



**Center for the
Study of
Social Policy**
Ideas into Action

Connecting the Dots:

A Resource Guide for Meeting the Needs of Expectant and Parenting Youth, their Children, and their Families



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The information presented in this publication is for resource purposes only. The Center for the Study of Social Policy does not specifically recommend any of the programs included.

Introduction

Expectant and parenting youth in foster care (EPY)—both mothers and fathers—face the dual challenge of transitioning into adulthood while learning to parent and meet the needs of their children. Unfortunately, little attention has been paid to their experiences and unique needs; few programs target them specifically; and scant research exists evaluating the effectiveness of services. As a result, policymakers, child welfare administrators, and practitioners lack information about evidence-informed interventions that improve well-being outcomes for these young families and their children.

The [Family First Prevention Services Act](#) (FFPSA) includes pregnant* and parenting youth as a population that is eligible for the new funding prevention services, presenting child welfare systems with an exciting opportunity to both re-envision and re-shape service provision and advance equity in support of these young families. Given that the percentage of EPY in foster care is higher than in the general population, it is vital that states are able to better serve these young families so that they can succeed and thrive.

Addressing the unique needs of EPY, preventing child abuse and neglect of their children, and reducing disparate outcomes requires child welfare systems to provide equitable access to a wide range of evidence-informed and trauma-informed services that are responsive to the developmental needs of both young parents and their children. Furthermore, considering children and families of color are disproportionately represented in the child welfare system, and acknowledging that young parents may also identify as LGBTQ, it is critical to ensure that all aspects of young parents' identities, including race, ethnicity, sexual orientation, gender identity and expression, immigration status, and disability are acknowledged, considered, and supported through service provision.

The three purposes of this guide are to: **1) provide a comprehensive set of resources for jurisdictions working to achieve safety, permanency, and well-being for these young families; 2) enhance knowledge of evidence-informed and promising practices that holistically address the developmental needs of expectant and parenting youth in foster care, their children, and families; and 3) build evidence for effective interventions that are informed by and specifically target EPY.**

This guide provides child welfare administrators, policymakers, and researchers with information on a wide range of interventions that meet the comprehensive needs

of EPY, prevent child abuse and neglect of their children, and improve parent and child well-being outcomes. It includes most of the initial services listed in the recent federal [Program Instruction on Title IV-E Prevention Program Requirements](#) to be considered by the Title IV-E Prevention Services Clearinghouse. It also includes information about programs that extend beyond interventions that are directed at building parenting skills and capacity and the treatment and prevention of mental health and substance use (which are the programs that will be allowable for federal reimbursement under FFPSA) and includes information on interventions related to education, employment, stress reduction, social support, healthy coparenting relationships, and sexual and reproductive health. Given the disparate outcomes experienced by children and families of color in the child welfare system, this guide spotlights services that are culturally relevant and nuanced in meeting the needs of expectant and parenting youth of color, their children, and their families. This allows jurisdictions the flexibility to identify and implement a continuum of services within diverse settings and communities that meet the needs of all EPY and proactively address barriers to equity wherever they occur. Some interventions will be easier to implement by child welfare agencies while others will require the creation of new partnerships with schools, public health, early childhood and education, and other public, private, and community resources.

This guide, by showcasing programs that are evidence-based, informed, and promising, encourages child welfare administrators, policymakers, and researchers to invest in building the evidence base for interventions to meet the needs of their EPY. Through FFPSA, states are now required to implement evaluation and fidelity plans for all evidence-based prevention services included in a state's Title IV-E Prevention Plan.** In addition to building the evidence for programs through these evaluations, states may also choose to utilize Maintenance of Efforts dollars or other state and local dollars to build the evidence for programs that do not currently meet the evidence-based criteria as outlined by the Clearinghouse. [Learn more here.](#)

These programs can be supported and evaluated using an agency's existing continuous quality improvement efforts. Priority should be given to research and interventions that authentically center the voices of EPY and actively engage them in the development and improvement of services.

This guide is an essential first step in collaborating with child welfare systems to better align funding, service provision, decision-making, and research with the needs of EPY, their children, and their families.

* We use the word "pregnant" here because it is the language used in the bill; we understand that, in some states, the definition of pregnant includes expectant fathers.
** The Secretary may waive this requirement for the evaluation of well-support programs.

Methodology

CSSP’s process of gathering information for this guide comprised of the following inquiries:

First, we searched the major clearinghouses and other evidence-informed practice websites including:

[Blueprints for Healthy Youth Development](#)

[California Evidence-Based Clearinghouse for Child Welfare \(CEBC\)](#)

[Campbell Collaboration](#)

[Center for the Study of Prevention of Violence](#)

[Child Trends](#)

[County Health Rankings and Roadmaps](#)

[Healthy Teen Network’s Evidence-Based Resource Center](#)

[HHS, Home Visiting Evidence of Effectiveness \(HomVEE\)](#)

[HHS, Teen Pregnancy Prevention](#)

[Evidence Review](#)

[Institute of Education Services](#)

[National Guideline Clearinghouse](#)

[National Resource Center for Community-Based Child Abuse Prevention National Responsible Fatherhood Clearinghouse](#)

[OJJDP, Model Programs Guide](#)

[Pennsylvania State University, Clearinghouse for Military Family Readiness](#)

[Pew’s Results First Clearinghouse](#)

[SAMSHA National Registry of Evidence-based Programs and Practices](#)

[What Works Clearinghouse](#)

Second, we conducted a general Internet search for resources specifically designed to serve expectant and parenting youth in foster care, their children, and families.

How To Read This Resource Guide

The resource guide is organized into the following categories:

1. Parenting Supports, including Coparenting and Fatherhood;
2. Preparation for Adulthood, including Education, Housing, and Employment;
3. Sexual and Reproductive Health Services;
4. Mental Health Services; and
5. Substance Abuse Programs.

For the purposes of this guide we have defined *evidence-informed* as programs, interventions, and curricula that were developed based on theory and for which sufficient data has been collected to determine effectiveness. This definition is inclusive of those efforts that have been determined to be *evidence-based* through randomized control trial research design. *Evidence-informed* draws on the best available data findings from theory, research, evaluation, and practice to determine effectiveness and guide design and implementation. *Promising practices* are defined as programs, interventions, initiatives, and curricula that were developed based on theory or research, but for which insufficient data have been collected to determine the effectiveness of the practice. It is our hope that the promising practices will be reviewed and evaluated by experts, researchers, and academics to generate on-the-ground learning and evidence to inform and provide guidance on impact, replication, and scalability.

Each entry includes the following information:

1. Name of the program, initiative, and curriculum. All of the entries listed in this guide serve expectant and parenting youth in foster care. Parentheses after each of the programs describe the primary target population, using the following descriptors:
 - **EPY-FC**—designed specifically to serve expectant and parenting youth in foster care
 - **EPY**—designed to serve expectant and parenting youth
 - **Foster Youth**—designed to serve youth in foster care
 - **Youth**—designed to serve youth
 - **Parents**—designed to serve parents
 - **Fathers**—designed to serve fathers
 - **CR**—culturally relevant 
2. Results that the program, intervention, and curriculum attempts to achieve include:
 - Children and youth are safe;
 - Children and youth are healthy;
 - Children enter school ready to learn and are prepared to succeed;
 - Youth succeed in their education;
 - Youth are prepared to succeed as adults;
 - Children and youth have healthy and positive social connections;
 - Youth have steady and gainful employment; and
 - Children and youth have safe, stable, and affordable housing
3. Target population to be served
4. Description of the program
5. Source of the evidence-informed clearinghouse that has rated the program, intervention, and curriculum followed by the rating given. Each evidence-informed clearinghouse has its own specific rating system. Detailed information for each rating system referenced can be found in the appendix.
6. Evidence of effectiveness including detailed information of external and/or internal evaluations conducted
7. Location of where the program, intervention, initiative, and curriculum are implemented
8. Website source or key contact for more information

The descriptions of each of the programs, interventions, curricula, and other resources that follow are quoted directly or adapted from the programs' materials and/or other vetted reference sources. In all cases the citation is clearly listed. For further information about these sources, please contact Lisa Primus at lisa.primus@cssp.org.

Parenting, Coparenting, and Fatherhood Supports



Healthy Families America

– Home Visiting for Child Well-Being - (EPY)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Families with children from birth to age five who are at-risk for child abuse and neglect

Description

Healthy Families America (HFA) is a home visiting program model designed to work with families with children at-risk for child abuse, neglect, and other adverse childhood experiences. HFA services are offered voluntarily, intensively, and over three to five years after the birth of the baby. Home visiting services must be initiated either prenatally or within three months after the birth of the baby.

The state of Massachusetts adapted the HFA curriculum to serve the specific needs of expectant and parenting youth.

Source of Rating

[CEBC](#)

Rating

Well-Supported by Research Evidence

Evidence of Effectiveness

A review of 33 evaluations and 15 studies found that program participants demonstrated a significant improvement in parenting attitudes from baseline to year two. HFA was also found to reduce the parenting stress of its participants with significantly lower scores indicated on the Parenting Stress Index at year two. The studies were conducted in ethnically diverse locations. 37 percent of 100 sample sites in nine states served predominantly African American families and 21 percent of these sites served predominantly Latinx families (Harding et al., 2007).

Implementation Site(s)

Nationwide

For more information

<http://www.healthyfamiliesamerica.org/>

<http://www.healthyfamiliesamerica.org/core-training/>

Parent-Child Interaction Therapy (Parent)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Parents of children age two to six with behavior and or parent-child relationship challenges

Description

Parent-Child Interaction Therapy (PCIT) is a dyadic behavioral intervention for children and their parents that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills, cooperation, and improving the parent-child relationship. Parents are taught and practice skills with their child in a playroom while coached by a therapist. PCIT is time-unlimited; families remain in treatment until parents have demonstrated mastery of the treatment skills and rate their child's behavior as within normal limits on a standardized measure of child behavior.

Source of Rating

[CEBC](#)

Rating

Well-Supported by Research Evidence

Evidence of Effectiveness

A randomized control trial published in the *Journal of Clinical Child and Adolescent Psychology* in 2007 found that parents in the PCIT treatment group improved significantly on parenting skills taught by the program and the percentage of positive behaviors shown by the children also increased significantly in comparison to the control group. The externalizing behaviors in the treatment group children decreased, their total score on the several behavioral indicators improved, and fewer disruptive behaviors were reported. The study was conducted with 30 mothers of children age three to six years old diagnosed with oppositional defiant disorder (ODD) and developmental disability. The treatment group consisted of 67 percent white, 17 percent African American, 13 percent biracial, and 3 percent Latinx participants (Bagner and Eyberg, 2007).

Implementation Site(s)

Nationwide

For more information

<http://www.pcit.org/>

The Incredible Years (Parent)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

All parents with young children

Description

The Incredible Years parent training intervention is a series of programs focused on promoting parent/child relationships, strengthening parenting competencies, and fostering parents' involvement in children's school experiences in order to promote children's academic, social, and emotional competencies and reduce conduct problems. Programs for different age groups and skill levels (BASIC and ADVANCE) are available, as well coaching manuals for home visitors. The program can be delivered in a variety of settings, including at a family's home, a community agency, a clinic, or a school.

Source of Rating

[CEBC](#)

Rating

Well-Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled trial published in the *Journal of Clinical Child and Adolescent Psychology* found that parents and their prekindergarten-aged children with parental or behavioral problems enrolled in The Incredible Years program had reduced conduct problems, increased maternal engagement, and increased success in implementing positive parenting strategies compared to the control group that received standard Head Start services. The study consisted of 882 children and their families in Washington's Puget Sound. Participants were 51 percent white, 19 percent African American, 10 percent Latinx, 8 percent Asian, and 12 percent mixed race or other (Reid, Webster-Stratton, and Baydar, 2004).

Implementation Site(s)

Nationwide, Worldwide

For more information

<http://www.incredibleyears.com/>

Nurse-Family Partnership (EPY)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

First-time, low-income mothers

Description

The Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children. First-time mothers who are pregnant 28 weeks or less are eligible to enroll. Nurse home visits continue through the child's second birthday.

Source of Rating

[CEBC](#)

Rating

Well-Supported by Research Evidence

Evidence of Effectiveness

Findings from randomized control studies conducted in Elmira, New York, Denver, Colorado, and Memphis, Tennessee indicate that mothers who participated in the program were found to have a reduced number of subsequent births, greater intervals between births, improved maternal self-sufficiency, fewer child injuries and maltreatment, and increased school readiness for children. A study conducted in 2010 evaluated longitudinal data from the Olds et al., randomized control trial of NFP in 1985. Results indicated that youth whose mothers participated in the treatment group were less likely to have ever been arrested or convicted than were those in the comparison group. Girls in the nurse-visited group born to high-risk (un-married and low-income) mothers had fewer children and were less likely to have received Medicaid than the high-risk girls in the comparison group (Eckenrode et al., 2010).

Implementation Site(s)

Nationwide

For more information

<http://www.nursefamilypartnership.org/>

Homebuilders (Parent)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Families with children at imminent risk of placement into, or needing intensive services to return from, foster care, congregate care facilities, psychiatric hospitals or juvenile justice facilities.

Description

Homebuilders is an intensive family preservation services treatment program designed to prevent the unnecessary placement of children in foster care, congregate care, psychiatric hospitals or juvenile justice facilities. The program model engages families by delivering services in their homes and communities.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A randomized control trial study published in the *Children and Youth Services Review* in 1996 found that families with children in foster care randomly assigned to receive the Homebuilders program's services (then in an experimental state) were significantly more likely to return to their families within the 90-day treatment, had children spending more time in their own home during the 6 and 12-month follow-up period, and were 23 percent more likely (47 percent to 70 percent) to remain at home during a 12-month follow-up compared to families in a control group that received routine services. The study, which took place in Utah, had 110 participants, 82.7 percent of which were white (Fraser et al., 1996).

Implementation Site(s)

Nationwide

For more information

http://www.institutefamily.org/programs_ifps.asp

Triple P – Positive Parenting Program (Parents)



Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Families, including young parents, with children birth to age 16

Description

Triple P—Positive Parenting Program is a multi-tiered system of five levels of education and support for parents and caregivers of children and youth. Developed for use with families from diverse cultural groups, Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents’ knowledge, skills and confidence.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled trial published in *Prevention Science* in 2009 randomly assigned System Triple P services or standard treatment options in eighteen counties across the Southeastern United States based on their similarities in rates of substantiated child maltreatment, out-of-home placement, and emergency room visits for child maltreatment-related injuries. Counties receiving System Triple P services had significantly lower rates in all these measures compared to control counties. The study population of approximately 85,000 participants was 31 percent African American and 59 percent unspecified (Prinz et al., 2009).

Implementation Site(s)

Nationwide

For more information

<http://www.triplep-america.com/glo-en/home/>



Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Parents of children birth to age five who are at-risk of child abuse and neglect or parents with a history of child abuse and neglect

Description

SafeCare is an in-home parenting program that provides direct skill training in child behavior management, home safety, and child health care skills with the overarching goals of reducing risk factors to prevent child abuse and neglect. The program consists of weekly home visits for eighteen to twenty weeks.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled trial evaluation published in Pediatrics in 2012 showed that parents accessing SafeCare demonstrated a decrease in child welfare recidivism compared to a control group, especially among the group that received additional coaching. A follow-up study examining acceptability among Native American parents found that recipients of SafeCare had higher consumer ratings of cultural competency, working alliance, service quality, and service benefits. The study was conducted in 2012 with 2,175 participants in Oklahoma, of whom 67 percent were white, 16 percent were Native American, 9 percent were African American, and 5 percent were Latinx (Chaffin et al., 2012).

Implementation Site(s)

Nationwide

For more information

www.safecarecenter.org

Home Instruction for Parents of Preschool Youngsters (Parent)

Results

- Children enter school ready to learn and are prepared to succeed

Target Population

Parents with children age three to five

Description

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a home-based and parent-involved school readiness program that seeks to support parents who may not feel sufficiently confident to prepare their children for school. The HIPPY model includes four distinct features: a developmentally appropriate curriculum; weekly home visits and monthly group meetings; role play as the method of instruction; and a staffing structure that includes peer home visitors from the community in which the family is being served and professional coordinators with sensitivity to the needs of families.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A nonequivalent control group design study published in the *Journal of Early Childhood Research* in 2013 examined the effect of participation in HIPPY on the school readiness of children born to young mothers versus children born to older mothers participating in HIPPY. Results of young sample t-tests show that participation in HIPPY equalized results for children born to young mothers and those born to mothers over age 19. These results suggest that the curriculum used by HIPPY, which focuses on supporting parents as their child's first teacher, helps to mitigate any potential negative effects of being a child of a young mother. The study population consisted of 36 primarily Latinx children in Texas (Brown, 2013).

Implementation Site(s)

Nationwide

For more information

<http://www.hippyusa.org/index.php>

Parent Together Project (Fathers)

Results

- Children and youth are safe
- Children and youth are healthy
- Children and youth have healthy and positive social connections

Target Population

First-time parents in the second trimester of pregnancy through five months postpartum

Description

Parenting Together Project (PTP) is an educational intervention for first-time parents that focuses on the development of fathers' knowledge, skills, and commitment to the fatherhood role. The program's goals are to increase mothers' support and expectations for the fathers' involvement; and to foster coparenting teamwork by the parents. The intervention consists of eight two-hour sessions that are spread out between the second trimester of pregnancy and five months postpartum.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled trial published in the *Journal of Family Psychology* in 2006 found that an 8-session PTP intervention improved fathers' skills in interacting with their babies during work days, but not during those days when the father was home compared to a control group. The sample size included 168 male/female parent dyads ranging from age 18 to 45 recruited from a health maintenance clinic in Minneapolis. Couples were randomly assigned to either an eight-session treatment or to a control group (Doherty, Erickson, and LaRossa, 2006).

Implementation Site(s)

Minneapolis, Minnesota

For more information

William J. Doherty, PhD. at the University of Minnesota
bdoherty@umn.edu

Supporting Fathers Involvement (Fathers)

Results

- Children and youth are safe
- Children and youth have healthy and positive social connections

Target Population

Fathers with children birth to age 11

Description

Supporting Fathers Involvement (SFI) is a preventive intervention designed to enhance fathers' positive involvement with their children, promote healthy child development, and prevent key factors associated with child abuse. The curriculum is based on an empirical family-risk model predicting child development outcomes through five risk-buffer domains. These domains include family member characteristics, three generation expectation, quality of parent-child relationship, quality of parents' relationship, and the balance of stressors versus social support for the family. The curriculum highlights the potential contributions fathers make to the family.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A one group pretest-posttest study published in *Family Relations* in 2014 found that couples receiving SFI services demonstrated increased father involvement for couple's group participants, statistically significant reduced rates of parental stress and children's psychological symptoms, and increased stability in couple relationship satisfaction and income. Participants were randomly assigned to a 16-week fathers group, a 16-week couples group, or a comparison group that only attended a single informational meeting. Measures developed by the evaluators included a self-reported estimate of father-child relationship and parents' self-ratings of division of labor in childcare. The study was conducted with 236 low-income male-female couples with children age birth to 11, of whom 50 percent were Mexican-American and 31 percent were European American in California (Cowan et al., 2014).

Implementation Site(s)

California

For more information

www.supportingfatherinvolvement.org

Child FIRST (EPY)

Results

- Children and youth are safe
- Children and youth have healthy and positive social connections

Target Population

Families with young children at high risk of child abuse and neglect

Description

Child FIRST (Family Interagency Resource, Support, and Training) is a home-visitation program for families with low income with young children at high risk of maltreatment and/or emotional, behavioral, or developmental problems. Founded on a two-generation, trauma-informed approach, the program provides psychotherapy to children and their parents and connects them to services to improve well-being and build strong, nurturing relationships.

Source of Rating

[Social Programs that Work](#)

Rating

Near Top Tier

Evidence of Effectiveness

A randomized controlled trial published in *Child Development* in 2011 with a sample of 157 families in Bridgeport, Connecticut found a 40 to 70 percent reduction in serious levels of child conduct and language development problems and maternal psychological distress during a one-year follow-up and a 33 percent reduction in families' involvement with child protective services during a three-year follow-up (Lowell et al., 2011).

Implementation Site(s)

Connecticut, Florida, and North Carolina

For more information

<http://www.childfirst.org/>



Early Intervention Program for Adolescent Mothers (EPY)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Expectant and parenting youth age 14 to 19, particularly Latinx and African American youth

Description

The Early Intervention Program (EIP) for Adolescent Mothers is a home visiting program extending from pregnancy through a year after delivery, designed to improve the health of expectant youth through promoting positive maternal behaviors. During home visits, public health nurses use a variety of teaching methods to cover five main content areas: (1) health; (2) sexuality and family planning; (3) maternal role; (4) life skills; and (5) social support systems.

Source of Rating

[Home Visiting Evidence of Effectiveness](#)

Rating

Meets the criteria established by the Department of Health and Human Services (HHS) for an “evidence-based early childhood home visiting service delivery model” for the general population, but does not meet the criteria for tribal populations.

Evidence of Effectiveness

A randomized control trial published in *Nursing Research* in 2002 found that the total number of days of infant hospitalization (excluding birth-related) was significantly lower in the EIP for Adolescent Mothers group than in the control group, with 74 and 154 days, respectively. The percentage of children immunized in the EIP treatment group was 96, compared with 86 percent of the Traditional Public Health Nursing control group. The sample included 102 person sample size included young mothers aged 14-19 years in San Bernardino County, California, a large, ethnically diverse county adjacent to Los Angeles, and was comprised of 64 percent Latinx, 11 percent African American, and 19 percent white individuals (Koniak-Griffin et al., 2002).

Implementation Site(s)

San Bernardino County, California

For more information

<http://www.childtrends.org/?programs=early-intervention-program-for-adolescent-mothers>

Healthy Steps for Young Children (EPY)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Parents and their children from birth through age three

Description

Healthy Steps for Young Children is a national initiative that focuses on the importance of the first three years of life. Healthy Steps emphasizes a close relationship between healthcare professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to age three. The program model is delivered by a team of medical practitioners and a Healthy Steps Specialist (HSS), a professional with expertise in infant and toddler development, who provides home visits to families. Families also receive a joint visit with their medical provider and HSS at each well child visit until the age of three. The HSS serves as the primary child development resource for families and works to link the family with medical practitioners and community agencies as appropriate.

Source of Rating

[HHS, Home Visiting Evidence of Effectiveness \(HomVEE\)](#)

Rating

Meets the criteria established by the Department of Health and Human Services (HHS) for an “evidence-based early childhood home visiting service delivery model” for the general population, but does not meet the criteria for tribal populations.

Evidence of Effectiveness

A quasi-experimental design evaluation of 15 sites was published in *Journal of the American Medical Association* in 2003 suggested that Healthy Steps positively affected participation by the family in well-child visits, increased compliance with on-time immunization rates, infant sleep position, and increased mother-child activities compared to a control group. In addition, Healthy Steps parent participants were more likely to play and read to their children and less likely to employ harsh discipline strategies. The study consisted of a sample of 5,565 children and their parents enrolled at birth and followed over the first five and a half years of life (Minkovitz Hughart et al., 2003).

Implementation Site(s)

Nationwide

For more information

<http://www.healthysteps.org>

Adolescent Parenting Program (EPY)

Results

- Children and youth are safe
- Children enter school ready to learn and are prepared to succeed
- Youth have steady and gainful employment
- Children and youth have safe, stable, and affordable housing

Target Population

First-time expectant and parenting youth age 12 to 19 enrolled in school or a GED-completion program and their children age birth to five years old

Description

The Adolescent Parenting Program (APP) provides support to first-time expectant and parenting youth through intensive home visiting and peer group education. Youth may enter the program at any time during their pregnancy or after their child's birth. The goal of the program is to support young parents to become self-sufficient and better able to support themselves and their families through a focus on education, acquisition of job skills, and increase in parental capacity. APP applies a two-generational approach and strives to improve outcomes for the young parent and their children.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A nonequivalent control group design study published in the *Journal of Child and Adolescent Psychiatric Nursing* in 2012 assessed the effectiveness of APP on 35 female graduates of the program age 18 to 24. The majority of participants were African American. Results indicated that AAP graduates were found to have a more positive life trajectory: greater primary responsibility for housing and utilities, greater higher education enrollment, more job stability, and greater focus on career goals (Gruber, 2012).

Implementation Site(s)

North Carolina

For more information

www.teenpregnancy.ncdhhs.gov/app.htm

Parents as Teachers (EPY)

Results

- Children enter school ready to learn and are prepared to succeed

Target Population

Parents of children up to age five, inclusive of expectant and parenting youth

Description

Parents as Teachers (PAT) is an early childhood parent education, family support, and school readiness model based on the premise that “all children will learn, grow, and develop to realize their full potential.” The model provides personal visits carried out by professional staff trained and certified in use of the curriculum, which draws heavily on the science of child development, including brain development. Other model components include group meetings to support parents in building social support networks, regular health and developmental screenings, and referrals to community resources.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A pretest-posttest with comparison group study published in the *Journal of Primary Prevention* in 1999 found that parents in PAT read to their children more often and were more likely to enroll them in preschool, both predictors of school readiness. The length of enrollment in PAT also predicted third grade achievement, and children in low-income families who received PAT and attended a preschool program showed achievement levels approaching those of non-impooverished families who did not attend preschool. The study’s participant population consisted of 5,721 public school kindergarten children in Missouri, who were assessed again in third grade (Wagner and Clayton, 1999).

Implementation Site(s)

Missouri

For more information

www.parentsasteachers.org

Effective Black Parenting (EPY)



Results

- Children and youth are safe
- Children and youth are healthy

Target Population

African American families with children age two to 12 who are at-risk for child abuse and neglect

Description

Effective Black Parenting is a parenting skill-building program created specifically for parents of African American children. Phases of the training program include culturally-specific parenting strategies, taught in a culturally-sensitive manner on topics, such as discipline and positive communication.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

Effective Black Parenting was field tested on two cohorts of South Central Los Angeles African American parents and their children. The results of the study were published in the *Journal of Community Psychology* in 1992. Pre and post changes on parental acceptance-rejection, family relationships, and on child behavior problems and social competencies were compared in a quasi-experimental design involving 109 treatment and 64 control families over a period of one year. The group that participated in Effective Black Parenting indicated significant improvement in parental rejection, quality of family relationships, and child behavioral outcomes compared to the control group (Myers et al., 1992).

Implementation Site(s)

Nationwide

For more information

<http://www.ciccparenting.org/EffBlackParentingDesc.aspx>

Systematic Training for Effective Parenting (EPY)

Results

- Children and youth are safe

Target Population

Parents, including young parents, dealing with common parenting challenges

Description

Systematic Training for Effective Parenting (STEP) provides skills training for parents rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and their children, and helping children learn from the natural and logical consequences of their own choices. Parents engage in role-plays, exercises, discussions of hypothetical parenting situations, and the sharing of personal experiences.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A quasi-experimental study published in *Public Health Nursing* in 2002 found that STEP improved child behavior, reduced potential risk of physical abuse within the family and improved general family functioning. The study population consisted of 191 parent/child groups in an urban setting. The study sample was representative of African American and Latinx families (Huebner, 2002).

Implementation Site(s)

Worldwide

For more information

<http://www.steppublishers.com>

Promoting First Relationships

Results

- Children and youth are safe
- Children and youth are healthy
- Children and youth have healthy and positive social connections

Target Population

Parents of children birth to three

Description

Promoting First Relationships is a home visiting intervention and prevention program that promotes healthy relationships between children and their parents. Program providers help parents understand the social-emotional needs behind their child's behaviors. The services are usually provided through hour-long sessions once a week for 10 weeks.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A randomized controlled study of caretakers with children in foster care published in *Child Maltreatment* in 2012 showed that participants in the Promoting First Relationships program reported more child competence, and understanding and sensitivity of toddlers compared to control group. However, these differences were no longer significant during a six-month follow-up. The study, which took place in Seattle, Washington, had 210 participants with 55.2 percent being white, 14.8 percent being African American, 10 percent being Latinx, 6.7 percent being Native American, 19.5 percent being mixed and 4.3 percent being other (Spieker et al., 2012).

Implementation Site(s)

Nationwide

For more information

<http://pfrprogram.org/>

Family Connections (EPY)



Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Families at risk of child abuse and neglect

Description

Family Connection is a community-based service program that works to prevent child abuse and neglect by supporting families in their homes and neighborhoods. The program is driven by principles that include a developmental framework, strength-based practice, and cultural competence. Practitioners use these principles to structure a change-focused intervention plan to increase protective factors to promote child safety, well-being, and permanency outcomes.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A randomized controlled trial published in *Child Maltreatment* in 2005 found that children and their families participating in both three and nine month Family Connections curriculums showed positive changes in protective factors, diminished risk factors, improved safety, and improved behaviors. Children and families enrolled in the nine-month version of the curriculum showed greater and more sustained improvements in child behavior. The study population consisted of 154 primarily African American families in Baltimore (DePanfilis and Dubowitz, 2005).

Implementation Site(s)

Baltimore, Maryland

For more information

www.family.umaryland.edu/fc-replication

The Parent-Child Home Program (EPY)

Results

- Children and youth are safe
- Children enter school ready to learn and are prepared to succeed
- Children and youth have healthy and positive social connections

Target Population

Parents of children age two to three, including young parents

Description

The Parent-Child Home Program (PCHP) is a national early childhood program that promotes parent-child interaction and positive parenting to enhance children's cognitive and social-emotional development. The program prepares children for academic success and strengthens families through intensive home visiting by trained and paid paraprofessionals. Twice weekly home visits are designed to stimulate the parent-child verbal interaction, reading, and educational play critical to early childhood brain development.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A one group pretest-posttest design study published in *Child Welfare* in 2008 evaluated over 20 years of outcome data from PCHP in Western Manitoba, Canada. Participants were recruited through the child welfare system and represented 58 percent white and 33 percent Aboriginal. Results indicate progressive increases in the quality of the home environment in terms of the behavior of both parents and children, child behaviors conducive to learning and the quality of parent-child interaction over the course of the program. Overall, PCHP has been shown to increase quality and quantity of parent-child verbal interaction, increase pro-social behavior in the child, and increase language and pre-literacy skills (Gfellner, McLaren, and Matcalfe, 2008).

Implementation Site(s)

Nationwide, Worldwide

For more information

<http://www.parent-child.org/>

Young Parenthood Program (EPY)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Expectant and Parenting Youth

Description

The Young Parenthood Program (YPP) is a coparenting counseling program designed to enhance young parents' interpersonal skills, facilitate positive coparenting relationships, and increase parental engagement. Co-parents receive counseling from clinicians in clinics, community settings, or in their homes. The program includes five phases: understanding the relationship between coparenting and child development, goal-setting, skill development activities, negotiating role transitions, and planning for future coparenting decisions and issues.

Source of Rating

[Child Trends](#)

Rating

Featured Program

Evidence of Effectiveness

A randomized controlled trial published in the *American Journal of Public Health* in 2012 found that expectant young parents participating in the YPP had significantly improved paternal engagement and maternal relationship competence scores compared to a control group that received standard prenatal treatment, though participation in YPP did not significantly impact fathers' relationship competence. The study consisted of 105 young expectant couples (under 26 weeks pregnant) with an average age of 18.5 for males and 16.5 for females. The majority of the study population were either white or Latinx (Florsheim et al., 2012).

Implementation Site(s)

Nationwide

For more information

<https://global.oup.com/academic/product/the-young-parenthood-program-9780199309474?cc=us&lang=en&>

Dare to be You (EPY)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Families with children age two to 14, including of young parents

Description

DARE to be You (DTBY) is a prevention program targeting parental self-efficacy, social support, and problem-solving skills. Families engage in parent-child workshops that focus on developing the parents' sense of competence and satisfaction with the parenting role, providing knowledge of appropriate child management strategies, improving parents' and children's relationships with their families and peers, and contributing to healthy child development.

Source of Rating

[County Health Rankings and Roadmaps](#)

Rating

Expert Opinion

Evidence of Effectiveness

A randomized controlled trial published in the *Journal of Community Psychology* in 2014 showed that families that received DTBY services showed greater gains in parent self-efficacy, effective child-rearing practices, and positive parent-child relationships. The study population was rural families with children age 9 at one site and age 13 at one site and 13 at the other site (Macphee, 2014).

Implementation Site(s)

Colorado

For more information

<http://dtby.colostate.edu/>

Baby FAST Groups for Young Mothers (EPY) (Fathers)

Results

- Children and youth are safe
- Children and youth have healthy and positive social connection

Target Population

Babies (birth to two years) who are at-risk for child abuse and neglect, their young mothers (age 14 to 21) and the babies' family, including fathers and grandparents.

Description

Baby FAST Groups for Young Mothers are structured multi-family, multi-generational groups led by trained teams consisting of a health visitor, an infant massage expert, a social worker from the public child welfare agency, an advocate for young men, and caregivers of the young mother. The eight structured sessions aim to build positive relationships across the informal social support networks, defuse conflicts, connect the parents with expert professionals for referrals and services, optimize the infant-parent attachment, and prevent child abuse and neglect.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

A pretest/posttest evaluation published in *Child & Family Social Work* in 2009 found that mothers receiving Baby FAST Groups for Young Mothers services demonstrated statistically significant increases in parental self-efficacy, improved parent-child bonds, reductions in stress and family conflict, and increases in social support compared to the control group. Participants included 115 mothers age 15 to 28 (average age 19). Of these young mothers, 82 percent were white, 8 percent were Native American, and the remainder were of an unidentified race/ethnicity (McDonald et al., 2009).

Implementation Site(s)

Nationwide, England, Canada, and Australia

For more information

http://www.fastnt.org.au/?page_id=42

Nurturing Parenting Program: Nurturing Skills for Teenage Parents (EPY)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Young mothers age 12 to 18

Description

The Nurturing Parenting Programs (NPP) are family-based programs developed to help families who have been identified as at-risk for child abuse and neglect. The Nurturing Skills for Teenage Parents program is designed to reduce parenting stress, improve parenting behaviors, and the overall mental health of young mothers. The program consists of 59 lessons adapted from the evidence-based NPP. Each lesson presents easy to follow, step-by-step instructions for teaching the parent(s) skills appropriate for the age level of their children. Parents are encouraged to include their children as part of the program to enhance positive parent-child attachment. Instructional booklets are provided to assist young in promoting healthy child development.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

A group pretest-posttest study published in the *Children and Youth Services Review* in 2011 found that families with children under age six with child abuse and/or neglect allegations that received NPP services were significantly less likely to be reported for child maltreatment incidence at both six-month and two-year follow-up, controlling for other factors. The study population, which consisted of 528 families at 10 family resource centers in Louisiana, was 58 percent white and 74 percent female (Maher, Marcynyszyn, Corwin, and Hodnett, 2011).

Implementation Site(s)

Nationwide

For more information

<http://nurturingparenting.com/ecommerce/category/1:2:3/>

SPIN Video Interaction Guidance (EPY)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Parents of children birth to age 17 who are at-risk for child abuse and neglect

Description

SPIN Video Interaction Guidance (SPIN VIG) is a home-visiting program informed by attachment theory, theories of primary intersubjectivity, learning theory, and adult learning principles. SPIN VIG practitioners videotape parent-child interactions and offer strengths-based self-modeling feedback using carefully edited video samples of parents' successful interactions with their children. The interactions are analyzed and feedback plans are designed using a process that focuses on creating sustained patterns of successful interactions to improve relational skills and meet goals jointly developed by parent and practitioner.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

A meta-analysis of 29 studies (n= 1,844 families) published in the *Clinical Psychology Review* in 2008 shows statistically significant positive effects of video feedback interventions on the parenting behavior and attitude of parents and the development of the child. Results indicate that parents become more skilled in interacting with their young child, experience fewer problems, and gain more pleasure from their role as a parent. Shorter programs appeared to be more effective in improving parenting skills (Fukkink, 2008).

Implementation Site(s)

Nationwide

For more information

<http://www.spinusa.org/>

Circle of Security (EPY)

Results

- Children and youth are safe

Target Population

Families with children younger than six years of age, including high-risk populations such as young parents

Description

Circle of Security is a visually based approach making extensive use of both graphics and video clips to help parents better understand and meet the needs of their children. The program is delivered through 90-minute weekly sessions in a variety of different settings by trained professionals.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

A randomized controlled trial study published in *Development and Psychotherapy* in 2017 found that mothers assigned to Circle of Insecurity-Parenting reported fewer unsupportive (but not more supportive) responses to distress than control group mothers, but there were no main effects of the intervention for child attachment, executive functioning, or behavioral problems. One hundred and forty-one mothers in Baltimore with children enrolled in Head Start were randomly assigned to Circle of Security or a waitlist control group for the study (Cassidy et al., 2017).

Implementation Site(s)

Nationwide

For more information

<http://www.circleofsecurity.net/>

All Babies Cry

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Parents, especially young parents

Description

All Babies Cry (ABC) is a strengths-based prevention program that is directed toward the parents of infants, with the goal of reducing incidences of child abuse during the first year of life. ABC aims to improve new parents' ability to understand and cope with infant crying. The program promotes five protective factors that have been shown to increase the likelihood of positive outcomes for young children and their families and to reduce the likelihood of child abuse and neglect: 1) parental resilience, 2) social connections, 3) knowledge of parenting and child development, 4) concrete support in times of need, and 5) social and emotional competence of children.

Source of Rating

[Pennsylvania State University, Clearinghouse for Military Family Readiness](#)

Rating

Unclear +

Evidence of Effectiveness

A quasi-experimental study published in the *Journal of Community Psychology* in 2015 found that intervention participants reported using a wider variety of strategies to manage their stress at a 17-week follow-up compared to a control group. Intervention parents also reported greater knowledge of child development, more self-reassurance, and a greater intent to implement strategies to calm their baby and manage their stress (Morrill et al., 2015).

Implementation Site(s)

Nationwide

For more information

www.allbabiescry.com

24/7 Dad (Fathers)

Results

- Children and youth are safe
- Children and youth have healthy and positive social connections

Target Population

Fathers and male caregivers of children ages birth to 18

Description

24/7 Dad is a set of programs designed to support fathers in their parenting capacity through weekly peer group sessions delivered in a variety of different settings.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

No peer-reviewed research has been published about 24/7 Dad.

Implementation Site(s)

Nationwide

For more information

<https://www.fatherhood.org/247-dad-am-sample>

DADS Family Project (Fathers)

Results

- Children and youth are safe
- Children and youth have healthy and positive social connections

Target Population

Fathers and male caregivers of children ages birth to 18

Description

The DADS Family Project is an experiential group program to support fathers in improving their understanding of the essential role of being a parent. It is designed to adapt to a variety of settings, including schools, churches, prisons, and community centers.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

Results from a pretest/posttest evaluation published in *Social Work with Group* in 2006 indicate that there were significant increases in participants' knowledge and differences in attitudes about their roles as parents after completing the program. The study consisted of 63 fathers that participated either face-to-face or through distance learning (Cornille, Barlow, and Cleveland, 2006).

Implementation Site(s)

Tallahassee, Florida

For more information

Larry Barlow at Florida State University
lbarlow@mailier.fsu.edu

Ackerman Institute – Personal Best for Pregnant and Parenting Youth in Foster Care (EPY-FC)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Expectant and parenting youth in foster care, age 15 to 21

Description

Personal Best for Pregnant and Parenting Youth is a comprehensive 22-session program for young mothers in foster care to improve their coping, communication, problem-solving, and goal setting skills in order to become more responsive parents. This program was adapted from the original Personal Best parenting curriculum for vulnerable families with young children. Additional sessions were added to promote the youth’s executive function, emotional, behavioral self-regulation, and life skills for a successful transition to adulthood. Each session includes discussion, activities, and opportunities for storytelling to increase the youth’s ability to reflect and make sense of life experiences. A core feature of the program is the process of building resilience and personal growth through graded mastery experiences and mutual support.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

An independent study was conducted in 2008 by Mathematica Policy Research to evaluate implementation of the Personal Best curriculum in Early Head Start programs and community mental health agencies. Participants were 50 percent African American, 40 percent Latinx, and 10 percent white. The study demonstrated the Ackerman Institute’s ability to train staff to implement the Personal Best program at a high level of fidelity, quality, and through parent reports, and found the following outcomes increased understanding of their children’s needs and behavior as well as their own needs and emotions, improved relationships with children and partners, positive changes in discipline, and increased patience and knowledge of ways to resolve problems (Monahan, Brown, Jones, and Sprachman, 2008).

Implementation Site(s)

New York City

For more information

<https://www.ackerman.org/centers/developing-child-and-family/>



Home-Based Mentoring for First-Time Adolescent Mothers (EPY)

Results

- Children and youth are safe
- Children and youth are healthy
- Children and youth have healthy and positive social connections

Target Population

First-time young mothers

Description

Home-Based Mentoring for First-Time Adolescent Mothers is designed to provide the young mother with: (1) skills for communicating with her own mother; (2) parenting skills for raising her infant; and (3) alternative strategies to achieving autonomy through a focus on personal values, decision-making, access to birth control, and goal setting. The program is based in social cognitive theory and relies on cultural norms, behavior, and attitude modeling and concepts of self-efficacy and social support. The 19-lesson, home-based curriculum is delivered by college-educated, young, single mothers of the same ethnicity as the youth. Throughout, family members of the young mother are involved as much as possible in the program. Social support is further strengthened through the mentors, who present themselves as “big sisters” who have been through the experience of single parenting and who are not authority figures.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

Findings from a randomized control study published in *Pediatrics* in 2006, indicate that participants in the mentoring program were significantly less likely to give birth to a second child than the control group and improved their use of recommended health care services for infants than the control group. The study involved over 360 mothers and their infants, all of whom were African American, first-time young mothers (Black et al., 2006).

Implementation Site(s)

Baltimore, Maryland

For more information

<http://www.advocatesforyouth.org/library/1331-home-basedmentoring-for-first-time-adolescent-mothers>

Shared Family Care (EPY-FC)

Results

- Children and youth are safe
- Youth succeed in their education
- Youth have steady and gainful employment
- Youth are prepared to succeed as adults

Target Population

Parenting youth with a child under four years old who are at-risk of removal from their family or who are in the process of reunification

Description

Shared Family Care (SFC) supports the entire family by temporarily placing them in the home of a trained mentor who supports the parents as they develop the skills necessary to care for their children and move toward independent living. As an alternative to traditional family preservation services or out-of-home care, SFC promotes safety of children while preventing the separation of parent and child(ren). Mentor families from the community are carefully screened and receive extensive training in child safety, child development, parenting, adult communication, conflict resolution, and accessing community resources.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

A non-randomized control group study published in the *Journal of Family Social Work* in 2003 evaluated the impact of Shared Family Care on promoting safety and stability in 84 families in foster care. The sample was made up of 54 percent African American, 12 percent Latinx, and 17 percent white families. Results showed that 8 percent of the children in families who completed the SFC program re-entered foster care within one year of the program, compared to 14 percent in the state of California and 17 percent in Contra Costa County, CA. 76 percent of program participants were employed at graduation from the program compared to 36 percent at intake. The average monthly income of participants increased from \$520.00 at intake to \$1100.00 at graduation. The percentage of families living independently increased from 18 percent at intake to 76 percent at graduation (Price and Wichterman, 2003).

Implementation Site(s)

California, Colorado, New York, North Carolina, and Wisconsin

For more information

<https://www.childwelfare.gov/topics/supporting/support-services/familycare/>

UCAN’s Partners in Parenting and the Teen Parenting Supporting Network (EPY-FC)

Results

- Children and youth are safe
- Children and youth are healthy
- Youth are prepared to succeed as adults
- Children and youth have healthy and positive social connections

Target Population

Expectant and parenting youth in foster care age 13 to 21.

Description

UCAN is an Illinois youth-serving organization with several programs focusing on the needs of expectant and parenting youth, namely Partners in Parenting (PIP) and the Teen Parenting Support Network (TPSN). The PIP program provides a comprehensive array of services to both expectant and parenting youths and their children, including family planning, parenting skills, and connections to community resources. The TPSN provides a seamless continuum of care of trauma-informed services to Illinois expectant and parenting youth in foster care and their children including counseling, educational coaching, leadership training, new birth assessments, and doula assistance.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

Findings from a 2011 multi-site pretest/posttest study suggest that PIP affects basic elements of parent-child relationships, including parenting attitudes and practices and parental stress. Statistically significant results include: (1) decreased endorsement of corporal punishment and reversal of parent-child roles; (2) decreased parental stress; (3) increased parental empathy and appropriate child expectations; and (4) increased use of positive parenting and consistent discipline practices. 54 parent-child dyads participated in this study, of whom 70 percent were white, and 26 percent were Latinx (Wilson et al., 2011). No peer-reviewed research has been published about TPSN.

Implementation Site(s)

Illinois

For more information

<http://www.ucanchicago.org/our-programs/building-strong-families/>

Dad's Matter (Fathers)

Results

- Children and youth are safe
- Children and youth have healthy and positive social connections

Target Population

Fathers enrolled in perinatal home visiting programs

Description

Dads Matter is a service enhancement designed to be integrated within perinatal home visiting programs. The goal of the program is to successfully engage fathers in a coparenting role with the mother and to provide direct support to the father, specifically with respect to managing the stresses and the challenges of being a parent. The program concentrates home visitor efforts during the initial phases of home visiting services and can be delivered simultaneously with both the mother and father together or separately, depending on the assessed nature of the father's role in the family, his availability, and the quality of the relationship with the mother.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

A pilot study of Dads Matter was conducted in 2012 by Professor Neil Guterman at the University of Chicago, School of Social Service Administration. The study employed a time-lagged comparison group design and evaluated 24 families receiving home visiting services, half of these families received Dads Matter enhancements. Compared to the control group, families receiving Dads Matter enhancements showed comparatively favorable outcomes in the quality of the mother-father relationship, attitudes in coparenting, partner abuse, parenting stress as reported by both mothers and fathers, greater father involvement with the child, and greater father verbal interactions with the child. Finally, preliminary results indicate fathers' greater engagement in home visiting services. (Guterman, 2012).

Implementation Site(s)

California, Illinois, and Pennsylvania

For more information

<http://www.thefatherhoodproject.org/programs/>

Bright Beginnings Parent-Child Program (EPY)

Results

- Children and youth are safe
- Children and youth have healthy and positive social connections

Target Population

Expectant mothers and parents with children age birth to 3

Description

Bright Beginnings Parent-Child Program is a structured curriculum for families with infants and toddlers and for families making the transition to parenthood. It is designed to enhance parent capacities and promote children’s social and emotional development, and school readiness. The curriculum encompasses four critical areas of parenting: (1) developing the emotional relationship and attachment between parents and children; (2) promoting children’s exploration and learning; (3) supporting language and literacy; and (4) guiding towards interdependence.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

A process evaluation assessing the implementation of Bright Beginnings found that the facilitators in their sample (n=19) implemented the program with a high degree of fidelity. Bright Beginnings facilitators followed the curricula and conveyed its content in 88 percent of the program’s sessions. Data was gathered through video-recorded observations of the program’s sessions and through participant surveys (Monahan, Brown, Jones, and Sprachman, 2008).

Implementation Site(s)

New York City

For more information

<http://www.ackerman.org/>

Preparation for Adulthood, including Education, Housing, and Employment



Better Futures (Foster Youth)

Results

- Youth are prepared to succeed as adults
- Youth succeed in their education
- Youth have steady and gainful employment

Target Population

Youth and young adults, age 16 to 19, in foster care who are in their final year of high school or GED completion

Description

Better Futures is a four-day immersive program at a university campus followed by nine months of ongoing support that supports young people in exploring their postsecondary interests and opportunities. A Better Futures coach, who is currently in postsecondary education and has lived experience in foster care, guides young people in goal-setting around post-secondary and related youth-chosen goals.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled trial published in the *Journal of Behavioral Health Services* in 2015 found that young people enrolled in Better Futures made significant gains in measures of postsecondary participation, postsecondary and transition preparation, hope, self-determination, and mental health empowerment compared to a control group that received typical services. Youth in the program also showed positive trends in mental health recovery, quality of life, and high school completion. The study population consisted of 67 Oregon youth in the child welfare system, primarily of white and Native American ethnicity (Geenen et al., 2015).

Implementation Site(s)

Oregon

For more information

<https://www.pathwaysrtc.pdx.edu/p2c-better-futures>

Wyman's Teen Outreach Program® (Youth)

Results

- Youth are healthy
- Youth succeed in their education
- Children and youth have healthy and positive social connections

Target Population

Youth age 12 to 17

Description

Wyman's Teen Outreach Program (TOP) is a national youth development program designed to develop healthy behaviors, life skills, and a sense of purpose among youth. The nine-month TOP curriculum combines community service learning, adult support and guidance, and curriculum-based group activities. The curriculum has four levels appropriate for a range of grades and ages. Participants at all levels engage in a minimum of 20 hours of community service per academic year. TOP staff guide the youth in choosing, planning, implementing, reflecting on, and celebrating their service learning project. Service projects may include direct service, indirect service, or civic actions.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A randomized controlled trial study of nearly 8,000 nonmetropolitan Florida high school students (median age of 14.56) published in *Journal of Adolescent Health* in 2016 found that youth receiving Wyman's Teen Outreach Program showed lower odds of engaging in risky sexual behavior using a baseline and follow-up survey. Participants were 60 percent white, 20 percent Latinx, 11 percent African American, and 9 percent other (Walsh-Buhi et al., 2016).

Implementation Site(s)

Nationwide

For more information

<http://www.promisingpractices.net/program.asp?programid=14>; <http://wymancenter.org/>

Transitional Housing Placement Plus (Foster Youth)

Results

- Children and youth have safe, stable, and affordable housing
- Youth are prepared to succeed as adults
- Youth have steady and gainful employment

Target Population

Youth age 18 to 24 who have exited from foster care, including youth who are expectant and parenting

Description

The Transitional Housing Placement Plus (THP-Plus) is a statewide implementation project that began as a collaboration between the John Burton Foundation, the California Department of Social Services, and the Corporation for Supportive Housing. The program provides youth with affordable housing and a wide range of supportive services, including job training, educational support, counseling, financial planning, and a savings program.

Source of Rating

[Healthy Communities Institute](#)

Rating

Effective Practice

Evidence of Effectiveness

A non-randomized analysis that used a pre-experimental, pretest/posttest design with no comparison or control group was completed in 2010. The findings did not provide strong evidence that participation in the THP-Plus program caused the changes observed in the participants' income, education nor other outcomes. Nonetheless, the study noted that some positive program effect was plausible for the participants that entered THP-Plus with major self-sufficiency challenges, such as homelessness, no income, lack of high school credentials, serious mental health needs, and/or imminent exit from foster care (Kimberlin and Lemley, 2010).

Implementation Site(s)

California

For more information

<http://thplusplus.org/resources/Youth-resources/>

Larkin Extended Aftercare for Supported Emancipation (Youth)

Results

- Children and youth have safe, stable, and affordable housing
- Youth succeed in their education
- Youth have steady and gainful employment

Target Population

Youth who have exited foster care age 18 to 24

Description

Larkin Extended Aftercare for Supported Emancipation (LEASE), a program of Larkin Street Youth Services, is a scattered-site transitional housing program for youth age 18 to 24 who have emancipated from the foster care system. Youth are housed in studio, one-bedroom, or two-bedroom apartments and receive a range of supportive services including counseling, employment training, education counseling, financial literacy, and case management.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

According to outcome data provided by the LEASE program for fiscal year 2012, 93 percent of the youth exited the program to stable housing, 16 percent of youth moved up one educational level from intake, 6 percent moved up two levels, and 60 percent of youth who were unemployed at intake gained part-time or full-time employment. The program served 43 youth in FY2012, comprising of 40 percent African American, 2 percent Native American, 2 percent Asian/Pacific Islander, 33 percent Latinx, 14 percent multiracial, 2 percent white, and 5 percent unknown (Youth Homelessness in San Francisco, 2013).

Implementation Site(s)

San Francisco, California

For more information

www.larkinstreetyouth.org

Lighthouse Independent Living Program (EPY-FC)

Results

- Youth succeed in their education
- Youth have steady and gainful employment
- Youth are prepared to succeed as adults

Target Population

Youth age 16 to 19 exiting out of the child welfare or juvenile justice systems, including young parents and their child(ren)

Description

The Independent Living Program, developed by Lighthouse Youth Services, is designed to provide housing, life-skills training, case management, mental health counseling, and other support services to youth nearing adulthood. The program aims to provide them with the knowledge and skills necessary to live self-sufficiently.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

A one group pretest/posttest design study published in *Child and Youth Services Review* in 2011 examined the characteristics and outcomes of youth age 16 to 20 enrolled in Lighthouse Independent Living Program during a six-year period. At discharge, 60 percent had completed high school/GED program, 31 percent were employed, and 33 percent were independently housed. Clients entering the program at ages 19 to 20 showed significantly better outcomes than younger clients. Female clients were more likely to be living independently at discharge, while no other gender differences in outcomes were found (Kroner and Mares, 2011).

Implementation Site(s)

Cincinnati, Ohio

For more information

<https://www.lys.org/services/life-skills-and-housing-options-for-young-adults-17-24/>

My First Place (EPY-FC)

Results

- Children and youth have safe, stable, and affordable housing
- Youth succeed in their education
- Youth have steady and gainful employment

Target Population

Foster youth age 16 to 23 who are, or are at-risk of becoming, homeless

Description

My First Place supports youth in their transition from foster care to successful adulthood by providing supportive housing, employment readiness, academic enrichment, financial literacy, counseling among other supports and resources.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

A formative evaluation conducted by independent researchers about My First Place from June 2010 to March 2012, suggests that the participants experienced significant positive changes in education, employment, housing, and healthy living while in the program. Among the documented outcomes in the first six to 12 months, 68 percent enrolled in education programs and 72 percent obtained employment. Of the participants, 36 percent were parenting, 75 percent were African American, 12 percent mixed race, 10 percent Latinx, and 3 percent white (Moore et al., 2012).

Implementation Site(s)

California

For more information

www.firstplaceforyouth.org

The WAY Home (Foster Youth)

Results

- Youth succeed in their education
- Youth have steady and gainful employment

Target Population

Youth age 12 to 18 in foster care

Description

The WAY Home scholarship program at Children’s Villages in New York was designed to help youth make a successful transition back to their home communities and gain the skills needed to become productive and self-sufficient adults. The program features a progression of learning and responsibility in replicated and actual job settings. The program aims to help young people plan for their futures.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

A 15-year (1984 – 1999) longitudinal study published by the Child Welfare League of America showed that 80 percent of The Way Home alumni completed high school, 80 percent were employed, and 95 percent had avoided adult criminal arrests. The sample represented a cross-section of African American and Latinx youth residing in New York City (Baker, Olson, and Mincer, 2000).

According to information on the Children’s Village website, The Way Home program continues to show results for youth in the New York area. Ninety-four percent are reported to have either graduated or are in school and passing, 59 percent are working at least part-time, 86 percent are in stable housing, and 94 percent have avoided any contact with the criminal justice system.

Implementation Site(s)

New York City

For more information

<http://childrensvillage.org/community-based-programs/the-wayhome/>

<http://www.cwla.org/programs/r2p/cvarticlesway.htm>

The Workforce Development Center (Foster Youth)

Results

- Youth are prepared to succeed as adults
- Youth succeed in their education
- Youth have steady and gainful employment
- Children and youth have safe, stable, and affordable housing

Target Population

Youth age 16 to 24 who have been or are currently in foster care.

Description

The Workforce Development Center, developed by the Living Classrooms Foundation, seeks to support youth transition to independence through an array of services that target gainful employment. In addition to job training and search supports, the program provides life skills training, financial literacy, vocational training, assistance with housing and transportation, and an individualized savings agreement. Intensive retention services are also provided to ensure that the youth maintains employment at an established employment partner for at least one year.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

N/A

Implementation Site(s)

Washington D.C.

For more information

https://livingclassrooms.org/ourp_workforce_development_center.php

New Heights (EPY-FC)

Results

- Youth succeed in their education
- Youth have steady and gainful employment

Target Population

Expectant or parenting youth in foster care enrolled in high school

Description

New Heights is a school-based program located in 13 public high schools and two public charter schools in the District of Columbia. The program works with both expectant and parenting students – mothers and fathers – towards the goal of high school graduation and post-secondary education enrollment. Students participating in New Heights work as partners with program staff to develop strengths-based solutions to the challenges confronting them and their children. Primary program components include supportive case management and educational workshops.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

N/A

Implementation Site(s)

Washington, D.C.

For more information

<https://dcps.dc.gov/publication/new-heights-program-information>

New Mexico GRADS (EPY)

Results

- Children and youth are healthy
- Youth succeed in their education

Target Population

Expectant and parenting youth and their children

Description

New Mexico GRADS is a multi-site school and community-based program designed to facilitate parenting youths' graduation and economic independence, promote healthy multi-generational families, and reduce risk-taking behaviors. It actively recruits school-age dropouts and provides on-site child care, career readiness, youth leadership, parenting, and fatherhood programs.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

According to their website, in 2017, the New Mexico GRADS program served 510 young parents at 28 sites statewide. Seventy-eight percent of young mothers in New Mexico enrolled in GRADS graduated high school, compared to the 50 percent national average. GRADS additionally has a 2.6 percent repeat pregnancy rate, compared to the statewide average of 18 percent. 5.6 percent of babies born to GRADS participants had a low birth rate, compared to the 8.7 percent statewide average (<http://www.nmgrads.org/>).

Implementation Site(s)

New Mexico

For more information

<http://www.nmgrads.org/>

Youth Employment Partnership (EPY-FC)

Results

- Youth have steady and gainful employment
- Youth succeed in their education
- Youth are prepared to succeed as adults

Target Population

Youth in foster care and involved in juvenile justice, including young parents

Description

Youth Employment Partnership (YEP) serves youth facing the greatest barriers: court-involved youth, foster youth, homeless youth, young parents, youth who have dropped out of high school, and those returning to the community following incarceration. YEP trainees get the opportunity to work at local nonprofits, government agencies, after-school programs, and small businesses. Participants train and support their younger peers, rehabilitate houses to create affordable homes for low-income families and operate YEP's social enterprise café, Training Grounds at the Oakland International Airport.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

N/A

Implementation Site(s)

Oakland, California

For more information

<http://www.yep.org/>

The Promise Project (EPY)

Results

- Youth succeed in their education
- Youth are prepared to succeed as adults

Target Population

Expectant and parenting youth enrolled in high school

Description

The Massachusetts Alliance on Teen Pregnancy initiated the Promise Project to increase the number of expectant and parenting youth who complete high school or GED programs and pursue higher education. Through the Promise Project, the Alliance created two tools that help educators support expectant and parenting students to remain in school: the Model District Policy for Expectant and Parenting Students and the Roadmap to Graduation Guide. The Roadmap to Graduation Guide consists of eight documents to support a school staff in their work with expectant and parenting students.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

N/A

Implementation Site(s)

Massachusetts

For more information

<http://www.massteenpregnancy.org/policy/promise-project>

Sexual and Reproductive Health Services



Centering Pregnancy (EPY)

Results

- Children and youth are healthy

Target Population

Expectant youth 16 to 40 weeks pregnant

Description

Centering Pregnancy is a 10-week prenatal care program delivered in a group setting to expectant youth with similar delivery dates. The program is based on three primary components of care: health assessment, education and skills building, and support. The group is facilitated by a trained practitioner, such as a midwife or obstetrician. Expectant youth begin each session with a health assessment and are encouraged to maintain copies of their own health information to increase their self-empowerment and self-efficacy. The educational discussions focus on prenatal care, preparation for childbirth, and caring for infants after birth.

Source of Rating

[Healthy Communities Institute](#)

Rating

Evidence-Based Practice

Evidence of Effectiveness

A multi-site quasi-experimental evaluation of Centering Pregnancy was commissioned by the Tennessee Department of Health in 2012. The evaluation included 6,155 women participants with a sample representing a broad range of ethnic and racial groups. The Centering Pregnancy group prenatal care had statistically and clinically significant beneficial effects with higher birth weight relative to traditional individually delivered prenatal care compared to individual prenatal care (Tanner-Smith, Steinka-Fry, and Lispey, 2012).

Implementation Site(s)

Worldwide

For more information

<http://www.centeringhealthcare.org/>



Be Proud! Be Responsible! Be Protective! (EPY)

Results

- Children and youth are healthy

Target Population

Expectant and parenting young mothers

Description

Be Proud! Be Responsible! Be Protective! curriculum encourages young to make healthy sexual decisions. The intervention aims to affect knowledge, beliefs, and intentions related to condom use and healthy pregnancies and births.

Source of Rating

[HHS Teen Pregnancy Prevention Evidence Review](#)

Rating

High

Evidence of Effectiveness

An evaluation study showed that at the six-month follow-up, Be Proud! Be Responsible! Be Protective! students reported having significantly fewer sexual partners than control students. This was no longer the case at the 12-month follow-up. This sample was ethnically diverse. Seventy-eight percent were Latinx, 18 percent were African American, and 4 percent were categorized as other (Koniak-Griffin et al., 2003).

Implementation Site(s)

Nationwide

For more information

<https://www.etr.org/ebi/programs/be-proud-be-responsible-be-protective/>

The Family Growth Center (EPY)

Results

- Youth succeed in their education
- Children and youth are healthy

Target Population

Expectant and parenting young mothers

Description

The Family Growth Center (FGC) is a comprehensive, community-based family program designed to reduce repeat pregnancy and school drop-out rates among young mothers. Young women are recruited for the program by perinatal counselors/coaches when they arrive at participating hospital clinics for prenatal visits. Thereafter, they are offered home visits, crisis intervention, bi-monthly parenting classes, supervised daycare, transportation services, recreational opportunities, and advocacy and referral services.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A non-equivalent control group design study published in *Family Relations* in 1998 evaluated the effectiveness of FGC and found that pregnant and parenting youth in the FGC group were significantly less likely than those in the control group to have a repeat pregnancy or drop out of school (Solomon and Liefeld, 1998).

Implementation Site(s)

Nationwide

For more information

www.socio.com/passp03.php

Love Notes (EPY)

Results

- Children and youth are healthy
- Youth are prepared to succeed as adults
- Youth succeed in their education

Target Population

Youth and young adults (14 to 24) who are at-risk of an unplanned pregnancy or already expectant and parenting

Description

Love Notes is a comprehensive sexual and reproductive health curriculum that teaches youth and young adults about healthy relationships. It consists of thirteen one-hour lessons covering decision-making, communication, and sexual safety.

Source of Rating

[HHS Teen Pregnancy Prevention Evidence Review](#)

Rating

High

Evidence of Effectiveness

A 2016 clustered randomized controlled trial involving community-based organizations in Louisville, Kentucky found that youth participating in the Love Notes program were less likely than those in the control group to report having ever had sex, having any sexual activity in the past three months, having sex without birth control or a condom, and having ever been pregnant (Cunningham, van Zyl, and Borders, 2016).

Implementation Site(s)

Nationwide

For more information

<https://www.dibbleinstitute.org/love-notes-3-0/>

Computer-Assisted Motivational Intervention (EPY)

Results

- Youth succeed in their education
- Children and youth are healthy

Target Population

Expectant and/or parenting youth ages 12 to 18

Description

The purpose of the Computer-Assisted Motivational Intervention (CAMI) is to increase motivation among young mothers to consistently use condoms and contraception with the long-term goal of reducing rapid repeat births. CAMI consists of 60-minute sessions conducted in two-parts by trained counselors who meet one-on-one with pregnant and/or parenting young mothers, ages 12 through 18 years old. During the first part of each session, participants use the computer-based CAMI program to answer questions about current sexual relationships and contraception use and behaviors. Based on the responses generated, CAMI counselors conduct a stage-matched Motivational Interviewing session to enhance participants' motivation to consistently use condoms and contraception in order to reduce the risk for a repeat pregnancy.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A randomized controlled trial study published in the *Journal of Pediatric and Adolescent Gynecology* in 2015 found that females at-risk for pregnancy and sexually transmitted diseases who completed CAMI services had reduced rates of unprotected sex compared to the group that received didactic educational counseling. The study's participants were between the age of 13 and 21, and 59 percent were African American (Gold et al., 2015).

Implementation Site(s)

Nationwide

For more information

www.socio.com/pasha.php

The Healthy Start Initiative (EPY)

Results

- Children and youth are healthy
- Youth are prepared to succeed as adults

Target Population

Pregnant women, particularly women at high risk of poor pregnancy outcomes

Description

Healthy Start is an initiative established by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) to reduce the rate of infant mortality and improve perinatal outcomes in areas with high annual rates of infant mortality. All Healthy Start projects provide the following core services: direct outreach and client recruitment, health education, case management, depression screening, and referral, and interconceptional care services for all participants. Currently, there are 105 federally-funded Healthy Start projects located in 39 U.S. states, the District of Columbia, and Puerto Rico. The five different types of Healthy Start grants include Perinatal Health, Border Health, Interconceptional Care, Perinatal Depression, and Family Violence.

Source of Rating

[Promising Practices Network](#)

Rating

Promising

Evidence of Effectiveness

Mathematica Policy Research, Inc. conducted a national evaluation of Healthy Start focusing on the initial 15 demonstration programs. Comparing infant birth and morbidity rates for Healthy Start project areas with matched comparison sites from 1984 to 1996, the evaluation found the following results: significantly lower rates of very low birth weight babies; significantly lower pre-term birth rates; and a higher percentage of women in Healthy Start receiving adequate or better prenatal care as compared with women in the comparison areas (Devaney, Howell, McCormick, and Moreno, 2000).

Implementation Site(s)

Nationwide

For more information

<http://mchb.hrsa.gov/programs/healthystart/>

Familias Unidas (EPY)



Results

- Children and youth are healthy
- Youth are prepared to succeed as adults

Target Population

Latinx youth and their families.

Description

Familias Unidas is a family-focused intervention designed to prevent unsafe sexual behavior and substance abuse among Latinx youth. The program can be delivered at schools and community-based organizations.

Source of Rating

[HHS, Teen Pregnancy Prevention Evidence Review](#)

Rating

Promising

Evidence of Effectiveness

A randomized controlled trial of Familias Unidas published in the *Journal of Adolescent Health* in 2015 found that youth who received an adapted version of the program and who were not sexually experienced at baseline were less likely to have initiated sexual activity than their counterparts in the control group at the two-year follow-up. The study population consisted of 160 Latinx students at Miami-Dade County high school (Estrada et al., 2015).

Implementation Site(s)

Nationwide and Latin America

For more information

www.familias-unidas.info

Generations (EPY)



Results

- Children and youth are healthy
- Youth are prepared to succeed as adults

Target Population

Latinx youth and their families.

Description

Generations is a family-focused intervention designed to prevent unsafe sexual behavior and substance abuse among Latinx youth. The program can be delivered at schools and community-based organizations.

Source of Rating

[HHS, Teen Pregnancy Prevention Evidence Review](#)

Rating

Moderate

Evidence of Effectiveness

A quasi-experimental design study of Generations published in the *Journal of Adolescent Health* in 2016 found that young mothers in the intervention group were more likely to report using effective contraception compared to young mothers who were provided standard community-based pediatric care. The study was conducted at six community primary health care clinics serving primarily urban, low-income, African American youth in the Washington, DC area, with three of the clinics implementing the Generations curriculum. The study population consisted of 74 young mothers at the intervention clinics and 50 mothers at the standard clinics (Lewin et al., 2016).

Implementation Site(s)

Nationwide

For more information

Tininka Rahman at Children's National Health System
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Making Proud Choices! (Youth)

Results

- Children and youth are healthy
- Youth are prepared to succeed as adults

Target Population

Youth

Description

Making Proud Choices! is an STD, teen pregnancy, and HIV prevention program that provides youth with the knowledge, confidence, and skills to abstain from sex or to use condoms if they choose to have sex. The curriculum consists of eight modules in a variety of community settings, including schools and community-based organizations.

Source of Rating

[HHS, Teen Pregnancy Prevention Evidence Review](#)

Rating

High

Evidence of Effectiveness

A randomized controlled trial of Making Proud Choices! published in the Journal of the American Medical Association in 1998 found that youth who were sexually experienced at baseline were significantly less likely to report having had unprotected sexual intercourse in the previous three months, and reported a lower frequency of unprotected sexual intercourse than the control group. The study found no statistically significant impacts on unprotected sexual intercourse for youth who were not sexually experienced at baseline. The study sample consisted of 439 middle school students in Philadelphia, Pennsylvania who were administered a baseline survey before participating in the trial, as well as three, six, and twelve month follow-ups (Jemmott et al., 1998).

Implementation Site(s)

Nationwide

For more information

<http://www.etr.org/ebi/programs/making-proud-choices/>

Power Through Choices (Foster Youth)

Results

- Children and youth are healthy
- Youth are prepared to succeed as adults

Target Population

Youth ages 13 to 18 in foster care, the juvenile justice system, and other out-of-home care settings.

Description

Power Through Choices is a youth pregnancy, HIV, and STI prevention program designed specifically for the needs of youth in out-of-home care, such as foster care and juvenile justice settings. The program promotes informed decision-making regarding sexual risks and encourages youth to recognize the potential consequences their decisions may have on future success.

Source of Rating

[HHS, Teen Pregnancy Prevention Evidence Review](#)

Rating

High

Evidence of Effectiveness

A cluster randomized controlled trial conducted by Mathematica Policy Research in 2016 found that for youth in the treatment group were significantly less likely to report ever been pregnant or gotten someone pregnant compared to their counterparts in the control group. The study population consisted of 885 youth recruited from 44 residential group homes in California, Maryland, and Oklahoma who were surveyed before the participating the trial and six and twelve months after its conclusion. The treatment group received 10 sessions of the Power Through Choice program while the control group had access to other existing community and group home services (Covington et al., 2016).

Implementation Site(s)

Nationwide

For more information

Janet Max at Healthy Teen Network
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Teen Options to Prevent Pregnancy (EPY)

Results

- Children and youth are healthy
- Youth are prepared to succeed as adults

Target Population

Low-income young mothers

Description

Teen Options to Prevent Pregnancy (TOPP) is a program that aims to reduce rapid repeat pregnancy and promote healthy birth spacing in low-income young mothers through the use of motivational interviewing. The services are delivered over the telephone, in local health care provider or TOPP clinics, in the mother's home, or in a community setting by nurse educators and a social worker over an 18-month period.

Source of Rating

[Social Programs that Work](#)

Rating

Near Top Tier

Evidence of Effectiveness

A randomized controlled trial of TOPP published in the *American Journal of Obstetrics and Gynecology* in 2017 found the program reduced the rate of repeat pregnancy in treatment group mothers by about half over a 20-month period compared to the control group. The study sample consisted of 598 mothers, age 10 to 19, in the Ohio health system (Stevens, et al., 2017).

Implementation Site(s)

Ohio

For more information

Robyn Lutz at OhioHealth

Pregnancy Free Club (EPY)

Results

- Children and youth are healthy
- Children and youth are safe
- Youth are prepared to succeed as adults

Target Population

Parenting youth, age 14 to 19

Description

The Pregnancy Free Club (PFC) is a collaborative project between a public health agency and alternative schools with a goal of reducing repeat pregnancies among parenting youth. Public Health Nurses meet monthly with parenting youth.

Source of Rating

[CEBC](#)

Rating

Not Able to Be Rated

Evidence of Effectiveness

A study published in *Public Health Nursing* in 2008 found that expectant and parenting youth in an alternative school setting had a 25 percent (down to 4.7 percent) reduction in repeat pregnancy rate over a nine-year period following program initiation (Schaefers, Jost, Pederson, and Lair, 2008).

Implementation Site(s)

Indiana

For more information

www.bloomingtonmn.gov/cityhall/dept/commserv/publheal/publheal.htm



Intensive School-Based Program for Teen Mothers (EPY)

Results

- Children and youth are safe
- Children and youth are healthy
- Youth are prepared to succeed as adults

Target Population

Young parents, enrolled in high school

Description

Intensive School-Based Program for Teen Mothers is a home visiting model that offers culturally matched services and supports and is culturally matched to the youth. The social worker provides client-centered care and support, ranging from coaching to direct assistance, and referral to community services. In addition, the social worker facilitates weekly group meetings on topics such as healthy relationships, parenting skills, academic performance, career exploration, and sexual and reproductive health. The program also offers comprehensive medical care to each participant. A pediatrician specializing in youth medicine sees participants and their children together on a designated weekly afternoon at the nearby university ambulatory care center.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

Evaluation of this program has demonstrated that participants (n=63) were less likely to give birth to a second child than the comparison group (n=252). A 50 percent reduction in the rate of subsequent births was documented among program participants at the three-year follow-up. The primary indicators tracked during evaluation were the frequency of participation in weekly group meetings, and participant follow-up with health care appointments. The sample size consisted of African American first-time young mothers (Key, Gebregziabher, Marsh, and O'Rourke, 2008).

Implementation Site(s)

Charleston, South Carolina

For more information

<http://www.advocatesforyouth.org/publications/1332-intensiveschool-based-program-for-teen-mothers>

New Birth Assessment—Illinois Department of Children and Family Services (EPY-FC)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Expectant and parenting youth in foster care

Description

New Birth Assessment is an initiative by the Illinois Department of Children and Family Services (DCFS), providing individualized services to teen parents who are in foster care when their children are born. When a young parent in care gives birth to or fathers a child, DCFS caseworkers are required to complete a new birth assessment within 60 days. During the assessment process, a specialty worker is assigned to the youth and their child. This worker observes parent/child interactions, provides parenting education, identifies any unmet parent or child needs, makes note of any safety concerns or other risk factors, and shares information about community resources. The basic assessment tool covers four domains: (1) pregnancy, birth, and follow-up care; (2) parent-child interactions; (3) safety and risk factors; and (4) interventions/information.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

To evaluate this initiative, subsets of specialty service providers, worker supervisors, and youth receiving services were interviewed. Administrative data from agency records were also analyzed. The interviews from all three groups generally revealed positive attitudes toward the program. Specialty workers indicated that new birth assessments can reveal a great deal about a youth’s parenting abilities. They also expressed satisfaction with the ability to personalize parenting education. However, workers did express concern that the 60-day timeframe may not be long enough to complete all of the steps required for an adequate assessment. (Dworsky and Wojnaroski, 2012).

Implementation Site(s)

Illinois

For more information

Amy Dworsky at Chapin Hall
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Illinois Subsequent Pregnancy Projects (EPY)

Results

- Children and youth are healthy
- Youth succeed in their education

Target Population

Expectant and parenting young mothers age 13 to 18

Description

The Illinois Subsequent Pregnancy Project (ISPP) helps first-time young mothers delay second pregnancies and complete their high school education. ISPP also helps ensure the youth and her child are healthy and that the mother is prepared for school. First-year ISPP participants receive an integrated model of service delivery with two primary interventions, intensive home visiting and training through bi-monthly attendance to a peer support group. Second-year participants are trained to work as peer educators in their own communities.

Source of Rating

N/A

Rating

N/A

Evidence of Effectiveness

According to an external study of 10 years of program data collected by ISSP between September 1998 and June 2008, 3 percent of the participants experienced a second pregnancy and 80-85 percent graduated or remained in school each year. Approximately 300 first-time young mothers, age 14 to 18, join the program every year: 62 percent are African American, 25 percent are Mexican/Mexican American, 7 percent are Puerto Rican, and 6 percent are white. The program has been implemented with diverse populations of youth and has shown consistent results over time (Mosen and Ruch-Ross, 2002).

Implementation Site(s)

Cook County, Illinois

For more information

<http://www.dhs.state.il.us/page.aspx?item=31978>

Mental Health Services



Eye Movement Desensitization and Reprocessing (Youth)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Children and youth who have experienced trauma

Description

EMDR therapy is a psychotherapy treatment meant to alleviate the symptoms of trauma. The participant in the therapy is exposed to the emotionally traumatic event in sequential doses and considers, with the assistance of a professional, the physical responses to the exposure. The therapist directs bilateral eye-movement while focusing to the external stimulus to reduce distress and promote the integration of the trauma memory into a source of resilience.

Source of Rating

[CEBC](#)

Rating

Well-Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled trial study of 29 boys with conduct problems in residential or day treatment programs in New York published in the *Journal of Aggression, Maltreatment and Trauma* in 2002 found that the EMDR group showed large and significant reductions in memory-related distress and post-traumatic symptoms compared to a control group. Problem behaviors were also reduced during the two month follow-up (Soberman, Greenwald, and Rule, 2002).

Implementation Site(s)

Worldwide

For more information

<http://www.emdr.com/>

Trauma Focused Cognitive-Behavioral Therapy (Youth)



Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Children and youth age 3 to 17 with a wide array of traumatic experiences

Description

Trauma Focused Cognitive-Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and youth. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. Adaptations of this program have been developed for use with diverse cultures, including Latinx and tribal populations.

Source of Rating

[CEBC](#)

Rating

Well-Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled study published in *Depression and Anxiety* in 2011 found TF-CBT to be highly effective at improving parenting skills, children’s safety skills, and participant symptomatology. Findings indicating that participation in TF-CBT resulted in a significant decrease in post-traumatic stress, in addition to anxiety, depression, and sexual behavior problems. The sample consisted of 210 children age 4 to 11 with histories of sexual abuse trauma and post-traumatic stress disorder; the sample also included the childrens’ mothers. (Deblinger, Mannarino, Cohen, Runyon, and Steer, 2011).

Implementation Site(s)

Worldwide

For more information

<http://tfcbt.musc.edu>

Functional Family Therapy (Youth)



Results

- Children and youth are safe
- Youth succeed in their education
- Youth are prepared to succeed as adults

Target Population

Youth age 11 to 18 with behavioral problems

Description

Functional Family Therapy (FFT) is a family intervention program for youth with behavioral problems. The intervention usually consists of 12 to 14 hour-long sessions over a three-month period with trained clinicians and therapists. The program can be implemented in a clinic setting or as a home-based model and has been applied to a wide range of youth and their families in various cultural contexts.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled trial published in the *Journal of Marital and Family Therapy* in 2009 found that there few significant differences in results for young people assigned to FFT, Ecologically Based Family Therapy, and standard services administered through a shelter. The study sample consisted of 119 young people age 12 to 17 and their primary caretakers recruited through two runaway shelters in Albuquerque, New Mexico. 55 percent of participants were female and 45 percent male with 44 percent being Latinx, 29 percent white, 11 percent Native American, 5 percent African American, and the remaining participants were designated as other (Slesnick and Prestopnik, 2009).

Implementation Site(s)

Worldwide

For more information

<https://www.fftllc.com/>

Parenting with Love and Limits (Youth)

Results

- Children and youth are safe
- Youth succeed in their education
- Youth are prepared to succeed as adults

Target Population

Children and youth ages 10 to 18

Description

Parenting with Love and Limits (PLL) is a system of care that targets families with youth ages 10–18 who experience depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), alcohol/drug use, behavioral problems, truancy, domestic violence, or suicidal ideation.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled trial using matched pairs published in *Professional Issues in Criminal Justice* in 2011 studied the impact that the PLL programs had on 38 youth in the juvenile justice system with oppositional defiant or conduct disorder diagnoses. The study showed that the PLL group showed significant reductions in aggressive behaviors, depression, attention-deficit disorder problems, and externalizing problems compared to the control group. The study's participants consisted of 57 percent males and 43 percent females with 82 percent being African American, 12 percent white, and 1 percent Latinx (Sells, Early, and Smith, 2011).

Implementation Site(s)

Nationwide

For more information

www.gopll.com

Child First (EPY)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Families with children prenatal to age 5, prenatal through age five, inclusive of expectant and parenting youth

Description

Child First (Child and Family Interagency Resource, Support, and Training) is a home-based, early childhood intervention grounded in current research on brain development that works to decrease the incidence of developmental and learning problems, and abuse and neglect among young children and families. The home visiting team consists of a clinician who provides a dyadic, two generation psychotherapeutic intervention and a care coordinator who connects children and families with community-based services and supports.

Source of Rating

[Coalition for Evidence-Based Policy](#)

Rating

Near Top Tier Standard

Evidence of Effectiveness

A randomized controlled trial published in *Child Development* in 2011 found that children in the Child First program were less likely to experience language development problems. After one year, only 10.5 percent of Child First participants were diagnosed with severe language delays, compared to 33.3 percent of the children in the control group. Child First participants were also less likely to exhibit clinically concerning behaviors (17 percent) compared to the children not enrolled in the program (29.1 percent). A decrease in mothers' psychological distress and lower rates of involvement with the child welfare system were also documented at year three. The sample was racially/ethnically diverse, inclusive of 157 families with a child between ages 6 to 36 months who were identified as being at-risk (Lowell et al., 2011).

Implementation Site(s)

Connecticut

For more information

<http://www.childfirst.com/cf/page/model-description/>

Combined Parent-Child Cognitive Behavioral Therapy (Youth)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Children age 3 to 17 and their parents (or caregivers) in families in which child physical abuse by parents has been substantiated, families that have had multiple referrals to a child protection services agency, and parents who have reported significant stress and are at-risk of physically abusing their child.

Description

Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT): Empowering Families Who Are at Risk for Physical Abuse is a structured clinical treatment program aimed at reducing children's post-traumatic stress disorder (PTSD) symptoms, other internalizing symptoms, and behavioral problems while improving parenting skills, parent-child relationships and reducing the use of corporal punishment by parents. In addition to therapeutic services, core elements of the program include psychoeducation, creation of a family safety plan, coping skill building, and parent skills training. Treatment can be delivered in individual family sessions or group family sessions.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A randomized controlled trial published in *Child and Family Behavior Therapy* in 2010 compared the efficacy of two types of group cognitive behavioral therapy and Parent-Only CBT for treating traumatized children and offending parents in cases of child physical abuse. The sample was predominantly African American. Results show that the children and parents in the CPC-CBT group demonstrated greater reductions in total post-traumatic symptoms and improvements in positive parenting skills, respectively, compared to those who participated in the Parent-Only CBT group. (Runyon, Deblinger, and Steer, 2010).

Implementation Site(s)

Louisiana, Mississippi, New Jersey, North Carolina, Utah, and Sweden

For more information

www.caresinstitute.org/services_parent-child.php

Attachment, Regulation, and Competency

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Children and youth exposed to complex trauma and their parents

Description

Attachment, Regulation, and Competency (ARC) is a comprehensive framework for clinical intervention with children and youth exposed to complex trauma and their families. The program is grounded in both attachment and traumatic stress theories and recognizes the core effects of trauma exposure on relational engagement, self-regulation, and developmental competencies. Intervention is tailored to each client's needs and may include individual and group therapy for children, education for caregivers, parent-child sessions, and parent workshops. ARC principles have successfully been applied in a range of settings, including outpatient clinics, residential treatment centers, schools, and day programs. The ARC guidebook provides a menu of possible strategies and offers developmental considerations.

Source of Rating

[CEBC](#)

Rating

Not Able to be Rated

Evidence of Effectiveness

In a study published in the *Journal of Child and Adolescent Trauma* in 2011, the Alaska Trauma Center tracked outcomes for children receiving ARC treatment through the National Child Traumatic Stress Network's core data sets. These measures were administered at baseline, three-month intervals and at discharge. Outcome data indicates that 92 percent of children completing treatment achieved permanency in placement (adoptive, pre-adoptive, or biological family reunification), compared with a 40 percent permanency rate after one year for the state as a whole. Children who completed ARC treatment also exhibited a 17.2 percent drop in overall CBCL T-scores, with a marked reduction from 85th to 49th percentile in Behavioral Concerns as measured by the CBCL (Arvidson et al., 2011).

Implementation Site(s)

Nationwide

For more information

<http://www.traumacenter.org>

Trauma Affect Regulation: Guide for Education and Treatment (Youth)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Young adults, and families

Description

Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is an educational and psychotherapeutic intervention for young adults, and families that is designed to prevent and treat traumatic stress disorders; co-occurring addictive, affective, personality or psychotic disorders, and adjustment disorders related to other types of stressors.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A randomized controlled trial study published in the *Journal of Clinical Child and Adolescent Psychology* in 2012 found that justice-involved females age 13 through 17 who have experienced PTSD that received TARGET services had small to medium effects for improvements in PTSD and anxiety symptoms, post-traumatic cognition, and emotion regulation leading to preliminary support for the program as an effective therapy. The study population was between the age of 13 and 17 and was composed of 59 percent Latinx or mixed race, 25 percent white, and 16 percent African American (Ford et al., 2012).

Implementation Site(s)

Nationwide

For more information

www.advancedtrauma.com

Theraplay (Youth)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Children and youth

Description

Theraplay is a form of parent-child psychotherapy that targets children from birth to 18 who demonstrate the following behaviors: withdrawn, depressed, noncompliant, regulatory problems, attention deficit hyperactivity disorder (ADHD), or attachment issues/complex trauma. Theraplay is used with both biological and foster families, for high-risk and preventive cases, and in a variety of treatment settings, including domestic violence shelters, psychiatric hospitals, and residential centers.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A pretest-posttest control group design study published in the *International Journal of Play Therapy* in 2014 found that children receiving Theraplay services had significant improvement in social communication compared with the control group. The study population consisted of 35 males and 3 females with a mean age of 10.34 (Siu, 2014).

Implementation Site(s)

Worldwide

For more information

<http://www.theraplay.org>

Substance Abuse Programs



Multisystemic Therapy for Adolescent Substance Abuse Treatment (Youth)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Youth age 12 to 17 years old with substance abuse issues

Description

Multisystemic Therapy for Youth is an intensive family and community-based treatment program for justice-involved youth with possible substance abuse issues. Services are provided at the family's home, and therapists and staff members are available 24 hours a day/7 days a week on an on-call schedule. The intervention is directed at youth and their families, with the collaboration of community-based resources such as case workers, probation/parole officers, and school professionals.

Source of Rating

[CEBC](#)

Rating

Well-Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled study published in the *Journal of Family Psychology* in 2009 found that sexual offender youth receiving Multisystemic Therapy for Youth treatment showed reduction in substance abuse and out-of-home placement as well as sexual behavior problems. 127 young people in Chicago between the ages of 11 and 17 participated in the study. 54 percent of the participants were African American, 44 percent were white, and 31 percent indicated Latinx ethnicity (Letourneau et al., 2009).

Implementation Site(s)

Worldwide

For more information

www.mstservices.com

Adolescent Community Reinforcement Approach (Youth)

Results

- Children and youth are safe
- Children and youth are healthy
- Children and youth have healthy and positive social connections

Target Population

Youth and young adults age 12 to 25 with substance abuse issues

Description

Adolescent Community Reinforcement Approach (A-CRA) is a behavioral intervention that supports youth and young adults recovering from substance abuse and dependence through strengthened family and social connections. Based on a youth or young adult's specific needs, the A-CRA therapist chooses a program procedure to help them with addressing skills such as coping with stressors and participation in positive social and recreational activities with the goal of eliminating substance abuse problems.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A multisite pretest/posttest study published in the *Journal of Substance Abuse Treatment* in 2014 found that youth people who participated in the A-CRA program had significant improvements in reducing substance abuse over a month, as measured during a 12-month follow-up. The study sample consisted of 2,484 participants throughout the country (Godley et al., 2014)

Implementation Site(s)

Nationwide

For more information

<http://ebtx.chestnut.org/Treatments-and-Research/Treatments/A-CRA>



Adolescent-Focused Family Behavioral Therapy (Youth)

Results

- Children and youth are safe
- Children and youth are healthy
- Children and youth have healthy and positive social connections

Target Population

Youth age 11 to 17 with substance abuse issues

Description

Adolescent-Focused Family Behavioral Therapy addresses substance abuse and underlying issues through treatment planning, behavioral goals, and stimulus control. These culturally relevant services are provided directly to young people in outpatient clinics.

Source of Rating

[CEBC](#)

Rating

Supported by Research Evidence

Evidence of Effectiveness

A randomized controlled study published in the *Journal of Child and Adolescent Substance Abuse* in 2001 found that young people participating in Adolescent-Focused Family Behavioral Therapy showed significant improvement in their conduct and reduction in their use of illicit drugs from pretreatment to posttreatment. The study has 56 participants, mostly young men, referred by juvenile detention center staff, judges, probation officers, and school administrators in Fort Lauderdale, Florida (Azrin et al., 2001).

Implementation Site(s)

Nationwide

For more information

<http://familybehaviorther.wixsite.com/familytherapy>

Seeking Safety (Youth)

Results

- Children and youth are safe
- Children and youth are healthy

Target Population

Youth with substance abuse issues

Description

Seeking Safety is a coping skills therapy program that helps youth people dealing with substance abuse issues. The program is administered to youth in both group or individual contexts in outpatient, inpatient, residential, home care, or school settings.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A study published in *The Journal of Behavioral Health Services and Research* in 2006, consisting of a randomized controlled trial of the Seeking Safety treatment, found that the program was promising treatment in reducing substance abuse issues and trauma-related symptoms in youth in an outpatient facility. Major assessments were conducted at intake, end-of-treatment, and during a three-month follow-up (Najavits, Gallop, and Weiss, 2006).

Implementation Site(s)

Nationwide and Canada

For more information

<https://www.treatment-innovations.org/seeking-safety.html>

The Seven Challenges (Youth)



Results

- Children and youth are safe
- Children and youth are healthy
- Youth are prepared to succeed as adults

Target Population

Youth and young adults with substance abuse issues

Description

The Seven Challenges is a developmentally informed and culturally sensitive substance abuse treatment and counseling program that aims to help young people address their drug problems as well as co-occurring issues.

Source of Rating

[CEBC](#)

Rating

Promising Research Evidence

Evidence of Effectiveness

A longitudinal study published in the *Child and Adolescent Social Work Journal* in 2014 found that young people enrolled in a three-month intensive outpatient youth substance abuse treatment program using The Seven Challenges had reduced rates of substance abuse problems and internal mental distress. The study had 89 participants, who were 50.6 percent white and 30.3 percent Latinx with the remainder consisting of Native American or mixed race young people (Korchmaros and Stevens, 2014).

Implementation Site(s)

Nationwide

For more information

www.sevenchallenges.com

Other Related Resources



Sexual and Reproductive Health of Youth in Out-of-Home Care: A Policy and Practice Framework for Child Welfare

This report provides guidance for child welfare jurisdictions on best policy and practice for addressing the sexual and reproductive health needs of youth in foster care.

To access this report: <https://cssp.org/wp-content/uploads/2018/08/Sexual-and-Reproductive-Health-of-Youth-in-Out-of-Home-Care.pdf>

Your Rights Related to Sexual and Reproductive Health: A Guide for Youth in Care

This report offers resources for helping youth and young adults understand their sexual and reproductive health care rights.

To access this report: <https://cssp.org/wp-content/uploads/2018/08/Sexual-and-Reproductive-Health-of-Youth-in-Out-of-Home-Care.pdf>

Changing Systems and Practice for Young Fathers to Improve Outcomes for Young Fathers, their Children, and their Families

This report makes recommendations for child welfare system policy and practice changes that recognize the critical role young fathers can play in improving the outcomes of their children and families.

To access this report: <https://cssp.org/wp-content/uploads/2018/08/Changing-Systems-Practice-Young-Fathers.pdf>

Expectant and Parenting Youth Developmental Needs: Paper

This report outlines how to best serve expectant and parenting youth in foster care—listing five domains crucial to developmental needs that create positive experiences and mitigate or prevent adverse outcomes.

To access this report: <https://cssp.org/wp-content/uploads/2018/08/EPY-developmental-needs-paper-web-2.pdf>

Bricks, Mortar, and Community: The Foundations of Supportive Housing for Pregnant and Parenting Teens—Findings from the Field

This 2012 report identifies a set of core components for supportive housing programs serving expectant and parenting teens and presents case studies of programs meeting these standards. The report also includes examples of supportive housing programs integrating the core components and a list of additional housing resources.

To access this fact sheet: <https://www.healthyteennetwork.org/wp-content/uploads/2014/10/Core-Components-of-Supportive-Housing-for-PPT-Findings-from-the-Field.pdf>

California's Most Vulnerable Parents: When Maltreated Children Have Children

This fact sheet, developed in 2013 by the Conrad N. Hilton Foundation, provides key findings from a study aimed to better understand the lives of expectant and parenting youth in foster care residing in Los Angeles County. The research questions target the health consequences of young mothers in foster care and their children.

To access this fact sheet: http://casala.org/wp-content/uploads/2015/12/Vulnerable_Parents_Full_Report_11-11-13.pdf

10 Ways to Address Teen Pregnancy Prevention among Youth in Foster Care

10 Ways to Address Teen Pregnancy Prevention Among Youth in Foster Care is a documented created by Power to Decide (formerly The National Campaign to Prevent Teen and Unplanned Pregnancy) in collaboration with more than a 100 professionals about how to address teen pregnancy among youth in foster care. This guide gives practitioners the tools they need to make progress on reducing teen pregnancy among youth in foster care.

To access this resource: <https://powertodecide.org/what-we-do/information/resource-library/call-to-action>

Guide to Working with Young Parents in Out of Home Care

Fordham Interdisciplinary Parent Representation Project and New York City Administration for Children's Services developed this guide offering suggestions for engaging young parents in conferencing and supportive services while highlighting the importance of maintaining the young parents' right to privacy and autonomy. This guide is designed to be used primarily by provider agency case planners, but may also be useful to child protection staff, parent advocates, attorneys and others who work with expectant and parenting youth in foster care.

To access this guide: <https://www1.nyc.gov/assets/acs/pdf/youth/2018/homecare.pdf>

National Crittenton Foundation Rights and Resource Guide

The National Crittenton Foundation provides a plethora of resources for expectant and parenting mothers in foster care. Publications include: "Adverse Childhood Experiences (ACE) Results on Young Moms," "Rights and Resources Guide," "Proceedings from Mother/Baby Convening," and others.

Rights and Resources Guide is a booklet specifically created in 2011 for expectant and parenting female youth in foster care. It explains basic placement and custody rights with regard to their baby and is written in a way that is easy to read and accessible for youth who might need it. The booklet is available in PDF form online at the National Crittenton Foundation website. The website also includes state-specific information regarding custody and placement rights for expectant and parenting youth in foster care.

To access this guide: <http://nationalcrittenton.org/what-we-do/publications/>

National Women’s Law Center: Pregnancy Test for Schools—The Impact of Education Laws on Pregnant and Parenting Students

This 2012 report describes the particular challenges faced by expectant and parenting students, highlights the requirements of federal education laws and ranks how well each state’s laws, policies and programs address the needs of these students. A toolkit for advocates and students to prevent pregnancy and parenting discrimination in school is also provided. This toolkit includes a sample advocacy letter, wallet-card Bill of Rights for expectant and parenting students and a guide to document and report pregnancy discrimination.

To access this resource: <https://nwc.org/resources/a-pregnancy-test-for-schools-the-impact-of-education-laws-on-pregnant-and-parenting-students/>

2016 Prevention Resource Guide: Building Community, Building Hope

This resource guide was written in 2016 to support service providers in their work with parents, caregivers, and their children to strengthen families and prevent child abuse and neglect. This guide includes information about protective factors that help reduce the risk of child maltreatment, strategies for changing how communities support families, and evidence-informed practices. It also provides tip sheets for specific parenting issues, including enhancing social supports for teen parents. Many of the resources in the tip sheet are available in Spanish.

To access this guide: <https://www.childwelfare.gov/pubPDFs/guide.pdf>

The Road to Adulthood: Aligning Child Welfare Practice with Adolescent Brain Development

This guide developed by the Jim Casey Youth Opportunities Initiative in 2017 provides information on how adults can support youth leaving foster care to achieve self-sufficiency and successful adulthood.

To access this fact sheet: <https://www.aecf.org/resources/the-road-to-adulthood/>

Working with Pregnant and Parenting Teens Tip Sheet

This tip sheet developed by Administration for Children and Families’ Family and Youth Service Bureau in 2012 addresses the unique needs of expectant and parenting youth and highlights key program elements that can lead to successful outcomes for this population. Topics include ways to promote self-sufficiency and relationship outcomes for pregnant and parenting teens, and the developmental outcomes of their children.

To access this fact sheet: <https://www.acf.hhs.gov/sites/default/files/assets/pregnant-parenting-teens-tips.pdf>

Dismantling Teen Pregnancy Prevention

This report from Young Women’s United, a reproductive justice organizing and policy initiatives by and for self-identified young women and people of color in New Mexico, serves to discredit myths regularly perpetuated by “teen pregnancy prevention” model and accompanying stigmatizing messaging based on the premise that teen pregnancy is inherently something that needs to be prevented.

To access this resource: <https://youngwomenunited.org/wp-content/uploads/2016/06/ywu-dismantlingtp-DEC2016-digital-interactive.pdf>

Appendices



Appendix A: California Evidence-Based Clearinghouse for Child Welfare (CEBC)

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) is funded by the California Department of Social Services’ Office of Child Abuse Prevention. The Clearinghouse provides information on evidence-based practices for children and families with a particular focus on those involved with the child welfare system.

Rating	CEBC Rating Scale Definition
1	<p>Well-Supported by Research Evidence:</p> <ul style="list-style-type: none"> • There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent. • 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. • The practice has a book, manual, and/or other available writings that specify components of the service and describe how to administer it. • Multiple Site Replication: At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature. • In at least one RCT, the practice has shown to have a sustained effect at least one year beyond the end of treatment, when compared to a control group. • Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. • If multiple outcome studies have been published, the overall weight of the evidence supports the benefit of the practice.
2	<p>Supported By Research Evidence:</p> <ul style="list-style-type: none"> • There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent. • 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. • 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. • At least one rigorous randomized controlled trial (RCT) in usual care or a practice setting has found the practice to be superior to an appropriate comparison practice. The RCT has been reported in published, peer-reviewed literature. • In at least one 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. • Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. • If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice.

Rating	CEBC Rating Scale Definition
3	<p>Promising Research Evidence:</p> <ul style="list-style-type: none"> • There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent. • 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. • 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. • At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) has established the practice’s benefit over the control, or found it to be comparable to a practice rated a 1, 2, or 3 on this rating scale or superior to an appropriate comparison practice. The study has been reported in published, peer-reviewed literature. • Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. • If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice.
4	<p>Evidence Fails to Demonstrate Effect:</p> <ul style="list-style-type: none"> • Two or more randomized controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care. The studies have been reported in published, peer-reviewed literature. • If multiple outcome studies have been conducted, the overall weight of evidence does not support the benefit of the practice. The overall weight of evidence is based on the preponderance of published, peer-reviewed studies, and not a systematic review or meta-analysis. For example, if there have been three published RCTs and two of them showed the program did not have the desired effect, then the program would be rated a “4 - Evidence Fails to Demonstrate Effect.”
5	<p>Concerning Practice:</p> <ul style="list-style-type: none"> • If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a negative effect upon clients served; and/or • There is case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent; and/or • There is a legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.

Appendix B: Coalition for Evidence-Based Policy

The Coalition for Evidence-Based Policy is a nonprofit organization that maintains a listing of evidence-based interventions that address an array of social issues such as teen pregnancy prevention, mental health and K-12 education.

The Coalition uses the following language to rank interventions as Top Tier:

“Interventions shown in well-conducted randomized controlled trials, preferably conducted in typical community settings, to produce sizeable, sustained benefits to participants and/or society.”

- In applying this standard, the Coalition uses the *Checklist For Reviewing a Randomized Controlled Trial* ([linked here](#)), which tracks guidance from the U.S. Office of Management and Budget, National Academy of Sciences, Institute of Education Sciences, and other research bodies. The Checklist reflects well-established principles on what constitutes a high-quality trial (e.g., adequate sample size, low sample attrition, valid outcome measures, etc.). This ranking also demonstrates effective implementation in at least two well-conducted trials or one large multi-site trial.
- Cost, scalability, and sustainability of the intervention are also assessed.

The standards for assessing a program as Near Top Tier are that interventions shown to meet almost all elements of the Top Tier standard, and which only need one additional step to qualify.

Appendix C: Department of Health and Human Services, Home Visiting Evidence of Effectiveness (HomVEE)

The Home Visiting Evidence of Effectiveness is sponsored by the U.S. Department of Health and Human Services. It provides information on evidence-based home visiting program models that target families with children from birth to age five.

HomVEE Study Rating	Randomized Controlled Trials	Quasi-Experimental Designs		
		Matched Comparison Group	Single Case Design	Regression Discontinuity
High	<p>Random assignment</p> <p>Meets WWC standards for acceptable rates of overall and differential attrition</p> <p>No reassignment; analysis must be based on original assignment to study arms</p> <p>No confounding factors; must have at least 2 participants in each study arm and no systematic differences in data collection methods</p> <p>Controls for selected measures if groups are different at baseline</p>	Not applicable	<p>Timing of intervention is systematically manipulated</p> <p>Outcomes meet WWC standards for interassessor agreement</p> <p>At least three attempts to demonstrate an effect</p> <p>At least five data points in relevant phases</p>	<p>Integrity of forcing variable is maintained</p> <p>Meets WWC standards for low overall and differential attrition</p> <p>The relationship between the outcome and the forcing variable is continuous</p> <p>Meets WWC standards for functional form and bandwidth</p>
Moderate	<p>Reassignment OR unacceptable rates of overall or differential attrition</p> <p>Baseline equivalence established on selected measures</p> <p>No confounding factors; must have at least 2 participants in each study arm and no systematic differences in data collection</p>	<p>Baseline equivalence established on selected measures and controls for baseline measures of outcomes, if applicable</p> <p>No confounding factors; must have at least 2 participants in each study arm and no systematic differences in data collection methods</p>	<p>Timing of intervention is systematically manipulated</p> <p>Outcomes meet WWC standards</p> <p>For interassessor agreement, at least three attempts to demonstrate an effect</p> <p>At least three data points in relevant phases</p>	<p>Integrity of forcing variable is maintained</p> <p>Meets WWC standards for low attrition</p> <p>Meets WWC standards for functional form and bandwidth</p>
Low	Studies that do not meet the requirements for a high or moderate rating.			

NOTE: "Or" implies that one of the criteria must be present to result in the specified rating.

Appendix D: Healthy Communities Institute

The Healthy Communities Institute is a for-profit company focused on improving the overall health of communities. It provides information on evidence-based practices that focus on building healthy communities.

Evidence-based Practice:

1. The program description includes at a minimum: the sponsoring organization, program goals, program implementation steps, and outcomes that have demonstrated program success in achieving the program goal in one or more localities.
2. The results from an evaluation of the program include quantitative measures showing improvement in the outcome(s) of interest after the implementation of the program (i.e. increase in smoking cessation, not just the delivery of a smoking cessation program). The outcome measure(s) is/are compared at relevant time periods before and after the intervention or program implementation. Alternatively, the evaluation study compares the outcome(s) between an intervention group and an appropriate control group.
3. The study is of peer-review quality and presents numbers in a scientific manner; measurements of precision and reliability are included (e.g. confidence intervals, standard errors), results from statistical tests show a significant difference or change in the outcome measure(s), and relevant point estimates and p-values are presented. (Note: if the results from an evaluation of a program are presented in a scientific manner and the outcome measure is improved compared to the baseline measurement or the control group but the difference is not statistically significant, the practice is classified as effective and not evidence-based.)

Effective Practice:

1. The program description includes at a minimum: the sponsoring organization, program goals, program implementation steps, and outcomes that have demonstrated program success and/or promise in achieving the program goal in one or more localities.
2. The results from an evaluation of the program include quantitative measures of improvement in outcome of interest (i.e. increase in voter registration, not just delivery of voter registration drive) and/ or the outcome measure is increased or improved compared to the baseline measurement or the control group but the difference is not statistically significant.

Good Idea:

1. The program description includes: the sponsoring organization, program goals, program funding source, program implementation steps, and outcomes.
2. The program evaluation is limited to descriptive measure(s) of success/ accomplishment (i.e., program participation rates, number of services/education sessions/radio messages provided). (Note: oftentimes, the program has been newly implemented and a program evaluation has not yet been conducted. Programs that have not yet been evaluated, but which show promise in improving health or quality of life, are classified as Good Ideas until an evaluation is conducted.)

Appendix E: Promising Practice Network (PPN)

The Promising Practice Network provides information on evidence-based/informed and promising practices that target improving outcomes for children and families.

Evidence Levels:

Proven and Promising Programs

Programs are generally assigned either a “Proven” or a “Promising” rating, depending on whether they have met the evidence criteria below. In some cases a program may receive a “Proven” rating for one indicator and a “Promising” rating for a different indicator. In this case the evidence level assigned will be “Proven/Promising,” and the program summary will specify how the evidence levels were assigned by indicator.

Other Reviewed Programs

Some programs on the PPN site are identified as “Other Reviewed Programs”. These are programs that have not undergone a full review by PPN, but evidence of their effectiveness has been reviewed by one or more credible organizations that apply similar evidence criteria. Other Reviewed Programs may be fully reviewed by PPN in the future and identified as Proven or Promising, but will be identified as Other Reviewed Programs in the interim.

Evidence Criteria:

Type of Information	Proven Program	Promising Program	Not Listed on Site
	Program must meet all of these criteria to be listed as “Proven”.	Program must meet at least all of these criteria to be listed as “Promising”.	If a program meets any of these conditions, it will not be listed on the site.
Type of Outcomes Affected	Program must directly impact one of the indicators used on the site.	Program may impact an intermediary outcome for which there is evidence that it is associated with one of the PPN indicators.	Program impacts an outcome that is not related to children or their families, or for which there is little or no evidence that it is related to a PPN indicators (such as the number of applications for teaching positions).
Substantial Effect Size	At least one outcome is changed by 20%, 0.25 standard deviations, or more.	Change in outcome is more than 1%.	No outcome is changed more than 1%.
Statistical Significance	At least one outcome with a substantial effect size is statistically significant at the 5% level.	Outcome change is significant at the 10% level (marginally significant).	No outcome change is significant at less than the 10% level.
Comparison Groups	Study design uses a convincing comparison group to identify program impacts, including randomized- control trial (experimental design) or some quasi- experimental designs.	Study has a comparison group, but it may exhibit some weaknesses, e.g., the groups lack comparability on pre- existing variables or the analysis does not employ appropriate statistical controls.	Study does not use a convincing comparison group. For example, the use of before and after comparisons for the treatment group only.
Sample Size	Sample size of evaluation exceeds 30 in both the treatment and comparison groups.	Sample size of evaluation exceeds 10 in both the treatment and comparison groups.	Sample size of evaluation includes less than 10 in the treatment or comparison group.
Availability of Program Evaluation Documentation	Publicly available.	Publicly available.	Distribution is restricted, for example only to the sponsor of the evaluation.

*Additional considerations play a role on a case-by-case basis. These may include attrition, quality of outcome measures, and others.

Appendix F: Child Trends

Child Trends What Works’s database is a searchable register of over 700 programs that have had at least one randomized evaluation to assess child or youth outcomes related to education, life skills, and social/emotional, mental, physical, behavioral, or reproductive health. A program being featured in the register does not necessarily indicate whether significant program impacts were found.

Appendix G: County Health Rankings and Roadmaps

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Their What Works for Health database reviews and assesses research to rate the effectiveness of a broad variety of strategies (i.e., policies, programs, systems & environmental changes) that can affect health through changes to health behaviors, clinical care, social and economic factors, and the physical environment.

Each reviewed strategy is assigned an evidence rating based on the quantity, quality, and findings of relevant research. When assigning ratings, County Health Rankings and Roadmaps places the most weight on studies with designs that demonstrate causality, though they also consider study quality in conjunction with design. Strategies are rated for their effects on specified outcomes, labeled 'Expected Beneficial Outcomes.' Additional potential benefits suggested in our literature review are noted as 'Other Potential Beneficial Outcomes.'

Ratings include:

- **Scientifically Supported:** Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.
- **Some Evidence:** Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.
- **Expert Opinion:** Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.
- **Insufficient Evidence:** Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.
- **Mixed Evidence:** Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.
- **Evidence of Ineffectiveness:** Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.

Appendix H: HHS Teen Pregnancy Prevention Evidence Review

Since 2009, the U.S. Department of Health and Human Services (HHS) has sponsored an ongoing systematic review of the teen pregnancy prevention research literature, to help identify programs with evidence of effectiveness in reducing teen pregnancy, sexually transmitted infections (STIs), and associated sexual risk behaviors.

The main purpose of the Teen Pregnancy Prevention (TPP) Evidence Review is to review research to examine study quality and assess whether program models have demonstrated positive impacts on sexual risk behavior and sexual health outcomes. These programs reflect a range of approaches that exist in the field (e.g., youth development, comprehensive sex education, abstinence, HIV/STI education, etc.). In addition to being a resource to organizations that work to prevent teen pregnancy, the TPP Evidence review is used by OAH's Teen Pregnancy Prevention program and ACF's Personal Responsibility Education Program (PREP) to identify individual program models that can be selected for replication by potential grantees.

Appendix I: Clearinghouse for Military Readiness

The Clearinghouse for Military Readiness is a collaboration funded by the Department of Defense between the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy and the USDA's National Institute of Food and Agriculture through a cooperative agreement with Penn State University focused on five primary activities:

- Providing scientifically-validated information on evidence-based programs and practices for you to employ with military families.
- Conducting applied research on topics relevant to military family health and well-being.
- Offering consultation, coaching, continuing education, and training to build your capacity to implement evidence-based programs and practices.
- Synthesizing data, review research, and bring together scholars to deliver high-quality, science-based policy-relevant information.

The Clearinghouse uses a rigorous process to review and categorize programs. Each program undergoes a systematic review. To determine a program's placement on the Clearinghouse Continuum of Evidence, several factors are considered. These factors include ensuring that the program results in its desired outcome and has a lasting effect on its target population. To help ensure scientific rigor, only evaluations published in peer-reviewed journals are considered. The ranking system is as follows:

Placement	Significant Effect	Sustained Effect	Successful External Replication	Study Design	
Effective	Rigorous statistical evidence of a change in a highly desired outcome that was considered significant, with no negative effects found.	Effect(s) lasting \geq two years from the beginning of the program, or \geq one year from program completion.	Program was found effective in at least one other study that matches the original evaluation study design, and conducted by an implementation team that was *independent of the program developer.	Randomized controlled design	Well-matched quasi-experimental design
Promising	Rigorous statistical evidence of a change in a highly desired outcome that was considered significant, with no negative effects found.	Effect(s) lasting \geq one year from the beginning of the program, or \geq 6 months from program completion. Noted considerations may be given for programs that have not had sufficient time to demonstrate long-term effects.	No evidence of external replication, or limited replication criteria (i.e., lacking significant/sustained effect, inadequate study design, etc.).	At least a quasi-experimental design	
Unclear	Effects are unclear due to mixed results or no evidence.	Sustainability not assessed or established.	No evidence of external replication.	May use a quasi-experimental, pre-post-test design, or purely descriptive	
Ineffective	An appropriate evaluation has failed to demonstrate a significant effect, or has negative effects.	Program effects not sustained.	No evidence of successful external replication.	Experimental or quasi-experimental design	

Appendix J: Social Programs that Work

Social Programs that Work is an online database administered by the Laura and John Arnold Foundation's (LJAF) Evidence-Based Policy team. LJAF's core objective is to improve the lives of individuals by strengthening our social, governmental, and economic systems.

The Social Programs that Work database seeks to identify those social programs shown in rigorous studies to produce sizable, sustained benefits to participants and/or society, so that they can be deployed to help solve social problems. The ranking system is as follows:

Top Tier

Programs shown in well-conducted RCTs, carried out in typical community settings, to produce sizable, sustained effects on important outcomes. Top Tier evidence includes a requirement for replication—specifically, the demonstration of such effects in two or more RCTs conducted in different implementation sites, or, alternatively, in one large multi-site RCT. Such evidence provides confidence that the program would produce important effects if implemented faithfully in settings and populations similar to those in the original studies.

Near Top Tier

Programs shown to meet almost all elements of the Top Tier standard, and which only need one additional step to qualify. This category primarily includes programs that meet all elements of the Top Tier standard in a single study site, but need a replication RCT to confirm the initial findings and establish that they generalize to other sites. This is best viewed as tentative evidence that the program would produce important effects if implemented faithfully in settings and populations similar to those in the original study.

Suggestive Tier

Programs that have been evaluated in one or more well-conducted RCTs (or studies that closely approximate random assignment) and found to produce sizable positive effects, but whose evidence is limited by only short-term follow-up, effects that fall short of statistical significance, or other factors. Such evidence suggests the program may be an especially strong candidate for further research, but does not yet provide confidence that the program would produce important effects if implemented in new settings.