



Federal Policy Tool



# ECONOMIC & CONCRETE SUPPORTS

An Evidence Based Prevention Service. Implications  
for Family First and Systems Change

Emma Kahle Monahan, Yasmin Grewal-Kök,  
Gretchen Cusick, & Clare Anderson

This policy brief emphasizes the role of economic and concrete supports (ECS) in preventing child welfare involvement and promoting family well-being under the Family First Prevention Services Act. Evidence demonstrates ECS are associated with reduced risk for child maltreatment, increased program engagement, and improved parenting and mental health outcomes. The brief highlights programs rated by the IV-E Prevention Services Clearinghouse that provide ECS as a component of the model. It discusses policy and practice changes in child welfare and other family-serving systems that can facilitate community-level change in child and family well-being, and address racial and economic disparities.

April 2023

# Economic and Concrete Supports

An Evidence-based Service for Child Welfare Prevention



## Implications for Family First and Systems Change

This brief discusses the current evidence for the value of economic and concrete supports as a child welfare prevention service. Implications for Family First Prevention Services and early childhood systems are discussed.

Emma Kahle Monahan  
Yasmin Grewal-Kök  
Gretchen Cusick  
Clare Anderson

**April 2023**

 **CHAPIN HALL**  
AT THE UNIVERSITY OF CHICAGO

---

## Introduction

Economic and material hardship (for example, having insufficient resources to meet basic needs, experiencing economic shocks, and experiencing housing instability) are some of the most consistent and significant predictors of child welfare involvement (Hunter & Flores, 2021; Kim & Drake, 2018). Increased access to economic and concrete supports is associated with decreased risk for neglect and physical abuse (Brown et al., 2019; Farrell et al., 2018; Kovski et al., 2022). This suggests inadequate economic resources are a key family stressor that should be addressed when aiming to prevent child welfare involvement and out-of-home care placement. Importantly, Black, Latino, and Native American families are disproportionately more likely to face material hardship and economic instability due to longstanding systemic conditions and structural racism (Shrider et al., 2021), both inside and outside the child welfare system (Dettlaff & Boyd, 2020). This has likely fueled disproportionate child welfare system involvement among these families, particularly for Black and Native American families. Consequently, it is crucial to consider how to best meet families' economic and concrete support needs to prevent child welfare involvement and more equitably serve families.

Federal legislation passed in 2018, the [Family First Prevention Services Act \(Family First\)](#), aims to prevent out-of-home placement by providing federal reimbursement for the provision of evidence-based mental health and substance abuse prevention and treatment programs and/or services as well as

parent-skills-based services to children and families. The criteria for defining these programs and/or services are outlined in the legislation and in the Title IV-E Prevention Services Clearinghouse *Handbook of Standards and Procedures* (Wilson et al., 2019). Once a program and/or service achieves a rating that meets the Clearinghouse Handbook standards, states can receive federal reimbursement for a portion of the costs of providing the program.

Connecting families to programs and/or services that help alleviate economic insecurity and provide the resources they need to thrive as parents has the potential not just to prevent out-of-home placement but to prevent *any* child maltreatment or child welfare involvement. There is evidence regarding the effect of economic and concrete support services and programs as child welfare prevention mechanisms, as evidenced by associations with reductions in child welfare involvement, including screened-in reports, substantiated maltreatment, and foster care placement (Cancian et al., 2013; Farrell et al., 2018; Johnson-Motoyama et al., 2022; Kovski et al., 2022; Puls et al., 2022). Economic and concrete supports<sup>1</sup> must be considered a critical part of the prevention service array used by states. They should be reviewed by the [Title IV-E Prevention Services Clearinghouse](#)<sup>2</sup> (hereafter, Family First Clearinghouse) as programs and/or services that reduce child welfare involvement or improve child or adult well-being outcomes, such as parenting skills, substance use, and mental health. **Importantly, there are evidence-based programs (EBPs) currently approved for use on the Family First Clearinghouse**

**Economic and concrete supports must be considered a critical part of the broad prevention service array used to support families.**

**that include economic or concrete supports as a key ingredient (see Table 1).** Five EBPs include outcomes related to improved parenting. The sixth EBP, Community Reinforcement+Vouchers, includes outcomes related to substance use. Some, but not all, have outcomes specific to child welfare system involvement. The Family First Clearinghouse does not identify impacts on child welfare outcomes or a study population inclusive of child welfare-involved families as requirements for programs to be eligible for review.

**This brief has three goals: (1) describe the evidence supporting economic and concrete supports as a child welfare prevention mechanism and evidence-based service; (2) identify the programs already rated on the Family First Clearinghouse that provide economic and concrete supports as a component of the program; and (3) discuss policy and practice changes in child welfare and other family-serving systems that could facilitate community-level change in child and family well-being.**

---

<sup>1</sup> Examples of economic and concrete supports include cash assistance, emergency funds, direct cash transfers, Earned Income Tax Credit (EITC), Child Tax Credit (CTC), employment, nutrition and food assistance, housing assistance, utility assistance, health care, child care, transportation, clothing, furniture, and equipment.

<sup>2</sup> The Title IV-E Clearinghouse is a resource for states that lists evidence-based programs that have undergone review by the Children's Bureau and have been given a rating of Well-Supported, Supported, Promising, or Does Not Meet Criteria based on the evidence base. A program has to be rated at least Promising to be eligible for Title IV-E funding reimbursement through Family First.

---

## Evidence for Economic and Concrete Supports as an Evidence-based Service for Child Welfare Prevention

There are numerous studies showing the effect of economic resources and concrete supports (or lack thereof) on child maltreatment (Puls et al., 2021). In states that implemented more restrictive Temporary Assistance for Needy Families (TANF)<sup>3</sup> policies (for example, loss of all benefits if unemployed or shorter time limits for benefit receipt), Ginther and Johnson-Motoyama (2017) found a 23% increase in substantiated neglect reports, a 13% increase in foster care entries due to neglect, and a 13% increase in total foster care entries (compared to states that did not implement restrictive TANF policies). In a subsequent analysis published in 2022, Ginther and Johnson-Motoyama found that each additional state policy restricting access to TANF is associated with an additional 50 children with substantiated neglect reports, an additional 22 children entering foster care due to abuse, and an additional 21 children entering foster care due to neglect (all per 100,000 children). Low-income families receiving TANF who experience multiple material hardships (after having experienced no material hardships) have a four times higher likelihood of a child protective services investigation and seven times higher likelihood of a physical abuse investigation (Yang, 2015). In a study of mothers entering substance use treatment, difficulty finding child care was a stronger predictor of maternal neglect than almost any other factor, including mental health and severity of drug use (Yang & Maguire-Jack, 2016). Housing insecurity is also a significant contributor to increased risk for child welfare involvement, particularly child removal and placement into foster care (Fowler et al., 2013; Warren & Font, 2015). For example, households likely to experience a foreclosure filing in the next 6–12 months are at a 70% greater risk of a CPS investigation than households that are not (Berger et al., 2015). All of these studies point to the detrimental effects of economic hardship and insecurity on family and child well-being and child welfare involvement.

**These studies point to the detrimental effects of economic hardship and insecurity on family and child well-being and child welfare involvement.**

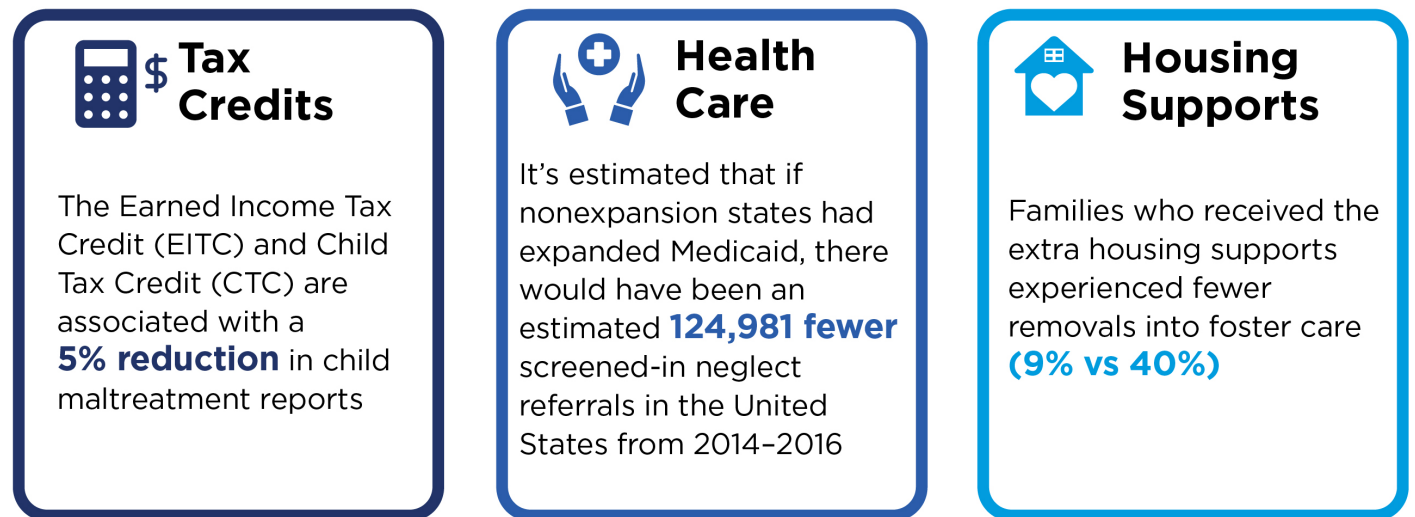
Evidence also supports the positive effects of increased access to economic resources and concrete supports (see Figure 1). One study found the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) are associated with a 5% reduction in child maltreatment reports in the 4 weeks following families' receipt of the tax credit (Kovski et al., 2022). In states that expanded Medicaid, the rate of screened-in neglect referrals decreased compared to states that did not expand Medicaid (Brown et al., 2019). Brown also estimated that if nonexpansion states had expanded Medicaid, there would have been an estimated 124,981 fewer

---

<sup>3</sup> Temporary Assistance for Needy Families (TANF) program is a federal cash assistance program for low-income families with children. TANF has a work requirement, and states have flexibility in the generosity of the cash benefit as well as the imposition of sanctions.

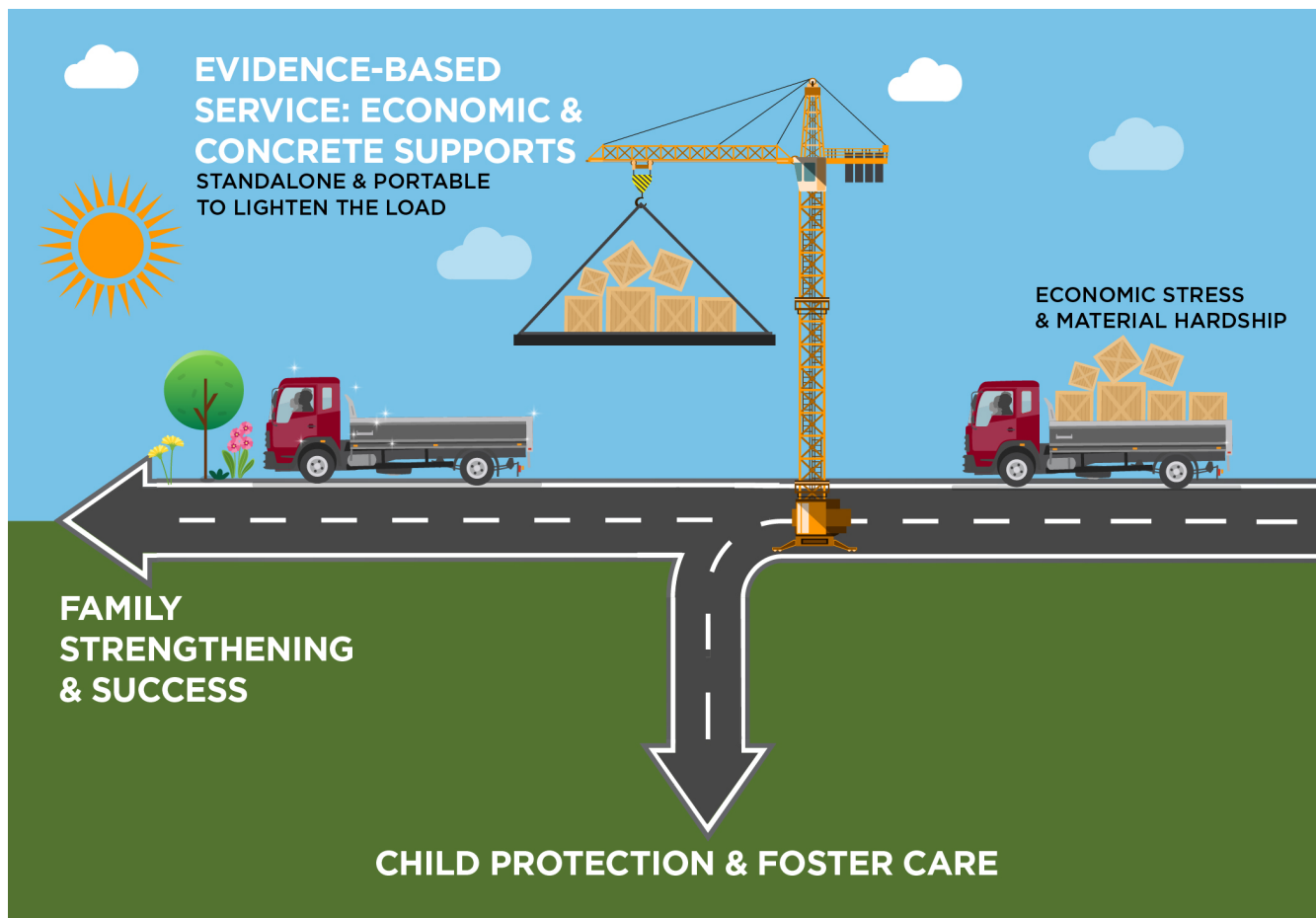
screened-in neglect referrals in the United States from 2014–2016. Child Care and Development Fund policies that make child care subsidies more accessible to child welfare supervised families are associated with lower child removal rates (Meloy et al., 2015). Notably, in a randomized control trial of a supportive housing intervention for child welfare-involved families, families who received extra housing supports experienced fewer removals into foster care (9% vs 40%), lower prevalence of substantiated maltreatment (8% vs 26%), and increased reunification (30% vs 9%; Farrell et al., 2018). And low-income families who receive Differential Response (DR) with concrete supports, as compared to low-income families who receive DR without concrete supports, are less likely to experience a subsequent maltreatment report (43.2% v. 52.7%; Loman & Siegel, 2012).

**Figure 1: Associations between Economic and Concrete Supports and Child Welfare Prevention**



Numerous studies also demonstrate the value of programs that provide economic supports through direct cash transfers (Akee et al., 2010; Morris et al., 2017). A randomized control trial of a guaranteed income program in Stockton, California that provided unconditional monthly payments of \$500 to residents found improved economic stability, employment, and mental health (West et al., 2021). Another randomized control trial provided a \$333 unconditional monthly payment to low-income mothers with young babies; after 1 year, infants in the experimental group demonstrated higher cognitive functioning in comparison to the control group (Troller-Renfree et al., 2022). A recent Child Trends analysis of direct cash transfers to families with young children summarizes the evidence related to well-being outcomes of infants and toddlers (Maxfield, 2023). These studies demonstrate the value of economic and concrete supports as an evidence-based service for strengthening families and preventing child welfare involvement (see Figure 2). Other evidence can be found [here](#).

Figure 2: Economic and Concrete Supports as an Evidence-based Prevention Service for Child Welfare



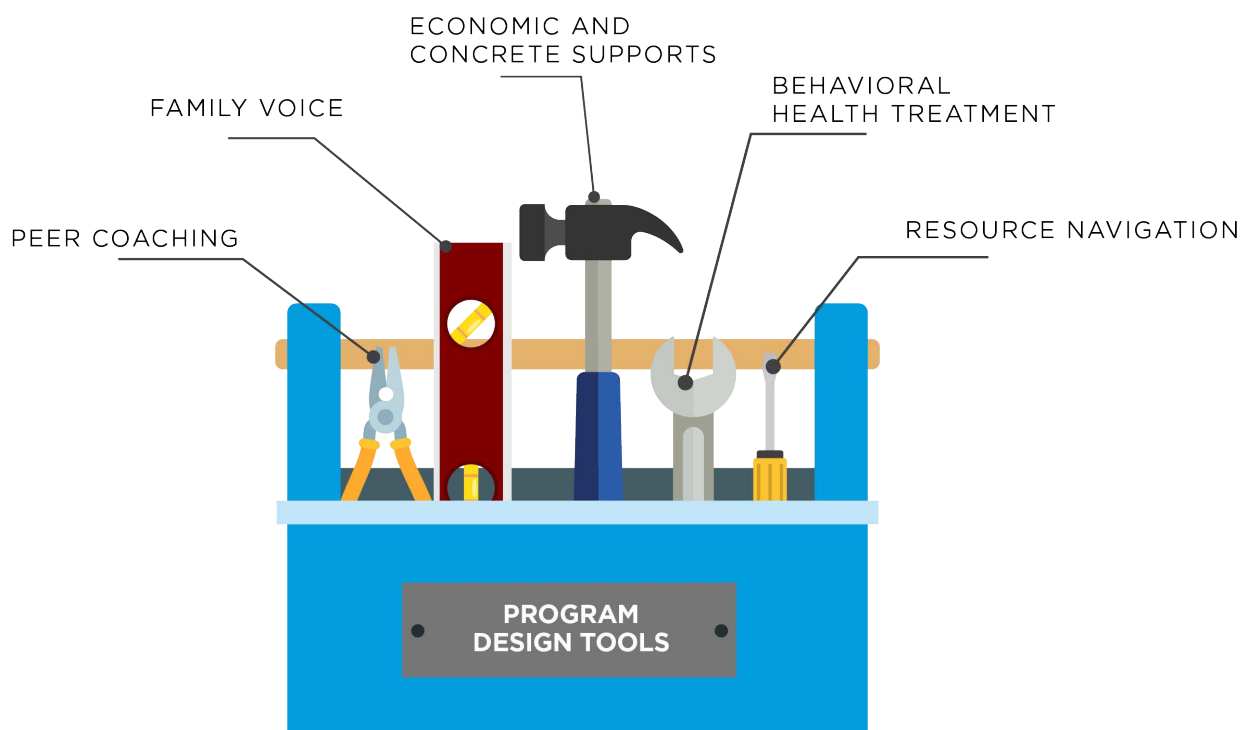
## Economic and Concrete Supports as Components of Evidence-based Programs

As evidenced above, the positive effects of economic and concrete supports are notable and a crucial part of preventing child welfare involvement and out-of-home placement. As states begin to focus more on prevention—both broadly and within Family First—it is critical to consider programs and/or services that support families’ economic and concrete needs.

The Family First Clearinghouse has approved programs that include economic support as a component or key ingredient (see Table 1). Three well-supported programs include flexible funds for families: HomeBuilders™, Multisystemic Therapy, and Intercept®. **Notably, an evaluation of Homebuilders™ found the concrete supports made available through these programs were effective for preventing subsequent maltreatment and out-of-home care** (Ryan & Schuerman, 2004). Additionally, two other programs currently approved on the Family First Clearinghouse include referral and coordination of economic and concrete supports as a component of the evidence-based program—Healthy Families America and Child First.

The developers and related scholars of these favorably rated evidence-based programs and/or services on the Clearinghouse embedded economic and concrete supports into their program model designs with purpose. **This pattern of intervention development suggests that economic and concrete supports may be a much more powerful active ingredient or evidence-based kernel (Embry & Biglan, 2008) in the effectiveness of these programs. Said differently, economic and concrete supports may be the evidence-based service within broader evidence-based programs. As such, the evidence-based service of economic and concrete supports could be implemented independently and/or is a portable design element that can be used in other programs.** This is true of Community Reinforcement Approach+Vouchers (CRA+V) insofar as Contingency Management is the evidence-based service, as a voucher, within the broader evidence-based program of CRA. There is significant evidence, including a meta-analysis of 23 randomized control trials, demonstrating that Contingency Management is an evidence-based service for substance misuse treatment with long-term efficacy (Ginley et al., 2021). One randomized control trial compared cash to vouchers in Contingency Management and found similar outcomes in abstinence (Festinger et al., 2014).

**Figure 3: Economic and Concrete Supports as a Portable Element of the Program Design Toolbox**



There are perhaps additional programs on the Clearinghouse that include provision of economic and/or concrete supports or referral and coordination to resources even if their inclusion is not readily apparent in a review of the literature or program materials. For example, some EBPs may be administered by organizations

whose central mission is to comprehensively address families’ needs, including concrete supports, regardless of the specific EBP a family is participating in.

**Table 1. Programs Eligible for Family First Funding with an Economic and Concrete Support Component**

<b>Program</b>	<b>Rating on Clearinghouse</b>	<b>Service Type per Clearinghouse</b>	<b>Economic &amp; Concrete Support Component</b>
<b>Child First</b>	Supported	In-home parenting & mental health	Care coordination to assist families in accessing services such as SNAP, WIC, housing
<b>Community Reinforcement Approach + Vouchers</b>	Promising	Substance use	Vouchers as incentives to remain in treatment and abstinent
<b>Healthy Families America</b>	Well-supported	In-home parenting	Referral and coordination of services including financial, food, housing assistance, and child care
<b>Homebuilders™</b>	Well-supported	In-home parenting	Flexible funds for family
<b>Intercept®</b>	Well-supported	In-home parenting	Flexible funds for family
<b>Multisystemic Therapy</b>	Well-supported	Mental health & substance use	Flexible funds for family

## **Creating Child Welfare System Change to Support Families’ Economic and Concrete Support Needs**

In addition to choosing EBPs that include economic and concrete supports, child welfare systems can also augment their services with economic supports. For example, assessing families for economic hardship and instability as a routine practice in case management could alert social workers that a family may be facing financial, housing, or food insecurity. States could then provide flexible funds for caseworkers to address families’ immediate economic needs, ideally preventing crises that might otherwise result in out of home placement. Vermont and Kentucky are already implementing state provided flexible funds in this way (Huebner et al., 2008).

Other federal and state resources are also available to mitigate some of the economic hardships families face. Although these programs have been shown to have positive effects (Bronchetti et al., 2019; Spencer et al., 2021), they are often under-utilized due to a variety of factors, including lack of awareness on the part of families and increased administrative burden on states. For example, according to the IRS, nearly 20% of eligible families did not claim the Earned Income Tax Credit (EITC) from 2011 to 2018 (Robertson et al., 2020), about 18% of eligible people did not receive Supplemental Nutrition Assistance Program (SNAP; U.S. Department of Agriculture, 2021), and about 75% of eligible families did not receive TANF in 2015–2016 (Giannarelli, 2019). Greater collaboration between child welfare and system partners like SNAP, TANF, childcare and early childhood education, housing, and Medicaid departments—through data sharing and resource linkage—could improve states’ abilities to more globally meet families’ needs by increasing participation in these programs.

---

## Creating Broader System Change and a Public Health Approach for Primary Prevention of Child Welfare Involvement

The clear relationship between economic factors and child welfare involvement also suggests a population-level public health approach is needed to make a large impact on preventing child maltreatment (Brown et al., 2019; Kovski et al., 2022). As one strategy to increase access to services and resources, communities invest in call centers (such as 2-1-1) and online resource directories and referral networks (Cartier et al., 2020). Community-based coordination mechanisms that support outreach and training for referral partners, such as the Help Me Grow initiative, foster collaboration across early education, family support, and child health care, in addition to connecting families more efficiently to available resources (Dworkin, 2006). Family or patient navigators and care coordinators can also offer critical, individualized support to families seeking to navigate community services.

**No single system is fully equipped to help families overcome the challenges they face.**

One evaluation of a pediatric primary care healthcare innovation conducted by Chapin Hall demonstrated the value of a public health, systems change approach to strengthening families and reducing stress and hardship (McCrae et al., 2021; Byers et al., 2022). The healthcare innovations being evaluated focused on screening for social determinants of health and connecting families to services. Families do not flourish when they become involved in deeply fragmented systems; rather, these systems contribute to families’ stresses. Results showed an improvement in resilience

and reduction in stress for families participating in the pediatric healthcare innovations, highlighting that when there are targeted supports and family-driven services, resources can become more accessible and systems nimbler in order to meet complex needs. **The consistent theme in the results of this evaluation is**

**that no single system is fully equipped to help families overcome the challenges they face; family voice, relationship building, and collaboration across systems are needed to help families succeed. These findings underscore the possibility that systems change can increase family flourishing.**

There are also structural inequities and distrust between families and the government that serves them. Systemic barriers to needed services like access to public transportation, distance to available services, and language competency are long-standing issues that need precise, place-based strategies that are codesigned and implemented with families and communities in the lead. Families are more likely to access resources when their priorities guide the advice and referrals providers offer, a strategy that could be adapted system-wide (Barton et al., 2020; Daro & Karter, 2019). The unexpected successes of virtual home visits introduced during the pandemic represent one promising solution for system building that can increase access to help in communities of color and rural localities (Bock et al., 2021; Self-Brown et al., 2020). Community development and empowerment models that focus on community assets such as health clinics and schools to promote well-being show promise as a force for change (Forrester et al., 2020; O'Mara-Eves et al., 2015).

Additionally, expanded and accessible federal, state, and local investments are needed to address unmet economic and concrete needs that contribute to child welfare system involvement. Numerous studies have found that increasing the generosity or accessibility of economic and concrete supports is associated with reduced risk of child welfare involvement (Goodman et al., 2021; Meloy et al., 2015; Yang et al., 2019). Greater investment in supports to families with young children may have a particularly strong impact, with two studies showing reductions in abusive head trauma (Klevens et al., 2016; Klevens et al., 2017). Importantly, because families and communities of color experience deep inequities in income and resource access and are disproportionately more likely to be economically insecure due to longstanding systemic inequities and structural racism (Dettlaff et al., 2021; Shrider et al., 2021), increasing economic and concrete supports may also reduce persistent racial disparities in child welfare system involvement and outcomes.

---

## **Implications for Child Welfare and Broader System Change**

The evidence of the role of economic supports in family well-being and reduced involvement in child welfare is compelling. Also of note are the positive effects of the public health and healthcare innovations focused on addressing families' needs holistically and capitalizing on families' strengths. This brief presents multiple strategies for operationalizing this evidence at federal, state, and local levels as child welfare shifts toward prevention (see Figure 3).

**Figure 4: Recommendations for Elevating Economic and Concrete Supports as a Child Welfare Prevention Mechanism**



When designing and implementing Family First prevention plans, prioritize prevention services that provide families with economic and concrete supports.



Review the evidence of economic and concrete supports as an independent and portable evidence-based service for inclusion on the Title IV-E Clearinghouse related to improving child and adult well-being, prevention and treatment of mental health and substance use needs, and parent skill building.



Encourage behavioral health, substance use, and in-home family support program developers to include economic and concrete supports as a key component of the intervention.



Continue building the research base that isolates the effects of economic and concrete supports within prevention programs on mental health, substance use, parenting, child welfare involvement, and other Clearinghouse measures of child and family well-being.



Implement systematic screening for economic and concrete support needs, within child welfare and in upstream systems, in order to better identify and address these issues for families. Specific roles could be created to manage the screening, referral to services, and connection to programs like SNAP, TANF, Medicaid, and EITC.



Continue researching and advocating for cash support programs like direct cash transfers that have minimal to no conditions or administrative hurdles. Providing the economic resources families need to serve one of the most important roles in society and providing the autonomy to spend it as their needs dictate has the potential to greatly increase family and child well-being and prevent child maltreatment.



Create programs that center family voice, are highly relational, and involve building community capacity and resources through increased communication and integration across family-serving systems. These programs can ensure families' needs are heard and met through the referral, linkage, and navigation processes.



Ensure any policy designed to prevent or address child welfare involvement and out-of-home placement includes economic and concrete supports as a core resource and strategy.

Evidence-based policy is essential to real and lasting change in child-serving systems. This is particularly the case in a time when child welfare is more receptive to transitioning from siloed systems to a family-strengthening prevention network where everyone at the table can jointly reshape the needed policy and fiscal levers. Additionally, nonprofits, researchers, developers of evidence-based practices, and government agencies can use the effective strategies identified in public health and systems change approaches and in the literature on economic and concrete supports. Embedding these strategies across programs and systems can help to refine our knowledge, accelerate change, and scale what works. Importantly, given the disparities in economic resources and child welfare involvement for families of color, elevating strategies and programs that increase families' economic resources will work to reduce some of these disparities and create a more equitable family-serving system.

Systems change must occur to build capacity and collaboration across government systems, public benefit programs, nonprofits, and behavioral and health systems to connect families to resources and better meet their needs. The Family First legislation is designed to bring to bear the evidence of what works to reduce child welfare involvement and out-of-home placement. There is evidence to support the value of addressing the economic and material insecurity faced by so many child welfare-involved families.

**The time is now to  
prioritize addressing  
families' economic  
and concrete  
support needs.**

The time is now to prioritize addressing families' economic and concrete support needs, connect them to a well-resourced, community-driven prevention system, and prevent child welfare involvement and out-of-home placement with evidence-based services that meaningfully address the root causes of adverse experiences, including abuse and neglect, and ultimately allow families to thrive.

## Statement of Independence and Integrity

Chapin Hall adheres to the values of science, meeting the highest standards of ethics, integrity, rigor, and objectivity in its research, analyses, and reporting. Learn more about the principles that drive our work in our [Statement of Independence](#).

Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real-world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children and families.

Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit [www.chapinhall.org](http://www.chapinhall.org) or @Chapin\_Hall.

## Suggested Citation

Monahan, E. K., Grewal-Kök, Y., Cusick, G., & Anderson, C. (2023). *Economic and concrete supports: An evidence-based service for child welfare prevention*. Chapin Hall at the University of Chicago.

## Correspondence

Emma Monahan, Senior Researcher, Chapin Hall at the University of Chicago  
emonahan@chapinhall.org

---

## References

- Akee, R. K., Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2010). Parents' incomes and children's outcomes: A quasi-experiment. *American Economic Journal: Applied Economics*, 2(1), 86–115.
- Barton, J., Jimenez, P. N., Biggs, J., Garstka, T. A., & Ball, T. C. (2020). Strengthening family retention and relationships in home visiting programs through early screening and assessment practices. *Children and Youth Services Review*, 118, 105495.
- Berger, L. M., Collins, J. M., Font, S. A., Gjertson, L., Slack, K. S., & Smeeding, T. (2015). Home foreclosure and child protective services involvement. *Pediatrics*, 136(2), 299–307. <https://doi.org/10.1542/peds.2014-2832>
- Bock, M. J., Kakavand, K., Careaga, D., & Gozaliens, S. (2021). Shifting from in-person to virtual home visiting in Los Angeles County: Impact on programmatic outcomes. *Maternal and Child Health Journal*, 1, 6–10.
- Bronchetti, E., Christensen, G., & Hoynes, H. W. (2019). Local food prices, SNAP purchasing power, and child health. *Journal of Health Economics*, 68. <https://doi.org/10.1016/j.jhealeco.2019.102231>
- Brown, E. C., Garrison, M. M., Bao, H., Qu, P., Jenny, C., & Rowhani-Rahbar, A. (2019). Assessment of rates of child maltreatment in states with Medicaid expansion vs states without Medicaid expansion. *JAMA Network Open*, 2(6), e195529-e195529. <https://doi.org/https://dx.doi.org/10.2139/ssrn.3543987>
- Byers, K., Monahan, E. K., McCrae, J. S., Robinson, J., & Finno-Velasquez, M. (2022). Improving child health and healthcare use outcomes: How risk and resilience intersect in pediatric care. *Prevention Science*, 23(7), 1143–1155.
- Cancian, M., Yang, M. Y., & Slack, K. S. (2013). The effect of additional child support income on the risk of child maltreatment. *Social Science Review*, 87(3), 417–438.
- Cartier, Y., Fichtenberg, C., & Gottlieb, L. M. (2020). Implementing community resource referral technology: Facilitators and barriers described by early adopters. *Health Affairs*, 39(4). <https://doi.org/10.1377/hlthaff.2019.01588>
- Daro, D., & Karter, C. (2019). Universal services: The foundation for effective prevention. In B. Lonne, D. Scott, D. Higgins, & T. I. Herrenkohl (Eds.), *Re-visioning Public Health Approaches for Protecting Children* (pp. 113-126). Springer.
- Dettlaff, A. J., & Boyd, R. (2020). Racial disproportionality and disparities in the child welfare system: Why do they exist, and what can be done to address them? *The ANNALS of the American Academy of Political & Social Science*, 692(1), 253–274. <https://doi.org/10.1177/0002716220980329>
- Dettlaff, A. J., Boyd, R., Merritt, D., Plummer, J. A., & Simon, J. D. (2021). Racial bias, poverty, and the notion of evidence. *Child Welfare*, 99(3), 61-89. <https://www.jstor.org/stable/48647485>
- Dworkin, P. H. (2006). Promoting development through child health services: Introduction to the *Help Me Grow* Roundtable. *Journal of Developmental & Behavioral Pediatrics*, 27(1), S2–S4.
- Embry, D. D., & Biglan, A. (2008). Evidence-based kernels: Fundamental units of behavioral influence. *Clinical Child & Family Psychology Review*, 11(3), 75–113. <https://doi.org/10.1007/s10567-008-0036-x>
- Farrell, A. F., Britner, P. A., Kull, M. A., Struzinski, D. L., Somaroo-Rodriguez, K., Parr, K., Westberg, L., Cronin, B., & Humphrey, C. (2018). *Final report: Connecticut's Intensive Supportive Housing for Families program*.

Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/ISHF-Report-FINAL.pdf>

- Festinger, D. S., Dugosh, K. L., Kirby, K. C., & Seymour, B. L. (2014). Contingency management for cocaine treatment: Cash vs. vouchers. *Journal of Substance Use Treatment, 47*(2), 168-174.
- Forrester, G., Kurth, J., Vincent, P., & Oliver, M. (2020). Schools as community assets: An exploration of the merits of an Asset-Based Community Development (ABCD) approach. *Educational Review, 72*(4), 443-458.
- Fowler, P. J., Henry, D. B., Schoeny, M., Landsverk, J., Chavira, D., & Taylor, J. J. (2013). Inadequate housing among families under investigation for child abuse and neglect: Prevalence from a national probability sample. *American Journal of Community Psychology, 52*(1), 106-114.  
<https://doi.org/10.1007/s10464-013-9580-8>
- Giannarelli, L. (2019). What was the TANF participation rate in 2016. Urban Institute.  
[https://www.urban.org/sites/default/files/publication/100521/what\\_was\\_the\\_tanf\\_participation\\_rate\\_in\\_2016\\_0.pdf](https://www.urban.org/sites/default/files/publication/100521/what_was_the_tanf_participation_rate_in_2016_0.pdf)
- Ginley, M. K., Pfund, R. A., Rash, C. J., & Zajac, K. (2021). Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. *Journal of Consulting and Clinical Psychology, 89*(1), 58-71.  
<https://doi.org/10.1037/ccp0000552>
- Ginther, D. K., & Johnson-Motoyama, M. (2017). Do state TANF policies affect child abuse and neglect? Paper presented at the APPAM 39th Annual Fall Research Conference, Chicago, IL.  
[https://www.econ.iastate.edu/files/events/files/gintherjohnsonmotoyama\\_appam.pdf](https://www.econ.iastate.edu/files/events/files/gintherjohnsonmotoyama_appam.pdf)
- Ginther, D. K., & Johnson-Motoyama, M. (2022). Associations between state TANF policies, child protective services involvement, and foster care placement. *Health Affairs, 41*(12), 1744-1753.  
<https://doi.org/10.1377/hlthaff.2022.00743>
- Goodman, W. B., Dodge, K. A., Bai, Y., Murphy, R. A., & O'Donnell, K. (2021). Effect of a universal postpartum nurse home visiting program on child maltreatment and emergency medical care at 5 years of age: A randomized clinical trial. *JAMA Network Open, 4*(7), e2116024-e2116024.  
<https://doi.org/10.1001/jamanetworkopen.2021.16024>
- Huebner, R. A., Robertson, L. A., Lianeckhammy, J., Roberts, C., Washington, M., Jennings, M., Mayer, G., Durbin, L., Cordell, C., & Brock, A. (2008). *Kentucky's Family Preservation Program: Comprehensive program evaluation*. [https://www.chfs.ky.gov/agencies/dcbs/Documents/FPPEvaluation\\_Final.pdf](https://www.chfs.ky.gov/agencies/dcbs/Documents/FPPEvaluation_Final.pdf)
- Hunter, A. A., & Flores, G. (2021). Social determinants of health and child maltreatment: A systematic review. *Pediatric Research, 89*, 269-274.
- Johnson-Motoyama, M., Ginther, D. K., Oslund, P., Jorgenson, L., Chung, Y., Phillips, R., Beer, O. W., Davis, S., & Sattler, P. L. (2022). Association between state Supplemental Nutrition Assistance Program policies, child protective services involvement, and foster care in the US, 2004-2016. *JAMA Network Open, 5*(7), 1-12. <https://doi.org/10.1001%2Fjamanetworkopen.2022.21509>
- Kim, H. & Drake, B. (2018). Child maltreatment risk as a function of poverty and race/ethnicity in the USA. *International Journal of Epidemiology, 47*, 780-787.
- Klevens, J., Luo, F., Xu, L., Peterson, C., & Latzman, N. E. (2016). Paid family leave's effect on hospital admissions for pediatric abusive head trauma. *Injury Prevention, 22*(6), 442-445.  
<https://doi.org/10.1136%2Finjuryprev-2015-041702>

- Klevens, J., Schmidt, B., Luo, F., Xu, L., Ports, K. A., & Lee, R. D. (2017). Effect of the Earned Income Tax credit on hospital admissions for pediatric abusive head trauma, 1995-2013. *Public Health Reports*, 132(4), 505-511. <https://doi.org/10.1177%2F003335491771090>
- Kovski, N. L., Hill, H. D., Mooney, S. J., Rivara, F. P., & Rowhani-Rahbar, A. (2022). Short-term effects of tax credits on rates of child maltreatment reports in the United States. *Pediatrics*, 150(1), e2021054939. <https://doi.org/10.1542/peds.2021-054939>
- Loman, L. A., & Siegel, G. L. (2012). Effects of anti-poverty services under the differential response approach to child welfare. *Children & Youth Services Review*, 34(9), 1659-1666. <https://psycnet.apa.org/doi/10.1016/j.chilyouth.2012.04.023>
- Maxfield, E., & Thomson, D. (2023). Cash transfers support infant and toddler development. *Child Trends*. <https://doi.org/10.56417/2858n3669k>
- McCrae, J. S., Robinson, J. L., Spain, A. K., Byers, K., & Axelrod, J. (2021). The Mitigating Toxic Stress study design: Approaches to developmental evaluation of pediatric health care innovations addressing social determinants of health and toxic stress. *BMC Health Services Research*, 21(71).
- Meloy, M. E., Lipscomb, S. T., & Baron, M. J. (2015). Linking state child care and child welfare policies and populations: Implications for children, families, and policymakers. *Children & Youth Services Review*, 57, 30-39. <https://doi.org/10.1016/j.chilyouth.2015.07.008>
- Morris, P. A., Aber, J. L., Wolf, S., & Berg, J. (2017). Impacts of family rewards on adolescents' mental health and problem behavior: Understanding the full range of effects of a conditional cash transfer program. *Prevention Science*, 18(3), 326-336.
- O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: A meta-analysis. *BMC Public Health*, 15(1), 1-23.
- Puls, H. T., Hall, M., Anderst, J. D., Gurley, T., Perrin, J., & Chung, P. J. (2021). State spending on public benefit programs and child maltreatment. *Pediatrics*, 148(5), e2021050685. <https://doi.org/10.1542/peds.2021-050685>
- Robertson, C., Zucker, G., & Olson, N. (2020). Strategies for Increasing Uptake of the Earned Income Tax Credit. New America. <https://www.newamerica.org/pit/reports/strategies-increasing-uptake-earned-income-tax-credit/>
- Ryan, J. P., & Schuerman, J. R. (2004). Matching family problems with specific family preservation services: A study of service effectiveness. *Children & Youth Services Review*, 26(4), 347-372.
- Self-Brown, S., Reuben, K., Perry, E. W., Bullinger, L. R., Osborne, M. C., Bielecki, J., & Whitaker, D., (2020). The impact of COVID-19 on the delivery of an evidence-based child maltreatment prevention program: understanding the perspectives of SafeCare® providers. *Journal of Family Violence*, 37(5), 825-835.
- Shrider, E. A., Kollar, M., Chen, F., & Semega, J. (2021). *Income and poverty in the United States: 2020*. U.S. Census Bureau, Current Population Reports (P60-273).
- Spencer, R. A., Livingston, M., D., Komro, K. A., Scroczyński, N., Rentmeester, S. T., & Woods-Jaeger, B. (2021). Association between Temporary Assistance for Needy Families (TANF) and child maltreatment among a cohort of fragile families. *Child Abuse & Neglect*, 120, 105186.

- Troller-Renfree, S. V., Costanzo, M. A., Duncan, G. J., Magnuson, K. A., Gennetian, L. A., Yoshikawa, H., Halpern-Meekin, S., Fox, N. A., & Noble, K.G. (2022). The impact of a poverty reduction intervention on infant brain activity. *Proceedings of the National Academies of Sciences*, 119(5):e2115649119.
- U.S. Department of Agriculture. (2021). Reaching those in need: Estimates of state SNAP participation rates in 2018. <https://www.fns.usda.gov/snap/reaching-those-need-estimates-state-2018>
- Warren, E. J., & Font, S. A. (2015). Housing insecurity, maternal stress, and child maltreatment: An application of the family stress model. *Social Service Review*, 89(1), 9–39. <https://psycnet.apa.org/doi/10.1086/680043>
- West, S., Castro Baker, A., Samra, S., & Coltrera, E. (2021). *Preliminary analysis: SEED's first year*. [https://static1.squarespace.com/static/6039d612b17d055cac14070f/t/603ef1194c474b329f33c329/1614737690661/SEED Preliminary+Analysis-SEEDs+First+Year Final+Report Individual+Pages+-2.pdf](https://static1.squarespace.com/static/6039d612b17d055cac14070f/t/603ef1194c474b329f33c329/1614737690661/SEED+Preliminary+Analysis-SEEDs+First+Year+Final+Report+Individual+Pages+-2.pdf)
- Wilson, S. J., Price, C. S., Kerns, S. E. U., Dastrup, S. D., & Brown, S. R. (2019). *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, version 1.0*, OPRE Report #2019-56, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Yang, M.-Y. (2015). The effect of material hardship on child protective services involvement. *Child Abuse & Neglect*, 41, 113–125. <https://doi.org/10.1016/j.chiabu.2014.05.009>
- Yang, M.-Y., & Maguire-Jack, K. (2016). Predictors of basic needs and supervisory neglect: Evidence from the Illinois Families Study. *Children & Youth Services Review*, 67, 20–26. <https://doi.org/10.1016/j.chidyouth.2016.05.017>
- Yang, M. Y., Maguire-Jack, K., Showalter, K., Kim, Y. K., & Slack, K. S. (2019). Child care subsidy and child maltreatment. *Child & Family Social Work*, 24(4), 547–554. <https://doi.org/10.1111/cfs.12635>