Expanding Prevention Services in Ohio through the Family First Prevention Services Act
Overview
What is Family First?

• The federal Family First Prevention Services Act (Family First) was adopted on February 9, 2018 and will be implemented nationwide by October 1, 2021.

• Family First goals:
  • Help children remain safely at home with their families whenever possible;
  • Ensure that children who must come into care are in the most family-like and least restrictive setting possible; and
  • Set the expectation of high standards of care and services for our children and families.

• Family First amends parts of the Social Security Act (Title IV-B and Title IV-E) to allow states to use federal matching funds for prevention services (mental health, substance abuse, family counseling and parenting skills training) to help keep at-risk children safely in their homes and to prevent removal, agency custody, and placement in foster care.

• Places limitations on IV-E Foster Care Maintenance payments for residential/congregate care placements and adds new standards.
Prevention Services Requirements

• Family First provides new funding for prevention services that are trauma-informed and rated promising, supported, or well-supported in the Title IV-E Clearinghouse to qualify for federal reimbursement.

• Each fiscal year, 50% of spending must be on well-supported practices.

• Each state must have an approved Title IV-E Prevention Plan before they can begin drawing down funds.
Qualified Residential Treatment Program (QRTP) Requirements

- Has a trauma informed treatment model and a registered or licensed nursing and other licensed clinical staff onsite, consistent with the QRTP’s treatment model;
- Facilitates outreach and engagement of the child’s family in the child’s treatment plan;
- Provides discharge planning and family-based aftercare supports for at least six months; and
- Licensed and accredited.
Family First is bigger than just prevention and congregate care redesign, it is about transforming child welfare.

The Office of Families and Children (OFC) and Public Children’s Services Agencies (PCSA) are part of the solution and are key to supporting a culture shift and driving practice change.

Child welfare system transformation is aligned with, and supports priorities of sister agencies by contributing toward overarching goals for Ohio’s children and families:
- A consistent framework and approach for Ohio’s work in all areas of the state
- Statewide practice model and vision for children and family services broadly
- Equity in access to responsive prevention services
• Family First’s focus on prevention services will allow agencies additional funding opportunities to help families with children at risk of entering foster care.

• The goal of prevention services is to decrease the number of children entering foster care or residential treatment programs.

• Children that do enter residential treatment will be receiving high quality care from agencies certified as Qualified Residential Treatment Programs (QRTP).
Shifts in Our Approach

- **Culture Shift**: Prioritizing keeping families together and family-based settings
- **Practice Shift**: New designations, case pathways, and services available
- **Financing Shift**: Requirements for workers to document; providers must maintain fidelity to EBPs
Family First aligns financing with research about what is best for children:

- At home, with family, and in community whenever safe and possible
- If children/youth must enter care, they are in the most family-like setting to meet their needs
• Family First Prevention Services are considered tertiary prevention services.

• Families must have an open case with the PCSA to access these services.
Prevention Services
Requirements

• Eligibility:
  • Children who are candidates for foster care
  • Parents and caregivers of children who are candidates
  • Pregnant and parenting youth in foster care

• Services:
  • Mental health, substance abuse, in-home parent skill-based programs

• Evidence Criteria:
  • Well-supported, supported, promising
  • Clearinghouse continues to rate programs
  • Guidance for tribes operating IV-E systems

• Requires states to submit a Title IV-E Prevention Plan
### Title IV-E Clearinghouse Prevention Services

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Substance Abuse*</th>
<th>Parenting^</th>
</tr>
</thead>
</table>
| **Well-Supported** | • Functional Family Therapy  
• Multisystemic Therapy*  
• Parent-Child Interaction Therapy  
• Brief Strategic Family Therapy**^ | • Motivational Interviewing  
• Healthy Families America  
• Nurse-Family Partnership  
• Parents as Teachers  
• Homebuilders | |
| **Supported** | • Multidimensional Family Therapy*^  
• Interpersonal Psychotherapy (Weissman et al.) | • Families Facing the Future  
• SafeCare | |
| **Promising** | • Trauma-Focused Cognitive Behavioral Therapy  
• Child Parent Psychotherapy  
• Incredible Years – Toddler Basic Program and School Age Basic Program  
• Triple P – Positive Parenting Program (Level 4: Group, Self-Directed, and Standard) | • Methadone Maintenance Therapy | |

This table shows current program ratings in the Title IV-E Clearinghouse.
Ensuring Appropriate Placements

• Promoting appropriate placements:
  • Array of placements
  • Recruitment and retention of foster parents
  • Support for kin
  • Assessment of needs
  • Judicial oversight

• Qualified Residential Treatment Program requirements:
  • Discharge planning, family engagement, accreditation, needs-based

• Exclusions:
  • Semi-independent living programs
Overview of Ohio’s Title IV-E Prevention Plan
Supporting System Transformation in Ohio

**Strategies for Achieving System Transformation**

- Kinship Navigator Services and Supports
- Interstate Compact on the Placement of Children
- Child Fatality Review
- Model Foster Home Licensing Standards
- Congregate Care Redesign: Qualified Residential Treatment Programs
- Chafee to 23
- Prevention Services

**Ohio’s System Transformation Goals**

- Children deserve safe families and communities that prioritize their best interests and family of origin
- Children and families should have access to a standard level of care regardless of where they live
- Children should be raised in family-based settings and have a family to call their own before becoming an adult

Children deserve safe families and communities that prioritize their best interests and family of origin. Children and families should have access to a standard level of care regardless of where they live. Children should be raised in family-based settings and have a family to call their own before becoming an adult.
Planning Structure

Leadership Advisory Committee

Prevention Subcommittee
- Workgroups
  - In-Home Parent Skill-Based Services
  - Substance Use Disorder and Treatment
  - Mental Health Services
  - Cross-System Financing

OhioKAN Stakeholder Group
- Leading the development of a statewide Kinship and Adoption Navigator Program

QRTP Subcommittee
- Workgroups
  - Treatment Model Considerations
  - Agency Readiness
  - Licensing and Contracting
  - Accreditation
  - Level of Care Assessment
  - Court Oversight

Stand-Alone Workgroups
- Communications
- Model Licensing Standards
- Independent Living
- Prevention of Child Maltreatment Fatalities
- Tiered Treatment Foster Care

Executive Committee

Steering Committee
• Implementation of prevention services through Family First 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.

• Moving forward with Family First builds on Ohio’s investments in prevention including though the Title IV-E Waiver (ProtectOHIO) and the Governor's initiatives for better serving children and families.

• As Ohio implements this new vision and way of serving children and families it will require strengthening partnerships with community-based partners. There is an opportunity to implement evidence-based programs that are aligned with frameworks used in Ohio, including Strengthening Families.
• **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).

• As soon as a case is screened-in, the child may be determined a candidate at any point in their involvement with the PCSA.
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 Family First 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.
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 Family First 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 Family First track by the Title IV-E Agency.

7. Children who are at-risk of experiencing a dissolved adoption.

8. Pregnant and parenting youth in foster care, including those who are in extended foster care.
Title IV-E
Prevention Services

Phase 1
- **MH:** Multisystemic Therapy, Functional Family Therapy
- **SU:** OhioSTART+
- **PP:** Parents as Teachers, Healthy Families America

Phase 2
- **MH:** Hi-Fi Wrap^, Triple P, Incredible Years^+
- **SU:** 7 Challenges^+, Motivational Interviewing

Phase 3
- **MH:** Trauma-Focused Cognitive Behavioral Therapy, Brief Strategic Family Therapy, Child Parent Psychotherapy, Parent-Child Interaction Therapy
- **PP:** Nurse Family Partnership
Current Case Flow

- Screen Out
- Allegations of abuse/ neglect
- Referral
- In-Home Case (ongoing AR/ TR, COPS)
- Assessment/ Investigation
- Open Assessment/ Investigation
- Screened-in report for assessment/ investigation
- Close/ Refer
- Close
- Close
- Foster Care Case
- Achieving Permanancy

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Family First Prevention Services

<table>
<thead>
<tr>
<th>Financing Shift</th>
<th>Practice Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services eligible for Title IV-E reimbursement</td>
<td>Not a new type case</td>
</tr>
<tr>
<td></td>
<td>Services provided to candidates served through an open case</td>
</tr>
<tr>
<td></td>
<td>Opportunity to build capacity for evidence-based services</td>
</tr>
</tbody>
</table>
## Family First Prevention Case

<table>
<thead>
<tr>
<th>Financing Shift</th>
<th>Organizational Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services eligible for Title IV-E reimbursement</td>
<td>New type of case – opportunity to serve children and their families</td>
</tr>
<tr>
<td></td>
<td>Strict eligibility requirements</td>
</tr>
<tr>
<td></td>
<td>New policy and practice</td>
</tr>
</tbody>
</table>
Roadmap for Implementation
Implementation

• Next steps → moving to the “how”

• Does not have to be completely fleshed out in the Title IV-E Prevention Plan. The document is fluid and can be amended throughout the span of Ohio’s Family First work.

• Big areas of focus include:
  • Policy: OAC and ORC
  • Automated Systems
  • Procedure/Practices Considerations
  • Data Considerations
  • Training/Technical Assistance
  • Resource and Capacity Building
  • Communication
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).
# Implementation

## Case Activities when Working with Candidates

<table>
<thead>
<tr>
<th>Eligibility Determination by PCSA</th>
<th>Prevention Plan</th>
<th>Services</th>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family First Prevention Case</td>
<td>• Referral</td>
<td>• Specific prevention plan</td>
<td>• Family First Prevention Services newly-eligible for Title IV-E reimbursement</td>
</tr>
<tr>
<td>• During assessment/investigation</td>
<td>• Completion of assessment/investigation</td>
<td>• Achieving permanency</td>
<td>• Services not eligible for Title IV-E reimbursement</td>
</tr>
<tr>
<td>• Achieving permanency</td>
<td>• Prevention plan within case plan</td>
<td>• Driven by existing policy (weekly, biweekly, monthly)</td>
<td></td>
</tr>
<tr>
<td>In-home Case</td>
<td>• Opening of case</td>
<td>• Within case plan</td>
<td>• Driven by existing policy (weekly, biweekly, monthly)</td>
</tr>
<tr>
<td>EPY Case</td>
<td>• Identification of expecting/parenting a child</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Implementation

## Existing Tools to Support Practice and Organizational Shifts

<table>
<thead>
<tr>
<th>Domain</th>
<th>Existing Tool</th>
<th>Possible Adaptation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Determination by PCSA</td>
<td>Intake screening</td>
<td>Include specific candidacy eligibility categories; utilize group decision-making and RED Team to determine candidacy eligibility</td>
</tr>
<tr>
<td></td>
<td>Safety Assessment</td>
<td>Integrate candidacy eligibility categories</td>
</tr>
<tr>
<td></td>
<td>Family Assessment</td>
<td>Integrate candidacy eligibility categories</td>
</tr>
<tr>
<td>Prevention Plan</td>
<td>Existing case planning tools</td>
<td>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.</td>
</tr>
<tr>
<td>Services</td>
<td>Existing case planning tools</td>
<td>Include evidence-based services that can be provided internally (e.g. Motivational Interviewing and Solution Based Casework)</td>
</tr>
<tr>
<td>Monitoring</td>
<td>90-day case review</td>
<td>All of the existing tools need to be adapted to look at risk more versus safety.</td>
</tr>
<tr>
<td></td>
<td>Semi-annual case review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>
## Implementation

<table>
<thead>
<tr>
<th>Policy and Protocols</th>
<th>Automated Systems</th>
<th>Procedure/Practice Considerations</th>
<th>Data Considerations</th>
<th>Training/Technical Assistance</th>
<th>Resource and Capacity Building</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Policy and protocols to guide practice for Family First Prevention Cases.</td>
<td>• SACWIS enhancements for new Title IV-E tracking and reporting requirements.</td>
<td>• Need to address how workers responsible for Family First Prevention Cases are organized (including caseloads).</td>
<td>• CQI processes, reporting of data measures, data collection and data analysis to measure outcomes over time.</td>
<td>• Extensive training and ongoing coaching with all staff and stakeholders to explain the culture shift to providing foster care prevention services.</td>
<td>• Community-based providers will need to be strong partners for supporting families being served through a Family First Prevention Case.</td>
<td>• There must be buy-in from all stakeholders in the new vision, particularly the judiciary.</td>
</tr>
<tr>
<td>• Develop and issue strong guidance and oversight to ensure families are served through the appropriate case track.</td>
<td>• Opportunity to update SACWIS and tools to support organizational shift and practice changes including incorporate the prevention plan.</td>
<td>• Impact on workload of Family First Prevention Cases will vary across counties.</td>
<td>• Title IV-E Courts will need to be trained on the new opportunities to provide prevention services (i.e. candidacy eligibility and expectations for case management.</td>
<td>• An RFP for service providers an fidelity and evaluation monitoring are in development.</td>
<td></td>
<td>• Update rules accordingly.</td>
</tr>
</tbody>
</table>
Next Steps
• Communities should begin thinking about how prevention services cases will flow in their county, the capacity of evidence based service providers in their area, and additional funding needed to make prevention services available to families in need.

• The goal is to ultimately reduce the number of children entering into foster care or residential treatment, lowering overall system costs.

• Implementing prevention services will require strengthened community partnerships with EBP providers. Communities can begin strengthening existing relationships and building new relationships now to prepare for implementation.
• The Prevention Services Pilot will allow counties to develop processes for prevention services case flow and funding while utilizing Family First Transition Act funding.

• Counties can use lessons learned from the pilot phase to plan for local investment and sustainability.

• ODJFS plans to continue funding Phase 1 services as funding is available.

• Local investment will be needed to increase the array of services available to families and ensure all families in need of prevention services are served.
Next Steps

• Title IV-E Prevention Plan approval from the federal government
• Implementation of prevention services
  • Implement prevention services rules and SACWIS enhancements
  • Begin prevention services training with PCSAs
  • RFP for service provision, fidelity and evaluation monitoring
• QRTP
  • Finalize QRTP requirement Q/A and guidance documents
  • Implement QRTP assessment rule, 5101: 2-42-12
  • Two opportunities available to assist agencies in becoming QRTP compliant:
    • An incentive payment when the agency submits a plan to meet QRTP compliance and another incentive at the point of the ODJFS Licensing Specialist confirming compliance
    • Funds to agencies who indicate a service(s) they will implement which is required for QRTP compliance
• Communities of Support Grants
  • Support existing and new community planning and coordinated service delivery efforts
  • Focus on: CARA Plans of Safe Care, QRTP Level of Care assessments, Aftercare planning
  • Applications are open until March 31, 2021
Resources
Family First Resources

- http://jfs.ohio.gov/ocf/Family-First.stm
- http://jfs.ohio.gov/ocf/FFPSA-Roadmap.stm
- http://jfs.ohio.gov/ocf/FFPSA-PreventionRecommendations.stm
- https://www.acf.hhs.gov/cb/laws-policies/whats-new
- https://familyfirstact.org/
- https://preventionservices.abtsites.com/
Family First Resources

- https://emanuals.jfs.ohio.gov/FamChild/FCASM/FCASPL/


- https://mha.ohio.gov/Portals/0/assets/AboutUs/Regulation/Rules/5122-30-32

- https://mha.ohio.gov/Portals/0/assets/AboutUs/Regulation/Rules/5122-09-09.1
Thank You

For more information, please contact
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