To: Ohio Prevention Subcommittee
From: Center for the Study of Social Policy
Re: Final Summary Memos from Prevention Subcommittee Retreat
Date: December 10, 2019

This compendium of memos includes summaries and recommendations in six areas based on discussions that occurred during the Prevention Subcommittee Retreat, which was facilitated by staff from the Center for the Study of Social Policy (CSSP) on October 15th and 16th 2019. Participants included representatives from across Ohio's public and community-based agencies, including but not limited to the Ohio Department of Jobs and Family Services (ODJFS), county Public Children Service Agencies (PCSAs), the Public Children Services Association of Ohio (PCSAO), Ohio Children's Trust Fund (OCTF), the Department of Youth Services (DYS), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the Ohio Department of Health (ODH), and the Ohio Department of Medicaid, and community-based mental health providers.

These memos were prepared by CSSP staff to formalize the key take-aways, recommendations, and next steps for moving Ohio's work to implement the Family First Prevention Services Act forward. The six memos included in this compendium address:

- Recommendations for Candidacy and Evidence-Based Programs in Ohio's Title IV-E Prevention Plan
- Building a Prevention Continuum
- Pathway for Prevention Services Track
- Themes from Subcommittee Retreat related to Workforce and Capacity
- Themes from Subcommittee Retreat related to Financing a Prevention Continuum
- Themes from Subcommittee Retreat related to Fidelity Monitoring and Evaluation

To: Ohio Prevention Subcommittee
From: Center for the Study of Social Policy
Re: Recommendations for Candidacy and Evidence-Based Programs in Ohio's Title IV-E Prevention Plan
Date: December 10, 2019

I.   Background

This memo on recommendations for candidacy and evidence-based programs was generated during the two-day Prevention Subcommittee Retreat facilitated by staff from the Center for the Study of Social Policy (CSSP) on October 15th and 16th 2019. Participants included representatives from across Ohio's public and community-based agencies, including but not limited to the Ohio Department of Jobs and Family Services (ODJFS), county Public Children Service Agencies (PCSAs), the Public Children Services Association of Ohio (PCSAO), Ohio Children's Trust Fund (OCTF), the Department of Youth Services (DYS), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the Ohio Department of Health (ODH), and the Ohio Department of Medicaid, and community-based mental health providers.

This memo is meant to serve as a brief summary of key takeaways and ideas discussed by the Prevention Subcommittee Retreat. It also explores areas for further consideration and identifies recommendations for next steps related to defining and operationalizing candidacy in Ohio's state-wide Title IV-E Prevention Plan.

II.   Candidacy Considerations and Recommendations

The Subcommittee grounded decisions about operationalizing the definition of candidacy in data provided by ODJFS, ODH, and a number of community providers. By using data, Ohio can ensure that the state's definition of candidacy is responsive to the specific needs of children, youth, and families in Ohio. In addition to data considerations, the Subcommittee recognized and affirmed that services for candidates and their families funded through Title IV-E are not the sole mechanism for providing services to children and families in Ohio; services provided through Family First Prevention Services Act (FFPSA) are one part of Ohio's overall prevention continuum. The discussion focused on opportunities to build a comprehensive prevention continuum to serve children upstream, prior to becoming known to child welfare, is captured in a separate memo ("Building a Prevention Continuum").

The Subcommittee agreed, and the Leadership Advisory Committee affirmed, that all children who are identified as "candidates for foster care" must, at a minimum, have a screened-in call to the Hotline. Additionally, the recommendation was made that the child welfare agency would be responsible for determining a child's candidacy eligibility. Details about the specific recommendations made by the Subcommittee and presented to and approved by the Ohio Leadership Advisory Committee can be found in *Appendix A*.

III.   Areas for Further Consideration

In addition to the recommendations put forward and approved by the Leadership Advisory Committee, there were several data queries that require further exploration by the Subcommittee in order to make informed decisions. These areas are detailed below:

- ***Traditional Response (TR) investigations that are substantiated and then closed as "closed and refer."*** Data from Ohio's SACWIS system show that a high percentage of these cases return to the attention of the child welfare agency. The Subcommittee expressed interested in conducting further data analysis of these cases to better understand the characteristics, trends, and service needs of these families to prevent new reports of child abuse or neglect.
- ***Multi-system involved youth that are court ordered into a placement.*** The Subcommittee identified multi-system youth as a group that might be well served through a prevention track but agreed that more information was needed to understand how to serve these youth and families. There is currently a state-wide group working to identify solutions to serving this population well and it is important that the Subcommittee's efforts are aligned with ongoing work in the state.
- ***Children and youth who are identified through a child welfare assessment as being at-risk of or having experienced commercial sexual exploitation (CSEC) and screened-in referrals coded as "stranger danger".*** The Subcommittee discussed ways to best identity and serve youth identified as having experienced or at-risk of experiencing CSEC. In addition, it discussed cases coming to the attention of child welfare and screened-in as "stranger danger" and how this category is currently being operationalized in different counties. Also, a question was raised about the connection between "stranger danger" coding and the possibility that it may be used to identify a child or youth at risk of CSEC. The Subcommittee also expressed interest in understanding how many cases are screened in for stranger danger, and how many of those cases are referred and closed, substantiated, opened for in-home services, and/or open for foster care services.
- ***Youth between the ages of 18 and 21 years old who have aged out of foster care but are ineligible for the Ohio Bridges program.*** The Subcommittee discussed at length youth who are ineligible for the Bridges program due to the program's eligibility requirements, and the possibility that they could be included in the definition of candidacy. For these youth to receive prevention services, they would have to voluntarily agree to prevention services and to be monitored through an ongoing prevention services plan. The Subcommittee was evenly divided on whether this population could and should be included in Ohio's candidacy definition.
- ***Children in custody who are exiting residential treatment, including QRTPs, and are achieving permanency with a caregiver through reunification, legal custody, or adoption.*** While the Subcommittee agreed on this recommendation during the two-day retreat, it was decided at the Leadership Advisory Committee meeting that it is important that any recommendation developed for this population should be aligned with recommendations from the QRTP Subcommittee. As such, this recommendation was tabled for future consideration.

IV.   Evidence-Based Programs (EBPs) Considerations

Related to candidacy, the Subcommittee discussed the specific services that are critical for children, youth, and families in Ohio to prevent entry into foster care. In addition to grounding the conversation in data provided by ODJFS, ODH, and community-based providers, the three workgroups (mental health, in-home parent skill-based programs, and substance use) presented the Subcommittee with their recommendations and findings. Of note, the conversation about service array included services for candidates for foster care and their families and pregnant (which is also defined to includes expectant

fathers in Ohio's policy) and parenting youth in foster care. Details about the specific services recommended by the Subcommittee and approved by the Leadership Advisory Committee can be found in *Appendix B*. Particularly relevant to the discussion around candidacy and the needs of children and families in Ohio, are gaps in services identified by the Subcommittee. Through identifying needs and corresponding gaps in the service array, the Subcommittee engaged in a critical analysis of how to best serve children and families in Ohio. The Subcommittee also recognized that while not all programs are officially recognized as evidence-based by the Title IV-E Clearinghouse, there are programs that work well in Ohio or serve specific populations that should be considered and moved towards evidence-based standards. The service gaps identified by the Subcommittee are outlined below:

- **Mental health**. Adult-specific services; EBPs for domestic violence that can be paired with mental health services; EBPs targeted towards those with developmental disabilities; EBPs to address maternal depression; and EBPs tailored to teens to promote social development.
- **Substance Use**. Residential treatment programs for both moms and dads and their children and residential treatment programs for parents with children older than 6 years of age.
- **In-Home Parent Skill-Based**. Programs for parents of older children; home visiting programs for parents of children older than typical age cutoff for these programs; home visiting programs tailored specifically to tribal communities; parenting programs specifically targeted towards fathers; parenting programs for parents of LGBTQ+ youth; parenting programs for parents of older youth with cognitive delays; parenting programs for parents with cognitive delays; and parenting programs for parents of children who have experienced trauma, specifically programs addressing sexual trauma.

V.   Trauma-informed Framework

FFPSA requires that all EBPs be delivered within a trauma-informed organizational framework. As such, the Subcommittee made a recommendation about how this should be defined in Ohio for the purposes of delivering prevention EBPs. A definition for "trauma informed treatment model", which is required for Qualified Residential Treatment Programs (QRTPs), was previously voted on by the Leadership Advisory Committee. Building off of this definition, the Subcommittee recommended, and the Leadership Advisory Committee approved the following definition for "trauma-informed structure and treatment framework":

> *"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."*

VI.   Recommendations for Next Steps

As Ohio continues this work, it is important that the state review and analyze data to answer outstanding questions about children and families coming to the attention of child welfare that could be safely served in their home, service use and needs, and engage with and leverage the expertise of the Prevention Subcommittee. Next steps should include:

- Conducting an additional data review and analysis to refine candidacy recommendations (in-depth data questions can be found in *Appendix C*);

- A review of additional EBPs and recommendations by the Mental Health, Substance Use, and In-Home Skill-Based Parenting workgroups to the Prevention Subcommittee. In addition to continuing to scan for EBPs to fill the identified gaps discussed above, specific follow-up for each group include:
    - Mental Health: Review the following programs: Rational Emotive Therapy Brief Solution Focused Therapy; Attachment Biobehavioral Catch-Up; Interpersonal Therapy, Applied Behavioral Analysis; Collaborative Problem Solving; Family Centered Treatment
    - In-Home Skill-Based Parenting: review Strengthening Families (including Spanish version)
- Utilize area workgroups to conduct readiness assessments that can provide information to the Leadership and Executive Committees on Ohio's capacity and readiness for implementing each EBPs.
- Establishing a mechanism for community members and organizations to recommend EBPs for review and potential inclusion in Ohio's Title IV-E Prevention Plan;
- Identifying opportunities for focus groups with parents, older youth, expectant and parenting youth, and providers to understand both services in the community that are helpful and where there are existing gaps in services;
- Establishing shared commitment and mechanisms for continuous engagement of Subcommittee members to review data and services for the purposes of refining candidacy and service array, as appropriate.

Appendix A: Candidacy Recommendation Approved by the Leadership Advisory Committee

Candidacy Recommendation

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 that have been screened-in at the hotline and 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 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 FFPSA track by the Title IV-E Agency

5. Children who have discharged from custody and achieved permanency reunified, 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 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

Deliverable	Rationale	Considerations
Recommendations on operationalizing "candidacy" for Title IV-E prevention services	The language within the Act 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	In addition to the rationale (including data reviewed) there were additional comments for discussion. The Subcommittee recognizes that the work to provide prevention services to candidates

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 the Act).

The 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.

should not be the only mechanism for providing prevention services that meet the needs of children and families in Ohio.

There was discussion about the importance of building prevention services to meet the needs of children and families prior to becoming known to child welfare (before a call is made to the hotline) and children and families where a call is made to the hotline and the decision is to made to screen-out the referrals. There were some in the group who would like to provide services to these families, however, the funding mechanism remains the key questions (as children in these families are not at "imminent risk of entering foster care" as defined in the Act). For example, there was agreement and acknowledgement that families who are told to call child welfare because they are homeless are not candidates for child welfare but stand to benefit from prevention services.

Points for follow-up:

There are additional data questions the group had in order to ensure there are no

Appendix A: Candidacy Recommendation Approved by the Leadership Advisory Committee

	The recommendations were made based on the definitions in the Act and Program Instruction and the data. Information was also shared regarding ongoing conversations other states are having.	other groups that should be included in the state's definition of "candidacy." This includes: • TR investigations that are substantiated and then "closed and refer" because the data show there is a higher percentage of these cases that come back to the attention of the child welfare agency (i.e. subsequent screen-out within 12 months of TR substantiation). • Multi-system involved youth that are being court-ordered into placement; is there a way to identify these children to provide an opportunity to prevent placement? • Children who are identified through the child welfare assessment process as being at-risk of or having experienced commercial sexual exploitation There was also a proposal from the group to include in the candidacy definition: youth who are between 18 and 21 years old and have aged-out of the foster care system and are either not eligible for the extended foster care program or who opt out of the extended foster care program.

		These youth would have to agree to prevention services and an ongoing prevention plan. The group was split down the middle on whether or not to include this group in the definition. Further discussion is needed. There were conversations about how safety and risk would be assessed (tools currently being used vs new tools vs clinical judgement) to determine if the child/family should be assigned to the FFPSA track. Additionally, there were conversations related to the case management pathway and what this will look like. The Subcommittee recognized this was not the right group to take either of these topics on, and would recommend another workgroup take this on where participants are well-positioned to understand the dynamics and propose solutions.

Appendix A: Candidacy Recommendation Approved by the Leadership Advisory Committee

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Candidacy Vote

Workgroup Vote: # in favor _____   # opposed _____ # Abstained_____   # Total Members: _____

Subcommittee Vote: # in favor _All_____   # opposed _____ # Abstained_____   # Total Members: __apx 35__

- There were five members who did not vote in favor of the "Infants with Inadequate Plans of Safe Care" recommendation

Leadership Committee Vote: # in favor ___21_____   # opposed ___0_____   # Abstained__0___ # Total Members: ___21_____

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Appendix B: Evidence-Based Programs Recommendation Approved by the Leadership Advisory Committee

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

Deliverable	Rationale	Considerations
Recommendations for evidence-based programs for inclusion in Ohio's Title IV-E Prevention Plan. *This recommendation recognizing that additional conversations are necessary regarding capacity, financing, fidelity requirements, and other program-specific requirements.*	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.	In addition to the rationale (including data reviewed) there were additional comments for discussion. The Subcommittee recognizes 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

Appendix B: Evidence-Based Programs Recommendation Approved by the Leadership Advisory Committee

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.

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.

The programs included in this recommendation are put forward to the Leadership Committee recognizing that additional conversations and decisions will need to be made with particular consideration to: fiscal costs associated with the program (training, fidelity monitoring, infrastructure, etc.), current capacity within Ohio, and expectations for fidelity.

There were also additional next steps identified by the Subcommittee including:
- Mental Health Workgroup:
  - Review: Rational Emotive Therapy (mothers with maternal depression); Brief Solution Focused Therapy; Attachment Biobehavioral Catch-Up;

		Interpersonal Therapy, Applied Behavioral Analysis; Collaborative Problem Solving; Family Centered Treatment; where addressing DV is component of EBP
		o Gaps: programs that serve parents with cognitive disabilities; services for adults
		• Substance Use Workgroup:
		  o Gaps: Substance use residential treatment for fathers and their children and substance use residential treatment for parents (mothers and fathers) with children over 6 yrs old
		• In-Home Parent Skill-Based Workgroup:
		  o Review: Strengthening Families (including Spanish version)
		  o Gaps: programs that include family

		planning; parenting of older youth, home-visiting programs for kids older than the eligibility entry-age, programs for tribal communities, parenting with caregivers of LGBTQ+ youth, parenting of older youth with cognitive disabilities, parenting for children who have experienced trauma • Specific county-needs will highlight where programs may need to be located throughout the state Additional programs that are culturally responsive, including to different immigrant and refugee populations, are needed within all three categories of service.

Appendix B: Evidence-Based Programs Recommendation Approved by the Leadership Advisory Committee

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Evidence-Based Programs Vote

Workgroup Vote: # in favor _____   # opposed _____ # Abstained_____   # Total Members: _____

Subcommittee Vote: # in favor _All____   # opposed _____ # Abstained_____   # Total Members: __apx 35__

Leadership Committee Vote: # in favor ___20____   # opposed ___0_____ # Abstained__0___ # Total Members: ____20_____

Appendix C: Outstanding Data Questions

Outstanding Data Questions from Ohio Prevention Subcommittee Retreat:

1. Questions related to AR
   - What percentage (and number) of ARs that were "closed and referred" in FY2018 came back and were screened in for another TR/AR response within 12 months?
     o What were the needs of parents and children:
       ▪ During the first AR?
       ▪ During the subsequent screen-in?
       ▪ Were the concerns the same?
     o What were the allegations:
       ▪ During the first AR?
       ▪ During the subsequent screen-in?
       ▪ Were the allegations the same?
   - What percentage (and number) of ARs that were "closed and referred" in FY2018 came back and had a substantiated TR within 12 months?
     o What were the needs of parents and children:
       ▪ During the first AR?
       ▪ During the subsequent substantiation?
       ▪ Were the concerns the same?
     o What were the allegations:
       ▪ During the first AR?
       ▪ During the subsequent substantiation?
       ▪ Were the allegations the same?
   - What percentage (and number) of ARs that were "closed and referred" in FY2018 came back and were opened as either an in-home or foster care case within 12 months?
     o What were the needs of parents and children:
       ▪ During the first AR?
       ▪ During the subsequent open case?
       ▪ Were the concerns the same?
     o What were the allegations:
       ▪ During the first AR?
       ▪ During the subsequent open case?
       ▪ Were the allegations the same?

2. Questions related to TR
   - What percentage (and number) of TRs that were "closed and referred" in FY2018 came back and were screened in for another TR/AR response within 12 months?
     o What were the needs of parents and children:
       ▪ During the first TR?
       ▪ During the subsequent screen-in?
       ▪ Were the concerns the same?
     o What were the allegations:
       ▪ During the first TR?
       ▪ During the subsequent screen-in?
       ▪ Were the allegations the same?
   - What percentage (and number) of TRs that were "closed and referred" in FY2018 came back and had a substantiated TR within 12 months?
     o What were the needs of parents and children:
       ▪ During the first TR?
       ▪ During the subsequent substantiation?
       ▪ Were the concerns the same?

Appendix C: Outstanding Data Questions

- o What were the allegations:
  - During the first TR?
  - During the subsequent substantiation?
  - Were the allegations the same?
- What percentage (and number) of TRs that were "closed and referred" in FY2018 came back and were opened as either an in-home or foster care case within 12 months?
  - o What were the needs of parents and children:
    - During the first TR?
    - During the subsequent open case?
    - Were the concerns the same?
  - o What were the allegations:
    - During the first TR?
    - During the subsequent open case?
    - Were the allegations the same?

3. In FY2018, for children exiting care within 90 days of entering, what is their discharge reason/where are they going?

4. County specific data:
   - Helpful to have data on unique needs within each county (parent needs, child needs, allegations that lead to case opening).
   - Helpful to have AR and TR data (Q1 and Q2) for each county

5. What is the number and percentage of kids within an open in-home case who entered foster care at some point during FY2018?

6. Of all entries into foster care in FY2018, how many children entered at the time of case opening (directly from TA/AR) and how many children entered from an open in-home case?

7. Data needed around immigrant and refugee population: demographic data in specific counties and needs for these populations

8. How many of cases (and percentage of cases) screened-in for "stranger danger" in FY2018 were referred and close? Substantiated? Opened for in-home services? Opened for foster care services?

9. What data exists at the state and county level for children and youth who are assessed to have experienced sexual exploitation during the screen-in, AR, or TR process? Are there any trends in screening decisions for these case (i.e. allegations, pathways, etc.)?

10. For children who entered foster care in FY2018 for the second time (or third, fourth, etc.), how long had it been since they had exited foster care?
    - When this data is disaggregated by exit reason, what do the time frames to re-entry look like? For example, for children who entered foster care in FY2018 for the second time (or third+) and their most recent exit had been adoption, how long had it been since the adoption was achieved?

To: Ohio Prevention Subcommittee
From: Center for the Study of Social Policy
Re: Building a Prevention Continuum
Date: December 10, 2019

I. Background

The information in this memo was generated during the two-day Prevention Subcommittee Retreat facilitated by staff from the Center for the Study of Social Policy (CSSP) on October 15th and 16th 2019. The Subcommittee includes representatives from across Ohio's public and community-based agencies, including but not limited to the Ohio Department of Jobs and Family Services (ODJFS), county Public Children Service Agencies (PCSAs), the Public Children Services Association of Ohio (PCSAO), Ohio Children's Trust Fund (OCTF), the Department of Youth Services (DYS), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the Ohio Department of Health (ODH), and the Ohio Department of Medicaid, and community-based mental health providers.

This memo is meant to serve as a brief summary of ideas generated during the Prevention Subcommittee Retreat that fell outside of the formal recommendations made to the Leadership Advisory Committee related to candidacy and services for candidates for foster care. Included in this memo are potential opportunities and areas where further discussion and research would support Ohio's efforts to build a comprehensive prevention continuum. This memo is intended to serve as a summary of ideas raised during the retreat related to a broad prevention continuum and to serve as a jumping off point for future conversations.

II. Opportunities for Building a Comprehensive Prevention Continuum

While the focus of the retreat was to identify services that should be made available and provided to candidates for foster care and funded through Title IV-E prevention dollars, there was significant discussion and recognition among participants that these services make up only part of Ohio's prevention continuum. Participants identified FFPSA as an opportunity to leverage and coordinate state investments in upstream prevention (primary and secondary) and wraparound services to support candidates for foster care and their families when these services are not eligible for Title IV-E reimbursement (for example, domestic violence services or concrete supports).

Ideas generated during the Subcommittee's discussion are highlighted below.

Upstream Prevention Services	Wrap Around Supports for Candidates for Foster Care and their Families
• Creating a more universal, public health approach, including screening, brief intervention and referral to treatment (SBIRT) as a routine preventative service in healthcare • Strengthening connections to health professionals (especially pediatric connections) in schools and through home visiting programs • Using strength-based trauma screenings (HOPE instead of ACEs) • Forging partnerships with first responders to increase their competence in responding to trauma • Increasing families' connections to income, housing, and nutrition supports and other concrete supports • Increasing focus on early childhood mental health • Strengthening cross-system collaboration through TANF and other programs that reach families • Ensuring well-resourced community-based organizations to support families during times of need	• Creating high-fidelity wraparound programs with pooled funding • Increasing families' connections to income, housing, and nutrition supports and other concrete supports • Developing peer support programs for families and youth to increase connections for families to people with lived experiences • Expanding mobile response and stabilization programs • Increasing access to respite care support for parents and caregivers • Investing in domestic violence supports and services

III. Recommendations and Next Steps

Moving forward, the information outlined here should be seen as a compliment to the Subcommittee's recommendations made regarding services for candidates for foster care and their families and shared with those across the state working to enhance existing upstream prevention services. Additionally, ODJFS and the PCSAs should identify opportunities to invest in additional prevention services outside the scope of FFPSA in order to meet the needs of children who are candidates for foster care and their families. Specific next steps include:

- Share this memo with those in the state responsible for enhancing upstream prevention services;
- Strategize across systems about how to create braided funding for programs that cannot be completely funded through Title IV-E for candidates for foster care;
- Develop mechanisms to ensure that the prevention continuum is not creating unintended consequences for children and families so that children must be deemed a candidate in order to receive services;
- Develop and leverage cross-system partnerships to support multi-system youth, including reaching out to the Youth Action Committee.

To: Ohio Prevention Subcommittee
From: Center for the Study of Social Policy
Re: Pathway for Prevention Services Track
Date: December 10, 2019

I.   Background

This memo provides a summary of ideas generated on potential pathways for prevention services during the two-day Prevention Subcommittee Retreat facilitated by staff from the Center for the Study of Social Policy (CSSP) on October 15th and 16th 2019. Participants included representatives from across Ohio's public and community-based agencies, including but not limited to the Ohio Department of Jobs and Family Services (ODJFS), county Public Children Service Agencies (PCSAs), the Public Children Services Association of Ohio (PCSAO), Ohio Children's Trust Fund (OCTF), the Department of Youth Services (DYS), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the Ohio Department of Health (ODH), and the Ohio Department of Medicaid, and community-based mental health providers.

This memo is meant to serve as a brief summary of ideas generated by the Subcommittee around potential pathways for determining candidacy eligibility, connecting candidates for foster care and their families to prevention services, and ongoing assessment of those services and the child's risk and safety. The memo also explores key challenges and potential opportunities and identifies areas for further consideration related to FFPSA case identification, assignment, and management.

II.   Description of Need

For candidates for foster care, FFPSA requires that the child welfare agency determine a child's eligibility for services and monitor their risk and safety while receiving services to prevent them from entering foster care. Ohio must now determine the process for identifying, assessing, linking, and providing ongoing support and supervision to children who are candidates and their families.[1]

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[1] Of note, pregnant and parenting youth in foster care are also eligible to receive prevention services through FFPSA however the process for identification, linkage to services, and monitoring or risk and safety are already included within Ohio's current practice.

III. Opportunities and Challenges

There are a number of opportunities and challenges related to developing and building prevention pathways for children and families receiving Title IV-E prevention services. The table below outlines several of the key opportunities and challenges.

| Opportunities	Challenges
• Developing a new, less intrusive way to provide services to families in need • Connecting families to services earlier • Developing better quality services and real preventative service delivery • Creating a structure where case workers have support from someone with lived experience to help improve engagement with families and ensure enhanced linkages to services	• Building the infrastructure to support new ways of serving families • Building data management, including prevention plan entry and monitoring in SACWIS • Ensuring data sharing if entity responsible for monitoring prevention plan is outside of the child welfare agency • Considering workload responsibilities for Public Child Serving Agencies (PCSAs)

IV. Proposed Case Flow Map

The draft case flow diagrams below were developed based on input from the Prevention Subcommittee. While a number of outstanding questions remain, this document provides a framework that a Prevention Pathway Workgroup can use to begin their work.

Please note that the yellow components of the diagram represent new amendments to Ohio's current case pathway structure.

Figure 1. *Identification at the Hotline* depicts the potential outcomes from a call to the hotline to report child abuse or neglect: (1) screen-out/information and referral (I&R); (2) screen-in for investigation (either traditional or alternative response); and (3) a potential new screen in option for FFPSA services. In order to screen a family in for FFPSA services, the hotline would need to make an initial eligibility determination that the child's placement in their adoptive or kinship home is at-risk of disruption.

*Figure 1: Identification at the Hotline*
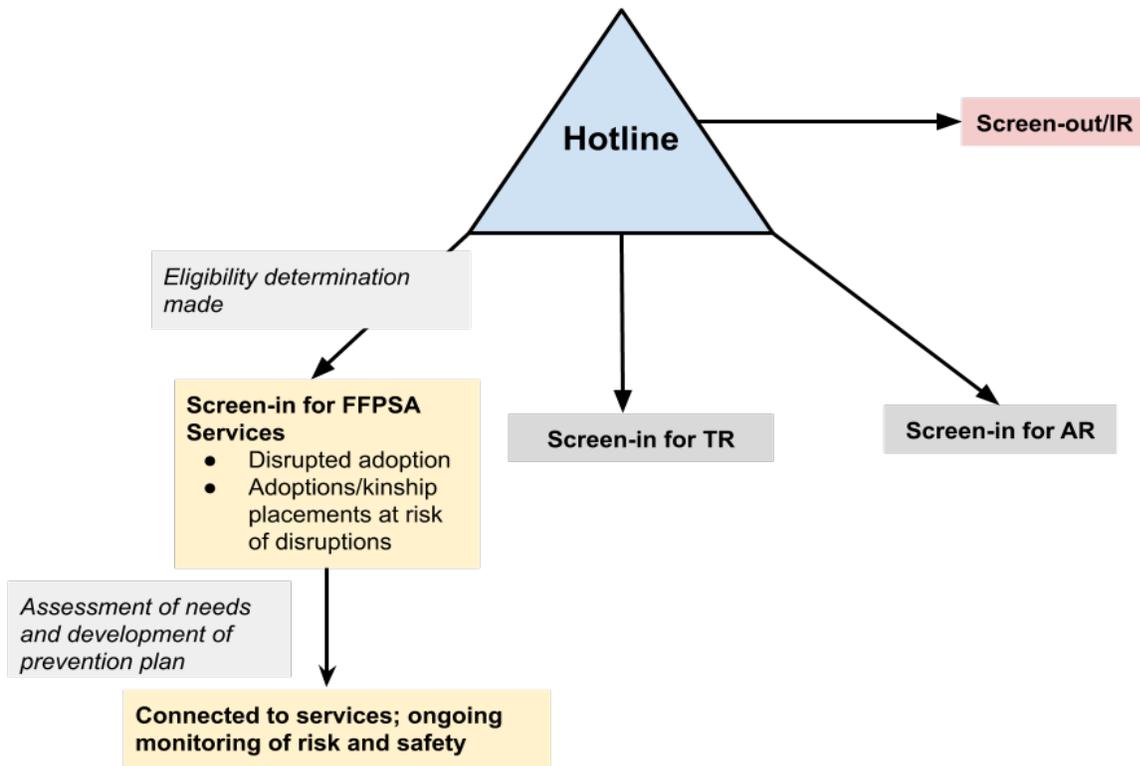
Figure 2: *Identification through Traditional Response (TR)* depicts how a family screened-in for a traditional response might be identified as a candidate for foster care and deemed eligible for FFPSA services. Through this pathway, a decision could be made at any point during the investigation around eligibility for candidacy and an assessment for services. The Agency would not necessarily have to close the referral and open a case to make this connection. Best practice in child welfare is to link families to services early, and often times, workers know early in the investigation process that they will be substantiating or indicating the case and opening the case for ongoing services. As depicted below, a worker could make this decision either early on or at the point of closing the referral. At closure (or during TR), the worker could refer and connect to FFPSA services (new pathway) or open an ongoing, in-home child welfare case. Based on the recommendations made regarding candidacy, all children with an open in-home case meet the requirement for candidacy and are eligible for FFPSA services.

*Figure 2: Identification through Traditional Response (TR)*
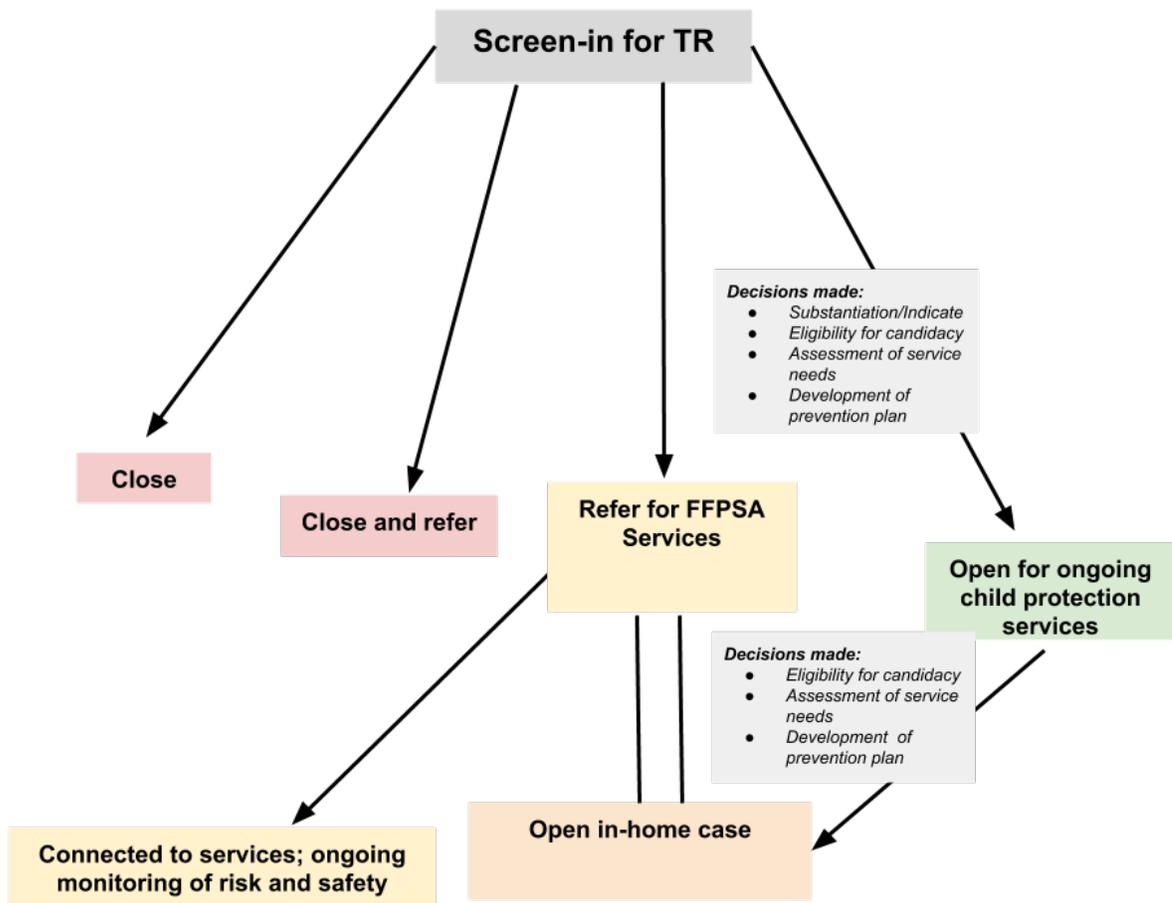
Figure 3: *Identification through Alternative Response (AR)* depicts how a family screened-in for an alternative response might be identified as a candidate for foster care and deemed eligible for FFPSA services. Through this pathway, a decision could be made at any point during the AR around eligibility for candidacy and an assessment for services. The Agency would not necessarily have to close the referral and open a case to make this connection. Best practice in child welfare is to link families to services early, and often times, workers know early in the investigation process that they will be opening a case for ongoing services. As depicted below, a worker could make this decision either early on or at the point of closing the referral. At closure (or during the AR), the worker could refer and connect to FFPSA services (new pathway) or open an ongoing, in-home child welfare case. Based on the recommendations made regarding candidacy, all children with an open in-home case meet the requirement for candidacy and are eligible for FFPSA services.

Figure 3: Identification through Alternative Response (AR)
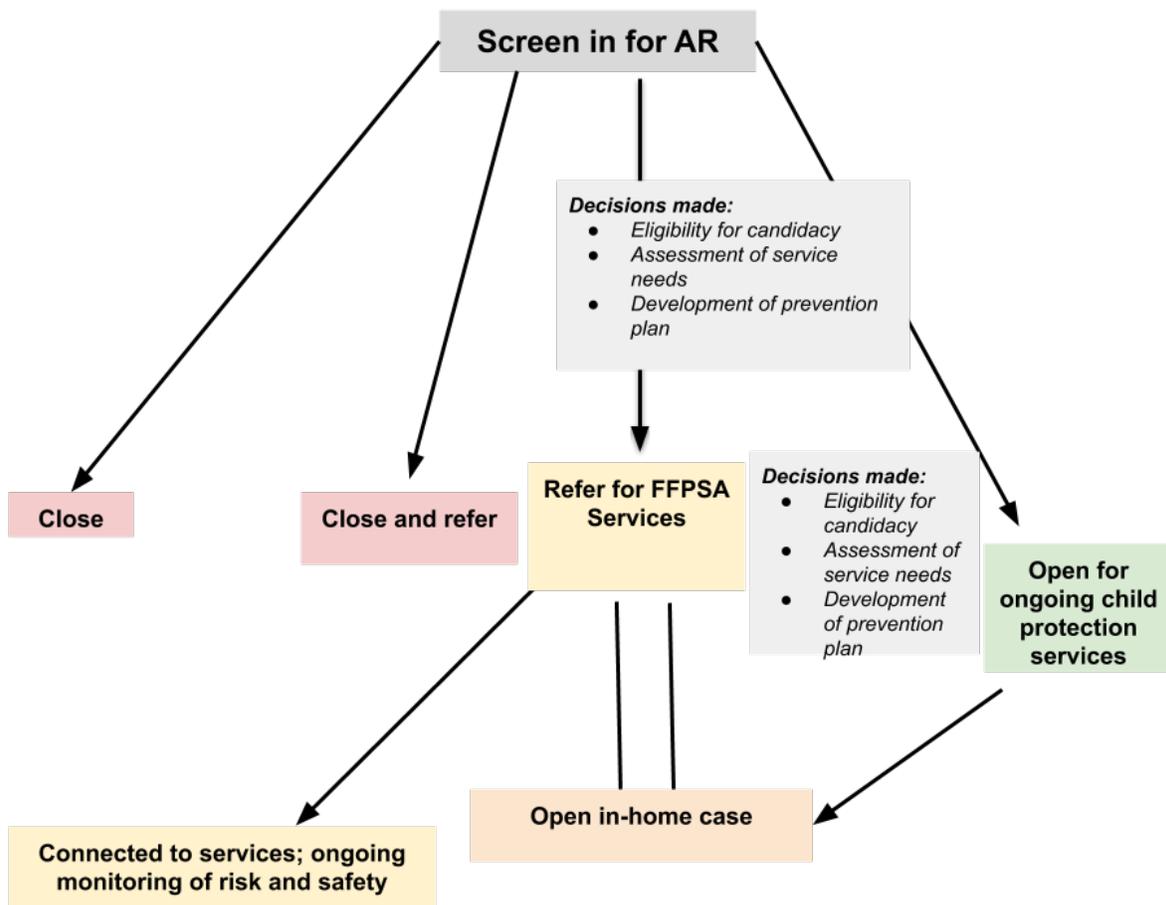
Figure 4: *Identification through Achieving Permanency* depicts the fourth opportunity to link families to FFPSA services. As Ohio's definition for candidacy includes preventing re-entry of children who exit foster care, children can be identified as eligible candidates at the point of exiting foster care through either reunification, adoption, or legal custody. For those exiting through reunification, often times there is a period of protective supervision (or an open in-home child welfare case), and during this time, those children would be eligible for FFPSA services based on Ohio's definition of candidacy. It is important to note that parents of children exiting foster care to reunification must be empowered to decide if they wish to accept FFPSA services and to continue to have a prevention plan with the child welfare agency.

Figure 4: Identification through Achieving Permanency
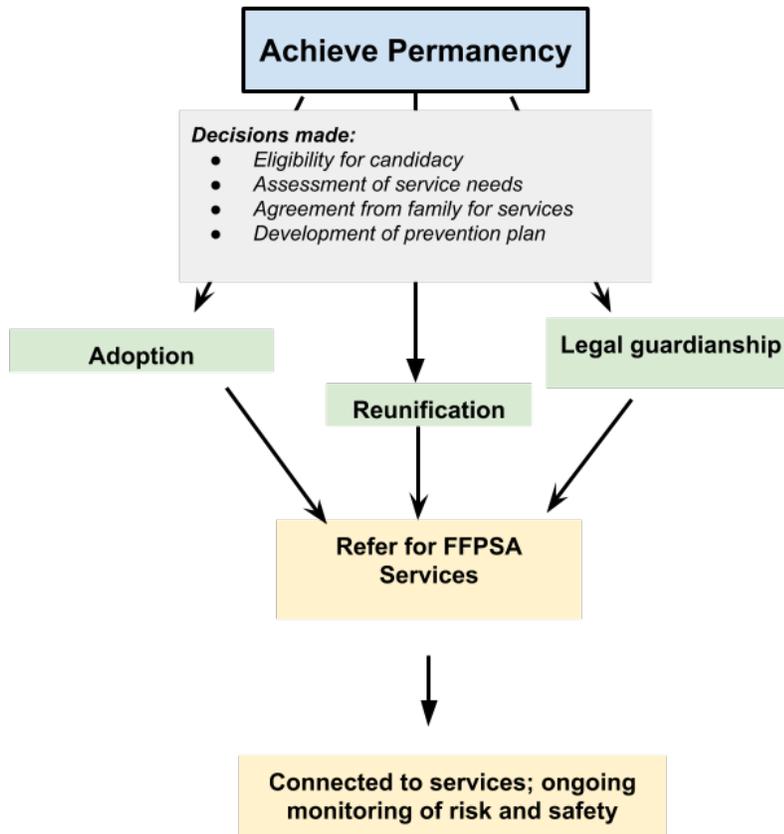
V.   Recommendations and Next Steps

The figures above provide draft case pathways for Ohio to consider as it moves forward, however there is still work to be done to operationalize any and all aspects of these proposed pathways. This work must include building the infrastructure to monitor prevention plans and risk and safety, and policies guiding what this work should look like. Next steps in this work should include:

- Convening a workgroup of PCSAs to further develop recommendations for prevention pathways, including recommendations for case management and monitoring;
- Develop a policy for practice expectations with families on a prevention plan including frequency of visits and assessing risk and safety;
- Identifying risk assessment tools for monitoring of risk and safety while a family is receiving prevention services;
- Developing an eligibility tool to be used at the hotline;
- Developing an eligibility tool and process for determining eligibility during or at the closure of an AR/TR.

To: Ohio Prevention Subcommittee
From: Center for the Study of Social Policy
Re: Themes from Subcommittee Retreat related to Workforce and Capacity
Date: December 10, 2019

I.   Background

The information in this memo was generated during a two-day Prevention Subcommittee Retreat, held on October 15th and 16th, and facilitated by staff from the Center for the Study of Social Policy (CSSP). The Subcommittee includes representatives from across Ohio's public and community-based agencies, including but not limited to: the Ohio Department of Jobs and Family Services (ODJFS), county Public Children Service Agencies (PCSAs), the Public Children Services Association of Ohio (PCSAO), Ohio Children's Trust Fund (OCTF), the Department of Youth Services (DYS), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the Ohio Department of Health (ODH), the Ohio Department of Medicaid, and community-based mental health agencies.

This memo provides a brief summary of ideas generated by the Prevention Subcommittee but not captured in the formal recommendations related to candidacy and services for candidates for foster care that were shared with the Leadership Advisory Committee. Included in this memo are ideas on potential opportunities and areas where further discussion and research would support efforts to both strengthen the state's workforce and also increase the capacity of service providers as Ohio moves to implement its prevention plan. This memo is intended to provide a jumping off point for future conversations around Ohio's workforce.

II. Workforce Considerations: Opportunities and Challenges

As Ohio moves to implement its Title IV-E prevention plan, it will need to consider potential changes to the workforce that will allow the state to respond effectively to the anticipated increase in the number of families eligible for and receiving services. The table below highlights both opportunities and challenges generated by the Subcommittee during the two-day retreat to ensure a qualified workforce is able to effectively serve children and families.

Opportunities	Challenges
• Build a workforce that matches the population served by improving recruitment and providing opportunities for those with lived experience to join workforce • Increase peer support for staff: for example, substance use programs have used peer support models that are working well and could be a model for child welfare system • Need to learn from the strategies being evaluated and lessons learned from the current federal Quality Improvement Center is evaluating strategies to improve secondary trauma, workforce turnover, resilience within the workforce, and supervisory coaching for front line workers • Support workforce in coping with trauma and reducing burnout through voluntary programs for support, flexibility during the workday, on-site resources, etc. • In Ohio, Butler County has been using technology to allow staff to work from home and create flexible schedules; look to these models for replication • Develop communication strategies to tell the story of the important work of child welfare and how it supports Ohio's children and families • To better support investments in the workforce, research best practices related to hiring and workforce through Ohio Department of Higher Education • Explore state tax credits to support compensation for workforce	• The state's current workforce does not match the population served • Lack of work-life balance is a concern for employees • There is a lack of sufficient resources to support the workforce's exposure to secondary trauma • There is a shortage of opportunities for advancement within the workforce both for front-line and supervisory staff • Coaching and supervision are not currently working well to support entry level staff; supervisors also need more support to be able to train, support, and coach staff effectively • The workforce includes a growing number of millennials who are seeking flexibility in work environment (i.e. flexible hours, working remotely, etc.) • Need to improve training for staff working in rural areas so that they can be knowledgeable about available services and prepared to connect families to services and ensure warm handoffs • Need to address stigma surrounding working in child welfare, which discourages many from joining workforce • Challenges exist in supporting and maintaining a quality workforce across the state due to low salaries. Certain counties experience this challenge more acutely due to inequities across counties.

III. Capacity Considerations: Opportunities and Challenges

The Subcommittee also identified challenges and opportunities in building the capacity of prevention programs in Ohio. Given that workforce and capacity considerations are closely related, some of the ideas generated by the Subcommittee around capacity mirror those around the workforce. The table below highlights key capacity themes that were raised during the two-day retreat.

Opportunities	Challenges
• The Children's Trust Fund's Western region has a readiness assessment program that could be expanded to assess capacity in other regions • The Children's Trust Fund has regional networks which can be leveraged to support training providers in the delivery of evidence-based programs • Telehealth could be used to reach communities in rural areas and expand programs' capacity to engage more children and families • Create a central registry to identify availability and gaps in resources and services across the state • Create regional hubs for services instead of city or county hubs to better reach rural areas of the state • Extend partnerships to smaller colleges and universities, meet with university presidents, and place staff members in classes to increase interest in and build workforce capacity for programs • Host statewide trainings for multiple providers at the same time • Negotiate with model developers to share costs among evidence-based program providers • Ohio has a wide array of services that could be expanded through creative braided funded of Medicaid and Title IV-E dollars	• There is limited capacity for home visiting providers in rural areas and long wait lists for services in some regions • There are areas of "evidence-based practice" deserts throughout the state • While there is a need to increase capacity to serve more children and families, the state should consider that efforts to do so may also increase demands on staff and worker caseloads could grow, contributing to burnout • Community-based programs lack the capacity to conduct program evaluation

IV.   Recommendations for Next Steps

- Share this memo with key stakeholders and experts who can help the state strategize about how to strengthen the workforce and increase the capacity of programs that serve children and families;
- Connect with university and college administrators to develop a pathway to enter the child welfare workforce;
- Review contracts with providers to identify opportunities to build in supports for the workforce including access to training on strategies to support workers coping with secondary trauma;
- Establish mechanism to learn from county-level innovations to increase capacity to serve rural communities;
- Establish regional Requests for Proposals to increase capacity in rural communities;
- Identify incentives to support workforce development in rural communities;
- Utilize research and best practices from federal Quality Improvement Center on workforce to develop strategies to strengthen Ohio's workforce.

To: Ohio Prevention Subcommittee
From: Center for the Study of Social Policy
Re: Themes from Subcommittee Retreat related to Financing a Prevention Continuum
Date: December 10, 2019

I.   Background

The information in this memo was generated during a two-day Prevention Subcommittee Retreat, held on October 15th and 16th, and facilitated by staff from the Center for the Study of Social Policy (CSSP). The Subcommittee includes representatives from across Ohio's public and community-based agencies, including but not limited to: the Ohio Department of Jobs and Family Services (ODJFS), county Public Children Service Agencies (PCSAs), the Public Children Services Association of Ohio (PCSAO), Ohio Children's Trust Fund (OCTF), the Department of Youth Services (DYS), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the Ohio Department of Health (ODH), the Ohio Department of Medicaid, and community-based mental health agencies.

This memo provides a brief summary of ideas that were generated related to financing for prevention services but were not captured in the formal recommendations made to the Leadership Advisory Committee regarding evidence-based programs for candidates for foster care. Included in this memo are potential opportunities and areas where further discussion and research could support Ohio's efforts to maximize existing funding and to develop a robust financing strategy to support the states continuum of prevention services.

II.   Financing: Opportunities and Challenges

The Family First Prevention Services Act (FFPSA) creates an opportunity for Ohio to increase and shift its financing for prevention services. In doing so, Ohio is primed to develop a robust financing strategy to support an array of prevention services for children and families. During a facilitated discussion on financing, the Subcommittee shared ideas about what state financing mechanisms for prevention services and cross-system partnerships are currently working well, where there might be additional opportunity, and existing challenges. Currently Ohio has in place Medicaid funding and braided funding to support many prevention services for children and families. In addition to the takeaways from the financing conversation detailed in the table below, there will likely be financing implications related to recommendations included in the Workforce and Capacity memo.

Opportunities	Challenges
• Increase communication and strengthen relationships between counties and ODJFS to promote shared investment and accountability in financing prevention services • Capitalize on the state's commitment to explore opportunities for braided funding • To better support investments in the workforce, research best practices related to hiring and workforce through Ohio Department of Higher Education • Explore state tax credits to support compensation for the workforce • Continue to implement new fiscal training program for community-based providers to improve their capacity to manage and report on their budget • Create ways to better share data across counties that could lead to aligned investments across counties and opportunities to apply for shared resources • Utilize Title IV-E training and Title IV-E administrative dollars to support the infrastructure and workforce at community-based agencies • Explore tiered Medicaid reimbursement for evidence-based programs • Establish financing strategy to build up programs that are not currently rated by the Clearinghouse to receive funding in the future	• Lack of collaboration between counties and ODJFS in establishing funding priorities • Inequities in funding between counties • Challenges exist in supporting and maintaining a quality workforce across the state due to low salaries. Certain counties experience this challenge more acutely due to inequities across counties. • Lack of clarity about state versus local responsibility and investment in prevention continuum • Lack of opportunities to learn from other counties about what is working to support children and families • Delay in funding from the state for programs may be due to gaps in communication and understanding about the need • Lack of funding for smaller programs and ability to quickly respond to funding opportunities • Counties may not be willing to invest in practices that are not well-established or are new to the community • Medicaid billing codes are generic and do not accurately reflect the work that is being done • Funding source is needed for programs that are not currently included in the Clearinghouse

III.   Recommendations for Next Steps

Based on the conversation outlined above, the following next steps are recommended as Ohio continues to explore funding mechanisms to support the state's prevention continuum.

- Identify key stakeholders and experts to help the state develop strategies and plans for increasing braided funding for programs;
- Convene a workgroup of fiscal representatives from state agencies including ODJFS, Medicaid, DOH, and the PCSAs to identify current funding streams and strategies for evidence-based programs recommend that the Subcommittee recommended for additional follow-up;
- Align financing strategies with existing priorities in the Governor's budget;
- Identify private partners, including local foundations, that are committed to supporting evidence-building for prevention programs not yet on the Clearinghouse;
- Revise contracts with evidence-based program providers to account for fidelity and evaluation costs;
- Create mechanism to improve data sharing across counties and to enhance cross-county communications and alignment.

To: Ohio Prevention Subcommittee
From: Center for the Study of Social Policy
Re: Themes from Subcommittee Retreat related to Fidelity Monitoring and Evaluation
Date: December 10, 2019

I.   Background

The information in this memo was generated during a two-day Prevention Subcommittee Retreat, held on October 15th and 16th, and facilitated by staff from the Center for the Study of Social Policy (CSSP). The Subcommittee includes representatives from across Ohio's public and community-based agencies, including but not limited to: the Ohio Department of Jobs and Family Services (ODJFS), county Public Children Service Agencies (PCSAs), the Public Children Services Association of Ohio (PCSAO), Ohio Children's Trust Fund (OCTF), the Department of Youth Services (DYS), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the Ohio Department of Health (ODH), the Ohio Department of Medicaid, and community-based mental health agencies.

This memo provides a brief summary of ideas around fidelity and evaluation generated by the Prevention Subcommittee but not captured in the formal recommendations that were shared with the Leadership Advisory Committee. As required by the Family First Prevention Services Act (FFPSA), states must have the capacity to: 1) ensure fidelity to evidence-based programs; and 2) conduct evaluations related to the outcomes of evidence-based programs on preventing children from entering foster care. There are a number of ways that Ohio can support fidelity monitoring and evaluation of evidence-based programs. This memo is intended to highlight ideas related to fidelity and evaluation raised during the retreat, and to serve as a jumping off point for future discussions.

II.   Fidelity Monitoring and Evaluation: Opportunities and Challenges

FFPSA requires that in order to receive Title IV-E reimbursement, each promising, support, or well supported[1] prevention program the state must have mechanisms in place to ensure fidelity to the model and capacity to evaluate the outcomes of the prevention programs. The Subcommittee identified several of the state's strengths that can support it in meeting the Act's fidelity and evaluation requirements. These strengths include:

- Many programs in Ohio are grounded in science and there is evidence to support positive outcomes for children and families involved with child welfare;
- ODJFS already conducts state-wide audits for contracted providers which are helpful in strengthening the partnership between ODJFS and the provider;
- Ohio's Centers for Excellence are already partnering with child welfare programs to ensure fidelity and conduct program evaluations; and

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[1] States may request that the Secretary waive the evaluation requirement for well-supported evidence-based programs.

- There are several certified providers of evidence-based programs throughout the state with built-in capacity to ensure fidelity and conduct evaluations.

While the Subcommittee identified several strengths, it also acknowledged the significant amount of work ahead to implement fidelity and evaluation mechanisms across the state's prevention programs. Highlights from the conversation are provided in the table below.

Opportunities	Challenges
- Create and leverage university partnerships and/or expand on current university partnerships to monitor fidelity and conduct program evaluations - Identify organizations who can support the work of evaluating existing programs to increase the available evidence of effectiveness - Host statewide trainings to train multiple entities in fidelity monitoring and evaluation at the same time - Establish statewide parameters for monitoring to achieve uniform outcomes - Enhance communication with providers to ensure they have a solid understanding of exactly what it means to be "evidence-based" according to FFPSA - Invest in supervisors to help ensure fidelity - Implement evidence-based programs that are aligned with frameworks used in Ohio, including Strengthening Families - Create a registry of licensed practitioners	- Lack of capacity and resources to monitor the fidelity of programs - Additional costs associated with maintaining fidelity to a program and/or becoming a certified provider - Programs have adaptations that work well for children and families but not all variations of the programs have the required level of evidence - Medicaid does not reimburse at a rate that is commensurate with the cost of fidelity monitoring, required data collection, and conducting evaluations – which disincentives programs from become certified - There is a lack of mechanisms for ensuring accountability to some evidence-based programs (for example, Trauma-Focused Cognitive Behavioral Therapy)

III. Recommendations for Next Steps

As Ohio moves forward in responding to the federal Prevention Plan requirements for fidelity monitoring and evaluation of evidence-based programs, key next steps should include:

- Consulting with the Centers of Excellence and university partners currently engaged in monitoring fidelity of evidence-based programs and conducting evaluations of community-based programs to learn about what works and where there are challenges;
- Convening a workgroup or a meeting of experts in fidelity monitoring and evaluation to understand the infrastructure necessary to support effective and quality evidence-based programs in the state;
- Creating mechanisms for data sharing across counties to support quality improvement; understand trends across the states, and promote uniform outcomes; and
- Identifying key staff to begin work on expanding partnerships with universities and to assist in scaling programs and building evidence for programs that are not yet rated by the Clearinghouse.