

**CANDIDACY DETERMINATION
FOR IV-E FUNDED PREVENTION SERVICES**
Participant Guide



Family First Prevention Services

OVERVIEW:

The following Facilitation Guide is intended to be used to prompt discussion regarding the determination of candidacy for Title IV-E funded prevention services. This document is structured to provide guidance on how to prompt discussions and outlines the following:

- 1) Instructions for using this Facilitation Guide**
- 2) Candidacy Determination for Title IV-E Funded Prevention Services Guidance**
- 3) Candidacy Determination for Title IV-E Funded Prevention Services Vignettes**
- 4) Additional Resources (Appendix A-D)**
 - a. *Appendix A: Title IV-E Prevention Services Candidacy Populations*
 - b. *Appendix B: Probation Candidacy Determination for Title IV-E Funded Prevention Services*
 - c. *Appendix C: Pathways to Prevention Service Plans*
 - d. *Appendix D: Title IV-E Eligible Evidence-Based Programs*

INTENDED AUDIENCE:

This document is intended to be used by training providers, technical assistance providers, and Comprehensive Prevention Planning (CPP) leads and teams to discuss how the candidacy guidance, definition, and vignettes may apply to each county's respective CPP, identified candidacy populations, and available Title IV-E funded prevention services. This document is not intended to act as formal guidance and candidacy determination for IV-E funded prevention services may look different across counties and will be based on the specific parameters and criteria established within each county.

Candidacy Determination Discussion Guide for Facilitators

INSTRUCTIONS:

Explain that you will be sharing the California candidacy determination guidance and facilitating a discussion about candidacy determination for Title IV-E funded prevention service delivery. First, you will review the prevention candidacy definition and guidance, then you will review vignettes with associated discussion questions. The questions will help the group consider whether the children would be considered at imminent risk for foster care entry as defined in the [California State Prevention Plan](#). Note this document includes your facilitator discussion guidance. Please distribute the Candidacy Determination Participant Guide when facilitating the activity. For additional details regarding Candidacy Determination and Pathway Service Plans, please refer to the [FFPS Candidacy and Service Pathway Brief](#).

1. Key underlying principles to include in the discussion:

- a. Candidacy for Title IV-E funded services is intentionally broad and is intended to make Title IV-E funded prevention services available to help stabilize and strengthen families. Traditionally, in child welfare and probation the goal has been to keep children and families **out** of the system unless they have significant challenges that cannot otherwise be resolved. Shifting one's mindset to a prevention focus requires a different approach that seeks to find ways to screen families **into** community-based services and supports. Those working to determine candidacy for FFPS should be generous in their thinking as they seek to determine candidacy. See Appendix C for examples of situations that meet the threshold for imminent risk of foster care entry.
- b. Candidacy determination is not investigative, and it is a completely voluntary process. It is not necessary to know every detail about every challenge the family is facing during candidacy determination. Further assessment and engagement will happen through the process of service planning and delivery that will inform updates and changes to the Family Well-Being Plan¹.
- c. Families who do not meet candidacy will not be eligible to receive **Title IV-E funded** prevention services, **but they may receive other supportive services within the community**. Counties must be familiar with the services outlined within their local Comprehensive Prevention Plan (CPP), as some counties will be using state funds only (State Block Grant) for Evidence-Based Practices (EBPs) and services that are not yet included within the State's Five-Year Title IV-E Prevention Plan. Each county has identified IV-E funded FFPS services they will provide to families who meet the candidacy eligibility requirements; however, the community may also maintain other community-based connections for families seeking help or resources. Candidacy determination should not impede a family's connection to other community-based services.
- d. Many counties have elected to start with a smaller identified population for provision of IV-E funded evidence-based programs (EBPs) and may have only one or two EBPs in their service array. A county or Tribe with a California IV-E agreement will not provide

¹ Family Well-Being Plan is the terminology used to describe the Prevention Plan within the Family First Prevention Services (FFPS) Program.

Title IV-E funded prevention services to families beyond the population and EBPs outlined within their CPP; however, other supportive services may be available.

- e. Although candidacy determination for prevention services focuses on a child's imminent risk of foster care entry, the consideration for candidacy will not focus only on the child's behavior but on the whole family. The child's actions or visible negative impacts on the child are not the only factors to consider in making a candidacy determination for prevention services.
- f. The [Protective Factors Framework](#) is an optional tool to help identify when a family is experiencing instability, but there is no requirement to use the Protective Factors Framework. Counties may choose other ways to determine when a family is experiencing a threat to the child's safety or family instability.

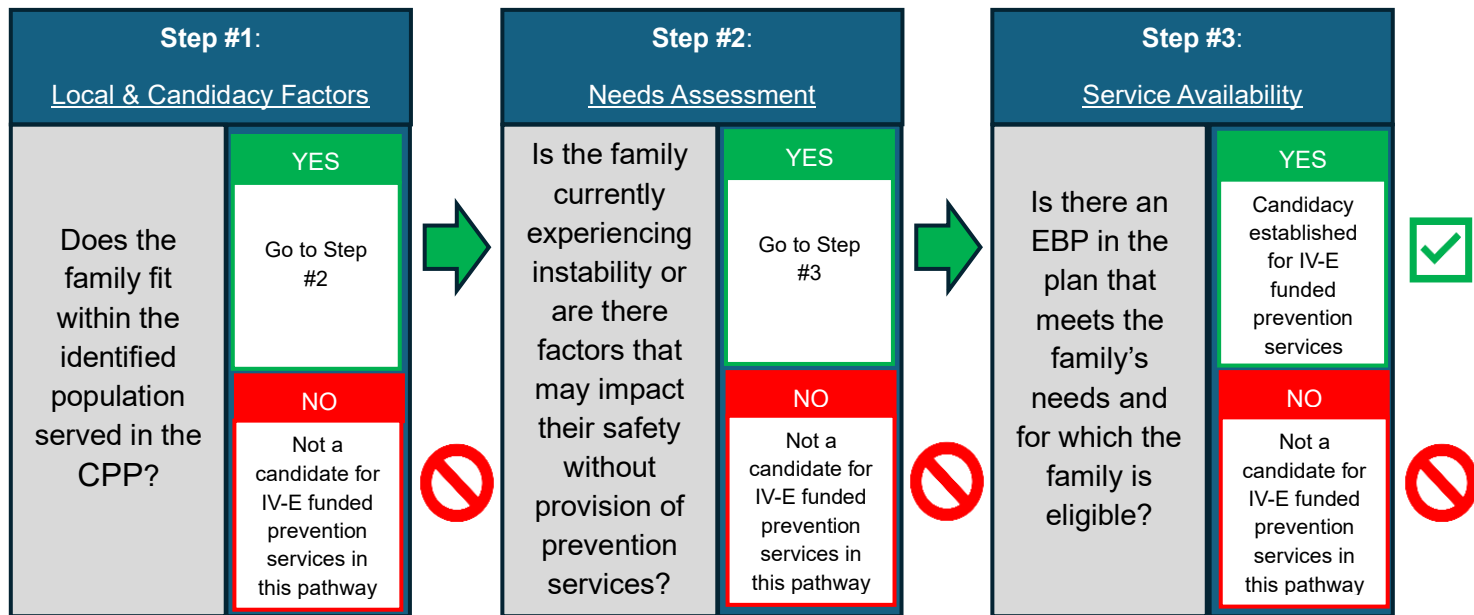
Candidacy Determination Guidance

Review the Candidacy Determination guidance below. This information is pulled from the California State Prevention Plan and does not change the candidacy definition provided there (see pages 20-24) and then move on to the Candidacy Vignettes beginning on page 7.

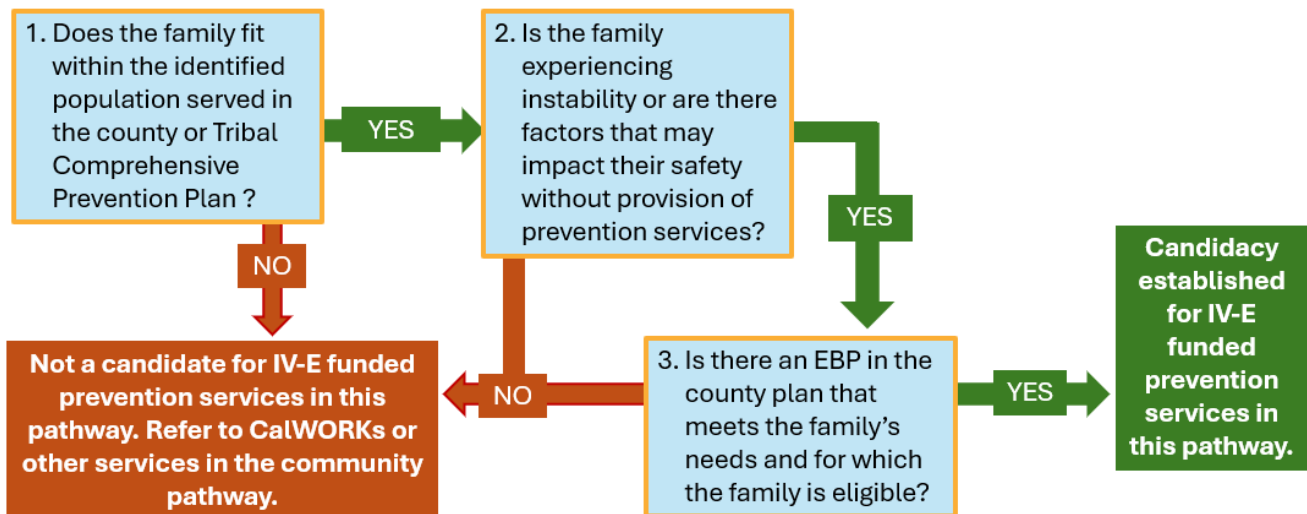
When determining candidacy **for Title IV-E claiming purposes**, consider key factors in this order. Refer to Appendix C for the definitions of each Pathway Plan labeled below. Note: this is only pertaining to receiving Title IV-E funding for eligible prevention services. Families should be connected with additional supports and services in the community that may meet their needs.

COMMUNITY PATHWAY & TITLE IV-E PREVENTION SERVICES-ONLY PATHWAY

FLOWCHART DIAGRAM #1

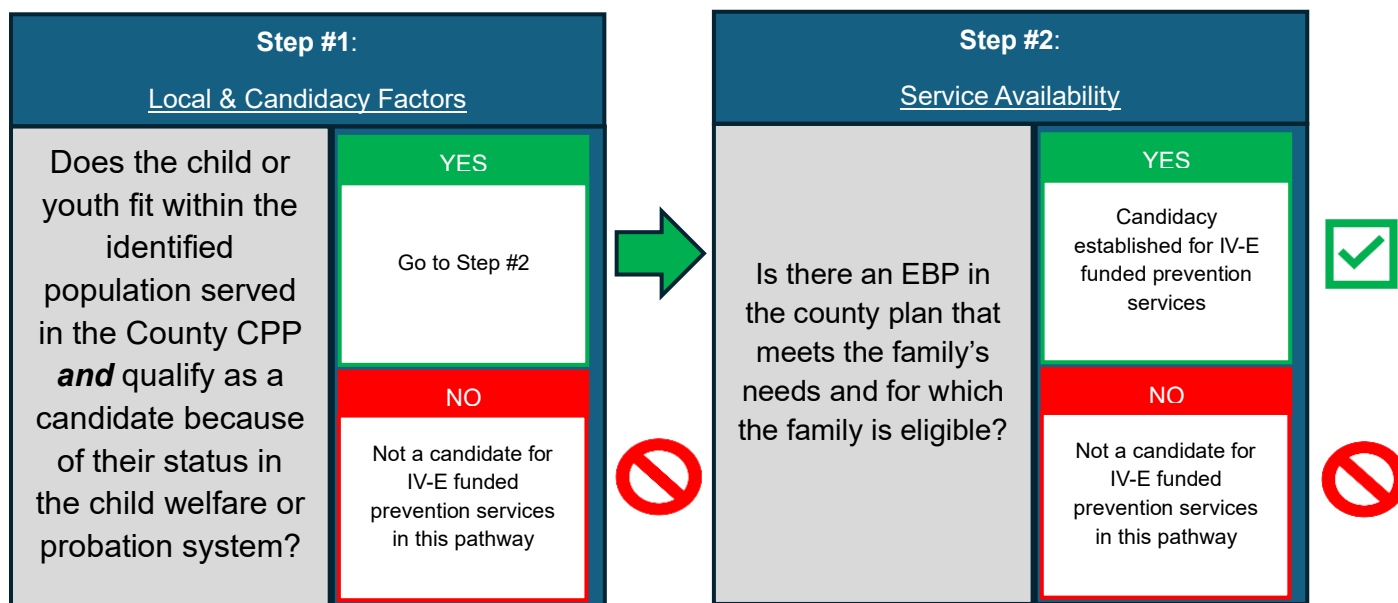


FLOWCHART DIAGRAM #2

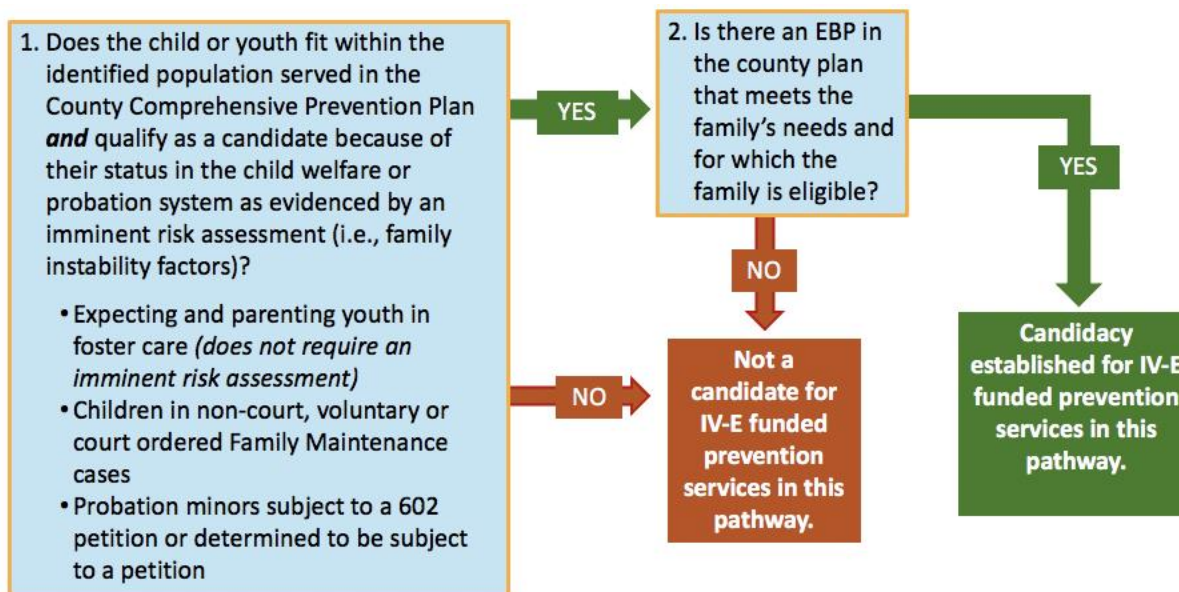


IV-E PREVENTION COMBINED SERVICE PATHWAY

FLOWCHART DIAGRAM #1



FLOWCHART DIAGRAM #2



Families accessing Title IV-E–funded prevention services through any pathway must have an imminent risk assessment, as required by federal statute and the California Five-Year State Prevention Plan. Within the Title IV-E Pathway IV-E Agency Combined Service Plan, the requirement varies by population:

- *Expectant and Parenting Youth in Foster Care*: Eligible based on their status; no imminent risk assessment is required.
- *Children in non-court (voluntary) or court-ordered Family Maintenance*: The Structured Decision Making (SDM) tool fulfills the imminent risk assessment requirement.
- *Youth involved with or referred to Probation (including those subject to a 602 petition)*: An imminent risk assessment is required for prevention candidates. Documentation of family instability factors that can be ameliorated by the provision of prevention services may satisfy this requirement. Those interested in using a tool can utilize the Evaluation of Imminent Risk and Reasonable Candidacy (EIRRC) Prevention version, although this is not required for prevention youth populations who are not traditional Title IV-E candidates pursuant [All County Letter \(ACL\) 14-36](#).

For reporting purposes and to ensure services are appropriately matched to family needs, family instability factors must always be identified and documented as part of the candidacy determination process.

Candidacy Determination for Title IV-E Funded Prevention Services Vignettes

The following pages present 11 vignettes illustrating real-world situations a community provider or IV-E Agency might encounter when determining a family's eligibility for IV-E funded prevention services.

For this exercise, assume the families described live in communities that have elected to serve all potentially eligible families and have access to all 10 evidence-based practices (EBPs) included in California's State Prevention Plan.

Each vignette provides details to support the candidacy determination process, including information on family strengths, needs, and circumstances. This information should be used to assess whether the family meets the candidacy criteria for IV-E prevention services or if, not meeting candidacy criteria, if they may be served by other available community supports.

As always, when using vignettes to guide discussion, there is limited information. Try to make your determination based on the information provided, knowing that additional information and the voice of the family will be included in real world candidacy determination.

Instructions:

Review each vignette with the facilitator and engage in a discussion about the family using the questions that follow each vignette.

#1 Sonia and Rafa

Sonia and Rafa Hernandez are a Spanish-speaking Salvadoran couple with limited English proficiency. They live in a one-bedroom apartment with their five children, ages 6 months to 11 years. Rafa works outside the home, and Sonia is unable to work due to serious health issues, including hypertension and a high risk of heart attack. The family struggles to meet their children's needs. Their oldest son, Miguel, has severe asthma and has visited the ER multiple times in the past two months, missing several days of school. He now feels disconnected from school and often refuses to attend, becoming disruptive during morning routines. Miguel has been cited for excessive truancy and referred to the School Attendance Review Board (SARB). Sonia does not have a primary care provider, relies on the ER for care, and inconsistently takes her medication. She has had several ER visits in the past six months. Sonia and Rafa are deeply concerned about her health and Miguel's attendance. The SARB board referred the family to a community provider whose candidacy assessment was approved by the Title IV-E Agency.

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#2: Katie

Katie W. is a 21-year-old white woman. She has a 2-year-old daughter Josie and is 22 weeks pregnant with her second child. Josie's father is not in contact with the family. Katie does not know where he is and does not have contact with his family. Katie lives in a studio apartment and works a part-time job that does not pay enough to cover her monthly expenses beyond rent and food. Katie has no family locally and is no longer in a relationship with the father of her unborn baby due to interpersonal violence. Though Katie's mother and extended family are generally supportive of Katie, they live several hours away and are unable to offer much help. Katie is not in contact with her paternal relatives and her mother is working hard to support Katie's younger siblings who still live at home. Katie wants to learn parenting skills as she feels she is not coping well with Josie's current behavioral challenges (tantrums, biting, pinching) and will be challenged to care for both children. She would also like to address the trauma of the domestic violence in her most recent relationship. Katie's healthcare provider referred her to a community provider whose candidacy assessment was approved by the IV-E Agency.

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#3: Daryl

Daryl J. is a 65-year-old African American man who has been serving as a guardian for his two grandchildren for 10 years. The grandchildren, Daveed (age 14) and Milton (age 16) were removed from their parents and placed with Daryl who became their guardian when their parents were unable to reunify. Daryl recently retired and lives in a home that he has owned for more than 30 years. Daryl is the only adult in the home and the primary caregiver for the children. Daryl is doing his best to help them succeed, but he sees that Milton is withdrawn and experiencing periods of sadness. Daveed has had two interactions with police involving being at the park after hours and tagging. Milton and Daveed both express feeling abandoned by their parents. Daryl was recently diagnosed with diabetes and had to have one of his toes amputated. He uses a cane for mobility assistance. His surgical recovery was challenging and limited his ability to get out of the house. Daryl was also told that he needed to stop drinking alcohol and using marijuana, which he did regularly to cope. Daryl is finding the changes in his life saddening and overwhelming. He wants to continue to be there for his grandchildren but is struggling to manage his own needs. Following Daveed's interactions with the police, Milton was referred to a community agency for support. The community provider completed a

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3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#4 Jose and Solimar

Jose and Solimar M. are Mexican American English-speaking parents of two children Alicia (6) and Wilfred (9). The IV-E Agency received a report alleging inadequate supervision for Alicia and Wilfred. Upon investigation, there were no visible safety threats or immediate child protection concerns, although there was a situation when the children were left home alone for several hours while the parents were at work. The child welfare worker found the home to be clean, and the parents were open and engaged in discussing their family needs, including their concerns about the children fighting and Wilfred hiding when it is time to go to school. The investigation revealed chronic school absenteeism and financial stress impacting family functioning and impending eviction. The Structured Decision Making (SDM) tool indicated moderate risk, but there was no substantiation of abuse or neglect. Given the inconclusive finding the child welfare agency closed the case and referred the family to a community-based organization

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#5 The Singh Family

Ekta and Zain S. are the parents of 12-year-old Arjan. The family are second generation Indian-American and they speak English and live in a subsidized apartment. A school social worker referred the Singh family to the child welfare hotline after noticing increased behavioral concerns for Arjan including a pattern of fighting with other children and becoming very sad and upset. Arjan also has chronic tardiness. The family has no CPS history, but the school reports that the mother has PTSD from childhood trauma and is experiencing barriers to mental health access and the family is experiencing economic hardship. There is no safety concern or maltreatment, and the family did not meet the threshold for a child welfare investigation.

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#6 Veronica

Veronica V. is a 34-year-old white single mother living in a low-cost housing unit with her 12-year-old son, Ray. Ray's father lives in another state and has infrequent contact with Ray. Veronica is currently in recovery from a substance use disorder and has maintained her sobriety for the past 18 months. Veronica is actively engaged in a sober support network. She works part-time and is participating in Welfare-to-Work. She and Ray receive CalFresh benefits and are enrolled in Medi-Cal. Ray is in middle school and is working at grade level. He has begun to challenge his mother more frequently at home and expressed frustration that she is "babying" him. Veronica describes feeling unsure of how to respond in a way that maintains boundaries while respecting Ray's growing independence. Recognizing the changes in her son's behavior, Veronica reached out to her local Family Resource Center seeking parenting support. She expressed a desire to improve her communication with Ray and learn strategies to support his emotional development while maintaining a positive and stable home environment.

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#7 Maritza and Dave

Maritza and Dave J. are a white English-speaking couple with 4 children (ages 10, 8, 3, and 2). Maritza expresses feeling overwhelmed by the stressors of parenting. Dave works overtime and is rarely available to help with parenting. Maritza feels hopeless and uncertain about how to get help for daily tasks and getting to appointments. She reported that neither she nor her children have seen a primary care provider in over a year. She also disclosed diagnoses of depression and anxiety and expressed interest in accessing mental health support. Additionally, Maritza shared concerns about her 8-year-old child Kyri, who identifies as a boy, though he was assigned female at birth. Maritza is unsure how best to support Kyri and is seeking guidance. Dave has been resistant to acknowledging Kyri's gender identity and Maritza has noticed Kyri showing increased frustration and sadness about his father's lack of understanding about his gender expression. Maritza and Dave were referred to the local Family Resource Center by Kyri's teacher. The Family Resource Center completed a candidacy assessment that was

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#8 Ana and Carlos

Ana and Carlos D. are English-speaking Mexican American parents of 4 children. Their oldest daughter Andrea is 17 and they have 14-year-old twin boys Edwin and Juan and a 12-year-old daughter Nataly. Andrea will start her senior year in high school this year and is on track to graduate. She plans to attend the local community college after graduation. Over the past 6 months Andrea has been experiencing behavioral challenges including shoplifting, being away from home overnight without permission, and stealing vodka from a corner store. Andrea was placed on Informal Grant of Probation a few months ago (WIC §654). Andrea has a 19-year-old boyfriend who is on adult probation for auto theft. Ana and Carlos are concerned that Andrea and her boyfriend are using cannabis. They have continued to allow Andrea to see her boyfriend because they don't want to further alienate her, but they want support with setting and holding boundaries. They are also concerned about involving law enforcement and hesitate to contact the police for fear of overreaction or upsetting the neighbors. They are unsure of how to get

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#9 Lorraine

Lorraine B., a retired hotel worker, is the guardian of her grandchildren Keisha (16) and Kingston (11), an African American family of three. She assumed custody through Probate Court after their mother passed away from a terminal illness two years ago. Their father lives in Illinois, and they see him and paternal relatives a few times a year. Lorraine has major health issues and requires dialysis three times a week, making it hard to manage daily tasks. Keisha helps by cooking and supporting Kingston with homework. Lorraine feels isolated, as other family members live far away. Kingston is doing well in school, and Keisha is a strong student with a talent for art—her teacher sees leadership potential in her. Earlier this year, Keisha was in a park fight and later injured another student at school, resulting in felony assault charges and her being declared a ward under WIC §602. Kingston also reported that Keisha sometimes

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#10 Raj and Priya

Raj and Priya P. are English speaking second generation Indian Americans who have a 14-year-old son, Sahil. The family is experiencing housing instability and currently reside in a motel. Raj works as a ride share driver, and Priya prepares sack lunches in the motel room to sell outside the gas station next door. Sahil likes to spend time in the gas station parking lot looking at the passing trucks and helping his mother. Sahil has concerns about leaving his mother alone at the gas station and has been seen several miles away from the gas station when he should be at school. Sahil has had 18 absences this spring, resulting in a referral to the SARB. Despite his absences, Sahil's math teacher notes he is doing well and can quickly grasp math concepts. Priya's sister Disha lives about 30 minutes away. She hosts Sahil for dinner twice a week and makes sure he has clothing and school supplies. Sahil's parents have had two referrals to child welfare for neglect when Sahil was 13 years old, both were found inconclusive.

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

#11 Jun and Mei

Jun and Mei C. and their 17-year-old Michael are a Chinese American family who speak Mandarin and English. Jun works overnight as a telemetry technician at the hospital and Mei is a grocery worker. They live in a single-family home. Michael also has a part-time job at the store where his mother works. Michael plans to attend college and has a 3.0 GPA. He also plays tennis and is a popular student with many friends. Recently, Michael has had some challenges getting to school on time. He has missed first period 4 times in the last month and collected truancy slips. During last month's counselor check-in, Michael said he's just tired, not worried, and his parents nodded, adding they've already trimmed his work schedule.

1. What are the family strengths?

2. Is there an indicator of candidacy? Does the family in this vignette meet candidacy for IV-E funded prevention services? Why or why not?

3. Is there an EBP that would address the family's needs?

4. What other community supports could the family use?

5. Via which pathway would this family access a Family Well-Being Plan (see Appendix C)?

Appendix A

Title IV-E Prevention Services Candidacy Populations

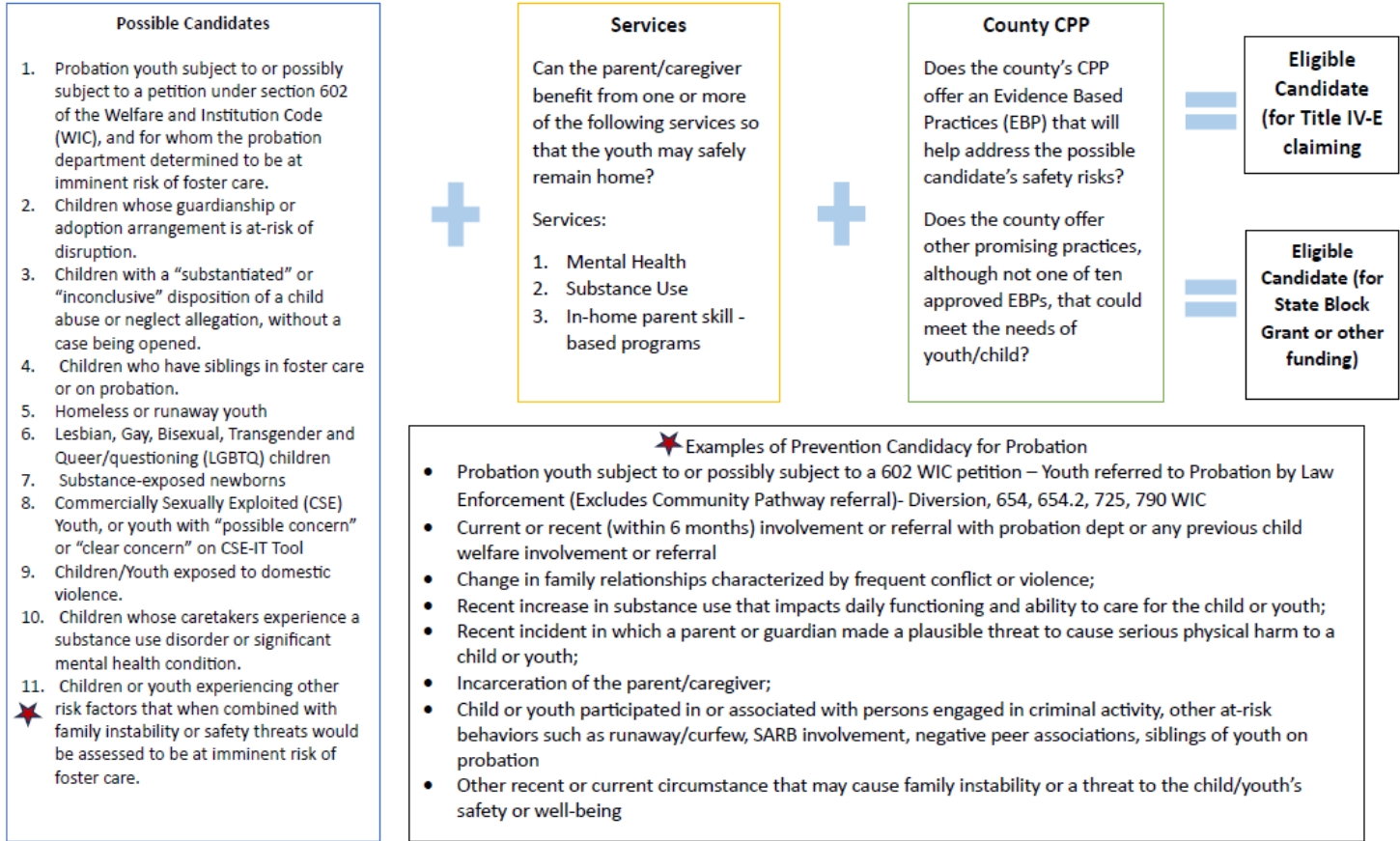
The following are a list of candidacy populations for the FFPS Program as indicated in the California State Prevention Plan. The following list is not exhaustive as indicated in bullet j), and candidacy determination and eligibility can involve a variety of circumstances for families in which there is an EBP prevention service available that can ameliorate a threat to a child's safety or family instability.

- a) Guardianship or adoption arrangement is at-risk of disruption
- b) Substantiated or inconclusive disposition of a child abuse or neglect allegation, without a case being opened
- c) Children with siblings in foster care
- d) Homeless youth or youth who has left home
- e) Lesbian, Gay, Bisexual, Transgender and Queer/questioning (LGBTQ) children
- f) Substance-exposed newborns
- g) Commercially Sexually Exploited Youth
- h) Children exposed to domestic violence
- i) Children whose caretakers experience a substance use disorder
- j) Children or youth experiencing other risk factors that when combined with family instability or threats to child safety would be assessed to be at imminent risk of foster care entry.

Appendix B²

Probation Candidacy Determination for IV-E Funded Prevention Services

The formula below is intended to determine candidacy for Title IV-E prevention services eligible to claim Title IV-E reimbursement. This guide is for probation departments that will be determining candidacy for youth who would typically not be served under the traditional pathway and/or for youth that come to the attention of the probation department who will be offering or referred to prevention services. Pregnant and parenting foster youth are automatically eligible candidates.



² This graphic was developed by the Chief Probation Officers of California (CPOC) and California Department of Social Services (CDSS).

Appendix C

Pathways to Prevention Service Plans

A family may receive a Family Well-Being Plan via any of the following pathways and respective service plans:

PREVENTION TITLE IV-E AGENCY PATHWAY

Title IV-E Agency Combined Service Plan:

A family with an open child welfare case or ongoing involvement with probation who are also receiving Title IV-E funded prevention services. The **Title IV-E Agency** develops and monitors the Family Well-Being Plan with the family.

Examples:

- ⇒ Families with a non-court/voluntary, or court-ordered Family Maintenance case
- ⇒ Expectant or parenting youth in foster care
- ⇒ Youth with a WIC §602 petition filed
- ⇒ Youth receiving case management services through probation
- ⇒ Youth who meet the criteria of: Diversion, WIC §654, WIC §654.2, WIC §725, or WIC §790 WIC or WIC § 602 Wards who meet the criteria for Traditional Title IV-E Candidacy
- ⇒ Youth with a new WIC § 602 referral, with previous closed diversion case and an open petition
- ⇒ Youth referred to probation by Law Enforcement Agency, allegedly involved in delinquent behavior that could result in a WIC §602 Petition
- ⇒ Prevention services being provided or referred by the Title IV-E Agency (Probation)

The **Title IV-E Agency** develops and monitors the Family Well-Being Plan with the family.

Title IV-E Agency Prevention-Only Service Plan:

A family receiving prevention services directly from the Title IV-E Agency (Child Welfare, Probation, or Tribe with Title IV-E Agreement) with **NO** open child welfare or probation case or referral who are seeking **VOLUNTARY** supports and services. This includes circumstances when counties are not implementing a community pathway OR when there are no community providers available to provide case management in support of the prevention services and supports that the family is seeking, but where the IV-E Agency may have dedicated staff to coordinate the services and supports necessary to mitigate any imminent risk for placement in foster care.

The **Title IV-E Agency** develops and monitors the Family Well-Being Plan with the family.

COMMUNITY PATHWAY

Community Pathway Plan:

A family receiving community-based prevention services from a community-based provider with no child welfare involvement. This includes no interaction with the IV-E Agency other than approval of candidacy. This pathway includes families who are referred to community providers from the IV-E Agency following a closed referral or case with no ongoing IV-E Agency involvement with the family. Families may also access the community pathway directly by seeking services or support from a community provider.

Examples:

- ⇒ Family seeks services directly from a community provider
- ⇒ Child welfare referral is closed and referred to community provider (Differential Response)
- ⇒ Youth with no file status of referral
- ⇒ Youth receiving Diversionary services via a community provider, not receiving case management services through probation
- ⇒ Youth with SARB referral(s) or from Schools
- ⇒ Youth named in several police reports with no arrest (Probation)
- ⇒ ILT/IPC cases with no system involvement
- ⇒ Siblings of probation supervised youth
- ⇒ Youth with no probation referral(s) or law enforcement contact
- ⇒ Youth with previous closed juvenile justice diversion case and no open referral or petition

The **Community Provider** develops and monitors the Family Well-Being Plan in with the family.

Appendix D

IV-E Eligible Evidence-Based Programs

The following includes the 10 Evidence-Based Programs (EBPs) approved for IV-E funding as part of the Family First Prevention Services Act and included in the California State Prevention Plan. Implementation of these EBPs must be in alignment with model fidelity requirements and delivered in a trauma-informed manner.

Evidence-Based Program (Click for more information)	Age Range	Key Program Goals and Outcomes
<u>Brief Strategic Family Therapy</u>	6-17	<ul style="list-style-type: none"> ● Support for child’s behavioral and emotional functioning ● Prevent youth involvement with juvenile justice system ● Decrease unsafe parental substance use
<u>Family Check-Up</u>	2-17	<ul style="list-style-type: none"> ● Support for child’s behavioral and emotional functioning ● Positive parenting supports
Functional Family Therapy (<u>FFT LLC</u>) (<u>FFT Partners</u>)	11-18	<ul style="list-style-type: none"> ● Support for child’s behavioral and emotional functioning ● Decrease youth substance use ● Parenting skill building
<u>Healthy Families America</u>	Birth to 5 (within 3 months of birth)	<ul style="list-style-type: none"> ● Parenting skill building ● Parent/child relationship building
<u>Homebuilders</u>	0-18	<ul style="list-style-type: none"> ● Parenting skill building ● Increased family interaction ● Increased family safety
<u>Motivational Interviewing</u> (<i>cross-cutting & substance use</i>)	Caregivers and youth (adolescent or older)	<ul style="list-style-type: none"> ● Enhance internal motivation to change ● Enhance participation in services
<u>Multisystemic Therapy</u>	12-17	<ul style="list-style-type: none"> ● Prevent youth involvement with juvenile justice system ● Improved caregiver mental health
<u>Nurse Family Partnership</u>	Children under age 2	<ul style="list-style-type: none"> ● Parenting skill building ● Improved maternal health
<u>Parents as Teachers</u>	Birth to kindergarten	<ul style="list-style-type: none"> ● Support for child development ● Parenting skill building ● Improved caregiver mental health
<u>Parent-Child Interaction Therapy</u>	2-7	<ul style="list-style-type: none"> ● Parenting skill building ● Improved caregiver mental health ● Increased positive child behavior