

ROADMAP EXCERPT

Prevention Services Planning and Implementation Considerations

The Prevention Services Subcommittee focused on defining candidacy while the workgroups worked to build out the evidence-based service array for prevention services in Ohio. This subcommittee has several workgroups:

- In-Home Parenting Workgroup
- Mental Health Workgroup
- Substance Use Disorder (SUD) Workgroup
- Case Flow Process Workgroup

The subcommittee's goal was to design a prevention services plan that aligns evidence-based programs with the needs of Ohio's families and children to keep children safe with their families whenever possible. The Prevention Services Subcommittee received additional facilitation support from the Center for the Study of Social Policy (CSSP). The Prevention Services Subcommittee hosted a 2-day planning retreat CSSP to discuss Ohio's plan to develop recommendations for a definition of "candidate for foster care", draft a case flow map, and support the state in drafting a resource document for Ohio's prevention continuum.

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.

Rationale

States must have QRTP requirements in place in order to begin drawing down Title IV-E funds for prevention services so Ohio prioritized finalizing recommendations for QRTP but wanted to thoroughly plan for prevention services by working with the Center for the Study of Social Policy.

With the goal of re-envisioning how Ohio serves children and families, it only makes sense to invest in the services that will prevent children from entering foster care.

The group also considered the fact that Prevention services will not be Title IV-E Reimbursable until 10/1/21 which creates an opportunity cost of about 80 million.

B. Candidates for foster care will include:

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 care 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. Pregnant (including expectant fathers) and parenting youth in foster care, including those who are in extended foster care

Rationale

The language within Family First reads:

- “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).
- “...or who are pregnant or parenting foster youth.” (Sec. 50711).

Program Instruction 18-09 from ACF further states:

- 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 Family First).

The Prevention Subcommittee reviewed data from multiple sources including SACWIS, BH/JJ Initiative, ODH, LGBTQ+ QIC project in Cuyahoga County, and from Kinnect. This included state-wide data on the demographics of children and families who are coming to the attention of child welfare and those who are entering foster care and returning home within the first 90 days, entry pathways for children into foster care, decision data made at the completion of an AR or TR, reasons for exiting state custody, child needs, parent needs, and needs of kinship caregivers. The group also reviewed Ohio’s definition of “pregnant” and it includes “expectant fathers” for purposes of service provision.

The recommendations were made based on the definitions in Family First and Program Instruction and the data. Information was also shared regarding ongoing conversations other states are having.

The Subcommittee Family First should not be the only mechanism for providing prevention services that meet the needs of children and families in Ohio. The importance of building prevention services to meet the needs of children and families before a hotline call and screened -out the referrals since these would not technically constitute “imminent risk of entering foster care” and thus not fall under the purview of the Family First.

C. Ohio’s evidence-based service array options for later prioritization 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

Rationale

The Subcommittee reviewed data from multiple sources including SACWIS, BH/JJ Initiative, ODH, Family and Children First Councils, LGBTQ+ QIC project in Cuyahoga County, and from Kinnect. This included state-wide data on the demographics of children and families who are coming to the attention of child welfare and those who are entering foster care and returning home within the first 90 days, entry pathways for children into foster care, overlap with other systems (including BH/JJ), child needs, parent needs, and needs of

kinship caregivers, services currently provided across the state and funded by multiple agencies including ODJFS, Family and Children First Councils, the Ohio Children's Trust Fund, ODH, BH/JJ, the Ohio Commission on Fatherhood.

The recommendations were made based on the data and identified needs of Ohio children and families and were not restricted to by what has already been rated by the Title IV-E Clearinghouse. Information was also shared regarding ongoing conversations other states are having and which programs they are putting forward in their plans.

The Prevention Subcommittee recognized that **services available for families must meet their unique needs, which means ensuring there is an array of services and that some recommended services may not currently be included in the Title IV-E Clearinghouse.** The Subcommittee also recognizes that other states are putting forward EBPs for transitional payments and the Clearinghouse continues to rate programs, so more of the programs recommended are likely to be on the Clearinghouse at the point Ohio's Title IV-E Prevention Plan is submitted and approved.

Prevention Services Implementation Considerations

Throughout the process of planning for Family First, the subcommittees and workgroup continued to think about the implementation work that is needed in order to realize each recommendation. Below are the implementation considerations that were captured in the Prevention Subcommittee and workgroups for the implementation teams to consider moving forward.

	<p>Communication:</p> <ul style="list-style-type: none"> A. Draft a Title IV-E Plan that clearly articulates the overarching vision for prevention services, the connection with the prevention work of sister agencies, and the work of the subcommittee and workgroup recommendations (Fall 2020) B. Communicate with outside entities that will need to be engaged in the Fidelity Monitoring (Summer 2020) C. Provide resources to counties to continue planning for prevention services (ongoing) D. Create resources for Counties to understand Prevention Services and the Case flow process (i.e. Person specific, scenario-based guides for the case flow)
	<p>Systems and Processes:</p> <ul style="list-style-type: none"> A. Create a continuum of care for prevention services incorporating the work of sister agencies that extends beyond Family First. B. Define and create a process for how C. Plan for which EBPs Ohio will move forward with and how Ohio will create statewide capacity.
	<p>Fiscal:</p> <ul style="list-style-type: none"> A. Outline the fiscal implication of creating a prevention continuum across the state. B. Review how can Ohio leverage the Family First Transition Act to build prevention services. C. Start-up costs for new/existing agencies to build EBPs
	<p>Rules and Policy:</p> <ul style="list-style-type: none"> A. Trauma informed framework definition submitted in rule along with the QRTP Requirements. (February 2020) B. Candidacy for foster care definition draft rule in the Ohio Administrative code. (Spring 2020)
	<p>Training and Technical Assistance:</p> <ul style="list-style-type: none"> A. Training to define prevention services and the changes to current processes
	<p>Workforce Development:</p> <ul style="list-style-type: none"> A. Staff training/recruitment for new business operations
	<p>Fidelity Monitoring and Quality Assurance:</p> <ul style="list-style-type: none"> A. After selection the final EBPs that Ohio wants to move forward with, there is a need to solidify how monitoring and fidelity will take place.

