



IMPLEMENTING
THE SUBSTANCE
USE DISORDER
PROVISIONS OF
THE FAMILY FIRST
PREVENTION
SERVICES ACT

A TOOLKIT FOR CHILD WELFARE
AND TREATMENT STAKEHOLDERS

SECTION 1: UNDERSTAND
KEY OPPORTUNITIES AND
LAY THE GROUNDWORK FOR
COLLABORATION

CONTRIBUTING ORGANIZATIONS:



Children and Family Futures
Strengthening Partnerships. Improving Family Outcomes

childfocus®



NASADAD National Association of
State Alcohol and Drug Abuse Directors

SECTION

1

UNDERSTAND KEY OPPORTUNITIES AND LAY THE GROUNDWORK FOR COLLABORATION

Family First offers exciting new opportunities to enhance and expand family-centered treatment services for children in or at risk of entering foster care and their families. This section of the toolkit provides foundational information that child welfare and SUD systems need to most effectively leverage Family First opportunities. It provides an overview of the key provisions of Family First and clarifies important concepts in both the child welfare and SUD treatment systems that should be well understood for effective planning and implementation.

What Family First Does to Meet the Needs of Children and Families Affected by Substance Use Disorders

Family First expands the way in which Title IV-E of the Social Security Act—the largest federal source of funding for child welfare—can be used to help connect families to SUD treatment services and keep children safely with their parents while they are receiving treatment. There are three primary components of Family First aimed at meeting the needs of children and families affected by SUDs:

- 1. Residential Family-Based Substance Use Disorder Treatment: Reimbursement for Children’s Room and Board:** Effective October 1, 2018, Family First allows states to claim Title IV-E foster care maintenance payments for a child in foster care who is placed with a parent in a licensed residential family-based treatment facility for SUDs. This component of Family First allows funds that would otherwise pay for the placement of a child in foster care to cover the room and board of the child residing with a parent in a residential family-based SUD treatment program. This funding is available for up to 12 months if the child’s case plan goal supports this placement, the facility provides parenting skills training and individual counseling, and the treatment services are trauma informed.

States can take advantage of this funding anytime, regardless of the status of their Title IV-E prevention program plan.

- 2. Services to Prevent Children from Entering Foster Care: Use of Title IV-E Funds for Treatment:** Family First also creates a new funding stream, known as Title IV-E prevention services, to support certain programs and services to prevent the need for foster care and keep children safely in their homes. Effective October 1, 2019, states may draw down these Title IV-E prevention services payments to support evidence-based SUD treatment, mental health services, and in-home parenting skill-based programs, or a combination thereof, for up to 12 months at a time. These services are intended to prevent a child’s placement in foster care. Two populations of children are eligible for these services:
 - “Candidates” for foster care, which means children at imminent risk of being removed from their homes and placed into foster care if services were not provided; and
 - Pregnant and parenting youth already in foster care. Parents or kin caregivers of these young people are also eligible to receive services. The criteria of “in-home” parenting programs are that the child

remains in the home, and the program may be delivered in the home or in a treatment setting.

To begin receiving these reimbursements, states must submit and receive approval for a Title IV-E prevention program plan from the federal government.

3. Reauthorization of Regional Partnership

Grants: The law extends the RPG program through FY 2021. RPGs are three- to five-year competitive grants to support collaborative partnerships among providers of child welfare services, SUD treatment agencies, family or dependency courts, and family support services.

Grantees create “regional partnerships” aimed at improving the well-being, permanency, and safety outcomes of children, and the recovery outcomes for parents whose children are in or at risk of out-of-home placement associated with a parent or caregiver’s SUD.

Although the grants are separate from Title IV-E, the collaborations enabled by RPGs are highly complementary to the opportunities in Family First. For states already operating an RPG or preparing to apply for an RPG, stakeholders involved in the RPG partnership can play an instrumental role in planning for and implementing the Family First provisions.

WHAT ARE PLANS OF SAFE CARE AND HOW DO THEY RELATE TO FAMILY FIRST?

Since 2003, federal law has required governors to provide an assurance to the Secretary of the Department of Health and Human Services that their states have policies and procedures in effect to address the needs of infants who are identified as affected by SUDs. This law includes requirements to make appropriate referrals to child protective services (CPS) and other applicable services, and to develop a “plan of safe care” for the affected infants. These plans of safe care are intended to promote the health and safety of infants after leaving the hospital, and as of 2016 require that the treatment needs of the family/caregiver be included in the plan. This assurance by governors can be a critical tool for states to promote family-centered treatment for infants and their family/caretaker who are at risk of entering the child welfare system.

Like plans of safe care, Family First aims to connect families to needed SUD treatment services to prevent the need for foster care in the future and keep the family safely together. There may be circumstances in which infants born with prenatal exposure are considered at imminent risk of entering foster care, and therefore eligible to receive SUD prevention services under Family First. In general, however, plans of safe care will be developed further “upstream” compared to Family First—in other words, before a determination of “candidacy” is made.

Recent federal reforms aimed at strengthening the plan of safe care requirement, which were made in response to the national opioid crisis, have focused new attention on state- and local-level implementation of this statute. This implementation work has led to robust collaborations between SUD treatment, mental health, child welfare, and maternal and child health providers, and this collaboration is leading to meaningful improvements in connecting families and children to services to help them succeed. Family First implementation can build on the lessons from plan of safe care implementation, and in many cases, some of the same partners should be at the table. For more information about how states are implementing plans of safe care, please see *On the Ground: How States Are Addressing Plans of Safe Care for Infants with Prenatal Substance Exposure and Their Families* listed in “Additional Resources” at the end of this section.

The SUD-focused provisions in Family First are notable because they do not require states to apply an income eligibility standard that has traditionally been required for states to receive Title IV-E foster care reimbursements.¹ This means that states can claim Title IV-E reimbursement for SUD services for three groups of children, regardless of the income of their parents: (1) all children in foster care whose case plan specifies their placement is with a parent in a residential family-centered SUD treatment setting; (2) all children who are deemed at imminent risk of entering foster care for whom SUD services are needed to prevent placement in foster care; and, (3) all youth already in foster care who are pregnant or parenting and would benefit from SUD services.

Laying the Groundwork for Collaboration: Common Values and Differences

Child welfare and SUD treatment systems in the early stages of collaboration can most effectively partner on Family First implementation if they have a common understanding of their shared values, which provide an important foundation for their work together. As the partnership progresses, it is only natural for the differences between the systems to emerge, and partners can revisit the shared values to help them stay on track in the collaboration. Some of these core values include:

- Recovery from substance use disorders is possible. When families have access to appropriate services that meet their needs, they can thrive.
- Children and parents experience better outcomes when they remain together during treatment.
- Families are the experts of their own family units.
- Services should be tailored to the specific needs

of the family; provided in a timely manner; and provided in a culturally relevant, gender-specific, and trauma-informed manner.

- Multi-system approaches are necessary to meet the full range of family needs.

Despite these common values, these systems also have some differences that cannot be overlooked when working together on behalf of families. If partners in the collaboration do not acknowledge these differences, it can lead to misunderstanding and conflict. These include:

- Differences in perspectives about who the “client” is, with child welfare primarily concerned about the safety of the child and SUD systems working primarily on treatment and recovery of the parent
- Lack of understanding about the chronic nature of SUDs and unrealistic expectations regarding the pace of treatment and recovery within the child welfare system
- Differences in funding streams and diverse accountability structures that guide the use of the funding
- Lack of common understanding about the service continuum in each system
- Variability in what professionals from each system know to be effective to support parental treatment and recovery and help children meet critical development milestones
- Different definitions of the word “prevention,” particularly in the context of Family First. Prevention opportunities in Family First refer to efforts to strengthen families to safely prevent a child from being removed from his or her family and placed into foster care. SUD systems typically consider prevention as preventing a SUD from occurring in the first place

Child welfare systems must also work with their SUD partners to understand new developments in the SUD treatment field, so that misunderstandings about the role of various treatment strategies do not affect services to families. For instance, there

¹ This standard ties eligibility for Title IV-E foster care support to a requirement that the child must have been removed from a home that met the 1996 income criteria for a needy family under the Aid to Dependent Families (AFDC) program, without adjustment for inflation.

are some misunderstandings about the use of medication-assisted treatment (MAT), which is an evidence-based approach to treating SUDs with medications in combination with counseling and behavioral therapies—including family-centered approaches—to provide whole-patient care. Child welfare professionals may view a woman who tests positive for substances while under the care of a doctor for MAT as just another form of substance use and consider it a risk to the child. Understanding the role of MAT and other treatment approaches to help parents through recovery is an important step in working together to leverage the SUD provisions under Family First.

One form of MAT has already been approved for reimbursement under the new Title IV-E prevention services program: Methadone Maintenance Therapy (MMT) has been reviewed and rated as “Promising.” Although well-supported scientific evidence supports MMT for the treatment of opioid and alcohol use disorders, this rating of “Promising” is based on the more limited number of studies on MMT’s efficacy with child welfare populations. The use of MAT is the recommended best practice for opioid use disorders, including for the care of pregnant women with opioid use disorders. However, many child welfare professionals may not be familiar with MAT or how it can help families affected by SUD.

Neonatal Abstinence Syndrome (NAS) is another concept that may impede making informed decisions about the level of risk to an infant and effective strategies to support a parent’s recovery. NAS is the term for conditions that newborns experience after prenatal exposure to substances. Some infants will experience NAS when a parent has been provided MAT during pregnancy and is under the care of a medical provider. Even though MAT is a safer alternative than continued substance use during pregnancy, some child welfare agencies do not understand its intended effect and will separate parents and children when “expected” NAS is occurring.



KEY QUESTIONS

1. Who leads the Family First work in the state? Given that Family First has many other provisions, where does the planning around the SUD provisions fit in the state's planning efforts?
2. Is the state moving forward with the option to provide prevention services through Title IV-E, or is it taking a 2-year delay?
3. What has the state done to implement plans of safe care? Has the state benefited from a Regional Partnership Grant? Who are the relevant stakeholders engaged in that work and what can you learn from them about the opportunities and barriers in working across these systems?
4. What does the service array in the state look like, and where are the gaps?
5. What are the current barriers to providing services to families across the substance use treatment continuum—outpatient, intensive outpatient, family-based residential treatment, partial hospitalization, inpatient? How can Family First help address those barriers for eligible individuals and families?
6. Where in the state are family-centered best practices being implemented, and how can those be replicated?

ADDITIONAL RESOURCES:

- [Detailed Summary of Family First](#) prepared by the Children's Defense Fund
- [Information Memorandum \(IM-18-02\)](#) providing basic information about the Family First Act
- [2017 Information Memorandum on Plans of Safe Care](#)
- [On the Ground: How States Are Addressing Plans of Safe Care for Infants with Prenatal Substance Exposure and Their Families](#)
- [Implementing the Family First Prevention Services Act](#)
- [Resources on the Regional Partnership Grants](#)
- [Provider Readiness Assessment Survey](#) published by Chapin Hall for Kentucky