



**Center for the  
Study of  
Social Policy**  
Ideas into Action

# *Family First Prevention Services Act:* Developing and Implementing Prevention Services

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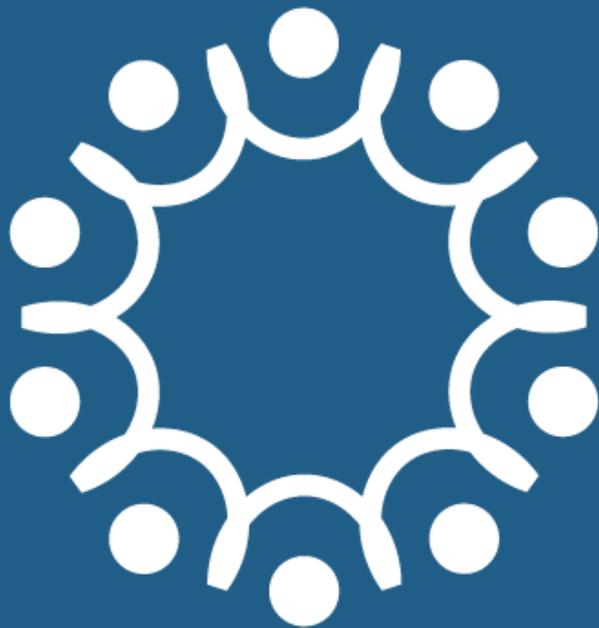
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## Outline

- ① High level overview of the intent behind FFPSA and requirements in the law
- ② National picture – themes across states
- ③ Activities in Ohio
- ④ Next steps



# FFPSA: Overview of Prevention Services



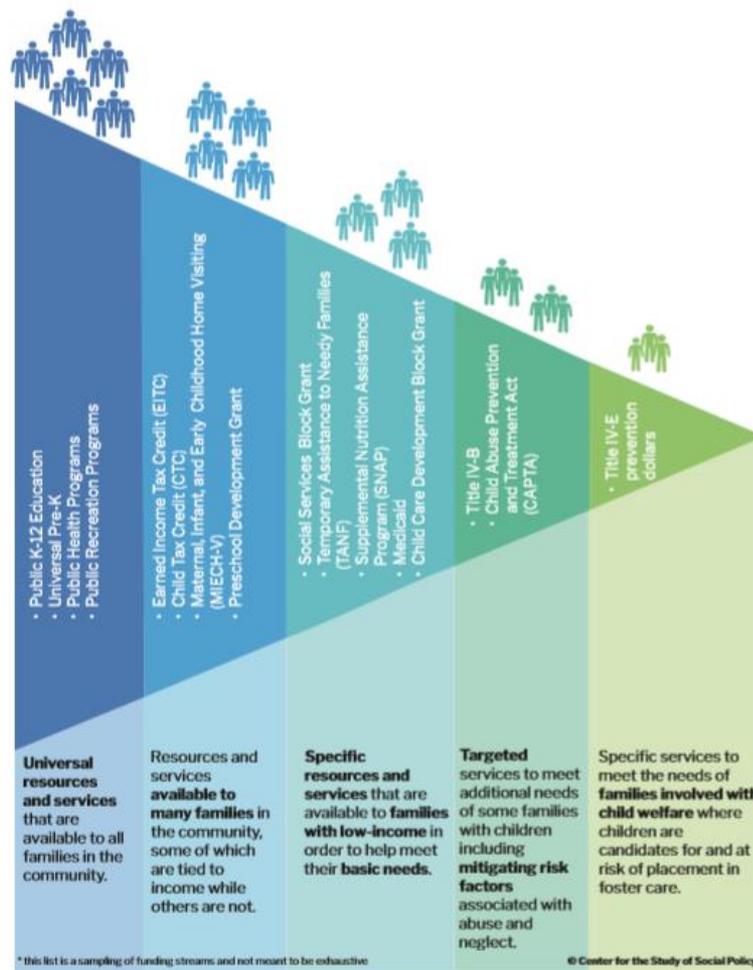
# Overview: Foster Care Prevention Activities

- New Title IV-E prevention funding must support and not supplant existing investments in prevention (available October 1, 2019)
- States can only begin claiming for prevention services when they have transitioned to new claiming for foster care requirements (required October 1, 2021)
- States will only receive federal reimbursement for **specific services** provided to **specific children (candidates) and families**
- Supports keeping children who are at imminent risk of placement in foster care at home with their families when safe
- States have the opportunity to operationalize “candidate for foster care”
- FFPSA provides funding for tertiary prevention, not primary or secondary prevention; must be part of a comprehensive, cross-system continuum
- This must be an iterative process with continuous quality improvement strategies built in





## Financing Streams to Support Prevention Programs for Families



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## Candidacy

- ◎ **From the law:** ‘child who is a candidate of foster care’ to mean “a child who is identified in a prevention plan under section 471(e)(4)(A) as being at imminent risk of entering foster care...but who can remain safely in the child’s home or in kinship placement as long as services of programs specified in section 471(e)(1) that are necessary to prevent the entry of the child into foster care are provided.” (Sec. 50711).
- ◎ **Program instruction:** A “child who is a candidate for foster care” includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement (section 475(13) of the Act).



# Foster Care Prevention Services



- **Eligibility:**
  - Children who are candidates for foster care
  - Parents and caregivers of children who are candidates
  - Pregnant (expectant) and parenting youth in foster care
- **Services:**
  - Mental health, substance abuse, in-home parent skill-based programs, and kinship navigator programs\*
- **Evidence Criteria:**
  - Well-supported, supported, promising
  - Clearinghouse continues to rate programs
- **Requires states to submit a Title IV-E Prevention Plan**



# Title IV-E Clearinghouse Prevention Services

	Mental Health	Substance Abuse*	Parenting^
Well-Supported	<ul style="list-style-type: none"><li>• Functional Family Therapy</li><li>• Multisystemic therapy*</li><li>• Parent-Child Interaction Therapy</li><li>• Brief Strategic Family Therapy*^</li></ul>	<ul style="list-style-type: none"><li>• Motivational Interviewing</li></ul>	<ul style="list-style-type: none"><li>• Healthy Families America</li><li>• Nurse-Family Partnership</li><li>• Parents as Teachers</li><li>• Homebuilders</li></ul>
Supported		<ul style="list-style-type: none"><li>• Families Facing the Future</li></ul>	<ul style="list-style-type: none"><li>• SafeCare</li></ul>
Promising	<ul style="list-style-type: none"><li>• Trauma-Focused Cognitive Behavioral Therapy</li><li>• Child Parent Psychotherapy</li></ul>	<ul style="list-style-type: none"><li>• Methadone Maintenance Therapy</li></ul>	
To be rated	<ul style="list-style-type: none"><li>• Attachment Biobehavioral Catch-up^</li><li>• Incredible Years</li><li>• Interpersonal Psychotherapy</li><li>• Multidimensional Family Therapy*^</li><li>• Triple P – Positive Parenting Program</li></ul>	<ul style="list-style-type: none"><li>• The Seven Challenges</li></ul>	<ul style="list-style-type: none"><li>• Solution Based Casework</li></ul>



# The National Context



## Where are other states in the process?

- ④ 4 states with approved plans (DC, UT, AR, MD)
- ④ 7 states have submitted plans (AK, KS, KY, NE, VA, WA, WV)
- ④ 1 Tribe has submitted a plan (Aleut Community of St. Paul Island)



## Projected Implementation

2019 (10 jurisdictions)	2020 (12 jurisdictions)	2021 (18 jurisdictions)
<ul style="list-style-type: none"><li>• <b>AR, DC, MD, UT</b></li><li>• <b>KS, KY, NE, VA, WA, WV</b></li></ul>	<ul style="list-style-type: none"><li>• <b>AK, AZ, CO, CT, GA, IA, IL, IN, MI, NV, OR, PA</b></li></ul>	<ul style="list-style-type: none"><li>• <b>AL, CA, FL, HI, ME, MN, MT, NC, NH, NY, OH, OK, PR, SC, TN, TX, VT, WY</b></li></ul>

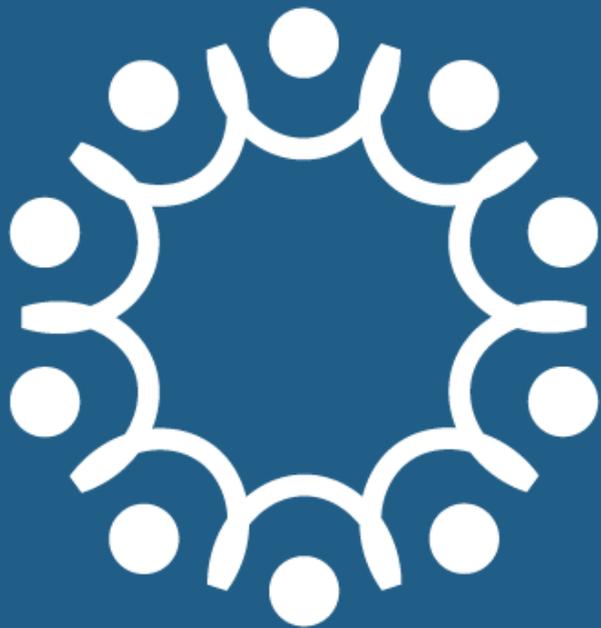
Unknown: DE, ID, LA, MO, ND, NJ, NM, RI, SD, WI



## High level themes



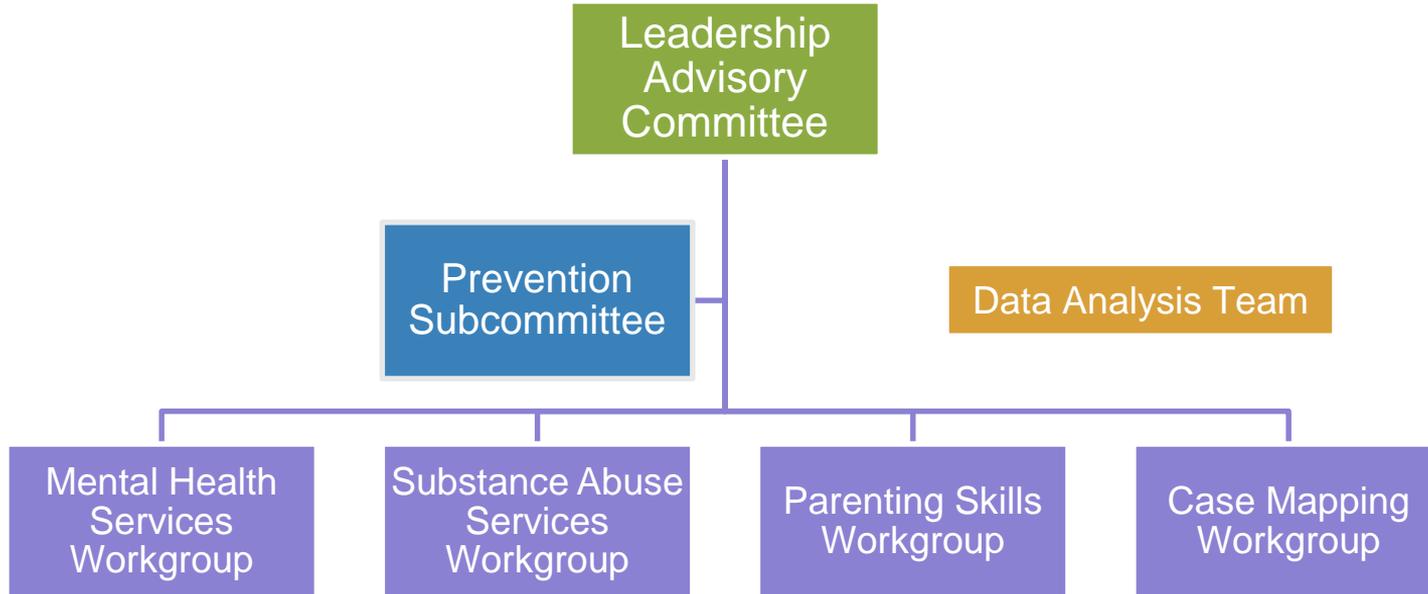
- Use of guiding vision
- Building on what works in the state through their title IV-E waivers and CFSR PIPs
- Coordination with other public systems (mental and behavioral health, early childhood, health)
- Mix of EBPs on the Title IV-E Clearinghouse and those not yet rated
- Phase-in approaches to expanding available EBPs
- Some contracting with partners for evaluation
- Implications for workforce are real



**Ohio Activities**



# Planning Structure





## A Vision for Child Welfare Practice

- Implementation of prevention services through FFPSA supports Ohio's vision for transforming the system to ensure it is more effective in serving families. This includes **transforming case practice and system-design** to better promote safety, mitigate risk, and support families with services they need to thrive.
- With an approved Title IV-E Prevention Plan, Ohio will be able to claim **federal reimbursement for providing select evidence-based services to candidates for foster care and their caregivers, and pregnant and parenting youth** (see [Children's Bureau Program Instruction 18-09](#)).
- As Ohio implements this new vision and way of serving children and families, there are a number of **considerations and organizational shifts that will need to be supported**. This includes ongoing training and coaching around the shift to prevention, strengthening partnerships with community-based partners, and financing shifts.

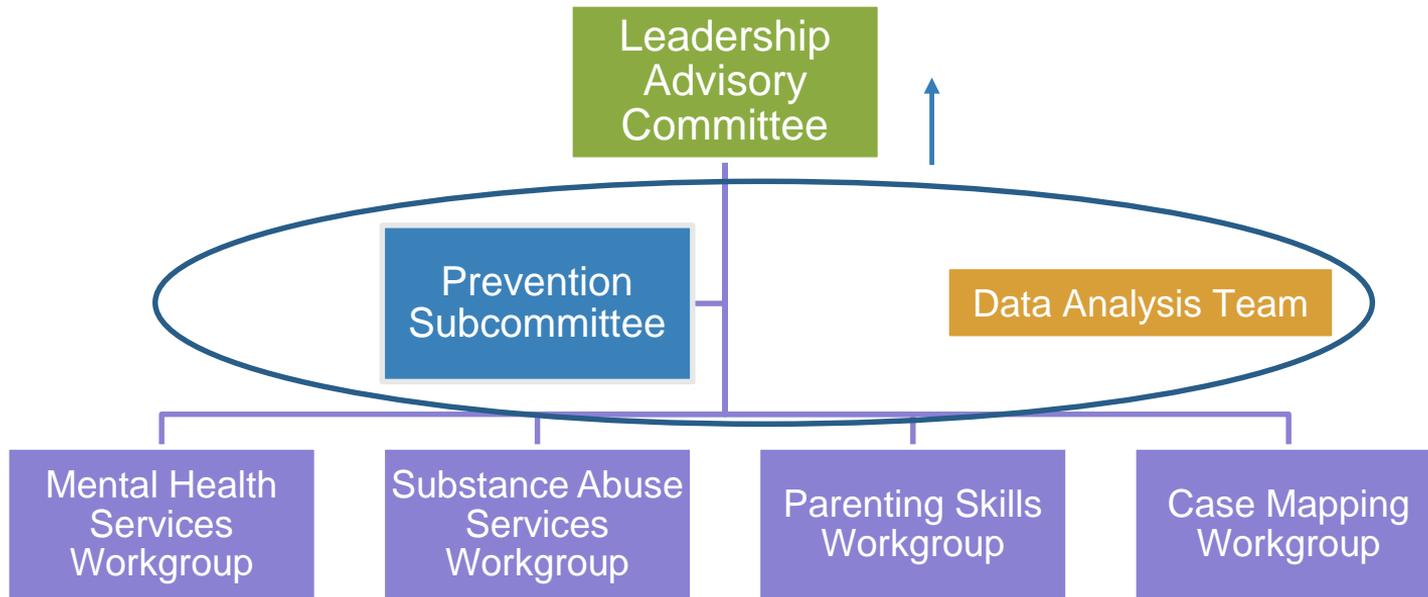


# Developing the Title IV-E Plan





# Candidacy





## Candidacy

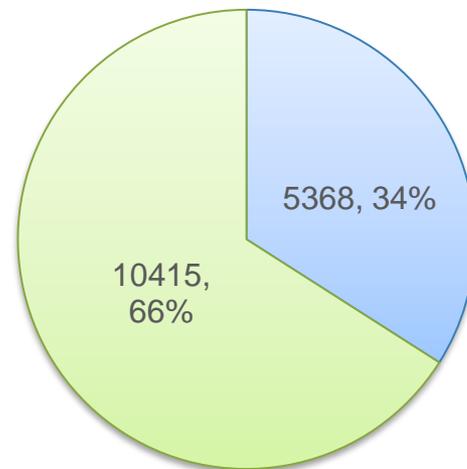
- ① For some families who are in crisis, less intensive child welfare case management services **AND** intensive support from service providers (i.e., mental health, substance use, parenting skills) can mitigate risk and prevent foster care.
- ② For families that have an open child welfare case, including in-home cases and expectant and parenting youth in foster care, FFPSA creates an opportunity for Ohio to **finance foster care prevention services** using new federal dollars. In these cases, case management processes will continue to be governed by existing policies with some changes to how information is documented.
- ③ In cases where a child achieves permanency, there is a **new opportunity to promote stability and decrease the risk of re-entry into foster care** through a Family First Prevention Case.



## Candidacy

- Approximately **34%** of assessments/investigations that are closed as “close and refer” experience a subsequent assessment/investigation within 12 months.
- Child needs are more often the same in the first and subsequent assessments/investigations (self protection is highest, varies across counties).
- Top adult needs substantiated at intake: parenting practices, response to stressors, emotional/mental health functioning, domestic relations, substance use.

## Assessments/Investigations "Close and Refer"

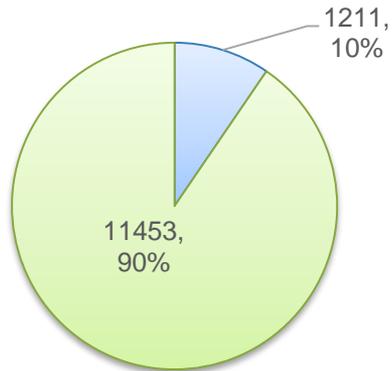


■ New assessment/investigation within 12 months of "Close and Refer"

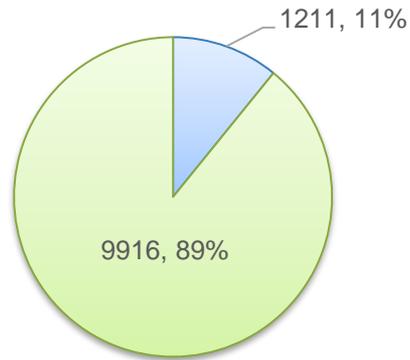


# Candidacy

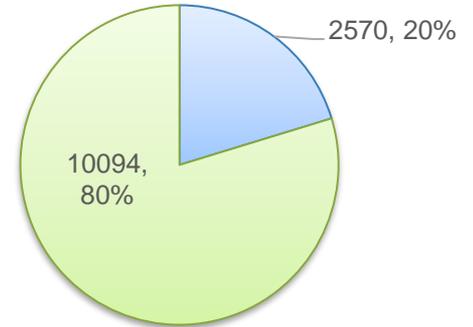
## Foster Care Entries SFY18



■ Entered from in-home ■ Did not enter from in-home



■ Exited Care within 90 Days  
■ Remained in Care for more than 90 days



■ Re-entry ■ First time entry

56% Reunified with parent/primary caregiver

34% Living with another relative

44% Had exited within previous 12 months



## Candidacy

1. A child who has an open in-home child welfare case and is receiving services. This includes the following types of open in-home cases: court ordered protective supervision, voluntary cases, children with an in or out of home (including with kinship) safety plan, and children who are involved in multiple systems including juvenile justice, behavioral health, and developmental disabilities.
2. Infants with an inadequate plan of safe care in accordance with CARA who have been screened-in at the hotline and have assessed safety and risk concerns/identified for FFPSA track by the Title IV-E Agency.
3. Siblings and other children in the home of a child in foster care who are 1) living with the parent who the child in foster was removed from and 2) there is an open case with a goal of reunification for the child who is in foster care with the removal parent.

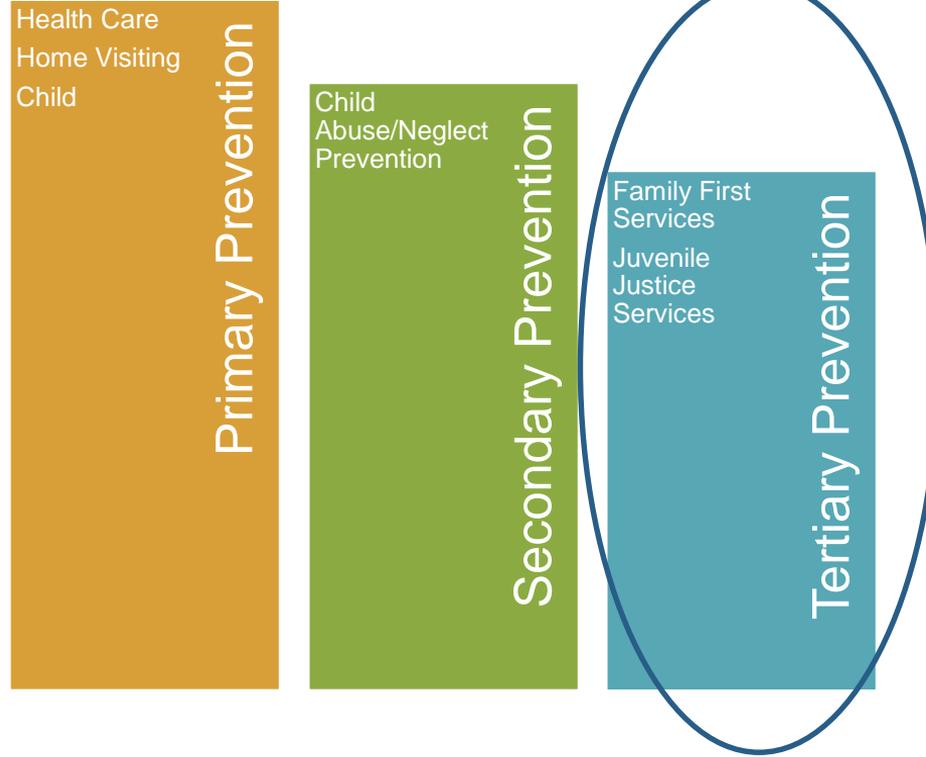


## Candidacy

4. Siblings and other children in the home of a child who has experienced a screened in fatality with a substantiated or indicated TR and siblings and or the child and siblings of a child who has experienced a screened in near-fatality who has a substantiated or indicated TR and has assessed safety and risk concerns/identified for FFPSA track by the Title IV-E Agency.
5. Children who have discharged from custody and achieved permanency, including with a relative, recently (within the last 12 months) and the parent/caregiver agrees to ongoing services.
6. Children who have been adopted recently (within the last 12 months) and there are assessed safety and risk concerns/identified for FFPSA track by the Title IV-E Agency.
7. Children who are at-risk of experiencing a disrupted adoption (*dissolution of an adoption*).
8. Pregnant (including expectant fathers) and parenting youth in foster care, including those who are in extended foster care.



## Prevention Services



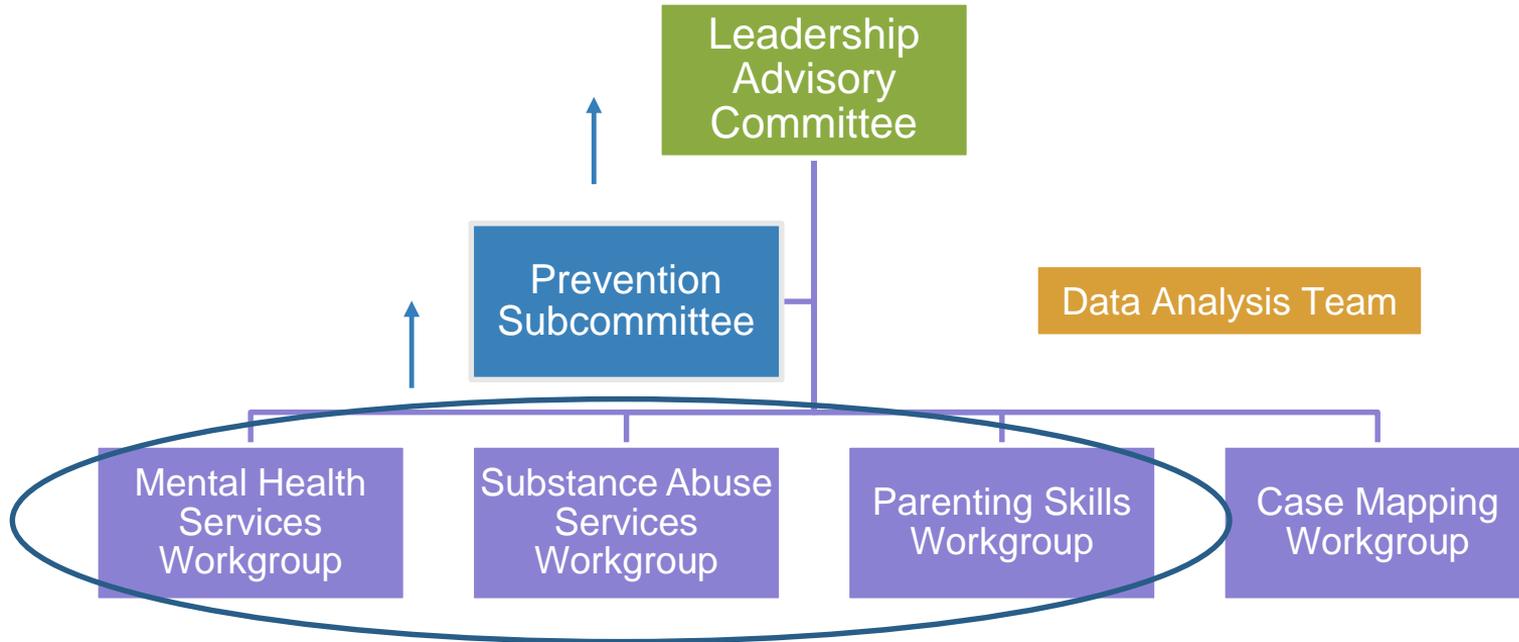


# Title IV-E Clearinghouse Prevention Services

	Mental Health	Substance Abuse*	Parenting^
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<b>Promising</b>	<ul style="list-style-type: none"> <li>• Trauma-Focused Cognitive Behavioral Therapy</li> <li>• Child Parent Psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• Methadone Maintenance Therapy</li> </ul>	
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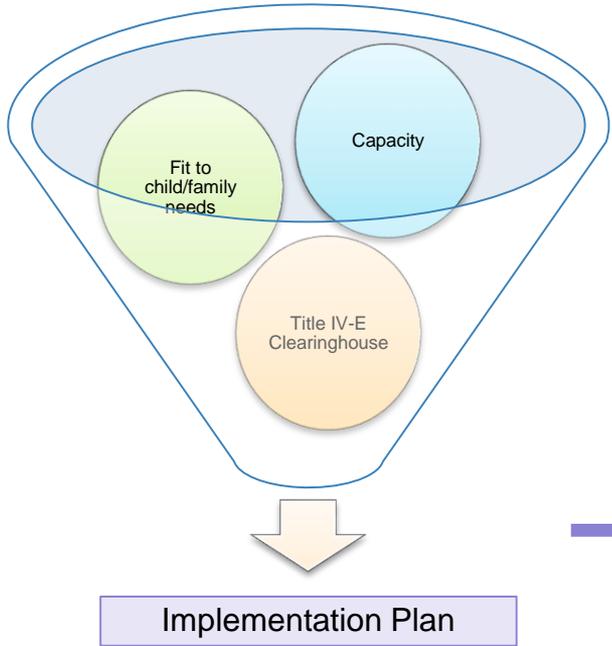


# Prevention Services





# Prevention Services



Phase 1



Phase 2



Phase 3



## Prevention Services

Phase 1: Title IV-E Clearinghouse Rated/Pending and capacity in Ohio			
Intervention		Service Capacity	Current System Partner/Financing Stream
Program Name	Target Populations	Statenwideness	
Functional Family Therapy	Youth 11 - 18 years	5 teams in Ohio (Cincinnati, Dayton, Columbus, Bowling Green, and Toledo); each therapist can serve 36 youth a year	Medicaid
Multi-Systemic Therapy	Youth 12 -17 years	14 teams (soon to be 15); 16 counties in Ohio (metro areas)	DYS, OMHAS, Medicaid, county dollars
Parent-Child Interaction Therapy	Children 2-5 yrs old and their caregivers	Just over 30 providers in Ohio	Medicaid
Trauma-Focused Cognitive Behavioral Therapy	Children 3 - 18 years and adults	Just over 70 providers in Ohio (mostly metro areas) -- not all certified by the developer	Medicaid
Motivational Interviewing	Caregivers of children involved with child welfare	State is widely covered by this service. Almost all programs have someone trained in this. CFSR counties implementing as part of PIP	
Child Parent Psychotherapy	Birth - 6 years	Franklin County (Nationwide Children's); Southeast Region (Hopewell Health Centers); Cuyahoga county (OhioGuidestone); Wood County (Children's Resource Center) -- possibly others as well, nationwide listing of providers coming soon	Medicaid
Multi-Dimensional Family Therapy	Youth	Cincinnati (Child Focus, Inc.); Ohio/PA border (Community Counseling Center in Hermitage, PA and Washington, PA)	
Cognitive Behavioral Therapy	3 - 18 years and adults	Offered throughout the state -- not all certified by the developer	Medicaid
Methadone Maintenance Therapy	Adults	State has some capacity; unclear extent due to licensing requirements	Medicaid
Adolescent Community Reinforcement Approach	Adolescents 12 - 25 with DSM-V cannabis, alcohol and/or other substance use disorders and their parents/caregivers	Some capacity in central Ohio; Mark Godley of Chestnut Behavioral Health, indicated there were at one point 7 providers of A-CRA throughout Ohio.	
Parents As Teachers	Parents of children 0-5	Central, Great Lakes, Northeast, Northwest, Southeast, Western regions	
Healthy Families America	Parents of children 0-5	All regions (Central, Eastern, Great Lakes, Northeast, Northwest, Southeast, Southwest, Western)	DOH (MIECH-V funding)
Nurse Family Partnership	First-time, low-income mothers of children 0-2	Central, Great Lakes, Northeast, Southwest	DOH (MIECH-V funding)
SafeCare	Parents of children 0-5	Southwest (YWCA Greater Cincinnati)	
Incredible Years (Baby/Toddler, Preschool, School-Aged)	Parents of children 0-2	Central, Northeast, Northwest, Western	
Triple P - Positive Parenting Program	For parents and caregivers of children from birth to age 16	Central, Eastern, Great Lakes, Northeast, Northwest, Southeast, Southwest, Western	Ohio Children's Trust Fund (possibly Community-Based Child Abuse Prevention federal dollars or Title IV-B)
The Seven Challenges	Adolescents 13- 25 years old	15 agencies in Ohio. Clermont county pilot.	



## Prevention Services

Phase 2a: Capacity in Ohio, not rated on Title IV-E Clearinghouse			
Program Name	Intervention	Service Capacity	Current System Partner/Financing Stream
	Target Populations	Statewide/ness	
Assertive Community Treatment	Adolescent youth	Some state capacity	OMHAS, Center for Evidence-Based Practices at Case Western University
Integrated Co-Occurring Treatment	Adolescent youth	2 sites	OMHAS grant to Case Western Center for Innovative Practice
Integrated Family and System Treatment (I-FAST)	Families of youth 6 -18 years	10 Certified Agencies across the state serving different counties: NCH Columbus; Buckeye Ranch, Columbus; SPVMH, Chillicothe (including Hillsboro, Circleville, Waverly, Washington CH); Allwell Behavioral Health, Zanesville (including Coshocton, Caldwell, New Lexington, Cambridge, McConnelsville.); Bellefaire JCB, Cleveland, Shaker Heights and Medina; Firelands Counseling, Sandusky, Psy Care Associates, Struthers. 5 additional agencies receiving training or ongoing consultation: Applesseed Counseling, Ashland; Abraxas, Shelby; Ohio Family Counseling and Consultation; Perry County Behavioral Health Choices, New Lexington; Cedar Ridge Behavioral Health Solutions, Cambridge	
Eye Movement Desensitization and Reprocessing Therapy	2 - 17 years; adults	Some capacity, unclear how much	
High-Fidelity Wrap	Adolescent youth	State-wide	
Medication Assisted Treatment (non Methadone Maintenance Therapy)	Adults	State has some capacity; unclear extent due to licensing requirements	Medicaid
Integrated Dual Disorder Treatment	People with co-occurring mental health and substance use	Some state capacity	Center for Evidence-Based Practices at Case Western University
OhioSTART	Families affected by substance use and child maltreatment	Currently in 46 counties	
Parents Anonymous	Parents, grandparents, relative and kin providers, foster parents, or anyone serving in a parenting or caregiver role and children and youth of all ages with behavioral health, substance use disorders, and wellness concerns. Children/adolescents ages 10 -18.	Southwest	
Parenting Wisely	Families with children at risk for or with: behavior problems, substance abuse problems, or delinquency  For children/adolescents ages: 10 – 18  For parents/caregivers of children ages: 10 – 18	Central, Northeast	
SBIRT	Those with or at-risk of substance use	*believe there is capacity, have yet to confirm	Medicaid
MOMs	Pregnant women and children up to 1 year old	*currently building capacity	
Nurturing Parenting Program*	Parents of children prenatal - 18, depending on specific curriculum used.	Central, Great Lakes, Northeast, Southeast, Western	
Solution-Based Casework*	Children 0-17 and their families (open child welfare case or juvenile justice involvement)	Some tools have been integrated into AR and other areas of case practice	



Phase 2b: Capacity in Ohio, not rated on Title IV-E Clearinghouse			
Intervention		Service Capacity	Current System Partner/Financing Stream
Program Name	Target Populations	Staterwideness	
Mobile Response and Stabilization Services	Adults and youth in crisis	Some state capacity	OMHAS
Youth Acceptance Project	LGBTQ+ youth and their families	Cuyahoga County	OhioKAN, ODJFS, (Quality Improvement Center)
AFFIRM Caregiver	Caregivers for LGBTQ+ youth. ARC engages in innovative research and provides training and consultation aimed at improving the mental health and wellbeing of LGBTQ+ (lesbian, gay, bisexual, trans*, queer, etc.) youth and young adults.	Cuyahoga County	OhioKAN, ODJFS, (Quality Improvement Center)
24/7 Dad	Fathers with children age 18 or younger; designed for custodial and non-custodial fathers with instructions on how to deliver it most effectively to non-custodial and unemployed and underemployed fathers	15 counties in the Southwest, Central, and Northeast regions	Ohio Commission on Fatherhood; DOH; Medicaid; TANF)
Boot Camp for New Dads	Dads-to-be in the months surrounding their baby's birth	Southwest, Central, and Northeast regions	Ohio Commission on Fatherhood; DOH; Medicaid; TANF)
InsideOut Dad	Incarcerated fathers with children 18 years old and younger, designed specifically for the issues/challenges faced by incarcerated fathers (e.g., challenge of successful reentry)	Southwest, Central, and Northeast regions	Ohio Commission on Fatherhood; DOH; Medicaid; TANF)
Love Notes	Young people and young parents ages 14-25	Southwest, Central, and Northeast regions	Ohio Commission on Fatherhood; DOH; Medicaid; TANF)

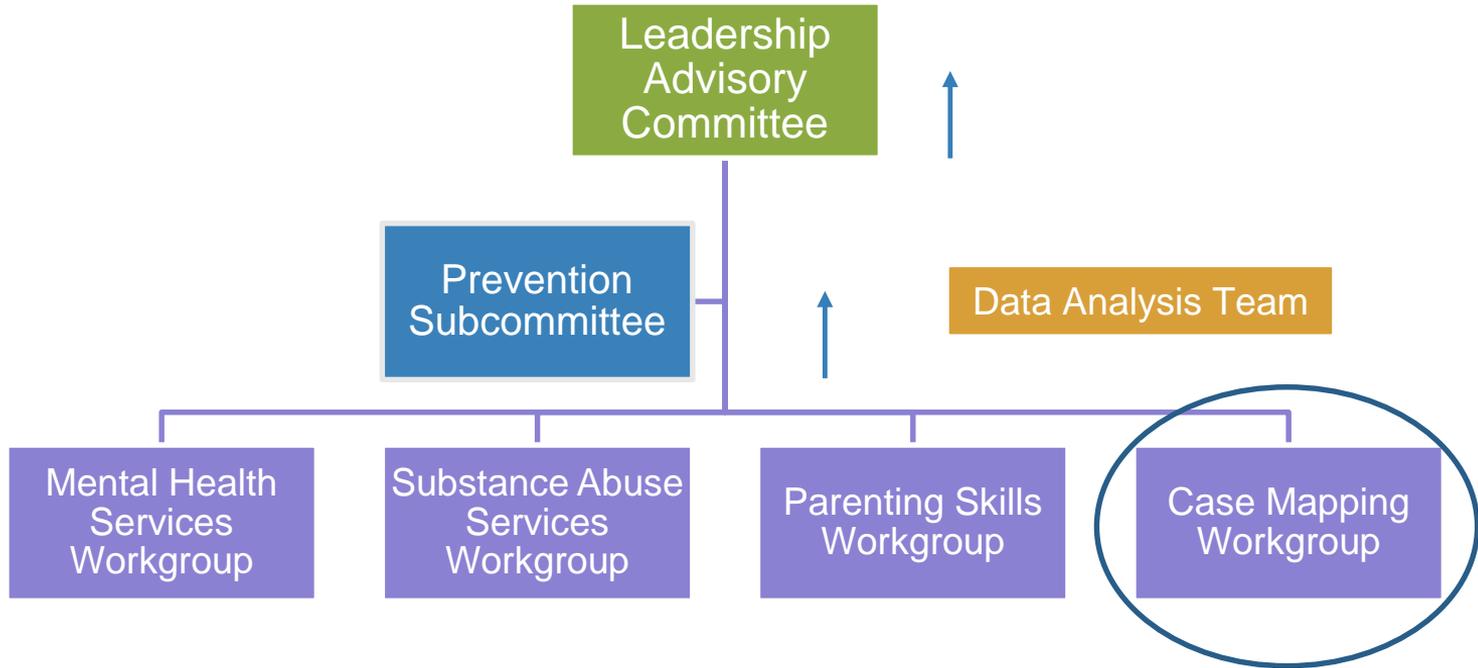


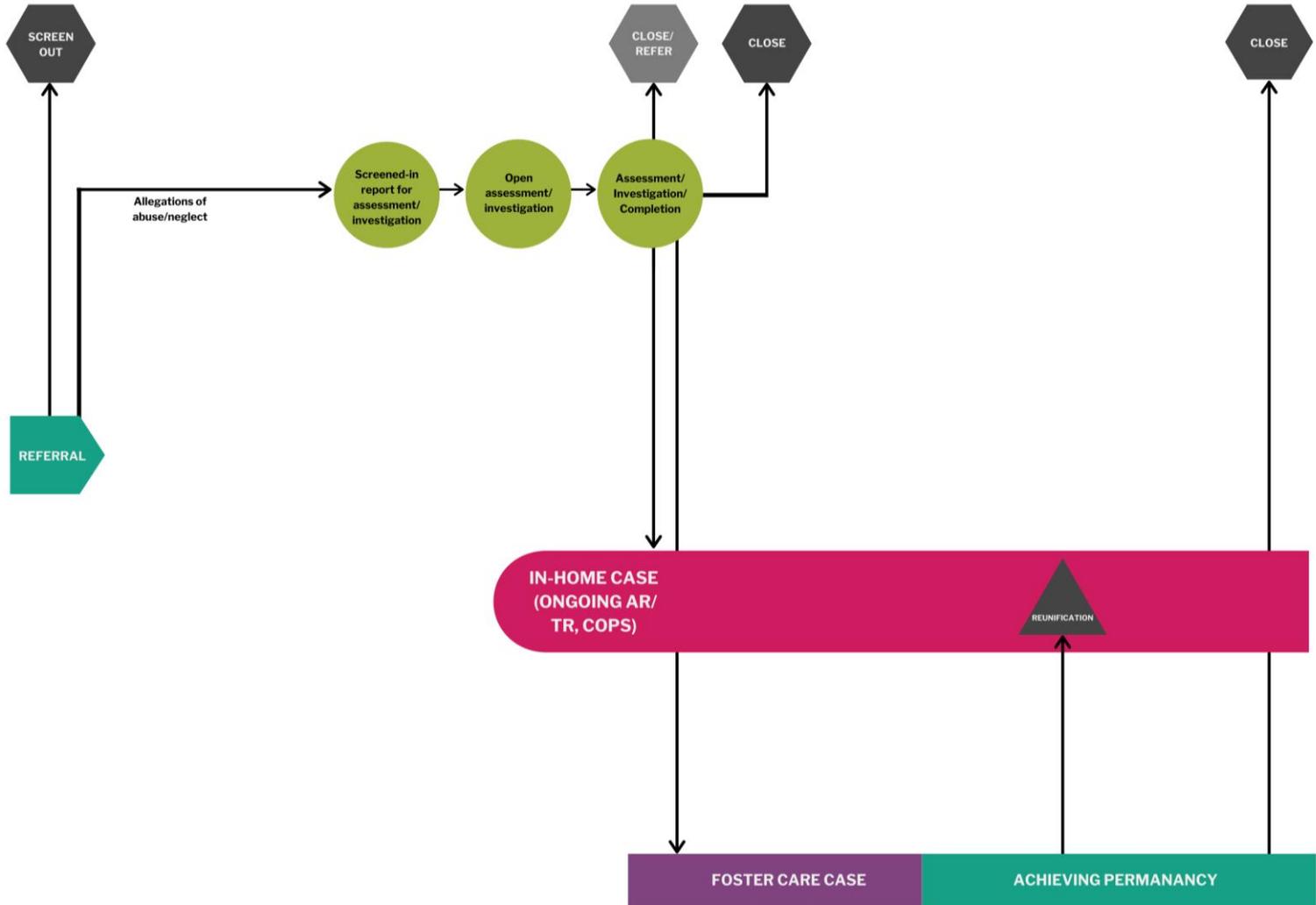
## Case Map

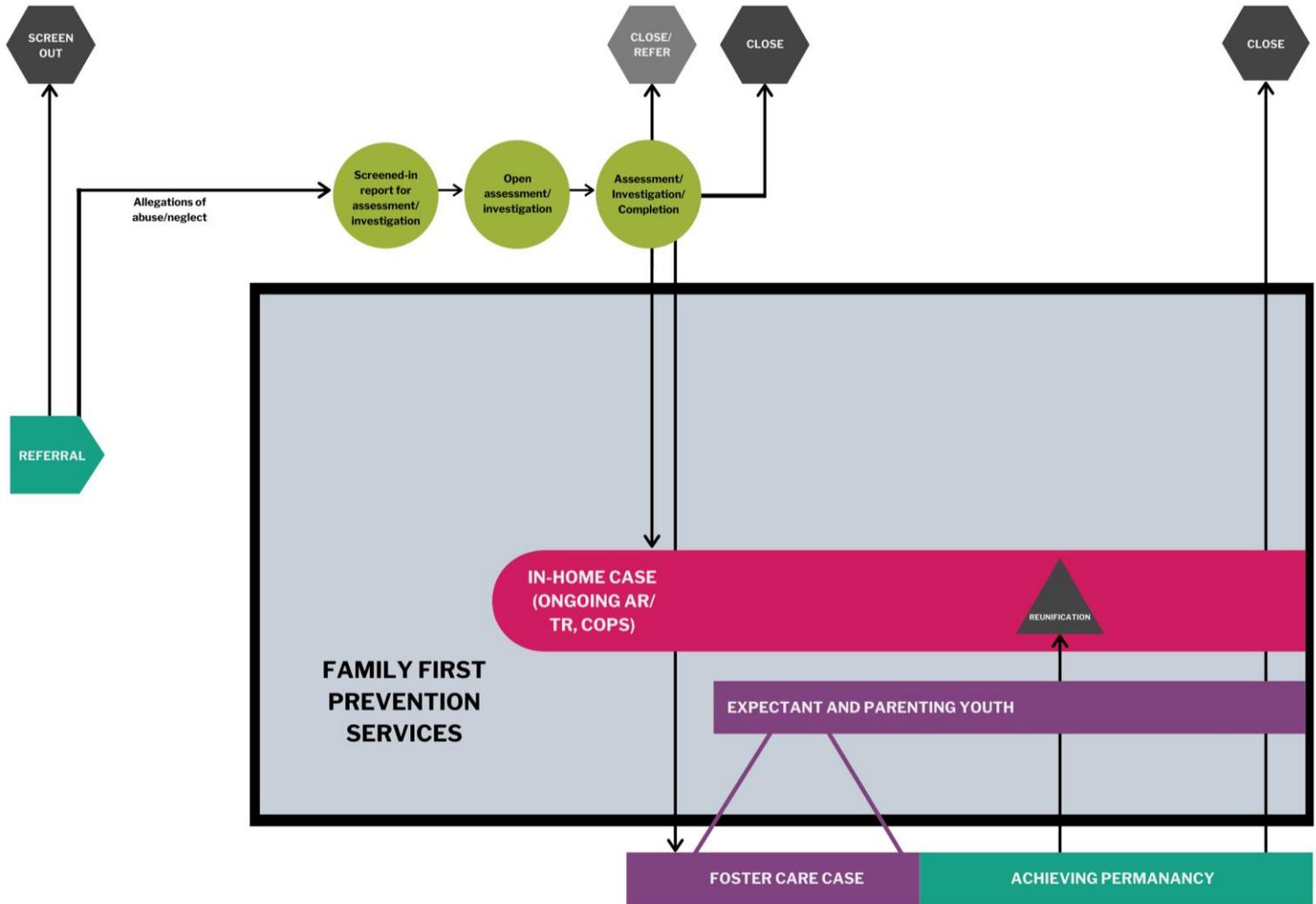
- With an approved Title IV-E Prevention Plan, Ohio will be able to claim federal reimbursement for providing **select evidence-based services to candidates for foster care and their caregivers, and pregnant and parenting youth.**
- These services must be **identified in a child-specific prevention plan** (can be incorporated into a pregnant and parenting youth’s case plan). Ohio must also “**monitor and oversee** the safety of children receiving services” including through periodic risk assessments (see [Children’s Bureau Program Instruction 18-09](#)).



# Case Map









## Case Map

### Family First Prevention Services

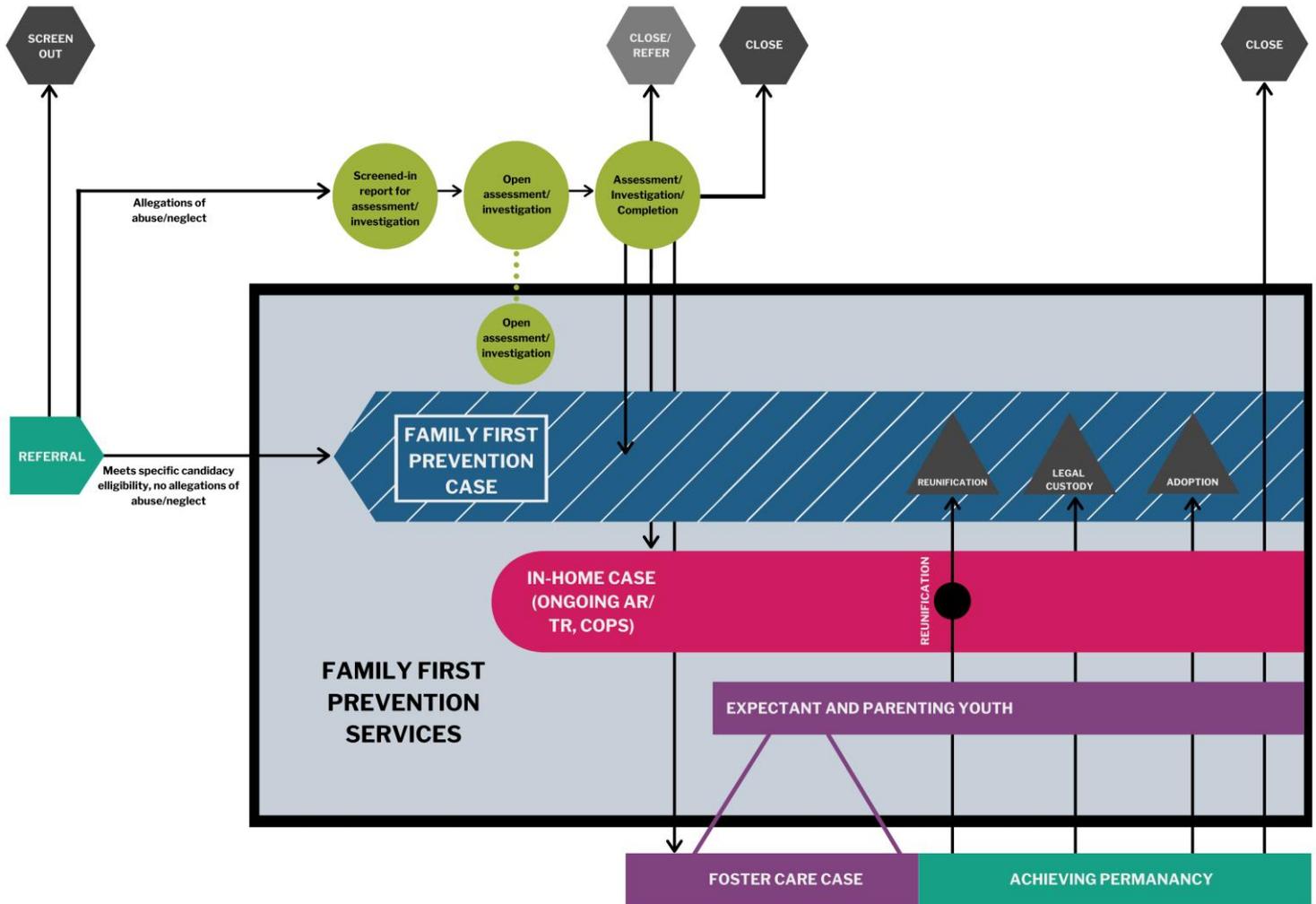
Financing Shift	Practice Shift
Services eligible for Title IV-E reimbursement	Not a new type case
	Services provided to candidates served through an open case
	Opportunity to build capacity for evidence-based services



## Case Map

### Case Activities when Working with Candidates

	Eligibility Determination by PCSA	Prevention Plan	Services	Monitoring
In-home Case	<ul style="list-style-type: none"><li>Opening of case</li></ul>	<ul style="list-style-type: none"><li>Prevention plan within case plan</li></ul>	<ul style="list-style-type: none"><li>Family First Prevention Services newly-eligible for Title IV-E reimbursement</li></ul>	<ul style="list-style-type: none"><li>Driven by existing policy (weekly, biweekly, monthly)</li></ul>
EPY Case	<ul style="list-style-type: none"><li>Identification of expecting/parenting a child</li></ul>	<ul style="list-style-type: none"><li>Within case plan</li></ul>	<ul style="list-style-type: none"><li>Services not eligible for Title IV-E reimbursement</li></ul>	<ul style="list-style-type: none"><li>Driven by existing policy (weekly, biweekly, monthly)</li></ul>





## Case Map

### Family First Prevention Case

Financing Shift	Organizational Shift
Services eligible for Title IV-E reimbursement	New type of case – opportunity to serve children and their families
	Strict eligibility requirements
	New policy and practice



## Case Map

### Case Activities when Working with Candidates

	Eligibility Determination by PCSA	Prevention Plan	Services	Monitoring
Family First Prevention Case	<ul style="list-style-type: none"><li>Referral</li><li>During assessment/investigation</li><li>Completion of assessment/investigation</li><li>Achieving permanency</li></ul>	<ul style="list-style-type: none"><li>Specific prevention plan</li></ul>	<ul style="list-style-type: none"><li>Family First Prevention Services newly-eligible for Title IV-E reimbursement</li><li>Services not eligible for Title IV-E reimbursement</li></ul>	<ul style="list-style-type: none"><li>TBD</li></ul>
In-home Case	<ul style="list-style-type: none"><li>Opening of case</li></ul>	<ul style="list-style-type: none"><li>Prevention plan within case plan</li></ul>		<ul style="list-style-type: none"><li>Driven by existing policy (weekly, biweekly, monthly)</li></ul>
EPY Case	<ul style="list-style-type: none"><li>Identification of expecting/parenting a child</li></ul>	<ul style="list-style-type: none"><li>Within case plan</li></ul>		<ul style="list-style-type: none"><li>Driven by existing policy (weekly, biweekly, monthly)</li></ul>



## Case Map

### Existing Tools to Support Practice and Organizational Shifts

Domain	Existing Tool	Possible Adaptation Needed
<b>Eligibility Determination by PCSA</b>	Intake screening	Include specific candidacy eligibility categories; utilize group decision-making and RED Team to determine candidacy eligibility
	Safety Assessment	Integrate candidacy eligibility categories
	Family Assessment	Integrate candidacy eligibility categories
<b>Prevention Plan</b>	Existing case planning tools	Build the prevention plan into the case plan so that it appears as one plan but also can be taken out and used separately, including for when a case steps down from open case to a Family First Prevention Case.  Opportunity to use OHIO Start community portal for case planning with more providers in the community.
<b>Services</b>	Existing case planning tools	Include evidence-based services that can be provided internally (e.g. Motivational Interviewing and Solution Based Casework)
<b>Monitoring</b>	90-day case review	All of the existing tools need to be adapted to look at risk more versus safety.  Existing Risk Assessment Structured Decision-Making tools use some metrics that are static, including number of previous investigations and open cases. The new tool needs to be dynamic and support the assessment of risk in real-time. These updates are already in process.
	Semi-annual case review	
	Family Assessment	



Infrastructure  
(Training,  
SACWIS,  
Rules, etc.)

- Next steps → moving to the “how”
- Does not have to be completely fleshed out in the Title IV-E Prevention Plan
- Big areas of focus include: **workforce/capacity, SACWIS, training, policy development, rulemaking**



## Infrastructure (Training, SACWIS, Rules, etc.)

Policy and Protocols	SACWIS/Tool updates	Workforce	Training	Work with community partners	Financing
<ul style="list-style-type: none"> <li>Policy and protocols needed to guide practice for Family First Prevention Cases. For example, clear policy is needed for understanding when a referral is appropriate for a Family First Prevention Case.</li> <li>Develop and issue strong guidance and oversight to ensure families are served through the appropriate case track.</li> <li>Update rules accordingly</li> </ul>	<ul style="list-style-type: none"> <li>SACWIS enhancements for new Title IV-E tracking and reporting requirements</li> <li>Opportunity to update SACWIS and tools to support practice changes including incorporate the prevention plan</li> <li>Need to update tools to support organizational shift</li> <li>Build out community portal to support Family First Prevention Cases</li> </ul>	<ul style="list-style-type: none"> <li>How workers responsible for Family First Prevention Cases are organized</li> <li>Impact on workload of Family First Prevention Cases will vary across counties</li> </ul>	<ul style="list-style-type: none"> <li>Extensive training and ongoing coaching with all staff and stakeholders – PCSA staff, judges, community stakeholders – to explain the culture shift to providing foster care prevention services</li> <li>Title IV-E Courts will need to be trained on the new opportunities to provide prevention services as well as the requirements (candidacy eligibility) and expectations for case management (creation and monitoring of a prevention plan, connection to services, and assessing ongoing risk).</li> </ul>	<ul style="list-style-type: none"> <li>Community-based providers will need to be strong partners and understand the new policies and partnership expectations for supporting families being served through a Family First Prevention Case.</li> <li>There must be buy-in from all of these stakeholders in the new vision, particularly the judiciary. Without this buy-in, there is a fear that despite the availability of additional services, there may not be movement to families achieving more timely permanency.</li> <li>RFPs for service providers need to be developed and issued</li> </ul>	<ul style="list-style-type: none"> <li>For youth who step-down from a Qualified Residential Treatment Program (QRTP) and achieve permanency within six months of exiting the QRTP, there is an outstanding question about who will pay for the ongoing services (up to six months following exit from the QRTP).</li> <li>Contracting for services</li> </ul>



## Workforce

### Opportunities

- Build a workforce that matches the population served by improving recruitment and providing opportunities for those with lived experience to join workforce
- Increase peer support for staff: for example, substance use programs have used peer support models that are working well and could be a model for child welfare system
- Need to learn from the strategies being evaluated and lessons learned from the current federal Quality Improvement Center is evaluating strategies to improve secondary trauma, workforce turnover, resilience within the workforce, and supervisory coaching for front line workers
- Support workforce in coping with trauma and reducing burnout through voluntary programs for support, flexibility during the workday, on-site resources, etc.
- In Ohio, Butler County has been using technology to allow staff to work from home and create flexible schedules; look to these models for replication
- Develop communication strategies to tell the story of the important work of child welfare and how it supports Ohio's children and families
- To better support investments in the workforce, research best practices related to hiring and workforce through Ohio Department of Higher Education
- Explore state tax credits to support compensation for workforce

### Needs

- The state's current workforce does not match the population served
- Lack of work-life balance is a concern for employees
- There is a lack of sufficient resources to support the workforce's exposure to secondary trauma
- There is a shortage of opportunities for advancement within the workforce both for front-line and supervisory staff
- Coaching and supervision are not currently working well to support entry level staff; supervisors also need more support to be able to train, support, and coach staff effectively
- The workforce includes a growing number of millennials who are seeking flexibility in work environment (i.e. flexible hours, working remotely, etc.)
- Need to improve training for staff working in rural areas so that they can be knowledgeable about available services and prepared to connect families to services and ensure warm handoffs
- Need to address stigma surrounding working in child welfare, which discourages many from joining workforce
- Challenges exist in supporting and maintaining a quality workforce across the state due to low salaries. Certain counties experience this challenge more acutely due to inequities across counties.



## Infrastructure (Training, SACWIS, Rules, etc.)

### Capacity

#### Opportunities

- The Children's Trust Fund's Western region has a readiness assessment program that could be expanded to assess capacity in other regions
- The Children's Trust Fund has regional networks which can be leveraged to support training providers in the delivery of evidence-based programs
- Telehealth could be used to reach communities in rural areas and expand programs' capacity to engage more children and families
- Create a central registry to identify availability and gaps in resources and services across the state
- Create regional hubs for services instead of city or county hubs to better reach rural areas of the state
- Extend partnerships to smaller colleges and universities, meet with university presidents, and place staff members in classes to increase interest in and build workforce capacity for programs
- Host statewide trainings for multiple providers at the same time
- Negotiate with model developers to share costs among evidence-based program providers
- Ohio has a wide array of services that could be expanded through creative braided funded of Medicaid and Title IV-E dollars

#### Needs

- There is limited capacity for home visiting providers in rural areas and long wait lists for services in some regions
- There are areas of "evidence-based practice" deserts throughout the state
- While there is a need to increase capacity to serve more children and families, the state should consider that efforts to do so may also increase demands on staff and worker caseloads could grow, contributing to burnout
- Community-based programs lack the capacity to conduct program evaluation



## Fidelity and Evaluation

### Opportunities

- Create and leverage university partnerships and/or expand on current university partnerships to monitor fidelity and conduct program evaluations
- Identify organizations who can support the work of evaluating existing programs to increase the available evidence of effectiveness
- Host statewide trainings to train multiple entities in fidelity monitoring and evaluation at the same time
- Establish statewide parameters for monitoring to achieve uniform outcomes
- Enhance communication with providers to ensure they have a solid understanding of exactly what it means to be “evidence-based” according to FFPSA
- Invest in supervisors to help ensure fidelity
- Implement evidence-based programs that are aligned with frameworks used in Ohio, including Strengthening Families
- Create a registry of licensed practitioners

### Needs

- Lack of capacity and resources to monitor the fidelity of programs
- Additional costs associated with maintaining fidelity to a program and/or becoming a certified provider
- Programs have adaptations that work well for children and families but not all variations of the programs have the required level of evidence
- Medicaid does not reimburse at a rate that is commensurate with the cost of fidelity monitoring, required data collection, and conducting evaluations – which disincentives programs from becoming certified
- There is a lack of mechanisms for ensuring accountability to some evidence-based programs (for example, Trauma-Focused Cognitive Behavioral Therapy)

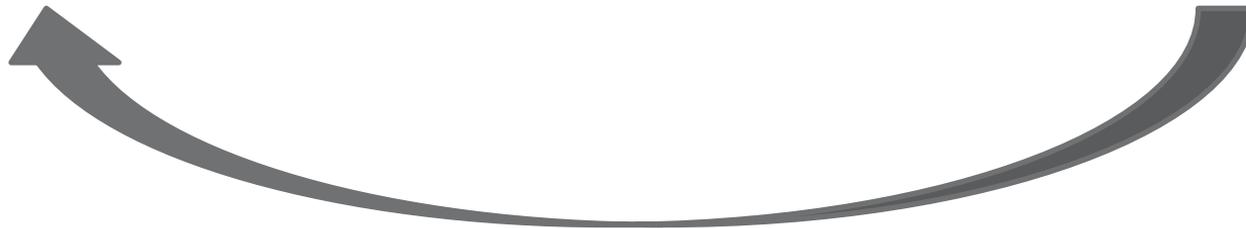
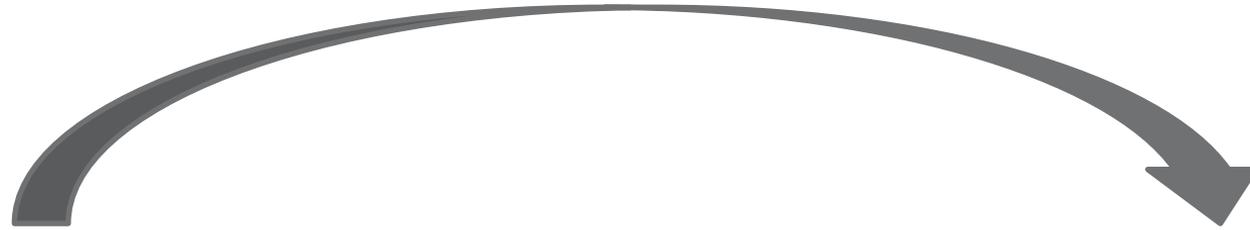


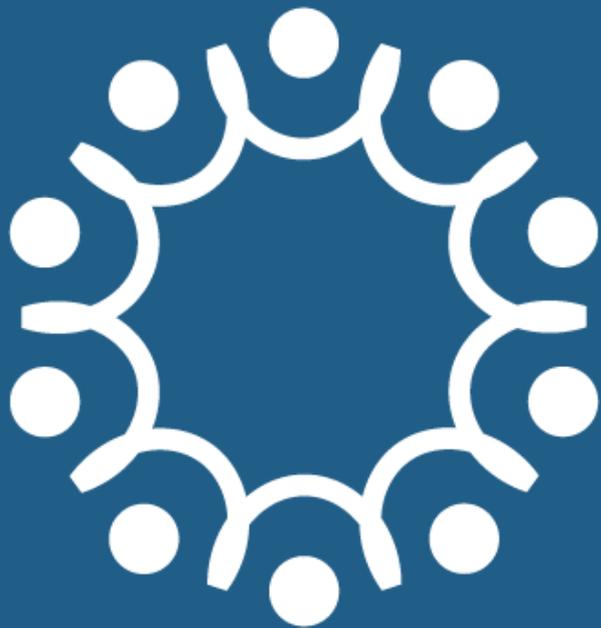
## Plan Development: Considerations for Next Steps

- Options for phasing:
  - Candidates served
  - Services implemented (type)
  - Geography
  
- Family First Transition Act:
  - Building capacity for EBPs
  - Building the evidence for local programs that work
  - Filling the gaps between the Title IV-E Clearinghouse and needs of Ohio's children and families
  
- Cross-system partnership:
  - Fiscal impact – Medicaid?
  - Fidelity monitoring – MIECH-V plans?
  - Evaluation – existing partnerships?



## Moving forward





**Thank you!**



## Appendix: Determining Candidacy Eligibility

Point of Involvement with PCSA	Candidacy Criteria	Notes
Referral	<ol style="list-style-type: none"><li data-bbox="376 350 1234 517">1. Siblings and other children in the home of a child in foster care who are 1) living with the parent who the child in foster was removed from and 2) there is an open case with a goal of reunification for the child who is in foster care with the removal parent.</li><li data-bbox="376 554 1234 620">2. Children who are at-risk of experiencing a disrupted adoption (dissolution of an adoption).</li><li data-bbox="376 657 1234 755">3. Children who have discharged from custody and achieved permanency, including with a relative, recently (within the last 12 months) and the parent/caregiver agrees to ongoing services</li><li data-bbox="376 792 1234 926">4. Infants with an inadequate plan of safe care in accordance with CARA who have been screened-in at the hotline and have assessed safety and risk concerns/identified for FFPSA track by the Title IV-E Agency.</li></ol>	<p data-bbox="1261 350 1897 550">The intake worker should accept referrals that meet these criteria. These referrals should then be reviewed further including through review by a supervisor/manager, group screening, clinical staffing, or RED Team, regardless of whether there is alleged child abuse and/or neglect.</p> <p data-bbox="1261 594 1572 620">The review will determine:</p> <ul data-bbox="1261 626 1897 899" style="list-style-type: none"><li data-bbox="1261 626 1605 725">• If a child meets criteria<ul data-bbox="1358 663 1678 725" style="list-style-type: none"><li data-bbox="1358 663 1630 690">○ Eligible candidate</li><li data-bbox="1358 696 1678 725">○ Not Eligible candidate</li></ul></li><li data-bbox="1261 731 1897 899">• Next steps:<ul data-bbox="1358 768 1897 899" style="list-style-type: none"><li data-bbox="1358 768 1897 827">○ Screen out (child does not meet criteria; no abuse or neglect)</li><li data-bbox="1358 834 1897 860">○ Referral to assessment/investigation</li><li data-bbox="1358 867 1897 899">○ <b>Open Family First Prevention Case</b></li></ul></li></ul>



## Appendix: Determining Candidacy Eligibility

Point of Involvement with PCSA	Candidacy Criteria	Notes
During assessment/investigation	<ol style="list-style-type: none"><li data-bbox="376 350 1234 517">1. Siblings and other children in the home of a child in foster care who are 1) living with the parent who the child in foster was removed from and 2) there is an open case with a goal of reunification for the child who is in foster care with the removal parent.</li><li data-bbox="376 554 1234 689">2. Infants with an inadequate plan of safe care in accordance with CARA who have been screened-in at the hotline and have assessed safety and risk concerns/identified for FFPSA track by the Title IV-E Agency.</li></ol> <p data-bbox="376 762 1234 893"><i>As more data is analyzed and the definition of candidacy is reviewed, there may be opportunities during an assessment/investigation to make an earlier eligibility determination for foster care prevention services, prior to closing the assessment/investigation.</i></p>	<p data-bbox="1261 350 1901 517">Some children will be identified as eligible candidates at intake. For children who meet these criteria <b>and</b> there are allegations of abuse and/or neglect that lead to an open assessment/investigation, there is an opportunity to provide foster care prevention services.</p> <p data-bbox="1261 590 1901 689">When a child is removed during an assessment/investigation, any sibling in the home is an eligible candidate.</p>



# Appendix: Determining Candidacy Eligibility

Point of Involvement with PCSA	Candidacy Criteria	Notes
At assessment/ investigation completion	<ol style="list-style-type: none"><li data-bbox="363 317 1193 519">1. Siblings and other children in the home of a child who has experienced a screened in fatality with a substantiated or indicated TR and siblings and or the child and siblings of a child who has experienced a screened in near-fatality who has a substantiated or indicated TR and has assessed safety and risk concerns/identified for FFPSA track by the Title IV-E Agency.</li><li data-bbox="363 558 1193 725">2. Siblings and other children in the home of a child in foster care who are 1) living with the parent who the child in foster was removed from and 2) there is an open case with a goal of reunification for the child who is in foster care with the removal parent.</li></ol> <p data-bbox="363 765 1219 967"><i>As more data is analyzed and the definition of candidacy is reviewed, there will be a need to revise candidacy eligibility to include families who at closure are high-risk and would benefit from a Family First Prevention Case but the risk and safety concerns do not rise to the threshold of opening an in-home case. This should include a review of multi-system youth involved with child welfare.</i></p>	<p data-bbox="1248 317 1856 416">At assessment/investigation closure, workers, -with supervisory consultation and approval - would determine next steps including:</p> <ul data-bbox="1248 423 1843 692" style="list-style-type: none"><li data-bbox="1248 423 1696 452">• Child meets candidacy eligibility</li><li data-bbox="1248 456 1843 692">• Closure decision:<ul data-bbox="1344 492 1843 692" style="list-style-type: none"><li data-bbox="1344 492 1740 520">○ Close case (<i>current option</i>)</li><li data-bbox="1344 525 1792 553">○ Close and refer (<i>current option</i>)</li><li data-bbox="1344 558 1843 623">○ <b>Open Family First Prevention Case</b> (<i>new option</i>)</li><li data-bbox="1344 627 1843 656">○ Open in-home case (<i>current option</i>)</li><li data-bbox="1344 660 1808 689">○ Removal of child (<i>current option</i>)</li></ul></li></ul>



## Appendix: Determining Candidacy Eligibility

Point of Involvement with PCSA	Candidacy Criteria	Notes
<p>During an open case (e.g. voluntary, COPS, sibling case for a youth in foster care, expectant or parenting youth in foster care)</p>	<ol style="list-style-type: none"><li data-bbox="363 323 1193 590">1. A child who has an open in-home child welfare case and is receiving services. This includes the following types of open in-home cases: court ordered protective supervision, voluntary cases, children with an in or out of home (including with kinship) safety plan, and children who are involved in multiple systems including juvenile justice, behavioral health, and developmental disabilities. <i>(note: parent or caregiver must have custody of the child, the Agency cannot have custody of the child).</i></li><li data-bbox="363 628 1193 792">2. Siblings and other children in the home of a child in foster care who are 1) living with the parent who the child in foster was removed from and 2) there is an open case with a goal of reunification for the child who is in foster care with the removal parent.</li><li data-bbox="363 831 1193 896">3. Pregnant (including expectant fathers) and parenting youth in foster care, including those who are in extended foster care.</li></ol>	<p>At the point of opening an in-home case, a child meets candidacy eligibility criteria by virtue of having an open in-home case. As part of a case worker's existing responsibilities, a case plan would be created, family would be connected to services, and the child's risk and safety would be monitored.</p> <p>SACWIS enhancements were recommended to support connecting families with services including having one case plan that includes the required child-specific prevention plan; utilizing a community portal so service providers can input updates to case plan services directly.</p> <p>As soon as a youth is identified as expectant or parenting, an eligibility determination should be made and documented in SACWIS. Services will be embedded in the youth's existing case plan.</p>