

<h1>ACF</h1> <p>Administration for Children and Families</p>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
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PROGRAM INSTRUCTION

TO: State Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act

SUBJECT: State Requirements for Electing Title IV-E Prevention and Family Services and Programs¹

LEGAL AND RELATED REFERENCES: Titles IV-B and IV-E of the Social Security Act (the Act), as amended by Public Law (P.L.) 115-123 Family First Prevention Services Act, enacted February 9, 2018 and P.L. 115-271, the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act), enacted October 24, 2018

PURPOSE: To instruct state title IV-E agencies on the title IV-E prevention program requirements

INFORMATION: The Family First Prevention Services Act (FFPSA) authorized new optional title IV-E funding for time-limited (one year) prevention services for mental health/substance abuse and in-home parent skill-based programs for: 1) a child who is a candidate for foster care (as defined in section 475(13) of the Act), 2) pregnant/parenting foster youth, and 3) the parents/kin caregivers of those children and youth (sections 471(e), 474(a)(6), and 475(13) of the Act).

¹ Hereafter in this document, the title IV-E prevention and family services and programs are referred to as the “title IV-E prevention program.” The prevention and family services provided under the title IV-E program are referred to as “title IV-E prevention services.”

Instructions for the Title IV-E Prevention Program: This Program Instruction (PI) provides instructions on the requirements state title IV-E agencies must meet when electing the title IV-E prevention program as described below. We provide instructions for Indian tribes, tribal organization, or tribal consortia operating an approved title IV-E program in [ACYF-CB-PI-18-10](#).

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Foreword

The creation of the title IV-E prevention program is an unprecedented step in recognizing the importance of working with children and families to prevent the need for foster care placement and the trauma of unnecessary parent-child separation. The title IV-E prevention program is part of a much broader vision of strengthening families by preventing child maltreatment, unnecessary removal of children from their families, and homelessness among youth. It provides an opportunity for states to dramatically re-think how they serve children and families. It creates

an impetus to focus attention on prevention and strengthening families as our primary goals, rather than foster care placement as our main intervention. The Children’s Bureau strongly encourages all states to take this opportunity to not only use the title IV-E prevention program to fund these important services, but also to envision and advance a vastly improved way of serving children and families, one that focuses on strengthening their protective and nurturing capacities instead of separating them.

A. Requirements for providing the title IV-E prevention program

1. Title IV-E prevention program components

Categories of allowable title IV-E prevention services: State title IV-E agencies may claim reimbursement for mental health and substance abuse prevention and treatment services provided by qualified clinicians, and in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling that have been rated and approved by the Title IV-E Prevention Services Clearinghouse and are identified in the state’s five-year title IV-E prevention program plan (section 471(e)(1) of the Act). We interpret the term “in-home” broadly, in that it does not necessarily refer to the location in which the services are provided. It could mean, for example, that the child is continuing to live in the home of a parent or relative caretaker during the time the state is providing the services. The needs of the child, parent, or caregiver for the services must be directly related to the safety, permanence, or wellbeing of the child or to preventing the child from entering foster care. We are not further defining “qualified clinician” as used to describe a provider of mental health and substance abuse prevention and treatment services identified in the plan (section 471(e)(1)(A) of the Act).

Trauma-informed approach to service delivery: Title IV-E prevention services must be 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 (section 471(e)(4)(B) of the Act). We are not further defining what a trauma-informed approach to service delivery means.

Practice criteria for prevention services: Title IV-E prevention services must be rated as promising, supported, or well-supported in accordance with HHS criteria and be approved by HHS (section 471(e)(4)(C) of the Act) as part of the Title IV-E Prevention Services Clearinghouse (section 476(d)(2) of the Act). The initial practice criteria are provided in Attachment C.

The Title IV-E Prevention Services Clearinghouse is in the process of reviewing and rating services for HHS approval. Attachment C includes the first list of the services that the Clearinghouse will review and rate under the HHS initial practice criteria. We will provide additional information regarding rated and approved services, and the selection of additional services for review in future issuances.

At least 50 percent of the amounts expended by the state for a fiscal year (FY) for the title IV-E prevention program must be for services that meet the well-supported practice criteria (section 474(a)(6)(A)(ii) of the Act).

Time-limited services: The state may provide title IV-E prevention services as specified in the child’s prevention plan for up to 12 months beginning on the date the state identifies the child as either a “candidate for foster care” or a pregnant or parenting foster youth in need of those services (sections 471(e)(2)(A) and (B) of the Act) (see section B.1 below). The state may claim title IV-E reimbursement for prevention services until the last day of the 12th month if services were provided for the entire 12-month period, or if services are provided for less than the entire 12-month period, the end of the month in which the child’s title IV-E prevention services ended. A state may provide title IV-E prevention services to or on behalf of the same child for additional 12-month periods, including for contiguous 12-month periods. In order to claim title IV-E for each additional 12-month period, the state must determine and document in the child’s prevention plan that the otherwise eligible candidate for foster care or pregnant/parenting youth meets the requirements in section 471(e)(4)(A) of the Act on a case-by-case basis.

2. State five-year title IV-E prevention program plan

The state title IV-E agency electing to provide the title IV-E prevention program must submit a five-year title IV-E prevention program plan (five-year plan) that meets the statutory requirements and may use the state title IV-E prevention program five-year plan pre-print found in Attachment B (section 471(e)(5) of the Act). The state title IV-E agency may submit its five-year plan at any time, as there is no deadline by which a state must submit its five-year plan. A state title IV-E agency may amend its five-year plan at any time during the five year period. The state is not required to provide services in all counties and geographic locations in the state, nor is the state required to provide the same type of prevention services in the elected jurisdictions. We recognize that this flexibility will allow more states to elect to provide the title IV-E prevention program, but we still encourage states to implement the program as broadly as possible in order to make prevention services available to as many families in need of those services as possible. Further, the state may submit a five-year plan which identifies only services for eligible populations of an Indian tribe with a title IV-E agreement with the state under section 472(a)(2)(B)(ii) of the Act. In providing such services, the tribe must meet all the requirements applicable to the state title IV-E prevention program described in this PI. This is because the exceptions permitted for a tribal title IV-E prevention program in section 479B(c)(1)(E) of the Act apply only to tribal title IV-E agencies. A tribe operating under a title IV-E agreement with a state is not a tribal title IV-E agency operating an approved tribal title IV-E plan. Instead, the tribe is implementing the state title IV-E program on behalf of the population specified in the title IV-E agreement.

The five-year plan must contain the following information as required by section 471(e)(5) of the Act:

- *Service description and oversight:* The state must describe how it will assess children and their parents or kin caregivers to determine eligibility for title IV-E prevention services and describe the HHS approved services the state will provide, including:

- whether the practices used to provide the services are rated as promising, supported, or well-supported in accordance with the HHS practice criteria as part of the Title IV-E Prevention Services Clearinghouse;
 - how the state plans to implement the services, including how implementation of the services will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices;
 - how the state selected the services; ○ the target population for the services;
 - an assurance that each HHS approved title IV-E prevention service provided in the state plan meets the requirements at section 471(e)(4)(B) of the Act related to trauma-informed service-delivery (Attachment III); and
 - how providing the services is expected to improve specific outcomes for children and families.
- *Evaluation strategy:* The state must include a well-designed and rigorous evaluation strategy for each service which may include a cross-site evaluation approved by ACF.
 - *Evaluation waiver request:* Consistent with section 471(e)(5)(C)(ii) of the Act, the Children’s Bureau may waive this requirement for a well-supported practice if the evidence of the effectiveness of the practice is compelling and the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state may request this waiver using Attachment II to the five-year plan and must demonstrate the effectiveness of the practice.
 - *Monitoring child safety:* The state must describe how it will monitor and oversee the safety of children receiving services during the 12-month period. This must include periodic risk assessments throughout the 12-month period, and if the state determines the risk of the child entering foster care remains high despite the provision of the services, the state must reexamine the child’s prevention plan during the 12-month period.
 - *Consultation and coordination:* The state must describe: 1) how it will consult with other state agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services (including community-based organizations), in order to foster a continuum of care for children, parents and caregivers receiving prevention services; and 2) how the prevention services provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with other child and family services provided to the child and the parents or kin caregivers of the child under the state title IV-B plan.

- *Child welfare workforce support:* The state must describe the steps the state is taking to support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including:
 - ensuring that staff is qualified to provide services that are consistent with the promising, supported, or well-supported practice models selected; and
 - developing appropriate prevention plans and conducting risk assessments for children receiving prevention services.
- *Child welfare workforce training:* The state must describe how it will provide training and support for caseworkers in assessing what children and their families need; connecting to the families served; knowing how to access and deliver the needed trauma-informed and evidence-based services; and overseeing and evaluating the continuing appropriateness of the services.
- *Prevention caseloads:* The state must describe how the caseload size and type for prevention caseworkers will be determined, managed, and overseen.

Assurance on prevention program reporting: The state must provide an assurance that it will report to the Secretary such information and data as the Secretary may require with respect to the title IV-E prevention program, including information and data necessary to determine the performance measures. States must provide this assurance as part of the five-year plan using Attachment I (see section F of this PI for more information on this reporting).

B. Child and family eligibility for the title IV-E prevention program

1. Prevention plan for the child

In a prevention plan for the child, the state must identify whether the child is either a “child who is a candidate for foster care” or is a pregnant or parenting foster youth in need of prevention services in advance of the services being provided. The statute does not define “pregnant or parenting foster youth” and we are not going to further define that population. The definition of a “child who is a candidate for foster care” is defined in the statute at section 475(13) of the Act and is described in section B.2. The age requirements for both pregnant or parenting foster youth and a “child who is a candidate for foster care” are described in section B.3.

If the child is a “child who is a candidate for foster care,” the child’s prevention plan must:

- identify the foster care prevention strategy for the child so that the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver; and
- list the services to be provided to or on behalf of the child to ensure the success of that prevention strategy.

The prevention plan for a pregnant or parenting foster youth must:

- be included in the youth's foster care case plan;

- list the services to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of a 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.

2. Candidates for foster care

A “child who is a candidate for foster care” is defined as a child who is identified in a title IV-E prevention plan as being at imminent risk of entering foster care (without regard to whether the child would be eligible for title IV-E foster care maintenance payments, title IV-E adoption assistance or title IV-E kinship guardianship assistance payments), but who can remain safely in the child's home or in a kinship placement as long as the title IV-E prevention services that are necessary to prevent the entry of the child into foster care are provided. A “child who is a candidate for foster care” includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement (section 475(13) of the Act).

We are not further defining the phrase “candidate for foster care” as it appears in section 475(13) of the Act or further defining the term “imminent risk” of entering foster care for the title IV-E prevention program. However, because a child may not be simultaneously in foster care and a “child who is a candidate for foster care,” once the child enters foster care, reimbursement for the child under the title IV-E prevention program must end. Foster care is defined in 45 CFR 1355.20 and includes children under the placement and care of the state title IV-E agency who are placed in a licensed or unlicensed kinship placement, regardless of whether payments are made by the state, tribal or local agency for the care of the child or whether there is federal matching of any payments that are made. As such, a child who is *not* under the placement and care of the state title IV-E agency and in a kinship placement could be considered a “child who is a candidate for foster care” as defined in section 475(13) of the Act.

Regardless of whether a title IV-E agency is providing the title IV-E prevention program, it may continue to claim administrative costs under the statutory authority at 472(i) of the Act for candidates for title IV-E foster care if, among other things, the child is at imminent risk of removal from the home and the agency is making reasonable efforts to prevent the need to remove the child from the home. The agency should continue to apply section 8.1D of the Child Welfare Policy Manual (CWPM) for guidance on section 472(i) of the Act. CWPM 8.1D does not apply to the phrase “child who is a candidate for foster care” as defined in section 475(13) of the Act for the purposes of the title IV-E prevention program.

3. Age

The definition of “child” in section 475(8) of the Act applies to the title IV-E prevention program.² Therefore, both a “child who is a candidate for foster care” and a child who is a

² As a reminder, this definition includes:

- an individual who has not attained 18 years of age; and

pregnant or parenting foster youth must meet the definition of “child” as elected by the state for the title IV-E program to be eligible for the title IV-E prevention program (section 471(e)(4)(A)(i) and (ii) of the Act). This means that a “child who is a candidate for foster care” and pregnant or parenting foster youth who have not attained age 18 are eligible for the title IV-E prevention program. If a state has elected a higher age under the state’s title IV-E program, an otherwise eligible youth over age 18 may be eligible for the title IV-E prevention program in the following circumstances:

- If a youth is otherwise eligible as a “child who is a candidate for foster care” and over age 18, the youth could be eligible for the title IV-E prevention program if:
 - a title IV-E adoption assistance or guardianship assistance agreement is in effect with respect to the youth (that went into effect after the child attained 16 years of age);
 - the youth’s adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement (section 475(13) of the Act);
 - the youth meets the state’s education/employment conditions as elected under title IV-E; and
 - the youth has not yet reached the state’s highest elected age under title IV-E (19, 20 or 21).

- If a youth is an otherwise eligible pregnant or parenting youth in foster care over age 18, the youth could be eligible for the title IV-E prevention program if:
 - the youth meets the state’s education/employment conditions as elected under title IV-E; and
 - the youth has not yet reached the state’s highest elected age under title IV-E (19, 20 or 21).

If a youth turns age 18 (or the higher elected age per section 475(8) of the Act) while receiving title IV-E prevention services, the state can only claim FFP for services until the day the youth turns age 18 (or the higher elected age per section 475(8) of the Act). The state may claim title IV-E administrative costs until the end of the month in which the youth turns age 18 (or the higher elected age as applicable).

C. Federal financial participation for the title IV-E prevention program

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- at the option of the state, an individual age 18 and up to age 19, 20 or 21 who meets the education/employment criteria in section 475(8)(B)(iv) of the Act and
 - who is in foster care under the responsibility of the state;
 - with respect to whom an adoption assistance agreement is in effect under section 473 of the Act if the child had attained 16 years of age before the agreement became effective; or
 - with respect to whom a kinship guardianship assistance agreement is in effect under section 473(d) of the Act if the child had attained 16 years of age before the agreement became effective.

Prevention services: From FYs 2020 – 2026, costs of title IV-E prevention services are reimbursable at 50 percent FFP under title IV-E. Beginning in FY 2027, title IV-E prevention services are reimbursable at the applicable FMAP rate for the state. At least 50 percent of the funds expended by the state for prevention services in any FY must be for services that meet the “well-supported” practice criteria.

Administrative costs: Beginning in FY 2020, costs for the proper and efficient administration of the title IV-E prevention program are reimbursable at 50 percent FFP. A state may claim allowable title IV-E administrative costs beginning the first day of the fiscal quarter in which the state submits an approvable five-year prevention plan. These include activities to develop necessary processes and procedures to establish and implement the provision of prevention services for eligible individuals, policy development, program management, and data collection and reporting.

Child specific administrative costs may be claimed for allowable activities from the beginning of the month in which the child is identified in a prevention plan until the end of the 12th month, if services were provided for the entire 12-month period, or if the services are provided for less than the entire 12-month period, the end of the month the child’s title IV-E prevention services ended. The state may claim for allowable activities that comport with or are closely related to one of the listed activities at 45 CFR 1356.60(c)(2), such as the development and maintenance of the child’s prevention plan as defined in section 471(e)(4)(A) of the Act and case management activities such as verification and documentation of program eligibility, referral to services, and preparation for and participation in judicial proceedings. The state may claim title IV-E prevention program administrative costs for data collection and reporting beyond the child’s title IV-E prevention service period to meet the requirements in section 471(e)(4)(E) of the Act. Further, there is nothing to prohibit the state from claiming title IV-E foster care administrative costs for a child eligible under section 472(i) of the Act after the child’s title IV-E prevention services period has ended. Performance of investigations, physical or mental examinations or evaluations are not allowable administrative costs for the title IV-E prevention program.

Training: Beginning in FY 2020, training for personnel employed or preparing for employment by the state agency or by the local agency administering the plan in the political subdivision and of the members of the staff of state/tribal-licensed or approved child welfare agencies providing services to children who are candidates for foster care and pregnant/parenting foster youth (and their parents or kin caregivers) is reimbursable at 50 percent FFP. Allowable training topics include how to determine who is eligible for the title IV-E prevention program, how to identify and provide appropriate services, and how to oversee and evaluate the ongoing appropriateness of the services.

Prohibition for expenditure requirement: The state may not use any state foster care prevention expenditures (as defined in the MOE section below) for the state share of title IV-E prevention program expenditures for a fiscal year.

D. Financial reporting

Expenditures and next quarter estimates for the title IV-E prevention program must be reported on the CB-496 form. The revised form and specific instructions for reporting such costs can be found in [ACYF-CB-PI-18-12](#).

E. Maintenance of effort (MOE)

States must use title IV-E prevention services to supplement, and not supplant, FY 2014 (or alternate applicable year) “state foster care prevention expenditures” as defined in the statute (section 471(e)(7) of the Act).

Base year for MOE calculations: The statute requires the state title IV-E agency to maintain at least the same level of “state foster care prevention expenditures” each FY as the amount the agency spent in FY 2014 (section 471(e)(7) of the Act). States with a population of children less than 200,000 in FY 2014 (as determined by the Bureau of the Census) may elect to use FY 2015 or FY 2016 instead of FY 2014 for this purpose (section 471(e)(7)(A) of the Act).

Prevention service expenditures: The statute defines “state foster care prevention expenditures” as:

- state expenditures and federal matching funds provided to the state for title IV-B, Temporary Assistance for Needy Families (TANF), and the Social Services Block Grant (SSBG); and
- state expenditures for foster care prevention services and activities under any other state program (except title IV-E).

We are specifying that these state foster care prevention services and activities must have been approved by the Title IV-E Prevention Services Clearinghouse as being allowable for title IV-E prevention reimbursement and meeting the standards outlined in the statute at section 471(e)(4) of the Act as follows:

- the services or activities are one of the allowable types of services:
 - mental health and substance abuse prevention and treatment services; or
 - in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling;
- the populations served are children who are candidates for foster care, pregnant or parenting youths in foster care, or their parents and kin caregivers;
- the services are rated as well-supported, supported, or promising as outlined in the law and in accordance with HHS practice criteria as part of the Title IV-E Prevention Services Clearinghouse; and
- the services or activities are trauma-informed.

“State foster care prevention expenditures” must include only those prevention services or activities that have been approved by the Title IV-E Prevention Services Clearinghouse at the time the state submits its initial five-year prevention plan.

Instruction for MOE reporting: State title IV-E agencies must determine “state foster care prevention expenditures” for FY 2014 (or one of the alternate base years) and report it in the five-year title IV-E prevention program plan. As noted above, the MOE will be comprised of “state foster care prevention expenditures” in FY 2014 (or one of the alternate base years) for prevention services or activities that have been approved by the Title IV-E Prevention Services Clearinghouse at the time of the initial five-year prevention program plan submission. For each FY the state operates the title IV-E prevention program, the state must report the amount of actual “state foster care prevention expenditures” for the FY to determine whether the state is complying with the MOE requirement on Attachment IV. Further, the state must only calculate its base year MOE once, and carry over its original MOE determination from one five-year plan to another.

F. Title IV-E prevention program reporting

States electing the title IV-E prevention program must report child-specific data to HHS as required by section 471(e)(4)(E) of the Act for each child who receives title IV-E prevention services. We will provide additional information on how to report this information in future guidance, but states should be prepared to report, at a minimum, the following information for each child who receives services:

- the specific services provided to the child and/or family;
- the total expenditures for each of the services provided to the child and/or family;
- the duration of the services provided;
- if the child was identified in a prevention plan as a “child who is a candidate for foster care”:
 - the child’s placement status at the beginning, and at the end, of the 12-month period that begins on the date the child was identified as a “child who is a candidate for foster care” in a prevention plan; and
 - whether the child entered foster care during the initial 12-month period and during the subsequent 12-month period; and
- basic demographic information (e.g., age, sex, race/Hispanic Latino ethnicity).

G. Title IV-E plan requirements

The title IV-E program and plan requirements (including regulations at 45 CFR 1355 and 1356) that are not specifically limited to the title IV-E foster care maintenance payment or adoption assistance programs also apply to the title IV-E prevention program. The statutory title IV-E plan requirements that apply are in sections 471(a)(2), 471(a)(4) through 471(a)(9)(A) and (B), 471(a)(12), 471(a)(13), and 471(a)(32) of the Act. They address topics such as agency organization and program administration, program audits and monitoring, confidentiality of information, and fair hearings.

H. Non-impact on eligibility for other assistance

Receipt of title IV-E prevention services is not considered receipt of aid for the purposes of eligibility for any other program under the Social Security Act, and does not permit a state to reduce medical or other assistance available to a title IV-E prevention recipient (section 471(e)(10) (A) of the Act).³

I. Payer of last resort

If the cost of providing a title IV-E prevention service to an individual would have been paid from another public or private source if not for the enactment of FFPSA, a state is not considered to be a legally liable third party for the cost of providing such services to that individual with one exception; a state may use title IV-E prevention program funding under section 474(a)(6) to pay a provider for these services to prevent delaying the timely provision of appropriate early intervention services (pending reimbursement from the public or private source that has ultimate responsibility for the payment) (section 471(e)(10)(C) of the Act).⁴

Therefore, if public or private program providers (such as private health insurance or Medicaid) would pay for a service allowable under the title IV-E prevention program, those providers have the responsibility to pay for these services before the title IV-E agency would be required to pay. For example, if a parent with Medicaid coverage is receiving mental health services that would be covered by Medicaid, and that are also allowable under the title IV-E prevention program, Medicaid must pay for the service before the title IV-E portion (if any) is paid. This provision in effect makes title IV-E the payer of last resort for title IV-E prevention services in this instance.

J. Instruction

A title IV-E agency that would like to opt into the title IV-E prevention program must submit a five-year plan as follows: 1) submit the five-year plan pre-print in Attachment B to the Children's Bureau Regional Office and record the applicable statutory, regulatory and/or policy references and citations for the affected federal requirement or, alternatively, submit the same information as described here in its own format; 2) submit copies of referenced material noting the specific section of the material with page numbers, highlighting or other means, to document compliance with any cited statute, regulation, policy and/or procedure; and 3) submit the five-year plan and accompanying documentation electronically or on a compact disk or USB flash drive to the Children's Bureau Regional Office. A title IV-E agency may not substitute a hyperlink instead of providing paper or electronic documents for its five-year plan pre-print submission. If the title IV-E agency is unable to submit electronic signatures for purposes of the certification, it may submit the appropriate pages with original signatures.

³ The last clause of section 471(e)(10) of the Act was added by section 8082(b)(1) of P.L. 115-271, The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) (enacted October 24, 2018).

⁴ Section 471(e)(10)(C) of the Act was added by section 8082(b)(2) P.L. 115-271, The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) (enacted October 24, 2018).

**PAPERWORK
REDUCTION
ACT:**

Under the Paperwork Reduction Act of 1995 (Public Law 104-13), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number of the Title IV-E Plan Pre-Print is 09700433, approved through February 28, 2019.

INQUIRIES TO: Children’s Bureau Regional Program Managers

/s/

Jerry Milner
Acting Commissioner
Administration on Children, Youth and
Families

Attachments:

- A. Children’s Bureau Regional Program Managers
- B. State title IV-E prevention program five-year plan pre-print
 - Attachment I. State title IV-E prevention program reporting assurance
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- C. HHS practice criteria for title IV-E prevention services and programs and initial list of services and programs undergoing HHS practice criteria evaluation

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2	<p>Region 2 - New York City Alfonso Nicholas alfonso.nicholas@acf.hhs.gov 26 Federal Plaza, Rm. 4114 New York, NY 10278 (212) 264-2890, x 145 States and Territories: New Jersey, New York, Puerto Rico, Virgin Islands</p>	7	<p>Region 7 - Kansas City Deborah Smith deborah.smith@acf.hhs.gov Federal Office Building, Rm. 349 601 E 12th Street Kansas City, MO 64106 (816) 426-2262 States: Iowa, Kansas, Missouri, Nebraska</p>
3	<p>Region 3 - Philadelphia Lisa Pearson lisa.pearson@acf.hhs.gov The Strawbridge Building 801 Market Street Philadelphia, PA 19107-3134 (215) 861-4030 States: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p>	8	<p>Region 8 - Denver Marilyn Kennerson marilyn.kennerson@acf.hhs.gov 1961 Stout Street, 8th Floor Byron Rogers Federal Building Denver, CO 80294-3538 (303) 844-1163 States: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p>
4	<p>Region 4 - Atlanta Shalonda Cawthon shalonda.cawthon@acf.hhs.gov 61 Forsyth Street SW, Ste. 4M60 Atlanta, GA 30303-8909 (404) 562-2242 States: Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee</p>	9	<p>Region 9 - San Francisco Debra Samples debra.samples@acf.hhs.gov 90 7th Street - Ste 9-300 San Francisco, CA 94103 (415) 437-8626 States and Territories: Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau</p>
5	<p>Region 5 - Chicago Kendall Darling kendall.darling@acf.hhs.gov 233 N. Michigan Avenue, Suite 400 Chicago, IL 60601 (312) 353-9672 States: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p>	10	<p>Region 10 - Seattle Paula Bentz paula.bentz@acf.hhs.gov 701 Fifth Avenue, Suite 1600, MS-73 Seattle, WA 98104 (206) 615-3662 States: Alaska, Idaho, Oregon, Washington</p>

B. STATE PLAN FOR TITLE IV-E OF THE SOCIAL SECURITY ACT: PREVENTION SERVICES AND PROGRAMS

STATE OF _____

U.S. Department of Health and Human Services
Administration for Children and Families
Children's Bureau
November 2018

- SECTION 1. Service description and oversight
- SECTION 2. Evaluation strategy and waiver request
- SECTION 3. Monitoring child safety
- SECTION 4. Consultation and coordination
- SECTION 5. Child welfare workforce support
- SECTION 6. Child welfare workforce training
- SECTION 7. Prevention caseloads
- SECTION 8. Assurance on prevention program reporting
- SECTION 9. Child and family eligibility for the title IV-E prevention program

- ATTACHMENT I: State title IV-E prevention program reporting assurance
- ATTACHMENT II: State request for waiver of evaluation requirement for a well-supported practice
- ATTACHMENT III: State assurance of trauma-informed service-delivery
- ATTACHMENT IV: State annual maintenance of effort (MOE) report

As a condition of the receipt of Prevention Services and Program funds under title IV-E of the Social Security Act (hereinafter, the Act), the

(Name of State Agency)

submits here a plan to provide, in appropriate cases, Prevention Services and Programs under title IV-E of the Act and hereby agrees to administer the programs in accordance with the provisions of this plan, title IV-E of the Act, and all applicable Federal regulations and other official issuances of the Department. This Pre-print is provided as an option for title IV-E agencies to use over the course of the five years that the Prevention Services and Programs Plan is in effect.

The state agency understands that if and when title IV-E is amended or regulations are revised, a new or amended plan for title IV-E that conforms to the revisions must be submitted.

Federal Regulatory/Statutory References ¹	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
Section 1. Services Description and Oversight		
471(e)(1)	<p>A. SERVICES.</p> <p>The state agency provides the following services or programs for a child and the parents or kin caregivers of the child when the need of the child, such a parent, or such a caregiver for the services or programs are directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care:</p> <ol style="list-style-type: none"> 1. MENTAL HEALTH AND SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES.—Mental health and substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12-month period that begins on any date described in paragraph (3) of Section 471(e) with respect to the child. 2. IN-HOME PARENT SKILL-BASED PROGRAMS.—In-home parent skill-based programs for not more than a 12-month period that begins on any date described in paragraph (3) of Section 471(e) with respect to the child and that include parenting skills training, parent education, and individual and family counseling. 	
471(e)(5)(B)(i)	<p>B. OUTCOMES. The state agency provides services and programs specified in paragraph 471(e)(1) is expected to improve specific outcomes for children and families.</p>	

¹ Statutory references refer to the Social Security Act. Regulatory references refer to Title 45 of the Code of Federal Regulations (CFR).

Federal Regulatory/Statutory References ¹	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
<p>471(e)(5)(B)(iii)(I)(IV) 471(e)(4)(B)</p>	<ol style="list-style-type: none"> 1. the services or programs selected by the state, and whether the practices used are promising, supported, or well supported; 2. how the state plans to implement the services or programs, including how implementation of the services or programs will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices; 3. how the state selected the services or programs; 4. the target population for the services or programs; 5. an assurance that each prevention or family service or program provided by the state meets the requirements at section 471(e)(4)(B) of the Act related to trauma-informed service-delivery (states must submit Attachment III for each prevention or family service or program); and 6. how each service or program provided will be evaluated. 	<p>Attachment III</p>
<p>Section 2. Evaluation strategy and waiver request</p>		
<p>471(e)(5)(B)(iii)(V)</p>	<p>A. PRACTICES. With respect to the prevention family services and programs specified in subparagraphs (A) and (B) of paragraph 471(e)(1), information on the specific practices state plans to use to provide the services or programs, including a description of how each service or program provided will be evaluated through a well-designed and rigorous process, which may consist of an ongoing, cross-site evaluation approved by the Secretary, unless a waiver is approved for a well-supported practice; and</p>	

Federal Regulatory/Statutory References ¹	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(5)(C)(ii)	B. REQUEST FOR WAIVER OF WELL DESIGNED, RIGOROUS EVALUATION OF SERVICES AND PROGRAMS FOR A WELL-SUPPORTED PRACTICE. The state must provide evidence of the effectiveness of the practice to be compelling and the state meets the continuous quality improvement requirements included in subparagraph 471(e)(5)(B)(iii)(II) with regard to the practice.	Attachment II
Section 3. Monitoring child safety		
471(e)(5)(B)(ii)	The state agency monitors and oversees the safety of children who receive services and programs specified in paragraph 471(e)(1), including through periodic risk assessments throughout the 12-month period in which the services and programs are provided on behalf of a child and reexamination of the prevention plan maintained for the child under paragraph 471(e)(4) for the provision of the services or programs if the state determines the risk of the child entering foster care remains high despite the provision of the services or programs.	
Section 4. Consultation and coordination		
471(e)(5)(B)(iv) and (vi)	A. The state must: <ol style="list-style-type: none"> 1. engage in consultation with other state agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described in paragraph 471(e)(2) and their parents or kin caregivers and 2. describe how the services or programs specified in paragraph (1) of section 471(e) provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with other child and family services provided to 	

Federal Regulatory/Statutory References ¹	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
	the child and the parents or kin caregivers of the child under the state plans in effect under subparts 1 and 2 of part B.	
Section 5. Child welfare workforce support		
471(e)(5)(B)(vii)	The state agency supports and enhances a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including— A. ensuring that staff is qualified to provide services or programs that are consistent with the promising, supported, or well supported practice models selected; and B. developing appropriate prevention plans, and conducting the risk assessments required under clause (iii) of section 471(e)(5)(B).	
Section 6. Child welfare workforce training		
471(e)(5)(B)(viii)	The state provides training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of the services.	
Section 7. Prevention caseloads		
471(e)(5)(B)(ix)	The state must describe how caseload size and type for prevention caseworkers will be determined, managed, and overseen.	
Section 8. Assurance on prevention program reporting		

Federal Regulatory/Statutory References ¹	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(5)(B)(x)	The state provides an assurance in Attachment I that it will report to the Secretary such information and data as the Secretary may require with respect to the provision of services and programs specified in paragraph 471(e)(1), including information and data necessary to determine the performance measures for the state under paragraph 471(e)(6) and compliance with paragraph 471(e)(7).	Attachment I
Section 9. Child and family eligibility for the title IV-E prevention program		
471(e)(2)	<p>A. CHILD DESCRIBED.—For purposes of the title IV-E prevention services program, a child is:</p> <ol style="list-style-type: none"> 1. A child who is a candidate for foster care (as defined in section 475(13)) but can remain safely at home or in a kinship placement with receipt of services or programs specified in paragraph (1) of 471(e). 2. A child in foster care who is a pregnant or parenting foster youth. 	

Title IV-E Plan – State of _____

PLAN SUBMISSION CERTIFICATION

Instructions: This Certification must be signed and submitted by the official authorized to submit the title IV-E plan, and each time the state submits an amendment to the title IV-E plan.

I _____ (name) hereby certify that I am authorized to submit the title IV-E Plan on behalf of _____ (state). I also certify that the title IV-E plan was submitted to the governor for his or her review and approval in accordance with 45 CFR 1356.20(c)(2) and 45 CFR 204.1.

Date _____

(Signature)

(Title)

APPROVAL DATE:

EFFECTIVE DATE:

(Signature, Associate Commissioner, Children's Bureau)

State Title IV-E Prevention Program Reporting Assurance

Instructions: This Assurance may be used to satisfy requirements at section 471(e)(5)(B)(x) of the Social Security Act (the Act), and will remain in effect on an ongoing basis. This Assurance must be re-submitted if there is a change in the assurance below.

In accordance with section 471(e)(5)(B)(x) of the Act, _____,
(Name of State Agency) is providing this assurance consistent with the five-year plan to report to the Secretary such information and data as the Secretary may require with respect to title IV-E prevention and family services and programs, including information and data necessary to determine the performance measures.

Signature: This assurance must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice, and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The _____ (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for _____ (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

State Assurance of Trauma-Informed Service-Delivery

Instructions: This Assurance may be used to satisfy requirements at section 471(e)(4)(B) of the Social Security Act (the Act), and will remain in effect on an ongoing basis. This Assurance must be re-submitted if there is a change in the state’s five-year plan to include additional title IV-E prevention or family services or programs.

Consistent with the agency’s five-year title IV-E prevention plan, section 471(e)(4)(B) of the Act requires the title IV-E agency to provide services or programs to or on behalf of a child 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.

The _____ (Name of State Agency) assures that in accordance with section 471(e)(4)(B) of the Act, each HHS approved title IV-E prevention or family service or program identified in the five-year plan is provided in accordance with a trauma-informed approach.

Signature: This assurance must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

**U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES
Administration on Children, Youth and Families
Children's Bureau**

State Annual Maintenance of Effort (MOE) Report

State:	FFY:
Baseline Year:	
Baseline Amount: \$	
Total Expenditures for Most Recent FFY:	

<p>This certifies that the information on this form is accurate and true to the best of my knowledge and belief.</p> <p>This also certifies that the next FFY foster care prevention expenditures will be submitted as required by law.</p>
Signature, Approving Official:
Typed Name, Title, Agency:
Date:

HHS Initial Practice Criteria and First List of Services and Programs Selected for Review as part of the *Title IV-E Prevention Services Clearinghouse*

The Family First Prevention Services Act requires HHS to conduct an independent systematic review of evidence to rate services and programs as promising, supported, and well-supported practices.

On June 22, 2018, HHS published a Federal Register Notice (FRN; [83 FR 29122](#)) requesting public comment on initial criteria and potential services and programs to be considered for systematic review in the *Title IV-E Prevention Services Clearinghouse* (*herein the Clearinghouse*). The initial criteria were intended to (a) determine eligibility of programs and services for review by the Clearinghouse, (b) prioritize eligible programs and services for review, (c) determine eligibility of studies aligned with prioritized programs and services, (d) prioritize eligible studies for rating, (e) rate studies, and (f) rate programs and services as promising, supported, and well-supported practices. The FRN also requested recommendations of potential services and programs to be considered for systematic review. The comment period closed on July 22, 2018. Over 360 responses were received, most containing multiple comments. Commenters included state and local administrators, service and program developers, foundations, non-profit organizations, researchers and evaluators, and other stakeholders.

This attachment includes revised initial criteria and the first dozen services and programs selected for systematic review. The Clearinghouse will select additional services and programs for review on a rolling basis. In developing these revised initial criteria and selecting the first dozen services and programs, HHS considered public comments on the FRN and input from federal partners, as well as other key stakeholders including the California Evidence-Based Clearinghouse.

Overall, public comments recommended adopting broad and inclusive criteria to determine services or programs and associated studies considered for review. Public comments and feasibility considerations informed several notable revisions to the initial criteria. For example, the revised initial criteria no longer consider target population/sample, implementation period, trauma-informed approach, magnitude of effects, and in-home delivery setting in determining eligibility, prioritization, or rating. When possible, the Clearinghouse will document and release additional information beyond that considered as part of the revised initial criteria. This additional information may include, but is not limited to details about: the extent to which the service or program is provided under an organizational structure or framework in accordance with principles of a trauma informed approach and/or represents a trauma specific intervention; intended target population of service or program; availability of culturally specific, location or population-based adaptation of service or program; service or program delivery setting; and study specific information such as effect sizes, power, and additional detail on study sample and subsample.

I. Revised Initial Criteria

The Clearinghouse will use the *Service or Program Eligibility and Prioritization Criteria* to identify and prioritize services and programs for review. Subsequently, the Clearinghouse will use the *Study Eligibility and Prioritization Criteria* to identify and prioritize our review of studies for each of the selected services and programs. The Clearinghouse will use the *Study Rating Criteria* to assess the design, execution, and impacts of studies. The Clearinghouse will use the *Service or Program Rating Criteria* to rate services or programs as “promising,” “supported,” “well-supported,” or “does not currently meet criteria.” A more detailed description of the revised initial criteria and procedures for systematic review and re-review along with definitions of key terminology will be included in the forthcoming Title IV-E Prevention Services Clearinghouse Procedures Handbook.

1. *Service or Program Eligibility Criteria.* Services or programs must, at a minimum, meet the following criteria to be eligible for review by the Clearinghouse [sections 471(e)(1) and 471(e)(4)(C) of the Social Security Act (the Act)]:
 - a. Types of Services and Programs. Eligibility will be limited to mental health and substance abuse prevention and treatment services and in-home parent skill-based programs as well as kinship navigator programs.
 - b. Book/Manual/Writings Available. Eligibility will be limited to services or programs that have a book, manual, or other available documentation that specifies the components of the practice protocol and describes how to administer the practice.

2. *Service or Program Prioritization Criteria.* Timing and resources may not allow for the Clearinghouse to conduct a detailed review of all services and programs that meet the *Service or Program Eligibility Criteria*. Services or programs will be prioritized for Clearinghouse review using the following criteria:
 - a. Target Outcomes. Services or programs that aim to impact target outcomes identified by the Clearinghouse will be prioritized for review [section 471(e)(4)(C) of the Act]. Target outcomes for mental health and substance abuse prevention and treatment services and in-home parent skill-based programs will include a wide array of outcomes that fall broadly under the following domains: child safety, child permanency, child well-being, and adult (parent and kin caregiver) well-being. Target outcomes for kinship navigator programs will include all outcome domains listed above as well as access to, referral to, and satisfaction with services and programs.
 - b. In Use/Active. Services or programs currently in use with a book, manual, or other documentation available in English will be prioritized.
 - c. Implementation and Fidelity Support. Services or Programs that have implementation training and staff support and/or fidelity monitoring tools and resources available to implementers in English will be prioritized.

Initially, the *Title IV-E Prevention Services Clearinghouse* will give particular consideration to services and programs recommended by state and local government

administrators in response to the FRN, included as part of existing evidence reviews, and/or evaluated by Title IV-E Child Welfare Waiver Demonstrations. The Clearinghouse will also give particular consideration to ensure services and programs from each category (i.e., mental health, substance abuse, in-home parent, or kinship navigator) are represented.

3. *Study Eligibility Criteria.* Studies examining each of the selected services and programs will be screened for eligibility for inclusion in the Clearinghouse using the following criteria:
 - a. *Source.* Eligibility will be limited to studies included in peer-reviewed journal articles and/or publicly available literature that may include, but is not limited to federal, state, and local government and foundation reports.
 - b. *Study Design.* Eligibility will be limited to study designs that assess effectiveness (i.e., impact) using quantitative methods and utilize an appropriate control. Eligible study designs include Randomized Controlled Trials (RCT), Quasi-Experimental Designs (QED), and other non-experimental designs that utilize an appropriate control.
 - c. *Target Outcomes.* Eligibility will be limited to studies that examine the impact of the service or program on at least one ‘target outcome.’ Target outcomes for studies of mental health and substance abuse prevention and treatment services and in-home parent skill-based programs will include a wide array of outcomes that fall broadly under the following domains: child safety, child permanency, child well-being, and adult (parent and kin caregiver) well-being. Target outcomes for studies of kinship navigator programs will include all outcome domains listed above as well as access to, referral to, and satisfaction with services and programs.
 - d. *Study Available in English.* Eligibility will be limited to studies available in English.

Initially, the *Title IV-E Prevention Services Clearinghouse* will give particular consideration to studies published or prepared in or after 1990.

4. *Study Prioritization Criteria.* Timing and resources may not allow for the Clearinghouse to conduct a detailed review of all studies determined within a selected service or program to be eligible according to the *Study Eligibility Criteria*. The order and depth of review for studies will be determined on the basis of study features that may include sample size, duration of sustained effects examined, and type of study design.
5. *Study Rating Criteria.* The Clearinghouse will rate studies using the following criteria:
 - a. *Study Design and Execution.* Building from the standards of existing evidence reviews such as the What Works Clearinghouse (WWC) and Home Visiting Evidence of Effectiveness (HomVEE), the Clearinghouse will assess studies on the basis of study design, overall and differential sample attrition, the equivalence of intervention and comparison groups at baseline (as applicable),

and when necessary, procedures accounting for clustering. In addition, the study must account for confounding factors and examine at least one “target outcome” (see *Study Eligibility Criteria*) using a measure that is reliable and achieves face validity. Inconsistencies in systematic administration, as noted in study text, will also be considered. Studies will be rated as “high,” “moderate,” or “low.” The study-level ratings will provide an indicator of the extent to which a study provides unbiased estimates of model impacts.

- b. Effects. The following effects, defined using conventional standards of statistical significance, will be examined in the full analysis sample for studies that achieve a “high” or “moderate” rating on Study Design and Execution:
 - i. Favorable Effects. Studies will be rated based on whether they demonstrate at least one meaningful favorable effect (i.e., positive significant effect) on a ‘target outcome.’
 - ii. Unfavorable Effects. Studies will be rated based on the number of unfavorable effects (i.e., negative significant effects) on either ‘target’ or non-target outcomes.
 - iii. Sustained Favorable Effect. Studies with at least one meaningful favorable effect on a ‘target outcome’ will be rated on whether or not they demonstrate a favorable effect sustained beyond the end of treatment. Studies will be classified 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.

Initially, due to time and resource constraints, the Clearinghouse will use only effects resulting from analyses of the full study sample for rating. This decision may be reconsidered in the future.

6. *Service or Program Rating Criteria.* The Clearinghouse will rate a service or program as a ‘promising,’ ‘supported,’ or ‘well-supported’ practice if it meets the below criteria that collectively assess the strength of evidence for a practice and build from the *Study Rating Criteria* [section 471(e)(4)(C) of the Act].
 - a. *Promising Practice:* A service or program will be rated as a ‘promising practice’ if the service or program has at least one study that achieves a rating of ‘moderate’ or ‘high’ on Study Design and Execution and demonstrates a favorable effect on at least one ‘target outcome.’
 - b. *Supported Practice:* A service or program will be rated as a ‘supported practice’ if the service or program has at least one study carried out in a usual care or practice setting that achieves a rating of ‘moderate’ or ‘high’ on Study Design and Execution and demonstrates a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome.
 - c. *Well-Supported Practice:* A service or program will be rated as a ‘well-supported practice’ if the service or program has at least two studies with non-

overlapping analytic samples carried out in a usual care or practice setting that achieve a rating of ‘moderate’ or ‘high’ on Study Design and Execution. At least one of the studies must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome.

- d. *Does Not Currently Meet Criteria:* A service or program will be rated as ‘does not currently meet criteria’ if the service or program has been reviewed and does not currently meet the evidence criteria for ‘promising,’ ‘supported,’ or ‘well-supported’ practices.

In accordance with the Family First Prevention Services Act, a service or program will not be rated as a ‘promising,’ ‘supported,’ or ‘well-supported practice’ if there is an empirical basis, as evidenced by multiple unfavorable effects on target or non-target outcomes across reviewed studies that suggest the overall weight of evidence does not support the benefits of the service or program.

II. First Services and Programs Selected for Systematic Review

HHS received and carefully considered a high volume of recommendations for services and programs to review as part of the Clearinghouse. The recommendations have informed the first services and programs selected for review and will inform additional services and programs to be selected for review on a rolling basis. Building from recommendations received from the FRN, federal partners, and other key stakeholders, as well as new information gathered, the Clearinghouse will utilize the forthcoming procedures and revised initial criteria to identify and prioritize additional services and programs for review.

The first services and programs selected for systematic review met at least two of the following conditions: (1) recommendation from State or local government administrators in response to the FRN; (2) rated by the California Evidence-Based Clearinghouse; (3) evaluated by Title IV-E Child Welfare Waiver Demonstrations; (4) recipient of a Family Connection Discretionary Grant; and/or (5) recommendation solicited from federal partners in the Administration for Children and Families, Health Resources and Services Administration, the National Institutes of Health, the Centers for Disease Control and Prevention, the Office of the Assistant Secretary for Planning and Evaluation, and the Substance Abuse and Mental Health Services Administration. Findings from the review of the first dozen services and programs are scheduled for release in Spring 2019. This review will rate programs as “promising,” “supported,” “well-supported,” or “does not currently meet criteria.” The Clearinghouse will select additional services and programs for review on a rolling basis using the revised initial criteria.

Prevention Services and Programs Mental

Health:

Parent-Child Interaction Therapy

Trauma Focused-Cognitive Behavioral Therapy

Attachment C. HHS Initial Practice Criteria and First List of Services and Programs Selected for Review as part of the Title IV-E Prevention Services Clearinghouse

Multisystemic Therapy¹
Functional Family Therapy

Substance Abuse:

Motivational Interviewing
Multisystemic Therapy²
Families Facing the Future
Methadone Maintenance Therapy

In-Home Parent Skill-Based:

Nurse-Family Partnership
Healthy Families America
Parents as Teachers

Kinship Navigator Programs:

Children’s Home Society of New Jersey Kinship Navigator Model
Children’s Home Inc. Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech)

The Clearinghouse will release procedures for implementing the *Service or Program Eligibility and Prioritization Criteria* along with definitions of key terminology in the forthcoming Title IV-E Prevention Services Clearinghouse Procedures Handbook.

¹ Also included under the “Substance Abuse” category

² Also included under the “Mental Health” category