

Naomi Goldstein
Deputy Assistant Secretary for Planning Research and Evaluation
United States Department of Health and Human Services
Administration for Children and Families
330 C Street, S
Washington, DC 20201

RE: Notice for public comment
Decisions for the Clearinghouse on Evidence Based Practices for the Family First Prevention
Service Act
FR Document 2018-13420

Dear Ms. Goldstein,

Thank you for the opportunity to provide comments on decisions related to the development of the Clearinghouse of Evidence-Based Practices in Accordance with the Family First Prevention Services Act (FFPSA) of 2018.

CLASP advocates for public policies that reduce poverty, improve the lives of people living in poverty, and create ladders to economic security for all, regardless of race, gender, or geography. We target large-scale opportunities to reform federal and state programs, funding, and service systems, then work on the ground for effective implementation. Our research, analysis, and advocacy foster new ideas and position governments and advocates to better serve low-income people. We also work at the state and local levels, providing technical assistance regarding the implementation of federal policies and programs.

Our comments and recommendations are based on CLASP's work and growing expertise in policies that support the mental and behavioral health needs of low-income youth, young adults, and parents. CLASP applauds the need to focus on prevention, addressing the psychological, developmental, social and emotional needs of children, youth, and families who have experienced trauma through evidence-based practices. Our comments seek to emphasize the flexibility of trauma-informed practice that states decide upon, and support the recommended evidence-based practices that take into account the holistic mental health needs of low-income youth and young adults who have experienced trauma.

Three million Americans living in poverty are either a mother who has experienced depression or a young adult who has experienced serious psychological distress during the past year. Untreated mental health needs have significant consequences for mothers and young adults as well as their families. This is especially true for low-income people. Young adults living in poverty experience disproportionate exposure to trauma and toxic stress. Young adults report exposure to structural disadvantages and a range of traumatic experiences, both ongoing and

during their childhoods. Chief among these is exposure to community and interpersonal violence. In 2015, the injury rate (per 100,000) of gun violence among Black youth ages 18 to 25 (195.9) was overwhelmingly higher than white (19.7) and Hispanic (15.6) youth.¹ These experiences, coupled with the financial strain associated with trying to navigate poverty and exposure to racism and discrimination amongst youth of color, create a backdrop of trauma and stress that profoundly shapes the mental health and wellness of low-income young adults.² It is essential to address traumatic experiences in order to meet the mental health needs of low-income young adults.

Young adults with unaddressed mental health challenges face many obstacles that undercut their economic stability and are often associated with the after effects of trauma. These include challenges connecting with (or persisting in) education and employment opportunities, contact with the criminal justice system, and a lack of social support. These barriers contribute to the high level of unmet need for mental health and support services for low-income young adults, particularly those of color. Serious psychological distress is defined as high levels of reported depression, anxiety, or emotional stress during participants' worst month of the year.³ Nearly 21 percent of young adults ages 18-25 living in poverty reported experiencing SPD within the last year. The poverty rate for young adults who experience serious psychological distress (28.5 percent) is higher than that for young adults overall (19 percent). These poverty rates are particularly high for young people of color who experience psychological distress.

Furthermore, addressing mental health challenges of parents improves the well-being of both the parents themselves, as well as, their children. Take, for example, the treatment of maternal depression. Strong and consistent evidence indicates that a mother's untreated depression undercuts young children's development, including risks to learning, success in school, and adult success. The effects can be lifelong, including "lasting effects on [children's] brain architecture and persistent disruptions of their stress response systems."⁴ A thorough review of this research by the National Research Council and Institute of Medicine finds that maternal depression endangers young children's cognitive, socio-emotional, and behavioral development, as well as their learning and physical and mental health over the long term.⁵

Through the clearinghouse defined by the Family First Prevention Services Act of 2018, the Department of Health and Human Services (HHS) has the opportunity to make a meaningful difference in the lives of youth and young adults who have experienced a range of trauma in

¹ CLASP Analysis of Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2015. www.cdc.gov/injury/wisqars

² Nia West-Bey and Stephanie Flores, *Everybody Got their Go Throughs: Young Adults on the Frontline of Mental Health*, CLASP, 2017.

³ Center for Behavioral Health Statistics and Quality, *2015 National Survey on Drug Use and Mental Health Public Use File Codebook*, 2016.

⁴ Center on the Developing Child at Harvard University. "Maternal Depression Can Undermine the Development of Young Children." Working Paper 8. 2009.

⁵ *Ibid.*

their communities. Parents of children involved in the child welfare system or at risk of involvement will have the opportunity to access necessary mental health prevention and treatment services to improve their well-being. This approach will serve as a critical strategy to prevent substance abuse disorders in the next generation, and to promote economic opportunity for youth, young adults, and families living in poverty.

Overall comments on clearinghouse

When understanding the needs of young adults and families in poverty who have been exposed to trauma and toxic stress, culturally appropriate methods must be considered. This must be done in the manner in which data is collected (e.g. prioritizing areas where individuals in need would visit, data methodology), managed, and analyzed. Additionally, evidence-based practices that are chosen must include culturally-specific and population-based practices that achieve desired results through a shared understanding of beliefs, knowledge, and practice.

We recognize the study and evaluation of the effectiveness of culture-centered practices can pose unique challenges. Often, researchers will discover that they cannot conduct randomized controlled trials (RCTs) or rigorous quasi-experimental designs (QEDs) for small, but high priority, populations for cultural and ethical reasons. In addition, the type of evidence required by registries or clearinghouses of evidence-based practices may not be compatible with culture-centered practice.

Specifically, challenges in building evidence for culture-based practices include small sample sizes, difficulty in identifying appropriate comparison groups, ethics of randomly assigning individuals for care in communities with high need and limited resources, and methodology that is incompatible with cultural values, beliefs, mores, and the traditions of local communities.

We believe it is important to clarify the definition and principals of the “independent systematic review”. We recommend the review process for prioritization adhere to the principal standard of the U.S. Department of Health and Human Services Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care - also known as the National CLAS standards - to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

2.2.7 Trauma-Informed.

The Family First Prevention Services Act statutory language [section 471(e)(4)(B)] states, “The services or programs to be provided to or on behalf of a child are provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma’s consequences and facilitate healing.”] As trauma-informed care is still an emerging field, we urge ACF to employ a broad view of the emerging definition of trauma-informed care.

We thank you for your work in making sure that these crucial programs focused on prevention of severe mental health illnesses, and to address trauma are included in the evidence-based practices clearinghouse defined by the FFPSA. For questions about CLASP's recommendations, please contact Isha Weerasinghe (iweerasinghe@clasp.org), Senior Policy Analyst for Mental Health Policy, Stephanie Schmit (sschmit@clasp.org), Senior Policy Analyst for Child Care and Early Education Policy, or Nia West-Bey (nwestbey@clasp.org), Senior Policy Analyst for Youth Policy.

Thank you,

A handwritten signature in black ink, appearing to read 'I. Weerasinghe', written in a cursive style.

Isha Weerasinghe
Senior Policy Analyst, Mental Health
CLASP