Intervention Evidence Standards for the Family First Prevention and Services Act
(With updates from the June 22 Federal request for public comment)[1]

Overview

The passage of a new federal law, *the Family First Prevention and Services Act (P.L. 115-123),* affords opportunities to use research-based interventions to help children safely avoid placement in foster care by meeting their key service and treatment needs. Four major categories of services are eligible for reimbursement under the new law:

1. Mental health services for children and parents
2. Substance abuse prevention and treatment services for children and parents
3. In-home parent skill-based programs:
   - Parenting skills training
   - Parent education
   - Individual and family counseling
4. Kinship navigator programs[2]

FFPSA provides federal funds for up to12 months of services to prevent children from entering or re-entering foster care. Many aspects of the new law are being clarified but described below are some of the reasons why children and their families would be covered:

- Infants, children, youth, pregnant and parenting youth, other birth parents, kinship caregivers providing temporary or permanent care for children
- Services "directly related to the safety, well-being or permanence of the child or to prevent the child from entering foster care" (p. 170)
- Children who are at risk of entering out-of-home care but who can stay safely with parents or kinship caregivers. This also includes children whose adoption or guardianship is at risk of disruption/dissolution.
- A child or parent can receive services more than once if the child is again identified as a "candidate"/at risk of out of home care".

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[1]Revised July 6, 2018. Compiled by Casey Family Programs Research Services. For more information, please contact Research Services at ResearchTeam@casey.org

[2] Kinship Navigator programs are listed with the other program areas but they are a separate provision with a start date of October 1, 2018; and this program has different funding parameters. See https://www.federalregister.gov/d/2018-13420, p. 6.

- Eligibility for service is ***not*** dependent upon family income like federal foster care is.[3]

Evidence Standards

The levels of evidence (Promising, Supported and Well-supported) are currently being clarified by the Federal government but are similar in many ways to the California Evidence Based Clearinghouse for Child Welfare (CEBC) criteria, with three major exceptions: (1) an RCT study is *not* required; (2) publication in a peer review journal is *not* required (at least at this time); and (3) a book, program manual or some other form of documentation is required.[4] See the table below for a comparison of the criteria for FFPSA and CEBC.

Family First Prevention and Services Act (FFPSA)[a]	California Evidence-Based Clearinghouse (CEBC)[b]
General Requirements: In order for an intervention to be reimbursed by FFPSA it must: (i) Have a book, manual or other available writings that specify the components of the practice protocol, and describe how to administer the practice. (ii) There is no empirical basis is suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it. (iii) If multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of the practice (iv) Outcome measures are reliable and valid, and are administered consistently and accurately across all those receiving the practice. (v) There are no case data suggesting a risk of harm that was probably caused by the treatment that was severe or frequent. (p. 171) (vi) Been published in "government reports and peer-reviewed journal articles that assess effectiveness (i.e., impact) using quantitative methods." (See https://www.federalregister.gov/d/2018-13420, p. 9.) FFPSA also requires that ❖ The practice be provided in an agency context and with a "trauma-informed approach and trauma-specific interventions" (p. 171) ❖ Study must be rated by some kind of "an independent systematic review" (p. 172)	General Requirements: In order for an intervention to be rated by CEBC it must: a. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. b. If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice. c. There are no case data suggesting a risk of harm that: (a) was probably caused by the treatment and (b) the harm was severe or frequent. d. There is no legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it. e. The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it. (See http://www.cebc4cw.org/ratings/)

[3] FFPSA law, pp. 170-173. The law can be found here: https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.pdf The recent request for comments is located here and contains additional criteria about how the intervention studies will be reviewed and rated: https://www.federalregister.gov/d/2018-13420

[4] For example, the language in the FFPSA uses the CEBC's language but allows for other available writings: "The practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice." The CEBC uses the concept of "other available writings" to include programs that do not have a formal book or manual, but have written training materials available that specify the components of the practice protocol and describe how to administer the practice (Personal Communication, Jennifer A. Rolls Reutz, May 15, 2018). See: https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.pdf

Family First Prevention and Services Act (FFPSA)[a]	California Evidence-Based Clearinghouse (CEBC)[b]
❖ Study must have targeted one of the FFPSA "target outcomes;" conducted in the U.S., U.K., Canada, New Zealand, or Australia; and published/prepared in English during or after 1990. (See https://www.federalregister.gov/d/2018-13420, pp. 9.-10.) ❖ The "meaningful positive significant effect" on the study FFPSA target outcome "…will be defined using conventional standards of statistical significance (i.e., two-tailed hypothesis test and a specified alpha level of p<.05)." (See https://www.federalregister.gov/d/2018-13420, p. 11.)	
Well-Supported: A practice shall be considered to be a 'well- supported practice' if— (I) the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least two studies that— (aa) were rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; (bb) were rigorous random-controlled trials (or, if not available, studies using a rigorous quasi-experimental research design); and (cc) were carried out in a usual care or practice setting; and (II) at least one of the studies described in subclause (I) established that the practice has a sustained effect (when compared to a control group) for at least 1 year beyond the end of treatment. (pp. 172-173) [I.e. at least one 12 month follow-up study is required.]	Well-Supported: • At least 2 rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. • In at least one of these RCTs, the practice has shown to have a sustained effect of at least one year beyond the end of treatment, when compared to a control group.
Supported: (I) the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that— (aa) was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; (bb) was a rigorous random-controlled trial (or, if not available, a study using a rigorous quasi-experimental research design); and (cc) was carried out in a usual care or practice setting; and (II) the study described in sub-clause (I) established that the practice has a sustained effect (when compared to a control group) for at least 6 months beyond the end of the treatment (p. 172) [I.e. at least one 6 month follow-up study is required.]	Supported: • At least one rigorous RCT in a usual care or practice setting has found the practice to be superior to an appropriate comparison practice. • In that RCT, the practice has shown to have a sustained effect of at least six months beyond the end of treatment, when compared to a control group.

Family First Prevention and Services Act (FFPSA)[a]	California Evidence-Based Clearinghouse (CEBC)[b]
Promising: The practice is superior to a comparison practice "using conventional standards of statistical significance in terms of demonstrated meaningful improvements in validated measure of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being, as established by the results or outcomes of at least one study that: (I) That was rated by an independent systematic review for the quality of the study design and execution, and determined to be well-designed and well-executed; and (II) Utilized some form of control (e.g., untreated group, placebo group, wait list study) (I) The evaluation was carried out in a "usual care or practice setting." (p. 172)	Promising:[c] • At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) that has established the practice's benefit over the comparison, or found it to be equal to or better than an appropriate comparison practice.

[a] See the final FFPSA bill at https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.pdf

[b] The CEBC criteria are described here: http://www.cebc4cw.org/files/OverviewOfTheCEBCScientificRatingScale.pdf CEBC uses two rating scales – one for strength of the research evidence supporting a practice or program; and a second rating of the tools used for screening or assessment. See http://www.cebc4cw.org/ratings/

[c] Note that the research support for the CEBC "promising" level varies substantially. For example, some interventions have high quality comparison-group studies that are not randomized or have RCTs with no follow-up, while others barely meet the "control group" requirement (Personal Communication, Jennifer A. Rolls Reutz, May 30, 2018)