



Parent-Child Interaction Therapy (PCIT)

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 practices (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 Parent-Child Interaction Therapy (PCIT)**, a well-supported evidence-based practice approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families.

This policy brief guides counties and providers in applying continuous quality improvement (CQI) activities to support the effective implementation of PCIT under [California's Five-Year State Prevention Plan](#). It outlines requirements for data collection, reporting, and review to meet both **federal CQI requirements under the Family First Prevention Services Act (FFPSA)** and **state expectations for CQI activities outlined in California's CQI Plan**. Together, these activities support real-time program monitoring, data-driven decision-making, and compliance with IV-E reimbursement standards.



Counties and agencies delivering PCIT should use this brief as a guide for measuring the success of PCIT in their local context, applying required CQI activities, and ensuring implementation meets federal IV-E reimbursement requirements. This brief supports local discussions, outlines the data tracking and sharing requirements established in the CQI Plan, and establishes feedback loops that inform program delivery and continuous improvement. The CQI prompts are designed to support reflection on program effectiveness, address implementation challenges, and guide data-driven decision-making to better meet the needs of children and families.

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 California's Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Subcommittee, IV-E Subcommittee, and PCIT International.

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.

PARENT-CHILD INTERACTION THERAPY PROGRAM

OVERVIEW

Parent-Child Interaction Therapy (PCIT) is an intensive, evidence-based treatment for children aged 2 to 7 and their parents or caregivers. PCIT aims to reduce externalizing behavior problems in children, enhance positive parenting practices, and strengthen the parent-child relationship. Through weekly sessions, therapists coach caregivers in skills such as child-centered play, effective communication, increasing child compliance, and problem-solving. Using "bug-in-the-ear" technology from behind a one-way mirror—or in some adaptations, in-room live coaching—therapists provide real-time guidance. Parents or caregivers progress as they master specific skills, with most families completing the program within 12 to 20 one-hour sessions.

Who is Eligible?

Families with children who are between two and seven years old and experience emotional and behavioral problems. PCIT is not recommended for children outside the 2–7 age range, those with severe developmental disabilities, parents with severe untreated mental health issues, or families experiencing ongoing domestic violence.

Program Goals

- Build close relationships between parents and their children using positive attention strategies
- Help children feel safe and calm by fostering warmth and security between parents and their children
- Increase children's organizational and play skills
- Educate parent about ways to teach child without frustration for parent and child
- Enhance children's self-esteem
- Improve children's social skills such as sharing and cooperation

Families Need to Know

- PCIT is typically delivered over 12–20 weekly hour-long sessions, but the exact treatment length varies based on the needs of the child and family
- Treatment is considered complete when a positive parent-child relationship is established, the parent can effectively manage the child's behavior, and the child's behavior is within normal limits on a behavior rating scale
- PCIT is usually delivered in playroom settings where therapists can observe behaviors through a one-way mirror

Cultural Relevance

- PCIT has been shown to have positive outcomes for Asian and Black children and families
- PCIT has materials available in English and Spanish

DATA REQUIREMENTS FOR CQI

CQI is a critical part of implementing EBPs as part of California's Family First Prevention Services (FFPS) Prevention Plan. The California CQI Plan outlines expectations for counties and EBP providers to collect, analyze, and use data to monitor program delivery and support continuous improvement.

To guide this work, the CQI Plan identifies four core categories of data collection, each essential to understanding implementation and driving progress.

Key Metrics for Continuous Quality Improvement (CQI)

To support continuous improvement and federal IV-E compliance, agencies delivering evidence-based programs (EBPs) must regularly collect and review data across four core categories:

- 1 Capacity** – Measures the staffing, infrastructure, and resources required to deliver services effectively. Capacity data tracks the number of trained staff, supervisors, and service sites, helping counties and providers assess whether programs are adequately resourced to meet the needs of families.
- 2 Reach** – Tracks the extent to which eligible children, youth, and families are identified, referred, and engaged in services. Reach data helps ensure services are accessible and equitably distributed, identifying gaps in engagement or disparities in service delivery.
- 3 Outcomes** – Captures the impact of services on children, youth, and families, including measures of engagement, behavior change, and safety outcomes. Outcome data helps counties and providers understand whether services are achieving their intended goals and where additional support or adjustments may be needed.
- 4 Fidelity** – Monitors whether services are delivered as intended, using approved fidelity monitoring tools or guidelines. Fidelity data helps ensure staff are meeting competency standards and following model expectations, which is critical for achieving desired outcomes and maintaining IV-E compliance.

These metrics provide a comprehensive view of program effectiveness and should be used to guide local CQI activities and inform state-level monitoring.

More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#).

Together, these categories form the foundation for EBP-related CQI activities. Regularly reviewing data across these areas helps counties and EBP providers assess performance, surface barriers, and make informed adjustments to better support children and families.

Detailed definitions, indicators, and reporting expectations for each category specific to PCIT are provided in [Appendix A](#).

PCIT-SPECIFIC DATA REQUIREMENTS

The [PCIT Measurement Framework](#) outlines how counties and EBP providers delivering PCIT should collect and use data across the four CQI domains – capacity, reach, fidelity, and outcomes. **Counties and EBP providers are expected to track data regularly across all domains to ensure timely, complete, and accurate information is available to support both local and state-level CQI activities.**

The California CQI Plan emphasizes the importance of both local and state-level CQI processes to promote continuous learning and accountability. **At the county level, data is used to assess implementation progress, identify barriers, and inform continuous improvement.** Counties are encouraged to partner with providers—ideally through CQI teams—to review and apply data to local decision-making. County CQI Team leads will pull relevant reports from CARES on a regular basis: monthly for site-level capacity and individual-level reach data, quarterly for individual-level fidelity and outcomes data, and biannually for aggregate-level dashboards.

At the state level, the CDSS uses data submitted through the CARES Provider Portal, the standardized PCIT template, and standardized provider templates to monitor program performance, generate Tableau dashboards, and fulfill Title IV-E reporting requirements under FFPSA. Federal reimbursement is contingent on meeting the requirements outlined in California’s Five-Year Prevention Plan (see pages 27, 39, and 52).

Appendices [A](#) and [B](#) outline the required measures, data elements, and templates used for PCIT data collection across all four domains.

Data Collection and Use

Child Welfare agencies and Community-Based Organizations (CBOs) delivering PCIT should track utilization daily.

Site-Level Capacity Data

- **Collection:** Entered into the CARES Provider Portal by PCIT providers and CBOs for families receiving PCIT services. Elements collected are listed in **Table 1** of [Appendix A](#).
- **Use:** CARES capacity reports will be pulled monthly by County CQI Team leads in preparation for their county CQI Teams and by the CDSS for statewide monitoring.

Individual-Level Reach Data

- **Collection:** Entered into CARES for child welfare-involved families and into the CARES Provider Portal for Family First community pathway candidate families who are not involved with child welfare or probation. Elements collected are listed in **Table 2** of [Appendix A](#).
- **Use:** CARES reach reports will be pulled monthly by County CQI Team leads and by the CDSS for statewide monitoring.

Individual-Level Fidelity and Outcomes Data

- **Collection:** Collected by PCIT providers and CBOs using a standardized provider template ([Appendix B](#)) or pulled from their own database management system or spreadsheets. Elements are listed in [Appendix C](#).

- **Use:** PCIT providers and CBOs will prepare and share this data quarterly with the County CQI Team leads, using either the standardized template or exports from their own database management system or spreadsheets.

Aggregate-Level Fidelity and Outcomes Data

- **Collection:** PCIT providers will upload aggregate fidelity and outcomes data biannually via the FFPSA portal in CARES.
- **Use:** County CQI Team leads will access aggregate-level fidelity and outcomes Tableau dashboards in CARES every six months for use in county CQI Teams.

For a full list of required PCIT measures and indicators, see [Appendix A](#).

CQI TRAINING

To support the implementation of California’s FFPS CQI Plan and the PCIT program, required training will be provided to county FFPS leads and PCIT providers. This training will be delivered over the course of up to three days and is designed to build the knowledge and skills needed to effectively engage in CQI activities. Additional information about the required CQI training is available in the [California Family First Prevention Services Continuous Quality Improvement Implementation Plan](#).

RESOURCES

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

Providers Contact PCIT: Reach out to PCIT International, the official developer/purveyor of Parent-Child Interaction Therapy. Contact information can be found on their website: <https://www.pcit.org/>. Initiate a conversation to discuss your interest in implementing PCIT and to seek guidance on the next steps.

Providers and County Leaders Contact Your Local CPP Lead: Providers or counties looking to implement PCIT 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

STAY CONNECTED!

The [California Family First Prevention Services Continuous Quality Improvement \(CQI\) Plan](#) was developed with input from the CDSS leadership, counties, and advisory subcommittees across the state. It outlines core CQI structures, guidance, and tools to support counties and providers.

California will continue to build on this work through the [CQI Implementation Plan](#) and other prevention resources. Check for updates at [Prevention Resources – Child and Family Policy Institute of California](#), and reach out to FFPSAPreventionServices@dss.ca.gov to share questions, experiences, or lessons learned.

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.

PCIT International. (n.d.). *Parent-Child Interaction Therapy (PCIT) International*. <https://www.pcit.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: PCIT MEASUREMENT FRAMEWORK

This appendix outlines the data elements, indicators, reporting expectations, and CQI prompts for each of the four core measurement domains: capacity, reach, fidelity, and outcomes. **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 PCIT and influences the program’s ability to meet community needs.

Table 1 outlines key capacity measures required to monitor program implementation. **PCIT 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 PCIT Capacity Data Elements

Measure	Indicator	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
Staffing	Total # of provider agency sites	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of full-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of supervisors	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Supervisor / Practitioner Ratio	N/A	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Full-time Caseload <i>(Part-time practitioners are not permitted)</i>	N/A	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Service Duration	14 sessions	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

Capacity CQI Prompts:

- **Analyze Reach and Capacity Data:** Combine reach data, capacity data, and waitlist information to assess if additional PCIT clinicians or service slots are needed in specific communities.
- **Address Staffing and Caseload Standards:** If Supervisor/Clinician ratios, caseloads, or adherence to session duration are not meeting standards, the CQI team should work with providers to identify challenges and develop solutions.
- **Evaluate Infrastructure Adequacy:** Regularly review the physical infrastructure, such as observation rooms with one-way mirrors and bug-in-ear technology, to ensure it supports high-quality PCIT delivery. Identify any limitations and consider adjustments to optimize facility use.

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 PCIT 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. **PCIT 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	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
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 ¹	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First candidate <ul style="list-style-type: none"> • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition² 	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First pregnant or parenting youth in care (PPY)	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # not identified as a candidate	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
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	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of community pathway children denied IV-E agency candidacy approval <ul style="list-style-type: none"> • Reason for denial <ul style="list-style-type: none"> ○ MH, SA, or PS imminent risk/need not identified ○ Child outside of age range of the recommended EBP 	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Referrals to Providers	Total # candidates referred to an EBP provider	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

¹ Total number of referrals to Probation (inclusive of citations and arrests)

² Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition.

EBP Service Uptake	Total # candidates who started the EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # candidates who did not start the EBP <ul style="list-style-type: none"> • Reason did not start the EBP <ul style="list-style-type: none"> ○ No action taken; referral still in process ○ Placed on waitlist; median days on waitlist ○ Provider rejected referral ○ Provider unable to contact or engage with the family ○ Family did not consent, etc. ○ Other 	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Service Completion	Total # candidates who completed the full EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # candidates who did not complete the full EBP <ul style="list-style-type: none"> • Reason did not complete the full EBP <ul style="list-style-type: none"> ○ Provider unable to contact or engage with family ○ Family withdrew ○ Family no longer eligible ○ Provider capacity issues ○ Other 	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

Reach CQI Prompts:

Look at eligible child welfare and probation candidates and compare with the number referred to PCIT, started PCIT, and completed PCIT.

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 PCIT 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. **PCIT providers will use a standardized template to upload outcome data biannually via the FFPSA portal in CARES.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of PCIT Outcome Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Increased Positive Parenting Practices	% of caregivers who demonstrate improvement on the PRIDE skills.	50%	Dyadic Parent-Child Interaction Coding (DPICS-IV) Coding Sheet	Therapist administers every session; may also be administered at completion.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of caregivers who demonstrate goal criteria in Phase 2, Parent-Directed Interaction (PDI). Note: "Goal criteria" means at least 75% of caregivers' commands meet criteria for being "effective".	75%	DPICS-IV Coding Sheet		Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of caregivers who have a decrease in ECBI score at service completion/discharge.	75%	Eyberg Child Behavior Inventory (ECBI)		Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Reduction in Negative Child Behaviors	% of children whose behavior is rated in the normal range (≤ 114) per the ECBI Intensity Scale.	75%	Eyberg Child Behavior Inventory (ECBI)		Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually

Outcomes CQI Prompts:

- **Assess Population Impact:** Combine outcome and reach data to identify which populations benefit most from PCIT.
- **Evaluate Child Behavior Outcomes:** Review child behavior improvement data, such as reductions in ECBI scores from intake. Ensure strategies are in place to support consistent score decreases.
- **Monitor Parenting Goal Achievement:** Assess family progress in achieving key parenting goals (e.g., Child-Directed Interaction and Parent-Directed Interaction criteria). If families are not consistently meeting these goals, explore additional supports or modifications in delivery.

Fidelity

Fidelity refers to how closely the program follows the prescribed PCIT 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. **PCIT providers will use a standardized template to upload fidelity data biannually via the FFPSA portal in CARES.** Counties should review fidelity data and conduct CQI activities quarterly.

Table 4. Description of PCIT Fidelity Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Data Collection Frequency	Data Submission		Data Submission Format		Data Reporting Cadence	
					Level Counties	CDSS	Counties	CDSS	Counties	CDSS
Provider Received & Maintained Required Training	% of therapists who complete basic and consultation training.	100%		Collected as training occurs.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of therapists who complete at least 3 hours of PCIT Continuing Education credit.	100%	N/A	Collected after therapist completes Continuing Education credit.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Meets Staffing Qualification Requirements	% of therapists that have at least a master's degree and are licensed as mental health practitioners.	100%	N/A	Collected during hiring process.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Use of Eyberg Child Behavior Inventory (ECBI) or Use of the Weekly Assessment of Child Behavior (WACB)	% of cases where ECBI was completed for every session. OR % of cases where the WACB was completed for every session.	90%	Eyberg Child Behavior Inventory (ECBI) Weekly Assessment of Child Behavior (WACB)	Completed by parents of children ages 2-16 years old at every session.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Use of Dyadic Parent-Child Coding System (DPICS-IV)	% of cases where DPICS-IV was completed for every session, except session when the child is not present.	90%	Dyadic Parent-Child Coding System (DPIS-IV)	Completed by therapist to evaluate parent-child interactions during pre-, mid-, and post-treatment.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually

Fidelity CQI Prompts:

- **Review Staffing and Training Compliance:** Conduct biannual reviews of PCIT staffing data to ensure adherence to training requirements, staff qualifications, and continuing education standards.
- **Evaluate Session Adherence:** Assess provider adherence to the prescribed 12-20 PCIT sessions based on family needs. Monitor how frequently families complete treatment within this range and identify justifiable reasons for early or extended treatment durations.
- **Address Identified Challenges:** If data reveals challenges, contract holders should collaborate with providers and the model developer to discuss and implement improvement strategies.

APPENDIX B: STANDARDIZED PROVIDER TEMPLATE

This template is optional. PCIT providers will either pull all of the fidelity and outcome data fields depicted in the tables below from their own systems or spreadsheets on a quarterly basis for review during county CQI Team meetings, or complete the PCIT Fidelity and Outcomes Report Template, which can be downloaded from the Child and Family Policy Institute of California (CFPIC) website at [this link](#). The standardized template can be used to examine differences in the indicators by gender, race, and ethnicity as defined in Technical Bulletin #1 which is necessary for identifying potential disparities in program outcomes and addressing them through the county CQI Team.

Below are sample screenshots of a portion of the outcome and fidelity data captured at the individual level in the standardized template.

Fidelity			
Agency Name:		Site Name:	
Staff Identifier	Provider Received & Maintained Required Training		Meets Staffing Qualification Requirements
Therapist First and Last Name	Has this therapist completed basic and consultation training?	Has this therapist completed at least 3 hours of PCIT continuing education credit?	Does this therapist have a master's degree or higher?

Outcomes											
Agency Name:			Site Name:								
Child Identifier											
DCFS/Probation Unique Identifier	PCIT Child ID	Child Date of Birth	Child Sex	Child Hispanic or Latino Ethnicity	Child Race: White	Child Race: Black or African American	Child Race: Asian	Child Race: Native Hawaiian or Other Pacific Islander	Child Race: American Indian or Alaska Native	Child Race: Declined	Child Race: Unknown

Outcomes			
Increased Positive Parenting Practices			
Has an ECBI or WACB been completed for every session during this quarter?	Was a DPICS-IV completed for every session during the quarter except when the child was not present?	Did the caregiver demonstrate improvement on the PRIDE skills?	Did the caregiver demonstrate goal criteria in Phase 2, Parent-Directed Interaction (PDI)?

APPENDIX C: PROVIDER OUTCOME & FIDELITY TEMPLATES

Providers will complete the aggregate fidelity and outcome templates provided below. Providers are responsible for uploading their own model fidelity and outcomes documentation biannually via the FFPSA portal in CARES. Counties will be able to access this data in aggregate through Tableau dashboards.

PCIT Outcome Measures

Parent-Child Interaction Therapy (PCIT)				
Provider sends the percentage for <u>each location</u> in a data file.				
Measure	Reduction in negative child behaviors	Increased positive parenting practices		
Indicator	% of children whose behavior is rated in the normal range per the ECBI Intensity Scale. (Target range is an ECBI raw score of ≤ 114).	% of caregivers who demonstrate improvement on the PRIDE skills.	% of caregivers who demonstrate goal criteria in phase 2, Parent-Directed Interaction (PDI).	% of caregivers who have a decrease in ECBI score at service completion/discharge.
Target Level	50%	75%	75%	75%
Site 1				
Site 2				

PCIT Fidelity Measures

Parent-Child Interaction Therapy (PCIT)						
Provider sends the percentage for <u>each location</u> in a data file.						
Measure	Provider received and maintained required training		Meets supervision and consultation requirements	Use of the Eyberg Child Behavior Inventory (ECBI) or Use of the Weekly Assessment of Child Behavior (WACB)		Use of the Dyadic Parent-Child Interaction Coding (DPICS-IV) Coding Sheet
Indicator	% of therapists who have completed basic and consultation training.	% of therapists who complete at least 3 hours of PCIT Continuing Education credit.	% of therapists who have at least a master's degree and are licensed as mental health practitioners.	% of cases where the ECBI was completed for every session.	% of cases where the WACB was completed for every session.	% of cases where the DPICS-IV was completed for every session (except sessions when the child is not present).
Target Level	100%	100%	100%	90%	90%	90%
Site 1						
Site 2						