



# A Measurement Framework for Implementing and Evaluating Preventive Services

## [Jurisdiction]

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A **measurement framework** to help measure capacity, reach, fidelity, and outcomes related to child welfare preventive services, including Evidenced Based Practices (EBPs) and those related to Family First.

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# INTRODUCTION

The *Measurement Framework for Implementing and Evaluating Preventive Services* suggests various measures and domains jurisdictions can use to assess capacity, reach, fidelity, and outcomes related to child welfare preventive services. **Preventive services**, as used in this framework, are services designed to prevent the placement of children and youth into the foster care system by keeping them safely at home with their parents or kin caregivers.<sup>1</sup> Examples of such services are Evidenced-Based Practices (EBPs) like those related to the Family First Prevention Services Act (Family First). Children identified as being at imminent risk of entering care are often referred to as “**candidates**” for foster care. Prevention services and candidates can be specific to Family First or fall outside of it. For example, a child who is at imminent risk for entering care but does not meet the jurisdiction’s definition of a Family First candidate is still a **candidate** who might be referred to a **preventive service**.<sup>2</sup>

Many of the proposed measures in this framework align well with Family First concepts, like Family First candidates, EBPs, and preventing entry into foster care. However, many of the domains and measures in this framework can also be used or adapted to evaluate interventions with children and families who are not part of Family First but who may still benefit from preventive services.

To measure the extent to which preventive services are reaching children and families, being implemented with fidelity, and achieving desired outcomes, the framework suggests tracking measures in **four areas**:



## Capacity

Measures that assess the degree to which the agency devoted the necessary resources to support its implementation of preventive services.



## Reach

Measures related to children and families referred to services, outcomes of those referrals, and service uptake and completion.



## Fidelity

Measures that assess the degree to which the service was carried out with fidelity according to capacity, process, and quality requirements.



## Outcomes

Measures that assess the impact of the service on child and family outcomes.

<sup>1</sup> This framework does not address measurement related to primary prevention efforts that are directed to the general population to raise awareness of healthy parenting and education about the problems associated with child maltreatment.

<sup>2</sup> See for example this discussion of Traditional vs. Prevention (i.e., Family First) candidates:

<https://familyfirstact.org/sites/default/files/Title%20IV-E%20Administrative%20Claims%20for%20Foster%20Care%20Candidates.pdf>

# MEASURES: AGENCY CAPACITY



## Agency Capacity

### What is Agency Capacity?

Agency Capacity refers to the resources the agency devotes to the broader work and staff to support its implementation of preventive services. These may include financial, human capital, technological, infrastructural, and other tangible resources.

*Once implementation is underway, it will be important to assess how state agency staff and service providers are experiencing implementation of the Family First Prevention Services Plan in the agency capacity areas outlined below. Chapin Hall has helped states develop surveys and focus group protocols that explore the competency and organizational drivers needed to support successful implementation. The findings from administering surveys and conducting focus groups will reflect the thoughts and experiences of state agency staff and service providers and help identify needed mid-course corrections in implementation and specific support the agency may need to provide. Please contact Chapin Hall at [FamilyFirstChapin@Chapinhall.org](mailto:FamilyFirstChapin@Chapinhall.org) if you would like support in this area.*

Suggested Areas to Measure <sup>3</sup>	Agency's Measures	Agency's Data Elements
<b>Staffing</b> <sup>4</sup> (e.g., processes for hiring and selecting qualified staff, clarity of roles and responsibilities, staffing gaps, workload, knowledge and skills, time available to accomplish work)		
<b>Training</b> (e.g., formal, time-limited and structured events like webinars, in-services, and training modules that focus on practices, processes, and tools used to support implementation)		

<sup>3</sup> This framework groups capacity measures into seven domains that correspond closely to seven “implementation drivers” identified by the National Implementation Research Network (NIRN). (NIRN’s eighth implementation driver – Fidelity – is captured later in its own section.) For more information on NIRN and these implementation drivers, see <https://nirn.fpg.unc.edu/module-1/implementation-drivers>.

<sup>4</sup> NIRN calls this driver “Selection”

<p><b>Coaching</b> (e.g., ongoing, day-to-day, and more informal guidance provided by a knowledgeable peer, supervisor, or coach that reinforces effective use of practices, processes, and tools used to support implementation)</p>		
<p><b>Technology Supports and Infrastructure,</b> <sup>5</sup> such as the existence of and satisfaction with:</p> <ul style="list-style-type: none"> <li>- information technology (IT) systems that support practices and procedures required to implement the program (e.g., identifying eligible children and families, service matching, tracking referrals and service uptake, invoicing, and exchanging case information with providers);</li> <li>- linkages between the agency's child welfare information system (e.g., CCWIS) and external IT systems needed to facilitate data exchange for children and families receiving preventive services;</li> <li>- tools to collect and report data on process, outcome, and fidelity data to support evaluation, CQI efforts, and reporting (e.g., reach of services, service uptake, client outcomes)</li> </ul>		
<p><b>Facilitative Administration</b> (e.g., resources and efforts to support staff and remove barriers, existence and usefulness of policies and procedures that support the program, effective communication from supervisors and leadership, leadership strategies to problem solve and make changes and improvements as needed)</p>		
<p><b>Systems interventions</b> (e.g., strategies to work with external systems, policies, and stakeholders not under the agency's direct control but which can impact the work)</p>		

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<sup>5</sup> NIRN calls this driver "Decision Support Data System"

# MEASURES: REACH

Many of the measures described in this framework use “children” as the unit of analysis for tracking referrals, service uptake, and outcomes. However, some agencies may want to measure such events at different or additional levels, such as those for the child or youth, his or her parents or kin caregivers, the entire family (e.g., case), or all three. For example, is the agency interested in knowing how many *children* were referred to and received a service, how many *parents* of those children were referred to and received a service, or *both*? These decisions will dictate the best approach to building IT systems designed to capture these data – both for the front end which workers see and use and the back end which IT developers create to store the data and allow for analysis and reporting.



## Reach

### What is Reach?

Reach refers to the degree to which the service is reaching the target population through eligibility determinations, referrals, and service uptake. Some services, particularly well-supported EBPs, will have their own recommended reach measures and should be included; others may have none.

Suggested Measures	Agency’s Measures (if different)	Agency’s Data Elements
<p>1. Among children <b>who come to the attention of the agency or screening entity and could be eligible for Family First</b>, # and %:</p> <ul style="list-style-type: none"><li>a. identified as a Family First candidate (i.e., meet the agency’s criteria)</li><li>b. identified as a Family First pregnant or parenting youth in care (PPY)</li><li>c. not identified as a candidate nor PPY</li></ul> <p><i>Show data by time (e.g., month or quarter), region, jurisdiction, age, race &amp; ethnicity</i></p>		

<p>2. Among children <b>identified as a Family First candidate or PPY</b>, # and %:</p> <ul style="list-style-type: none"> <li>a. referred to an EBP</li> <li>b. not referred to an EBP</li> </ul> <p>2.b. Among those <u>not</u> referred to an EBP, # and % reason:</p> <ul style="list-style-type: none"> <li>a. No service(s) available that meets needs or eligibility of child and family</li> <li>b. Services in place but at capacity</li> <li>c. Other</li> </ul> <p><i>Show data by population (i.e., candidates vs. PPY), time (e.g., month or quarter), EBP, region, jurisdiction, age, race &amp; ethnicity</i></p>		
<p>3. Among children identified as a Family First candidate or PPY and <b>referred to an EBP</b>, # and %:</p> <ul style="list-style-type: none"> <li>a. who started the EBP (i.e., completed at least one session)</li> <li>b. who did not start the EBP (i.e., have not completed at least one session)</li> </ul> <p>3.b. Among those who did <u>not</u> start the EBP, # and % by reason:</p> <ul style="list-style-type: none"> <li>a. No action taken; referral still in process</li> <li>b. Placed on waitlist (i.e., due to provider capacity)</li> <li>c. Provider rejected referral (e.g., client not eligible)</li> <li>d. Provider unable to contact or engage with family, family did not consent, etc.</li> <li>e. Other</li> </ul> <p>3.c. Among children <b>referred and placed on waitlist</b>, median days (and range) on waitlist</p> <p><i>Show data by population (i.e., candidates vs. PPY), time (e.g., month or quarter), EBP, region, jurisdiction, age, race &amp; ethnicity</i></p>		

<p>4. Among children identified as a Family First candidate or PPY, <b>referred to an EBP and who are no longer receiving the service</b>, # and %:</p> <ul style="list-style-type: none"> <li>a. who completed the full EBP (i.e., completed all required sessions)</li> <li>b. who did not complete the full EBP</li> </ul> <p>4.b. Among those who did <u>not</u> complete the full EBP, # and % by reason:</p> <ul style="list-style-type: none"> <li>a. Provider unable to contact or engage with family, family withdrew, etc.</li> <li>b. Family no longer eligible (e.g., moved out of service area, developed condition that impacted eligibility)</li> <li>c. Provider capacity issues</li> <li>e. Other</li> </ul> <p><i>Show data by population (i.e., candidates vs. PPY), time (e.g., month or quarter), EBP, region, jurisdiction, age, race &amp; ethnicity</i></p>		
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# MEASURES: FIDELITY



## Fidelity

### What is Fidelity?

Fidelity is the extent to which the service is carried out with adherence to the intended approach and can be assessed by measuring the degree to which **capacity**, **process**, and **quality** requirements are met.<sup>6</sup> Some services, particularly well-supported EBPs, will have their own recommended fidelity measures and should be included; others may have none.

*The Family First Prevention Services Act requires states to clearly outline how implementation of EBPs will be continuously monitored to ensure fidelity to the program model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices. Many EBPs have their own recommended fidelity measures and tools and are highly specific; other EBPs have more general fidelity guidance. Selecting the right fidelity monitoring approach depends on the EBP and the resources and options available to the state agency. There are several approaches that can be used to monitor fidelity, for example, by observation, self-assessment, or case reviews. Also, for some EBPs, developers maintain databases that house fidelity data and produce periodic fidelity reports. Chapin Hall works with states to explore these options and provides technical guidance on designing instruments for monitoring EBP fidelity or using tools specified by EBP model developers. Please contact Chapin Hall at [FamilyFirstChapin@Chapinhall.org](mailto:FamilyFirstChapin@Chapinhall.org) if you would like support in this area of your work.*

Because the measures in this section will vary for each EBP the agency is evaluating, and because fidelity plans for some EBPs will be lengthy, Chapin Hall recommends that agencies create a separate document for each EBP that outlines the fidelity measures, measurement strategies (e.g., observations, case reviews, purveyor database data), and intended short- and long-term outcomes.

For convenience, the template below lists the EBPs rated as “Well-Supported” by the Title IV-E Clearinghouse as of 6/16/2022.<sup>7</sup> Consider reducing this list to only the EBPs your agency is implementing or plans to implement. The manuals for several of these EBPs include fidelity measures that are either required or recommended.

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<sup>6</sup> Wulczyn, F., Alpert, L., Orlebeke, B., & Haight, J. (2014). *Principles, language, and shared meaning: Toward a common understanding of CQI in child welfare*. Retrieved from [https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-Principles-Language-and-Shared-Meaning\\_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf](https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-Principles-Language-and-Shared-Meaning_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf)

<sup>7</sup> For the most recent list of all programs reviewed by the Title IV-E Clearinghouse (Well-Supported, Supported, Promising, Does not currently meet criteria), see <https://preventionservices.acf.hhs.gov/program>

When developing fidelity measures, it may be useful to consider the three domains below:

- **Process** - How services are delivered and what is done (e.g., type, frequency, intensity, duration, timeliness)
- **Quality** - How well services are delivered. Quality can be measured with observations, interviews, focus groups, and surveys.
- **Capacity** - The resources the agency devotes to the work to implement the EBP with fidelity to implementation guidelines and process and quality standards

EBPs rated as “Well-Supported” by the Title IV-E Clearinghouse (as of 6/16/22)	
EBP	Notes
Brief Strategic Family Therapy	
Familias Unidas	
Family Check-Up	
Functional Family Therapy	
GenerationPMTO - Group	
Healthy Families America	
Homebuilders – Intensive Family Preservation and Reunification Services	
Intercept®	
Mindfulness-Based Cognitive Therapy	
Motivational Interviewing	
Multisystemic Therapy	
Nurse-Family Partnership	
Parent-Child Interaction Therapy	
Parents as Teachers	

# MEASURES: OUTCOMES



## Outcomes

### What are Outcomes?

Outcomes measure the extent to which the services are achieving the desired results for children and families. Outcomes may be **prescribed by the EBP, of interest to the agency, or required for federal reporting.**

### EBP-specific outcomes

**These are outcomes specified by the EBP, if any. For example, some well-supported EBPs have specific outcomes the EBP is intended to achieve. The measures in this section will vary for each service or EBP the agency is evaluating and are often found in the EBP manual or documentation.**

Because the outcomes in this section will vary for each EBP the agency is evaluating, Chapin Hall recommends that agencies create a separate document for each EBP (as described in the Fidelity section) that includes the intended short- and long-term outcomes for each EBP.

When developing outcome measures, it may be useful to group them into long-term and short-term outcomes.

### Agency-specific outcomes

**These are outcomes the agency wants to track that may not be specified by the EBP. The measures in this section may vary for each service or EBP the agency is evaluating. Below are some outcomes that many agencies are interested in tracking that may not be specified in any of the EBP manuals.**

Suggested Areas to Measure	Agency's Measures	Agency's Data Elements
<b>Safety</b> 1. Among children <b>still receiving the EBP</b> , # and % with a CPS report, by outcome:		

<ul style="list-style-type: none"> <li>a. Screened out</li> <li>b. Screened in – investigated – victim</li> <li>c. Screened in – investigated – non-victim</li> <li>d. Screened in – investigated – other (e.g., closed without finding, unknown, missing)</li> <li>e. Screened in – assigned to alternative/differential response</li> <li>f. Other</li> </ul> <p>2. Among children <b>who completed the EBP</b>, # and % with a CPS report within 12 months of EBP closure, by outcome:</p> <ul style="list-style-type: none"> <li>a. Screened out</li> <li>b. Screened in – investigated – victim</li> <li>c. Screened in – investigated – non-victim</li> <li>d. Screened in – investigated – other (e.g., closed finding, unknown, missing)</li> <li>e. Screened in – assigned to alternative/differential response</li> <li>f. Other</li> </ul> <p><b>Foster Care</b></p> <p>3. Among children <b>receiving the EBP</b>, # and % whose EBP service ended because they entered foster care</p> <p>4. Among children <b>who completed the EBP</b>, # and % who entered foster care after EBP closure, by timing:</p> <ul style="list-style-type: none"> <li>a. Entry within 3 months</li> <li>b. Entry within 6 months</li> <li>c. Entry within 12 months</li> <li>d. Entry within 24 months</li> <li>e. Entry after 24 months</li> </ul>		
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Well-Being		
Other		
Federally required outcomes for Family First candidates		
The Family First Prevention Services Act requires states to submit data for each child who is a Family First candidate with a child-specific prevention plan. <sup>8</sup> Three of the data elements (listed below) focus on long-term outcomes related to foster care entry.		
Measure	Notes	Data Elements
<ol style="list-style-type: none"> <li><b>Foster care placement status at 12 months from prevention plan start date</b> (Indicate whether the candidate entered foster care 12 months from the prevention plan start date)</li> <li><b>Foster care entry</b> (Did the candidate enter foster care as defined in 45 CFR 1355.20 <b>within 24 months of the prevention plan start date</b>?)</li> <li><b>Date of entry into foster care</b> (If [child entered foster care], enter the date of each entry into foster care)</li> </ol>		

For more information contact us at [FamilyFirstChapin@Chapinhall.org](mailto:FamilyFirstChapin@Chapinhall.org).

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<sup>8</sup> Children's Bureau (August 12, 2021). Technical Bulletin #1 (**REVISED**): Title IV-E Prevention Program Data Elements - <https://acf.hhs.gov/cb/training-technical-assistance/revised-technical-bulletin>. This technical bulletin is a revision to the Technical Bulletin #1 that was originally published on August 19, 2019.