

# FAQs Pertinent to the Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, Version 1.0

The following FAQs applied to the *Handbook of Standards and Procedures, Version 1.0*. All new program and service reviews and re-reviews are now conducted under the *Handbook of Standards and Procedures, Version 2.0*. All existing program and service ratings determined under *Handbook Version 1.0* will remain in effect until such time that a program or service re-review is conducted.

## Contents

What programs and services were eligible for review using the Handbook of Standards and Procedures, Version 1.0? .....	1
How did the Prevention Services Clearinghouse prioritize programs and services for review under the Handbook of Standards and Procedures, Version 1.0? .....	1
Which studies were eligible for review under Handbook Version 1.0? .....	2
What were common reasons studies were not eligible for review under the Handbook of Standards and Procedures, Version 1.0? .....	2
How can I tell why a study received a low design and execution rating under the Handbook of Standards and Procedures, Version 1.0? .....	3
How did the Clearinghouse review process differ based on the number of eligible studies available for a particular program or service under the Handbook of Standards and Procedures, Version 1.0? .....	3
How were program or service adaptations reviewed under the Handbook of Standards and Procedures, Version 1.0? .....	4
What kinds of quasi-experimental designs were eligible for review by the Prevention Services Clearinghouse under the Handbook of Standards and Procedures, Version 1.0? .....	5
What were the eligible target outcome domains under the Handbook of Standards and Procedures, Version 1.0? .....	5
What kinds of comparison groups were eligible for review by the Prevention Services Clearinghouse under Handbook Version 1.0? .....	9
How did the Prevention Services Clearinghouse review studies with multiple comparison groups under the Handbook of Standards and Procedures, Version 1.0? .....	10

## What programs and services were eligible for review using the Handbook of Standards and Procedures, Version 1.0?

To be eligible for review under *Handbook Version 1.0*, programs and services must have:

- **Met eligibility criteria for at least one of the four program or service areas:** (1) mental health prevention and treatment programs or services, (2) substance use prevention and treatment programs or services, (3) in-home parent skill-based programs or services, and/or (4) kinship navigator programs.
- **Had a book/manual/writings available:** Programs and services must be clearly defined and replicable. To meet this criterion, they must have available written protocols, manuals, or other documentation that describes how to implement or administer the practice. Protocols, manuals, or other documentation must be available to the public to download, request, or purchase.

To learn about the Clearinghouse's standards and procedures, including further detail about program or service eligibility under *Handbook Version 1.0*, please visit our website or download the Prevention Services Clearinghouse [Handbook of Standards and Procedures, Version 1.0](#). For a list of programs and services that have been reviewed by the Prevention Services Clearinghouse, visit the [Programs and Services Reviewed](#) page.

## How did the Prevention Services Clearinghouse prioritize programs and services for review under the Handbook of Standards and Procedures, Version 1.0?

Given the high volume of recommendations, the Clearinghouse must prioritize programs and services for review. Under *Handbook Version 1.0*, the Prevention Services Clearinghouse prioritized programs and services for review based on the following criteria:

For each program or service considered for inclusion in the Prevention Services Clearinghouse, reviewers recorded whether the program or service explicitly aims to impact each of the target outcomes; whether it is currently in active use; and whether there are implementation and fidelity supports available in addition to a manual or protocol.

The Prevention Services Clearinghouse also prioritized programs and services in a way that ensures representation of programs and services across the four program or service areas: mental health prevention and treatment programs and services, substance use prevention and treatment programs and services, in-home parent skill-based programs and services, and kinship navigator programs.

Particular consideration was given to programs and services recommended by State or local government administrators and tribes; rated by other clearinghouses (such as CEBC or HomVEE); recommended by federal partners; and/or evaluated as part of any grants supported by the Children's Bureau (such as the Title IV-E Child Welfare Demonstrations or Regional Partnership Grants).

## Which studies were eligible for review under Handbook Version 1.0?

To be eligible for review, a study must have:

- Evaluated the version of the program or service currently under review.
- Used a randomized or quasi-experimental group design with at least one intervention condition and a “no or minimal intervention” or “treatment as usual” comparison condition
- Measured and reported program or service impacts on at least one eligible outcome
- Been published or prepared in or after 1990
- Been publicly available and published in peer-reviewed journals or in reports prepared or commissioned by federal, state, or local government agencies or departments, research institutes, research firms, foundations or other funding entities, or other similar organizations
- Been available in English

For more information about study eligibility criteria in effect under *Handbook Version 1.0*, see Section 4.1 of the [Handbook of Standards and Procedures, Version 1.0](#).

## What were common reasons studies were not eligible for review under the Handbook of Standards and Procedures, Version 1.0?

Studies may have been ineligible for a variety of reasons, and some studies were ineligible for multiple reasons. The most common reasons that studies were ineligible are listed below:

- **They did not examine the version of the program or service currently under review.** To be eligible for review, studies of a program or service must have represented similar implementations of the program under review; that is, programs or services could not be substantially modified or adapted from the written protocol, book, manual, or other documentation (manual) or version of the program or service selected for review. Minor modifications to programs or services that were not considered formal adaptations are addressed in Section 4.1.6 of the [Handbook of Standards and Procedures, Version 1.0](#).
  - If a study indicated that content was adapted, the Clearinghouse may have determined that the study was not evaluating the program or service that was selected for review.
  - If a study implemented an older version of a program or service selected for review and the older version of the manual was substantially different from the manual selected for review, the Clearinghouse may have determined that the study was not eligible for review.
- **The study did not use a design that establishes that the program or service, and not other factors, is responsible for the outcomes observed.**
  - Eligible research designs included randomized or quasi-experimental group designs with at least one intervention condition and at least one comparison

condition. Not all studies are designed to support causal inferences about a program or service. For example, studies that use a pre-post design in which all study participants received the intervention cannot isolate the effect of the program from other factors that may explain changes in outcomes, such as children maturing or symptoms naturally improving over time. In such cases, the Clearinghouse cannot be confident that the outcomes reflect the causal impact of the program.

For more information, Section 4.1 of the [Handbook of Standards and Procedures, Version 1.0](#) provides a complete list of study eligibility criteria.

## How can I tell why a study received a low design and execution rating under the Handbook of Standards and Procedures, Version 1.0?

When an individual study is listed in the Studies Reviewed section of a program page as having a rating of Low, the study citation is followed by the reason for this rating in bold-italic. Under *Handbook Version 1.0*, these reasons included:

- ***This study received a low rating because it did not meet design confound standards.*** These standards are described in Section 5.9.3 of the [Handbook of Standards and Procedures, Version 1.0](#).
- ***This study received a low rating because none of the target outcomes met measurement standards.*** These standards are described in Section 5.9.2 of *Handbook Version 1.0*.
- ***This study received a low rating because baseline equivalence of the intervention and comparison groups was necessary and not demonstrated.*** These standards are described in Sections 5.7 and 5.8 of *Handbook Version 1.0*.
- ***This study received a low rating because the standards for addressing missing data were not met.*** These standards are described in Section 5.9.4 of *Handbook Version 1.0*.
- ***This study received a low rating because it did not meet the statistical model standards.*** These standards are described in Section 5.9.1 of *Handbook Version 1.0*.

## How did the Clearinghouse review process differ based on the number of eligible studies available for a particular program or service under the Handbook of Standards and Procedures, Version 1.0?

Under *Handbook Version 1.0*, if a program or service had 15 or fewer eligible studies, all studies were reviewed using the design and execution standards described and assessed for risk of harm.

If a program or service had more than 15 eligible studies, all eligible studies were assessed for risk of harm. Study review prioritization criteria were used to determine the order of eligible studies reviewed using the design and execution standards. Once ordered, the first 15 eligible studies were reviewed using the design and execution standards. If, after review of 15 eligible studies, a program or service had not achieved a rating of well-supported, additional studies continued to be reviewed in order until the program or service achieved a rating of well-supported or all eligible studies were reviewed.

## How were program or service adaptations reviewed under the Handbook of Standards and Procedures, Version 1.0?

Many programs and services have been adapted (e.g., modified to address particular issues or populations). Under *Handbook Version 1.0*, the Prevention Services Clearinghouse reviewed each adaptation to determine if the program or service had been substantially modified or adapted from the version that was selected for review. The Prevention Services Clearinghouse reviewed eligible studies only of the version selected for review.

Exhibit 4.1. within the [Handbook of Standards and Procedures, Version 1.0](#) (shown below) provides examples of ‘eligible’ adaptations (i.e., adaptations that have not substantially modified or adapted the program or service from the one selected for review). For example, if a program modestly changed the session frequency or duration, this could have been reviewed as part of the version that was selected for review. Exhibit 4.1 below also provides examples of adaptations that were considered substantial and resulted in a different version of the program or service than the one selected for review. For example, substantial changes to a program or service’s enrollment or eligibility criteria.

Eligible Adaptations	Adaptations that Result in Different Program or Service
<ul style="list-style-type: none"> <li>Modestly changing session frequency or duration</li> <li>Delivering the intervention in the home compared to office-based delivery</li> <li>Making small changes to increase the cultural relevancy of the intervention (e.g., changing examples to match the cultural background of subjects; providing the intervention in a different language) without changing program components</li> <li>Delivering the program by slightly different types of professionals than described in the manual or original research on the program or service (e.g., using social workers instead of counselors to deliver the program)</li> </ul>	<ul style="list-style-type: none"> <li>Changing from individual to group therapy</li> <li>Adding any new modules or session content</li> <li>Subtracting any modules or session content that was part of the original intervention</li> <li>Radically changing content for different cultural groups, such as to reflect particular issues experienced by those groups</li> <li>Delivery of the program by substantially different providers than described in the manual (e.g., using para-professionals instead of nurses to deliver the program)</li> </ul>

When there were multiple versions of a program or service, the Prevention Services Clearinghouse could have selected just one version as indicated by a specific book/manual/other documentation to review. Other versions of the program or service may have been reviewed by the Prevention Services Clearinghouse in the same round of review or in later rounds of review.

For additional information see Section 4.1.6 of the [\*Handbook of Standards and Procedures, Version 1.0\*](#).

## **What kinds of quasi-experimental designs were eligible for review by the Prevention Services Clearinghouse under the Handbook of Standards and Procedures, Version 1.0?**

As described in Section 4.1.4 of the [\*Handbook of Standards and Procedures, Version 1.0\*](#), eligible studies must have used a randomized or quasi-experimental group design with at least one intervention condition and at least one comparison condition. Intervention and comparison conditions could be formed through either randomized or non-randomized procedures and the unit of assignment to conditions could be either individuals or groups of individuals (e.g., families, providers, centers). Comparison groups could be formed using a variety of methodologies, including, for example, both propensity score matching and weighting strategies. Designs in which the same group of individuals was evaluated before and after receiving an intervention were not eligible (i.e., single group pretest posttest designs). This included interrupted time series designs without comparison groups. The Prevention Services Clearinghouse did not review studies that used regression discontinuity designs.

## **What were the eligible target outcome domains under the Handbook of Standards and Procedures, Version 1.0?**

Studies must have measured and reported program or service impacts on at least one eligible target outcome, as described in Section 4.1.5 of the [\*Handbook of Standards and Procedures, Version 1.0\*](#). Programs and services in the areas of mental health, substance abuse, and in-home parent skills must have had target outcomes in the domains of (a) Child Safety, (b) Child Permanency, (c), Child Well-Being, and/or (d) Adult Well-Being. Programs and services in the area of kinship navigator must have had target outcomes in the domains of (a) Child Safety, (b) Child Permanency, (c) Child Well-Being, (d) Adult Well-Being, (e) Access to Services, (f) Referral to Services, and/or (g) Satisfaction with Programs and Services. Eligible target outcomes were defined as follows:

The Prevention Services Clearinghouse reviewed the following domains of **Child Safety**:

- **Child Welfare Administrative Reports.** Substantiated or unsubstantiated child maltreatment from administrative records. Eligible indicators include, but are not limited to, substantiated and unsubstantiated reports of abuse or neglect, investigations of abuse and neglect from administrative records, and recurrence of abuse and neglect from administrative records.

- **Self-Reports of Maltreatment.** Eligible indicators include victim and perpetrator reports of abuse or neglect and questionnaire or interview instruments that directly assess abusive behavior or neglect.
- **Maltreatment Risk Assessment.** Eligible indicators include child maltreatment risk assessments.
- **Medical Indicators of Maltreatment Risk.** Eligible indicators include administrative, questionnaire, or interview instruments assessing childhood injuries, ingestions, emergency room visits, hospitalizations and any other indicators of childhood injuries.

The Prevention Services Clearinghouse reviewed the following domains of **Child Permanency**:

- **Out-of-Home Placement.** Any situation where a child is removed from the family home. Eligible indicators include, but are not limited to, any out-of-home placement, placement to foster care, reports of the caregiver relinquishing her or his role, and time to placement in out-of-home care.
- **Least Restrictive Placement.** Included in this subdomain are measures that assess the restrictiveness or disruptiveness of out-of-home placement. This subdomain focuses on improving the environments/settings into which children are placed, including favoring kinship placements over non-kin or institutional placements or placements that maintain connections to the child's community versus those that do not. Outcomes must be operationalized with more than two placement settings, as binary measures for which the reference category is another out-of-home placement setting, or as movement from more restrictive/disruptive to less restrictive/disruptive settings. Eligible indicators include, but are not limited to, hierarchies of least restrictive preference (e.g., kin placement, family foster care, therapeutic care, group home, residential, hospitalization, and incarceration).
- **Placement Stability.** Placement stability refers to the stability of out-of-home placement (e.g., that children are in placements that are disrupted infrequently). This subdomain focuses on the number of placement disruptions (planned and unplanned) or number of out-of-home placements. Eligible indicators include, but are not limited to, number of placement changes or disruptions of placements, and re-entries or failed exits/reunifications or adoptions.
- **Planned Permanent Exits.** Planned permanent exits from out-of-home care refer to placements or time to placement to a more permanent status, including reunification, guardianship, and adoption. Eligible indicators include, but are not limited to, measures of the amount of time to reunification, guardianship, or adoption and reunification rates.

The Prevention Services Clearinghouse reviewed the following domains of **child well-being**, the specific nature of which may vary with age:

- **Behavioral and Emotional Functioning.** Characteristics and behaviors relating to the ability to realize one's potential, cope with daily activities, and work and play productively and fruitfully. Both strengths-based and deficit-based indicators are eligible. Examples

include measures of externalizing behaviors (e.g., aggressive behavior, disruptiveness, impulsive behavior), internalizing behaviors (e.g., depression, anxiety, mood or thought problems), mental/behavioral health diagnoses, positive behavior, resilience, self-regulation or self-control, and emotional adjustment.

- **Social Functioning.** Skills and capabilities relating to the ability to develop, maintain, and manage interpersonal relationships (e.g., social skills, assertiveness, cooperation, empathy, social adjustment, peer relations, rebelliousness, defiance, and other similar characteristics related to interpersonal interactions and relationships).
- **Cognitive Functions and Abilities.** Abilities related to reasoning, knowledge, problem-solving, mental processing, executive functioning, and the like. Eligible measures include intelligence tests, developmental assessments, measures of visual or spatial processing, and other indicators of cognitive functions and abilities.
- **Educational Achievement and Attainment.** Educational achievement refers to the extent to which students master academic content. Eligible measures include composite or subject-specific (e.g., reading, mathematics) standardized achievement test scores or overall grade point averages. Educational attainment refers to student progress through school or the completion of a degree, certificate, or program. Eligible measures of attainment include grade promotion, high school graduation or dropout rates, certificate or degree completion rates, and other indicators for educational attainment.
- **Physical Development and Health.** Characteristics related to the healthy functioning of the body may include indicators of physical health (e.g., Body Mass Index), physical capabilities (e.g., motor skills), normative indicators of healthy development (e.g., height), and any other measure relating to healthy (or unhealthy) physical development.
- **Substance Use or Misuse.** Measures of substance use or misuse may involve any substances and may be self- or other-reported, clinical tests such as urinalysis, or any other measure that provides an assessment of the participants' substance use behavior. Measures must describe actual use or misuse, such as frequency or quantity of use, type of use, use/no use, time since last use, etc. Substance use diagnoses (e.g., from a clinical interview or DSM criteria) are considered eligible outcomes in this domain. Measures that do not directly index substance use or misuse (e.g., drug-related criminal or delinquency activity such as selling drugs, drug knowledge, behavioral intentions to use or not, etc.) are not eligible in this domain, but may meet the requirements for other outcome domains.
- **Delinquent Behavior.** Delinquent behavior refers to behavior chargeable under applicable laws, whether or not apprehension occurs or charges are brought. Chargeable offenses also include "status" offenses (e.g., runaway, truancy, curfew violations).

The Prevention Services Clearinghouse reviewed the following domains of **adult well-being**:

- **Parenting Practices.** Parenting practices include a range of practices and behaviors focused on developing strong, functional relations between parents or caregivers and

children and the parents or caregivers' abilities to successfully manage child socialization and support child development, health, and well-being in an effective and constructive manner. Measures may include items about basic elements of caregiving, such as feeding and physical care; communication and listening; nurturing, loving, or supportive behavior; rules and consequences; setting boundaries; warmth; scaffolding children's behavior to develop self-discipline; parent-child relationships, and the like. Measures may index either positive parenting practices or negative parenting practices.

- **Parent/Caregiver Mental or Emotional Health.** Mental or emotional health refers to a parent's/caregiver's ability to cope with daily activities, realize his or her potential, and interact productively in the world. Both strengths-based and deficit-based indicators are eligible. Examples include measures of externalizing behaviors (e.g., aggressive behavior), internalizing behaviors (e.g., depression, anxiety, mood or thought problems), mental/behavioral health diagnoses, parent/caregiver stress, relationship stress, positive behavior, resilience, and emotional adjustment.
- **Parent/Caregiver Substance Use or Misuse.** Measures of substance use or misuse may involve any substances and may be self- or other-reported, clinical tests such as urinalysis, or any other measure that provides an assessment of the participants' substance use or misuse. Measures must describe actual use or misuse, such as frequency or quantity of use, type of use or misuse, use/no use, time since last use, etc. Substance use diagnoses (e.g., from a clinical interview or DSM criteria) are considered eligible in this domain. Measures that do not directly index substance use or misuse (e.g., drug-related criminal or delinquency activity such as selling drugs, drug knowledge, behavioral intentions, etc.) are not eligible in this domain, but may meet the requirements for other outcome domains.
- **Parent/Caregiver Criminal Behavior.** Criminal behavior refers to behavior chargeable under applicable laws, whether or not apprehension occurs or charges are brought.
- **Family Functioning.** Family functioning refers to the capacity or lack of capacity of a family to meet the needs of its members and includes physical care and maintenance of family members; socialization and education of children; and, economic and financial support of the family.
- **Physical Health.** Refers to the physical health of parents or caregivers and can include a variety of indicators including blood pressure; weight, obesity, or body mass index (BMI); chronic conditions such as asthma or diabetes; and, healthy lifestyle behaviors such as diet and exercise.
- **Economic and Housing Stability.** Economic and housing stability includes indicators of financial or economic stability (e.g., level of income, employment/unemployment, financial assistance) and/or housing stability (e.g., number of moves, quality of housing, homelessness).

Additional outcomes that were eligible for **kinship navigator programs** include:

- **Access to Services.** Access to services refers to a parent, caregiver, or family's knowledge of and ability to access, or utilization of services to support the family's financial, legal, social, educational, and/or health needs such as medical care, financial assistance, and social services. Parent/caregiver self-reports, informed collateral reports (e.g., from therapists or case managers), or administrative records are eligible indicators for Prevention Services Clearinghouse reviews.
- **Referral to Services.** Referral to services may include referrals to any needed financial, legal, social, educational, or health services. Measures may be obtained from parent/caregiver self-reports, therapist or provider reports or records, or administrative records. Examples include the presence or absence of referrals or counts/frequencies of referrals.
- **Satisfaction with Programs and Services.** Satisfaction with programs and services refers to parent or caregiver satisfaction with the programs and services to which they are referred or which they receive as part of a kinship navigator program.

## What kinds of comparison groups were eligible for review by the Prevention Services Clearinghouse under Handbook Version 1.0?

As described in Section 4.1.4 of the [Handbook of Standards and Procedures, Version 1.0](#) the Prevention Services Clearinghouse reviewed the following types of comparison conditions:

“No or minimal intervention” comparison group members could have received handouts, referrals to available services, or similar nominal interventions. Such additional services must have been brief (i.e., one session or less) and/or predominantly information-based (e.g., pamphlets about child development, psychoeducation about a specific disorder).

“Treatment as usual” comparison group members could have been receiving services in their communities already or offered services as part of the research study. Services must have been clearly described as the usual or typical services available for that population in the study. The Prevention Services Clearinghouse considered comparison groups to be “treatment as usual” under either of the following two conditions.

1. **Condition 1: Usual or typical services.** Comparison groups that are already receiving services in their community or are offered services that they would have received in the absence of the study meet this condition. These comparison groups do not receive services because of the study (i.e., they do not receive anything they wouldn't already receive in the absence of the study). However, it was acceptable for studies with comparison groups in this category to provide or offer minimal intervention (as defined above) along with the treatment as usual. To be eligible under Condition 1, the study or supporting documentation must have provided specific information to demonstrate that only usual or typical services were available and that any services offered by the study in addition to usual or typical services were minimal.

2. **Condition 2: Services consistent with usual or typical services.** Comparison groups that were offered services as part of the study that were clearly described in the study as consistent with the usual or typical services that would be received by individuals or families similar to those in the study were also eligible. In such cases, the study or supporting documentation must have provided specific information to justify that the services offered to the comparison group participants were consistent with what individuals or families like those in the study could be expected to receive in the absence of a study.

## How did the Prevention Services Clearinghouse review studies with multiple comparison groups under the Handbook of Standards and Procedures, Version 1.0?

Under *Handbook Version 1.0*, in studies with multiple eligible comparison groups, reviewers selected one eligible comparison **per eligible outcome at each time point** instead of comparing the same intervention group to multiple comparison groups for all outcomes and time points. Selection of an eligible comparison group for each outcome at each time point was based on the group that received the least intensive services in order to maximize the treatment contrast.