



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

A TOOLKIT FOR CHILD WELFARE
AND TREATMENT STAKEHOLDERS

SECTION 3: LEVERAGE FAMILY
FIRST TO EXPAND RESIDENTIAL
FAMILY-BASED TREATMENT

CONTRIBUTING ORGANIZATIONS:



Children and Family Futures
Strengthening Partnerships. Improving Family Outcomes

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NASADAD National Association of
State Alcohol and Drug Abuse Directors

SECTION

3

LEVERAGE FAMILY FIRST TO EXPAND RESIDENTIAL FAMILY-BASED TREATMENT

Family First provides two new mechanisms for SUD agencies to access Title IV-E funds to support families involved in the child welfare system: (1) the use of Title IV-E foster care maintenance payments to support the placement of children in foster care with parents in a licensed residential family-based treatment facility for SUDs, and (2) the availability of new Title IV-E prevention services funding to support evidence-based SUD programs and services for children at imminent risk of entering foster care. While these are separate opportunities and can be implemented independently of one another, both provide new opportunities for states to support residential treatment for families—a more intensive level of treatment that is suitable for some, but not all, families. This brief explains the opportunities to support and expand residential family-based treatment using both mechanisms.

ASAM LEVELS OF CARE

The American Society of Addiction Medicine (ASAM) developed the ASAM criteria to guide placement, continued stay, and transfer/discharge of patients along four broad levels of treatment service and an early intervention level. Within the five broad levels of care, there are additional gradations of intensity of services. While child welfare professionals do not need have intimate knowledge of these levels of care, it is helpful to understand how different SUD treatment services can occupy different points along the continuum of treatment services available to families. Residential treatment is just one type of treatment, which is more intensive than many of the services eligible for Title IV-E prevention services that are offered in community-based settings. For more information about the ASAM levels of care, visit <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>.

Family-Based Residential Treatment Provision

The **family-based residential treatment provision** offers a critical opportunity to improve family connections for children already in foster care—allowing them to remain safely with their parents during treatment and increasing the likelihood of remaining together throughout the parent’s recovery. This provision allows state child

welfare agencies to claim Title IV-E foster care maintenance payments to support the room and board for children in foster care with a parent(s) in a family-based residential treatment center for up to 12 months. To be eligible for this opportunity, treatment agencies must provide parenting skills training, parent education, and individual and family counseling as part of the SUD treatment. These services must be provided under a trauma-informed organizational approach and providers must be

licensed.⁶ Child welfare agencies can reimburse the treatment agency for these services through a new or existing contract with the treatment agency.

The family-based residential treatment provision became effective on October 1, 2018 and is unrelated to whether a state has begun claiming reimbursements, or even planning, for Title IV-E prevention services. This means that states can begin drawing down Title IV-E foster care maintenance payments for room and board for children in family-based residential treatment any time, regardless of the status of their IV-E prevention services implementation.

As noted in Section 1, traditional income eligibility criteria for the Title IV-E program do not apply to this provision. This means that Title IV-E agencies can claim federal foster care maintenance payments on behalf of *all* children in foster care who are placed with a parent in a licensed residential family-based treatment program for substance use. Title IV-E agencies may also claim federal Title IV-E administrative reimbursements during those 12 months for activities related to administration of the Title IV-E program, such as case management and some aspects of staff training.

Prevention Services for Children and Families in a Residential Treatment Setting

The **prevention services provision** allows state child welfare agencies to draw down Title IV-E prevention services payments for evidence-based SUD prevention and treatment services that meet the evidentiary standards articulated in the law. These prevention services payments can support services for children and families across the treatment continuum, including in family-based treatment settings for children who are not in the custody of the state. Like the other prevention services, these services are available to candidates

⁶ The statute is not specific on who must license the treatment facility. This is a state-level decision.



for foster care, including children and youth at imminent risk of entering foster care, pregnant and parenting youth in foster care, and parents or kinship caregivers in need of SUD treatment services. Similar to the family-based residential treatment provision, child welfare agencies can reimburse SUD service providers through new or existing contracts.

Prevention services may be available for up to 12 months at a time beginning on the date the state identifies the child as either a candidate for foster care or a pregnant or parenting youth in need of services. Like the family-based residential treatment provision, this prevention services provision does

not apply the income eligibility standard that is typically applied for Title IV-E reimbursement. States also have the option of extending services beyond one year if a candidacy determination is made again and the rationale for extending services is documented in the child’s case plan.

The State of Family-Based Residential Treatment Providers

Based on the listing of residential treatment providers generated in the annual National Survey of Substance Abuse Treatment (NSSAT), Volunteers of America conducted a survey of residential

SUMMARY OF TWO NEW OPPORTUNITIES TO SUPPORT FAMILY-BASED TREATMENT	
TITLE IV-E FOSTER CARE MAINTENANCE PAYMENTS FOR CHILDREN ALREADY IN FOSTER CARE	TITLE IV-E PREVENTION SERVICES FOR CHILDREN AND FAMILIES AT RISK OF OUT-OF-HOME PLACEMENT
<ul style="list-style-type: none"> • Applies to children already in, or entering, foster care • Intended to help connect children already in foster care to their families when possible • Allows children in foster care to be placed with their parent or caregiver in a family-based residential treatment facility in lieu of a kinship care or foster care placement • Covers the room and board costs of placing a child with their parent • Traditional income eligibility criteria for children in foster care do not apply 	<ul style="list-style-type: none"> • Applies to children deemed eligible for prevention services and their parents/ caregivers • Intended to prevent the need for foster care by providing SUD treatment services to families • Allows children and families to benefit from SUD treatment services, including a range of outpatient services that can be delivered in the community or the home, and residential treatment • Can be claimed for programs and services that meet the evidentiary standards specified in the law • Traditional income eligibility criteria for children in foster care do not apply

providers to learn how many of them can accept children. The directory they developed based on the survey includes 363 family residential treatment programs across the country, representing an estimated 299 organizations across 48 states, Puerto Rico, and the District of Columbia.⁷ Many of these treatment providers have already partnered successfully with child welfare systems to keep families safely together.

Residential family-based treatment centers are typically funded using a creative blend of private and public funding sources, which may include the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), Medicaid, private insurance, self-pay, federal funding aimed at the opioid crisis, the Temporary Assistance for Needy Families (TANF) program, and various state and local

funding streams. Funding challenges, including the complexity of weaving together the myriad of resources needed to meet the complex needs of parents and children, are often cited as one of the major reasons why these programs struggle to keep up with the demand. Many communities currently lack family-based residential treatment options. For communities that do have residential family-based treatment options, the programs are often small, with limited beds available for parents and restrictions that prevent parents from having all their children stay with them during treatment.

The Title IV-E foster care maintenance payments and prevention services funding in Family First offer a critical resource to expand the availability of residential family-based treatment nationwide.

⁷ Wilder Research and Volunteers of America. (2019). *Family-based residential treatment: Directory of residential substance use disorder treatment programs for parents with children*. https://www.voa.org/pdf_files/family-based-residential-treatment-directory

PARTNERSHIPS BETWEEN UTAH CHILD WELFARE AGENCY AND RESIDENTIAL FAMILY-BASED TREATMENT PROVIDERS

Prior to the passage of Family First, the Utah Division of Children and Family Services (DCFS) was sometimes able to place a child in foster care with the parent in a SUD residential treatment program at the end of the foster care case when a child was preparing to return home to their parents. However, DCFS was not able to make a payment for the child's care while in these placements. Under Family First, DCFS created a joint contract in partnership with the Division of Substance Abuse and Mental Health to enable children in foster care to be placed with a parent in residential SUD treatment, and for a foster care payment to be made to the facility for the child's care, specifically their room and board. These residential SUD treatment programs also entered into a contract with DCFS that included Family First provisions, such as a requirement to strengthen the parenting skills component of their programs. If a SUD treatment facility already had a contract with the state SUD agency, the child welfare agency agreed to accept their criteria for licensing as meeting their standard for family placement. A single state rate was agreed upon, which means that local communities and local metropolitan areas are receiving the same rate.

The providers currently partnering with DCFS include: Odyssey House (Salt Lake City), House of Hope (Salt Lake and Utah County), Valley Phoenix (Salt Lake County), Weber Human Services Tranquility Home (Northern Utah), and Southwest Behavioral Health Desert Haven (Southern Utah).

KEY QUESTIONS

1. What is the capacity of residential family-based treatment centers in my state, and where are they located?
2. Are they currently serving families involved in the child welfare system and if so, what has worked well?
3. What other family-based treatment systems exist in my state? What can I learn from them regarding how treatment can play a role in the family's child welfare case plan?
4. What funding streams are available to support family-based outpatient and residential treatment in my state?
5. How can I address barriers to cross-systems collaboration, including confidentiality issues and reconciling licensing standards between SUD and child welfare systems?
6. How can we engage child-serving agencies such as child care, children's mental health and developmental services to partner to ensure children's social, emotional and developmental needs are met while in residential treatment with parents?
7. What recovery support services exist in my area, and how can we ensure access to these services for families in family-based residential treatment?

RELATED RESOURCES:

- [Funding Family-Centered Treatment for Women with Substance Use Disorders](#)
- [Family-Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges](#)
- [National Directory of Drug and Alcohol Abuse Treatment Facilities](#)
- [National Survey of Substance Abuse Treatment Services \(N-SSATS\)](#)
- [Tools for Treatment: Family-Centered Behavioral Health Support for Pregnant and Postpartum Women](#)