July 22, 2018

Dr. Naomi Goldstein
Deputy Assistant Secretary for Planning Research and Evaluation
U.S. Department of Health and Human Services
Administration for Children and Families
330 C Street SW
Washington, DC 20201

Re: Notice of Public Comment, FR Document 2018-13420: Decisions Related to the Development of a Clearinghouse of Evidence-Based Practices in Accordance with the Family First Prevention Services Act of 2018

Dear Dr. Goldstein:

As members of the State Policy and Advocacy Reform Center (SPARC), we write to provide comments regarding FR Document 2018-13420. Established in 2011 by the Annie E. Casey Foundation, the Jim Casey Youth Opportunities Initiative and the Walter S. Johnson Foundation, SPARC is comprised of child welfare advocates in 39 states and the District of Columbia, who advocate for policies and practices on the state and federal level that improve the lives of children and families involved in child protective services and foster care. As state advocates, we offer a unique state and local perspective on the implementation of Family First Prevention Services Act (FFPSA). Based on our in-depth knowledge of child welfare systems in states, we strongly support the logic of FFPSA that expanding effective prevention programs and services under FFPSA can significantly reduce the number of children in out-of-home care, strengthen families who have been reunified, support families in need of post-adoption services, and support kin caregivers of children. We are grateful for the opportunity to provide the following comments:

2.2.1 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), and 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>Recommendations</u>

- **Include a broad range of programs and services within the categories of mental health and substance abuse prevention and treatment and in-home parent skill-based programs:** We urge the Department to prioritize the broad range of programs and services that fall within mental health and substance abuse prevention and treatment services and in-home parent skill-based programs that address challenges that place children and families within the child welfare system and increase their chances of becoming candidates for care. These challenges include domestic violence, substance use disorders, unaddressed mental health needs, parenting skills, and life course development skills. While we understand the need for prioritization, we urge prioritization not be accomplished by narrowing the type of

services that are eligible for reimbursement, provided those services can be delivered within the context of FFPSA's three broad categories of services. The Department's prioritization should be broadly construed to meet the goals of FFPSA. (See additional information in section 2.2.3 below).

We note that Congress specifically described its intent that FFPSA provide continuity of federal funding to support prevention activities that states used in their Title IV-E waiver programs.[1] We believe that prioritizing programs and services in use through state IV-E waivers is important to preserve continuity of programs and services that states have found to be effective and continue programs that have been vetted and presumably evaluated through "real world implementations."

In addition, we urge the Department to consider how a broad range of programs that fall within the three general categories set forth in FFPSA can promote safety, improved child well-being and family stability, and assist in preventing children from entering foster care. It is essential that states have a robust array of effective prevention programs and services to serve the diverse needs of the vulnerable children and families that may be on a trajectory to enter foster care. Based on our experience in states, simply defining narrowly-defined services creates gaps in the continuum of services which will allow families to fall through the cracks, undermining the goals of FFPSA and its potential to fundamentally help children and families succeed.

We recommend that the priority categories include many of the types of programs and services outlined in the California Evidence-Based Clearinghouse for Evidence-Based Programs for Child Welfare, among others, including:

- Anger Management, Behavioral Management, Domestic Violence and other programs addressing abusive and unsafe behavior for adults and children;
- Parenting Programs, including parenting partnership and mentorship programs, parenting programs with a focus on life course development, stress reduction and coping mechanisms, and home visiting programs for child well-being and the prevention of child maltreatment;
- In-home parent skill-based programs and services for expectant and parenting youth (male and female) who are at risk of aging out of foster care (including young adults who are eligible for extended foster care services, but do not opt into extended foster care or who do not receive extended foster care services);
- Teen pregnancy services and programs;
- Permanency programs for adolescents;
- Programs assisting youth in transitioning into adulthood;
- Family Stabilization programs;
- Programs addressing depression and mental disorders;
- Motivational and engagement programs;
- Programs promoting fatherhood involvement;

[1] U.S. House of Representatives Committee on Ways and Means Report (H. Rpt. 114-628) for Family First Prevention Services Act introduced in the 114th Congress (H.R. 5456), p. 36, hereinafter referred to as the "House FFPSA Report.")

- Medical-Legal programs and other legal assistance programs that provide representation to families facing evictions, domestic violence, school expulsions, and challenges obtaining medical care and other social services;
- Substance use treatment programs, including programs that use peer recovery coaches and programs that provide wrap-around services; and
- Mental health programs that promote safe parenting and those that provide accommodations and supports needed by disabled individuals to parent and care for their children.

- **Prioritize in-home parent skill-based programs that are conducted both in the home of the child or primary caregiver as well as in community settings:** We recognize the importance of parental skill-based programs that are provided in the homes of children and families. We recommend, however, that the Department also prioritize programs and services that promote positive parenting in community settings as well as in the home. We note that for some families, such as families experiencing homelessness and housing insecurity, in-home services may not be feasible. In addition, we are aware that some home visiting programs deliver home visiting services to incarcerated parents, particularly new parents serving short sentences. In those circumstances, curtailing parenting services to their homes would not be feasible. We also urge the Department to allow states the flexibility to provide parent skill-based programs that operate in community settings for women experiencing intimate partner or domestic violence where services provided in their homes might endanger their safety.

  We also note that Congress intended skill-based services to include family engagement activities, which may be effectively delivered in the caregiver's home or in community settings. For example, young adults and families involved in the child welfare system may have temporary residences, share residences with others, have limited time to meet in their residences, or otherwise wish to keep child welfare meetings confidential--preferring to meet near their residences, at their place of employment or school or another natural environment for caregivers and caregivers to interact. Programs should have the flexibility to allow for a variety of service locations. For expectant and parenting foster youth, residential treatment facilities and similar living arrangements should also be considered appropriate locations for in-home skill-based programs and services.

- **Explicitly include older youth and young adults within the scope of programs and services prioritized for inclusion**: Congressional intent was clear on the inclusion of youth and pregnant and parenting foster youth with respect to re-entry into foster care. We therefore recommend that the Department factor older youth, young adults and re-entry issues into the types of programs, services, target populations and target outcomes into its prioritization of programs and services as part of the Clearinghouse.

- **Establish and publish a schedule for future reviews of evidence-based programs and services and allow states to submit additional programs in their child welfare plans:** We know from our experience in working with state agencies that they will be far better equipped to implement the prevention goals of FFPSA if they are provided with early

information about the programs and services eligible for Title IV-E reimbursement, regular updates regarding newly-approved programs and clear information about the eligibility

criteria. This will allow state agencies the ability to contract with providers, seek reimbursement for services and plan and implement their prevention initiatives with confidence. We therefore recommend that the Department provide the following:

- Identify the schedule and timeline regarding when it will update the list of eligible programs to allow states, program providers, advocates and others adequate notice to submit additional programs and services for review of their eligibility;
- Establish a procedure to allow states to identify programs and services that may not appear on the list of approved programs, but which may meet the criteria of effectiveness to be included in the prevention services and programs plan component of state child welfare plans;
- Build evidence in this field by providing information regarding programs and services that do not currently meet the evidentiary criteria of FFPSA but which are close to meeting the criteria and poised to in time qualify and direct states' attention to those programs and services that need additional rigorous evaluation. We note that a bipartisan group of 53 members of Congress recently wrote to Secretary Alex Azar to request that the Department provisionally or conditionally include programs and services in the Clearinghouse that have not yet met the requirements of the law, but that have likely potential to do so, including programs that:
  - Are currently in the process of being evaluated using designs that meet the Department's criteria;
  - Have rigorous evaluation studies that have not yet been published; and
  - May demonstrate effects for less than 6 to 12 months, and thus require additional study.
- Clarify through guidance to the field that Title IV-E administrative and Maintenance of Effort funds can be used to evaluate prevention programs and services. Because building the state of evidence for prevention programs for children and families involved or likely to be involved in the child welfare system is one of the goals of FFPSA, states should be encouraged and supported in evaluating programs they fund with federal, state and local funding. We believe this guidance should be issued along with the Clearinghouse and could be part of general guidance on building and using evidence-based practices in child welfare, similar to the 2016 guidance from the U.S. Department of Education.[2]

- **FFPSA can provide assistance by facilitating cross-systems collaborations that promote quality outcomes and efficient services:** Encourage states to develop coordinated systems across child welfare, education, public health, mental and behavioral health, early childhood, juvenile justice, housing, and among other systems. Family First provides an unprecedented opportunity for states to offer preventive services to children and families at risk of entering foster care. For these services to effectively keep children out

[2] Using Evidence to Strengthen Education Investments, U.S. Department of Education, September 16, 2016, available at https://www2.ed.gov/policy/elsec/leg/essa/guidanceuseseinvestment.pdf

of care and safely at home, they will need to be coordinated across multiple state agencies and departments to identify the children and families in need of services, coordinate a broad

range of services for children and families, allow for follow-up assessments and ensure that the needs of children and families are addressed. For example, the House FFPSA Report cites facilitating the implementation of plans of safe care for substance exposed newborns as a goal of FFPSA.[3] The law will make Title IV-E funding available for substance use services to parents and families of substance exposed newborns that ensure that children can go home and remain safely out of foster care. However, as the Congressional report noted, successful implementation of plans of safe care requires coordination between health and child welfare agencies. We have seen in our states, how challenging this coordination can be, and yet how essential it is to ensure that substance use prevention services are delivered in such a way as to achieve the child welfare goal of keeping children safely out of foster care. We urge the Department to provide technical assistance and support to states to ensure that this cross-system collaboration occurs. Because FFPSA continues funding for Regional Partnership Grants which have and will continue to develop effective models for just such effective health, public health, and child welfare collaborations, HHS can continue to draw from a huge reservoir of experience and expertise to provide this guidance to states.

2.2.2 Target Population of Interest: 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.

Recommendations

- **Define a broad range of at-risk populations as similar to the child welfare population**: Children enter foster care for many reasons. Research demonstrates that children are placed in foster care because of parental drug abuse, depression and mental health conditions, domestic violence, incarceration, and homelessness, among others. Children also enter care due to community and societal factors, including chronic poverty, low socioeconomic status, social isolation, and community violence.[4] These pathways to foster care make it imperative that the Department consider children and families experiencing these risk factors as similar populations for which preventive services should be made available. The guiding principle should be whether these services effectively keep children out of foster care and safely at home with their families. We recommend that the Department consider the following populations of children and families as similar to children and families in the child welfare system. We note that some of these populations have been identified in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program as at-risk populations and

[3] See House Report, pages 37-38

[4] Risk and Protective Factors for Child Abuse and Neglect, Child Welfare Information Gateway, Children's Bureau ACYF 2004, available on the web at https://www.childwelfare.gov/pubPDFs/riskprotectivefactors.pdf

communities, and many were specifically intended as similar populations in the House Report:[5]

At Risk Populations:

- Families facing potential removal of a child and placement in foster care;
- Families facing potential removal of child into foster care, but a relative caregiver could become a caregiver or guardian if preventive services were made available;
- Families where a child has been reunited with family after placement in foster care;
- Children in formal or informal kinship placements at risk of entering or re-entering foster care;
- Children in families who were previously deemed candidates for foster care, received services, but who later in life are deemed candidates for foster care;
- Families who have adopted a child and face a crisis that may result in the child's placement in foster care;
- low-income, pregnant women younger than 21 years;
- families with a history of child abuse or neglect;
- families with a history of substance abuse;
- families with children with low student achievement or developmental delays;
- military families, particularly families experiencing multiple deployments;
- Families experiencing homelessness;
- Families, children and youth involved in the juvenile justice system; and/or
- Families experiencing incarceration of parents;
- Families with infants born with substance use disorders; and
- Families covered by or considered for "plans of safe care" as defined by the Child Abuse Prevention and Treatment Act (CAPTA) and families designated by CAPTA for referral to intervention services funded under part C of the Individuals with Disabilities Education Act.

At-Risk Communities: High concentrations of the following:

We understand that states will have the flexibility to define "candidates for foster care" in ways that reflect the needs of vulnerable children and families and promote state priorities. Some states may define "candidates for foster care" as children and families who have come to the attention of child protective services based on reports of neglect or abuse, which may be unsubstantiated or substantiated. Some states, however, may define "candidates for foster care" more broadly by looking at communities of concentrated disadvantage to identify potential children and families who have multiple and significant risk factors that may lead to entry into foster care. To provide states with flexibility to define "candidates for foster care" we recommend that the Department consider a range of community factors in defining the populations of children and families who are similar to child welfare populations. While we know that poverty, high rates of high school drop-outs and unemployment alone are not indicators of neglect or abuse, we believe that states should have the latitude to offer prevention programs and services to children and families in communities where multiple, significant risk factors exist.

[5] See House Report, pages 37-38

We believe the existence of two or more of the following community factors are relevant to determining populations similar to the child welfare population:

- poverty;
- crime;
- domestic violence;
- high rates of high school dropouts;
- opioid addiction and/or substance abuse;
- unemployment; or
- child maltreatment

2.2.3 Target Outcomes: 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.'

Recommendations

- **Define target outcomes broadly to reflect child and family outcomes that help prevent placements of children in foster care**: As indicated above, children are placed in foster care as a result of a range of issues. We recommend that HHS define target outcomes broadly to address the conditions that lead to out-of-home placements. We also recommend that the Department prioritize programs that in addition to mental health, substance use, and primary child and family outcomes, include coordinated case management, including services that connect children and families to needed resources, such as housing, income and nutrition supports, legal assistance, health insurance, and screenings for developmental delays, depression and other conditions. We note that case management is an important component to providing prevention services to children and families at risk of entering foster care. We would also note that this request for comment on target outcomes appears to apply to substance use, mental health and in-home parent skill-based programs, but not to kinship navigator programs, for which we would anticipate a somewhat different set of outcomes. Kinship Navigator programs, which are based in large part on providing effective referrals and support networks, would likely include effective referrals and ability to access services, as well as consumer satisfaction as key outcomes.

  We recommend that the following outcomes should be included with respect to substance use, mental health, and in-home parent skill-based programs:

Mental Health & Substance Use Outcomes

- Reductions in rates of depression
- Recovery from substance use disorders
- Reductions in juvenile delinquency and crime
- Reductions in domestic violence/intimate partner violence
- Accommodations that allow disabled parents to safely care for their children

Child and Family Outcomes

- Improvements in prenatal care and birth outcomes for high risk pregnant women and teenage pregnant women
- Improvements in life course development (including obtaining high school diploma/GED and gainful employment, parenting skills) for pregnant women and teens;
- Improvements in resilience and coping skills;
- Child safety and well-being;
- Improvements in engagement of fathers;
- Outcomes relating to effective case management that successfully connects children and families to needed services, such as screenings for developmental delays, depression, referrals to health insurance, food assistance, legal services and other supports

2.2.4 Impact Studies: HHS will prioritize programs with 2 impact studies with distinct implementations.

We note that FFPSA requires 1 impact study for promising and supported programs. We therefore question why HHS would prioritize programs and services with 2 impact studies. We understand the need to prioritize but believe this requirement would eliminate important studies and undermine the intent of having tiered levels of evidentiary requirements. The evidentiary tiers enable effective programs which have not been as thoroughly studied as others, to be available to serve the prevention needs of families that the FFPSA is designed to address. In addition, the tiers allow the field to build evidence in prevention programs. We also believe there are numerous effective, culturally-responsive programs and services that lack funding to conduct randomized controlled trials or quasi-experimental studies to demonstrate their effectiveness. We are concerned that requiring 2 impact studies for promising and supported programs may serve as a barrier to states and communities that want to provide those services as well as develop a pathway for promising and supported programs to move up the evidentiary tier. If these programs are not prioritized for review, children and families will not have the benefit of these programs and efforts to build evidence will be curtailed. We therefore urge HHS to prioritize programs and services for promising and supported with 1 impact study.

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.

As set forth in response to section 2.2.1, we recommend that HHS prioritize in-home parent skill-based programs and services to be conducted in the home and in community settings where appropriate. For example, home visiting services for homeless or incarcerated parents are not

conducted in the home. In addition, home visiting services for victims of domestic violence may be more suitable for community settings if those services would place the parent or child in danger. Apart from these considerations, we are aware of hybrid parenting programs that are conducted in homes, group settings with other parents or community settings. We recommend that HHS prioritize those models for inclusion on the list of programs.

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.

FFPSA allows states to seek Title IV-E reimbursement for programs and services for a 12-month period. It does not, however, exclude states from selecting effective programs and services with durations longer than 12 months, provided they are paid for through other funding sources. In fact, the Congressional Report specifically states its expectation that states and tribes would provide some services that last more than 12 months and would use reimbursement available under the FFPSA for the first 12 months to reduce the overall cost of serving those children and families. Because the FFPSA specifically anticipates that programs of greater than 12 months' duration would be funded under the FFPSA, even though the FFPSA funding would only last 12 months, we strongly urge HHS to include a review of programs with a range of implementation periods that have been validated by their impact study or studies, including those of more than 12 months' duration. We strongly urge HHS to include a review of programs with a range of implementation periods that have been validated by their impact study or studies. We believe the appropriate criteria is not the duration of the programs, but rather the effectiveness of the programs and services to produce the types of child and family outcomes that improve the well-being of children and prevent placements in foster care. We note that many of the challenges children and families face are not susceptible to quick interventions lasting 12 months. We therefore believe that establishing an arbitrary cut-off period would run counter to the goals of FFPSA.

Comments Regarding Other Sections of FR Document 2018-13420:

We support the comments submitted by the Child Welfare League of America and Casey Family Programs, specifically with respect to Culturally Appropriate Research Methods, the Kinship Navigator Programs and the study eligibility criteria.

Conclusion

We greatly appreciate this opportunity to offer input on the development of the Clearinghouse for Evidence-Based Programs and Services. FFPSA is seminal legislation that holds promise to fundamentally improve the lives of vulnerable children and families involved or likely to be involved in child welfare systems and foster care. We appreciate the Department's thoughtful approach to the development of the Clearinghouse. As the Department continues to prepare the Clearinghouse, conduct an analysis of programs and services and issue guidance on the quality implementation of

FFPSA, we stand ready to assist and offer our input from the perspective of states and state advocates who have been involved in state child welfare policies and practices for years and who are excited to see greater access to effective prevention services for children and families.

Sincerely,

First Focus
Advocates for Children of New Jersey
Children First for Oregon
Children's Action Alliance (Arizona)
Children's Law Center (Washington, DC)
Citizen's Committee for Children (New York)
Connecticut Voices for Children
Florida's Children First
Kentucky Youth Advocates
Massachusetts Law Reform Institute
Partners for Our Children (Washington)
Schuyler Center for Analysis and Advocacy (New York)
Voices for Children in Nebraska
Voices for Vermont's Children
Voices for Virginia's Children