



Ohio Family First Prevention Services Act (Family First Act) Leadership Committee October 17, 2019 Meeting Minutes

Voting Members			
Name	Agency	Present	Not Present
Anderson, Karen	Cuyahoga County PCSA	X	
Bergefurd, Angie	Ohio Department of Mental Health and Addiction Services(OhioMHAS)		X
Burre, Kristi	ODJFS/Office of Child Welfare Transformation	X	
Caldwell, Nicole	Guernsey County PCSA		X
Carpenter, Carla	ODJFS, Deputy Director OFC	X	
Clark, Donna	Seeds 4 Life		X
Collier-Jones, Dr. Ollie	Ohio Grandparent Kinship Coalition (OGKC)		X
Davis, Amanda	Foster Care Alumni	X	
Edelblute, David	Children and Families Section, Supreme Court of Ohio		X
Flick, Melissa	South Central Ohio Job and Family Services	X	
Garbe, Megan	Foster Caregiver	X	
Gilbert, Julie	Butler County PCSA	X	
Good, Jewell	Montgomery County PCSA	X	
Jon Skidmore <i>(representing Harvey, Nancy)</i>	Community Teaching Homes	X	
Harding, Jodi	Lighthouse Youth Services	X	
Evans, Tina <i>(representing Hauck, Kimberly)</i>	Ohio Department of Developmental Disabilities (DODD)	X	
Hagopian, Carolyn <i>(representing Jones, Sarah)</i>	Ohio Department of Medicaid	X	
Jordan, Penny	Kinship Caregiver		X
Kresic, Matt	Homes for Kids	X	
LaTourette, Sarah	Ohio Family and Children First	X	
Lill, A J	Erie County PCSA	X	
Marconi, Sharon	National Youth Advocate Program	X	
Mark Mecum	Ohio Children's Alliance	X	
Reilly, Sean	UMCH Family Services	X	
Rutherford, Tina	Franklin County Children Services	X	
Sausser, Angela	Public Children Services Association of Ohio (PCSAO)	X	
Spears, Jeff	Ohio Department of Youth Services		X
Weir, Moira	Ohio JFS Director's Association (OJFSDA), Hamilton County JFS Director-Delegate	X	
Weitzel, Tim	Lorain County Domestic Relations Court	X	
Zawisza, Katie <i>(by phone)</i>	Lutheran Homes Society, Inc. (Genacross)	X	

Attendance Non-Voting Members & Guests: Kari Akins, ODJFS; Alicia Allen, ODJFS; Kristy Blazer DeVries, SAFY; Kevin Bullock, ODJFS; Veronica Burroughs, ODJFS; Patti Jo Burtnett, Lorain County Children Services; Elisha Cangelosi, Franklin County Children Services; Pam Carter, ODJFS; Alex Citrin, Center for the Study of Social Policy; Chelsea Cordonnier, Children’s Initiatives; Lucy Gobble, ODJFS; Lakeisha Hilton, Jennifer Kobel, ODJFS; Renee Lupi, ODJFS; Jennifer MacKim, Ohio Department of Medicaid; Lexie Meade, Children’s Initiatives; Karen McGormley, ODJFS; Maya Pendleton, Center for the Study of Social Policy; Kate Rossman, Ohio Children’s Alliance; Gina Speaks-Eshler, ODJFS; Alan Thompson, ODJFS; Colleen Tucker, ODJFS; Roger Ward, ODJFS; Tequilla Washington, ODJFS; Crystal Williams, ODJFS; Lindsay Williams, ODJFS; Shelene Williams, ODJFS; and Sue Williams, ODJFS.

7. ***Welcome, Introduction, & Review of September Meeting Minutes***

- A. ***Welcome & Introductions:*** Carla Carpenter opened the meeting by thanking stakeholders for progress made thus far with the Family First Act work, including the kinship/adoption navigator program stakeholder group that Veronica Burroughs presented later that day.
- B. ***Review/Approval of September Meeting Minutes:*** There were several edits to the September Meeting Minutes which include adding Colleen Tucker to the attendee list; update the family-based aftercare motion to include Angela Sausser’s conditional motion to revisit the definition as the group moves forward. Jewel Good motioned to approve the minutes with the changes, Karen Anderson seconded, all voted in favor and there were no oppositions.
- C. ***Overall FFPSA Updates – Federal and State:***
 - 1. The **model foster care licensing** standards rule package will go into clearance hopefully by the end of October.
 - 2. Alicia Allen shared updates about the **Family First Transition and Support Act** (Senator Sherrod Brown) Bill:
 - The purpose of this bill is to provide legislative relief of the provisions of the Family First Act.
 - The bill was introduced in May 2019 and is gaining bipartisan support, 200 organizations support the Act. It provides funding for states to transition to family first, will eliminate the AFDC standard to determine IV-E from 1996, will apply to foster care eligibility for family foster, and families would no longer need to meet the need standard. The Act will delay the requirement for 50% well supported services, and will expand IV-B which will be used for kinship and child care. States can draw down research funds, increase funding for

child welfare workforce development, court improvement programs, and foster family recruitment.

- Mark Mecum shared that there is a bill that may be put forward to replace this bill. It is similar and could pass. The delinking of income standards may cause the replacement of the Brown bill by new bill. It is not as comprehensive as Brown's bill but it is bipartisan and sponsored by Senator Wyden. Angela Sausser had an opportunity to host a call to discuss this bill and if it will be impactful. They really want states and counties to support this bill if it gets introduced.
- Karen Anderson shared that Cuyahoga had 2 of Senator Brown's staff spend time at their office. They are interested in feedback and ideas. Karen will send emails from them to Carla. There is recognition that we need more support with the transition to FFPSA.

D. Prevention Services Subcommittee – Planning Retreat with CSSP & Next Steps

- The retreat was two days with the goal of building on work that was already done by the subcommittee and workgroups, understanding the framework, making recommendations on candidacy, recommending a prevention services array, and envision what a prevention pathway could look like. Day one focused on review data and making key decisions and day two gave the group some time to think creatively.

1. Candidacy Definition - The conversation around Ohio's foster care Candidacy definition was grounded in data, from SACWIS, Medicaid, and Cuyahoga. The group looked at who the kids and families are that are coming in the front door. What is going on in Ohio? What is the language in the act around candidate for foster care? From this conversation, the group was able to land on key criteria for candidacy and propose a recommendation to the leadership committee.

Candidates for Foster Care

A candidate is:

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 assessed safety and risk concerns/identified for FFPSA track by the Title IV-E Agency
3. Siblings and other children in the home of 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.
4. Siblings and other children in the home of a child who has experienced a screened in fatality or the child and siblings of a child who has experienced a screened in near-fatality 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 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
8. Children in custody who are exiting residential treatment, including QRTPs, and are achieving permanency with a caregiver (either through reunification, legal custody, or adoption).
9. Pregnant (including expectant fathers) and parenting youth in foster care, including those who are in extended foster care

VOTE: Yes — 21 No — 0 Abstain — 0
Karen Anderson made the motion, Melissa Flick seconded

- Discussion
 - i. The group discussed that the screen out option would go to the Family and Children First Council (FCFC). The group came up with that additional data questions that could help the group to understand if there were other groups that should be considered candidates. There would definitely need to be CQI to regularly look at data of who is coming in the front door.
 - ii. Family First Prevention track would be another track at intake as another possible pathway. There will require several SACWIS updates. Traditional Response (TR) cases that are referred to close are more likely to come back in than those that remain open with in home services.

- iii. Risk of reentry, for example adoption case with potential disruption, could be referred directly to the Prevention track rather than going through a traditional investigation. There will be additional information gathering and assessment to determine the possibility of completing the assessment in 45 days.
 - iv. Data - What are the characteristics of the families that will be served? This greatly inform the types of services that needs to be developed by the service provider to meet the needs of families. What do providers need to keep them informed on particular services?
 - v. Ages 18-21- Should the candidacy definition be expanded to include youth ages 18 to 21 who are not eligible for BRIDGES? Should the group identify youth who are not eligible for BRIDGES as candidates or help them to become eligible for BRIDGES. The group wasn't ready to make it a recommendation on this, but it needs to be mapped further. The Act does seem to support this type of innovation to support older youth. It should be noted that if the young adult is a parent, they would automatically be eligible for prevention services.
 - vi. Significant Changes to the original Subcommittee Recommendations:
 - Change language to screened in from Traditional response in #4 4.
 - Table the discussion around #8 for further conversation after the aftercare definition is decided by the Treatment Model workgroup with QRTP. This is intended for youth who are leaving custody at the point they are exiting the QRTP and achieving permanency.
2. Evidence - Based Programs Services Array recommendation – The deadline for new EBPs for federal review is October 31, 2019. Because of this, there may be additional programs, so the group reviewed the recommendations and voted with the understanding that this is not the final list. Jodi Harding moved to accept the list as written with the caveat we will come back to it often.

Evidence-Based Programs Recommendation

- Mental Health Programs: Functional Family Therapy, **Multi-System Therapy**, Parent-Child Interaction Therapy, Trauma Focused-Cognitive Behavioral Therapy, Solution-Based Casework, Child Parent Psychotherapy, Motivational Interviewing, Multi-Dimensional Family Therapy, I-FAST, Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing Therapy, High-Fidelity Wrap, Assertive Community Treatment, Mobile Response and Stabilization Services, Dialectical Behavior Therapy, **Integrated Treatment of Complex Trauma**, Youth Acceptance Project
- Substance Use Programs: Medication Assisted Treatment, including Methadone Maintenance Therapy, Adolescent Community Reinforcement Approach, 7 Challenges, Acceptance and Commitment Therapy, SBIRT, **Integrated Dual Disorder Treatment**, MOMs, OhioSTART
- In-Home Parent Skill-Based Programs: Parents as Teachers, Healthy Families America, Nurse Family Partnership, SafeCare, Step-By-Step, Incredible Years (Baby/Toddler, Preschool, School-Aged), CCIC's Effective Black Parenting, Triple P, Parents Anonymous, Nurturing Parenting Program, Parenting Wisely, AFFIRM Caregiver, 24/7 Dad, Boot Camp for New Dads, InsideOut Dad, and Love Notes.

***Bold** programs came up under both mental health and substance use*

VOTE: Yes — 20 No — 0 Abstain — 0

Jodi Harding made the motion, Megan Garbe Seconded.

3. Trauma Informed Structure Recommendation - Most of the language is the same as the trauma informed program from the treatment model workgroup. This will be specifically for the evidence-based prevention services. Mark motioned to accept and Angela S seconded. Yes-21 unanimously.

Trauma Informed Structure Recommendation

Trauma Informed Structure and Treatment Framework is defined as a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatization.

VOTE: Yes — 20 No — 0 Abstain — 0

Mark Mecum made the motion, Angela Sausser Seconded.

E. Ohio Kinship and Adoption Navigator (OhioKAN) – Overview of Final Recommendations

1. Report Out - Veronica Burroughs is the new statewide program manager for OhioKAN and provided an overview of the body of work of the stakeholder group. The kinship navigator will hopefully be rated on the clearinghouse. There was discussion about adding adoption families to the kinship navigator. Kinnect was selected as the vendor and did nationwide research kinship and adoption models and conducted surveys with caregivers and professionals. Top areas where families need assistance are financial and peer support groups. The stakeholder meetings were held during the summer, and engaged 84 individuals across 19 counties. Framework for program was taken to townhalls, Hamilton, Athens, Franklin, Summit, and Lucas. Surveys showed positive feedback for the model.
 - a. Target population - ORC was updated to include relative and non-relative kin in the definition of kinship.
 - b. Program components - inform- referral, outreach, information; connect- networking, concrete services, support groups; support-assessments, case management, capacity building.
 - c. Implementation - exploration- develop regional advisory council, community mapping, engage stakeholders;

- d. Installation - develop implementation plan; initial implementation- begin accepting families, collect and review data, host learning communities;
- e. Full implementation- standard practice, ongoing CQI, families receive support, community partners mobilized to support families.
- f. Evaluation framework- develop evaluation infrastructure to prepare for evaluation, CQI testing to provide data. Implementation eval- effectiveness study and begin to look at effectiveness, and maintenance study.

2. Discussion

- When will people be employed in the regions? We have until July 2020 to have the rules written. Implementation may even be phased because of capacity of different regions.
- Navigator job description- partner and work with kin and adoptive families. It is vague until criteria is further defined.
- Feedback from townhalls was pretty positive. Next phase in regions is to further involve stakeholders, for example legal aid. The timeline is tied to statutory language requiring us to implement the program within 1 year the budget bill was signed into law.
- Can certain regions have more staff than others, specifically to cover those that are supporting agencies that don't have current programs or the staff. Final report will be posted to the FFPSA website. We had discussion and feedback was shared, the leadership committee is in support but waiting for the final recommendation from the report. Can we align regions to match with PFOF and trust fund regions? Will be kept in mind as we move forward.

F. Subcommittee Report Out

1. QRTP Subcommittee - *QRTP Requirements Communication Updates, Level of Care Updates, Agency Readiness Survey Updates, Treatment Model List updates*
 - a. Agency readiness survey analysis- in Sept the workgroup developed a survey to gage where JFS and OMHAS are with QRTP requirements. Data was just informal and point in time, not to be submitted to feds. Are the agencies where we expect them to be recognizing that PCSAO and

OCA already sent out a survey but prior to any workgroup (with only 36 responses).

- b. 107 agencies have residential function and oversee 213 facilities, mental health has 39 agencies and oversaw 46 facilities. These are the only ones that will be impacted by QRTP. Data showed mental health agencies are further along than JFS agencies. Gina Velotta and her team developed provided chart. The group meets again in Oct/Nov to develop TA and training plans for agencies that are struggling with certain requirements. 35% of agencies have reached out to accrediting bodies. 50% haven't done anything with it yet but know they will have to eventually. OMHS does not deem status for child serving residential. They do for SUD. MH stopped requiring accreditation just recently. Many agencies do have some type of trauma informed model or practice. Final trauma informed list hasn't been released yet. We have been working with Kim Kehl and his committee will be child focused and will discuss list. We should have list by mid-November. Aftercare planning- many agencies do provide but not to the extent the FFPSA requires. Individual agencies will get their official data when the licensing specialist does follow up after the requirements are further finalized.
 - c. Any suggestions for agencies that are avoiding conversations?
 - d. Will there be implications for contracting? It's not finalized yet, but it may impact as we move into 2020. It's hard to tell since agencies have varying contracts. Who is not responding? Colleen will share information about which agencies aren't responding. We will also share with all agencies who are QRTP ready so then PCSAs can plan contracts accordingly. Licensing specialists can address during announced and unannounced visits. Accreditation process for agency can take between 9-18 months, but some as short as 6 months, depending how proactive the agency is when they contact the accrediting body. Can there be a panel of agencies talking about how and why they chose which accrediting body and what it entailed? To present at fiscal meeting.
2. Communications - Will reorganize the website to be more public facing. If there are suggestions for improvement or sites that should link from the page, please let Crystal know. Communications workgroup meets on Oct 31. National piece issued FFPSA included in folder, some counties are using this. Do we want to endorse this? Will be discussed at the meeting.
 3. PCSAO's Tiered Foster Care / Family-Based Foster Care Continuum

The next meeting is Monday Oct 21st and will be finalizing the report for tiered treatment foster care. Will present at the next Leadership meeting.

4. Executive Committee – the Next meeting is November 6. At the last meeting, there was discussion about getting a communication out and hope that it will be coordinated across agencies but haven't been able to release it yet. Directors want to have an integrated message and just haven't been able to get them together yet. The hope is that Nov 6 will get more clarity on communication to be released and timeline. Julie- it's important for agencies because they have RFPs coming up for group homes and could be dealing with contract periods. Kristi will have a better update from the exec committee at our next meeting. They will consider meeting monthly rather than bi-monthly to keep process going.
5. Child Fatality Review (ASAP) / Chafee
 - Family First has an element to reduce child fatality. ASAP focuses on reduction of risk for fatality or near fatality. Request out for counties to join, currently Franklin and Hamilton are pilot sites. 8 new counties will be joining- Lorain, Richland, Fairfield, Athens, Guernsey, Marion, Seneca, and Stark. Will form a leadership body to advance that work.
 - Chafee possible extension of benefits for older youth up to age 23. Will continue to look, Bridges advisory and OYAB will provide feedback to weigh issues and considerations. This would expand Chafee, or those who could receive post emancipation services.

Adjournment of Session

- Summary from the Day, Reflections, Overall Action Steps & Closing