (1/3)
Relationship with Bio Father	7	57% (4/7)
Relationship with Primary Caregiver	2	100% (2/2)
Relationship with Other Family Adults	0	
Relationship with Siblings	1	0%
Physical/Medical Status	1	100% (1/1)
Mental Health Status	6	83% (5/6)
Intellectual/Developmental	1	100% (1/1)
Self-Regulation Skills	2	100% (2/2)
Social Functioning	3	67% (2/3)
School	3	100% (3/3)
Social-Emotional	0	
Sensory	0	
Atypical Behaviors	0	
Attachment	0	

## **Appendix I**

### County Fiscal Profiles

All dollar amounts adjusted for inflation

## Expenditures by Major Category and Fiscal Year - in Thousands



## All Other Child Welfare Expenditures

## Allegheny - All Other Child Welfare Expenditures by SFY in Thousands

	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Direct - Administration	\$6,164	\$4,933	\$5,241	\$6,011	\$8,004	\$9,470	\$9,124
Direct - In Home Services	\$44,515	\$37,333	\$39,390	\$39,678	\$40,784	\$45,375	\$46,070
Direct - Out of Home Dependent	\$8,785	\$8,027	\$7,296	\$6,575	\$5,519	\$5,769	\$7,083
Purchased - In Home	\$36,103	\$29,316	\$34,350	\$34,894	\$35,318	\$40,740	\$41,765
Special & Block Grants	\$18,931	\$25,135	\$19,885	\$20,663	\$21,909	\$17,265	\$18,003
Total All Other CW Expenditures	\$114,497	\$104,744	\$106,163	\$107,821	\$111,534	\$118,620	\$122,046

## Annual Change

	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
Direct - Administration	(20%)	6%	15%	33%	18%	(4%)	74%
Direct - In Home Services	(16%)	6%	1%	3%	11%	2%	17%
Direct - Out of Home Dependent	(9%)	(9%)	(10%)	(16%)	5%	23%	(3%)
Purchased - In Home	(19%)	17%	2%	1%	15%	3%	22%
Special & Block Grants	33%	(21%)	4%	6%	(21%)	4%	(9%)
Total All Other CW Expenditures	(9%)	1%	2%	3%	6%	3%	15%

## FC Board and Maintenance Expenditures

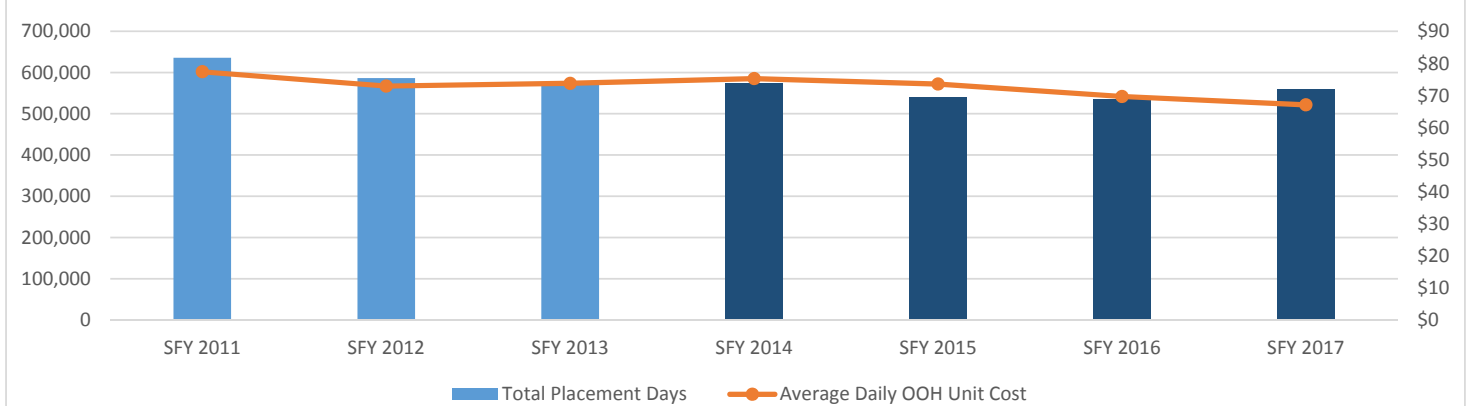
	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
OOH Placement Expenditures	\$49,236	\$42,785	\$42,441	\$43,088	\$39,691	\$37,268	\$37,564	(11%)

*in thousands*

Placement Days by Type	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
PKC	306,807	278,570	287,951	293,364	275,053	287,548	310,784	8%
PFC	202,745	187,441	162,116	152,731	144,510	145,563	149,878	(8%)
PCC	93,917	94,194	96,215	92,088	82,046	58,393	49,308	(49%)
POT	17,580	19,108	18,786	19,046	19,777	21,380	21,026	12%
PUK	15,072	7,315	10,277	15,349	18,209	21,868	29,030	182%
<b>Total Placement Days</b>	<b>636,121</b>	<b>586,628</b>	<b>575,345</b>	<b>572,578</b>	<b>539,595</b>	<b>534,752</b>	<b>560,026</b>	<b>(3%)</b>

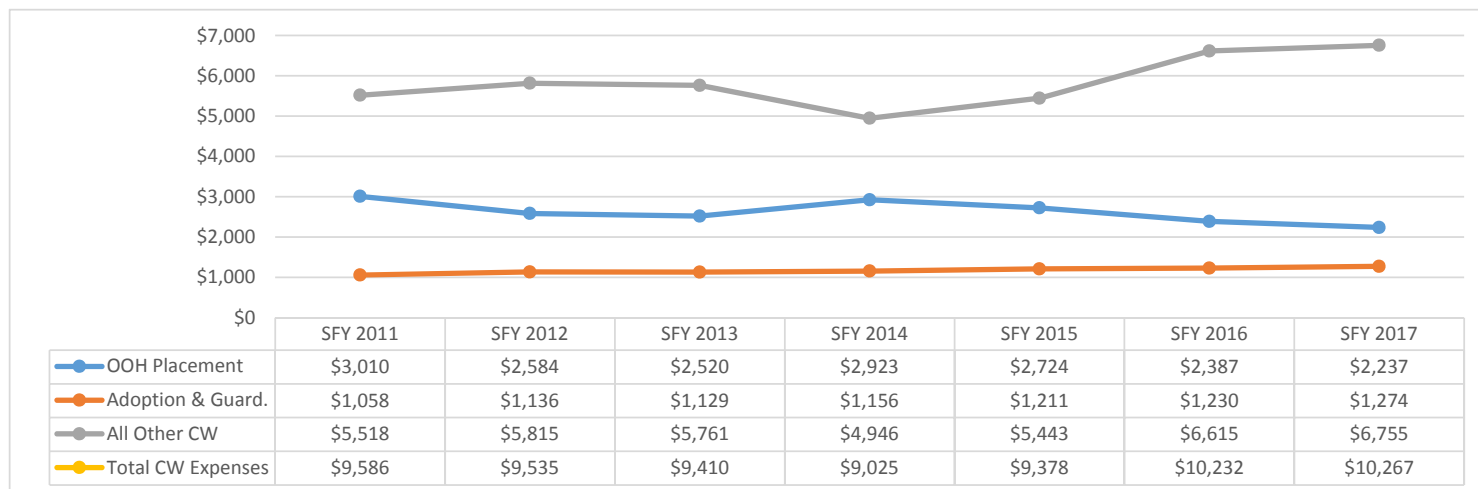
<b>Average Daily OOH Unit Cost</b>	<b>\$77.40</b>	<b>\$72.93</b>	<b>\$73.77</b>	<b>\$75.25</b>	<b>\$73.56</b>	<b>\$69.69</b>	<b>\$67.07</b>	<b>(9%)</b>
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Total Annual OOH Placement Days &amp; Average Daily OOH Unit Cost



All dollar amounts adjusted for inflation

## Expenditures by Major Category and Fiscal Year - in Thousands



## All Other Child Welfare Expenditures

## Crawford - All Other Child Welfare Expenditures by SFY in Thousands

	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Direct - Administration	\$928	\$770	\$1,202	\$741	\$744	\$845	\$987
Direct - In Home Services	\$1,979	\$2,408	\$2,334	\$2,383	\$2,221	\$2,663	\$2,862
Direct - Out of Home Dependent	\$910	\$939	\$613	\$741	\$811	\$673	\$543
Purchased - In Home	\$891	\$608	\$682	\$720	\$873	\$905	\$859
Special & Block Grants	\$810	\$1,090	\$929	\$361	\$795	\$1,529	\$1,504
Total All Other CW Expenditures	\$5,518	\$5,815	\$5,761	\$4,946	\$5,443	\$6,615	\$6,755

## Annual Change

	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
Direct - Administration	(17%)	56%	(38%)	0%	13%	17%	33%
Direct - In Home Services	22%	(3%)	2%	(7%)	20%	7%	20%
Direct - Out of Home Dependent	3%	(35%)	21%	9%	(17%)	(19%)	(27%)
Purchased - In Home	(32%)	12%	6%	21%	4%	(5%)	19%
Special & Block Grants	35%	(15%)	(61%)	120%	92%	(2%)	317%
Total All Other CW Expenditures	5%	(1%)	(14%)	10%	22%	2%	37%



## FC Board and Maintenance Expenditures

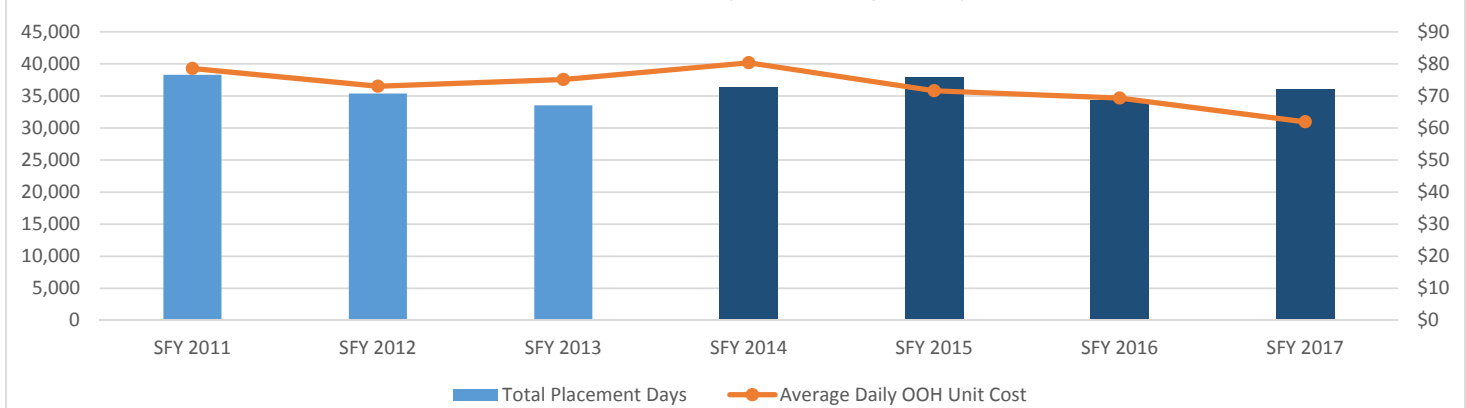
	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
OOH Placement Expenditures	\$3,010	\$2,584	\$2,520	\$2,923	\$2,724	\$2,387	\$2,237	(23%)

*in thousands*

Placement Days by Type	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
PFC	20,374	19,206	17,532	17,674	19,312	22,081	18,827	7%
PCC	9,983	8,629	9,250	12,162	10,365	8,262	8,056	(34%)
PKC	7,634	7,235	6,442	6,272	7,727	4,085	9,195	47%
POT	327	329	319	269	628	0	50	(81%)
<b>Total Placement Days</b>	<b>38,318</b>	<b>35,399</b>	<b>33,543</b>	<b>36,377</b>	<b>38,032</b>	<b>34,428</b>	<b>36,128</b>	<b>(1%)</b>

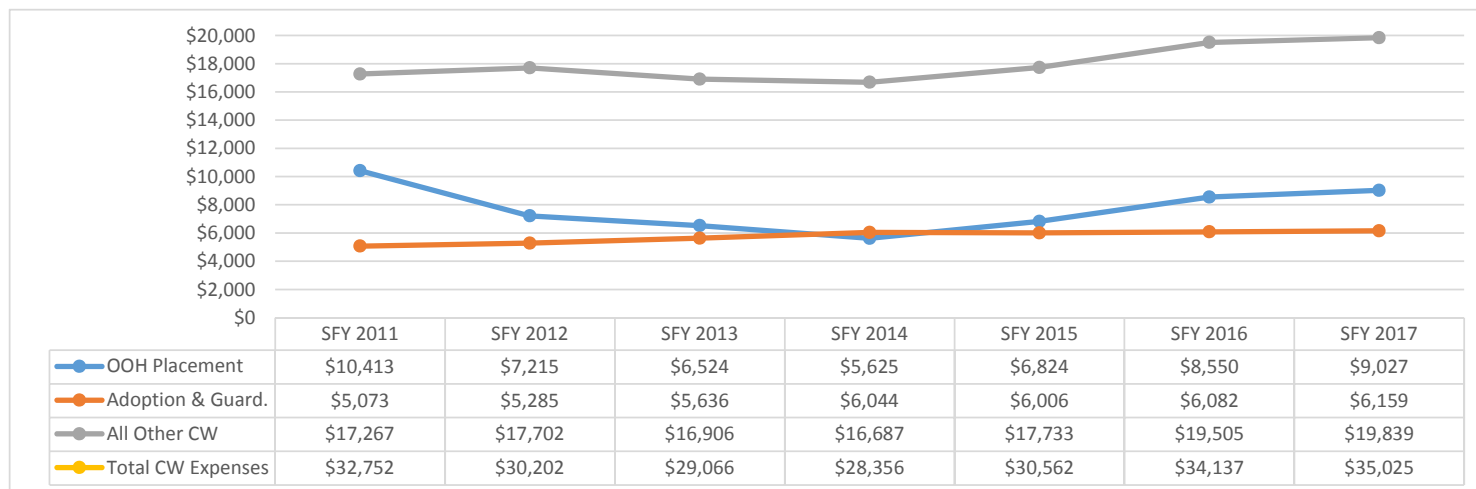
<b>Average Daily OOH Unit Cost</b>	<b>\$78.55</b>	<b>\$73.01</b>	<b>\$75.12</b>	<b>\$80.35</b>	<b>\$71.63</b>	<b>\$69.34</b>	<b>\$61.92</b>	<b>(23%)</b>
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Total Annual OOH Placement Days &amp; Average Daily OOH Unit Cost



All dollar amounts adjusted for inflation

## Expenditures by Major Category and Fiscal Year - in Thousands



## All Other Child Welfare Expenditures

## Dauphin - All Other Child Welfare Expenditures by SFY in Thousands

	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Direct - Administration	\$1,742	\$1,905	\$1,433	\$1,647	\$1,809	\$1,782	\$2,192
Direct - In Home Services	\$5,714	\$5,924	\$5,740	\$6,146	\$5,770	\$7,414	\$7,343
Direct - Out of Home Dependent	\$4,245	\$3,929	\$3,905	\$3,697	\$3,989	\$3,574	\$3,480
Purchased - In Home	\$2,083	\$1,894	\$2,424	\$2,535	\$2,604	\$2,880	\$3,029
Special & Block Grants	\$3,483	\$4,050	\$3,404	\$2,662	\$3,560	\$3,855	\$3,796
Total All Other CW Expenditures	\$17,267	\$17,702	\$16,906	\$16,687	\$17,733	\$19,505	\$19,839

## Annual Change

	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
Direct - Administration	9%	(25%)	15%	10%	(1%)	23%	53%
Direct - In Home Services	4%	(3%)	7%	(6%)	28%	(1%)	28%
Direct - Out of Home Dependent	(7%)	(1%)	(5%)	8%	(10%)	(3%)	(11%)
Purchased - In Home	(9%)	28%	5%	3%	11%	5%	25%
Special & Block Grants	16%	(16%)	(22%)	34%	8%	(2%)	12%
Total All Other CW Expenditures	3%	(4%)	(1%)	6%	10%	2%	17%

## FC Board and Maintenance Expenditures

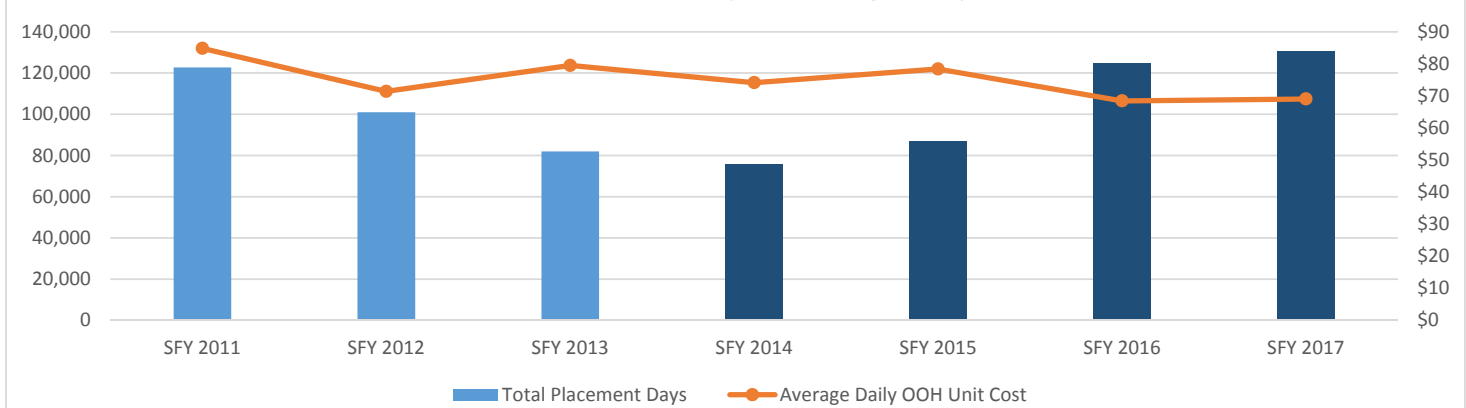
	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
OOH Placement Expenditures	\$10,413	\$7,215	\$6,524	\$5,625	\$6,824	\$8,550	\$9,027	38%

*in thousands*

Placement Days by Type	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
PFC	80,787	67,083	53,035	38,998	47,412	70,382	77,163	45%
PKC	21,419	19,486	17,305	22,082	25,184	36,520	34,948	102%
PCC	20,531	14,424	11,689	14,478	13,598	17,278	17,821	52%
POT	0	0	6	313	823	714	794	
<b>Total Placement Days</b>	<b>122,737</b>	<b>100,993</b>	<b>82,035</b>	<b>75,871</b>	<b>87,017</b>	<b>124,894</b>	<b>130,726</b>	<b>59%</b>

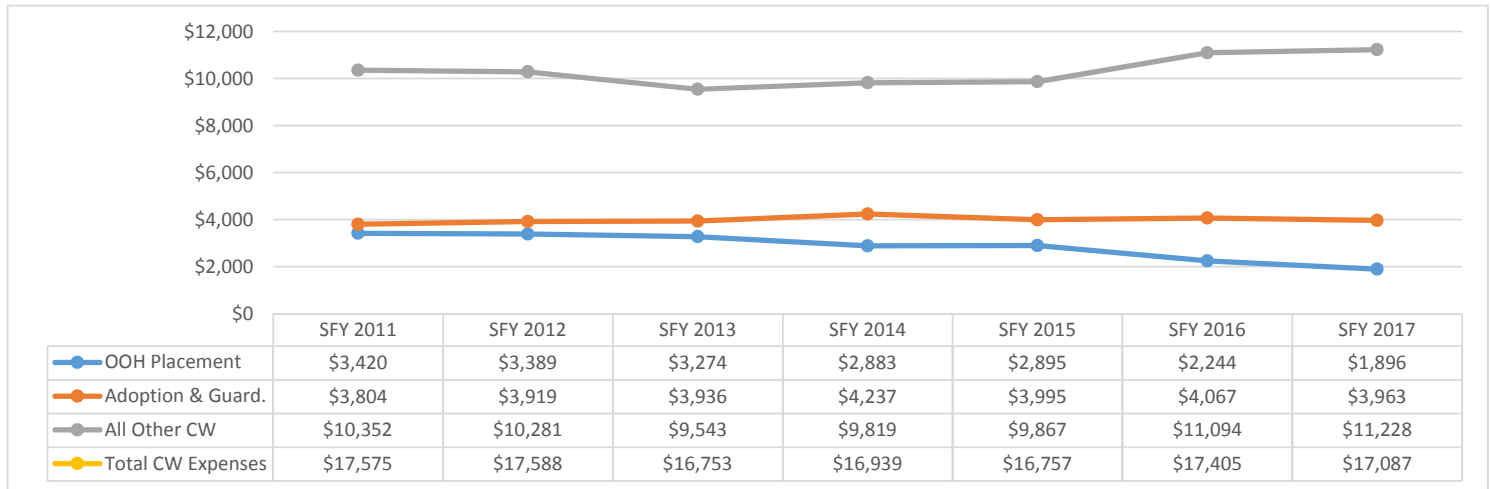
<b>Average Daily OOH Unit Cost</b>	<b>\$84.84</b>	<b>\$71.44</b>	<b>\$79.52</b>	<b>\$74.14</b>	<b>\$78.42</b>	<b>\$68.46</b>	<b>\$69.05</b>	<b>(13%)</b>
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Total Annual OOH Placement Days &amp; Average Daily OOH Unit Cost



All dollar amounts adjusted for inflation

## Expenditures by Major Category and Fiscal Year - in Thousands



## All Other Child Welfare Expenditures

## Lackawanna - All Other Child Welfare Expenditures by SFY in Thousands

	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Direct - Administration	\$1,063	\$994	\$939	\$1,011	\$794	\$903	\$877
Direct - In Home Services	\$6,297	\$6,108	\$5,698	\$5,721	\$5,530	\$5,939	\$6,670
Direct - Out of Home Dependent	\$1,034	\$995	\$918	\$864	\$1,322	\$1,413	\$1,343
Purchased - In Home	\$1,273	\$1,208	\$1,038	\$725	\$775	\$1,032	\$937
Special & Block Grants	\$685	\$976	\$949	\$1,499	\$1,445	\$1,805	\$1,402
Total All Other CW Expenditures	\$10,352	\$10,281	\$9,543	\$9,819	\$9,867	\$11,094	\$11,228

## Annual Change

	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
Direct - Administration	(6%)	(6%)	8%	(21%)	14%	(3%)	(7%)
Direct - In Home Services	(3%)	(7%)	0%	(3%)	7%	12%	17%
Direct - Out of Home Dependent	(4%)	(8%)	(6%)	53%	7%	(5%)	46%
Purchased - In Home	(5%)	(14%)	(30%)	7%	33%	(9%)	(10%)
Special & Block Grants	42%	(3%)	58%	(4%)	25%	(22%)	48%
Total All Other CW Expenditures	(1%)	(7%)	3%	0%	12%	1%	18%

## FC Board and Maintenance Expenditures

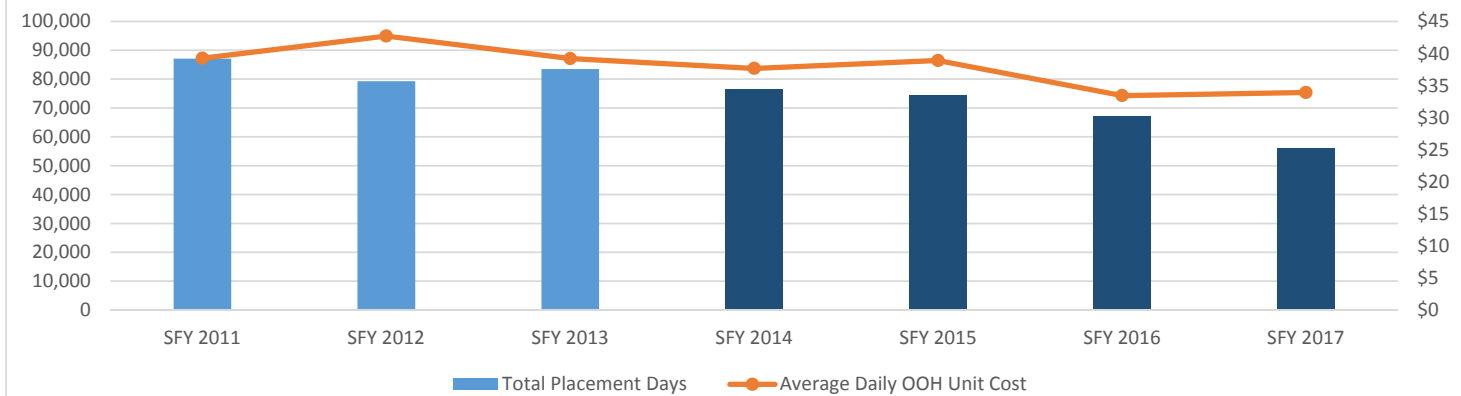
	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
OOH Placement Expenditures	\$3,420	\$3,389	\$3,274	\$2,883	\$2,895	\$2,244	\$1,896	(42%)

*in thousands*

Placement Days by Type	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
PFC	50,805	51,845	55,298	46,322	41,007	31,956	26,614	(52%)
PKC	30,635	24,048	24,969	26,709	30,439	31,225	24,753	(1%)
PCC	5,667	3,342	2,683	2,876	2,200	2,263	2,010	(25%)
PUK	0	59	300	366	728	1,679	2,453	718%
POT	0	28	266	262	54	0	60	(77%)
<b>Total Placement Days</b>	<b>87,107</b>	<b>79,322</b>	<b>83,516</b>	<b>76,535</b>	<b>74,428</b>	<b>67,123</b>	<b>55,890</b>	<b>(33%)</b>

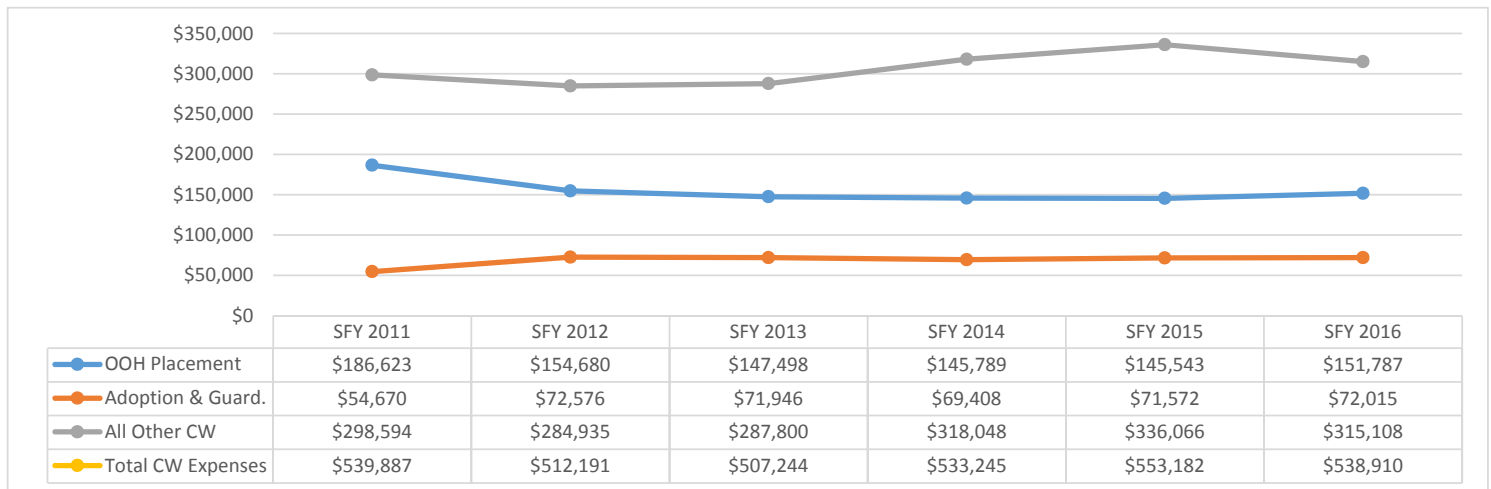
<b>Average Daily OOH Unit Cost</b>	<b>\$39.26</b>	<b>\$42.72</b>	<b>\$39.20</b>	<b>\$37.67</b>	<b>\$38.90</b>	<b>\$33.44</b>	<b>\$33.92</b>	<b>(13%)</b>
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Total Annual OOH Placement Days &amp; Average Daily OOH Unit Cost



All dollar amounts adjusted for inflation

## Expenditures by Major Category and Fiscal Year - in Thousands



## All Other Child Welfare Expenditures

## Philadelphia - All Other Child Welfare Expenditures by SFY in Thousands

	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Direct - Administration	\$58,756	\$53,969	\$54,698	\$76,810	\$92,450	\$81,991	
Direct - In Home Services	\$56,114	\$52,266	\$54,562	\$58,855	\$89,715	\$107,416	
Direct - Out of Home Dependent	\$41,290	\$38,919	\$39,625	\$40,812	\$26,574	\$14,922	
Purchased - In Home	\$0	\$0	\$0	\$0	\$0	\$0	
Special & Block Grants	\$126,302	\$125,550	\$125,903	\$126,384	\$114,344	\$100,623	
Total All Other CW Expenditures	\$282,462	\$270,705	\$274,788	\$302,860	\$323,083	\$304,951	

## Annual Change

	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
Direct - Administration	(8%)	1%	40%	20%	(11%)		50%
Direct - In Home Services	(7%)	4%	8%	52%	20%		97%
Direct - Out of Home Dependent	(6%)	2%	3%	(35%)	(44%)		(62%)
Purchased - In Home	#DIV/0!	#DIV/0!	(100%)	#DIV/0!	#DIV/0!		(100%)
Special & Block Grants	(1%)	0%	0%	(10%)	(12%)		(20%)
Total All Other CW Expenditures	(4%)	2%	10%	7%	(6%)		11%

## FC Board and Maintenance Expenditures

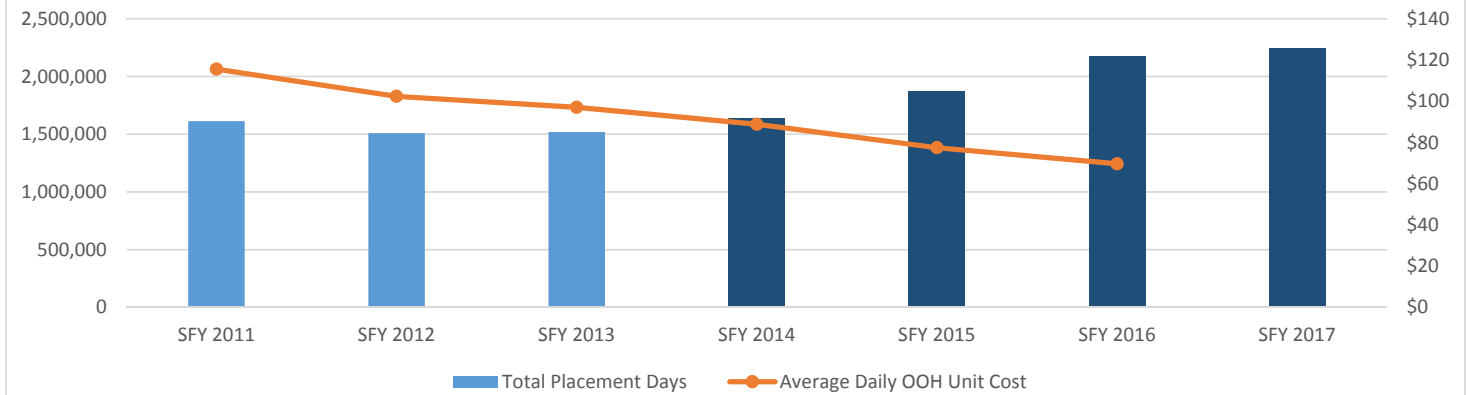
	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
<b>OOH Placement Expenditures</b>	<b>\$186,623</b>	<b>\$154,680</b>	<b>\$147,498</b>	<b>\$145,789</b>	<b>\$145,543</b>	<b>\$151,787</b>		<b>3%</b>

*in thousands*

Placement Days by Type	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
PFC	668,878	608,129	628,713	703,212	805,205	852,188	837,763	33%
PKC	483,523	478,307	486,027	562,135	726,739	957,314	1,059,563	118%
PCC	388,552	356,563	335,488	312,549	302,324	323,213	290,924	(13%)
POT	73,436	67,231	69,950	63,828	44,152	45,852	57,679	(18%)
<b>Total Placement Days</b>	<b>1,614,389</b>	<b>1,510,230</b>	<b>1,520,178</b>	<b>1,641,724</b>	<b>1,878,420</b>	<b>2,178,567</b>	<b>2,245,929</b>	<b>48%</b>

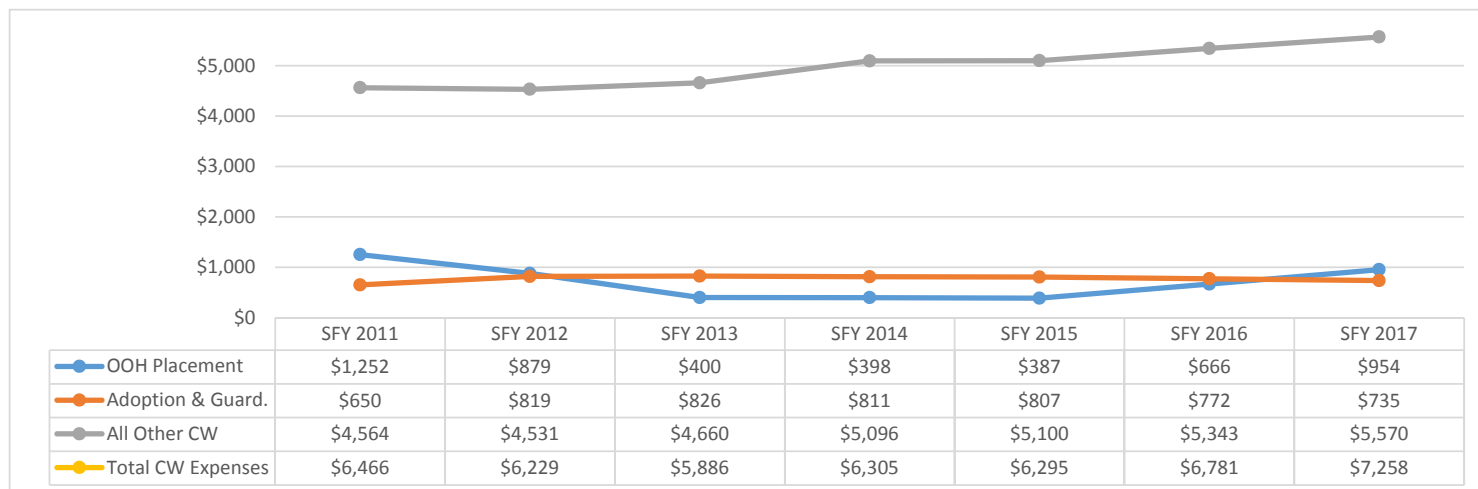
<b>Average Daily OOH Unit Cost</b>	<b>\$115.60</b>	<b>\$102.42</b>	<b>\$97.03</b>	<b>\$88.80</b>	<b>\$77.48</b>	<b>\$69.67</b>		<b>(28%)</b>
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Total Annual OOH Placement Days &amp; Average Daily OOH Unit Cost



All dollar amounts adjusted for inflation

## Expenditures by Major Category and Fiscal Year - in Thousands



## All Other Child Welfare Expenditures

## Venango - All Other Child Welfare Expenditures by SFY in Thousands

	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Direct - Administration	\$324	\$278	\$253	\$292	\$281	\$295	\$279
Direct - In Home Services	\$1,569	\$1,606	\$1,727	\$2,127	\$2,426	\$2,382	\$2,470
Direct - Out of Home Dependent	\$718	\$695	\$598	\$582	\$406	\$413	\$425
Purchased - In Home	\$951	\$852	\$812	\$780	\$869	\$972	\$1,390
Special & Block Grants	\$1,002	\$1,100	\$1,271	\$1,314	\$1,118	\$1,281	\$1,005
Total All Other CW Expenditures	\$4,564	\$4,531	\$4,660	\$5,096	\$5,100	\$5,343	\$5,570

## Annual Change

	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
Direct - Administration	(14%)	(9%)	15%	(3%)	5%	(5%)	10%
Direct - In Home Services	2%	8%	23%	14%	(2%)	4%	43%
Direct - Out of Home Dependent	(3%)	(14%)	(3%)	(30%)	2%	3%	(29%)
Purchased - In Home	(10%)	(5%)	(4%)	11%	12%	43%	71%
Special & Block Grants	10%	15%	3%	(15%)	15%	(22%)	(21%)
Total All Other CW Expenditures	(1%)	3%	9%	0%	5%	4%	20%



## FC Board and Maintenance Expenditures

	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
OOH Placement Expenditures	\$1,252	\$879	\$400	\$398	\$387	\$666	\$954	139%

*in thousands*

Placement Days by Type	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Waiver Change
PFC	8,301	8,291	8,395	7,053	3,681	4,158	9,942	18%
PKC	2,095	3,809	1,958	2,952	3,731	5,243	4,942	152%
PCC	4,825	4,262	1,938	1,250	1,782	2,837	3,187	64%
POT	0	0	0	0	0	104	3	
<b>Total Placement Days</b>	<b>15,221</b>	<b>16,362</b>	<b>12,291</b>	<b>11,255</b>	<b>9,194</b>	<b>12,342</b>	<b>18,074</b>	<b>47%</b>

<b>Average Daily OOH Unit Cost</b>	<b>\$82.24</b>	<b>\$53.70</b>	<b>\$32.53</b>	<b>\$35.36</b>	<b>\$42.13</b>	<b>\$53.97</b>	<b>\$52.76</b>	<b>62%</b>
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Total Annual OOH Placement Days &amp; Average Daily OOH Unit Cost

