Implementation Considerations

Case Flow
The case process during Assessment/Investigation has not changed. When determining a final case decision, the caseworker needs to consider the level of risk and if the family would benefit from Evidence-Based Practice services. The agency should consider who will be involved in the decision to transfer the case for Preventative Services. When planning internal workflow, consider the following factors.

Referral
- Referral made to Public Children Services Agency (PCSA), and PCSA determines to screen-in or screen-out per the standard screening guidelines.
- Screening guidelines have not been expanded to include new categories.
- All intake pathways can be provided Prevention Services.

Assessment & Investigation
- Safety Assessment is completed on all intra-familial abuse, neglect and dependency reports
- Family Assessment
  - The Risk Assessment can inform candidacy determination and need for prevention services
  - Evidence-Based Practice (EBP) services may be provided prior to the completion of the Family Assessment
  - The Final Case Decision drop down field now provides an additional option of “Transfer for Prevention Services”

Types of cases that could be best served in the Prevention Services case category include, but are not limited to:
- Multiple recurrences with PCSAs that resulted in case closure at assessment/investigation.
- Identified as low to high risk but previously closed with a referral to services.
- Lower risk, but all members have service needs that can be met with an approved EBP.
Case flow considerations when selecting Prevention Services or Ongoing open case categories

- **Prevention Services Plan**
  - Must contain at least one approved evidence-based practice (EBP) service and can contain additional services
  - Monitoring Requirements:
    - Every other month face to face in the home
    - Monthly contact with service providers
  - Prevention Plan Review and Semi-Annual Review
    - The PCSA is to complete the Prevention Plan Review no later than every ninety days after the completion date of the “Family Assessment”
    - The PCSA is to complete the Semiannual Administrative Review (SAR) no later than every one hundred eighty days from completion of the "Family Assessment”.

- **Ongoing Category Monitoring requirements**
  - Monthly face-to-face contact with the child and parent, guardian, custodian, pre-finalized adoptive parent, placement.
  - Family Case Plan can still include EBPs
  - Each PCSA is to complete the Case Review no later than every ninety days and SAR no later than every one hundred eighty days from whichever of the following activities occurs first:
    - Date the original PCSA court complaint was filed.
    - Date of placement.
    - Date of court ordered protective supervision.
    - Date of parent, guardian, or custodian’s signature on the case plan, for in-home supportive services only.

<table>
<thead>
<tr>
<th>Ongoing Case Category</th>
<th>Prevention Services Case Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Follow OAC 5101:2-38-01, 38-05, or 38-20 requirements</td>
<td>o Follow OAC 5101:2-40-05 requirements</td>
</tr>
<tr>
<td>o Case members can have EBP services but do not have to</td>
<td>o Case member(s) must have at least one EBP service</td>
</tr>
<tr>
<td>o Case members must be seen at least once a month by the PCSA/IV-E Agency</td>
<td>o Case members must be seen at least every other month by the PCSA/IV-E agency</td>
</tr>
<tr>
<td>o Evidence-Based Practice Services require monthly contact with the provider for progress reports</td>
<td>o All services require monthly contact with the provider for progress reports, regardless if they are EBP or not</td>
</tr>
</tbody>
</table>
Practice Implementation

Prevention services are another option for counties to serve families. Families have unique service needs based on their circumstances and counties can decide how to best serve each population.

- PCSA workers will assist families in accessing Evidence-Based Practices (EBP) to provide prevention services. PSCA workers will continue to be responsible for assessment of safety and risk.
- Each PCSA may determine how best to operationalize prevention services internally. Considerations regarding staffing, one-worker models, and workload capacity should be assessed.
- FFPSA Prevention Services provides a model where credentialled service providers take the lead with families. Children’s services caseworkers still provide fundamental assessment of safety and risk, but the majority of their time on a case is intended to be spent coordinating services with providers.
- The differences of only having home visits every other month and a Prevention Services Plan are important to convey. It is intended to be a fundamental change to our role with families. It should feel different to the families. They should feel more like they are working with the credentialled EBP provider primarily and the CPS worker as a support.
- EBPs can be provided to any eligible Candidate for Prevention Services, including any case in the Ongoing Category. AR, Voluntary, Protective Supervision Cases will continue to have the caseworker take the lead, so the change in approach with families may feel less significant, but families will still access EBPs. Prevention Services cases will have EBPs and may have other services; they are most likely to really feel like a new way of working with families.
- Consideration of which EBPs will be available and utilized by the Agency is an important workforce consideration. Of the five initial services, OhioSTART is likely to involve high or intensive risk cases and require more caseworker involvement, which may be significantly different than a referral and caseworker monitoring of Multi-Systemic Therapy.

Service Capacity Support

Counties can choose not to provide prevention services. Counties can also choose to utilize one or more evidence-based practices (EBP) without utilizing all EBPs in the Title IV-E Prevention Plan.

- OhioMHAS, in partnership with ODJFS, has contracted with Case Western Reserve University (CWRU) Center for Innovative Practices at the Begun Center for Violence Prevention Research and Education, a part of the Jack, Joseph, and Morton Mandel School of Applied Social Sciences (CIP/Begun/MSASS) for a statewide Center of Excellence (COE). The COE will be responsible for building capacity across the state for the identified services in each phase.
- The COE is a statewide contract, so the state is responsible for monitoring the COE. The COE is responsible for fidelity and evaluation monitoring.
- As phase 1 services are implemented, and as additional services are approved in the Clearinghouse, Ohio will continue to evaluate the timing for plan amendments, available
resources and next steps for service expansion. Amendments can be made to the plan throughout implementation.

**Sustainability**

Ohio is taking a phased approach to implementing prevention services, including a Prevention Services Pilot. Additional services will be added as we continue to build capacity statewide and work to identify how to leverage state and local investments for evidence-based prevention services.

- The first phase will include Multisystemic Therapy, Functional Family Therapy, OhioSTART, Parents as Teachers, and Healthy Families America.
  - OhioSTART is different because other Evidence Based Practice services are provided by outside entities where OhioSTART requires more contact by the PCSA. Therefore, it is suggested the PCSA continue with the regular Family Case Plan.
- Each state must have an approved Title IV-E Prevention Plan before they begin drawing down funds. In FFY 2022 and FFY2023, at least 50% of the amounts expended for FFPSA Prevention Services must be for services that meet the “supported” or “well-supported” practice criteria. Beginning in FFY2024, 50% of expenditures must be for services that meet the “well-supported” practice criteria.
- Ohio will use the Prevention Services Pilot to plan for future budget requests, workforce needs, and sustainability planning.