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



## Challenges and Opportunities

Contributing Organizations:



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## Introduction

The Family First Prevention Services Act (Family First), signed into law on February 9, 2018, offers new opportunities to provide needed treatment services to children and families affected by substance use disorders (SUDs) and prevent the need for foster care. As of October 2020, nine states have received approval of their state Title IV-E prevention plans, a requirement for receiving federal reimbursement for prevention services under the law. Six states and two tribal jurisdictions have submitted plans that are currently under review (as of October 2020). Most states and jurisdictions are still in the planning process to develop their prevention plans. An initial review of state plans shows that prevention services for children and parents affected by substance use disorders are generally not specified.

Due to the COVID-19 pandemic, state child welfare and SUD treatment leaders are facing unprecedented challenges in meeting the needs of families. Particularly in the face of severe state budget cuts over the next few budget cycles, implementation of Family First is more important than ever to connect families to high-quality, family-centered treatment services that ensure the safety and well-being of the entire family. For more information on addressing these budget cuts, see [Strategies for Child Welfare Leaders Facing Post-COVID Budget Cuts](#).

This white paper highlights three key challenges states have encountered over the past two and a half years in implementing the SUD-related provisions of the law. It is a companion document to [Implementing the Substance Use Disorder Provisions of the Family First Prevention Services Act: A Toolkit for Child Welfare and Treatment Stakeholders](#). Like the toolkit, it is informed by the perspectives of stakeholders working to connect SUD treatment services to families in their states and also describes opportunities for overcoming these key challenges.

- **Challenge 1:** For states to draw down Title IV-E foster care maintenance payments for a child placed with a parent in a family-based residential treatment facility for SUDs, the child must be in state custody.
- **Challenge 2:** Few SUD prevention and treatment programs are eligible for Title IV-E funding as rated by the Title IV-E Prevention Services Clearinghouse. These ratings do not align with the SUD treatment evidence base.
- **Challenge 3:** Multiple funding streams are needed to support families affected by substance use, each with its own complex rules and eligibility requirements.

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CHALLENGE

1

FOR STATES TO DRAW DOWN TITLE IV-E FOSTER CARE MAINTENANCE PAYMENTS FOR A CHILD PLACED WITH A PARENT IN A FAMILY-BASED RESIDENTIAL TREATMENT FACILITY FOR SUDS, THE CHILD MUST BE IN STATE CUSTODY.

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This challenge has led to concerns in the field on whether the provision creates an incentive for states to bring more children into foster care.

This challenge also highlights the different and sometimes conflicting timelines between a child welfare case and the progression of SUD treatment and recovery. Parents seeking SUD treatment may experience delays in service access due to waitlists and geographic availability. A child deemed at “imminent risk” may then be removed from the parent’s custody and placed in out-of-home foster care until the child can be placed with a parent in residential treatment. In some instances, a parent loses their eligibility for Medicaid when their child is placed in state custody, creating additional hurdles for the parent to receive SUD treatment. Conversely, if a parent enrolls in a residential treatment program, the parent may be ready to discharge from residential treatment before the court has ruled regarding jurisdiction in the case. This delayed timing would eliminate the availability of the foster care maintenance funding.

The pandemic may present additional challenges in the timing of court hearings after adjudication. When a child has been placed in foster care, an additional hearing is necessary to approve the child’s placement move to a family-based residential treatment facility.

**In general, states are not taking advantage of Title IV-E foster care maintenance payments to cover a child’s room and board when placed with a parent in a licensed residential family-based treatment facility for SUDs.**

As of October 1, 2018, states may claim Title IV-E foster care maintenance payments to cover a child’s room and board while placed with a parent in a licensed residential family-based treatment facility for SUDs. Although this provision is separate from the Title IV-E prevention opportunities in the law, only one state is known to have a contract in place with their SUD treatment system to draw down these payments.

**Opportunities**

Because this provision is separate from the prevention services provision, it is available for children who are already in foster care and would benefit from being placed with a parent in a family-based residential treatment facility. As states increasingly move toward preventing out of home placement, this provision is an important tool to place families together in a setting where they are supported as parents work toward recovery.

Collaborative case staff meetings, in which child welfare and SUD treatment staff jointly discuss a child welfare case, can be used to identify the various funding streams available to each family and determine how these funding streams can be used to support the needs of the family. If supported by leadership, this strategy can lead to better alignment between the child welfare and SUD treatment timelines. For example, if a parent receives an assessment for SUD treatment early in the process that indicates a need for residential treatment, child welfare staff can advocate for the child to be placed with the parent in residential family-based treatment as part of the case plan. Treatment staff can help child welfare staff identify residential family-based treatment facilities that meet the needs of the family and ensure that these parents are prioritized for treatment.

At the opposite end of the timeline, some states allow for a trial reunification when the state retains custody of the child, but the child is placed with the parent at their home. States can consider trial reunification in instances where a parent is discharged from residential treatment prior to the end of the child welfare case, and the child remains in the custody of the state.

## SPOTLIGHT ON UTAH

Utah is the only state currently implementing the provision in Family First that allows states to draw down Title IV-E foster care maintenance payments for a child's room and board when placed with a parent in residential SUD treatment. They use two mechanisms to overcome implementation challenges: Child and Family Team Case Reviews and Trial Home Placements.

Child and Family Team Case Reviews are collaborative meetings held with the family, familial supports, caseworker, treatment provider and guardian ad litem (when appointed) that meet regularly to discuss case decisions. The Child and Family Team reviews each case for different funding streams, including private insurance, to determine the best available payment source for each family.

When a parent is ready to discharge from treatment and a decision has been made that the family is not yet ready for reunification, trial reunification can be authorized. Trial Home Placements are authorized by the court, they typically last 30-90 days and aid in the adjustment period of children returning to their parents. For children who have already been living with their parents in the Parent and Child SUD placement, the Trial Home Placement period is used as a time to transition living on their own outside of treatment and ensuring there is enough support to minimize risk of relapse.

## **There is a shortage of residential family-centered SUD treatment programs, and some are at risk of closure due to the pandemic.**

Residential family-centered treatment facilities can be expensive to operate and have state-specific and sometimes complex licensing requirements. They are often in high demand and waitlists are common. The lack of adequate treatment capacity for this level of care limits immediate and easy access for families with SUDs who may have to travel far distances or even out of state to find an available spot. This can also present visitation challenges when children have been placed in foster care.

As the treatment system responds to the pandemic, some programs are reducing patient intakes on a temporary basis to follow social distancing guidelines. Programs that quarantine incoming patients must factor in the additional time into the treatment plan. These programs are also incurring new costs associated with the pandemic, such as paying for increased internet bandwidth to support children's virtual learning and for personal protective equipment. As a result, some programs are experiencing financial hardship or have closed indefinitely.

### **Opportunities**

Family First presents an opportunity to expand access to family-centered programs and prevent foster care placement for children. As the child welfare system moves away from congregate care settings, one option is to repurpose these brick and mortar facilities to provide family-based mental health and substance use treatment. While Title IV-E funds cannot supplant existing funding streams, these funds can be used for new or expanded programming, or in the case of the Title IV-E foster care maintenance provision mentioned above, to cover the child's room and board while placed with their parent in one of these facilities. It is important for the team implementing Family First in each state to include the state substance use treatment agency in their planning efforts to discuss how treatment facilities can meet the needs of families involved in the child welfare system.

Local treatment agencies can reach out to child welfare staff and provide state and local directories of treatment programs. Child welfare staff should also reach out to local treatment agencies to understand the SUD treatment services available in their community. When residential treatment is needed, it is important to prioritize child welfare-involved families in these programs. For a current listing of family-based residential treatment programs, see [\*Family-Based Residential Treatment: Directory of Residential Substance Use Disorder Treatment Programs for Parents with Children.\*](#)



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CHALLENGE

2

FEW SUD PREVENTION AND TREATMENT PROGRAMS ARE ELIGIBLE FOR TITLE IV-E FUNDING AS RATED BY THE TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE. THESE RATINGS DO NOT ALIGN WITH THE SUD TREATMENT EVIDENCE BASE.

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Although SUD prevention and treatment is a focus area of the prevention services opportunities under Family First, the service array available for funding thus far under Title IV-E prevention services does not align with the SUD treatment evidence base.

**There are significant differences between the programs approved by the Title IV-E Prevention Services Clearinghouse and SUD treatment evidence base.**

One of the key guidance documents for the SUD treatment field is the National Institute on Drug Abuse (NIDA) [\*Principles of Drug Addiction Treatment: A Research-Based Guide\*](#). The guide describes nine evidence-based approaches to SUD treatment and identifies interventions to address co-occurring mental health disorders as one of thirteen principles of effective SUD treatment. These nine approaches are:

1. Medication Assisted Treatment
2. Cognitive Behavioral Therapy
3. Contingency Management Interventions/Motivational Incentives
4. Community Reinforcement Approach Plus Vouchers
5. Motivational Enhancement Therapy
6. Matrix Model
7. 12-Step Facilitation
8. Family Behavior Therapy
9. Behavioral Treatment for Adolescents

Within each of these approaches, the guide includes specific evidence-based programs (EBPs) that are considered the gold standard of SUD treatment and have undergone decades of peer-reviewed research. Only five of these approaches have corresponding programs or services that have been rated by the Title IV-E Prevention Services Clearinghouse and only three programs or services that fall within these approaches have received ratings of well-supported or supported. The programs ratings are detailed in the Appendix: *Table 1, Number of SUD Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse, Categorized by NIDA's Evidence-Based Approaches*. This challenge means that Title IV-E prevention funding is not yet supporting SUD prevention and treatment services that are implemented in SUD agencies and those most critical to family recovery.

There are substantive differences between the Clearinghouse and the other major resources for evidence-based practices in child welfare. Child welfare agencies have

relied on the California Evidence-Based Clearinghouse for Child Welfare (CEBC) to identify EBPs. Similarly, the SUD treatment system relies on [SAMHSA's Evidence-Based Practices Resource Center](#) to identify EBPs. However, these existing resources are not always aligned with the approach specified in the legislation.

## Opportunities

Including the state SUD treatment agency in the Family First implementation planning process can help to ensure that the SUD treatment service array and the state's approach to evidence-based substance use disorder treatment is considered in the state's prevention plan. Child welfare agencies that have established partnerships with their SUD treatment agency should invite key players in their state to be a part of the planning process, including their states' women's services coordinator. In those states without partnerships between their child welfare and SUD treatment agencies, Family First presents an opportunity to establish a partnership to improve outcomes for these families.

The SUD treatment agency can also make recommendations of SUD treatment programs and services to be reviewed by the Title IV-E Prevention Services Clearinghouse. Each year the Clearinghouse announces a public call for programs to review. SUD treatment agencies should take advantage of this opportunity to submit programs and services that align with the research base for SUD treatment. For more information about the Title IV-E Clearinghouse review process, visit <https://preventionservices.abtsites.com/review-process>.

## **SUD programs and services have consistently rated lower in the Title IV-E Prevention Services Clearinghouse than by the California Evidence-Based Clearinghouse for Child Welfare.**

Family First laid out clear guidelines in the legislation for reviewing and rating programs in the Title IV-E Prevention Services Clearinghouse. These criteria are more stringent than other clearinghouses, including the well-respected CEBC.

At present, only five SUD treatment programs and services have received a "well-supported rating." For a program to earn this rating, it must demonstrate meaningful outcomes in at least two studies with non-overlapping populations that are deemed well-designed and well-executed, the studies must use random-controlled trials or quasi-experimental research design, the results must be sustained for at least one year and the outcome measures must "prevent child abuse and neglect, and reduce the likelihood of foster care placement by supporting birth families and kinship families and improving targeted supports for pregnant and parenting youth and their children." These may include, but are not limited to, ". . . important child and parent outcomes,



such as mental health, substance abuse, and child safety and well-being.<sup>1</sup> SUD outcome studies may not have included specific child welfare outcomes such as preventing child abuse and neglect thus there is a gap between the SUD knowledge base and programs rated as well supported. However, many states and SUD agencies are already implementing programs that have been rated as “well-supported” or “supported” by the CEBC that have now received lower ratings by the Title IV-E Prevention Services Clearinghouse. The table below compares the ratings of SUD treatment programs and services that have currently been rated by the Title IV-E Prevention Services Clearinghouse with how they are rated by the CEBC.

**Table 1: Comparison of SUD treatment programs and services ratings in the Title IV-E Prevention Services Clearinghouse and the California Evidence-Based Clearinghouse**

Program	Title IV-E Prevention Services Clearinghouse Rating	CEBC Rating
Seeking Safety, Adult	Does not currently meet criteria	Supported
Family Behavior Therapy, Adult	Does not currently meet criteria	Supported
Family Behavior Therapy, Adolescent	Does not currently meet criteria	Supported
Multisystemic Therapy for Child Abuse and Neglect	Does not currently meet criteria	Supported
Seeking Safety, Adolescent	Does not currently meet criteria	Promising
The Seven Challenges, Adolescent	Does not currently meet criteria	Promising
Nurturing Parenting, Ages 5-11 years	Does not currently meet criteria	Promising
Solution Based Casework	Does not currently meet criteria	Promising
Multidimensional Family Therapy	Supported	Well-supported
Interpersonal Psychotherapy	Supported	Well-supported
Triple P (Level 4)–Group, Self-Directed, Standard	Promising	Well-Supported
Child Parent Psychotherapy	Promising	Supported
Trauma Focused Cognitive Behavioral Therapy	Promising	Well-supported
Incredible Years, School Age	Promising	Well-supported

<sup>1</sup>Decisions Related to the Development of a Clearinghouse of Evidence-Based Practices in Accordance With the Family First Prevention Services Act of 2018, 83 Fed. Reg. 29122 (June 19, 2018). Retrieved from <https://www.federalregister.gov/d/2018-13420>

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CHALLENGE

3

MULTIPLE FUNDING STREAMS ARE NEEDED TO SUPPORT FAMILIES AFFECTED BY SUBSTANCE USE, EACH WITH ITS OWN COMPLEX RULES AND ELIGIBILITY REQUIREMENTS.

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Although family-centered SUD treatment holds great promise for prevention of entry into out-of-home foster care, this integrated service model is challenging to fund with categorical and siloed human services funding. Blended and braided funding streams are necessary to support adequate services for families affected by substance use disorders. Navigating this process can be complex as each funding source carries its own eligibility requirements and rules that must be negotiated and met by the states.

The Administration for Children and Families recently released a [joint information bulletin](#) with the Centers for Medicare and Medicaid Services that highlights considerations for supporting family-focused residential treatment with Title IV-E and Medicaid. The bulletin describes the different funding streams, their eligibility requirements, and coverable services and uses of funds. States will have to determine their various funding streams and how these compliment Title IV-E and Medicaid to fund and enhance family-centered residential SUD treatment.

### Opportunities

State child welfare and SUD treatment partners utilize multiple funding sources to keep families together, ensure child safety, and support treatment and recovery for all eligible populations. Some of these funding streams include: Temporary Assistance for Needy Families, Title IV-E Foster Care Maintenance, Title IV-E Prevention Services, Medicaid, State General Revenue Funds, the State Abuse Prevention and Treatment Block Grant, and the Child Abuse Prevention and Treatment Act. For more information about each of these funding streams and their eligible uses, please see Section 4: Develop a Comprehensive Understanding of Available Funding Streams in [Implementing the Substance Use Disorder Provisions of the Family First Prevention Services Act: A Toolkit for Child Welfare and Treatment Stakeholders](#).

The Annie E. Casey Foundation hosted a webinar on conducting a fiscal analysis for Family First prevention services. For more information, visit <https://www.aecf.org/resources/family-first-prevention-services-act-fiscal-analysis/>.

## Appendix: Title IV-E Prevention Services Clearinghouse: Summary of Interventions

This appendix summarizes the SUD treatment, mental disorder treatment, and in-home parenting skills-based interventions reviewed, rated, and planned for review under the Title IV-E Prevention Services Clearinghouse. It contains four tables:

- **Table 1: Number of SUD Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse, Categorized by NIDA's Evidence-Based Approaches:** This table summarizes the number of SUD treatment interventions rated and planned for review by the Title IV-E Prevention Services Clearinghouse. The interventions are categorized by the evidence-based classifications found in the [National Institute on Drug Abuse Principles of Drug Addiction Treatment: A Research-Based Guide \(Third Edition\), Evidence-Based Approaches to Drug Addiction Treatment](#). One example of the NIDA evidence-based classifications is Motivational Enhancement Therapy. Motivational interviewing (rated as well-supported by the Clearinghouse) is a specific practice in this classification schema. The table identifies many gaps between NIDA's evidence base and the approved programs. For example, an established evidence-based practice in SUD treatment is contingency management. However, no specific programs within this classification have been approved by the Clearinghouse.
- **Table 2: SUD Treatment Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse:** This table lists the SUD treatment interventions that have been reviewed, rated, and planned for review as of October 2020.
- **Table 3: Mental Disorder Treatment Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse:** This table lists the mental disorder treatment interventions that have been reviewed, rated, and planned for review as of October 2020.
- **Table 4: In-Home Parent Skill-Based Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse:** This table lists the in-home parent skill-based interventions that have been reviewed, rated, and planned for review as of October 2020.

**Table 1: Number of SUD Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse, Categorized by NIDA’s Evidence-Based Approaches**

	Title IV-E Prevention Services Clearinghouse Rating and Status <sup>a</sup>					
Examples of Evidence-Based Approach to SUD Treatment <sup>b</sup>	Well-Supported <sup>c</sup>	Supported	Promising	Does not currently meet criteria	Approved for Transitional Payment <sup>d</sup>	Planned for Review <sup>e</sup>
Medication Assisted Treatment			1			
Cognitive Behavioral Therapy				1		
Contingency Management Interventions/ Motivational Incentives						
Community Reinforcement Approach Plus Vouchers						
Motivational Enhancement Therapy	1			1		
Matrix Model						1
12-Step Facilitation						

**Table 1: Number of SUD Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse, Categorized by NIDA’s Evidence-Based Approaches**

	Title IV-E Prevention Services Clearinghouse Rating and Status <sup>a</sup>					
Examples of Evidence-Based Approach to SUD Treatment <sup>b</sup>	Well-Supported <sup>c</sup>	Supported	Promising	Does not currently meet criteria	Approved for Transitional Payment <sup>d</sup>	Planned for Review <sup>e</sup>
Family Behavior Therapy				2		
Behavioral Treatment for Adolescents	4 <sup>f</sup>	1		2		

**Table 2: SUD Treatment Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse**

Intervention	Title IV-E Prevention Services Clearinghouse Rating and Status					
	Well-Supported	Supported	Promising	Does not currently meet criteria	Approved for Transitional Payment <sup>9</sup>	Planned for Review <sup>h</sup>
Methadone Maintenance Therapy			.			
Seeking Safety				.		
Motivational Interviewing	.					
Seven Challenges, Adults				.		
Matrix Model						.
Families Facing the Future		.				
Family Behavior Therapy, Adults				.		
Family Behavior Therapy, Child Welfare Supplement				.		



**Table 2: SUD Treatment Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse**

Intervention	Title IV-E Prevention Services Clearinghouse Rating and Status					
	Well-Supported	Supported	Promising	Does not currently meet criteria	Approved for Transitional Payment <sup>g</sup>	Planned for Review <sup>h</sup>
Multidimensional Family Therapy <sup>i</sup>		.				
Multisystemic Family Therapy <sup>j</sup>	.					
Brief Strategic Family Therapy <sup>k</sup>	.					
Functional Family Therapy <sup>l</sup>	.					
Family Behavior Therapy, Adolescents				.		
Seven Challenges, Adolescents				.		

**Table 3: Mental Health Treatment Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse**

Intervention	Title IV-E Prevention Services Clearinghouse Rating and Status					
	Well-Supported	Supported	Promising	Does not currently meet criteria	Approved for Transitional Payment	Planned for Review
<b>Total mental health treatment interventions</b>	1	2	6	5		4 <sup>m</sup>
<b>Child Parent Psychotherapy</b>			.			
<b>Incredible Years: Parents and Babies</b>				.		
<b>Incredible Years: Toddler Basic</b>			.			
<b>Incredible Years: Preschool Basic</b>				.		
<b>Incredible Years: School Age, Basic – Promising</b>		.				
<b>Interpersonal Psychotherapy; (Weissman, et al. Manual)</b>		.				

**Table 3: Mental Health Treatment Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse**

Intervention	Title IV-E Prevention Services Clearinghouse Rating and Status					
	Well-Supported	Supported	Promising	Does not currently meet criteria	Approved for Transitional Payment	Planned for Review
Interpersonal Psychotherapy; (Stuart and Robertson Manual)				.		
Multisystemic Therapy for Child Abuse and Neglect				.		
Trauma Focused CBT – Promising			.			
Parent Child Interaction Therapy	.					
Triple P Parenting Program: Group (Level 4)			.			
Triple P Parenting Program: Self Directed (Level 4)			.			
Triple P Parenting Program: Standard (Level 4)			.			

**Table 3: Mental Health Treatment Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse**

	Title IV-E Prevention Services Clearinghouse Rating and Status					
Intervention	Well-Supported	Supported	Promising	Does not currently meet criteria	Approved for Transitional Payment	Planned for Review
Triple P Parenting Program: Online (Level 4)				.		

**Table 4: In-Home Parent Skill-Based Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse**

	Title IV-E Prevention Services Clearinghouse Rating and Status					
Intervention	Well-Supported	Supported	Promising	Does not currently meet criteria	Approved for Transitional Payment	Planned for Review
<b>Total in-home parent skill-based interventions</b>	4	1		3	3 <sup>n</sup>	7 <sup>o</sup>
<b>Healthy Families America</b>	•					
<b>Homebuilders Intensive Family Preservation and Reunification</b>	•					
<b>Nurse Family Partnership</b>	•					
<b>Nurturing Parenting Program for Parents &amp; their Infants, Toddlers &amp; Preschoolers</b>				•		

**Table 4: In-Home Parent Skill-Based Interventions Rated and Planned for Review by the Title IV-E Prevention Services Clearinghouse**

Intervention	Title IV-E Prevention Services Clearinghouse Rating and Status					
	Well-Supported	Supported	Promising	Does not currently meet criteria	Approved for Transitional Payment	Planned for Review
<b>Nurturing Parenting Program for Parents &amp; Their School Age Children, Ages 5-11 years</b>				.		
<b>Parents as Teachers</b>	.					
<b>SafeCare</b>		.				
<b>Solution-Based Casework</b>				.		



## Appendix Citations

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- <sup>a</sup> Title IV-E Prevention Services Clearinghouse. (September 2020). Retrieved September 18, 2020 from <https://preventionservices.abtsites.com/program>
- <sup>b</sup> National Institute on Drug Abuse. (2018). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition), Evidence-Based Approaches to Drug Addiction Treatment. Accessed September 18, 2020 from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment>
- <sup>c</sup> To begin receiving reimbursement for Family First prevention services, states must submit and receive approval for a five-year Title IV-E prevention plan from the Children’s Bureau. In order to qualify for federal reimbursement, prevention services included in the plan must meet one of the three evidentiary standards articulated in the law: promising, supported, and well supported. The law established the Title IV-E Prevention Services Clearinghouse to determine the eligibility of programs and services. Family First requires:
- In Fiscal Year (FY) 2022 and 2023: At least 50 percent of total state expenditures for the Title IV-E Prevention Program must be for services that meet the “supported” and “well-supported” criteria
  - FY 2024 and beyond: 50 percent of total state expenditures by the state for Title IV-E Prevention Program must meet the “well-supported” criteria
- <sup>d</sup> The Sobriety Treatment and Recovery Teams (START) Model has been rated as “promising” under Transitional Payment; and is planned for review. START is a child-welfare-based intervention that aims to safely keep children with their parents whenever possible, while promoting parental recovery from SUDs and the capacity to care for their children. The program requires a service delivery approach involving cross-system collaboration and flexibility to meet the unique needs of this population. START also provides a complex array of family-centered services, including peer mentor supports, quick access to quality SUD treatment, and intensive case management.
- <sup>e</sup> See previous endnote
- <sup>f</sup> Includes Functional Family Therapy, which is categorized as a mental health intervention in the Title IV-E Prevention Services Clearinghouse
- <sup>g</sup> The Sobriety Treatment and Recovery Teams (START) Model has been rated as “promising” under Transitional Payment; and is planned for review. START is a child-welfare-based intervention that aims to safely keep children with their parents whenever possible, while promoting parental recovery from SUDs and the capacity to care for their children. The program requires a service delivery approach involving cross-system collaboration and flexibility to meet the unique needs of this population. START also provides a complex array of family-centered services, including peer mentor supports, quick access to quality SUD treatment, and intensive case management.
- <sup>h</sup> See previous endnote
- <sup>i</sup> Also categorized as a mental health and in-home parent skills-based intervention in the Title IV-E Prevention Services Clearinghouse
- <sup>j</sup> Also categorized as a mental health intervention in the Title IV-E Prevention Services Clearinghouse
- <sup>k</sup> Also categorized as a mental health and in-home parent skills-based intervention in the Title IV-E Prevention Services Clearinghouse
- <sup>l</sup> Categorized as a mental intervention in the Title IV-E Prevention Services Clearinghouse
- <sup>m</sup> Mental health interventions planned for review: Attachment and Biobehavioral Catch-Up [also categorized as an in-home parent skill-based parenting intervention]; Eye Movement Desensitization and Reprocessing; Prolonged Exposure Therapy; Trust-Based Relational Intervention
- <sup>n</sup> In-home parent skill based interventions approved under Transitional Payment: High Fidelity Wraparound; Youth Village Intercept; Family Centered Treatment
- <sup>o</sup> In-home parent skill based interventions planned for review: Attachment and Biobehavioral Catch-Up [also listed under mental health]; Family Centered Treatment; Family Check-up; Family Spirit; Iowa Parent Partner; Approach; SafeCare Augmented; Youth Villages Intercept