

Attachment B-01a

RPG2 Description of Programs and Practices

Instructions: Please use this attachment (and the table below) to provide information about each evidence-based program or practice (EBP) you plan to implement or are implementing as part of RPG. Complete one table for each EBP, adding tables within this document as necessary. If the EBPs you plan to implement differ from those outlined in your application, please indicate what, if any, changes you are making, any EBPs you have discontinued, and describe why these changes are occurring. Below are definitions for each section of the table.

Content: Briefly describe the topics covered/services offered by the intervention (e.g., child growth and development, effective discipline, anger management, problem solving skills, establishing boundaries)

Court-Ordered vs. Voluntary: Indicate whether participants are court-ordered to participate in the intervention or if they enroll voluntarily

Target Population: Briefly describe the population to be served by the intervention (e.g., children ages 0-5 in foster care; mothers of child welfare involved, dependent children enrolled in a residential substance abuse program)

Eligibility Criteria: Briefly describe the criteria used to determine eligibility to receive the intervention (e.g., adolescents between the age of 13 and 18 of child welfare involved families who score above [cutoff point] on [assessment name])

Mode of Delivery: Briefly describe how the intervention is delivered (e.g., home visits, group sessions, one-on-one therapy)

Dosage: Briefly describe how frequently the service will be provided, the length of each interaction, and the length of time the participant will receive the service (e.g., children will attend 45-minute therapy sessions once a week for six weeks)

Target Outcomes: Briefly describe outcomes targeted by the intervention (e.g., decreased parental stress, increased family functioning, decreased externalizing behavior by child)

Planned Adaptations: Describe any adaptations/enhancements planned for the intervention (e.g., the EBP was designed for children birth to five, but will be extended to children up to age 10)

Implementing Agency: Indicate which organization will be providing the EBP

Interaction with EBP Developer: Please describe the interaction, if any, you have had with the developers of the EBPs you selected over the reporting period. For example, have you consulted with the program developer, received training or technical assistance on the EBP, been certified to provide the EBP, been monitored by the developer, received approval for any adaptations you are making to the model, etc.? If you were providing the EBP prior to RPG, please describe any interactions with the developer that you may have had as you began implementing the EBP.

Proportion of RPG participants expected to enroll: Please estimate the proportion of enrollees in RPG you expect to enroll in this particular EBP using the categories provided. If the EBP is not expected to enroll all RPG participants, explain why (such as provided only to those with specific needs or who complete other program components, or specialized program to address certain situation/condition)

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Eligibility Criteria	
Mode of Delivery	
Dosage	
Target Outcomes	
Planned Adaptations	
Implementing Agency	
Interaction with EBP Developer	
Proportion of RPG participants expected to enroll	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> A few If not "all," please describe why.

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