

FAMILY FIRST IMPLEMENTATION ROADMAP

Executive Summary

The federal Family First Prevention Services Act (Family First) was adopted in 2018 and will be implemented nationwide by October 1, 2021. The name of the law reflects its vision: A **family first** for children and teens through quality **prevention services**.

Through dramatic funding changes, Family First puts the focus on prevention and – to the extent possible – keeping children out of foster care and with their families or relatives. It recognizes that often families can provide safe and loving care if given access to needed mental health services, substance abuse treatment or improved parenting skills.

Stakeholder engagement was critical to the planning for Family First. In the planning process, Ohio created;

- **Exploration and Design Regional Forums** to gather insight, input and opportunities for success from families and agencies that work directly with families. Over the course of a two-week period, five Exploration and Design Regional Forums were held across the state in October 2018.
- A member of the Leadership Advisory Committee, who is also a person with lived expertise in foster care, hosted a series of **five youth focus groups** to gain insight directly from youth who were currently in foster care.
- Ohio's **Family First Leadership Advisory Committee** is comprised of public and private organizations, advocacy groups, and former youth and families with lived experience.
- The **Qualified Residential Treatment Programs (QRTP) Subcommittee and the Prevention Services Subcommittee and workgroups** worked to engage individuals in a statewide conversation around Family First with the goal of making recommendations to the leadership advisory committee.

The Leadership Committee was tasked with defining the “what” of Family First planning in Ohio. This document should be used as the roadmap to guide the “how” of implementation by capturing the vision and compiling the recommendations, rationale, and considerations from over 200 stakeholders involved in informing the implementation phase of the work.

The following are key areas of focus to build a sustainable and effective process.

Prevention Services Recommendations

The subcommittee proposed several recommendations to the leadership committee along with several implementation considerations for the state and counties which include:

- A. Ohio will opt in to take advantage of IV-E support for evidence-based prevention programs that have a trauma informed and treatment framework.**
- B. Candidates for foster care will include:**
 1. A child with an open in-home case.
 2. Screened-in infants with inadequate plan of safe care (CARA).
 3. Siblings of a child in foster care who lives with parent.
 4. Siblings of a child who has experienced a screened in fatality / near fatality.
 5. Children discharged from custody / achieved permanency within last 12 months.

6. Recently adopted children (within the last 12 months) with safety / risk concerns.
7. Children who are at-risk of experiencing a dissolved adoption.
8. Pregnant and parenting youth in foster care including extended foster care.

C. Ohio’s evidence-based service array options include:

<u>Mental Health Programs:</u>	<u>Substance Use Programs:</u>	<u>In-Home Parent Skill-Based Programs:</u>
<ol style="list-style-type: none"> 1. Assertive Community Treatment 2. Child Parent Psychotherapy 3. Dialectical Behavior Therapy 4. Eye Movement Desensitization and Reprocessing Therapy 5. Functional Family Therapy 6. High-Fidelity Wrap 7. I-FAST, Cognitive Behavioral Therapy 8. Integrated Treatment of Complex Trauma 9. Mobile Response and Stabilization Services 10. Motivational Interviewing 11. Multi-Dimensional Family Therapy 12. Multi-System Therapy 13. Parent-Child Interaction Therapy 14. Solution-Based Casework 15. Trauma Focused-Cognitive Behavioral Therapy 16. Youth Acceptance Project 	<ol style="list-style-type: none"> 1. 7 Challenges 2. Acceptance and Commitment Therapy 3. Adolescent Community Reinforcement Approach 4. Integrated Dual Disorder Treatment 5. Medication Assisted Treatment, including 6. Methadone Maintenance Therapy 7. MOMs 8. OhioSTART 9. SBIRT 	<ol style="list-style-type: none"> 1. 24/7 Dad 2. AFFIRM Caregiver 3. Boot Camp for New Dads 4. CCIC’s Effective Black Parenting 5. Healthy Families America 6. Incredible Years (Baby/Toddler Preschool, School-Aged) 7. InsideOut Dad 8. Love Notes 9. Nurse Family Partnership 10. Nurturing Parenting Program 11. Parenting Wisely 12. Parents Anonymous 13. Parents as Teachers 14. SafeCare 15. Step-By-Step 16. Triple P

Qualified Residential Treatment Programs Recommendations (QRTP)

The subcommittee proposed several recommendations to the leadership committee along with several implementation considerations for the state and counties which include:

A. Ohio will phase-in QRTP requirements for all child-serving facilities in the state of Ohio.

October 1, 2020	New residential facilities must meet QRTP Requirements
October 1, 2021	Only QRTP Compliant facilities are IV-E Reimbursable
October 1, 2024	All facilities must be QRTP compliant to maintain licensure

- B. Ohio will align the QRTP requirements with the licensing requirements. The following requirements will be added to Ohio Revised Code:**
- QRTPs should have a Trauma Informed Treatment model and approach.
 - QRTPs shall have registered or licensed nursing and clinical staff.
 - The treatment should be family-driven with both the child/youth and the family included.
 - QRTPs shall lead coordination efforts for the provision of family-based aftercare services for all children discharged from their facility and provide aftercare services that are individualized, driven by the child, caregivers and family.
 - The program shall be licensed and nationally accredited by CARF, JCAHO, or COA.
- C. All licensed residential, group home, child care institutions and other group care settings licensed by the State of Ohio will abide by BCI/FBI fingerprint and background checks and related requirements.**
- D. Ohio should ensure courts receive appropriate training and support related to the QRTP requirements and standards.**
- E. The QRTP Subcommittee and implementation team should create resources and processes to ensure that child-serving agencies have the support necessary to become QRTP compliant.**
- F. A menu of Level of Care Assessment options and qualified individual assessor options should be made available for counties to choose from.**

Additional Recommendations

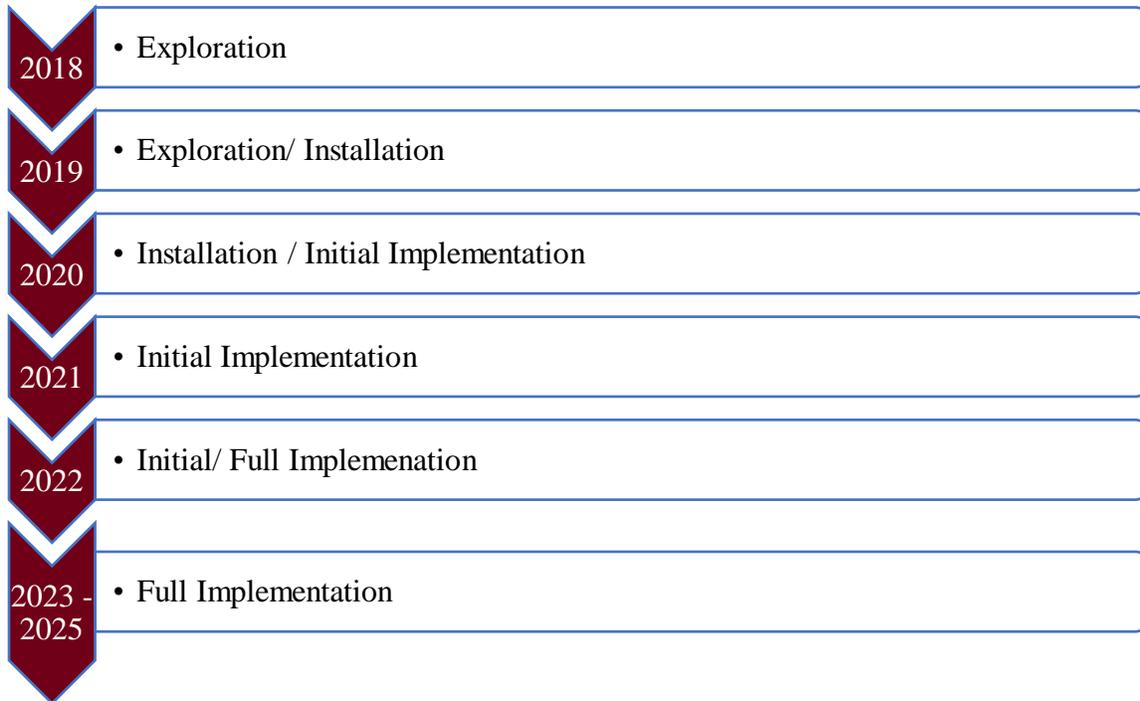
- A. OhioKAN submitted their [finalized report and recommendations](#) to ODJFS on September 30th, 2019 and presented a program summary to the Family First Leadership Advisory Committee on October 17, 2019. The full report can be found here: <https://www.kinnectohio.org/ohiokan/>**
- B. Ohio will align with all of the [National Model Foster Family Home Licensing Standards](#), except for the second part of the Criminal Backgrounds Check requirement and the immunization requirement. The Model Standards only requires applicants to complete the check and not all household members. The workgroup opted to require all household members to complete a background check as well as required under CAPTA. The Model Standards only allows exemptions if the immunization is contrary to the child's health as documented by a licensed health care professional but Ohio will also allow a religious exemption.**
- C. Convene a leadership team in conjunction with Ohio's Accelerated Safety Analysis Protocol (ASAP) project to address statewide plans to track and prevent child maltreatment fatalities.**
- D. Prospective changes to independent living and post-emancipation services under the John H. Chafee Foster Care Independence Program will be reviewed by the Bridges Advisory Council as well as youth and young adults currently or formerly in care.**

- E. **Conduct training and technical assistance on the interstate compact** to ensure agencies: (1) enter data correctly; and (2) are aware of efforts by their peers in being able to achieve timely completion of home studies.

Implementation Consideration Areas

The subcommittees and workgroups focused on making recommendations that will guide ODJFS toward implementation, but the groups were encouraged not to get too down in the weeds of the implementation considerations. This was a difficult task. These are specific areas that need focus and intention in order to successfully implement the recommendation put forward by the Leadership Committee:

- A. Communication
- B. Systems and Processes
- C. Fiscal
- D. Rules and Policy
- E. Training and Technical Assistance
- F. Workforce Development
- G. Fidelity Monitoring and Quality Assurance



Implementation Drivers and Considerations

Throughout the process of planning for Family First, the subcommittees and workgroups continued to think about the implementation work needed to operationalize each recommendation. Below are the implementation considerations that were captured in the subcommittees and workgroups for consideration by the implementation teams. The following Implementation Considerations will be used to frame implementation planning moving forward.

	Communication 	Systems & Processes 	Fiscal 	Rules & Policy 	Training & TA 	Workforce & Capacity 	Monitoring & Eval. 
Prevention	<ul style="list-style-type: none"> • Draft a Title IV-E Plan • Fidelity Monitoring RFP / Support • County Resources 	<ul style="list-style-type: none"> • Continuum of care for prevention services • SACWIS Changes • Process for Statewide Expansion (pilot? Phases?) 	<ul style="list-style-type: none"> • Prevention continuum Cost/benefit • Medicaid implications • Family First Transition Act • Start-up costs for new/existing agencies to build EBPs 	<ul style="list-style-type: none"> • Trauma informed framework • Candidacy for foster care definition 	<ul style="list-style-type: none"> • Prevention services Awareness • Process training for partners 	<ul style="list-style-type: none"> • Staff Training • Recruitment for new roles • Piloting new programs • EBP Phases by county 	<ul style="list-style-type: none"> • Monitoring and Eval plan for final EBPs
QRTP	<ul style="list-style-type: none"> • Procedure letter and FAQ • Initial Treatment models • Allowable Assessment tools • Website Updates • Licensure and accreditation requirements • Targeted communication with courts • Toolkit and resources 	<ul style="list-style-type: none"> • OCALM Changes • SACWIS Changes • Track JJ System impact • Navigating HIPAA • Aftercare Process and roles • LOC process mapping 	<ul style="list-style-type: none"> • State support for QRTP Readiness • Accreditation costs • Family First Transition Act 	<ul style="list-style-type: none"> • ODJFS rule alignment with OhioMHAS/DODD • QRTP requirements • Court Statute • Courts Admin. Review 	<ul style="list-style-type: none"> • Agency treatment model • Judicial training • Accreditation Training • County Assessment tool training 	<ul style="list-style-type: none"> • Aftercare staff implications • RFP for assessment tool contractor? 	<ul style="list-style-type: none"> • Monitoring and Eval plan
Model Standards	<ul style="list-style-type: none"> • County resources • Procedure letter and FAQ 	<ul style="list-style-type: none"> • SACWIS changes • OCALM changes 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • All Model Standards 	<ul style="list-style-type: none"> • Webinars 	<ul style="list-style-type: none"> • Caseworker training 	<ul style="list-style-type: none"> • None Assessed
Other Provisions	<ul style="list-style-type: none"> • Child Maltreatment req. to ASAP team • Chafee Extension req. to Bridges Council 	<ul style="list-style-type: none"> • Electronic interstate case processing system 	<ul style="list-style-type: none"> • Family First Transition Act 	<ul style="list-style-type: none"> • Possible Chafee rule pending final decisions 	<ul style="list-style-type: none"> • General Family First overview 	<ul style="list-style-type: none"> • Pending Chafee decision 	<ul style="list-style-type: none"> • None Assessed