

Placement Stabilization Programs

The CEBC defines Placement Stabilization Programs as programs that aim to reduce the number and frequency of disrupted out-of-home placements. Services that seek to keep placements intact include those focused on enhancing the caregiver's sense of competency in parenting the child including dealing with difficult behaviors, encouraging positive caregiver-child interactions, helping the caregiver develop proactive and reactive responses that reinforce positive behaviors, and providing a safe and nurturing environment for the child. Goals for some programs may also include stabilizing placements for large sibling groups to keep siblings together.

Placement Stabilization Programs Topic Area criteria:

- **Target population:** Children in out-of-home placements
- **Services/types that fit:** Outpatient, day treatment, and residential services with individual or group formats that target youth directly or adults (caregivers, teachers, etc.) who work with these youth
- **Delivered by:** Child welfare workers, mental health professionals, or trained paraprofessionals
- **In order to be included in this topic area on the CEBC:** Program must specifically target placement stabilization as a goal
- **In order to be rated in this topic area by the CEBC:** There must be research evidence (as specified by CEBC [Scientific Rating Scale](#)) that examines outcomes related to placement stabilization, such as placement disruptions, exits from out-of-home care, or moves to more restrictive levels of care



The table below provides a summary of the rated programs currently listed in the [Placement Stabilization Programs](#) topic area. More detailed information can be found on the CEBC website.

Program	Target Population	CEBC Scientific Rating	CEBC CWS Relevance Level
Treatment Foster Care Oregon - Adolescents (TFCO-A)	Boys and girls, 12–17 years old, with severe delinquency and/or severe emotional and behavioral disorders who were in need of out-of-home placement and could not be adequately served in lower levels of care, and their caregivers	1	High
Fostering Healthy Futures – Preteen (FHF-P)	Preadolescent children ages 9–11 years who have current or previous child welfare involvement due to one or more adverse childhood experiences (ACEs)	2	High
Kinship Navigator (CHN-KN) Children's Home Network	Informal and formal kinship families, relatives, and nonrelatives raising children ages 0–17 years who are not being raised by parents	2	High
Treatment Foster Care Oregon for Preschoolers (TFCO-P)	Preschool foster children ages 3–6 years who exhibit a high level of disruptive and anti-social behavior which cannot be maintained in regular foster care or who may be considered for residential treatment, and their caregivers	2	High
Family Group Decision Making (FGDM)	Children who are abused/neglected and their family groups	3	High

Program	Target Population	CEBC Scientific Rating	CEBC CWS Relevance Level
Intensive Alternative Family Treatment (IAFT®)	Children and adolescents ages 5–18 years (allowable up to age 21 with approval) with high behavioral health needs requiring an out-of-home placement, and their caregivers	3	High
KEEP	Caregivers of children ages 4–12 years in foster or kinship care placements	3	High
KEEP SAFE	Caregivers of youth ages 10–18 years in foster or kinship care placements and the youth themselves	3	High
Neighbor To Family Sibling Foster Care Model	Sibling groups of 2 or more children from infancy through seventeen years of age who are in the custody of the state; youth older than 14 must be part of a sibling group; ideally children and families newly involved in the foster care system or possibly have re-entered the foster care system due to disrupted adoptions or have transferred from another agency	3	High
Wraparound	Designed for children and youth ages 4–17 years with severe emotional, behavioral, or mental health difficulties and their families where the child/youth is in, or at risk for, out-of-home, institutional, or restrictive placements, and involved in multiple child and family-serving systems (e.g., child welfare, mental health, juvenile justice, special education, etc.)	3	High