

**2020-2021 Site Visit Report Summary
CTF Grantees Cohort 28
January 20, 2022**

Review of Programs Interviewed

CTF grantees in Cohort 28 began their grant period on July 1, 2019. Six of ten grantees completed their second site visit of the three-year grant period using interactive video conferencing during the 2020-2021 program year. The remainder of the grantees will have site visits in the 2021-2022 program year. A brief description of each program is at the end of this report.

Program Name	Counties Served	Evidence-Based Program	Service Modality
Accion Comunal Latinoamericana de Montgomery County (ACLAMO)	Montgomery	24/7 Dad	Group or Individual Parent Education
Columbia County Commissioners	Columbia	Parents as Teachers	Home Visits with family, Group Connections
Family Services Association of Bucks County	Bucks	Nurturing Parenting	Individual Parent Education with in-home therapy
Greater Susquehanna Valley United Way	Northumberland	Parents as Teachers	Home Visits with family, Group Connections
Jim Thorpe Area School District	Carbon	Parents as Teachers	Home Visits with family, Group Connections
US Committee for Refugees and Immigrants	Erie	ACT Raising Safe Kids	Group Parent Education Series

Program Design

Have there been any changes to service delivery?

The onset of the COVID-19 pandemic in March 2020 forced the six grantees to shift to virtual service delivery within the first year of their grant. At the time of their site visits in the 2020-2021 program year, some grantees had returned to offering in-person services while others remained completely virtual. Grantees that offered in-person services used precautions developed by the Center for Disease Control (CDC) and the Office of Child Development and Early Learning (OCDEL). Several noted that they utilized a hybrid approach and provided services to families in the modality in which they were most comfortable.

Grantees noted that they continued to practice strategies to ensure that they implemented the evidence-based models with fidelity. Some of the evidence-based models incorporated

modifications related to virtual service delivery and grantees ensured they met fidelity requirements related to the changes.

One grantee experienced a delay in service delivery because the model developers of the evidence-based program did not immediately approve virtual delivery. In the interim they submitted a revision (which was approved) to deliver another evidence-based program. The grantee followed this curriculum closely to ensure model fidelity. Two rounds were delivered before the grantee returned to using the original evidence-based program after the model developer approved virtual delivery and the staff completed the required training to deliver the program online.

Have there been any challenges in implementing the program design? What strategies were used to overcome these challenges?

As in their first year of implementation, grantees continued to experience challenges related to the COVID-19 pandemic. Many grantees noted that access to technology and reliable internet service posed challenges for families to participate virtually. Some grantees were able to provide equipment and Wi-Fi hotspots to families. Even when caregivers did have the means to participate virtually, they had varying levels of comfort using the technology which may have led to hesitancy or a lack of engagement. Staff were patient and supportive of parents through the transition. One grantee struggled with delivering virtual group sessions, but staff were able to find topics and activities that worked well in the online environment.

Two grantees mentioned additional barriers to participation caused by the COVID-19 pandemic. A grantee serving fathers noted that many participants had changes to employment because of the pandemic which changed their availability and made scheduling sessions more difficult. A grantee who serves refugee and immigrant families noted that reductions in immigration and resettlements because of the pandemic, led to a smaller pool of potential participants. However, at the time of the visit they were anticipating new arrivals to resume.

How does the Strengthening Families™ Protective Factors (SFPP) Framework inform your work? In what ways are the protective factors woven into your program or curriculum?

In their second year, grantees were working to create environments where families built protective factors and approached their work with families in a strengths-based way.

- Several grantees noted that the Strengthening Families Protective Factors Framework was a useful tool to help families identify strengths and needs during the challenging time of the COVID-19 pandemic.
- Increased stress related to the COVID-19 pandemic led to a focus on coping skills and ways to manage stress. One grantee noted that participants regularly shared how they were coping in group sessions. Supporting parents to manage stress is one way to build resilience. The grantee that provided trauma-informed therapy in addition to their evidence-based model, noted that participants often discussed their resilience during these sessions.
- Many grantees mentioned the importance of providing opportunities for families to connect when COVID-19 pandemic restrictions prohibited gathering. Online groups provided opportunities for parents to share their struggles and provide support to one another to address challenges. One grantee who was delivering online Parent Cafes explained that these events provided a time for deep emotional sharing and connection.
- A grantee providing services to refugee and immigrant families noted that the parenting education classes supported caregivers building knowledge of parenting and child

development. A specific area of learning was around how to support the online learning of their school-age children during the COVID-19 pandemic.

- Many grantees noted the importance of helping families to find concrete supports to meet their needs. Several grantees noted that there were supports available internally as well as opportunities to refer families to outside services. A grantee serving fathers noted that participation in the group setting where participants discussed their needs and challenges, fathers felt less alone in their struggles and experienced less stigma about asking for help.
- One grantee noted that the curriculum used builds positive parent-child communication. Another grantee noted that participants asked for support to address their child's emotional needs during the pandemic. Discussions about this topic provided strategies for caregivers to use with their children.

Has the grantee received written approval for any program or budget revisions? If so, describe the circumstances that necessitated the request and the outcome of the revision.

Grantees completed budget and program revisions when necessary. One grantee completed a program revision to allow the use of a second evidence-based program while the developers of the model identified in their work statement determined if the program could be delivered in a virtual format. The revision was approved, and the grantee completed two rounds of the alternative program before returning to the original program.

One grantee completed a budget revision which redistributed funds for supplies, transportation, and training. The revision was approved.

Target Population

Describe progress toward meeting the yearly goal of families served. Have there been any challenges with recruitment? How have they been addressed?

It is important to note that these interviews give a point-in-time snapshot of program enrollment. Even if a program is struggling to meet enrollment projections at the time of the interviews, they may still meet yearly or three-year goals. Program enrollment is monitored through monthly enrollment reports that are completed in the Family Support and Home Visiting Database.

- At the time of their interviews, five grantees stated that they were on track to meet the goal number of families for this program year. Despite being on track to meet their goals, several grantees reported that the COVID-19 pandemic presented challenges to recruitment including the difficulty of recruiting families for an online program.
- At the time of their interview, one grantee noted that they were struggling with recruitment and would likely not meet their goal of families served for the program year. The grantee cited the COVID-19 pandemic as the reason for limited recruitment. They also noted that although fewer families have been served, the increased family needs related to the COVID-19 pandemic led to increased staff time with families served.

How does the grantee document the services that they provide?

All grantees are required to input demographic data of families, parents/caregivers, and children in the OCDEL Family Support and Home Visiting Database. Grantees that are implementing evidence-based home visiting programs are also required to report on performance measures that are linked to Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program

guidelines. Performance measure data is also captured in the OCDEL Family Support and Home Visiting Database.

Most grantees continued the same methods of documentation, typically in electronic databases or spreadsheets. One grantee was planning to shift all documentation from paper charts to an online database. Another grantee shifted how they completed attendance sheets to document attendance at virtual sessions.

What outreach and promotional materials are used? Do they include the CTF logo? In what other ways is the program marketed to families?

Grantees continued many of the same outreach efforts in their second year. Grantees used the CTF logo where appropriate. Examples of marketing and recruitment strategies are listed below.

- Parent referrals
- Promotional videos
- Advertisement on referral partners' websites
- Brochures
- Facebook posts
- Conversations and presentations with community partners
- Flyers
- Utilizing existing in-person and virtual events for recruitment
- Internal referrals from other programs at the agency

What strategies have worked best to ensure families complete the majority of sessions recommended by the model?

Grantees continued to employ a variety of strategies to retain families in the program.

- Grantees noted that the strong, trusting relationship that families build with staff is integral to retention. Parents feel connected and supported which translates into staying in the program.
- Many families stay in the program because they find that it supports them. Grantees note that parents build connections with one another and can access needed supports either from the grantee or through referrals to community services. One grantee described the importance of providing informal opportunities for families to connect – sessions where parents could talk together and share.

Outcomes, Indicators, and Evaluation

What assessment tools are used to adequately measure participant progress in relation to the stated outcomes?

Grantees use a variety of tools to measure participant outcomes. Two grantees reported issues with some of the tools used, specifically around the cultural relevance of questions and examples used. They were encouraged to discuss these findings with model developers. Assessment tools used by grantees are listed below.

- Parents Assessment of Protective Factors (PAPF)
- Ages and Stages Questionnaire (ASQ) and ASQ Social-Emotional (ASQ-SE)
- Edinburgh Postnatal Depression Scale (EPDS)
- Life Skills Progression Tool (LSP)
- Parenting Interactions with Children: Checklist of Observations Linked to Outcomes

(PICCOLO™)

- Parent Satisfaction Survey (Parents as Teachers)
- Hurt, Insulted, Threatened with Harm and Screamed (HITS - assessment for intimate partner violence)
- ACT Raising Safe Kids Pre and Post Assessment
- Protective Factors Survey
- Keys to Interactive Parenting Scale (KIPS)
- Patient Health Questionnaire – 9 (PHQ-9)
- Relationship Assessment Tool (RAT - formerly the Women’s Experience with Battering [WEB])
- 24/7 Dad AM Survey
- Parenting Stress Index Fourth Edition (PSI-4)
- Adult Adolescent Parenting Inventory Second Edition (AAPI-2)
- Bracken School Readiness Assessment (BSRA) – grantees suspended use of this tool when delivery services virtually as it was not recommended to be administered online.
- Mid America Head Start Family Assessment

Trends and Observations of Participant Progress

Grantees reported a variety of progress evidenced by results from evaluation and assessment tools and staff observations. Grantees reported participant progress in three ways:

1. Describing trends related to the data gathered through tools required by the evidence-based program;
2. Discussing participant progress toward specific outcomes and indicators identified in the Request for Application (RFA);
3. Identifying other outcomes and positive progress demonstrated by the program participants.

Participant progress is described below using the Strengthening Families Protective Factors as a guide.

Parental Resilience

Grantees reported that increased stress related to the COVID-19 pandemic proved to be challenging for parents. Coping with stress was a frequent topic of discussion. Staff provided stress reduction and self-care strategies and participants shared how they were dealing with stress in groups. Several grantees noted that they observed that parents were better able to describe their emotions and manage them in positive ways.

Social Connections

Most grantees reported that caregivers built social connections through their participation in the programs. In many cases this increase was a result of the groups prescribed by the evidence-based models implemented. Some grantees also added additional opportunities for connection like Be Strong Parent Cafes or informal chat sessions. Several grantees noted that participants were able to better identify the connections they already had in their lives and seek support from those connections when needed. One grantee explained that participants often express appreciation for the classes and a desire to remain connected to one another and the organization after classes end. The grantee is exploring ways for this to occur.

Knowledge of Parenting and Child Development

Grantees reported that they have observed growth in participants' understanding of child development and in their parenting skills. Some grantees reported an increase in the use of positive discipline while others observed parents using positive, encouraging language with their children. One grantee noted that increased time at home and on screens during the pandemic led parents to be curious about the content their school-aged children were viewing. Parents reported they were more likely to discuss content with their children or view content with their children.

Several grantees mentioned that participation in the program encouraged caregivers to reflect on parenting practices. In the case of a program working with immigrants and refugees, participants reflected on the cultural landscape of parenting in the United States and the differences from their previous homes. One grantee mentioned that participants often reported that they learned new skills and were more willing to try those skills with their children. Another grantee noted that parents often reflected on how they were raised as children and how that impacted the way they wished to parent their own children.

Concrete Support in Times of Need

Grantees continued to report that families had increased needs for concrete supports due to the COVID-19 pandemic. Staff have worked diligently to connect families to needed goods and services. Grantees expressed the importance of being non-judgmental when they helped participants identify needs and linked them to services so that they conveyed that it is ok to ask for help. The grantee providing trauma-informed therapy noted that participants feel less stigma attached to receiving therapeutic support. Two grantees mentioned that routine screenings as a part of the evidence-based model have identified developmental delays in children. In these cases, delays are discussed with families and the children are referred to Early Intervention for additional supports. One grantee also mentioned that they helped families identify tools that parents can use to address the child's delay.

Social and Emotional Competence of Children

Several grantees reported that parents increased their positive interactions with their children and recognized the importance of spending time with their families. Grantees noted that participants were spending more time with their children in part because of lockdown restrictions related to the COVID-19 pandemic. One grantee noted that discussion about the impact of the pandemic on children's social and emotional well-being was helpful for parents.

Other Positive Progress Observed

In addition to growth related to the Protective Factors, grantees observed other positive progress and achievements among program participants.

- One grantee noted that families in which multiple caregivers (including intergenerational ones) participated in parenting classes, improved their communication with one another. In one family this led the grandparent to be less judgmental about the parenting styles of their children.
- One grantee that tracked well-child visits as a performance measure for their evidence-based program, noted that through conversation and encouragement, they were able to support families to get back on track with well visits and vaccinations.
- One grantee described that goal setting was an integral part of the evidence-based model and shared an example of a parent who achieved their goal of obtaining a job. As a result, her family was able to purchase a car and move to a safer area with outdoor space for the child to play.

How does the grantee continuously monitor and improve the program's quality and effectiveness?

In their second year, grantees continued to use specific methods to ensure that programs are delivered with quality and effectiveness. Examples of methods are listed below.

- Formal continuous quality improvement processes and tools from the model developer
- Annual continuous quality improvement projects
- Discussions about program quality at staff meetings
- Facilitator debriefs after sessions
- Formal observations of service delivery completed by the supervisor
- File reviews
- Analysis of participant feedback and satisfaction surveys

Collaborative Relationships and Coordination of Services

Describe the scale and scope of the grantee's work with overarching county or community child abuse and neglect prevention collaborative or advisory groups and/or other community initiatives that focus on children and families.

Grantees reported being connected to overarching community collaborative groups. Examples of collaborative groups are listed below.

- United Way advisory groups and committees
- Substance use prevention groups
- Collaborative groups organized by County Children and Youth Agency
- Local Interagency Coordinating Committees and Councils
- Children's Roundtables
- Health initiatives
- Criminal justice advisory boards
- Plans of Safe Care committees
- Collaborative groups focused on mental health
- Collaborative groups focused on supporting immigrants and refugees
- Domestic violence coalitions

How has information and/or feedback from community collaborative groups influenced program implementation and sustainability?

Grantees continued to build relationships with community partners through participation in collaborative groups. Several noted that they regularly gave reports about their programs at collaborative group meetings. In some cases, members of the collaborative group offer feedback. Participation in collaborative groups has also led to referrals to the program, opportunities for collaboration, and potential funding opportunities. One grantee noted that they work to ensure that the voice of parents is included in community collaborative discussions.

Tell about the grantee's community partners and funders and the role that each play in the implementation and evaluation of the CTF program.

Grantees reported relationships with various community groups that generate referrals and provide services for the families they serve. Examples of community partners are listed below.

- Higher education institutions

- Drug and alcohol programs
- Centers of Excellence
- Early Intervention Services
- Head Start programs
- Pre-K Counts programs
- After-school programs
- School Districts
- District and family court judges
- Nurse-Family Partnership providers
- Homeless shelters
- Intimate Partner Violence organizations
- Housing agencies
- Police departments
- Children's Advocacy Centers

Specifically describe the grantee's relationship with the child welfare agency.

Grantees reported varying levels of cooperation with their local Children and Youth agencies. When appropriate, grantees have established referral relationships. Some grantees receive funding from Children and Youth to support their programs. Grantees that received funding and referrals from Children and Youth noted consistent communication with staff that included reports about program progress. Two grantees noted that staff turnover at the Children and Youth necessitated continued attention to building strong relationships.

What organizations provide similar services in the grantee's area? Describe the grantee's relationship with those organizations. Describe the existing referral mechanisms and linkages used to help strengthen and support families and their children.

Most grantees were aware of other programs conducting family support services in their area. The level of interaction with these groups varied from instituting formal memoranda of understanding to more informal referral relationships. The most cited programs providing similar services are listed below.

- Nurse-Family Partnership
- Head Start
- Early Head Start
- Local groups providing parenting education and support
- Family centers
- Children's advocacy centers

Describe the grantee's mechanism for regularly sharing information with their partners.

Grantees continue to share outcome and impact data, as well as general program information with their partners. Examples of methods used are listed below.

- Presenting reports at collaborative meetings
- Agency newsletters
- Meetings with individual partners
- Email updates

- Social media
- Reports to funders
- Updates on the agency website
- Program-specific outcomes reports

How are parents/caregivers intentionally incorporated in leadership roles and program implementation decisions?

Grantees reported a variety of ways that parents are involved in their programs.

- Most grantees solicit feedback from parents that informs program implementation. This feedback is gathered through formal means such as satisfaction surveys as well as informal conversations.
- Some grantees noted formal opportunities for parents to participate in implementation decisions such as serving on advisory boards. Two grantees noted that parents were a part of the team that implemented a pilot Program Assessment process initiated by CTF. Caregiver participation on this team was helpful in planning implementation and analyzing responses. A grantee implementing Be Strong Parent Cafes has two parents that serve on the planning team.
- Other grantees noted opportunities for parents to share their stories and skills. Two grantees created promotional videos that featured families. One grantee mentioned that caregivers are integral to recruitment and are considering how they might create a formal ambassador program.

Agency Experience and Human Resources

Describe the staffing configuration of the grantee’s program. Is the program fully staffed at this time?

All programs have a structure of direct service staff supervised by an administrator. The administrator provides supervision, evaluation, and support for the direct service staff. Four of six grantees noted that they had not experienced any staffing changes in their CTF-funded programs in their second year.

One grantee experienced significant turnover at the direct service and supervisory level. Another program had a shift at the administrator level, but other staffing remained in place.

Describe how staff is supported to implement the program effectively.

Grantees continued to provide supports to staff to implement the program effectively including providing reflective supervision, professional development, and opportunities for staff to discuss challenges and provide support for one another. Some grantees noted that they increased the frequency of staff meetings, opportunities for informal check-ins, or reflective supervision sessions to support staff through the COVID-19 pandemic and delivery of virtual services.

Program Sustainability

Have the budgeted and match funds been adequate to meet the implementation needs of the program? How does that relate to sustainability planning?

All grantees reported that budgeted and match funds have been sufficient to implement the chosen program. One grantee noted that CTF implementation over two years has helped them have an adequate picture of program costs which will support them in fund development efforts

moving forward. Several grantees mentioned the importance of match funds as CTF funds do not cover the full cost of the program.

What steps has the grantee taken to create new and cultivate current relationships with local funders to sustain the program and/or child abuse prevention efforts in the community? Describe the strategies in the grantee’s sustainability plan that will retain ongoing funding after CTF funding has expired.

Grantees reported the following relationships and strategies to ensure they will be able to continue the program after CTF funds expire.

- Several grantees mentioned they would continue to cultivate relationships with the United Way to obtain sustaining funds. Others plan to work with school districts or other collaborative groups to identify possible funding opportunities.
- Many grantees noted they have existing relationships or will cultivate partnerships with local foundations as well as private funders to ensure program sustainability.
- Several grantees noted that they would maintain or strengthen relationships with Children and Youth to potentially expand funding. One grantee noted that they will discuss the possibility of Families First funding with the Children and Youth agency.
- Several grantees stated that they would explore grant opportunities from federal, state, and local funders. In some cases, grantees had development staff in place to support this. One supervisor was pursuing professional development opportunities to improve their grant writing skills.

Follow-up and Technical Assistance

Please provide feedback on the CTF grant procedures. What suggestions does the grantee have for improving the grant process?

Several grantees noted that they appreciated the support of technical assistance staff from the Center for Schools and Communities (CSC). They felt comfortable asking for support and found TA staff to be helpful and accessible.

Technical Assistance Provided During or After the Interviews

Technical assistance was available to grantees throughout the year via email, telephone consultation, and interactive video conferencing. Technical assistance provided to grantees during site visit interviews was most often related to challenges with implementation, requests to be linked with resources, and clarifications of reporting procedures. The following is a list of types of technical assistance provided during and after the interviews.

- Provide links to the following resources.
 - Connecting with other grantees implementing an evidence-based program
 - Connection to resources on supporting families experiencing grief and loss
- Guidance on the following program implementation topics.
 - Counting participants
 - Using evaluation tools and analyzing data
 - Best practices for delivering virtual services
- Guidance on the following CTF policies and procedures.
 - Match requirements

- Annual meeting attendance
- When and how to complete revisions

Descriptions of Programs

Cohort 28

1. Accion Comunal Latinoamericana de Montgomery County (ACLAMO)

ALCAMO will implement the 24/7 Dad® Program from the National Fatherhood Initiative with help of a full-time, trained facilitator to conduct father-appropriate classes and home/visits. A two-hour, six-week session will be offered twice a year with scheduled individual follow-ups and makeup sessions as needed. Additionally, there will be a one-hour home visit per week for four weeks per year for fathers who could not attend class or need more support at home. Finally, ACLAMO would incorporate a quarterly meeting/event with the fathers and their families. The program plans to serve 60 unique families over three years.

2. Columbia County Commissioners

The Columbia County Family Center will serve nine families in three years. The Columbia County Family Center's current Parents as Teachers Home Visitation (PAT) program will be adapted into a more intensive intervention for families suffering from substance use disorders in an effort to keep children safely in their homes with their parents and/or caregivers. The parent educator will have half the caseload of a regular PAT parent educator. Weekly home visits will be completed with the family instead of the current bi-weekly visit schedule.

3. Family Services Association of Bucks County

The Family Service Association of Bucks County will serve sixty families in three years. They will provide the Nurturing Parenting Program coupled with in-home trauma-informed therapy sessions for identified individuals who are at high risk for abuse or neglect. This project would specifically work with individuals who have been impacted by opioid/methamphetamine use before an abuse/neglect incident had occurred. A clinician will provide home visitation as well as trauma-informed sessions. These sessions will in turn discuss unaddressed trauma, based on the Parental Stress Inventory (PSI-4) screening. The goal will be to ultimately reduce parental stress and connect to local treatment providers for continued support.

4. Greater Susquehanna Valley United Way

The Greater Susquehanna Valley United Way Parents as Teachers will serve fifty families in three years. The Greater Susquehanna Valley United Way Parents as Teachers will expand the current Parent as Teachers service area from central Sunbury to cover all of Northumberland County. Also, the addition of a bilingual (Spanish/English) parent educator to address the cultural and language needs of families not being met under the current program.

5. Jim Thorpe Area School District

The grantee will implement the PAT home visiting program which will serve pregnant mothers and families with children up to kindergarten entry living in Carbon County, PA. The target population will be pregnant women, one or both parents under 20 years of age, and parents and children from, "at-risk" and low-income families. The program plans to serve 60 unique families over three years.

6. United States Committee for Refugees and Immigrants – International Institute of Erie

USCRI Erie will implement the ACT Raising Safe Kids Program, an evidence-informed curriculum developed and coordinated by the American Psychological Association's (APA) Violence Prevention Office. USCRI Erie will leverage its experience adapting and modifying evidence-based curriculum to ensure ACT is culturally and linguistically accessible and that all material is responsive to the diverse needs of participants. Workshops will be offered twice quarterly, spanning 9 weeks, with one 2-hour session per week. Session topics will revolve around knowledge and beliefs about child development, relationships, and parenting skills. The program plans to serve 144 unique families over three years.