



Safe Children, Stable Families, Supportive Communities

July 20, 2018

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

RE: Notice for Public Comment
Decisions for the Clearinghouse on Evidence Based Practices for the Family First Prevention Services Act
FR Document 2018-13420

Dear Ms. Goldstein:

Thank you for the opportunity to provide comments on decisions related to the development of the Clearinghouse of Evidence-Based Practices in accordance with the Family First Prevention Services Act of 2018. The Public Children Services Association of Ohio (PCSAO) is a member-driven association of Ohio's county public children services agencies that advocates for and promotes child protection program excellence and sound public policy for safe children, stable families, and supportive communities. We appreciate the opportunity to provide comments related to this critical component of the Family First Prevention Services Act (FFPSA).

Ohio has had a long-standing Title IV-E demonstration waiver known as ProtectOhio. It was largely due to this waiver that Ohio was able to lead the nation a decade ago in safely reducing the number of children in care by flexibly investing in upfront, preventative strategies. PCSAO has included comments below that encourage acceptance by HHS to support waiver strategies as part of the Clearinghouse especially if they have demonstrated positive outcomes.

Section 2.0: Initial Criteria

Section 2.2: Program or Service Prioritization

2.2.1 Types of Programs and Services.

We encourage HHS to broaden eligibility of in-home parent skills-based programs to include the home of the parent/family as well as other community-based settings where oftentimes evidence-based group and family therapies occur. For example, one of Ohio's waiver programs, Family Team Meeting, often occurs within the public children services agencies. This program has proven outcomes of preventing entry into foster care. This program should qualify under prevention services as Congress had intended and should be allowed to be provided outside the home. The other waiver program that Ohio has been implementing, Kinship Supports, provides direct service and aid to maintain kinship placements. It should also be considered eligible and be available in and out of the home. Residential facilities for pregnant and parenting teens in foster care should also be considered appropriate locations for the delivery and receipt of in-home parent skill-based programs.

HHS should use a broad definition of mental health services that could include skill-based programs that may not be provided in the home such as youth mentoring, adventure therapy, and pro-social interventions. Oftentimes, children are at risk of entering foster care because their behavior cannot be stabilized in the home and require short-term crisis interventions that may occur outside of the home. These services should be considered within the scope.

In addition, a broad definition of mental health and substance abuse prevention and treatment services should be used by HHS given that states have a variety of such evidence-based services available today that serve diverse populations through a variety of trained professionals. In order to best meet the intent of the law, preventing children from coming into care, agencies will need to have the flexibility to provide a range of interventions and services to best meet the needs of families and their children. For example, the opioid epidemic has spread widely across Ohio over the past few years. Interventions and treatments are constantly being developed and should be accessible to county public children services agencies under FFPSA to prevent children from being removed from their homes. One such new program that Ohio is currently piloting is Ohio START (Sobriety, Treatment, and Reducing Trauma) that is focused on supporting parents in treatment and recovery and reducing the need for foster care. This program is based on the START (Sobriety, Treatment, and Recovery Teams) program that is deemed a promising practice in the California Clearinghouse. Both START programs should be considered within the scope.

PCSAO recently released a [Continuum of Care Reform Plan](#) that calls for additional prevention services so that children can remain in their home. Such services within our plan include High-Fidelity Wraparound, intensive home-based services such as Multi-Systemic Therapy, short-term crisis programs, juvenile diversion programs, community-based supportive services, peer mentor models, family search and engagement, and other effective, trauma-informed mental health, substance abuse and parenting prevention services. We would recommend these programs be within the scope.

The FFPSA has specific provisions concerning Kinship Navigator Programs, which are separate from those for Prevention Services and Programs. The Federal Register notice, however, combines the two categories of programs and services and imposes identical requirements on both, some of which are inconsistent with the federal law. For example, Kinship Navigator programs can serve a broad group of kinship families and are not limited to serving families with children who are candidates for foster care. Kinship Navigator Programs are not included in the FFPSA requirement that 50% of the prevention programs meet the well-supported programs evidence-based standard. Therefore, it is important to distinguish Kinship Navigator services as separate and distinct from Title IV-E prevention services; development of the Clearinghouse should include discrete consideration of Kinship Navigator programs in addition to consideration of prevention services.

2.2.2 Target Population of Interest

This new Clearinghouse of evidence-based programs is geared toward preventing children from coming into Ohio's foster care system. Oftentimes, county public children services agencies will get involved with a family due to the lack of services and interventions available from other systems – substance abuse, mental health, juvenile justice, developmental delays and disabilities, etc. – and thus, the child is at risk of abuse, neglect, or dependency. Populations that should be considered "similar" to those involved in the child welfare system should be defined broadly to address the intersections between other systems and child welfare and should take into consideration all of the factors that put families at

risk of involvement in the child welfare system, including but not limited to substance abuse, mental health, homelessness, domestic violence, juvenile justice, physical health, and cognitive delays. We also encourage HHS to consider informal kinship families as a similar population. HHS should maintain a broad lens with respect to the target population as well as apply this broad lens to the evidence-based programs that will be accepted.

2.2.3 Target Outcomes

Target outcomes should include child safety (able to be maintained in the home), achieving timely permanency, family and child well-being, reduction in re-occurrence of maltreatment, placement stability, maintaining good medical and dental health, maintaining good behavioral health (substance abuse and mental health), satisfactory educational progress, employment gains, decreased stress, increased life skills, development of protective factors, positive child and youth development, healthy family functioning, and increased supportive relationships. We recommend that studies about interventions that are effective for a wide variety of child welfare-related program areas (risk factors) be considered including mental health, substance abuse, and juvenile justice.

Kinship Navigator Programs should be allowed to use verifiable outcomes related to referrals to services and programs and to satisfaction with services. Outcomes for kinship caregivers should be included in target outcomes when the benefit to the children is demonstrated. Evidence-based programs related to Kinship Navigator should include consideration of research related to the Supplemental Nutrition Assistance Program (SNAP) and health-related programs that have found that participation in these programs improves child well-being.

2.2.7 Trauma-Informed

PCSAO supports the need for more trauma-informed care interventions and trauma treatment for families and children involved with our system. However, we also recognize that trauma-informed care is still an emerging field. Therefore, we urge HHS to use a broad view when defining trauma-informed care and to consider prioritizing the ability to demonstrate the current ability to implement a program or service in accordance with trauma-informed principles vs. past implementation. In addition, there is plenty of research that shows the additional trauma children experience when removed from their home. HHS should not exclude programs that are not trauma-informed or with past implementation in accordance with trauma-informed principles if the service would improve outcomes and allow a child to safely remain in the home.

2.2.8 Delivery Setting for In-Home Parent Skill-Based Programs and Services

As indicated above in comments on section 2.2.1, we urge HHS to be inclusive in the consideration of location for in-home parent skill-based programs to include those in addition to the home of the parent/family, i.e., other community-based settings. As stated above, Ohio's waiver program, Family Team Meeting, often occurs within the public children services agencies. This program has proven outcomes of preventing entry into foster care. This program should qualify under prevention services as Congress had intended and be allowed to be provided outside of the home. The other waiver program that Ohio has been implementing, Kinship Supports, provides direct service and aid to maintain kinship placements. It should also be considered eligible and be available in and out of the home. Residential facilities for pregnant and parenting teens in foster care should also be considered appropriate locations for the delivery and receipt of in-home parent skill-based programs.

Section 2.3: Study Eligibility Criteria

2.3.1 Impact Study

HHS should consider government studies that include all levels of government including federal, state, county, city, and tribal governments. Ohio's state child welfare department, the Ohio Department of Job and Family Services, conducted research to determine what services would be most impactful in meeting the needs of families involved in the child welfare system (Ohio's Needs Assessment for Child Welfare Services, January 2016, <http://jfs.ohio.gov/PFOF/PDF/NeedsAssessment.stm>). Such a study should be considered by HHS when identifying programs for consideration. In addition, there are other sources of research that would help inform criteria in this field, such as studies conducted at universities. The Ohio State University College of Social Work, for example, is currently evaluating the Ohio START program mentioned earlier. The Case Western Reserve University's Center for Innovative Practices has conducted years of research on effective, home-based treatment models that should be considered by HHS.

2.3.2 Target Outcomes

As indicated above in comments on section 2.2.3, target outcomes related to kinship navigator programs and for prevention services should be identified and included.

2.3.6 Usual Care or Practice Setting

As aforementioned in comments on section 2.2.1, usual care or practice setting should not be limited to the parent/family's home and must be expanded to include the Kinship Caregiver's home, child welfare agency, provider or program agency setting, and community-based settings such as family resource centers, libraries, and other natural environments for parents and children to interact. Not all interventions are appropriate for in-home settings but can be quite effective in addressing risk and preventing removal.

Section 2.4 Study Prioritization Criteria

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As mentioned in comments on section 2.3.1, eligible studies should be inclusive to allow for programs that meet various profiles or risk factors for families who are often involved in the child welfare system (refer to the example, Ohio's Needs Assessment for Child Welfare Services). Studies should be prioritized based on the timeliness to develop programs, ability to replicate such programs in other areas, multiple target outcomes, program's impact on age, race, gender, and other cultural factors, additional impact studies, and program relevance to child safety, permanency, and well-being.

Section 2.4.1 Implementation Period

While FFPSA will only reimburse prevention services for up to 12 months, services that could last more than 12 months should not be excluded from the list of eligibility or study prioritization criteria. For example, High Fidelity Wraparound, a demonstrated evidence-based service to prevent out-of-home placements, will often last longer than 12 months (average of 14 months). This service should not be eliminated based on this criterion. Another example would be substance abuse treatment services. Ohio is in the midst of an opioid epidemic. We have learned that recovery from such an addiction can take up to three years with the first year including a high rate of relapse. Substance abuse treatment services should not be denied if success (recovery) would go beyond 12 months.

Section 2.4.2 Sample of Interest

Please refer to comments for Sections 2.2.2 and 2.2.3 which are applicable to this section as well.

Section 2.6: Program or Service Rating Criteria

2.6 Program or Service Rating Criteria

It would be beneficial to understand what HHS identifies as negative effects that are so significant that the intervention should not be eligible for federal reimbursement. It would also be helpful if HHS would specify how often it plans to review and update the clearinghouse with newly researched programs and if programs that were deemed as having negative effects would be reconsidered with additional research.

3.0 Recommendations of Potential Candidate Programs and Services for Review

There are already a substantial number of interventions (programs and services) that would meet the criteria under the FFPSA. PCSAO recommends that interventions rated by a variety of Clearinghouses be included if they meet statutory criteria (such as California’s Evidence Based Clearinghouse for Child Welfare, SAMSHA Evidence-Based Resource Center, National Institute of Health, National Institute of Drug Abuse, Coalition for Evidence-Based Policy, OJJDP Model Programs Guide, HomVEE-Home Visiting Evidence of Effectiveness, National Child Traumatic Stress Network, and the Blueprints for Healthy Youth Development). In addition, as stated in comments on sections 2.2.1 and 2.2.3, the Kinship Navigator Program should be treated separately from the other foster care prevention services and programs in FFPSA. Finally, as stated earlier, waiver strategies that have demonstrated positive outcomes should be included in the Clearinghouse.

Thank you for the opportunity to provide comments. As the association of Ohio’s county public children services agencies, we are constantly focused on improving outcomes by enhancing the array of services available to families and children. We encourage HHS to allow the criteria for the programs listed in the clearinghouse to be as inclusive as possible so that states and counties have the opportunity to identify and select the best evidence-based services and programs that meet the unique needs of children and families in their communities. In addition, we urge HHS to support programs that are in the “pipeline” of gaining evidence as they are often the ones that make a difference in a family’s life.

If you have any questions or require further information, please feel free to contact me at (614) 224-5802 or angela@pcsao.org.

Sincerely,



Angela Sausser, MSW, MA, LSW
Executive Director