



The Family First Prevention Services Act provides federal reimbursements for a variety of effective programs and services to prevent children from being removed from their homes. These dollars provide new opportunities to better serve our children and families. The prevention services spelled out in the Family First Act includes an array of options such as in-home, skill-based training for parents, mental health services such as family therapy and substance abuse and treatment services.

These federally reimbursed services are meant to support and strengthen families, so children can remain safely in their homes without entering foster care. Federal funding for states and tribes is not dependent on the family's income.

Services are also meant to maintain child and family connections when children or teens are in foster care or if they require short-term residential treatment — and the law requires that six months of ongoing care be provided when children move back home with their parents from either setting. Thus, the focus is on helping children and families live and grow together safely and successfully.

By Oct. 1, 2018, the U.S. Department of Health and Human Services (HHS) will issue guidance on practice criteria and pre-approved services that must be trauma-informed and evidence-based. Family First funds will reimburse services in the following categories:

- **Promising Practice:** Established by the results or outcomes of at least one study that 1) 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 2) used some form of control to measure outcomes, such as an untreated or placebo group.
- **Supported Practice:** Established by the results or outcomes of at least one study that 1) was independently reviewed for study design quality and execution and determined to be well-designed and well-executed; 2) used a rigorous random-controlled trial or a quasi-experimental research design; 3) was carried out in a usual care or practice setting; and 4) established that the practice has a sustained effect for at least six months after treatment.
- **Well-Supported Practice:** Established by the results or outcomes of at least two studies that 1) were rated by an independent systematic review for study design quality and evaluated to be well-designed and well-executed; 2) were rigorous random-controlled trials or a quasi-experimental research design; 3) were carried out in a usual care or practice setting; and, 4) established in at least one of the studies that the practice has a sustained effect for at least one year beyond the end of treatment.

The law states that by the end of Fiscal Year 2019, 50 percent of services provided by a state or tribe under Family First must be at the well-supported tier with the remainder either promising or supported.

To help states and tribes meet these requirements, the HHS Administration for Children and Families will establish and maintain a public clearinghouse of practices identified via a systematic review of evidence, including culturally specific, or location- or population-based adaptations. HHS also is developing initial criteria for designating programs and services as promising, supported and well-supported practices.

**To learn more**

- *Decisions Related to the Development of a Clearinghouse of Evidence-Based Practices in Accordance with the Family First Prevention Services Act of 2018.*  
[www.federalregister.gov/documents/2018/06/22/2018-13420/decisions-related-to-the-development-of-a-clearinghouse-of-evidence-based-practices-in-accordance](http://www.federalregister.gov/documents/2018/06/22/2018-13420/decisions-related-to-the-development-of-a-clearinghouse-of-evidence-based-practices-in-accordance)