Ohio Family First Prevention Services Act (FFPSA) Leadership Committee

April 18, 2019 Meeting Minutes

Present: Alicia Allen, ODJFS; Karen Anderson, Cuyahoga County PCSA; Angie Bergefurd, OMHAS; Kristi Burre, ODJFS; Carla Carpenter, ODJFS; Chelsea Cordonnier, Office of Children's Initiatives; Amanda Davis, Foster Care Alumni; Melissa Flick, South Central Combined PCSA; Megan Garbe, Foster Caregiver; Jewell Good, Montgomery County PCSA; Patty Harrelson, Richland County PCSA; Nancy Harvey, CTH; Chad Hibbs, FCFC; Lakeisha Hilton, ODJFS ; Ellen Holt, ODJFS; Sarah Jones, ODM; Penny Jordan, Kinship Caregiver; Matt Kresic, Homes for Kids; AJ Lill, Erie County PCSA; Sharon Marconi, NYAP; Karen McGormley, ODJFS; Mark Mecum, Ohio Children's Alliance; Sean Reilly, UMCH; Angela Sausser, PCSAO; Jeff Spears, DYS; Wendi Turner, Foster and Kinship Parent; Crystal Ward-Allen, Casey Family Programs; Tequilla Washington, ODJFS; Moira Weir, OJFSDA; Marisa Weisel, ODM; Crystal Williams, ODJFS; Lindsay Williams, Ohio Children's Trust Fund; Sue Williams, ODJFS ; Katie Zawisza, Lutheran Homes Society; Grace Kolliesuah, OMHAS; Tina Evans, DODD; David Edelblute, Ohio Supreme Court.

Guests: Melissa Bacon, OCALI; Pam Priddy, NECCO; Don Warner, Oersterlen; Tina Ruterford, FCCS; Peggy Smith, Christian Children's Homes; Teresa Schonauer, QIS Licensing; Bianca Sexton, NECCO;

Not Present: Kent Butler, Hocking Valley Residential Center; Nicole Caldwell, Guernsey County PCSA; Clark, Donna, Seeds for Life; Dr. Ollie Collier-Jones, OGKC President; China Darrington, Parent; Julie Gilbert, Butler County PCSA; Kim Hauck, DODD; Heidi McAfee, Hiddle House; Brittany Miracle, ODE; John Rowan, Oakview Residential Center; Bruce Tessena, Abraxas Ohio; Tim Weitzel, Lorain County DR Court;

Scribe: Renee Lupi, CPS Policy Developer ODJFS

I. Welcome, Introductions, and Committee Updates

A. *Attendance*. Carla introduced Kristi Burre, Head of the ODJFS Office of Child Welfare Transformation and all parties in the room identified themselves. Roger Ward attended to provide an overview of the readiness survey results.

B. *March Meeting Minutes.* A motion was made to approve the March minutes. There was one correction a member was listed as an observer-Nancy Harvey. There was another correction regarding Tina Evans at the request of Sue Williams. The minutes were approved as corrected.

C. *Federal Updates:* Senators Sherrod Brown and Debbie Stabenow are introducing legislation that would provide States and territories with resources and funding flexibility to transition to Family First and enhance support for parents and relatives who are struggling to care for their children.

The Brown-Stabenow legislation would:

- Eliminate the outdated Federal Title IV-E foster eligibility requirements for foster family homes tied to the 1996 Aid to Families with Dependent Children (AFDC) law, commonly referred to as the "look back," which limits Federal foster care support to only those children removed from very low-income families;
- Expand funding for kinship support services, including childcare, transportation, and legal services to ensure families have access to services that meet their needs and keep children safe in their homes;
- Provide states with more time to develop the research base for prevention programs they want to use by delaying the 50% well-supported requirement;
- Enhance funding for caseworker training and development;
- Provide additional funds for State-directed research to develop interventions to meet Family First evidenced-based requirements, strengthen families, improve service delivery for youth victims of trafficking, and reduce inter-generational poverty;
- Boost funding for Regional Partnership Grants to allow more local and regional groups to address parental substance use and child well-being;
- Enhance funding for the child welfare Court Improvement Program;
- Provide new time-limited resources to support quality foster parent recruitment and retention;
- Provide short-term Federal support to help States meet Family First licensing and accreditation standards for quality residential treatment programs and therapeutic foster care settings; and
- Provide additional resources and improvements for tribal child welfare programs.

1. Removal the family-based care proposed subcommittee since PCSAO has already done work around tiered family based foster care. It seems this work is best situated outside the FFPSA committee but should work closely with this committee to ensure cohesive planning and implementation. Angela Sausser at PCSAO is convening a group for the tiered foster care program initiative. They are working on getting a Project Manager with a grant through Casey Family that has been approved. They are in the process of Identifying members foster parents, counties, and providers. IHS has researched this topic for many years and will provide assistance. The project will start in May. About 10 people from this group expressed interest previously.

2. The newly added Executive Committee made up of cabinet-level leadership to create cross-departmental collaboration. Kristi and Director Hall will incorporate this into the leadership charter. Director Hall will chair the group or directors from ODM, DYS, ODE, Leeann Cornyn, OHMHAS, etc. They will meet for the first time in May and will meet bi-monthly thereafter. They are hoping this will improve communication to ensure all the groups will be on the same page and the FFPSA Leadership Advisory Committee will get executive level input in real time.
3. Reorganized workgroups - FFPSA QRTP is divided into 6 workgroups (Handout with pie chart). Prevention services consists of 4 workgroups. Kinship/family will be its own workgroup. Foster care licensing standards may be an ad hoc workgroup.

Independent Living-Chafee extension to age 23 without any additional federal dollars, the home for such a group might be the Bridges Advisory Committee.

4. The Committee roster will be listed on the FFPSA website along with OFC calendar updates of subcommittee and workgroup meetings. Crystal Williams shared the location of the public-facing OFC calendar on the website with the group.

D. *Subcommittee Key Decisions and Roadmap Alignment:* Carla discussed the role of Kristi's new office and how to best coordinate without overlap with the work of FFPSA. The focus of the Governor's Cabinet is system transformation. Kristi is coming into this position with knowledge of the continuum of care work being completed with PCSAO and in her home county. There are simultaneous efforts going on regarding the continuum of care over and beyond FFPSA.

E. *Milestones document* –Ohio aims to be at the forefront of the FFPSA work nationally. This document is a projection of the work of the workgroups as they move forward. This will serve as a way for groups to check in and be held accountable by the Leadership Committee.

1. Technical Assistance - The QRTP Subcommittee anticipates a need for technical assistance resources from ODJFS in October. Carla explained that this will fall under the implementation phase. The goal of the subcommittee is to begin to identify areas where technical assistance will be needed. Casey will provide technical support states. So far, 15 will start in October 2019. Area of focus has been QRTP. There are some county administered states in that grouping. Crystal Ward-Allen will provide this group with lessons learned.
2. SUD Discussion - The group had a discussion about where SUD should fall; under Prevention, Substance Use Treatment Workgroup or in an auxiliary workgroup. The group had questions and commentary about allowing children to reside in treatment program settings with parents; where does the liability fall? Is it counterproductive to take a child into care if they are still with their parents? Is this a safe prevention placement?
    a. It was suggested that agencies obtain care and placement responsibility for children and placing with a parent in SUD treatment.
    b. There was concern expressed over accessing providers that actually provide this service.
    c. Concern about SUD unnecessarily bringing kids into care. Some counties not a big issue because of use of kinship placements and plans of safe care. Kristi charged the group to think of it differently: For Example, a case is already open and now mom ready for inpatient treatment. PCSA can place with Mom and draw down the money.
    d. Group asked would we be taking custody just to access funding? All agreed this was not a good idea, but this might be a way to step toward reunification on those we already have custody of. Discussion of program development.
    e. A suggestion was made to house SUD under cross-systems issues? It was pointed out that just a with foster care needs there is a continuum of substance abuse treatment needs.

f. Some members were in favor of creating a substance abuse workgroup.
g. Provider perspective- it is worth-while to create a place that does all this.
h. Some members advocated for SUD and mental health treatment being provided in tandem so as to prevent confusion and overlap in services
i. There was discussion around placing SUD services under prevention services.

3. *State Budget Update and Discussion:* Governor introduced executive budget last month. Excited about the investment in children services 150 million over biennium. This is an increase of 50% for CPS. $25 million to support youth in care with multisystem needs. $5 million for foster care recruitment. $3.5 million for kinship navigator. The Governor will continue and expand practice initiatives with promising beginnings such as Ohio START, 30 Days to Family, etc.

II. Subcommittee Monthly Report Out

A. QRTP Workgroup Deliverables: Marc Mecum

1. QRTP progress-several workgroups are already meeting. The group hopes to have a work product by end of June to this committee. The grid handed out has deliverables in each group. There is a ton of work to even produce the recommendations let alone implementation. This group has done a lot of research. As of March 1st, there were 84 Children's Residential Centers, 146 Group Homes and 2 Residential Parenting Facilities Certified by ODJFS. This does not represent OhioMHAS and DODD facilities. There are 28 OhioMHAS Class 1 Residential Centers that serve children and adolescents. This does not include Substance Use Disorder facilities that serve children and adolescents. DODD has over 2,000 facilities that could serve children or adults.

   A total 46 agencies as of today are already in compliance with accreditation. The timeline to get accredited is roughly 12-18 months. Approximately 53% of beds are in non-accredited facilities. Statewide, there are 2100 children currently in congregate care; half are IV-E eligible.
2. QRTP Question posed to the group: What is the confidence level that non-compliant agencies will become compliant for FFPSA? Should licensing standards for all facilities align with QRTP standards? It would require OMHAS, DODD, and ODJFS to have the same requirements.
   a. Kristi-how many are ODJFS versus ODE or OMHAS? We have those numbers Marc didn't have them in front of him. Is there an opportunity to phase in?
   b. Concern was expressed that some of the smaller businesses would not be able to comply with the QRTP requirements.
   c. Some guests requested that ODJFS make a determination as to whether we would require all providers to meet the QRTP requirement and expressed concern about providers having enough time to get accredited. The state is considering a phase-in structure that will allow time for congregate care settings who are not compliant to align with requirements. We are not able to decide on this issue without the necessary parties being present. We could motion to explore it. A motion was made to examine this

question at a workgroup level- that is supportive of the group homes coming up to par.

d. Result of discussion
    - STEP 1: The Licensing and Contracting workgroup under the QRTP subcommittee will make a recommendation on whether or not the state will require all facilities to comply with QRTP standards (included the federally exempt facilities for pregnant and parent and sex trafficked) or will there be different levels of licensure.
    - STEP 2: This recommendation will be taken to the executive committee for final decision.

   David seconded this motion. Vote was approved.

e. Mark - A white paper or analysis on how this phase in process could work can be generated.
f. Angie from OMHAS asked if cross system financing be examined? Yes.
g. Patty suggested we do sort of a child care thing. Different levels of reimbursement for IV-E providers/non-providers and develop a level of care and rating system.
h. Crystal Ward Allen - Are there any group homes in Ohio focusing on pregnant youth or human trafficking as the statute carves out an exception for these? None that the group knows of. Business evolution? Community based services.

3. *QRTP Survey Presentation and Discussion*
    a. Roger Ward presented the survey results. 31 agencies responded. How many of the services do they provide/do well? What didn't they do well? Score were 1-16 based on factors. Most are 9 or 10% a few are under are under a 6.
    b. There are an estimated 146 group homes statewide. About half responded.
    c. We can conclude from the survey that most are not ready.
    d. We've learned a lot from the survey. The scorecard organization is good for technical assistance purposes as well. There was some discussion of waiting again for more response. Most felt this was not necessary. Perhaps, we send out the results to the group and then have them do this as a self-assessment. Use these results as a jumping off point for training and technical assistance. About half of the respondents don't do discharge planning/after care but it is part of the Act.
    e. It was suggested we tackle this as a state initiative and provide technical assistance regionally regarding discharge planning.
    f. PCSA will need to form partnerships with the group homes to coordinate aftercare.
    g. Do we want to keep the survey open and allow people to take it any time and have it give them a score to use as a readiness tool? Carla - Can we do this in an excel format? Roger-yes. Marc-this info goes to the QRTP subcommittee and they introduce to the workgroups.

B. *Prevention Services Workgroup: Sue Williams and Angela Sausser*
   1. Prevention services readiness survey - We received 240 responses. Angela S. was thrilled with those results.
      a. Roger - The question was asked do you implement prevention programs for those at risk of removal/pregnant parenting teens? 43% answered yes.
      b. California clearinghouse - well supported -HHS has identified as approved. 6 services well supported and a few more have been identified as promising practices. Healthy Families America - California Clearinghouse does not recognize this one but HHS new contractor ABT does.
      c. Angela - 12 programs initially selected by ABT- They are evaluating them. They may or may not show up on the final list.
   2. 98 services identified. Roger looked through those 98-much smaller number of true evidence-based practices.
   3. Discussion took place that SAMHSA already has a lot of these evidence-based services and have been through this.
      a. HHS is expected to publish a list in May regarding first cut of ratings. An additional list will be published later this summer.
      b. A guide book will be issued by HHS. This has not happened yet. Should have how you can ramp up the promising practices to become well-supported and how to evaluate the services as well as what evidence you have? States should have a mixture of the different types.
      c. Sue- different level of prevention services and the works of DYS - Who are already using evidence-based practices to serve their high-risk youth. Multi System Therapy- is the service, who are the providers and how can we use that in child welfare? We should build upon these. The group agreed.
   4. Dual funding – What is the prevent of cases that are not IV-E eligible are or may be Medicaid eligible, MST example.
      a. A list of tangled funding examples with guidance is forthcoming.
      b. Domestic Violence/IPV is a critical and missing service in the FFPSA. Could this be an in-home parenting or mental health service possibly?
      c. Jeff - MST or START you can bill thru In-Home Based Treatment but there are a lot of non-billable components. Lots of services not Medicaid eligible. FFT etc. Even though it is highly effective and evidence-based. Biggest issue – There isn't a trained workforce to develop these programs. As a State we need a plan.
   5. *Prevention Subcommittee Report Out:* Sue Williams presented the process of defining candidacy for care. The subcommittee was divided into five workgroups and has had 3 meetings to date as a subcommittee. They have not yet divided into the workgroups. The goal was to define eligibility for prevention services. Several proposed definitions of candidate for foster care were developed. The FFPSA key prevention concepts are 50% reimbursement for services, 50% for administration, and a prevention plan. There are three types of prevention services that are reimbursable; 1) mental health, 2) substance use, or 3) in home-based parenting. Services are limited to a 12-month period. The purpose is to prevent or divert entry or re-entry into foster care.

6. *Issues that have come up in the workgroup meetings:*
    a. Concern by PCSA: PCSAs would still be ultimately liable. If PCSAs agree to allow another agency to define "risk" and then it's found federally incorrect, the PCSA is responsible. PCSA stated to group that prevention really means "diversion" from foster care.
        - Response: Consider children at risk in the community that haven't approached child welfare and are possibly utilizing rapid safety feedback or other identifiers—these families can be targeted with prevention services. Start with the risk factors of child(ren) and families and determine risk. Currently we start with child welfare engagement and determine risk. This can take away the stigma from Children Services and allow families to be engaged without that "system".
    b. PCSA: Our system is not always punitive. With Differential Response, families are more engaged on a voluntary basis than before in the counties. We are meeting people where they are. Issue: The workforce is a huge concern. There isn't staff for the needed services. Discussion: Can there be Joint-design of multi-systems that are a program-based system of prevention services to capture high-risk situations that are not needed for ongoing services.

        Response: Between A and B – is there a middle ground that can be immediately implemented? Can we grow to B in the future?
    c. There is a huge implementation issue of universal assessments – How will we know where the gaps/issues are? Is the recommendation to select an assessment such as CANS? Who is the ultimate gatekeeper? Multiple types of intervention being used and there aren't standardized outcome measures (Ohio Scales)?
        - Suggestion: We start here and then once developed and implemented – expand. Go upstream one step at a time. Start with the current significant needed population and then once diverting placement, take one expansion and build that direction.
        - Result of discussion: Target Population A: Children involved with the child welfare system (level of involvement undefined at this time) VOTE: 19 Yes; 1 No

Recommendation: Start with CAPMIS assessments being the screening tools to do prevention planning. Then training the other systems (MH) on those tools rather than finding and introducing and cross-training on a new and different tool. Target CPS population: Protective Supervision cases, Voluntary cases, and those closed at A/I and referred to services.