North Carolina Evidence-Based Practices Worksheet

(Based on responses by Providers on the Chapin Hall Provider Readiness Assessment Survey)

EBPs currently being discussed by the Evidence-Based Practices Ad Hoc Work Group as of 4/20/20

CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Top 8 Contributory Factors for Child Welfare Involvement in North Carolina

1. Caretaker drug abuse (1)	*Substance Use Disorders*
2. Caretaker alcohol abuse (5)	
3. Caretaker emotionally disturbed (6)	*Mental Health*/(Self-Regulation)
4. Child emotionally disturbed (8)	
5. Household domestic violence (2)	
6. Caretaker lack of child development knowledge (7)	*In-Home Parenting Skills Based*
7. Household financial problem (3)	(Poverty)
8. Household public assistance (4)	

Evidence-Based Practice	Program Type	Clearinghouse Rating	Target Population	Frequency in North Carolina: number of counties, number of providers	Medicaid Funded in NC Currently (Yes/No)	If not Medicaid, current funder	Capacity Considerations - Training, certification, licensing, purveyor involvement & support, etc.
1. Multisystemic Therapy *Manual:* *Multisystemic Therapy for Antisocial Behavior in Children and Adolescents, Second Edition, Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). Multisystemic Therapy for Antisocial Behavior in Children and*	MH	**Well-Supported**	This program provides services to **youth between the ages of 12 and 17** and their families. Target populations include youth who are at risk for or are engaging in delinquent activity or substance misuse, experience mental health issues, and are at-risk for out-of-home placement.	87 counties for MH; 83 counties for SUD – 19 total providers; 8 providers for MH and SUD; 8 providers doing just MH; 3 providers doing just SUD	Yes	AND DMH.DD.SAS funds for the uninsured.	• Fidelity participation required for Medicaid and DMH,DD,SAS state reimbursement

Adolescents (2nd ed.). New York: The Guilford Press.			MST appears to have an important role in an EBT array for this population				
2. Parent Child Interaction Therapy Manual: *The Parent-Child Interaction Therapy Protocol, Eyberg, S. & Funderburk, B. (2011) Parent-Child Interaction Therapy Protocol: 2011. PCIT International, Inc.*	MH treatment	**Well-Supported**	PCIT is typically appropriate for families with children who are between **two and seven years old** and experience emotional and behavioral problems that are frequent and intense. PCIT increases appropriate, nurturing, engaged parenting skills among caregivers; this EBT also increases appropriate behavioral compliance among children. PCIT has been shown to decrease physical abuse.	77 counties – 30 providers Finding trained providers: 1. NC CTP Rostered providers are found at www.NCChildTreatmentProgram.org. Note: All NC CTP Rostered providers have met training guidelines established by the model developers. 2. Nationally-certified providers may be found at www.PCIT.org	PCIT is a billable service for children through Medicaid and private insurers. PROBLEM: Reimbursement rates are not currently cost-based. Yes using outpatient billing codes	AND DMH.DD.SAS funds for the uninsured.	The NC Child Treatment Program (NC CTP) has a rigorous competency-driven PCIT training, coaching and rostering program, as well as a post-training support platform for all clinicians. A full description can be found at: www.NCChildTreatmentProgram.org **Critical:** NC CTP has the ability to increase training capacity, if supported by North Carolina SOC leadership Rate-limiting step with regard to increasing PCIT capacity: - Demanding model, clinically - Current reimbursement rates for service delivery are not cost-based (cost-based reimbursement is required to motivated agencies to receive training and also to sustain the EBT itself)
3. Family Centered Treatment	MH	**Well supported** (approved by	Appears to have a role in the EBT array	76 counties 5 providers	Yes, for outpatient	AND DMH.DD.SAS	FCT input should be obtained www.FamilyCenteredTreatment.org

		CB for transitional payments Arkansas & Nebraska)	Children ages 0 – 17 – families at imminent risk of foster, juvenile justice, psych hospital	PULL THE MAPS FROM THE SURVEY Don't want providers competing in the same area		funds for the uninsured.	Tim Wood, ED based in Charlotte – Mike will follow-up with him. Is there in-state trainer capacity?
4. Motivational Interviewing <u>Manual:</u> *Miller, W.R. & Rollnick, S. (2012). Motivational Interviewing, Third Edition: Helping People Change. Guilford Press.*	SUD	**Well-Supported**	MI can be used to promote behavior change with a range of target populations and for a variety of problem areas. **For consideration:** MI might be considered a framework to support caregiver and family engagement in services, rather than a intervention unto itself	100 counties – 57 providers	MI is utilized as part of delivering numerous types of funded therapies rather than a stand alone service.	State funded for outpt services for uninsured – but folded in with other services	• NC has invested in this model • MINT trainers available for MH and SUD
5. Homebuilders-Intensive Family Preservation & Reunification Services	IHSBP	**Well Supported**					Deborah Day to get information
6. Nurse Family Partnership	IHSBP	**Well Supported**		Nurse Family Partnership is currently in 24 counties and the Qualla Boundary. There are fourteen (14) providers.	Re: Medicaid Billing – Currently pieces of the model may be bill to	The funding sources is a mix of state, federal (MIECHV, Title V, ACF), local and	NFP has strong implementation support from both the National Service Organization (NSO) and the Division of Public Health (DPH). The NSO supports the NC sites with a program development team (for new sites) and a regional nurse consultant. The NSO also provides all

					Medicaid depending on the provider setting. NFP was part of the Medicaid home visiting pilot which concluded in June 2019. NFP is a proposed model for the Healthy Opportunities Pilots (1115 waiver).	philanthropic funding.	required model specific training for new nurses in existing programs or start up programs. DPH has two NFP nurse consultants which work with the NC NFP sites to ensure fidelity to the model. One NFP nurse consultant is funded through MIECHV and therefore only supports sites with MIECHV funding.
7. Healthy Families America	IHSBP	**Well Supported**		5 counties served by 3 providers: • Avery • Burke • Durham • Mitchell • Yancey	No, but a proposed model for the Healthy Opportunities Pilots (1115 waiver)	Primary federal-MIECHV (all three implementing organizations) Durham also receives Smart Start funding Avery receives philanthropic funding	**Implementation Support:** The NC Division of Public Health has a MIECHV HFA State Consultant. This position is restricted to implementation support (i.e., site visits) with MIECHV funded programs only (federal requirement). However, non-MIECHV funded HFA sites can attend trainings the MIECHV team and/or MIECHV HFA Consultant offer, participate on monthly program directors' calls, join in site visits to MIECHV HFA programs, participate in HFA work groups and access the MIECHV HFA Consultant by phone and

							email. Currently there are only MIECHV funded programs in operation in NC but prior to other programs closing (due to lack of funding), they participated in the above referenced support. The National HFA Office (Prevent Child Abuse America) has a Regional Implementation Specialist who is available to provide support to other HFA programs. **Other capacity consideration – child welfare adaptation of the model:** A recent development with the HFA model which has specific implications for Families First is the creation an optional child welfare adaptation of the model. Programs must apply to the National Office to implement the child welfare adaptation. **All the HFA Best Practice Standards still apply, thought there are certain modifications in some areas.** These include: 1. Age at intake - A child welfare adaptation allows target children up to the age of 24 months at time of intake as long as the site maintains documentation to show the initial referral was received from the child welfare system. 2. Standard 1 – Initiate services prenatally or at birth. For families enrolled under an approved child

							welfare adaptation sites will continue to enroll as early as possible, but with an extended enrollment window to age 24 months. The site will establish and renew annually a formal MOA between the site and the local child welfare office related to referrals and services, sharing of information, including a very clear description of voluntary participation by the family at intake and throughout the course of HFA services. 3. Standard 3 - Voluntary nature of services. HFA remains a voluntary program throughout the family's enrollment, and the worker-parent alliance is maintained vs HFA becoming an "arm" of CPS or the courts. 4. Sites will adhere to all other HFA model expectations as expressed in the HFA Best Practice Standards, including need for signed consent to release information with CPS and the court (unless subpoenaed). 5. Data collection - Any site seeking a child welfare adaptation is required to code family data in such a way allowing it to be analyzed and reported separately

							from traditional HFA families programs.
8. Parents as Teachers	IHSBP	**Well Supported**		38 counties – 47 providers (affiliates)	Not currently Medicaid funded – but is included as a model for the Healthy Opportunities Pilots (part of the 1115 waiver)	Current funding primarily from Smart Start (state funds) and from the Division of Public Health (Teen Parenting Programs) – DPH funding is combination of state and federal (MCHBG, TANF, ACF) Providers/affiliates may also receive local (county, city, philanthropic) supplemental funding.	**Infrastructure support:** NC has a small state office (with a % of an FTE) with supplemental support from the National Organization. They have a model specific training system already in place.

9. Trauma-Focused Cognitive Behavioral Therapy *Manual:* *Treating Trauma and Traumatic Grief in Children and Adolescent, Cohen, J. A., Mannarino, A.P., & Deblinger, E. (2006). Treating Trauma and Traumatic Grief in Children and Adolescents. New York, NY: Guilford Press.*	MH	**Promising**	TF-CBT serves children and adolescents **(3-18 yo)** who have experienced trauma. This program targets children/adolescents who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems. Caregivers are included in treatment as long as they did not perpetrate the trauma and child safety is maintained. TF-CBT is a critical model in the EBT array to meet the needs of the FFPSA population. Caregivers also have been shown to benefit (clinically) when participating in treatment with their children.	100 counties – 84 providers Finding trained providers: 1. NC CTP Rostered providers are found at www.NCChildTreatmentProgram.org. Note: All NC CTP Rostered providers have met training guidelines established by the model developers. All NC CTP graduates have demonstrated clinical competency and model fidelity for at least two clinical cases 2. Nationally-certified providers may be found at www.tfcbt.org (Note: nationally-certified providers have not necessarily demonstrated model competency during training).	TF-CBT is a billable service for children through Medicaid and private insurers. PROBLEM: Reimbursement rates are not currently cost-based.	AND DMH.DD.SAS funds for the uninsured.	The NC Child Treatment Program (NC CTP) has a competency-driven TF-CBT training, coaching, and rostering program, as well as a post-training support platform. www.NCChildTreatmentProgram.org NC CTP currently trains 120 licensed clinicians per year, but has the ability to increase training capacity, in concert with SOC leadership NC CTP-trained clinicians are on a public roster at: www.NCChildTreatmentProgram.org Rate-limiting step with regard to increasing PCIT capacity: - Current reimbursement rates for service delivery are not cost-based (cost-based reimbursement is required to sustain model delivery with fidelity)

				3. Problem: There are many, brief TF-CBT "overview" training opportunities that offer a participation certificate. This does not necessarily indicate adequate clinical training.			
10. Child Parent Psychotherapy *The CPP Manual is required reading for those participating in CPP training.* *Lieberman, A. F., Ghosh Ippen, C., & Van Horn, P. (2015). Don't hit my mommy: A manual for Child-Parent Psychotherapy with young children exposed to violence and other trauma, Second Edition. Washington, DC: Zero to Three.*	Approved for MH But Can also help with parenting skills	**Promising**	Children age 0-5, who have experienced a trauma or have active trauma such as ongoing domestic violence, and their caregivers; excellent for child-caregiver attachment issues This model is essential for the child welfare population, as it is one of the few EBTs that address the birth to 3 population. Caregivers show tremendous clinical improvement through treatment.	75 counties – 38 providers Finding trained providers: NC CTP Rostered providers are found at www.NCChildTreatmentProgram.org. Note: All NC CTP Rostered providers have met training guidelines established by the model developers. All NC CTP graduates have demonstrated clinical competency and model fidelity for at least two clinical cases Nationally-certified providers may be found at www.childparentpsychotherapy.com	CPP is a billable service for children through Medicaid and private insurers. PROBLEM: Reimbursement rates are not currently cost-based. Also, it can be difficult to have services authorized amongst children in the birth to 3 range	AND DMH.DD.SAS funds for the uninsured.	The NC Child Treatment Program (NC CTP) has a competency-driven CPP training, coaching, and rostering program, as well as a post-training support platform. www.NCChildTreatmentProgram.org NC CTP has the ability to increase training capacity, in concert with SOC leadership NC CTP-trained clinicians are on a public roster at: www.NCChildTreatmentProgram.org Rate-limiting step with regard to increasing CPP capacity: - Current reimbursement rates for service delivery are not cost-based (cost-based reimbursement is required to sustain model delivery with fidelity)

			Can be delivered in the home or in a clinic setting	In North Carolina (particularly eastern NC), there is a model call "Child First" that includes a licensed, trained CPP clinician that is paired with a care coordinator. www.childfirst.org			NC CTP-trained clinicians are on a public roster at: www.NCChildTreatmentProgram.org Child First provides Child First training and credentialing. See www.childfirst.org
11. Methadone Maintenance Therapy	SUD	**Promising**	This program is designed to treat individuals who have an opioid use disorder. Typically, individuals must be at least 18 years old to receive MMT. However, individuals under 18 may be eligible to receive MMT if they have already had two unsuccessful treatment attempts and they have parent/guardian consent.	22 counties – 7 providers	Yes (funding based on contract with LME-MCO)	**And** DMH/DD/SAS state funded (funding based on contract with LME-MCO)	• 80 opioid treatment programs available • For consideration: Through SUD treatment programs and/or within SUD treatment facilities… offer caregivers access to an array of EBTs that address underlying maternal • Opioid Treatment Programs prescribe methadone or buprenorphine • Office Based Opioid Treatment prescribes buprenorphine
12. Incredible Years	MH	In the pipeline to be rated	**DOUBLE CHECK THIS:** Parents, teachers, and children age 4-8	30 counties – 18 providers (24 Providers are supported by PCANC)	No	PCANC supported sites are funded by DSS with CBCAP and State Children's	• Works for many different populations • There may be evaluation data available • Program Evaluations for IY supported by PCANC:

						Trust Fund, by The Duke Endowment and by local Smart Start agencies	• https://www.preventchildabusenc.org/our-work/prevention-programs/ •
13. Triple P – Positive Parenting Program The Triple P – Positive Parenting Program is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research.	MH	In the pipeline to be rated	Triple P serves children 0-16 years. Triple P's core programs cover two age ranges – for parents of children up to 12 years and Teen Triple P for parents of teenagers, 12 –16. Within these programs are specific elements targeting the developmental periods of infancy, toddlerhood, pre-school, primary school and adolescence.	81 counties – 32 providers	No	DPH funds Triple P with Title V federal funds. DSS state allocation and The Duke Endowment fund the support system. **Confirm with Kathy Stone and Deborah Day:** DSS may also fund some implementation in County DSS agencies.	Through DPH, there are 10 Local Implementing Agencies (LIAs) that support service delivery agencies (SDAs) and practitioners, covering all 100 counties. At the last survey, there are more than 650 individual practitioners in NC that are trained to delivery various levels of Triple P. PCANC and The Impact Center at FPG provide support for LIAs in the areas of Workforce Development, Partnership Engagement, Communications, Policy and Finance, and Proactive and Responsive Implementation Support. PCANC also is providing support for service delivery agencies in adapting programs to virtual delivery in the post-COVID environment. https://www.triplep.net/glo-en/the-triple-p-system-at-work/evidence-based/
14. Attachment and Bio-behavioral Catch-Up	MH and IHPSB	In the pipeline to be rated	Caregivers of infants 6 months to 2 years old who have experienced early adversity	56 counties for MH; 23 counties for IHPSB – 10 total providers;	Billable MH service for licensed clinicians		• The Center for Child and Family Health (parent organization for the NC Child Treatment Program) has statewide trainer capacity

				5 providers doing MH and IHPSB; 4 providers just doing MH; 1 provider doing just IHPSB			• Clinicians are on the NC CTP roster at: www.NCChildTreatmentProgram.org • This EBT can be delivered through trained, non-licensed clinician and trained licensed clinician
15. The Seven Challenges Training: There are implementation guides or manuals available- all published items available to organizations implementing the program: http://www.sevenchallenges.com	SUD	In the pipeline to be rated	Adolescents and young adults (age 13-25) who have drug problems, co-occurring mental health issues, trauma, and family issues	40 counties – 13 providers	Yes (utilizing outpatient billing codes)	AND DMH/DD/SAS (utilizing outpatient billing codes) for the uninsured.	• Used with all child in residential facilities • Fidelity monitoring supported
16. Dialectical Behavioral Therapy (DBT)	MH and SUD	Utah currently conducting an independent systematic review	DBT has a critical role in the EBT service array to meet the needs of caregivers with significant behavioral-emotional dysregulation and other challenges	24 counties; 8 providers	Yes, for outpatient	AND DMH.DD.SAS funds for the uninsured.	• No in-state trainer capacity • Should be explored very seriously
17. Strengthening Families Program Manual available at www.strengtheningfamiliesprogram.org	IHPSB or SUD	Undergoing systematic review for Arkansas by the NCCD	Ages 6-11 for Program Supported by PCANC High risk and general population families. It is unique because the	2 counties – 1 provider PCANC Supports 6 agencies	No	DMH.DD.SAS state funded for specific programs	SFP Evaluation for programs supported by PCANC: https://www.preventchildabusenc.org/our-work/prevention-programs/

			whole family attends and practice new relationship skills together in family groups.			PCANC supported sites are funded by DSS with CBCAP and State Children's Trust Fund, by The Duke Endowment and by local Smart Start agencies	Trained paraprofessionals, educators, MH professionals, prevention specialists and college students. Interns can administer this program because ti is provided in detailed manuals. Support from a site coordinator with at least a bachelors level degree in a social sciences program is recommended. Kumpfer, K. L., Magalhães, C., & Xie, J. (2012). Cultural adaptations of evidence-based family interventions to strengthen families and improve children's outcomes. European Journal of Developmental Psychology, 9(1), 104-116. doi:10.1080/17405629.2011.639225
18. Problematic Sexual Behavior-Cognitive Behavior Therapy (3 age-specific versions of the model)	MH	Request submitted to the Clearinghouse for review by the NC Child Treatment Program (CEBC-not included)	Pre-school, school-aged, and adolescent	6 sites/24 clinicians currently in training in the school age version (with plans to continue training in the adolescent and preschool age versions) Children and youth (3-18) with problematic sexual behaviors, regardless of court involvement	Billable MH service Yes, for outpatient	AND DMH.DD.SAS funds for the uninsured.	• NC Child Treatment Program is currently developing clinician capacity (24 clinicians) in the school age version of the model, with plans to continue in the adolescent and preschool versions. • Ultimate goal: NC CTP will follow the pathway to become in-state trainer across all three age groups Treatment involved to groups (child and caregiver) being offered simultaneously) in each age group, with 2-4 therapists, depending on group size and dynamic. Group reimbursement rates are woefully inadequate.

							See www.NCChildTreatmentProgram.org
19. Cognitive Processing Therapy		Not rated or in the pipeline (Nebraska may be planning an independent systematic review)	This model has a critical role in the FFPSA EBT array, as it addresses caregiver and adolescent trauma with a high degree of evidence		Yes, for outpatient	AND DMH.DD.SAS funds for the uninsured.	• Model developer is at Duke • There may be capacity to scale this model • https://cptforptsd.com/
20. Success Coach Model	*Send section to Kim Best to continue filling information in*	Not rated or in the pipeline	Post-placement services to promote stability – supports reduction in adoption disruption	Available in 6 counties (looking to expand): Catawba, Burke, Iredell, Alexander, Wilkes, and Caldwell		Division pays some	Originally funded by Duke Endowment Manual used Not yet been evaluated by state – but evaluation through Duke/evaluation process underway (might be resources to do independent systematic review)
21. Beyond Anger & Violence	SUD	Not rated or in the pipeline	Target population: caregivers/parents		Yes, outpatient	AND DMH.DD.SAS funds for the uninsured	Starleen can share evaluation information (on CEBC - medium)
22. Matrix Model	SUD	Not rated or in the pipeline	Target population: caregivers/parents		Yes, outpatient	AND DMH.DD.SAS funds for the uninsured	• Has supplement for working with women that have SUD Starleen can share evaluation information (on CEBC - medium)
23. CNAPS Models of Relapse Prevention Therapy	SUD	Not rated or in the pipeline	Target population: caregivers/parents		Yes, outpatient	AND DMH.DD.SAS funds for the uninsured	Starleen can share evaluation information (on CEBC - medium)

24. Child First		Not rated or in the pipeline (CEBC-Supported)	Prenatal to 5 – more information here	26 counties – 4 providers (affiliate agencies)	Yes, Ages 0-2 covered by Medicaid and EPSDT	$19,500 case rate for LME/MCO (3-5) Outpatient therapy rate and EPSDT for (0-2) through Beacon Health Options	Caseload considerations – below lists the provider agencies and number of teams per agency: ○ Coastal Horizons: 12 teams ○ Easter Seals/UCP Greenville: 7 teams ○ Easter Seals/UCP New Bern: 9 teams ○ Power of U: 6 teams ○ Kids First: 4 teams ▪ 38 teams that served 764 children and their families in 2019 ○ Average caseload is about 12 per team and cases are on average 6-12 months. **Implementation Support:** Child First has a clinical director in NC to support the affiliate agencies and a model specific training system - https://www.childfirst.org/our-work/training-and-consultation Child First has requested to be reviewed by the Families First Prevention Services Clearing House, but have not yet been reviewed. Per the National Service Office: ○ **Colorado is likely to include Child First under the transitional payments** option in their plan, which would accelerate the review

							○ **Connecticut is including Child First in their FFPSA Plan** (in process) ○ **Child First is posted on the California Evidence Based Clearing House**, which is one of the priorities to be reviewed by FFPSA.
25. Family Connects		Not rated or in the pipeline (CEBC-not included)			Universal HV program funded by a variety of sources, i.e., local foundations, Smart Start		Dana will obtain follow-up information Excellent outcomes
26. Circle of Security Parenting – www.circle of security	Parenting	Not rated or in the pipeline	Families with children younger than 6 years old in high-risk populations such as child enrolled in Early Head Start, teen moms, or parents with irritable babies		Yes, outpatient	AND DMH.DD.SAS funds for the uninsured	• Min. provider qualifications: Undergraduate degree and in the field of providing parent education. Supervisors are licensed mental health providers who have completed this training, completed the basic 10-day intensive training, and received at least one year of supervision from one of the Circle of Security originators
27. Seeking Safety *Manual:* *Najavits, L. M. (2002). Seeking Safety: A treatment*	SUD	**DOES NOT MEET CRITERIA**	Adolescents with a history of trauma and/or substance abuse	61 counties – 15 providers	Yes (utilizing outpatient billing codes)	AND DMH/DD/SAS (utilizing outpatient	• Clearinghouse rating renders this EBP ineligible for Title IV-E reimbursement as a prevention

manual for PTSD and substance abuse. New York. NY: Guilford *www.seekingsafety.org*						billing codes) for the uninsured.	service. NC would have to pay for this service on its own. • All of Perinatal, Maternal and CASAWORKS residential and outpatient SUD Treatment programs use Seeking Safety. • Lenz, A. S., Henesy, R., & Callender, K. (2016). Effectiveness of Seeking Safety for co-occurring posttraumatic stress disorder and substance use. *Journal of Counseling & Development, 94*(1), 51-61. •
28. Nurturing Program for Families in Substance Abuse Treatment and Recovery *Manual: Family Development Resources. (2012). Nurturing Proaramfor Families in Substance Abuse Treatment & Recovery* (3rd ed.). http://www.healthrecovery.org/publications/	SUD	**DOES NOT MEET CRITERIA**			No	DMH.DD.SAS funds some Perinatal, Maternal and CASAWORKS residential and outpatient SUD Treatment programs to use the Nurturing Program, for the uninsured.	• Clearinghouse rating renders this EBP ineligible for Title IV-E reimbursement as a prevention service. NC would have to pay for this service on its own. • **Camp, J. M., & Finkelstein, N. (1997).** Parenting training for women in residential substance abuse treatment. *Journal of Substance Abuse Treatment, 14*(5), 411-422

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EBPs currently being discussed by the Evidence-Based Practices Ad Hoc Work Group as of 4/20/20

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Summary of Current EBPs Under Consideration (as of 4/20/20)

Service Type Clearinghouse Rating	Mental Health	Substance Use Disorder	In-home Skill-based Parenting
Well Supported *(Evaluation required or permission to waive evaluation from CB)* *(If evaluation requirement is waived, CQI required)*	1. Multisystemic Therapy 2. Parent Child Interaction Therapy 3. Family Centered Treatment	4. Motivational Interviewing *(Awaiting further guidance from CB on expanded use)*	5. Homebuilders – Intensive Family Preservation & Reunification Services 6. Nurse Family Partnership 7. Healthy Families America 8. Parents as Teachers
Supported *(evaluation required)*	NA	NA	NA
Promising *(evaluation required)*	9. Trauma-Focused Cognitive Behavior Therapy 10. Child Parent Psychotherapy	11. Methadone Maintenance Therapy	
In the pipeline at the Clearinghouse for review	12. Incredible Years 13. Triple P 14. Attachment & Bio-behavioral Catch-up	15. Seven Challenges	14. Attachment & Bio-behavioral Catch-up
Independent Systematic Review underway	16. Dialectical Behavior Therapy *(Utah)*	16. Dialectical Behavior Therapy *(Utah)*	17. Strengthening Families *(Arkansas)*
Not rated or in the pipeline	18. Problematic Sexual Behavior-Cognitive Behavior Therapy *(CEBC* – not included)* 19. Cognitive Processing Therapy *(CEBC-Well Supported) (Nebraska may be planning an independent systematic review)* 20. Success Coach Model *(Parenting/MH intervention in NC)* *CEBC=California Evidence-Based Clearinghouse)	21. Beyond Anger & Violence *(CEBC-not included)* 22. Matrix Model Intensive Outpatient Program *(CEBC-Promising)* 23. CNAPS *(CEBC-not included)*	24. Child First *(CEBC-Supported)* 25. Family Connects *(CEBC-not included)* 26. Circle of Security of Parenting *(CEBC-not able to be rated)*
Does Not Meet Criteria		27. Seeking Safety 28. Nurturing Families	