



CHAPIN HALL



# Parents As Teachers (PAT)

Key Continuous Quality Improvement (CQI) Considerations

## CQI BRIEF FOR CALIFORNIA COUNTIES AND EBP PROVIDERS

### INTRODUCTION

As California continues to strive for excellence in child welfare, the implementation of evidence-based programs (EBPs) is a fundamental component of the Family First Prevention Services (FFPS) prevention plan. **This policy brief is designed to provide counties and providers with a comprehensive framework for implementing Parents as Teachers (PAT)**, a well-supported evidence-based program approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families.

**As you review this information, consider how you will measure the success of PAT within your county and how you can develop or refine your implementation to ensure eligibility for IV-E reimbursement, as well as improved outcomes for children and families.**

Counties and providers can utilize this Brief to facilitate discussions at the county, agency, and



community levels, aimed at identifying best practices for tracking and sharing data. These discussions should also focus on reviewing the CQI prompts to assess program delivery and implementation, making necessary adjustments as needed. Additionally, counties and providers should use these Briefs to establish feedback loops for sharing qualitative data on family-specific needs, ensuring that future efforts to serve and support families are informed and responsive.

The information presented in this resource, including service descriptions, target populations, program or service delivery, and implementation details, is informed by several key sources. These include meetings with the PAT developer/purveyor and California’s Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Subcommittee, and IV-E Subcommittee Committee.

#### Key Terms

**Developer/Purveyor:** The entity responsible for creating and supporting the implementation of the EBP. They provide training, resources, and guidance to ensure fidelity and effective implementation.

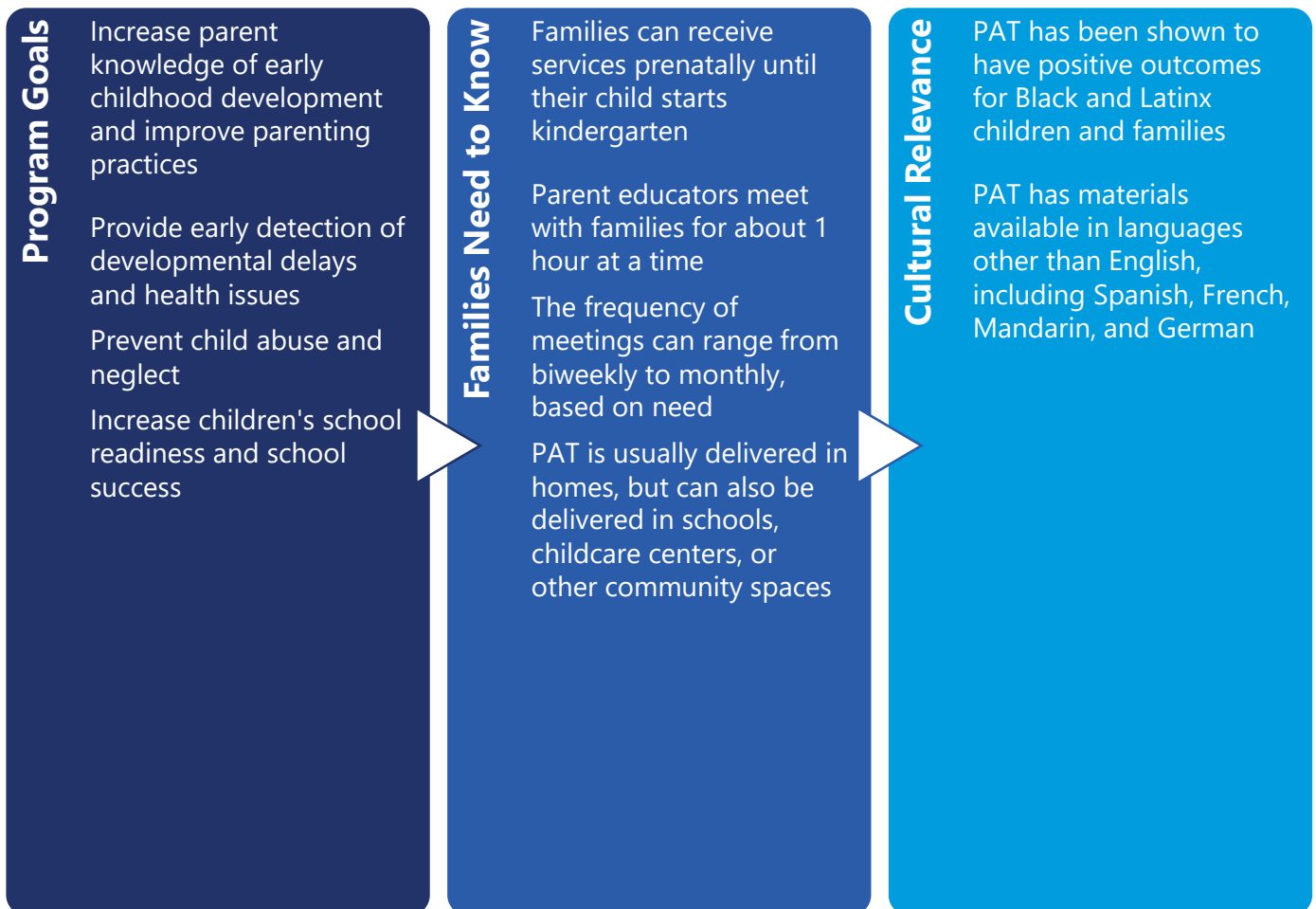
**Provider:** The individual or organization delivering the EBP services directly to children and families.

# PARENTS AS TEACHERS PROGRAM OVERVIEW

**Parents as Teachers (PAT)** is a home visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. Families can begin the program prenatally and continue through when their child enters kindergarten. Services are offered on a biweekly or monthly basis, depending on family needs. Sessions are typically held for 1 hour in the family's home, but can also be delivered in schools, childcare centers, or other community spaces.

## Who is Eligible?

**Expectant parents – continuing until their child reaches kindergarten – who are in high-risk environments.** Families may not be eligible if the child is outside this age range.



## MEASURING PROGRAM SUCCESS

Measuring the capacity, reach, fidelity, and outcome data outlined below can greatly enhance the implementation and effectiveness of PAT. Regular quality assurance monitoring ensures this adherence. The PAT developer/purveyor collects data to provide feedback, helping improve both adherence to the model and program outcomes. This data is stored in online databases managed by the developer/purveyor (Penelope and Visit Tracker).

### Data Collection for Federal IV-E Reimbursement

Under the Family First Prevention Services Act (FFPSA), federal IV-E reimbursement for evidence-based programs (EBPs) is contingent upon several requirements described on pages 27, 39, and 52 of the federally approved [California Prevention Plan](#). To meet these requirements and ensure accurate cost tracking:

- **PAT providers will enter reach and capacity data into the CARES provider portal on a monthly basis.**
- Tracking both outcome and fidelity data is required for IV-E reimbursement. PAT providers have access to site-specific outcome and fidelity reports generated by the developer/purveyor.
- **Outcome and fidelity data will be reported by the developer/purveyor and submitted to CARES using the designated developer/purveyor template provided in Appendix A.**
- CDSS is in the process of contracting with the PAT developer/purveyor to receive outcome and fidelity reports on a consistent basis.

The **CDSS FFPS Program** will:

- **Upload outcome and fidelity data** into the backend of CARES.
- **Translate the reach, capacity, outcome and fidelity data into Tableau reports for use in state- and county-level FFPS CQI processes.**

## Key Metrics for Continuous Quality Improvement (CQI)

To measure the success of PAT, it's important to regularly review data in four key areas:

- 1 **Capacity** – *staff requirements*
- 2 **Reach** – *the extent to which children and families are being served*
- 3 **Fidelity** – *adherence to model implementation requirements*
- 4 **Outcomes** – *impact of services on children and families*

These metrics provide a comprehensive view of program effectiveness. More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#).

# PAT MEASUREMENT FRAMEWORK

The **PAT Measurement Framework** provides standardized metrics for California counties and EBP providers to evaluate **capacity, reach, fidelity, and outcomes**, supporting continuous quality improvement (CQI) and compliance with the Family First Prevention Services Act (FFPSA) for federal IV-E reimbursement. The following data tables outline these measures and expectations for tracking critical program components. **It is recommended that all stakeholders review and familiarize themselves with this information to clearly understand the expectations for tracking and assessing critical components of program implementation.** CQI prompts are included to guide discussions, identify successes, address barriers, and support effective program implementation and oversight.

## Capacity

Capacity refers to the resources dedicated by the agency or program to effectively deliver services to children and families, including staffing, infrastructure, and service availability. Adequate capacity is essential for successful implementation of PAT and influences the program’s ability to meet community needs.

**Table 1** outlines key capacity measures required to monitor program implementation. **PAT providers will submit capacity data for each provider site monthly through the CARES provider portal.** Counties should review capacity data and conduct CQI activities monthly.

**Table 1. Description of PAT Capacity Data Elements**

Measure	Indicator
Staffing	Total # of provider agency sites
	Total # of full-time model-trained or certified practitioners
	Total # of part-time model-trained or certified practitioners
	Total # of supervisors
Supervisor / Practitioner Ratio	1:6
Full-time / Part-time Caseload	50 families for full-time
	25 families for part-time
Service Duration	104 weeks (2 years)

### Capacity CQI Prompts:

- **Analyze Waitlist and Capacity Data:** Combine waitlist information, reach data, and staffing levels to identify if more clinicians or service slots are needed in specific communities.
- **Address Staffing Challenges:** If Supervisor/Clinician ratios, caseloads, or service duration are not meeting standards, collaborate with providers to identify barriers and develop solutions.

## Reach

Reach refers to the extent to which the program engages its target population by ensuring eligible children and families are identified, referred to, and actively enrolled in services. It measures how well PAT is serving those it is intended to reach and whether the service is accessible to those in need.

**Table 2** lists the reach data elements to be tracked for effective outreach and engagement. **PAT providers will submit reach data monthly through the CARES provider portal.** Counties should review reach data and conduct CQI activities monthly.

**Table 2. Description of Standardized Reach Data Elements**

Measure	Indicator
Eligible Child Welfare & Probation Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of FM/VFM/602 youth who come to the attention of the agency*
	Total # identified as a Family First candidate <ul style="list-style-type: none"> <li>• FM – Family Maintenance</li> <li>• VFM – Voluntary Family Maintenance</li> <li>• 602 WIC Petition**</li> </ul>
	Total # identified as a Family First pregnant or parenting youth in care (PPY)
	Total # not identified as a candidate
Eligible Community Pathway Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of community pathway children granted IV-E agency candidacy approval
	Total # of community pathway children denied IV-E agency candidacy approval <ul style="list-style-type: none"> <li>• Reason for denial               <ul style="list-style-type: none"> <li>○ MH, SA, or PS imminent risk/need not identified</li> <li>○ Child outside of age range of the recommended EBP</li> </ul> </li> </ul>
EBP Referrals to Providers	Total # candidates referred to an EBP provider
EBP Service Uptake	Total # candidates who started the EBP
	Total # candidates who did not start the EBP <ul style="list-style-type: none"> <li>• Reason did not start the EBP               <ul style="list-style-type: none"> <li>○ No action taken; referral still in process</li> <li>○ Placed on waitlist; median days on waitlist</li> <li>○ Provider rejected referral</li> <li>○ Provider unable to contact or engage with the family</li> <li>○ Family did not consent, etc.</li> <li>○ Other</li> </ul> </li> </ul>
	Total # candidates who completed the full EBP
	Total # candidates who did not complete the full EBP <ul style="list-style-type: none"> <li>• Reason did not complete the full EBP               <ul style="list-style-type: none"> <li>○ Provider unable to contact or engage with family</li> <li>○ Family withdrew</li> <li>○ Family no longer eligible</li> <li>○ Provider capacity issues</li> <li>○ Other</li> </ul> </li> </ul>
EBP Service Completion	

\*Total number of referrals to Probation (inclusive of citations and arrests)

\*\*Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition

## Reach CQI Prompts:

Look at eligible child welfare and probation candidates and compare with the number referred to PAT, started PAT, and completed PAT. Discuss strategies to address:

- **Service Flow:** Compare eligible candidates to those referred, enrolled, and completed.
- **Waitlists:** Identify causes and reduce delays.
- **Referral Rejections:** Address common reasons for declined referrals.
- **Family Contact:** Improve provider outcome and engagement.
- **Consent Issues:** Increase family consent rates.
- **Withdrawals:** Identify strategies to reduce early terminations.
- **Eligibility Changes:** Minimize service disruptions.
- **Provider Capacity:** Align staffing and resources to demand.

## Outcomes

Outcomes refer to the measurable impacts of the program on children and families, demonstrating whether PAT is achieving its intended goals. These metrics help assess program effectiveness and inform continuous quality improvement efforts.

**Table 3** outlines the key outcome measures needed to monitor and evaluate program success. **PAT providers will use a standardized template to submit outcome data to CDSS annually. The CDSS FFPS team will upload provider outcome data into the CARES backend for county CQI activities.** Counties should review outcome data and conduct CQI activities quarterly.

**Table 3. Description of PAT Outcome Data Elements**

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Increased Positive Parenting Practices	% of primary caregivers with children in the target level age range whose caregiver-child interaction was assessed using a validated tool.	60%	Approved, validated tool <sup>1</sup>	Collected at end of pregnancy.	
Improved Pregnancy Outcomes	% of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm and with very low birth weight following program enrollment.	<15%	PAT Forms or site's Data Management System (DMS)	Collected after the child's birth, usually during the first post-birth visit.	Affiliate Performance Report (APR) and Performance Measures Report (PMR) for providers using Penelope or Visit Tracker; otherwise, provider-specific reporting methods.
Improved Child Health & Development	% of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.	60%	Approved, validated tool <sup>2</sup>	Collected within 90 days of enrollment for children aged 4 months or older, and then at least once annually.	
	% of children enrolled in home visiting referred for services for a positive screen	56.8%	PAT Forms or site's Data	Collected after a positive screen.	

<sup>1</sup> Approved PAT caregiver-child interaction tools include AAPI-2, HFPI, HOME, KIPS, PICCOLO, PSI-4, PSS, PAPF, and PFS-2.

<sup>2</sup> Approved PAT developmental screening tools include ASQ-3, ASQ-SE, DECA, Brigance Early Childhood Screens III, DIAL-4, IDA-2, and PEDS.

	for developmental delays (measured using a validated tool) who receive services in a timely manner.		Management System (DMS)	
Improved Caregiver Health	% of primary caregivers enrolled in home visiting for at least 3 months who were screened for depression within 3 months of enrollment OR 3 months of delivery (for those enrolled prenatally).	80%	Approved, validated tool <sup>3</sup>	Collected within 90 days of enrollment for children aged 4 months or older, and then at least once annually.
	% of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.	41.4%	PAT Forms or site's Data Management System (DMS)	Collected after a positive screen.

**Outcomes CQI Prompts:**

- **Review PMR Data:** Analyze the PMR annually to discuss successes and identify challenges affecting outcome achievement. Encourage providers to share successful strategies.
- **Assess Population Impact:** Combine provider reach data to determine which populations are benefitting most from PAT (e.g., FM vs. VFM youth), considering factors such as race, ethnicity, gender, age, and provider.

## Fidelity

Fidelity refers to how closely the program follows the prescribed PAT model to ensure services are delivered as intended. Maintaining high fidelity is crucial for achieving positive outcomes and ensuring program integrity.

**Table 4** outlines the fidelity measures required to assess program adherence. Reporting on fidelity data will be divided between the provider and the developer/purveyor. **PAT providers will use a standardized template to submit outcome data to CDSS annually. The CDSS FFPS team will upload provider outcome data into the CARES backend for county CQI activities.** Counties should review fidelity data and conduct CQI activities quarterly.

<sup>3</sup> Approved PAT depression screening tools include Beck's Depression, CES-D, EPDS-10, and PHQ-9.

**Table 4. Description of PAT Fidelity Data Elements**

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Provider Received & Maintained Required Training	% of parent educator (PE) and new supervisors who will deliver Parents as Teachers services to families have attended the required PAT trainings before delivering PAT services.	100%	Affiliate Performance Report (APR)	Collected as needed.	Affiliate Performance Report (APR) and Performance Measures Report (PMR) for providers using Penelope or Visit Tracker; otherwise, provider-specific reporting methods.
	% of PEs and supervisors delivering model services for the affiliate have a current Model Certified subscription.	100%			
Meets Supervisor to Parent Educator Ratio	# of PEs per 1.0 FTE supervisor (the number of parent educators assigned to the supervisor decreases proportionately when the supervisor is not full-time).	≤6			
Meets Visit Frequency Requirements	% of families with 1 or fewer stressors that received at least 75% of the required number of visits per month.	100%			
	% of families with 2 or more stressors that received at least 75% of the required number of visits per month.	100%			
Meets Developmental Screening Requirements	% of newly enrolled children who received a complete initial child developmental screening within 90 days of enrollment or birth.	100%			
	% of children who received a complete annual child developmental screening during the program year.	100%			
	Affiliate used one of the PAT approved developmental screening tools <sup>4</sup> .	Yes/No			
Timely Submission of the PAT 21 Essential Requirements	Date of Affiliate Performance Report submission.	Date (MM/DD/YYYY)			
	% of affiliates that receive a score of ≥60% or pass on all 21 items in the Affiliate Performance Report (APR).	100%			

**Fidelity CQI Prompts:**

- **Review Performance Measures Report (PMR):** A PMR is automatically generated after providers submit the required Affiliate Performance Report (APR). The PMR summarizes data on how well the affiliate/site meets essential requirements.
- **Verify Training and Visit Compliance:** Review the APR and PMR to ensure adherence to training requirements, staff qualifications, and visit frequency standards.
- **Address Identified Challenges:** If data reveals challenges, counties should collaborate with providers and model developers to discuss and implement improvement strategies.

<sup>4</sup> Approved PAT developmental screening tools include ASQ-3, ASQ-SE, DECA, Brigance Early Childhood Screens III, DIAL-4, IDA-2, and PEDS.



## RESOURCES

To ensure the successful implementation of PAT, it is crucial to establish a strong relationship between the PAT provider, the PAT developer/purveyor, and the county. Here are the steps to initiate this process:

**Providers Contact PAT:** Reach out to Parents as Teachers, the official developer/purveyor of PAT. Contact information can be found on their website: <https://parentsasteachers.org/>. Initiate a conversation to discuss your interest in implementing PAT and to seek guidance on the next steps.

**Providers and County Leaders Contact Your Local CPP Lead:** Providers or counties looking to implement PAT for IV-E reimbursement should contact their local Comprehensive Prevention Planning Lead to ensure their implementation plans align with state and federal requirements, including IV-E reimbursement guidelines. Follow this link to determine your point of contact:  
<https://cdss.ca.gov/Portals/9/CCR/FFPSA/ffps-title-iv-eagency-county-contact-list.pdf>

**You can also submit additional questions to the FFPS Inbox at**  
[FFPSAPreventionServices@dss.ca.gov](mailto:FFPSAPreventionServices@dss.ca.gov)

## STAY TUNED!

In the coming months, the CQI Subcommittee and statewide advisory committees (see Page 1) will be drafting a comprehensive California Continuous Quality Improvement Plan. The content will include governance structure recommendations, CQI focused resources/policies, data analysis, and feedback loops. Stay tuned for these updates as we enhance our statewide CQI practices for Family First Prevention Services.

## REFERENCES

Chapin Hall at the University of Chicago. (n.d.). Measurement framework.  
<https://www.chapinhall.org/research/measurement-framework>

Hyland, S. T., & O'Brien, J. (2023). Evidence-based programs desk guide 2023. Chapin Hall at the University of Chicago.

Parents as Teachers. (n.d.). *Parents as Teachers*. <https://parentsasteachers.org/>

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (n.d.). Title IV-E prevention services clearinghouse. <https://preventionservices.abtsites>

# APPENDIX A: PROVIDER OUTCOME & FIDELITY TEMPLATE

## PAT Outcome Measures

Parents As Teachers (PAT)						
Provider sends the percentage for <u>each location</u> in a data file.						
Measure	Improved pregnancy outcomes	Improved child health and development		Improved positive parenting practices	Improved caregiver health	
Indicator	% of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment.	% of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.	% of children enrolled in home visiting referred for services for a positive screen for developmental delays (measured using a validated tool) who receive services in a timely manner.	% of primary caregivers with children in the target level age range whose caregiver-child interaction was assessed using a validated tool.	% of primary caregivers enrolled in home visiting for at least 3 months who were screened for depression within 3 months of enrollment OR 3 months of delivery (for those enrolled prenatally).	% of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.
Target Level	15%	60%	56.80%	60%	80%	41.40%
Site 1						
Site 2						
Site 3						

## PAT Fidelity Measures

Parents As Teachers (PAT)										
Provider sends the information for <u>each location</u> in a data file.										
Measure	Provider received and maintained required training		Meets supervisor to parent educator	Meets visit frequency requirements		Meets developmental screening requirements			Timely submission of the PAT 21 Essential Requirements	
Indicator	% of parent educators and new supervisors who will deliver Parents as Teachers services to families have attended the required PAT trainings before delivering PAT services.	% parent educators and supervisors delivering model services for the affiliate have a current Model Certified subscription.	# of PEs per 1.0 FTE supervisor (the number of parent educators assigned to the supervisor decreases proportionately when the supervisor is not full-time).	% of families with 1 or fewer stressors that received at least 75% of the required number of visits per month.	% of families with 2 or more stressors that received at least 75% of the required number of visits per month.	% of newly enrolled children who received a complete initial child developmental screening within 90 days of enrollment or birth.	% of children who received a complete annual child developmental screening during the program year.	Affiliate used one of the PAT approved developmental screening tools.	Date of Affiliate Performance Report submission.	% of affiliates that receive a score of >= 60% or pass on all 21 items in the Affiliate Performance Report.
Target Level	100%	100%	< = 6	100%	100%	100%	100%	Yes / No	Date (MM/DD/YYYY)	100%
Site 1										
Site 2										