

Rider 2 Work Statement Family Centers

I. General Information

I-I. Overview of Family Center Project.

The Department's Office of Child Development and Early Learning ("OCDEL"), Bureau of Early Intervention Services and Family Supports is seeking to continue the funding of Family Centers ("FCs"), which provide Evidence-Based Home Visiting ("EBHV") and Family Support services to families, caregivers, and children within the Commonwealth.

FCs integrate and provide community services to help families become healthier, better educated, and self-sufficient. All FCs provide an EBHV program. In addition to providing EBHV programs, FCs provide Family Support Services that help parents learn about their children's development and engage in parent education and child development activities. FCs may also provide access to information about health care (including assistance with health care services and insurance), education, training, employment, developing language skills, literacy programs, parent support groups, summer and after school activities and other community resources and services. Grantees may use up to no more than 25% of the available funding to provide additional Family Support Services. If providing Parenting Type Class programs, they must be [Evidence-Informed](#). Please note that the linked list of programs uses the term Evidence-Based however, while the selected program may be evidence-based through research, OCDEL has chosen to solely use the term Evidence-Based to refer to the Home Visiting Programs approved for use on the Home Visiting Evidence of Effectiveness (HomVEE) list. The FC services provided by this grant must align within the federal definitions of Family Preservation or Family Support services set forth in Title IV-B, Subpart 2 of the Social Security Act, 42 U.S.C. §§ 629-629i, Promoting Safe and Stable Families ("PFSF"). See [42 U.S.C. § 629a](#) for definitions.

EBHV is a prevention and intervention strategy that connects pregnant mothers and new caregivers with nurses, mental health clinicians, parent educators, and other trained professionals for a diverse array of intensive support services. For caregivers who opt into these support services, health professionals regularly travel to the caregivers' homes or another natural learning environment to provide the tools, guidance, and support necessary to raise a healthy family. Because home visiting is a service delivery strategy, individual programs, their goals, and their evidence base can differ dramatically. These programs vary with respect to the age of the child, eligibility criteria of the family, range of services offered, intensity and frequency of home visits, and content of the curriculum used in the program but programs. Individual programs should be responsive to the needs of the community they intend to serve. All home visiting programs are based on the belief that services delivered in a family's natural learning environment will have a positive impact and that altering parenting practices can have long-term benefits for child development. For this grant, EBHV is defined as an approved program on the U.S. Department of Health and Human Services, Administration for Children & Families Home Visiting Evidence of Effectiveness ("HomVEE") website (<https://homvee.acf.hhs.gov/home>). Grantees must use no less than 75% of the available funding to support the implementation of EBHV.

I-II Implementation Requirements.

1. Grantees **must** continue to implement at least one approved EBHV Model.
2. Grantees **may** apply to implement one or more Family Support Services as defined in **Work Statement Sections I-I and I-IV**.
3. Grantees **may not** use more than 25% of their total requested funding for additional FC Services beyond the implementation of EBHV and must use at least 75% of their total requested funding for EBHV Model(s) implementation.
4. Grantees **are not** required to implement additional FC Services with these funds and may use 100% of their requested funding for implementation of an EBHV Model(s). Grantees should be providing Family Center services through other in-kind or fiscal support if solely funding EBHV with this award.

5. Grantees **must** collect all federal and state mandated performance measures and demographic data provided below in **Work Statement Section I-IX**, utilizing a method determined by the Department.
6. Grantees **must** participate in the federal and state mandated Continuous Quality Improvement (“CQI”) efforts using a method and timeframe determined by the Department.
7. Please see **Work Statement Section I-VIII** for additional program requirements for all programs. Grantees must agree to and fully implement each program requirement listed in **Work Statement Section I-VIII**. DHS will not enter into a Grant Agreement with any Grantee that fails to agree to a program requirement. A Grantee’s failure to fully implement a program requirement to which it agreed in this Work Statement may result in a reduction of its grant award or termination of its grant agreement.
8. Grantees **must** complete and submit designated reports to DHS, and cooperate with and participate in periodic management reviews, monitoring, and evaluation activities, as outlined in **Work Statement Section I-VIII**.
9. Grantees **must** utilize the Strengthening Families™ Protective Factors Framework (“SFPPF”), developed by the Center for the Study of Social Policy. The SFPPF is an approach that is parent-centered and strengths-based. OCDEL recognizes that when the five protective factors are robust in a family, it reduces the likelihood of child maltreatment and creates an environment where children thrive. Additional information on the SFPPF is included in **Work Statement Section I-X**.

I-III EBHV Requirements.

1. Grantees must refer to the U.S. Department of Health and Human Services, Administration for Children & Families Home Visiting Evidence of Effectiveness (“HomVEE”) website (<https://homvee.acf.hhs.gov/effectiveness>) for a list of approved EBHV Models. All Models designated on the website as approved under the “Meets Evidence Criteria?” column are eligible for funding unless otherwise specified under the requirements below.

EBHV Models that are not specified within this Grant Agreement are ineligible for grant funding. If, prior to the Work Statement due date, additional models are added to the HomVEE list specified above, they will be considered eligible models for this Grant Agreement.

Currently, the approved EBHV Models for this Grant Agreement consist of the following:

- [Attachment and Biobehavioral Catch-Up Intervention- Infant](#)
- [Child First](#)
- [Early Head Start–Home-Based Option](#)
- [Early Start \(New Zealand\)](#)
- [Family Check-Up® For Children](#)
- [Family Connects](#)
- [Family Spirit®](#)
- [Health Access Nurturing Development Services Program](#)
- [Healthy Beginnings](#)
- [Healthy Families America®](#)
- [Home Instruction for Parents of Preschool Youngsters®](#)
- [Maternal Early Childhood Sustained Home-Visiting Program](#)
- [Maternal Infant Health Program](#)
- [Minding the Baby®](#)
- [NFP®](#)
- [Parents as Teachers \(“PAT”\)®](#)
- [Play and Learning Strategies \(“PALS”\) Infant](#)
 - **Note:** The HomVEE website combines information across all versions of PALS except for PALS Infant. Some other versions of PALS have at least one high or moderate-quality impact study, but no version of the model other than PALS Infant meets the HHS criteria for an EBHV Model, thus PALS Infant is the only approved Model for this Grant.

- [SafeCare® Augmented](#)
 - **Note:** The HomVee website combines information across all versions of SafeCare except for SafeCare Augmented. The main version of SafeCare has no high or moderate-quality impact studies. Some other versions of SafeCare have at least one such study, but no version of the Model other than SafeCare Augmented meets HHS criteria for an EBHV Model, thus SafeCare Augmented is the only approved model for this Grant.
 - When selecting a Model(s), Grantees must confirm that the Model(s) can:
 - Meet the needs of the community the Grantee is serving; and
 - Provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas and measures as defined in **Work Statement Section IX**.
2. Grantees **must** dedicate 75% or more of awarded funding to the implementation and support of high-quality EBHV Model(s).
 3. Grantees **must** provide services with fidelity to one or more of the approved Models listed in **Work Statement Section I-III**.
 4. Grantees **must** rely on their selected Model(s)'s guidance when determining a family capacity for home visiting staff.
 5. Grantees **must** provide early childhood education services and supports to strengthen parents and their young children (prenatal through age five) and to prevent child abuse and neglect prior to or at the beginning of any involvement with a county children and youth agency ("CCYA").
 6. Grantees are **not** required to have a lead agency, or have their funds passed through a county, school district or other entity.

I-IV Family Support Services Requirements.

1. Grantees may not utilize more than 25% of the funding awarded for Family Support Services.
2. The Family Support services provided must align with the federal definitions of Family Support or Family Preservation as defined in Title IV-B, Subpart 2 of the Social Security Act, 42 U.S.C. §§ 629-629i, PFSF. Definitions are included in **Work Statement Section I-I**.
3. Administrative Positions that are used to support the implementation of one or more EBHV Model(s) **are not** considered Family Support Services. **For example:** Data/Administrative Staff or the Director of the program. If the administrative position is used to support the implementation of the EBHV Model and is not an additional position providing a new service to the program, it is **not** considered a Family Support Service.
4. Grantees **may not** use their grant funding to fund activities such as field trips to an amusement park, zoo, or other trips, unless they are an integral part of the EBHV Model(s) or the Family Support Services being implemented, and the selected Grantee obtains prior approval from the Department.
5. Grantees **may not** use funding to support any parents' position in custody or child support matters, whether financially or through counseling or other support services.
6. Grantees **must** support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, resources, and activities to strengthen and support families and foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent child abuse and neglect.

7. If providing Parenting Type Class programs, they must be [Evidence-Informed, as set forth in Work Statement Section I-I](#).
8. Grantee **may not** use this funding to implement a Fatherhood Program.
 - A. Which includes the following:
 - i. EBHV Models with a focus on solely serving fathers;
 - ii. [Parenting Inside Out](#);
 - iii. [InsideOut Dad](#);
 - iv. [24/7 Dad](#); or
 - v. Any program focused on solely serving fathers.
9. Family Support Services within the FC, may include, but are not limited to the following:
 - A. **FC Services**
 - i. FCs help parents and caregivers:
 - Learn about their child’s development.
 - Engage in parent education and child development activities.
 - Access health care information, as well as assistance regarding health care services and insurance.
 - Access education, training, and employment information; and
 - Receive information on and assistance with other community resources such as well-baby care, immunizations, and Early Intervention services.
 - ii. A FC location or location(s) may be the site for the provision of other services, which may be provided by or with other agencies. Such services may include, but are not limited to respite care, literacy programs, kindergarten readiness, domestic violence and crisis intervention services, money management counseling, peer support groups, after school programs, parenting education, anger management, transportation services, job preparation courses, and visitation programs for non-custodial parents.

I-V Operations

Instructions: Respond to each item below using additional pages as necessary.

Grantee Information	
Grantee Name	
Grantee Mailing Address	
Grantee Website	
Grantee Contact Person	
Contact Person's Phone Number	
Contact Person's Fax Number	
Contact Person's Email A	
Grantee Federal ID Number (DUNS)	
Grantee Federal ID Number (UEI)	
Grantee Vendor Number	

Program Area and EBHV Model(s)		
Family Center Names	Program Area (Zip Code or County(ies))	EBHV Model(s)

Signature
Signature of an official authorize to bind the Work Statement to the provisions contained in the Grant Agreement.
Printed Name
Title

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE WORK STATEMENT MAY RESULT IN THE CANCELLATION OF THE AWARD

Primary Program Contact Information	
Name	
Title	
Organization	
Phone	
Fax	
Mailing Address	
Email Address	

Primary Fiscal Contact Information	
Name	
Title	
Organization	
Phone	
Fax	
Mailing Address	
Email Address	

Primary Supervisor Contact Information	
Name	
Title	
Organization	
Phone	
Fax	
Mailing Address	
Email Address	

Primary Data Contact Information	
Name	
Title	
Organization	
Phone	
Fax	
Mailing Address	
Email Address	

Primary CQI Contact Information	
Name	
Title	
Organization	
Phone	
Fax	
Mailing Address	
Email Address	

Additional Contact Information	
Name	
Title	
Organization	
Phone	
Fax	
Mailing Address	
Email Address	

I-VI – EBHV Services

Directions: If providing EBHV Model(s) out of one primary location, which may serve one or more counties please complete **Chart 1** for the first year of the grant term. If providing EBHV Model(s) out of multiple locations, please complete **Chart 2** for the first year of the grant term. Please add or remove rows as necessary. The Department will collect this data in future grant years to update service capacity. **Note:** Family Capacity is defined as the maximum number of families that could be served at one time based upon a full complement of home visitors.

1. EBHV Service Capacity

EBHV Chart 1 – Year 1						
EBHV Model(s)	Existing Model or New (Existing or New)	County	Existing Service Area (Yes or No)	Family Capacity	EBHV \$ Amount	Cost per Family \$ Amount / Family Capacity
Totals						
Total Cost Per Family (EBHV Budget / Total Family Capacity)						
Family Center Services Budget if Applicable Do not Include EBHV Budget						
Total Budget Including Family Center Services						

EBHV Chart 2 – Year 1							
Location	EBHV Model(s)	Existing Model or New (Existing or New)	County	Existing Service Area (Yes or No)	Family Capacity	EBHV \$ Amount	Cost per Family \$ Amount / Family Capacity
Totals							
Total Cost Per Family (EBHV Budget / Total Family Capacity)							
Family Center Services Budget if Applicable Do not Include EBHV Budget							
Total Budget Including Family Center Services							

Directions: Please answer the following questions. Please limit the response to all questions to **no more than 8 pages, excluding any required charts.**

2. EBHV Summary and Fidelity

Name the EBHV Model(s) that the Grantee will implement. Describe the specific service strategies and methods that will provide comprehensive support to identified families. Explain how the Grantee will fully implement the proposed EBHV Model(s) with fidelity to the approved Model(s).

Grantee Response

3. Recruitment and Transition of Participants.

Describe how the Grantee will recruit participants for their EBHV Model(s). List the Grantee's anticipated referral sources.

Grantee Response

4. Equitable Service Delivery.

Describe how the Grantee's policies, procedures, and professional development achieve the provision of services in a way that honors families' cultures, meets their individual needs, is accessible, and removes barriers to participation. Include a description of how these services are culturally and linguistically responsive to the community or communities the Grantee serves and intends to serve.

Grantee Response

5. Parent and Caregiver Involvement.

Describe how parents and primary caregivers are involved in the design, implementation, and evaluation of the EBHV Model(s). Describe how the Grantee will continue parent and primary caregiver involvement throughout the EBHV Model(s).

Grantee Response

6. County Children and Youth Services

Describe the Grantee's relationship with the local CCYA or how it proposes to form such a relationship, and how it will work with the CCYA to improve outcomes for children and families and use resources efficiently and effectively.

Grantee Response

7. EBHV Sustainability.

Identify specific short-term strategies, beginning at the EBHV Model(s) inception or continuation, and long-term strategies over the duration of the grant term that the Grantee will use to solicit and obtain continued funding for the proposed program. In describing these strategies, describe any anticipated challenges or barriers and how the Grantee will overcome these challenges or barriers.

Grantee Response

8. Reduction in EBHV Services

If the recipient anticipates a reduction in EBHV services from the level currently provided based on available funding, describe how the recipient will reduce services while minimizing disruption to currently served families.

For example, describe strategies to support natural attrition of families and referral of currently served families to other local high-quality early childhood programs to achieve service reduction.

Grantee Response

9. EBHV Cost per Family

Calculate the anticipated cost per family for the year by dividing your grant amount by your family capacity - *Grant Capacity*. If the cost per family is greater or significantly lower than the national average of \$6500 per family, please provide a detailed justification. If implementing multiple models please break down the total budget for each model as well as the cost per family.

Grantee Response

10. EBHV Data Collection

Please describe the following: Grantee's capacity to collect data on participating families, primary caregivers, and children. This description must include all the following: (1) the Grantee's ability to collect demographic and performance data as described in **Section IX** for Families enrolled in EBHV programs; and (2) the Grantee's use of approved tools for the applicable screening measures. Due to federal and state reporting requirements, Grantees may not propose the use of alternative tools. One or more approved tools may need to be selected for each applicable Performance Measure based on population served.

The approved tools consist of:

- Approved Depression Screening Tools: <http://www.pa-home-visiting.org/data-system-guide/#DepressionScreening>
- Approved Parent-Child Interaction Screening Tools: <http://www.pa-home-visiting.org/data-system-guide/#Parent-ChildInteraction>
- Approved Intimate Partner Violence (IPV) Screening Tools: <http://www.pa-home-visiting.org/data-system-guide/#IPVScreening-Tools>
- Approved Developmental Screening Tool: Only the Ages and Stages Questionnaire ("ASQ") is approved at this time. Grantees may choose to screen at additional ages but are expected to report on screenings at the American Academy of Pediatrics recommended ages of 9, 18, and 30 months.
- Approved Substance Use Screening Tools: <http://www.pa-home-visiting.org/data-system-guide/#SubstanceUseScreening-Tools>

Describe the staff who will be involved in the data review and entry process, including, but not limited to, a description of the following:

- Who will enter the data into the Family Support Data System; and who will monitor the data to confirm compliance with the reporting requirements?
 - a. Grantee's current frequency of data collection and analysis; and
 - b. Grantee's data safety and security processes including protection of data privacy, and informed consent policies and procedures.

Grantee Response

11. Continuous Quality Improvement.

Please describe the Grantee's experience with CQI as it relates to the proposed EBHV Model(s). Include a description of any past CQI successes and how the Grantees existing CQI Team, if any, is working.

The Grantees experience with quality improvement activities required by the proposed EBHV Model(s).

- How the Grantee will support its CQI Team in conducting quality improvement projects and activities.
- Any trainings the Grantee and their staff have completed related to CQI or as a CQI team if currently implementing a CQI project.

- How the Grantee will:
 - establish a strong and sustainable CQI Team;
 - determine project and change ideas as a CQI Team;
 - work through the Plan, Do, Study, Act (“PDSA”) process as a CQI team;
 - study data before, during and after CQI projects;
 - identify the need for CQI project adaption, adoption, or abandonment; and
 - use data to drive decision-making.

Grantee Response

I-VII Family Center Services

1. Overview of Additional Family Center Services

Please use this space to provide an explanation of any services, events, or community engagement that will be provided with this funding beyond the EBHV program.

Grantee Response

2. Alignment with Federal Definitions

How do the proposed Family Center services align with the definitions of Family Preservation or Family Support Services defined in **Work Statement Section I-I**.

Grantee Response

3. Family Center Services Funding

For year 1 of the grant, identify by County the additional FC Services that will be provided by the grant funds utilizing **Chart 3**. If there is more than one service location in a county, please use **Chart 4**. Add additional rows as necessary. Additional years will be collection prior to the start of a new fiscal year.

CHART 3 Year 1				
Family Center Services	County	Family Preservation or Family Support	Anticipated Families that will be served if Applicable	\$ Amount
Total \$ Amount				
Do not include the EBHV Amount in this calculation				

CHART 4 Year 1					
Location	Family Center Services	County	Family Preservation or Family Support	Anticipated Families that will be served if Applicable	\$ Amount
Total \$ Amount					
Do not include the EBHV Amount in this calculation					

4. Overview of Additional FC Services provided by external funds

Please use this space to provide an explanation of any services, events, or community engagement that will be provided with external funds beyond the grant funding provided. Provide the funding source covering these activities and the anticipated number of families to be served, if applicable.

Grantee Response

I-VIII. FAMILY SUPPORT PROGRAM REQUIREMENTS.

Directions. Please review all program requirements and initial for each below. Please sign the last page of this document. Include these pages as part of the Grant Agreement. Failure to agree and fully implement the program and fiscal terms below may affect award, the renewal of the grant agreement, and the ability to compete in the next competitive application process and may result in the reduction or revocation of the award.

The Office of Child Development and Early Learning will release Announcements as specified in Section A of “General” and a Policy and Procedure Manual that further explains the requirements, timelines, and process for submission for the requirements included in this document.

For the purpose of the below requirements, EBHV is defined an approved program on the U.S. Department of Health and Human Services, Administration for Children & Families Home Visiting Evidence of Effectiveness (“HomVEE”) website (<https://homvee.acf.hhs.gov/home>).

General

- _____ **A.** The Office of Child Development and Early Learning may release Program Announcements that contain pertinent information that may include best practices in service provision as well as clarifications of policies or grant requirements. Issue and effective dates are noted at the top of each Announcement and Grantees will be held accountable for the material presented, when appropriate. Grantees are encouraged to devise a filing system for the Announcements for easy reference. Grantees should also consider other staff within their agency for whom the information may have relevance. Some Announcements may contain attachments or references to resources that will be useful to programs’ implementation. Programs are encouraged to use the resources to enhance program operation.
- _____ **B.** The Grantee agrees that all families and their children are willingly volunteering for the provided services by the Family Center, including EBHV Models and associated services.
- _____ **C.** Upon request by the Department or its representatives, the Grantee shall cooperate and participate in periodic management reviews, fiscal reviews, monitoring, pilot, and evaluation activities.
- _____ **D.** Grantee shall comply with all applicable federal, state, and local statutes, regulations, and policies, including, but not limited to:
- i. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 C.F.R. Part 75.
 - ii. Title IV-B, Subpart 2 of the Social Security Act, 42 U.S.C. §§ 629-629i, Promoting Safe and Stable Families (“PFSF”).

Training

- _____ **E.** The Grantee must train home visitors and family support staff in explaining informed consent for families.
- _____ **F.** The Grantee shall participate in professional trainings as required by the national model developer(s) and training including, but not limited to, an orientation series and ongoing professional development developed or supported by the Department.

_____ **G.** The Grantee or its designee shall attend all mandatory meetings as directed by the Department, including, but not limited to, phone conferences, remote video conferences, statewide meetings, and training sessions arranged by the Department.

_____ **H.** The Grantee shall attend a minimum of one approved professional development opportunity on the Strengthening Families™ Protective Factors Framework during the term of the award.

Policies and Procedures

_____ **I.** The Grantee must develop policies and procedures to ensure that caseloads are covered when a home visitor or family support program staff leaves the program or is on leave.

_____ **J.** The Grantee shall establish and adhere to a confidentiality policy that satisfies the following requirements:

1. All client information must be kept in a locked location (i.e., office or file cabinet);
2. A Staff list of everyone who will have access to the files;
3. Procedures for accessing the files that protect client confidentiality;
4. Develop and maintain procedures for accessing the files in the event of a court order, police investigation, and medical emergencies;
5. Develop and maintain procedures for written consent to access, disclose, and share files;
6. Develop and maintain procedures for the destruction of files after 7 years;
7. Develop and maintain procedures to train new staff and periodically update current staff on the policy;
8. Review confidentiality policy with any new staff upon hire and review with continuing staff once a year at a minimum;
9. Review confidentiality policy annually and update as necessary.
10. The Grantee must submit their confidentiality policy using a standard format and method provided by the Department.

_____ **K.** The Grantee shall comply with all applicable state and federal audit requirements. Grantees must maintain records, documents, and other evidence in sufficient detail to support all claims against the funding for a period of seven years. The Department will recover or recoup non-allowable costs and undocumented costs.

_____ **L.** The Grantee must develop and implement policies and procedures regarding the equitable and accessible provision of culturally and linguistically responsive services.

_____ **M.** If providing services through this Grant to families with children in the birth to school age range, the Grantee shall coordinate services with Early Intervention agencies to support those children receiving services and children identified after enrollment as needing services. The Grantee must document this coordination through the establishment of a Memorandum of Agreement (“MOA”) with the Early Intervention Service Provider.

The MOA will, at a minimum, address the following requirements:

1. Transition of children and families into and out of the program;
2. Procedures for referral to Early Intervention in the event that the child qualifies;
3. Establish a point of contact at each agency for follow up conversations and planning as needed;
4. Outline protocols to share information and coordinate services as appropriate, including the sharing of ASQ and ASQ SE Results;
5. Determine a frequency for the MOA to be reviewed and revised;

6. Other topics as relevant to local programs; and
7. Be signed by an authorized individual from each agency.

____ **N.** The Grantee shall develop written transition plans with each child and caregiver *served through EBHV*. Transition planning must occur at least six months prior to the date services will end for the child and family.

Written transition plans shall, at a minimum:

- a. Include the family in the development of the transition plan;
- b. Make families aware of timelines for program registration, and policies and practices related to transition for children receiving Early Intervention services;
- c. Provide specific information to families about what they can expect at the next step within early care, community, and school settings;
- d. Support and encourage families for whom a more challenging transition is anticipated with more specific resources to assist in preparation of the transition;
- e. Allow for collaboration with receiving program or classroom to share information on curriculum, instructional strategies used in the program, and transition supports provided; and
- f. Set clear written expectations and provide staff an understanding of their role in supporting transitioning adults and children into, within, and out of the program.

Written transition plans must include:

- a. Review of options available to the family within the community they live;
- b. Review of any critical deadlines for registration;
- c. Support in obtaining and completing applications for targeted programs;
- d. Discussion regarding consent to exchange information with the program the family is seeking to enroll the child;
- e. Review of the child's current health status and the need to obtain immunizations or a physical in order to enroll in the next setting;
- f. Set expectations of what the parent will be responsible for completing and what the staff will complete and when;
- g. An invitation to coordinate with early learning program(s) and their personnel to review program registration and attendance policies with families;
- h. In the event a family is not interested in a formal program for their next steps, or if they may not be eligible, provision of community or electronic resources families can access independently;
- i. Support and encourage parents in next steps, such as careers or schools; and
- j. Provision of other supports as determined locally.

____ **O.** The Grantee, once awarded, shall enter into MOAs with other local home visiting and family support service providers in the communities, county or counties the Grantee serves.

These MOAs must include:

1. Establishment of a collaborative working relationship to:
 - i. Help families develop and support their child(ren)'s potential;
 - ii. Establish a collaborative relationship with a full array of agencies and programs so families are aware of available resources and can access them;
 - iii. Create opportunities to connect families to services while they are also receiving services from other resources as allowed; and

- iv. Provide that all families and children residing in the Commonwealth of Pennsylvania are accessing services that meet their needs.
- 2. Meeting with each other either as a collaborative or individually with each provider at least once per year to understand the services currently provided by the respective programs and reviewing referral policies between agencies. Meetings may occur virtually.

_____ **P.** The Grantee shall educate applicable families and, if applicable, implement requirements specified in the OCDEL Inclusion and Reduction of Suspension/Expulsion announcements, and any future applicable announcements released by OCDEL.

_____ **Q.** The Grantee shall implement high-quality supervision, including reflective supervision for **EBHV staff**. Grantees must develop and implement policies and procedures for the effective provision of reflective supervision program-wide with fidelity to the model(s) implemented.

Reflective supervision: is a distinctive form of competency based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children’s primary caregiving relationships. Reflective supervision is a practice which acknowledges that very young children have unique developmental and relational needs and all early learning occurs in the context of relationships. Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process, that is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor’s ability to listen and wait, allowing the supervisee to discover solutions, concepts and perceptions on his/her own without interruption from the supervisor.

Reporting

_____ **R.** The Grantee shall complete and submit to the Department monthly enrollment reports using a standard format and method provided by the Department.

_____ **S.** The Grantee shall complete and submit to the Department quarterly program narrative reports using a standard format and method provided by the Department.

_____ **T.** The Grantee shall complete monitoring assessments, which may include on-site program visits, and program self-assessments for each year of the grant.

_____ **U.** The Grantee shall complete and submit to the Department yearly Continuous Quality Improvement (“CQI”) Team Plan reports using a standard format and method provided by the Department.

_____ **V.** The Grantee shall complete and submit to the Department monthly CQI Plan Do Study Act and CQI Project Summary reports using a standard format and method provided by the Department.

Enrollment / Goal Number to be Served

_____ **W.** The Grantee shall maintain enrollment at 100% of its budgeted capacity for each EBHV Model implemented. The Grantee must participate in improvement activities if enrollment of families falls below 90% for any of the EBHV Models being implemented. Extenuating circumstances, such as, but not limited

to, new staff vacancies and new program startup time, will be considered prior to placing a Grantee on an improvement plan for enrollment.

For Family Support Programs with a goal number of families to be served each year, the Grantee may be required to participate in improvement activities if 25% of goal numbers of families are not served by the end of each quarter. For the improvement plan, the number of classes offered, attendance, and frequency will be considered prior to placing a Grantee on an improvement plan for enrollment.

Failure to improve enrollment or reach the goal number of families by the end of a fiscal year may result in reduction of the current award.

Dual Enrollment

To support responsible fiscal stewardship and to maintain Model fidelity, Grantees shall develop and implement policies and procedures to avoid dual enrollment. **Families may be enrolled in an EBHV Model and Enhancement(s), such as a positive parenting class, concurrently as appropriate for the family or caregiver.**

Grantees implementing more than one EBHV Model, particularly in the same community, should, with fidelity to the model, develop policies and procedures to screen and enroll eligible families in the Model that best meets their needs. Avoiding dual enrollment maximizes the availability of limited resources for EBHV services for eligible families and prevents duplicative collection and reporting of demographic and performance measure data.

Program Revisions

_____ **X.** Grantees are required to submit program revisions through a method and format determined by the Department when the following events occur:

All Family Support Programs

- a. Any percentage increase or decrease of the population to be served through the grant;
- b. A major change in the originally-approved design of the program, which potentially alters the program's objectives and may affect funding streams applicable to certain models, programs or enhancements;
- c. A change in the entity responsible for administering the grant agreement.
- d. A redefinition of the population to be served including geographic territory and other changes;
- e. A change in a subcontractor responsible for completion of components of the grant program;
- f. A change in curriculum or model used that does not alter the program's objectives or deviate from a model program's requirements.

Data Collection

_____ **Y.** The Grantee shall participate in and use the Pennsylvania Family Support Data Collection system developed by the Department.

_____ **Z.** The Grantee shall collect demographic data on all families, caregivers, and children enrolled in the program being funded by the Department through this grant award.

_____ **AA.** The Grantee shall collect Performance Measure Data on all families, caregivers, and children **enrolled in EBHV programs** being funded by the Department through this grant award.

- a. EBHV programs is defined as being an approved program on the U.S. Department of Health and Human Services, Administration for Children & Families Home Visiting Evidence of Effectiveness ("HomVEE") website (<https://homvee.acf.hhs.gov/home>)

- i. Approved EBHV programs have a green checkmark next to the model on the appropriate page. Please be sure to review the descriptions for all models as certain EBHV models are approved with stipulations.
 - ii. Home Visiting programs not within this list will be considered Family Support Programs for the purpose of data collection.
 - b. The Grantee shall select one or more tools from the approved list for each applicable Performance Measure
 - i. Due to federal and state reporting requirements alternative tool proposals will not be accepted.
 - ii. One or more approved tools may need to be selected for each applicable Performance Measure based on population served.

BB. The Grantee shall implement its chosen Model(s) according to national Model developer guidelines, with fidelity to the Model(s).

- a. Fidelity is defined as a Grantees' adherence to Model developer requirements for high-quality implementation as well as any affiliation, certification, or accreditation required by the Model developer, if applicable. These requirements include all aspects of initiating and implementing a program, including, but not limited to:
 - a. Recruiting and retaining clients;
 - b. Providing initial and ongoing training, supervision, and professional development for staff;
 - c. Maintaining a management information system to track data related to fidelity and services; and
 - d. Developing an integrated resource and referral network to support client needs.
- b. Changes to an evidence-based/evidence-informed Model that alter the core components related to program outcomes are not permissible, as they could impair fidelity and undermine the program's effectiveness.
- c. Grantees must implement programs with fidelity to the Model, which may include development of policies and procedures to recruit, enroll, disengage, and re-enroll family participants. Enrollment policies should strive to balance continuity of services to eligible families and availability of slots to unserved families.
- d. The Grantee shall participate in existing local collaborative groups to coordinate home visiting, family support, or other early childhood initiatives as appropriate and available in the communities they serve. Through this participation, the Grantee must develop shared resources and referral strategies between their program and other community service providers. Participation will help Grantees actively work to best meet the needs of families receiving services.
- e. Consistent with Model fidelity, Grantees must develop policies and procedures in collaboration with other home visiting, family support, and early childhood partners as appropriate to transition families into other home visiting, family support, or early childhood services to sustain services to eligible families of children through kindergarten entry and beyond.

Fiscal

CC. Grantees receiving federal funds shall meet all federal fiscal and program requirements including, but not limited to, implementation of fiscal guidelines regarding purchases.

_____ **DD.** The Grantee shall submit a budget revision when there is a change in the budgeted amounts in a line or category. The addition of a line or reducing a line to zero triggers a budget revision.

_____ **EE.** The Grantee will be asked to prepare a line-item budget using the Pennsylvania Family Support Data System. Grantees are strongly encouraged to include sufficient program, fiscal and data operations staff in their respective budgets. With each budget the Grantee will be asked to prepare a budget justification. The budget justification will align with the line-item budget; provide a detailed description of the planned activities and associated cost. Grantees will also be required to provide updated match verification letters if matches are required as a term of the grant award.

Grantees are required to submit General Ledger (GL) reports from their accounting system through a method determined by the Department. Grantees shall reconcile them to their submitted Final Expenditure report each year of the grant award. The Department is aware that GL reports often account for much more than the yearly Grant award. With this being the case for many Grantees, the Department will allow for tracking spreadsheets to be submitted with the GL reports to reconcile the amounts that are reported to OCDEL.

_____ **FF.** The Grantee shall develop fiscal policies on the following:

1. Procurement
2. Conflict of Interest
3. Purchasing Process
4. Record Retention & Destruction
5. Inventory
6. Proof of Insurances
7. Security & Storage of Fiscal Records
8. Cost Allocation Plan

The Grantee has read and agrees to comply with the requirements listed above:

GRANTEE AGENCY NAME _____

SIGNATURE _____

PRINTED NAME _____

I-IX. FAMILY SUPPORT DATA COLLECTION REQUIREMENTS.

All Family Support programs funded by the Office of Child development and Early Learning are required to collect the following demographic fields for all Family/Caregiver/Child participants. A data dictionary for all demographics with FAQs is available at: <http://www.pa-home-visiting.org/data-system-guide/>.

Demographics

D-1. Family Demographics. Previously called “Household” Demographics. Collected at enrollment and updated between June 1-30 and between September 1-30 of each year. All entries are required of all programs except entry d (Household Disability Benefits), which is optional:

- a. Family (Case) Identifier
- b. Total Number of People in the Household
- c. Annual Household Income
- d. Household Disability Benefits
- e. Users of Tobacco Products
- f. Low Student Achievement (of any Caregiver or Child in Home)
- g. Child with Developmental Delays or Disabilities (any Child in Home)
- h. Family Member is Serving, or Formally Served, in the US Armed Forces (any Family Member Living in the Home)
- i. History of Child Abuse or Neglect or Interactions with Child Welfare Services (any Caregiver or Child in the Home)
- j. Primary Referral Source for Family

D-2. Enrollment: Caregiver. Collected at initial enrollment. All entries are required of all programs except entry b (Middle Name), which is optional, and entries j-k, which apply only to Nurse-Family Partnership programs:

- a. First Name
- b. Middle Name
- c. Last Name
- d. Caregiver (Client) Identifier
- e. EBHV Program
- f. Family Support Programs
- g. Program Type (Funding)
- h. Date of Enrollment
- i. Multips Pilot (Nurse-Family Partnership Only)
- j. Multips Pilot Date of Enrollment (Nurse-Family Partnership Only)

D-3. Demographics: Caregiver. Collected at enrollment or within 15 days of enrollment. Updated between June 1-30 and between September 1-30 of each year. Updated by the 10th of the next month if notified of a change. All entries are required of all programs:

- a. Address
- b. Birth Date
- c. Gender
- d. Enrolled Prenatally
- e. Pregnancy Status
- f. If Pregnant, Number of Children Expected from Current Pregnancy (used to calculate enrollment)
- g. If Pregnant, Estimated Date of Delivery
- h. History of Substance Abuse
- i. Current Substance Use / Needs Substance Abuse Treatment
- j. Self-Identified Disability
- k. Plans of Safe Care
- l. Race
- m. Ethnicity
- n. Legal Marital Status
- o. Educational Attainment
- p. Educational Status
- q. Employment Status
- r. Housing Status
- s. Health Insurance Status
- t. Measure 15: Caregiver Education (Only on Update)
- u. Update: Caregiver
 - a. Question: Are there any changes to demographics for the Caregiver (6/30) and (9/30)? Yes/No.
 - b. Reason for Exit

D-4. Exit: Caregiver. Collected when exited from all Programs in the system. All entries are required of all programs:

- a. Exit
- b. Date of Exit
- c. Reason for Exit

D-5. Demographics: Child. Collected at enrollment or first visit after birth if caregiver enrolled prenatally. Updated between June 1-30 and between September 1-30 of each year. Updated by the 10th of the next month if notified of a change. All entries are required of all programs:

- a. First Name
- b. Middle Name
- c. Last Name
- d. Birth Date
- e. Gender
- f. Enrollment Date
- g. Caregiver's Relationship to Child
- h. Caregiver's Pregnancy Status
- i. Child's Birth Weight
- j. Child's Gestational Age at Birth
- k. Born Substance Exposed / Plans of Safe Care
- l. Race
- m. Ethnicity
- n. Self-Identified Disability
- o. Primary Language Spoken at Home
- p. Health Insurance Status
- a. Usual Source of Medical Care
- b. Usual Source of Dental Care
- c. Update: Child
 - a. See Child Demographics Above

D-6. Exit: Child. Collected when exited from all programs in the system. All entries are required of all programs:

- a. Exit
- b. Date of Exit
- c. Reason for Exit

PERFORMANCE MEASURES

All Family Support programs funded by the Office of Child development and Early Learning **implementing EBHV programs** will be required to collect the following Performance Measures for all Family/Caregiver/Child participants. A data dictionary for all performance measures with FAQ's is available at: <http://www.pa-home-visiting.org/data-system-guide/>.

For a Model to be considered an EBHV program, it must be included on the Home Visiting Evidence off Effectiveness (HomVEE) list of approved models available at:

<https://homvee.acf.hhs.gov/implementation>.

Performance Measures

Performance Measures. The six benchmark areas captured through these performance measures are: improved maternal and newborn health; prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.

1. Performance Measure 1: Preterm Birth. Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment.

2. Performance Measure 2: Breastfeeding. Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 3 and 6 months of age.

3. Performance Measure 3. Depression Screening. Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally).

- a. Family Support programs must use a validated tool for this measure. Depression must be defined in accordance with the validated depression screening tool's definition of depression.

b. Current, approved depression screening tools are available at:
<http://www.pa-home-visiting.org/data-system-guide/#DepressionScreening>

4. Performance Measure 4: Well Child Visit. Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics schedule.

5. Performance Measure 5: Postpartum Care. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery.

6. Performance Measure 6: Tobacco Cessation Referrals. Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.

a. Other forms of tobacco consist of: Combustibles (Cigars, Pipes, Hookahs, Bidis), Non-Combustibles (Chew, Dip, Snuff, Snus, Dissolvable), Electronic Nicotine Delivery Systems known as “Vaping.”

7. Performance Measure 7: Safe Sleep. Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding.

8. Performance Measure 8: Child Injury. Rate of injury-related visits to the Emergency Department since enrollment among children enrolled in home visiting.

a. Injury-related emergency department visits are defined as injuries resulting from the following causes or mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment.

9. Performance Measure 9: Child Maltreatment. Percent of children enrolled in home visiting with at least one investigated case of maltreatment following their enrollment date within the reporting period.

a. Collected via administrative data from the DHS Office of Children, Youth and Families.

10. Performance Measure 10: Parent-Child Interaction. Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool.

a. Current approved parent-child interaction screening tools are available at:
<http://www.pa-home-visiting.org/data-system-guide/#Parent-ChildInteraction>

11. Performance Measure 11: Early Language and Literacy Activities. Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day.

12. Performance Measure 12: Developmental Screening. Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated screening tool. The current approved developmental screening tool is Ages & Stages Questionnaire (ASQ 3).

a. Developmental delays include delays in any or all areas including cognitive, communication/language, physical/sensory, adaptive and social/emotional development.

13. Performance Measure 13: Behavioral Concerns and Home Visits. Percent of home visits where primary caregivers were asked if they have any concerns regarding their child’s development, behavior, or learning.

14. Performance Measure 14: Intimate Partner Violence Screening Indicator. Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (“IPV”) within 6 months of enrollment using a validated tool.

a. Current approved IPV screening tools are available at:
<http://www.pa-home-visiting.org/data-system-guide/#IPVScreening-Tools>

15. Performance Measure 15: Primary Caregiver Education. Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting.

16. Performance Measure 16: Continuity of Insurance Coverage. Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months.

17. Performance Measure 17: Completed Depression Referrals. Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.

a. Examples of completed referrals include an appointment with a therapist, appointment with a psychiatrist, meeting with a mental health consultant, follow up with primary care physician, follow up with OBGYN, inpatient psychiatric hospitalization, support groups.

b. For those participants who screen positive for depressive symptoms but are already receiving services for depression, you do not need to provide a referral.

18. Performance Measure 18: Completed Developmental Referrals. Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner.

a. A child may be excluded from the denominator if s/he has a previously identified developmental delay (prior to enrollment or prior to reaching an age-recommended screening).

19. Performance Measure 19: IPV Referrals. Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information for IPV.

As of October 1, 2021, the following Performance Measures and timelines are being implemented as Optional Measures by the federal Health Resources and Services Administration. If these measures become a required data collection point they will be added to the list of required data collection measures for selected Grantees.

20. Performance Measure 20: Substance Use Screening. Percent of primary caregivers enrolled in home visiting who were screened for both unhealthy alcohol use and drug use using validated tool(s) within 6 months of enrollment. The current list of approved tools for alcohol and/or drug use is located here: <http://www.pa-home-visiting.org/data-system-guide/#SubstanceUseScreening-Tools>

21. Performance Measure 21: Completed Substance Use Referrals. Percent of primary caregivers enrolled in home visiting with positive screens for unhealthy alcohol use or drug use (measured using a validated tool) who receive services in a timely manner.

Note: Due to changing federal and state requirements, the Department may add, modify, or remove any data collection requirement at any time during the agreement term.

I-X. Strengthening Families™ Protective Factors Framework.

Strengthening Families™ is an approach to working with families that builds upon family strengths, rather than focusing on deficits. It is not a curriculum or a program, but instead offers a framework of five research-based protective factors that give parents what they need to parent effectively. Ongoing research conducted by CSSP has shown that the presence and prominence of these five protective factors in families reduces the likelihood of child abuse and neglect, strengthens families, and contributes to excellent outcomes for young children. This approach benefits all families, not just those experiencing stress.

The five protective factors are:

- Parental resilience – managing stress and functioning well when faced with challenges, adversity, and trauma.
- Social connections – positive relationships that provide emotional, informational, instrumental, and spiritual support.
- Knowledge of parenting and child development – understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development.
- Concrete support in times of need – access to concrete support and services that address a family’s needs and help minimize stress caused by challenges; and
- Social and emotional competence of children – family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.¹

To further explain how the Strengthening Families™ approach is implemented and how organizations and direct service workers can create environments where families build these protective factors, CSSP has developed the logic model found on the next page.²

In addition to the logic model, CSSP has developed everyday actions which are the small but significant changes in our approach to parents and caregivers that create an environment where families can build protective factors. The second graphic on the next page shows the everyday actions identified by CSSP.³

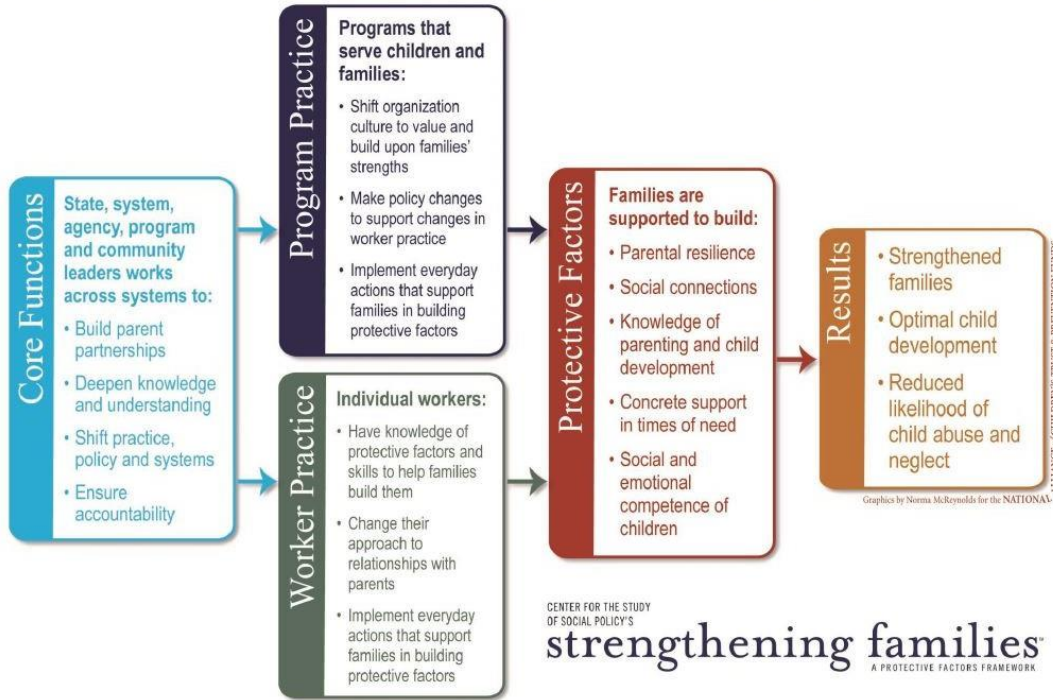
¹ Center for the Study of Social Policy (2015). *Core meanings of the Strengthening Families protective factors*. Washington, D.C. Retrieved from: <https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>

² Center for the Study of Social Policy (n.d). *About Strengthening Families™ and the protective factors framework*. Washington, D.C. Retrieved from: <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

³ IBID

For more information about the Strengthening Families™ approach and the five protective factors please visit [CSSP](#) and [Pennsylvania Strengthening Families](#).

The Pathway to Improved Outcomes for Children and Families Strengthening Families™ Protective Factors Framework Logic Model



The Pathway to Improved Outcomes for Children and Families Everyday Actions That Help Build Protective Factors

