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Deputy Assistant Secretary for Planning, Research, and Evaluation
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Administration for Children and Families, HHS.

Request for public comment: Family First Prevention Services Act (FFPSA)

Dear Deputy Assistant Secretary Goldstein:

The Child Welfare League of America (CWLA) appreciates this opportunity to offer comments on your June 21, 2018 request regarding the implementation of the services provisions of the Family First Prevention Services Act. We feel this law offers a critical opportunity to reduce the number of children in out of home care by preventing initial placements, by strengthening families that have been reunified, by supporting relative caregiver families and by extending supports to families in need of post-adoption services. We also believe this new funding can assist in the development and expansion of services that are continuously evaluated and improved.

We have taken the liberty of using this request for comments to encourage a broad approach in your initial implementation. We hope and encourage HHS to take advantage of this implementation to address the ongoing challenges that continue to present themselves in child welfare year in and year out. These challenges include the presence of substance use disorders along with mental health needs that frequently go unaddressed until a family is at risk of break up.

1.0 This Notice (1) identifies and requests comment on potential initial criteria for (a) identifying eligible programs and services for review by the Clearinghouse, (b) prioritizing eligible programs and services for review, (c) identifying eligible studies aligned with prioritized programs and services, (d) prioritizing eligible studies for rating, (e) rating studies, and (f) rating programs and services as promising, supported, and well-supported practices. This Notice (2) requests comment on potential programs and services that may meet the aforementioned criteria and that should be considered as candidates for systematic review. After comments are received, HHS will revise and publish the initial criteria and a preliminary list of candidate programs and services to be considered for review; and begin to conduct reviews. This Notice is one step in ensuring that activities associated with the development of a Clearinghouse are transparent and build from the existing knowledge of States, federal agencies, researchers, evaluators, program and service developers, key stakeholders and experts, and the general public.

<u>COMMENT</u>: CWLA feels that the initial criteria to identify, prioritize, select studies and rate these programs and services needs to be as flexible as possible in this initial decision-making process to ensure

there is as comprehensive as possible array of programs and services including those that are culturally responsive to the population of children and their families that are disproportionality over- and under-represented in child welfare are identified on the clearinghouse.

Under the legislation, programs and services are to be used to prevent foster care placements. This goal can only be accomplished if a wide range of families are targeted. In fact, we are discussing at least three different sets of families that include families that have come to the attention of either child welfare or the child protection system and we are attempting to prevent an initial placement; families that have been reunified after a placement in foster care (with more than half of children exit foster care to reunification each year) and families that have adopted from foster care as well as other types of adoptions. Additionally, these new programs and services also extend to two additional target populations: relative caregivers who may be playing a critical role in the prevention of foster care and youth in foster care that are either pregnant with or parenting their own child(ren).

The programs and services that address this diverse population of families need to include interventions delivered to individuals, families, and in community settings. These would need to not only prevent children from coming into care but also be reunification or permanency services that prevent a child from coming back into care. Also given the research surrounding evidence-based programs and practices in child welfare is still in its infancy, it will be critical for HHS to ensure there is as much flexibility as possible in the array of programs and services that are identified on the clearinghouse. This will allow public agencies to be able to meet the varied and complex needs of this diverse population of families, adhere to legal requirements under this legislation such as be able to meet the requirement of 50% of expenditures to draw down FFPSA funds as well as others such as the Indian Child Welfare Act (ICWA).

The Indian Child Welfare this Act which allow for programs and services to be extended to AI/AN children, parents, and relative caregivers. Given the unique realities in tribal communities, sovereign nation status of tribes, and limited access to research-based studies and funding, we believe that HHS has an important mission to craft separate criteria for evidence-based practices with AI/AN families that will meet the overall goals of the law, but provide reasonable access to the law's resources and support the provision of culturally-appropriate services that will have the greatest possibility of impacting positive change and avoiding harm from the imposition of ill-fitting prevention programs and services.

Since the 2008 Fostering Connections to Success Act, there are still barriers tribes face in directing Title IV-E funding and implementation, HHS should use its discretion to support tribes with approved IV-E plans who may not yet be administering IV-E to begin IV-E implementation with prevention services.

We encourage HHS to implement this Act in a way that encourages state and tribal government collaboration. It is important that children and families in tribal communities receive the benefits that Congress intended for all populations within the scope of this law.

HHS has already undertaken a similar type of review to identify evidence-based and evidence –informed (EB/EI) programs and services allowed for reimbursement through Maternal Infant Early Childhood Home Visiting (MIECHV) including those for the tribal home visiting grants and a perhaps less formal process for those that qualify for Child Abuse and Prevention Treatment Act (CAPTA) Title II funds for

Community-Based Child Abuse Prevention (CBCAP). We recommend that HHS grandfather in the EB/EI programs and services that have been identified in these two program registries lists (excluding the primary prevention programs). Both have already categorized the acceptable services within the framework of the legislation of well-supported, supported and promising and ensured they are tied to outcomes that would be appropriate under the FFPSA. All of these programs and services include a focus on preventing and/or reducing risk factors for child abuse and neglect for at risk populations and are the types of programs and services that many of the families served under the FFPSA legislation in combination with other relevant programs and services would receive to address their needs and prevent entry into foster care and support permanency.

Example of MIECHV allowable programs and services

- *Attachment and Biobehavioral Catch-Up (ABC) Intervention*
- *Child FIRST*
- *Health Families America*
- *Durham Connects/Family Connects*
- *Home Instruction for Parents of Preschool Youngsters*
- *Early Head Start – Home-Based Option*
- *Maternal Early Childhood Sustained Home Visiting Program*
- *Early Intervention Program for Adolescent Mothers*
- *Family Spirit*
- *Nurse Family Partnership*

Examples of CBCAP allowable programs and services

- *Incredible Years*
- *Healthy Families America (HFA)*
- *Parent-Child Interaction Therapy (PCIT)*
- *Parent Management Training, Oregon Model*
- *1-2-3 Magic: Effective Discipline*
- *Child and Family Traumatic Stress Intervention (CFTSI)*
- *Families First*

In addition, the California Evidence –based Clearinghouse for Child Welfare has already conducted the review of the programs and services that are listed on their site using similar criteria and identified them as well-supported, supported or promising. We recommend that HHS grandfather in the following:

- *the ones that have been rated as well-supported, supported, and promising and have a relevancy for child welfare of medium and high, and*
- *those programs and services that are on the site and have a provisional rating of well-supported, supported, and promising and have a relevancy to child welfare of medium and high above.*

For those programs and services on the CEBC that have not been rated (show as NR) but have a relevance to child welfare of medium or high, HHS should also consider how it can help build the research for those programs and services perhaps by targeting its own research efforts or funding universities and agencies to build the evidence. This would be true for any the programs and services that are currently being provided to families that are or at risk of involvement with child welfare that appear to be having some positive impact but the programs have lacked the funding for the formal research on their program or have not been able to publish information about their program in a peer reviewed journal (such as the Family Treatment Rehabilitation as well as adaptations of programs and services that already have research evidence on their effectiveness with other populations such as Functional Family Therapy – Child Welfare (low risk) and Functional Family Therapy – Child Welfare (high risk) and Functional Family Therapy –Foster Care that are being used as part of the New York City Administration on Children and Families).

Examples of programs and services listed on the CEBC are:

Well-supported

- *Multisystemic Therapy (MST)*
- *Multidimensional Family Therapy (MDFT)*
- *GenerationPMTO (Individual Delivery Format) (PMTO®)*
- *Parent-Child Interaction Therapy (PCIT)*
- *Eye Movement Desensitization and Reprocessing (EMDR) [Trauma Treatment - Client-Level Interventions (Child & Adolescent)]*
- *Cognitive Processing Therapy (CPT) (for adults)*

Supported

- *Child-Parent Psychotherapy (CPP)*
- *Functional Family Therapy*
- *Adolescent-Focused Family Behavior Therapy (Adolescent FBT)*
- *Parenting with Love and Limits (PLL)*
- *Community Parent Education Program (COPE)*
- *Homebuilders®*

Promising

- *Sobriety Treatment and Recovery Teams (START)*
- *Life Space Crisis Intervention (LSCI)*
- *Collaborative Problem Solving® (CPS)*
- *Families First*
- *Family Centered Treatment (FCT)*
- *On the Way Home (OTWH)*
- *The Safe Babies Court Team™*

- *Project Connect*
- *Adolescent Parenting Program (APP)*
- *Wyman's Teen Outreach Program® (TOP®)*

We encourage HHS to also look at the HHS Teen Pregnancy Prevention Evidence Review, both as a strong model for developing, disseminating, and continuously updating an evidence-based clearinghouse, and for a number of evidence-based programs that could be included in the FFPSA Clearinghouse. HHS should also consider grandfathering in the programs and services that have been identified and are in use and get outcomes that would fall under the FFPSA.

In addition, the SAMHSA NREPP site has also already identified large number of programs and services that would be relevant for a comprehensive array of evidence-based and evidence –informed (EB/EI) programs and services eligible for funding under FFPSA. Indeed many of the ones listed on the CEBC, FRIENDSNRC (CBCAP) and the MIECHV registries also appear in the SAMHSA NREPP site although they are not always identified under the same category of well-support, supported and promising.

The National Child Traumatic Stress Network (NCTSN) also has a registry/directory of EB/EI programs and services that are relevant for child welfare. Many of these programs are on the CEBC website although not all have been rated.

There have been a number of registries of evidence- based programs and services that the different child and family serving systems have gone to in order to find those they should be implementing (such as National Institute of Justice, CrimeSolutions.gov, Blueprints for Healthy Youth Development, Promising Practice Network which was retired in 2014, Evidence-based Practice Registry has a list of these and others[i]. The Pew Charitable Trusts' Results First Clearinghouse Database has many of these along with HHS identified ones on it as well.

More and more RFPs have potential applicants refer to these various clearinghouses and registries/lists to find EB/EI programs and services to propose that they will implement. As a result child welfare agencies and their provider networks have been in varying stages of use and implementation of EB/RI programs and services. It will be critical that HHS' list of acceptable ones include the relevant programs and services on these clearinghouses/registries/lists that are currently in use/being funded including those being adapted for the target population as identified above.

In addition, HHS should consider providing a provisional rating for kinship navigator programs that had been funded by the Children's Bureau through competitive Family Connections grants. The 2013 cross-site evaluation of the Family Connection grants, conducted by James Bell Associates under contract to the Children's Bureau, "found that the kinship navigator projects used several service models to assist formal and informal caregivers in learning about, locating, and using existing programs and services to meet caregiver needs and the needs of the children they were raising. All grantees offered information and referral services, emotional support for caregivers, case management, and outreach to families. Knowledge of local resources and outstanding interpersonal skills were the most commonly cited

characteristics of successful service providers. Information and referrals were given for parent education and training programs; child care and respite programs; legal assistance; medical, dental, and mental health services".[ii]

<u>2.2.1 Types of Programs and Services</u>. As noted in 2.1.1. Types of Programs and Services, HHS intends to limit eligibility to mental health and substance abuse prevention and treatment services, in-home parent skill-based programs (including parenting skills training, parent education, and individual and family counseling), or kinship navigator programs. This Notice requests comment on the scope of programs and services and topic areas of interest within the aforementioned categories that should be prioritized for inclusion.

<u>COMMENT:</u> CWLA believes the scope of programs and services describes the totality and the boundaries of the programs being funded under the categories of mental health and substance abuse prevention and treatment, in-home parent skill-based programs, and kinship navigator programs. The boundaries should be defined by how well they can assist in the goal of preventing out of home care in addition to increasing safety or improving child well-being as specified in the legislation as well as family well-being.

It is important that a plan for a family includes a combination of these programs and services where appropriate to the family as keeping children safe and from entering foster care relies on the family's wellbeing. As a result, we believe that the ability to use these programs and services that by themselves may not be considered "child welfare programs or services" but when combined as components of a larger plan to assist the families and children and prevent the child from entering foster care they should be allowed and encouraged.

Programs in any of these categories should not be limited to just those that are specifically designed for child welfare cases. We propose that the scope of these program and service categories should only be limited by how they can assist in strengthening families, children, and youth either individually or together. We also believe that HHS should look for opportunities to focus support based on a two-generation approach that attempts to meet the needs of both parent and child. Many of the best strategies to keep families together and to prevent foster care placements will involve strengthen the support for both child and parent.

CWLA also wishes to emphasize that the family that would be assisted includes relative caregivers as well as youth in foster care who are pregnant or parenting (as specified under the definition of child in the legislation). These two types or groups of families need separate consideration through the kinship navigator programs (kinship/relative families) and parenting and planned pregnancy programs for youth in foster care.

While the initial effort may require you to examine programs and services more commonly utilized for families that come to the attention of the child protection or child welfare systems, HHS should also prioritize effective programs in each of these categories.

Kinship navigator programs are treated separately from other prevention programs and services in the Family First Prevention Services Act. The Federal Register notice combines the two categories of programs and services and imposes identical requirements on both, some of which are inconsistent with the federal law. The Act's distinctions between Kinship Navigator Programs and prevention programs and services in the following ways:

Kinship Navigator Programs can serve a broad group of kinship families and are not limited to serving families with children who are candidates of foster care. The Act contains language describing a broader population of children in kinship care arrangements. The new law does not refer to "candidates of foster care" or children at "imminent risk". It describes a broader group of "children in kinship care arrangements" and this includes children "who are in, or at risk of entering, foster care."

In addition the kinship navigator programs that were funded through the Fostering Connections to Success Act of 2008 and funded through the Family Connections Grants (funded again in FY 2018) served the larger group of children in kinship families. These children included those in the custody of the child welfare system with relatives providing their care, children who come to the attention of the system but are diverted to relatives, and children for whom relatives step in to raise before they come to the attention of the child welfare system.

It is also significant to note that Kinship Navigator Programs are not included in the Family First Act requirement that 50% of prevention programs meet the well-supported programs evidence-based standard. Under the law, Kinship Navigator Programs must be "evidence-based" to receive federal reimbursement, but only need to meet the "promising" practices standard to receive that reimbursement. In addition to the separate consideration of Kinship Navigator Programs, Congress recognized and prioritized the unique needs of youth in foster care that are pregnant or youth parenting a child(ren). The Act identifies a specific category within the definition of "child". It is noteworthy that the Act specifies that such child's case plan "list the services or programs to be provided to or on behalf of the youth to ensure the youth is prepared (in the case of pregnant foster youth) or able (in the case of a parenting foster youth) to be a parent" and "describe the foster care prevention strategy for any child born to the youth." We also point out that within the description of the Clearinghouse, whether the practice has been shown to "reduce the likelihood of foster care placement by … improving targeted supports for pregnant and parenting youth and their children".

The law calls for a special and separate evaluation in these two categories of Kinship Navigator Programs and Teen Pregnancy Prevention.

Regarding how the first programs and services should be reviewed and prioritized you should begin with those that are specific to "child welfare," by grandfathering in as described above in section 1.0. But this may still provide a limited initial list, so it is imperative that you also include substance abuse treatment and prevention, mental health prevention and treatment services and in-home services that are focused not just on families involved with child welfare but based on families in need of these services.

For example, a substance abuse treatment program may be targeted to a family member—a parent or an adolescent—with an addiction issue but this family may have had no interaction with the child

protection or child welfare system. These programs should also be included. That is true of all service categories.

In addition, parent-based interventions that focus on improving the behavioral functioning of a child(ren) should also be considered as mental health prevention and treatment services. Programs and services that assist with preventing child maltreatment would definitely be helping to ensure the safety for the child and prevent them from coming into care/back into care (e.g. Triple P, Parent-Child Interaction Therapy, Parent Management Training, and Multisystemic Therapy).

Special consideration will also need to be given to ensure the programs and services listed on the clearinghouse include the array that will be needed for the needs of children and families to reunify and for post adoption support. Given the complexity of the needs that many of these families have there will need to be the intervention and supportive services that will allow the family to successful remain intact.

One example is the State of Oregon's primary post adoption/post guardianship service is the Oregon Post Adoption Resource Center (ORPARC).

ORPARC is a state funded, nonprofit post adoption service program. Upon adopting or becoming state assisted guardians, all Oregon adoptive and guardianship families are made aware that they can use ORPARC's free post adoption/guardianship services at any time up until their child is age 18, or even into early adulthood as needed in specific cases. Free services include therapeutic consultation, resource & referral, a resource rich website, library materials mailed directly to the home, free trainings, statewide support group information (including access to ORPARC's private parent online support groups), and systems navigation and advocacy. Participation is voluntary and confidential and occurs via phone, email, online and in person. ORPARC serves the entire state.

As of the last 2 years, ORPARC is also the primary conduit to refer a limited number of families to a short term, intensive in-home therapy service, a collaboration between ORPARC, the state of Oregon DHS and Youth Villages Youth Intercept (YVIntercept). YVIntercept is a mental health prevention and treatment service, and an in-home parent skill-based program for children of any age (infant to age 18) who have serious emotional and behavioral symptoms or have experienced abuse and/or neglect and their caregiver – including expectant and parenting foster youth.

YVIntercept is an integrated approach that offers a variety of evidence-based practices to meet the individualized needs of a family and young person. Specifically, YVIntercept employs the following evidence-based practices:

- *Adolescent Community Reinforcement Approach (ACRA)*
- *Community Advocacy Project (CAP)*
- *Collaborative Problem Solving (CPS)*
- *Trauma Focused Cognitive Behavioral Therapy (TFCBT)*
- *Cognitive Behavioral Therapy (CBT)*
- *Motivational Interviewing (MI)*

Programs and services like the ORPARC and YVIntercept are approaches and services that can assist in addressing post-adoption services and services for the more than 51 percent of families that reunify after a foster care placement.

<u>2.2.2 Target Population of Interest.</u> HHS intends to prioritize programs or services for review that have been developed or used to target children and families involved in the child welfare system or populations similar to those involved in the child welfare system. This Notice requests comment on populations that may be considered ''similar'' to those involved in the child welfare system.

<u>COMMENT:</u> CWLA believes that HHS should include a broad approach in defining populations that are similar to those included in the "child welfare system." As noted in our previous comment, we emphasize that these programs and services should include the range of families we believe are included and may be included in the definition of "candidates for foster care": families facing the potential removal of a child(ren) and placement into foster care, families where a child has been reunified after placement into foster care and families that have adopted a child and now face a crisis that may result in that child's placement into foster care and youth who are pregnant or parenting.

Some populations may overlap with child welfare. This includes children, youth and families involved with the juvenile justice system as well as those families that may come to the attention (also referred to as "at-risk" of coming to the attention) of the child protection system. In this category we propose you examine populations that include cases whereby child maltreatment has not been substantiated, child maltreatment has been substantiated but such a determination has not resulted in family separation or families that receive prevention services despite not being classified as cases of child maltreatment. HHS will need to pay particular attention to identify programs and services that are culturally responsive to the American Indian children and families that public child welfare agencies interact with to prevent the child from coming into foster care.

Regarding child maltreatment HHS should also examine programs and services that address the needs of the populations of families covered by or considered for "plans of safe care" as defined by the Child Abuse Prevention and Treatment Act (CAPTA) as well as those families designated under CAPTA for referral to intervention services funded under part C of the Individuals with Disabilities Education Act. (children under three substantiated for child maltreatment).

Similar populations may be some of the families that receive home visitation services. An example of this may be a family with an infant born with neo-natal abstinence syndrome (NAS). In this case home visiting programs could serve as a vital support to preserving this family and assisting this child. In this situation such a family may also benefit with a combination of home visiting as well as substance abuse and mental health treatment services.

Overall HHS should examine and approve programs that may have been developed for a different population but that can be or are being adapted to fit child welfare populations. HHS should begin with ensuring a comprehensive array of programs and services are identified under the Family First Act and over time, due to the construct of the legislation requiring on-going data collection, review and updates, and other regulators of state spending, refine the list of programs and services identified on the

clearinghouse. HHS should begin with sufficient flexibility and comprehensiveness in programs and services identified under the Family First Act to support successful implementation.

<u>2.2.3 Target Outcomes</u>. HHS intends to prioritize programs or services for review that aim to impact target outcomes. Target outcomes should be defined in accordance with FFPSA statutory language [section 471(e)(4)(C)] and include those outcomes that ''. . . prevent child abuse and neglect, and reduce the likelihood of foster care placement by supporting birth families and kinship families and improving targeted supports for pregnant and parenting youth and their children.'' These may include, but are not limited to, ''. . . important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being." This Notice requests comment on which types of mental health, substance abuse, and child and family outcomes should be considered as 'target outcomes' and requests research evidence to support recommendations of 'target outcomes'. HHS does not intend to include access to service, satisfaction with programs and services, and referral to programs and services as 'target outcomes'.

<u>COMMENT:</u> HHS should ensure sufficient flexibility in the target outcomes that it uses in the review and identification of programs and services on the clearinghouse. Given the myriad of needs that the target population have HHS will need to provide a range of outcomes and require that the programs and services meet one or more of them depending on what the program or service is designed to address.

HHS will want to identify programs and services that support the family having sustained outcomes post involvement for minimally 6 months but preferably 1 year or more. This is especially true related to substance use issues. Start with those 6 months and refine over time to those that maintain over longer periods of time.

Some of the Recommended Outcomes:

Child safety – measured by new investigations regardless of case determination and reduction of child abuse and neglect

Sustained permanency (Prevention of reentry) for at least 6 months

Child wellbeing – such as child development and school readiness, child maintained in their child care/school, skill building and competency in ability to manage emotions, peer relationships, romantic relationships, and familial relationships, mental health, physical health, self-esteem, attachment, educational attainment, and employment status.

Preventing/delaying pregnancy (which could be measured by reduction in pregnancies or births depending on available data) and improving pregnancy/birth spacing as factors that contribute to child safety and well-being as supported by research. Outcomes related to healthy pregnancies and maternal and child health and development should also be considered.

Family wellbeing - Skill building and competency in ability to manage emotions and deal with stress, parent child interactions, support network relationships, parental relationships, physical health, employment status/stability, housing stability, and economic self-sufficiency.

Reduction/prevention of involvement in the Juvenile Justice System – reduction of delinquency and Criminal Behavior

Reduction in family violence and crime

Positive Parenting Practices

Family Economic Self-Sufficiency

Substance use – Prevention of and Reduction in Alcohol use and illicit drug use, engagement in services, relapse prevention, recovery, building resilience skills

Mental health – reduction of symptoms (such as anxiety, depression, trauma), engagement in services, relapse prevention, recovery, increase in resilience skills, increase in emotional regulation, positive social/prosocial behavior, Reduction Sexual Risk Behaviors

Linking and referral (relevant for those that have this as part of the program such as the wraparound, SafeCareAugmented home visiting, and kinship navigator).,

2.2.4 Number of Impact Studies. HHS intends to prioritize programs or services with at least two studies with non- overlapping analytic samples and distinct implementations examining effectiveness/ impact.

<u>COMMENT:</u> HHS will need to have some flexibility when it comes to reviewing and identifying programs and services identified for special population such as ones that are culturally responsive for Americans Indian children and families that are served by the state child welfare agency. This will be critical so that they can meet the "active efforts" requirement of ICWA they will need to be able to provide the culturally responsive programs and services for them. Unfortunately, there has been little research on culturally responsive EB/EI programs and services that will meet their needs so HHS will need to make exceptions in order to ensure that the needed comprehensive array of culturally responsive programs and services are identified. This is even more salient an issue given the disproportionate numbers of American Indian children who end up in foster care. This will also be true for other programs and services related to teen pregnancy and teen parenting or services such as kinship navigator programs. The research is just not there for the full array of child welfare related evidence-based (well-supported, supported, and promising) programs and services to meet the needs of the target population. It will be critical for HHS not to set the bar too high at the beginning to facilitate the flexibility needed for states and tribes to succeed and for the families and children to have successful outcomes.

2.2.5 In Use/Active. HHS intends to prioritize programs or services currently in use in the U.S. Programs or services that are no longer in operation or have no information available about active implementation will not be prioritized.

<u>COMMENT:</u> While it makes sense to prioritize and start with those that are in use/active in the US, HHS should not be closed to reviewing programs and services that are being used in other countries that can be adapted for the US. This is especially critical given the lack of sufficient numbers of EB/EI programs

and services in child welfare and that work with the different cultural groups that child welfare serves across this country. There is a rich history of the child welfare as well as other systems borrowing programs and practices developed in other countries and adapting them for the US such as Tripe P, Family-Group Conferencing, and Mental Health First Aide to name a few. All three of these examples as well as others are having a positive impact for child welfare.

<u>2.2.6 Implementation and Fidelity Support</u>. HHS intends to prioritize programs or services that have implementation training and staff support and/or fidelity monitoring tools and resources available to implementers in the United States.

<u>COMMENT</u>: By grandfathering in programs and services as described above in section 1.0 HHS can then prioritize the other programs and services you will review by using the following: have implementation training and staff support; and/or fidelity monitoring tools and resources available to implementers in the United States. We would caution HHS to make sure that they also build into you process how you will handle subsequent review of those programs and services that have strong evidence but have not had adequate investment to develop such tools and resources. This might be an area for further technical assistance and investment.

While HHS has indicated that it will have a separate process for identifying EB/EI programs and practices for Tribes that administer their own Title IVE services; HHS will also need to consider how it will address ensuring a sufficient array of culturally responsive programs and services are available on the clearinghouse for American Indian children and families that come to the attention of the state/county public child welfare agencies.

<u>2.2.7 Trauma-Informed</u>. HHS may also prioritize services and programs that have been implemented using a trauma-informed approach. FFPSA statutory language [section 471(e)(4)(B)] states, ''The services or programs to be provided to or on behalf of a child are provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.'' This Notice requests comment on the feasibility of prioritizing programs and services based on past implementation in accordance with trauma-informed principles.

<u>COMMENT:</u> CWLA believes identifying programs and services that have been implemented using a trauma-informed approach will prove difficult, as there is no common definition of trauma informed across the various child and family serving systems and most programs and services that would be important to have identified on the clearinghouse in order to have a comprehensive array to meet the diverse needs of the families and children covered under the FFPSA were not developed and tested within a trauma informed approach. While the advocacy for this approach has broad support within the advocacy and policymaking community it may prove to be a significant challenge to find sufficient numbers of programs and services that would fit this. .

To cite an issue brief published by the Children's Bureau: "Developing a Trauma-Informed Child Welfare System"

"Every child welfare system is different, and each State or county child welfare system will need to conduct its own systematic process of assessment and planning, in collaboration with key partners, to determine the best approach."

Effective trauma-informed practices and principles stretch across many service areas and systems: workforce development, screening and assessment, data systems, health care, public health, education, mental health substance abuse, human services beyond child welfare. This is still a developing area of practice.

According to SAMHSA's perspective there are six key principles of a trauma-informed approach rather than a prescribed set of practices or procedures: Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues.

The (NCTSN) uses the following description, "a trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.

A service system with a trauma-informed perspective is one in which agencies, programs, and service providers:

- *Routinely screen for trauma exposure and related symptoms.*
- *Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.*
- *Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.*
- *Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.*
- *Address parent and caregiver trauma and its impact on the family system.*
- *Emphasize continuity of care and collaboration across child-service systems.*
- *Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness.*

These activities are rooted in an understanding that trauma-informed agencies, programs, and service providers:

- *Build meaningful partnerships that create mutuality among children, families, caregivers, and professionals at an individual and organizational level.*
- *Address the intersections of trauma with culture, history, race, gender, location, and language, acknowledge the compounding impact of structural inequity, and are responsive to the unique needs of diverse communities."*[iii]

As found on its website the NCTSN has identified "the essential elements of a trauma informed child welfare system as:

1. *Maximize physical and psychological safety for children and families.*
2. *Identify trauma-related needs of children and families.*
3. *Enhance child well-being and resilience.*
4. *Enhance family well-being and resilience.*
5. *Enhance the well-being and resilience of those working in the system.*
6. *Partner with youth and families.*
7. *Partner with agencies and systems that interact with children and families."*[iv]

It has also identified the "Prerequisite Clinical Competencies for Implementing Effective, Trauma-informed Intervention." [v]

Many of the public and private agencies that have been serving the population of children and families targeted by the FFPSA have been guided by and drawing from the National Child Traumatic Stress Network (NCTSN) materials and indeed many of the trauma informed and specific programs and services delivered to children who are involved with or are at risk of coming to the attention of child welfare have been provided with programs and services funded as part of the broader National Child Traumatic Stress Network which is composed of:

- *The National Center for Child Traumatic Stress (NCCTS) - (Category I)*
- *The Treatment and Service Adaptation Centers - (Category II)*
- *The Community Treatment and Services Centers - (Category III)*

CWLA believes that HHS should look to the NCTSN expertise to help them with identifying the trauma informed and trauma responsive programs and services that should be reviewed and on the clearinghouse. HHS should consider grandfathering in and/or providing provisional status to as many of them as possible so that there will be sufficient numbers on the clearinghouse to meet the diverse needs of the population of children and families that will be served under the FFPSA.

Concurrently HHS should be working with expertise from the NCTSN and other researchers to gain consensus on the definition under which public child welfare agencies and the tribes along with their providers delivering services will work as they implement and deliver the programs and services within the framework laid out in the legislation. HHS will also need to take into account how significant the infrastructure requirements are to implement and operate within a trauma informed framework (whatever the definition) and will need to build in sufficient time for this and provide guidance, technical assistance and investment around this. Once HHS has achieved consensus it will then be able to review new programs and services using that definition and framework.

2.2.8 Delivery Setting for In-Home Parent Skill-Based Programs and Services. HHS intends to prioritize in-home parent skill- based programs and services where the primary service delivery strategy takes place in the caregivers' place of residence.

<u>COMMENT:</u> HHS will need to ensure that the definition of "caretaker's place of residence" is very broadly defined and includes such places as homeless shelters, supportive housing programs, substance use residential treatment programs, and teen pregnancy programs. It also will need to be include those that can be delivered in the community to accommodate for situations where the "caretakers place of residence" does not allow or have the appropriate set up or space for the intervention to take place and that part of the skill-building includes learning skills to manage the behavior of the child in the community. In addition, as more and more states and counties embrace having foster parents be the one helping parents build the skills to duplicate the interventions that are working at the foster home HHS will need to be open to including programs and services that are delivered in the foster home.

Also, kinship navigator programs have a parent skill-building aspect related to creating a safe and supportive home environment for the children and helping caregivers develop skills in accessing programs and services available to them but do not take place in the family home and therefore HHS will need to make exception for these as well.

2.3 Study Eligibility Criteria. HHS intends to engage in a broad literature search to identify studies examining prioritized programs and services. This search may include databases, websites, existing literature reviews, and meta-analyses. HHS intends to screen studies for eligibility using the following criteria:

2.3.1 Impact Study. HHS intends to limit eligibility to studies included in government reports and peer-reviewed journal articles that assess effectiveness (i.e., impact) using quantitative methods.

<u>COMMENT</u>: CWLA believes that HHS should also review the governmental and non-governmental registries/list and clearinghouses as describe in Section 1.0 above.

2.3.2 Target Outcomes. HHS intends to limit eligibility to studies that examine the impact of the service or program on at least one 'target outcome', as described in section

<u>COMMENT</u>: CWLA supports HHS intends to limit eligibility to studies that examine the impact of the service or program on at least one 'target outcome' but only if the target outcomes address the issues raised in Section 2.2.3 above.

2.3.3 Conducted in the U.S., U.K., Canada, New Zealand, or Australia. HHS intends to limit eligibility to studies conducted with samples in the U.S., U.K., Canada, New Zealand, or Australia to ensure that the evidence base reflects the populations where programs and services will be implemented.

<u>COMMENT</u>: CWLA believes that HHS' intent to limit eligibility to studies conducted with samples in the U.S., U.K., Canada, New Zealand, or Australia to ensure that the evidence base reflects the populations where programs and services will be implemented raises concerns. While it makes sense to prioritize and start with those that are conducted in the U.S., U.K., Canada, New Zealand, or Australia, HHS should not be closed to reviewing programs and services that are being used and studied in other countries including those developed in the US and that are or can be adapted and studied in other countries such as in Europe and even South America. Given many other countries have more robust systems that care

for families and children without the intervention of the state child welfare agency there might be important learning and EB/EI programs and services that could be adapted for the US. The critical body of studies for Indigenous populations comes from many different countries. Some, like South America, are not English speaking or included in the list of countries that would be considered eligible for consideration under this approach. We believe these criteria will only make it more difficult to qualify evidence-based services for Indigenous populations that already receive a disproportionately lower amount of research funding.

In order to know this HHS would need to be able to review studies done in other languages.

2.3.4 Study Published in English. HHS intends to limit eligibility to studies published in English.

COMMENT: See section 2.3.3 comments.

2.3.5 Published or Prepared in or after 1990. HHS intends to limit eligibility to studies published or prepared in or after 1990.

2.3.6 Usual Care or Practice Setting. HHS intends to limit eligibility to studies carried out in a usual care or practice setting in accordance with FFPSA [section 471(e)(4)(C)]. This Notice requests comment on the definition of usual care or practice settings.

COMMENT: CWLA believes that the definition of usual care or practice setting needs to be broadly defined in order to accommodate for the variety of ways programs and services including those that are culturally responsive are provided to meet the array of needs for families involved with or at risk of involvement with child welfare. Parent-child Interaction Therapy (PCIT) provided in a Family-based Substance Use Residential Treatment program would not necessarily be considered a usual care or practice setting and yet there is evidence that it is helping to improve outcomes for the children and families. EB/EI mental health programs such as Functional Family Therapy that was developed for the juvenile justice population but is now being adapted for foster care and delivered in the foster home and family home might not be considered a usual care and practice setting but early indications are that it is improving outcomes. It will be critical for HHS to have a broad definition to allow for the variety of ways that programs and services including culturally responsive ones are delivered and to ensure a wide array of EB/EI programs and services are identified on the clearinghouse.

2.4 Study Prioritization Criteria. Timing and resources may not allow for a detailed rating of all studies determined to be eligible by the criteria identified in section 2.3 Study Eligibility Criteria. HHS intends to conduct a high-level scan of eligible studies to determine which should be prioritized for rating. This Notice requests comment on criteria that can be used to prioritize eligible studies for rating.

COMMENT: CWLA believes that by grandfathering in the groups as listed in section 1.0 HHS will have more available time and resources to conduct its review and provide technical assistance and investment to address the program and services gaps.

***2.4.1 Implementation Period:* FFPSA [section 471(e)(1)(A) and (B)] states that the Secretary may make a payment to a State for providing services or programs ''for not more than a 12-month period''. This**

Notice requests comment on whether studies with program or service implementation periods of longer than 12 months should be considered for review and if so, whether any other implementation period cutoff should be included as a study prioritization criterion.

<u>Comment:</u> CWLA strongly believes that programs and services with implementation periods of longer than 12 months must be considered, allowed and promoted. We envision there will be many circumstances and services that will extend beyond 12 months. We anticipate that when the Family First Act is fully implemented many states will coordinate community-based resources and other state-based resources including Medicaid, substance abuse and mental health block grants and other longer-term support such as home visiting models that will allow for additional support to these families. We anticipate that these intervention and prevention services will become more effective as states are able to build local capacity and the Family First Act can serve as an important incentive to encourage such capacity-building and community-based collaborations.

<u>2.4.2 Sample of Interest</u>. HHS intends to prioritize studies that include samples of children and families involved in the child welfare system or populations similar to those involved in the child welfare system. This Notice requests comment on populations that may be considered ''similar'' to those involved in the child welfare system.

<u>COMMENT:</u> CWLA, as noted earlier, believes that HHS should include a broad approach in defining populations that are like those included in the "child welfare system." Some populations may overlap with child welfare. This includes children, youth and families involved with the juvenile justice system as well as those families that may come to the attention of the child protection system, but child maltreatment has not been substantiated, child maltreatment has been substantiated but such a determination has not resulted in family separation or families that had received services despite not being classified as cases of child maltreatment.

The sample of interest should include families that have come to the attention of either child welfare or the child protection system and child welfare is attempting to prevent an initial placement; families that have been reunified after a placement in foster care (with more than half of children exiting foster care to reunification each year); families that have adopted either from foster care as well as in addition to other types of adoptions; children who end up in the juvenile justice system, the youth at risk of entering the juvenile justice system that are or were involved with child welfare and their families; relative care givers who may be playing a critical role in the prevention of foster care and youth in foster care that are either pregnant with or parenting their own child(ren).

Some populations may overlap with child welfare. This includes children, youth and families involved with the juvenile justice system as well as those families that may come to the attention (also referred to as "at-risk" of coming to the attention) of the child protection system such as those in homeless shelter/who are homeless or in housing programs. We urge careful consideration regarding the challenges presented by poverty and the related factors including limitations in housing, education and safe neighborhoods.

2.5 Study Rating Criteria. HHS intends to rate studies on the following criteria:

2.5.1 Favorable Effects. HHS intends to rate studies based on whether they demonstrate at least one meaningful favorable effect (i.e., positive significant effect) on a 'target outcome' as specified in section

2.3.2 Target Outcomes. A meaningful effect will be defined using conventional standards of statistical significance (i.e., two- tailed hypothesis test and a specified alpha level of p < .05). This Notice requests comment on whether and how ratings should consider the number or magnitude of favorable effects.

2.5.2 Unfavorable Effects. HHS intends to rate studies based on the number of unfavorable effects (i.e., negative significant effects) on either 'target' or non-target outcomes as specified in section 2.3.2 Target Outcomes. Effects will be defined using conventional standards of statistical significance (i.e., two-tailed hypothesis test and a specified alpha level of p < .05). This Notice requests comment on whether and how studies should also be rated on the number of null effects on 'target outcomes', and on whether and how ratings should consider the number or magnitude of unfavorable effects.

2.5.3 Sustained Favorable Effect. HHS intends for studies with at least one favorable effect on a 'target outcome', as determined by the criteria in 2.5.1 Favorable Effects, to be rated on whether or not they demonstrate a sustained favorable effect. As noted in section 471(e)(4)(C), a 'supported practice' must have at least one study that demonstrates ''a sustained effect (when compared to a control group) for at least 6 months beyond the end of treatment'' and a 'well-supported practice' must have at least one study that demonstrates ''a sustained effect (when compared to a control group) for at least 1 year beyond the end of treatment.'' HHS intends to classify studies as not demonstrating a sustained favorable effect (i.e., effects are demonstrated for less than 6 months), demonstrating a sustained favorable effect of 6 months or more (but less than 12 months), or demonstrating a sustained favorable effect of 12 months or more.

COMMENT: While these seem to be reasonable time parameters HHS should consider lessons learned from existing HHS efforts to do similar reviews and identification of acceptable programs and services that the particular funding program will allow such as MIECHV, CBCAP, the Teen Pregnancy Prevention Program among others. One example is that results may change at different points in time during the delivery of the program or services. So what might show as a negative result in the short term can end up as a positive result over a longer term or vice versus. HHS will need to ensure there are appropriate mechanisms in place for the continual review and updating of the programs and services on the clearinghouse to reflect the latest findings from the various programs and services as the longer-term results become available.

2.5.4 Rigorous Study Design. HHS intends to rate studies as either high, moderate, or low on the rigor and appropriateness of their study design. Study designs that receive the highest rating will be either Randomized Controlled Trials (RCTs) or rigorous quasi-experimental designs. HHS defines randomized controlled trials as a study design in which sample members are assigned to the program or service and comparison groups by chance. Randomized control designs are often considered the ''gold

standard'' of research design because personal characteristics (before the program or service begins) do not affect whether someone is assigned to the program or service or control group. HHS defines a quasi-experimental design as a study design in which sample members are selected for the program or service and comparison groups in a nonrandom way. Similar to criteria considered in other federal evidence clearinghouses, rigorous study designs will be those that are appropriately powered, include an appropriate control group, maintain original assignment to study arms, and are appropriate to combat threats to internal validity. This Notice requests comment on threats to internal validity that should be considered. This Notice requests comment on appropriate thresholds for evaluating and assigning a rating to a study design.

COMMENT: This appears to be generally consistent with what has been used with other HHS efforts including Quality Improvement Center grant programs and the federal staff and researchers would be good resources to provide lessons learned to inform the FFPSA Clearinghouse.

HHS will need to account for the fact that while there are many studies that highlight the positive outcomes and growing evidence for a number of key emergent interventions, the relatively emergent nature of key interventions in response to rapidly shifting child welfare issues and practices may limit the availably of long-term RCT studies. One suggestion would be for ACF to bracket RCT and quasi-experimental methodologies together as the same rating; based on our experience, there are reasons why an RCT was flawed and the quasi-experimental group was a better comparison. Another suggestion would be to limit the weight of the RCT and quasi-experimental altogether; smaller cities and counties that contain rural areas would be excluded from highly rated evaluation designs due to a smaller population to create appropriately sized control groups.

We also agree with comments by some housing advocates that multiple methodologies and multiple geographic points can have different results depending on how evaluators cut the data or sub-divide the target population. Recognizing such differences would comply with the statute's acknowledgement that the Clearinghouse should recognize "culturally specific, or location- or population-based adaptations of the practices."

Additionally we agree with those who would argue that ACF should establish a standard practice to automatically review research and evaluations sponsored by ACF for inclusion into the Clearinghouse, and thus growing the body of work to support a program or service. We would also suggest ASPE research agenda be informed by strongly performing interventions in order to bolster the evidence for some of the most critical and effective interventions.

3.0 Recommendations of Potential Candidate Programs and Services for Review

This Notice requests comment on potential candidate programs and services to consider for the systematic evidence review. Comments should identify how recommended programs and services meet the criteria described in section 2.1 Program or Service Eligibility Criteria. These criteria include: Types of Programs and Services and Book/Manual/Writings Available. Comments should also identify how recommended programs and services meet the criteria described in section 2.2 Program or Service Prioritization Criteria. These criteria include: Types of Programs and Services, Target Population of

Interest, Target Outcomes, Number of Impact Studies, In Use/ Active, Implementation and Fidelity Support, Trauma-Informed, and Delivery Setting for In-Home Parent Skill-Based Programs and Services. In order to leverage new insights from the field, HHS may put forth additional future Notices requesting recommendations of potential candidate programs and services for review.

COMMENT: The list of programs and services HHS should include/review include the following:

***HHS CBCAP directory*[vi]**

- *1-2-3 Magic: Effective Discipline - Discipline program for parents that divides parenting responsibilities into tasks: controlling negative behavior, encouraging good behavior, and strengthening child-parent relationship*
- *ACT - Adults and Children Together Raising Safe Kids Program - Designed to promote positive parenting and prevent child maltreatment by fostering knowledge and skills that change or improve parenting practices*
- *Active Parenting (4th Edition) -A video-based education program to improve parenting skills, in an authoritatively-run family, based on mutual respect among family members*
- *Active Parenting of Teens: Families in Action - Teen component that complements parent component of video-based education program to improve parenting skills, in an authoritatively-run family, based on mutual respect among family members*
- *Al's Pals: Kids Making Healthy Choices - Comprehensive curriculum and teacher training program that develops social-emotional skills, self-control, problem-solving abilities, and healthy decision-making using fun lessons, engaging puppets, original music, and effective teaching approaches*
- *AVANCE Parent-Child Education Program (PCEP) - Fosters parenting knowledge and skills through an intensive curriculum that aims to directly impact infant and toddlers' physical, emotional, social, and cognitive development*
- *Big Brothers Big Sisters Community-Based Mentoring Program - Provides children facing adversity with strong, enduring, and professionally supported relationships that help them realize their potential, build their futures, and forever change their lives for the better*
- *Celebrating Families - Training program based on Cognitive Behavioral Therapy model for families in which one or both parents are in recovery and have a high risk for domestic violence or child abuse*
- *Child and Family Traumatic Stress Intervention (CFTSI) - An early intervention and secondary prevention model that aims to reduce traumatic stress reactions and post-traumatic stress disorder (PTSD) in children who have experienced a potentially traumatic event (PTE)*
- *Child First - Psychotherapeutic services for children and their families to heal from the effects of trauma and prevent or diminish emotional disturbance, developmental and learning disabilities, and abuse and neglect*
- *Circle of Security – Home Visiting 4 - Provides caregivers with skills to understand their children's behavior, and to understand and regulate their own cognitive, affective, and behavioral responses*

- *Common Sense Parenting - Teaches parents practical skills to increase children's positive behavior, decrease negative behavior, and model appropriate alternative behavior*
- *COPEing with Toddler Behaviors - Enhances caregiver skills in preventing and responding to challenging behavior*
- *Creating Lasting Family Connections (CLFC) - Builds young people's resiliency and reduce the frequency of their alcohol and other drug (AOD) use*
- *Dare to Be You - A prevention program to lower the future risk of substance abuse and other high-risk activities through improved parenting*
- *Early Head Start - Provides early, continuous, intensive, and comprehensive child development and family support services*
- *Early Intervention Program for Adolescent Mothers - Helps young mothers gain social competence by learning self-management skills, techniques for coping with stress and depression, and skills to communicate effectively with partners, family, peers, and social agencies*
- *Effective Black Parenting Program (EBPP) - Parenting skill-building program that teaches a positive approach to parenting and conveys information about ways children learn*
- *Exchange Parent Aide - Strength-based and family-centered supportive and educational in-home services to families at risk of child abuse and neglect*
- *Family Check-Up® for Children/Toddlers - A preventative program to help parents address typical challenges that arise with young children before these challenges become more serious or problematic*
- *Family Connections - Multi-faceted community-based service program to help families meet the basic needs of their children and prevent child maltreatment*
- *Family Connects / Durham Connects - Supports families' efforts to enhance their children's health and well-being and reduce rates of child abuse and neglect*
- *Families First - Intervention teaching model using cognitive behavioral approaches, social learning theory, and strength-based role-playing skills to promote positive outcomes*
- *Family Foundations - A co-parenting program to improve mother, child, and birth outcomes by helping couples establish positive parenting skills and adjust to the physical, social, and emotional challenges of parenthood*
- *Family and Schools Together (FAST) – Elementary School Level - A multifamily group intervention program designed to build protective factors for children, empower parents to be primary prevention agents, and build supportive parent-to-parent groups*
- *Family Spirit® - Promotes Native American mothers' parenting, coping, and problem-solving skills to address factors such as demographic challenges, family-of-origin problems, and personal stressors*
- *Guiding Good Choices - A multimedia family competency training program that promotes healthy, protective parent-child interactions and addresses children's risk for early substance use*
- *Helping the Noncompliant Child (HNC) - Skills-training program for parents with goal of improving parent-child interactions and children's compliance, and of reducing escalation of problems into more serious disorders*

- *Health Access Nurturing Development Services (HANDS) - Designed to prevent child maltreatment, improve family functioning, facilitate positive pregnancy and child health outcomes, and maximize child growth and development; provides parenting information and problem solving techniques, develops parenting skills, and addresses basic needs*
- *Healthy Families America (HFA) - Works with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences to promote child well-being, strengthen parent-child relationships, promote healthy child development, and enhance family functioning*
- *Healthy & Safe - Home-based education resource equips parents with learning difficulties and who have young children with the knowledge and skills for managing dangers in the home, accidents, and childhood illnesses*
- *Home Instruction for Parents of Preschool Youngsters (HIPPY) - Supports parents most at risk because of poverty, limited education, and social isolation in their role as their child's first teacher, and empowers them to strengthen their children's cognitive skills, early literacy skills, and social, emotional, and physical development*
- *Incredible Years - Promotes emotional and social competence and prevents, reduces, and treats behavior and emotional problems in young children*
- *Maternal Early Childhood Sustained Home-Visiting Program (MECSH) - Enhances maternal and child outcomes by providing antepartum services in addition to traditional postpartum care women receive through Australia's universal system for maternal, child, and family health services*
- *Minding the Baby - A model of care bridging primary care and infant mental health services to promote positive health, mental health, life course, and attachment outcomes in babies, mothers, and their families*
- *Nurse Family Partnership (NFP) - Designed to improve prenatal health and outcomes, child health and development, and families' economic self-sufficiency and/or maternal life course development*
- *Nurturing Parenting Program - Family-centered lessons based on known parenting behaviors that contribute to child maltreatment*
- *Parent-Child Home Program (PCHP) - Early childhood program that promotes parent-child interaction and positive parenting to enhance children's cognitive and social-emotional development and strives to prepare children for academic success and strengthen families through intense home visiting*
- *Parent-Child Interaction Therapy (PCIT) - Dyadic behavioral intervention to decrease children's problematic behavior, increase their social skills and cooperation, and improve the parent-child attachment*
- *Parent Effectiveness Training (PET) - Offers parents a set of skills for developing and maintaining effective relationships with their children and others, including listening skills to help children solve problems and resolve conflicts*
- *Parent Management Training, Oregon Model - A group- or individual-based parent training program that teaches effective family management strategies and parenting skills, including skill*

encouragement, setting limits/positive discipline, monitoring, problem solving, and positive involvement, to reduce antisocial and behavior problems in children

- *Parenting from Prison - Education program for inmates who are parents to learn skills to strengthen family functioning, increase positive behaviors, decrease substance use, and increase their knowledge of risk and resilience factors*
- *Parenting Inside Out - Voluntary parent management training program for incarcerated parents, to assist participants in improving their interaction with their children and their children's caregivers*
- *Parenting Together Project (PTP) - Focuses on developing first-time fathers' knowledge, skills, and commitment to the fatherhood role*
- *Parenting Wisely - Self-administered, highly interactive computer-based program that teaches skills to improve relationships and decrease conflict through support and behavior management*
- *Parents Anonymous® - Prevention and treatment program addressing child development, communication skills, positive discipline, parental roles, age-appropriate expectations, effective parenting strategies, anger management techniques, mental health concerns, drug/alcohol, safety, and self-care to ensure well-being*
- *Parents as Teachers (PAT) - Parent education and family engagement model adaptable to the needs of diverse families, cultures, and special populations*
- *Partners in Parenting (PIP) - A skills-based program for parents to strengthen family relationships, promote positive adolescent behavior and lifestyles, and foster positive and supportive family environments*
- *Perry Preschool Project - Designed to improve disadvantaged children's capacity for future success in school and in life by breaking the link between childhood poverty and school failure and promoting young children's intellectual, social, and physical development*
- *Play and Learning Strategies (PALS) – Infant Program and Toddler/Preschool Program - Designed to strengthen parent-child bonding and stimulate children's early language, cognitive, and social development by facilitating parents' mastery of specific skills for interacting with their young children, including responding to baby cues and children's signals*
- *Promoting Alternative Thinking Strategies (PATHS)® - A classroom-based curriculum to reduce aggression and behavior problems by helping elementary students develop self-control, emotional understanding, positive self-esteem, relationships, and interpersonal problem solving*
- *Promoting First Relationships - Uses strengths-based, practical, and in-depth strategies to promote secure and healthy parent- and caregiver-child relationships*
- *SafeCare® - Offers structured, behavioral-skills training focusing on parenting skills, home safety, parental supervision, and making decisions about health to address factors associated with child abuse and neglect, and to improve children's health, development, and welfare*
- *SAFEChildren - Family-focused preventive intervention designed to increase academic achievement and decrease risk for later drug abuse and associated problems such as aggression, school failure, and low social competence*
- *Safe Child Program - Comprehensive multi-racial/multi-cultural curriculum that teaches children a broad base of life skills, including prevention of sexual, emotional, and physical abuse by*

people known to the child; prevention of abuse and abduction by strangers; and safety, and caring for oneself

- *Second Step®: A Violence Prevention Curriculum - Classroom-based social skills program that builds on cognitive behavioral intervention models integrated with social learning theory, empathy research, and social-information processing theories*
- *Step-By-Step Parenting Program - For parents with cognitive disabilities, teaches essential child care knowledge and skills, including newborn care, feeding and nutrition, diapering, and bathing; and child health, safety, and development*
- *Strong African American Families (SAAF) - An interactive educational program to reduce adolescent substance use, conduct problems, and sexual involvement*
- *Strong Communities for Children - Comprehensive community-wide initiative to promote family and community well-being and prevent child abuse and neglect through voluntary assistance from neighbors to families of young children*
- *Supporting Father Involvement (SFI) - Uses an empirically validated family risk model to enhance father's positive involvement with their children*
- *Syracuse Family Development Research Program (FDRP) - Comprehensive early childhood program to develop child and family functioning through home visitations, parent training, and individualized day care*
- *Systematic Training for Effective Parenting (STEP) - Educates parents in effective ways to relate to their children from birth through adolescence*
- *Triple P – Positive Parenting Program System - Multi-tiered system of 5 levels of education and support to help parents and caregivers learn strategies that promote children's social competence and self-regulation, thereby reducing family risk factors for child maltreatment and for children's emotional and behavioral problems*
- *Tuning in to Kids (TIK) - Teaches emotion coaching skills to assist parents in establishing better relationships with their children*

MIECHV (HVEE)[vii]

- *Attachment and Biobehavioral Catch-Up (ABC) Intervention*
- *Child First*
- *Early Head Start-Home Visiting (EHS-HV)*
- *Early Intervention Program for Adolescent Mothers*
- *Early Start (New Zealand)*
- *Family Check-Up® For Children*
- *Family Connects*
- *Family Spirit®*
- *Health Access Nurturing Development Services (HANDS) Program*
- *Healthy Beginnings*
- *Healthy Families America (HFA)®*
- *Home Instruction for Parents of Preschool Youngsters (HIPPY)®*
- *Maternal Early Childhood Sustained Home-Visiting Program (MECSH*
- *Minding the Baby®*

- *Nurse Family Partnership (NFP)®*
- *Parents as Teachers (PAT)®*
- *Play and Learning Strategies (PALS) Infant*
- *SafeCare Augmented*

HHS Teen Pregnancy Prevention Evidence Review[viii]:

- *Teen Options to Prevent Rapid Repeat Pregnancy (T.O.P.P.)*
- *Be Proud! Be Responsible! Be Protective!*
- *Generations*
- *Love Notes*
- *Making Proud Choices for Out-of-Home Youth*
- *Power through Choices* (PTC) [ix]*:*

California Evidence based Clearinghouse for child Welfare:

Program	Level of Evidence	Target Population	Practice Area	Source
Attachment and Biobehavioral Catch-up (ABC)	Well-Supported	Caregivers of infants 6 months to 2 years old who have experiences early adversity	Infant and Toddler Mental Health Programs (Birth to 3)	CEBC http://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/
Coping Power Program	Well-Supported	8-14 year old children whose aggression puts them at risk for later delinquency	Disruptive Behavior Treatment (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/coping-power-program/
Eye Movement Desensitization and Reprocessing (EMDR) (Trauma Treatment-Client-Level Intervention)	Well-Supported	Children and adolescents who have experienced trauma, research has been conducted on posttraumatic stress disorder (PTSD), posttraumatic stress, phobias, and other mental health disorders	Trauma Treatment-Client Level Interventions (Child & Adolescent)	CEBS http://www.cebc4cw.org/program/eye-movement-desensitization-and-reprocessing/

Family Check-Up	Well Supported	Caregivers of children 2-17 years old in the middle class or lower socioeconomic level	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/family-check-up/
Healthy Families America [Home Visiting for Child Well-Being] (HFA)	Well-Supported	Overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences; families are determined eligible for services once they are screened and/or assessed for the presence of factors that could contribute to increased risk for children maltreatment or other poor childhood outcomes, (e.g., social isolation, substance abuse, mental illness, parental history of abuse in childhood, etc.); home visiting services must be initiated either prenatally or within three months after the birth of the baby Parents/caregivers: 0-5	Home Visiting Programs for Child Well-Being	CEBC http://www.cebc4cw.org/program/healthy-families-america-home-visiting-for-child-well-being/
The Incredible Years (IY)	Well-Supported	Parents, teachers, and children Children & adolescents: 4-8	Disruptive Behavior Treatment (Child & Adolescent) Parent Training Programs that Address Behavior Problems in Children and Adolescents Prevention of Child Abuse and Neglect (Secondary) Programs	CEBC http://www.cebc4cw.org/program/the-incredible-years/

Multidimensional Family Therapy (MDFT)	Well Supported	Adolescents 11-18 with the following symptoms or problems: substance abuse or at risk, delinquent/conduct disorder, school and other behavioral problems, and both internalizing and externalizing symptoms	Disruptive Behavior Treatment (Child & Adolescent) Substance Abuse Treatment (Adolescent) Behavioral Management Programs for Adolescents in Child Welfare	CEBC http://www.cebc4cw.org/program/multidimensional-family-therapy/
Multisystemic Therapy (MST)	Well-Supported	Youth, 12 to 17 years old, with possible substance abuse issues who are at risk of out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the juvenile justice system (some other restrictions exists, see the Essential components section for more details)	Disruptive Behavior Treatment (Child & Adolescent) Substance Abuse Treatment (Adolescent) Behavioral Management Programs for Adolescents in Child Welfare	CEBC http://www.cebc4cw.org/program/multisystemic-therapy/
Nurse-Family Partnership (NFP)	Well-Supported	First-time, low-income mothers (no previous live births)	Home Visiting Programs for Child Well-Being, Home Visiting Programs for Prevention of Child Abuse and Neglect, Teen Pregnancy Services, Prevention of Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/nurse-family-partnership/

Parent Management Training-Oregon Model	Well-Supported	Parents of children 2-18 years of age with disruptive behaviors such as conduct disorders, oppositional defiant disorder, and antisocial behaviors	Disruptive Behaviors Treatment (Child & Adolescent) Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/the-oregon-model-parent-management-training-pmto/
Parent-Child Interaction Therapy (PCIT)	Well-Supported	Children ages 2.0-7.0 years old with behavior and parent-child relationship problems, foster parents, or other caretakers	Disruptive Behavior Treatment (Child & Adolescent) Parent Training Programs in Children and Adolescents	CEBC http://www.cebc4cw.org/program/parent-child-interaction-therapy/
Parenting through Change (PTG)	Well-Supported	Parents of children ages 2-18 at risk or presenting with behavior problems	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/parenting-through-change/
Prolonged Exposure Therapy for Adolescents (PR-A)	Well-Supported	Adolescents who have experienced a trauma (e.g., sexual assault, car accident, violent crimes, etc.). The program has also been used with children 6 to 12 years of age and adults who have experienced a trauma.	Anxiety Treatment (Child & Adolescent) Trauma Treatment-Client-Level Interventions (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/prolonged-exposure-therapy-for-adolescents/
Prolonged Exposure Therapy for PTSD for Adults (PE)	Well-Supported	Adults with a variety of traumas such as combat, sexual assault, car accidents, violent crimes, and acts of terrorism	Trauma Treatment (Adult)	CEBC http://www.cebc4cw.org/program/prolonged-exposure-therapy-for-adults-pe-for-ptsd/

Trauma-Focused Cognitive-Behavioral Therapy(TF-CBT)	Well-Supported	Children with a known trauma history who are experiencing significant Post-Traumatic Stress Disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. In addition, children with depression, anxiety, and/or shame related to their traumatic exposure. Children experiencing Childhood Traumatic Grief can also benefit from the treatment.	Anxiety Treatment (Child and Adolescent) Trauma Treatment- Client Level interventions Child and Adolescent	CEBC http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/
Triple P- Positive Parenting Program-Level 4	Well Supported	For parents and caregivers of children and adolescents from birth to 12 years old with moderate to severe behavioral and/or emotional difficulties or for parents that are motivated to gain a more in-depth understanding of positive parenting	Disruptive Behavior Treatment (Child and Adolescent) Parent Training Programs that Address behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/triple-p-positive-parenting-program-level-4-level-4-triple-p/
Adolescent Community Reinforcement Approach (A-CRA)	Supported	Adolescents aged 12 to 22 with substance abuse issues	Substance Abuse Treatment (Adolescents)	CEBC http://www.cebc4cw.org/program/adolescent-community-reinforcement-approach/
Adolescent-Focused Family Behavior Therapy (Adolescent FBT)	Supported	Youth (11-17) with drug abuse and dependence, as well as other co-existing problems	Substance Abuse Treatment (Adolescent)	CEBC http://www.cebc4cw.org/program/adolescent-focused-family-behavior-therapy/

Adult-Focused Family Behavior Therapy (Adult-Focused FBT)	Supported	Adults with drug abuse and dependence, as well as other co-existing problems such as depression, family dysfunction, trauma, child maltreatment, noncompliance, employment, HIV/STIs risk behavior, and poor communication skills	Substance Abuse Treatment (Adult)	CEBC http://www.cebc4cw.org/program/adult-focused-family-behavior-therapy/
AVANCE Parent-Child Education Program (PCEP)	Supported	Parents/primary caregivers with children from birth to age three, pregnant women and/or partners of pregnant women, especially those with challenges such as poverty; illiteracy; teen parenthood; geographic and social marginalization; and toxic stress Children: 0-3	Home Visiting Programs for Child Well-Being	CEBC http://www.cebc4cw.org/program/avance-parent-child-education-program/
Better Futures	Supported	Youth and young adults in foster care, including youth with disabilities and/or mental health conditions, who are: 1) in their final year of high school or GED completion, 2: not opposed to the idea of participating in postsecondary education, and 3) permitted to go into the community with their Better Future coach	Youth Transitioning Into Adulthood Programs and Educational Interventions for children and Adolescents in Child Welfare	CEBC http://www.cebc4cw.org/program/better-futures/
Chicago Parent Program	Supported	Parents of young children 2-5 years old	Parenting Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/chicago-parent-program/

Child-Parent Psychotherapy (CPP)	Supported	Children age 0-5, who have experiences a trauma, and their caregivers	Domestic/Intimate Partner Violence: Services for Victims and their Children, Infant and Toddler Mental Health Programs (Birth to 3) and Trauma Treatment-Client-Level interventions (Child & Adolescents)	CEBC http://www.cebc4cw.org/program/child-parent-psychotherapy/
Childhaven Childhood Trauma Treatment	Supported	Abused, neglected, at-risk, and/or drug-affected children, one month through five years of age, referred by Child Protective Services (CPS), Child Welfare Services (CWS), Chemical Dependency Treatment Centers, Department of Health/Public Health (PH) and Economic Services Administration/Temporary Assistance to Needy Families (TANF)	Interventions for Neglect	CEBC http://www.cebc4cw.org/program/childhaven-childhood-trauma-treatment/
Common Sense Parenting (CSP)	Supported	Parents and other caregivers ages 6-16 years	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/common-sense-parenting/
Community Parent Education Program (CAP)	Supported	Designed for and tested with survivors of domestic abuse who have utilized shelters. Can be expanded to non-shelter users	Domestic/Intimate Partner Violence: Services for Victims and their Children	CEBC http://www.cebc4cw.org/program/the-community-advocacy-project/

Community Parent Education Program (COPE)	Supported	Parents of children with disruptive behavior	Disruptive Behavior Treatment (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/community-parent-education-program/
Ecologically Based Family Therapy (EBFT)	Supported	Substance-abuse runway adolescents (12-17) and their family members who are willing to have the adolescents live in their homes	Substance Abuse Treatment (Adolescent)	CEBC http://www.cebc4cw.org/program/ecologically-based-family-therapy/
Families Facing the Future	Supported	Parents receiving methadone treatment and their children ages 5-14	Substance Abuse Treatment (Adult)	CEBC http://www.cebc4cw.org/program/families-facing-the-future/
Family Foundations	Supported	Expectant mothers and fathers	Parent Training Programs that Address Child Abuse and Neglect	CEBC http://www.cebc4cw.org/program/family-foundations/
Fostering Healthy Futures (FHF)	Supported	Boys and girls, ages 9-11, placed in out-of-home care in the prior two years as a result of maltreatment	Mentoring Programs (Child & Adolescents)	CEBC http://www.cebc4cw.org/program/fostering-healthy-futures-fhf/
Functional Family Therapy (FFT)	Supported	11-18-year olds with very serious problems such as conduct disorder, violent acting-out, and substance abuse Children/Adolescent: 11-18	Disruptive Behavior Treatment (Child & Adolescent) Substance Abuse Treatment (Adolescent) Behavioral Management Programs for Adolescents in Child Welfare	CEBC http://www.cebc4cw.org/program/functional-family-therapy/

Hitkashrut	Supported	Families with children who are showing early signs of conduct problems development	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/hitkashrut/
Homes Instruction for Parents of Preschool Youngsters (HIPPY)	Supported	Parents who have a young children and have limited formal education and resources	Home Visiting Programs for Child Well-Being	CEBC http://www.cebc4cw.org/program/home-instruction-for-parents-of-preschool-youngsters/
Homebuilders	2: Supported	Families with children (birth to 18) at imminent risk of placement into, or needing intensive services to return from, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities	Interventions for Neglect Post-Permanency Services Reunification Programs Family Stabilization Programs	CEBC http://www.cebc4cw.org/program/homebuilders/
KEEP SAFE	Supported	Caregivers of youth 10-18 years of age in foster or kinship care placements and the youth themselves	Resource Parent Recruitment and Training Programs Behavioral Management Programs for Adolescents in Child Welfare	CEBC http://www.cebc4cw.org/program/keep-safe/
Kids in Transition to School (KTS)	Supported	Foster children and other children at high risk for school difficulties who are entering kindergarten Children & Adolescents :4-6	Educational Interventions for Children and Adolescents in Child Welfare	CEBC http://www.cebc4cw.org/program/kids-in-transition-to-school-kits/

Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)	Supported	Families who have come to the attention of Child Protective Services within the past 180 days due to the physical abuse and/or neglect of a child in the family between the ages of 6 and 17; where the child is still living with them or is in the foster care with the intent of reunifying with the parents(s); other criteria may apply	Interventions for Abusive Behavior	CEBC http://www.cebc4cw.org/program/multisystemic-therapy-for-child-abuse-and-neglect/
Safe Environment for Every Kid (SEEK)	Supported	Families with children aged 0-5 years who have risk factors for child maltreatment such as parental depression or substance abuse	Prevention of Child Abuse and Neglect (Secondary) Programs	CEBC http://www.cebc4cw.org/program/safe-environment-for-every-kid-seek-model/
SafeCare	Supported	Parents at-risk for child neglect and/or abuse and parents with a history of child neglect and/or abuse	Interventions for Neglect, Prevention of Child abuse and Neglect (Secondary) Programs, Parent Training Programs that Address Child Abuse and Neglect, Home Visiting Programs for Prevention of Child Abuse and Neglect, Interventions for Abusive Behavior	CEBC http://www.cebc4cw.org/program/safecare/
Together Facing the Challenge (TFTC)	Supported	Treatment foster parents and agency staff	Resource Parent Recruitment and Training Programs	CEBC http://www.cebc4cw.org/program/together-facing-the-challenge/
Triple P- Positive Parenting Program-Level 3	Supported	Parents or caregivers of children ages 0-12 years with mild-moderate emotional and behavioral concerns	Parent Training Programs that Addressed Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/triple-p-level-3-discussion-group/

Triple P- Positive Parenting System	Supported	For parents and caregivers of children from birth to age 16	Parent Training Programs that Address Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/triple-p-positive-parenting-program-system/
1 2 3 Magic Effective Discipline for Children 2-12	Promising	Parents, grandparents, teachers, babysitters, and other caretakers working with children	Parent training programs that address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/1-2-3-magic-effective-discipline-for-children-2-12/
Across Ages	Promising	Youth ages 9 to 13 who are at a high-risk for substance abuse	Mentoring Programs (Child and Adolescent)	CEBC http://www.cebc4cw.org/program/across-ages/
ACT Raising Safe Kids	Promising	Parents and caregivers (e.g., grandparents and other relatives raising young children, foster parents, and adoptive parents) of children birth to 10 years old, as well as pregnant mothers and their spouses or partners	Prevention of Child Abuse and Neglect	CEBC http://www.cebc4cw.org/program/act-raising-safe-kids/
ACTION	Promising	9 to 14-year olds who are depressed.	Depression Treatment (Child and Adolescent)	CEBC http://www.cebc4cw.org/program/action/
Active Parenting of Teens Families in Action	Promising	Parents and caregivers of youth ages 12-14	Parent Training Programs that Address Behavior Problems in Child and Adolescents	CEBC http://www.cebc4cw.org/program/active-parenting-of-teens-families-in-action/

Adolescent Parenting Program (APP)	Promising	First-time pregnant and parenting youth aged 12 to 19 years old, and who must be enrolled in school or a GED-completion program and their children ages birth to 5 years old.	Teen Pregnancy Services	CEBC http://www.cebc4cw.org/program/adolescent-parenting-program-app/
Aggression Replacement Training (ART)	Promising	Chronically aggressive children and adolescents ages 12-17	Disruptive Behavior Treatment (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/aggression-replacement-training/
Alcoholics Anonymous (A.A)	Promising	Adults who have identified themselves as alcoholics and are trying to maintain sobriety	Substance Abuse Treatment	CEBC http://www.cebc4cw.org/program/alcoholics-anonymous/
Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT)	Promising	Caregivers who are emotionally or physically aggressive or abusive with their children, children who experience behavioral dysfunction, especially aggression, or trauma-related symptoms secondary to their as exposure to physical discipline/abuse, and high conflict families who are at-risk for these problems. Children & Adolescents: 5-17	Interventions for Abusive Behavior and Trauma Treatment-Client-Level Interventions (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/alternatives-for-families-a-cognitive-behavioral-therapy/
Arkansas Center for Addictions Research, Education, and Services (Arkansas CARES)	Promising	Mothers with dual diagnosis of substance abuse and mental health problems	Substance Abuse Treatment (Adults)	CEBC http://www.cebc4cw.org/program/arkansas-center-for-addictions-research-education-and-services/
Availability, Responsiveness, and Continuity (ARC)	Promising	Child welfare and mental health agencies	Child Welfare Workforce Development and Support	CEBC http://www.cebc4cw.org/program/availability-responsiveness-and-continuity-arc/

"Who Do You Tell?"	Promising	Children from kindergarten to grade 6	Prevention of Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/who-do-you-tell/
Big Brothers Big Sisters of America (BBBSA)	Promising	Youth aged 6-18 who may come from disadvantaged situations, such as single-parent homes, low-income homes, or homes with an absent parent (e.g., a parent in the military or a parent who is incarcerated)	Mentoring Programs (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/big-brothers-big-sisters/
Body Safety Training Workbook (BST)	Promising	Children ages 3-8 years old and their parents and teachers	Prevention of Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/body-safety-training-workbook/
Bounce Back	Promising	Children in elementary school grades Kindergarten through 5th grade (ages 5-11) who have experienced traumatic events	Trauma Treatment-Client Level Interventions (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/bounce-back/
C.A.R.E.S. (Coordination, Advocacy, Resources, Education, and Support)	Promising	Families at high risk for abuse or neglect with children aged 0-17 or a primary caregiver or caregivers of at least one child under the age of 18 whom is at risk for abuse, neglect, or abandonment and their family	Prevention of Child Abuse and Neglect (Secondary) Programs	CEBC http://www.cebc4cw.org/program/c-a-r-e-s-coordination-advocacy-resources-education-and-support/
Child and Family Traumatic Stress Intervention (CFTSI)	Promising	Children ages 7-18 recently exposed to a potentially traumatic event, or having recently disclosed physical or sexual abuse, and endorsing at least one symptom of posttraumatic stress	Trauma Treatment-Client-Level Interventions (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/child-and-family-traumatic-stress-intervention-cftsi/

Child-Centered Play Therapy (CCPT)	Promising	Children ages 3-10 who are experiencing social, emotional, behavioral and relational problems	Anxiety Treatment (Child & Adolescent) Disruptive Behavior Treatment (Child & Adolescent) Domestic/Intimate Partner Violence: Services for Victims and their Children	CEBC http://www.cebc4cw.org/program/child-centered-play-therapy-ccpt/
Child-Focused Recruitment- Wendy's Wonderful Kids	Promising	Children 9-18 years of age that have been freed for adoption or with a plan for adoption with an emphasis on older youth waiting to be adopted; also appropriate for younger children with special needs, part of a sibling group, or with mental or physical challenges	Permanency enhancement Interventions for Adolescents	CEBC http://www.cebc4cw.org/program/child-focused-recruitment-wendy-s-wonderful-kids/
Child-Parent Relationship Therapy (CPRT)	Promising	Parents of children ages 3- 8 with behavioral, emotional, social, or attachment disorders	Disruptive Behavior Treatment , Parent Training Programs that Address Behavior Problems in Children and Adolescents and Attachment Interventions	CEBC http://www.cebc4cw.org/program/child-parent-relationship-therapy-cprt/

The Children's Aid Society Carrera Adolescent Pregnancy Prevention Program (CAS- Carrera)	Promising	Young people and their families from disadvantaged urban, rural and suburban neighborhoods; youth may come from single-parent homes and reside in neighborhoods characterized by higher than national rates of poverty, teen pregnancy, and crime, unemployment, and high school dropouts Children: 10-19	Teen Pregnancy Services	CEBC http://www.cebc4cw.org/program/the-children-s-aid-society-carrera-adolescent-pregnancy-prevention-program-cas-carrera/
CICC's Effective Black Parenting Program (EBPP)	Promising	African-American families at risk for child maltreatment Parent/Caregiver: 0-17	Parenting Training Programs that Address Behavior Problems in Child and Adolescents and Prevention of Child Abuse and Neglect (secondary) Programs	CEBC http://www.cebc4cw.org/program/effective-black-parenting-program/
Circle of Security-Home Visiting-4 (COS-HVA)	Promising	Families with children younger than 6 years old in high-risk populations such as child enrolled in Early Head Start, teen moms, or parents with irritable babies Parent/caregiver: 0-5	Infant and Toddler Mental Health Programs (Birth to 3), Parent Training Programs that Address Child Abuse and Neglect, Home Visiting Programs for Prevention of Child Abuse and Neglect	CEBC http://www.cebc4cw.org/program/circle-of-security-home-visiting-4/

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Promising	3rd through 8th grade students who screened positive for exposure to a traumatic event and symptoms of posttraumatic stress disorder related to that event, largely focusing on community violence exposure; may be used with older students as well. Children & Adolescents: 8-15	Anxiety Treatment (Child & Adolescent) Trauma Treatment- Client -Level Interventions (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/cognitive-behavioral-intervention-for-trauma-in-schools/
Combined Parent-Child Cognitive-Behavioral Therapy (CPC-CBT)	Promising	Child ages 3-17 and their parents (or caregivers) in families where parents engage in a continuum of coercive parenting strategies and children may present with PTSD symptoms, depression, behavioral problems and other difficulties	Prevention of Child Abuse and Neglect (Secondary) Programs Parent Training Programs that Address Child Abuse and Neglect Interventions for Abusive behavior Trauma Treatment- client-Level Interventions (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapy-cpc-cbt/
Computer-Assisted Motivational Intervention (CAMI)	Promising	Pregnant and/or parenting adolescents age 18 and younger Children & Adolescents: 13-18	Teen Pregnancy Services	CEBC http://www.cebc4cw.org/program/computer-assisted-motivational-intervention/
COPEing with Toddler Behaviour	Promising	Parents of 12-36-month-olds who are having challenges with toddler behaviour Parents/ Caregivers: 1-3	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/copeing-with-toddler-behavior/

Cue-Centered Treatment (CCT)	Promising	Youth ages 8-18 with a chronic history of trauma, adversity, and ongoing stress	Trauma Treatment- Client- Level Interventions (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/cue-centered-treatment-cct/
Defiant Children: A Clinician's Manual for Assessment and Parent Training	Promising	Parents of children ages 4-12 years who are defiant or who may qualify for a diagnosis of oppositional defiant disorder (ODD)	Disruptive Behavior Treatment (Child & Adolescent) Parent Training Programs that Address Behavior Problems in child and Adolescents	CEBC http://www.cebc4cw.org/program/defiant-children-a-clinician-s-manual-for-assessment-and-parent-training/
Domestic Violence Home Visit Intervention (DVHVI)	Promising	Families with children from birth to 18 years old living in home that have reported incidents of intimate partner violence (IPV) to police	Domestic/Intimate Partner Violence: Services for Victims and their Children	CEBC http://www.cebc4cw.org/program/domestic-violence-home-visit-intervention/
Early Head Start (EHS)	Promising		Home Visiting Programs for Child Well-Being	CEBC http://www.cebc4cw.org/program/early-head-start/
Early Pathways Program (EPP)	Promising	Children 6 years of age and younger with significant behavior and/or emotional problems and their primary caretaker(s)	Parenting Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/early-pathways-program/
Exchange Parent Aid	Promising	Families must have at least one child age birth through 12 years in the home (services may also be offered prenatally), be considered at-risk for abuse (either through presence of dynamics common in abuse families or the presence of sustained abuse or neglect), and	Prevention of Child Abuse and Neglect (Secondary) Programs Home Visiting Programs for Prevention of Child Abuse and Neglect	CEBC http://www.cebc4cw.org/program/exchange-parent-aide/

		be willing to participate in services		
Fairy Tale Model (Treating Problem Behaviors: A Trauma-Informed Approach)	Promising	Teens (13 to 18 years of age) with emotional and behavior problems	Trauma Treatment-Client -Level interventions (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/fairy-tale-model-treating-problem-behaviors-a-trauma-informed-approach/
Families First	Promising	Families and referred children who are at-risk as a result of family conflict, lack of parenting skills, child abuse, childhood emotional issues, disruptive behavioral problems including criminal misconduct and other at-risk situations children, parents, and families face.	Disruptive Behavior Treatment (Child & Adolescent) Home Visiting Programs for Child Well-Being	CEBC http://www.cebc4cw.org/program/families-first/
Family Assessment Response (FAR)	Promising	Families with an accepted child maltreatment report that does not allege sexual abuse or substantial child maltreatment (as defined by MN statute 626.556) Parents/Caregivers: 0-17	Reducing Racial Disparity and Disproportionality in Child welfare: Programs	CEBC http://www.cebc4cw.org/program/family-assessment-response/

Family Centered Treatment (FCT)	Promising	Families with members at imminent risk of placement into, or needing intensive services to return from, treatment facilities, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities	Family Stabilization Programs	CEBC http://www.cebc4cw.org/program/family-centered-treatment/
Family Connections (FC)	Promising	Families at risk for child maltreatment	Casework Practice Interventions for Neglect Prevention of Child Abuse and Neglect (Secondary) Programs	CEBC http://www.cebc4cw.org/program/family-connections/
Family Group Decision Making (FGDM)	Promising	Children who are abused/neglected and their family groups	Placement Stabilization Programs Family Stabilization Programs Reducing Racial Disparity and Disproportionality in Child Welfare: Programs	CEBC http://www.cebc4cw.org/program/family-group-decision-making/
The Family Growth Center (FGC)	Promising	Adolescent mothers in high-risk neighborhoods	Teen Pregnancy Services	CEBC http://www.cebc4cw.org/program/the-family-growth-center-fgc/
FAST- Elementary School Level	Promising	Children in Pre-Kindergarten through 5th grade and their families	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/kids-families-and-schools-together-kids-fast/

FosterParentCollege.com (FPC)	Promising	Foster, adoptive, and kinship parents, as well as social workers and other professionals who work with resource parents Parent/Caregiver: 0-18	Resource Parent Recruitment and Training Programs	CEBC http://www.cebc4cw.org/program/foster-parent-college/
Friends for Youth Mentoring Services	Promising	Youth who are referred by teachers, counselors, probation officers, county mental health workers, Children's Protective Services, and other youth professionals as being at-risk of not reaching their full potential due to challenges at home, at school, or in their neighborhood	Mentoring Programs (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/friends-for-youth/
Guiding Good Choices	Promising	Parents of Adolescents and young teens	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/guiding-good-choices-sup-sup/
Healthy and Safe	Promising	Parents with learning difficulties who are the main caregivers of a child less than five years old	Home Visiting Programs for Child Well-Being Working with Parents with Cognitive Disabilities Programs	CEBC http://www.cebc4cw.org/program/healthy-safe/
Helping the Noncompliant Child (HNC)	Promising	Parents of children (age 3-8 years old) who are noncompliant and have related disruptive behavior/conduct problems	Disruptive Behavior Treatment (Child & Adolescent) Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/helping-the-noncompliant-child/

KEEP (Keeping Foster and Kin Parents Supported and Trained)	Promising	Caregivers of children 4-12 years of age in foster or kinship care placements	Placement Stabilization Programs Resource Parent Recruitment and Training Programs Kinship Caregiver Support Programs	CEBC http://www.cebc4cw.org/program/keeping-foster-and-kin-parents-supported-and-trained/
KEEP SAFE [Placement Stabilization Programs]	Promising	Caregivers of youth 10 to 18 years of age in foster or kinship care placements and the youth themselves	Placement Stabilization Programs	CEBC http://www.cebc4cw.org/program/keep-safe-placement-stabilization-programs/
Kids Club & Moms Empowerment	Promising	Children ages 6-12 and their mothers exposed to intimate partner violence in the last year	Domestic/Intimate Partner Violence: Services for Victims and their Children	CEBC http://www.cebc4cw.org/program/kids-club-moms-empowerment/
Mellow Babies	Promising	Disadvantages families with mothers with children eighteen months old and younger; families can include teenage parents. Parents with mental health problems, those with child protection and/or substance abuse issues, or those experiencing poverty	Infant and Toddler Mental Health Programs (Birth to 3)	CEBC http://www.cebc4cw.org/program/mellow-babies/detailed
My Life	Promising	Youth and young adults, ages 15-19, in foster care who are able to go into the community with their program coach, including youth with disabilities and/or mental health conditions	Youth Transitioning into Adulthood Programs	CEBS http://www.cebc4cw.org/program/my-life/

Neighbor to Family Sibling Foster Care Model	3: Promising	Sibling groups of 2 or more children from infancy through seventeen years of age who are in the custody of the state; youth older than 14 must be part of a sibling groups; ideally children and families newly involved in the foster care system or possibly have re-entered the foster care system due to disruptive adoptions or have transferred from another agency	Placement Stabilization Programs and Resource Parent Recruitment and Training Programs	CEBC http://www.cebc4cw.org/program/neighbor-to-neighbor/
Nurturing Parenting Program for Parents and their School-age Children 5-12 Years	3:Promising	Families who have been reported to the child welfare system for child maltreatment including physical and emotional maltreatment in addition to child neglect; may be used as a court-ordered parenting programs	Prevention of Child abuse and Neglect (secondary) Programs, Parent Training Programs that address Child Abuse and Neglect and Interventions for Abusive Behavior	CEBC http://www.cebc4cw.org/program/nurturing-parenting-program-for-parents-and-their-school-age-children-5-to-12-years/
Parent Effectiveness Training (P.E.T.)	Promising	Parents of children ages 0-18 with communications and behavior problems	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/parent-effectiveness-training-p-e-t/

Parent-Child Home Program, The (PCHP)	Promising	Two and three-years-olds who face multiple obstacles to educational and economic success. These risk factors include, living in poverty, being a single or teenage parent, low parental or teenage parent, low parental education status, illiteracy/limited literacy, and families who are challenged by language barriers (e.g., immigrant families)	Home Visiting Programs for child Well-Being	CEBC http://www.cebc4cw.org/program/the-parent-child-home-program/
Parenting Wisely	3:Promising	Families with children at risk or with: behavior problems, substance abuse problems, or delinquency Ages: 9-18	Disruptive Behavior Treatment (Child & Adolescent) Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/parenting-wisely/
Parents as Teachers	Promising	Families with an expectant mother or parents of children up to kindergarten entry (usually 5 years) Parents/caregivers of children: 0-5	Home Visiting Programs of Child Well-Being Prevention of Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/parents-as-teachers/
Period of PURPLE Crying	Promising	All mothers and fathers of infants up to 5 months of age and society in general in their understanding of early increased infant crying and shaken baby syndrome	Prevention of Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/period-of-purple-crying/

Play and Learning Strategies- Infant Program (PALS I)	Promising	Children 5 -15 months and their families	Home Visiting Programs for Child Well-Being	http://www.cebc4cw.org/program/play-and-learning-strategies-infant-program/
Play and Learning Strategies-Toddler/Preschool Programs (PALS II)	Promising	Children 18 months to 4 years and their families	Home Visiting Programs for Child Well-Being	CEBC http://www.cebc4cw.org/program/play-and-learning-strategies-toddler-preschool-program/
Preschool PTSD Treatment (PPT)	Promising	3-6 year old children with posttraumatic stress disorder (PTSD) symptoms	Trauma Treatment-Client-Level Interventions (Child & Adolescent)	CEBC http://www.cebc4cw.org/program/preschool-ptsd-treatment/
Progressive Counting (PC)	Promising	Adults who have experienced trauma; has been used with teens and children ages 6 and up	Trauma Treatment (Adult)	CEBC http://www.cebc4cw.org/program/progressive-counting/
Promoting First Relationships (PFR)	Promising	Caregivers of children birth to three years	Infant and Toddler Mental Health Programs (Birth to 3) Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/promoting-first-relationships/
Risk Reduction Through Family Therapy (RRFT)	Promising	Trauma-exposed adolescents aged 13-18 years who experience co-occurring trauma-related mental health problems (e.g., posttraumatic stress disorder [PTSD], depression), substance use problems, and other risk behaviors (e.g., risky sexual behavior, non-suicidal self-injury)	Trauma Treatment-Client-Level Interventions (Client & Adolescent)	CEBC http://www.cebc4cw.org/program/risk-reduction-through-family-therapy/

Safe Babies New York Program	Promising	Mothers, fathers, or father figures of babies just born	Prevention of Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/the-upstate-new-york-shaken-baby-syndrome-education-program/
Safe Child Program, The	Promising	Preschool through Grade 3	Prevention of Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/the-safe-child-program/
Sobriety Treatment and Recovery Teams (START)	Promising	Families with at least one child under 6 years of age who are in the child welfare system and have a parent whose substance use is determined to be a primary child safety risk factor	Family Stabilization Programs	CEBC http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/
Stewards of Children	Promising	Staff and volunteers of schools and other youth-serving organizations, parents/caregivers, and concerned adults	Prevention of Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/stewards-of-children/
Strong Communities for Children	Promising	Entire communities with the intent to generate and sustain support for families with young children	Prevention of Child Abuse and Neglect (Primary) Programs	CEBC http://www.cebc4cw.org/program/strong-communities-for-children/
Support Groups for Grandparent Caregivers of Children with Developmental Disabilities and Delays	Promising	Grandparent caregivers of children with developmental disabilities and delays	Kinship Caregiver Support Programs	CEBC http://www.cebc4cw.org/program/support-groups-for-grandparent-caregivers-of-children-with-developmental-disabilities-and-delays/
Systematic Training for Effective Parenting (STEP)	Promising	Parents of children - birth through adolescence	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/systematic-training-for-effective-parenting/

Trauma Recovery and Empowerment Model (TREM)	Promising	Women who have a history of sexual, physical, and/or emotional abuse and can have severe mental health problems and frequent co-occurring substance abuse issues	Trauma Treatment (Adult)	CEBC http://www.cebc4cw.org/program/trauma-recovery-and-empowerment-model/
Trust-Based Relational Intervention -Online Caregiver Training	Promising	Parents (e.g., birth parents, foster parents, kinship parents, adoptive parents, etc.) and caregivers of children who come from 'hard places,' such as maltreatment, abuse, neglect, multiple home placements, and violence	Parent Training Programs that Address behavior Problems that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/trust-based-relational-intervention-tbri-online-caregiver-training/
Trust-Based Relational Intervention-Caregiver Training	Promising	Parents (e.g., birth parents, foster parents, kinship parents, adoptive parents, etc.) and caregivers of children who come from 'hard places,' such as maltreatment, abuse, neglect, multiple home placements, and violence	Parent Training Programs that Address Behavior Problems in Children and Adolescents	CEBC http://www.cebc4cw.org/program/trust-based-relational-intervention-tbri-caregiver-training/
Wyman's Teen Outreach Program (TOP)	Promising	Male and female adolescents in grades 6-12 who may come from disadvantaged circumstances	Teen Pregnancy Services	CEBC http://www.cebc4cw.org/program/wymans-teen-outreach-program/

The Child Welfare League of America is grateful for the opportunity to offer comments on this Family First Prevention Services Act. We were assisted in these efforts by working with many partners and associates representing the adoption, foster care, substance use, kinship, Indian child welfare, mental

health, housing, homeless and runaway youth, teen pregnancy prevention and many other communities. We encourage HHS to evaluate and include their work.

Sincerely,

Chris James-Brown
President and CEO

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[i] http://cfcrights.org/wp-content/uploads/2011/10/EBP-Registry-Doc-FINAL.pdf
[ii] https://www.acf.hhs.gov/sites/default/files/cb/pi1805.pdf
[iii] https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems
[iv] https://www.nctsn.org/trauma-informed-care/trauma-informed-systems/child-welfare/essential-elements
[v] https://www.nctsn.org/sites/default/files/resources//prerequisite_clinical_competencies_for_implementing_effective_trauma_informed_intervention.pdf
[vi] https://www.friendsnrc.org/evidence-based-practice-in-cbcap/evidence-based-practice-directory
[vii] https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview
[viii] https://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx
[ix] https://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx