

OHIO FAMILY FIRST PREVENTION SERVICES ACT IMPLEMENTATION ROADMAP

**DEVELOPED BY THE
FAMILY FIRST LEADERSHIP ADVISORY COMMITTEE**

APRIL 6, 2020

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Introduction: Family First Planning Efforts

The federal Family First Prevention Services Act (Family First) was adopted in 2018 and will be implemented nationwide by October 1, 2021. The name of the law reflects its vision: A **family first** for children and teens through quality **prevention services**.

Through dramatic funding changes, Family First puts the focus on prevention and – to the extent possible – keeping children out of foster care and with their families or relatives. It recognizes that often families can provide safe and loving care if given access to needed mental health services, substance abuse treatment or improved parenting skills.

Ohio acknowledged early on that the Family First, when combined with an overarching children services transformation plan, has the potential to transform how Ohio administers children and family services. Because of this, there was a need to engage multiple stakeholders in the planning and decision-making phase of this work.

The work to plan for the Family First was situated within the Ohio Department of Job and Family Services (ODJFS) and aligned with the vision and mission;

ODJFS Vision - Ohio's children, youth and vulnerable adults have a safe and permanent family that nurtures and promotes their overall well-being.

ODJFS Mission - Through partnership with public and private agencies, we support the delivery of services to improve outcomes that promote safety and well-being.

The Family First Leadership Advisory Committee developed a [charter](#) that includes a set of core values and member expectations to ground the discussion and decision-making process. Overall, the purpose of the leadership advisory committee is to make recommendations to the ODJFS to guide the planning and implementation efforts necessary for the successful fulfillment of the requirements of Family First.

The Leadership Committee was charged with the development of this implementation roadmap to guide statewide implementation of the Family First. The roadmap includes the following:

1. An over-arching vision for the Family First in Ohio;
2. Critical decisions required by the Family First;
3. Recommendations in relation to these critical decisions;
4. Rationale for each recommendation; and
5. Key implementation considerations as the state moves forward, including projected action steps, timing and resource needs.

The purpose of the Leadership Advisory Committee was to define the “what” of Family First planning in Ohio. This document should be used as a roadmap to guide the “how” of implementation by capturing the vision and compiling the recommendations, rationale, and considerations from over 200 stakeholders involved in informing the implementation phase of the work.

Stakeholder Engagement

Exploration and Design Regional Forums

Engagement of community partners and key stakeholders was paramount to gathering insight, input and opportunities for success. Over the course of a two-week period, five Exploration and Design Regional Forums were held across the state. Participants included upper level management staff who were interested in the potential for transformational change in serving children and families. Key findings were synthesized into a report to help in framing the design of the Leadership Committee.

Youth Engagement

A member of the Leadership Advisory Committee, who is also a person with lived expertise in foster care, hosted a series of youth focus groups to gain insight directly from youth who are currently in foster care. Several key questions were reframed to engage youth in a conversation around their thoughts and preferences related to the Qualified Residential Treatment Program requirements. This information was shared with the leadership committee and used to inform the decisions moving forward.

Common Themes included:

- Youth in crisis need to know how to access crisis services/clinical staff 24/7.
- Family engagement should be a priority. Family members should be a part of treatment.
- Behavior ‘level systems’ impact a youth’s recreational activities, school functions, visits with family, access to call family and caseworker, etc.
- Individualized treatment is needed – Youth should be involved in planning.
- The level of care assessment to focus on successful reintegration into society.
- Youth feel seeing family members would have been helpful and supportive. Youth reported many instances of “having to earn the right to see family members.”
- Youth in residential facilities can have a lack of access to share concerns about what is going on.

After hosting the youth focus groups, the information/recommendations were shared with the leadership committee and relevant workgroup to elevate youth voice in the discussions and planning.

Leadership Advisory Committee

Ohio’s Family First Leadership Advisory Committee is comprised of public and private organizations, advocacy groups, and former youth and families with lived experience. Together, they informed Ohio’s implementation of Family First. The following subcommittees and workgroups conducted research and presented recommendations to the Leadership Advisory Committee for further consideration. Some of the key accomplishments of the Leadership Advisory Committee include:

- Monthly meetings from November 2018 to February 2020 for a total of **13 leadership committee meetings or 65 hours**.
- Of the 30 or so members approximately:
 - 25% were PCSAs,
 - 25% were State Agencies,
 - 20% were private agencies representatives,
 - over 15% represented associations; and

- over 10% represented people with lived experience.
- Engagement of **over 60 youth currently in foster care in 5 youth focus groups** led by a foster care alumna.
- ODJFS has **engaged 203 participants in the FFPSA work** across the leadership committee, 3 subcommittees, and multiple workgroups.

The Leadership Advisory Committee is divided into three subcommittees:

1. Prevention
2. Kinship/Adoption Navigator
3. Qualified Residential Treatment Programs (QRTP)

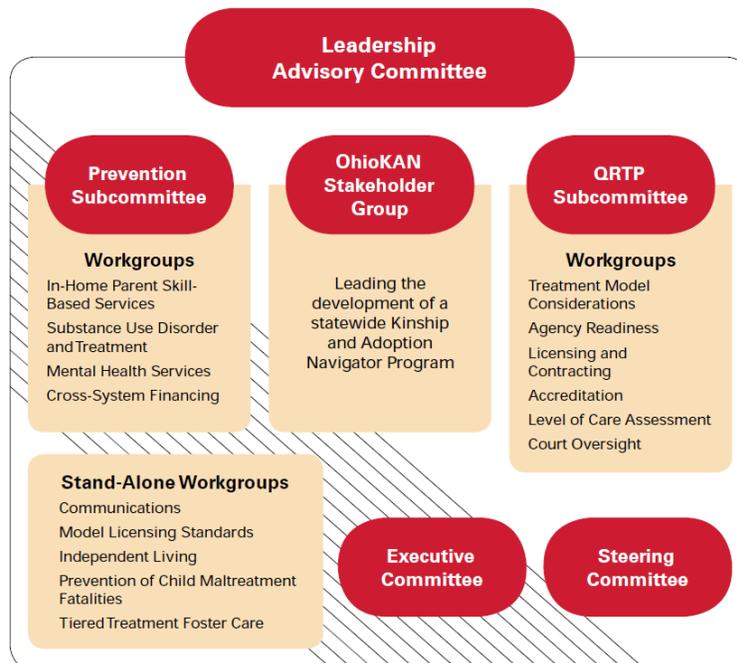
Each subcommittee was responsible for making specific recommendations about the “what” of Family First planning. (This document focuses on the recommendations made regarding Prevention Services and QRTP planning since the work of the Ohio Kinship/Adoption Navigator work took place outside this committee.)

The Leadership Advisory Committee started by solidifying the vision and mission for how Family First Prevention Services can impact Ohio’s children and families.

Vision for Family First Planning: Ohio’s children and families are safe, strong, connected, and empowered.

Mission for Family First Planning: To re-envision how Ohio ensures every child and family flourishes by using the Family First to leverage community connections and create data-informed resources for FFPSA implementation.

Leadership Committee Governance and Structure



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.

Qualified Residential Treatment Programs (QRTP) Planning and Implementation Considerations

The QRTP Subcommittee began meeting in March 2019 and solidified all recommendations in September 2019. The Subcommittee’s goal is to examine the Family First QRTP requirements and discuss how Ohio’s residential facilities can comply with those requirements. In addition to engaging multiple facilities in the conversation around requirements of Family First, the subcommittee and workgroup looking at how ready agencies are to begin implementing QRTP requirements. Although the subcommittee’s goal was the “what” of QRTP planning, the subcommittee and workgroups kept in mind the implementation planning that needs to happen as a result of these changes.

The QRTP subcommittee engaged several workgroups to really focus in on particular areas of QRTP planning. The workgroups were:

- Accreditation Workgroup
- Agency Readiness Workgroup
- Court Oversight Workgroup
- Level of Care Workgroup
- Licensing and Contracting Workgroup
- Treatment Model Workgroup

The subcommittee proposed several recommendations to the leadership committee along with several implementation considerations for the state and counties.

Qualified Residential Treatment Program (QRTP) Recommendations

A. Ohio will phase-in QRTP requirements for all child-serving facilities in the state of Ohio.

October 1, 2020	New residential facilities must meet QRTP Requirements
October 1, 2021	Only QRTP Compliant facilities are IV-E Reimbursable
October 1, 2024	All facilities must be QRTP compliant to maintain licensure

Rationale

The QRTP Subcommittee saw a need to provide ample time and support for all residential facilities that are licensed with the state of Ohio to come into compliance with the QRTP Standards. This approach gives programs an additional year of Title IV-E eligibility without meeting QRTP requirements. This approach also limits new programs from becoming licensed without meeting the QRTP requirements.

There was also a conceptual agreement on a “cutoff” date for new programs whereby they will need to meet QRTP standards for licensure however there was discussion of whether to base the “cutoff” on application date or licensure date.

The QRTP Licensing and Contracting workgroup also recommended allowing ample time to comply with QRTP requirements due to the accreditation cost and timeframes. A phase in approach allows for this additional time.

B. Ohio will align the QRTP requirements with the licensing requirements. The following requirements will be added to Ohio Administrative Code.

Ohio QRTP Requirements

QRTPs should have a Trauma Informed Treatment model which is 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.

QRTPs shall have a trauma informed approach in which all employees, volunteers, interns, and independent contractors within a QRTP must be trained in that trauma informed approach. In addition, organizations shall have a trauma informed treatment model that includes service of clinical needs and that:

1. Is a department approved Trauma Informed Treatment Model applicable to the population of youth served (approved list will be published on a public state webpage); or
2. Meets the 10 SAMHSA Implementation domains and follows the 6 key principles of the SAMHSA Trauma Informed approach ([SAMHSA Implementation Domains](#) pages 16 - 17); or
3. Receives approval by the department of designee. (*Newly developed models will be reviewed by the department or designee and added to the public state webpage.*)

QRTPs shall have registered or licensed nursing and clinical staff in accordance with the following:

- a. provide care within the scope of their practice as defined by state law;
- b. Are available 24 hours a day and 7 days a week
- c. Are accessible on-site or face-to-face to meet the youth’s clinical and/or medical needs

Note: QRTPs will be required to have nursing and clinical staff accessible in-person or via telephone 24/7. These staff can be contract staff available to be on-site at any time if the child’s needs warrant face-to-face interaction.

With consideration to the child/youth’s safety and developmental needs, **the treatment should be family-driven with both the child/youth and the family included** in all aspects of care (if in the best interest of the child). The key components of family-centered residential treatment are documented and include the following:

- a. Facilitate regular contact between the child and family including siblings;
- b. Actively involve and support families with a child in residential treatment; and
- c. Provide outreach and ongoing support and aftercare for the child and family.

QRTPs shall lead coordination efforts for the provision of family-based aftercare services for all children discharged from their facility to family-based settings, including kinship, foster home, and independent living settings. Aftercare services shall be provided for at minimum six months post discharge and provided within the

Ohio QRTP Requirements

child or family's community, as appropriate, in order to promote continuity of care for children. Discharge planning, including planning for aftercare services, shall begin in partnership with the legal custodian/custodial agency no later than the next business day after a child is admitted to a QRTP and shall be reviewed by the QRTP no less than monthly and during every service plan review.

The QRTP shall provide aftercare services that are individualized, driven by the child, caregivers and family as appropriate, and include the following:

- a. Monthly contact with the child, caregivers, and young adult over 18, to promote engagement, reengagement, and as a means to regularly reevaluate the family's needs. Monthly contact may be face-to-face, telephonic, or virtual;
- b. Coordinate engagement with any applicable community providers serving the child/young adult or family. The QRTP will ensure that they make themselves available to the community providers for ongoing consultation; and
- c. Written documentation provided to all participants of the discharge plan prior to discharge with information on how to access additional supports from the QRTP and community providers including contact information and steps to access them.

Family-based aftercare support is defined as individualized community-based trauma informed supports that build on treatment gains to promote the safety and well-being of children and families, with the goal of preserving the child in a supportive family environment.

The program shall be licensed and nationally accredited by CARF, JCAHO, or COA.

Rationale

In creating the QRTP Requirements, the workgroup focused in on how to ensure quality supports for all youth regardless of IV-E eligibility or location across the state. Below are key considerations for the above QRTP requirements.

- a. The QRTP Treatment Model workgroup agreed that the SAMHSA definition reflected language that Ohio should adopt.
- b. The Treatment model workgroup opted to use the federal language regarding clinical and nursing staff coverage, but chose to eliminate the language that implied that the treatment model should have a nursing component.
- c. The Treatment Model workgroup used components of the federal definition of family engagement. The group felt strongly about kin/relatives being included, if appropriate, in engagement.
- d. The federal languages uses the word "provide" but the group felt that it implies that the QRTP shall provide these services instead of coordinating with a community organization. Included the word "lead" to mitigate this.

C. All licensed residential, group home, child care institutions and other group care settings licensed by the State of Ohio will abide by the following:

1. A BCI/FBI fingerprint record check will be completed and documented for every new and existing employee. Contract employees who work within the facility on a part-time or full-time basis will also be required to complete these record checks.
2. A child abuse and neglect central registry check will be completed and documented for every new and existing employee. Contract employees who work within the facility on a part-time or full-time basis will also be required to complete these record checks.
3. A state *and* nationwide sex offender registry check will be completed and documented for every new and existing employee. Contract employees who work within the facility on a part-time or full-time basis will also be required to complete these record checks.
4. Any other adult who gains access to the facility for any other purpose, and has not had the aforementioned checks completed, must always be monitored by a staff member while having access to the youth on the premises. This requirement for monitoring includes unpaid and volunteer personnel.
5. All new hire employees must have these checks completed, documented, reviewed and approved prior to hire.

Rationale

Items 1, 2 and 5 are all listed as requirements within the Family First. While items 3 and 4 are not listed as requirements in the act, the Licensing and Contracting workgroup voted that it was important to enforce these requirements even though it would entail more time and resources from the QRTP organizations.

D. Create a plan to provide toolkits and resources for court oversight.

Rationale

In order to ensure success of the Family First, there is a need to develop resources for the courts to guide practice.

Toolkit(s) should be developed by a workgroup of the Supreme Court of Ohio's Subcommittee on Responding to Child Abuse, Neglect, and Dependency.

Curriculum and training should be developed and delivered by workgroups and staff through the Supreme Court of Ohio.

E. The QRTP Subcommittee and implementation team should create resources and processes to ensure that child-serving agencies have the support necessary to become QRTP compliant.

Rationale

The Workgroups and subcommittees acknowledged early on a need to ensure facilities have ample time and support to comply with QRTP Requirements.

F. Present a menu of Level of Care Assessment options and qualified individual assessor options for counties to choose from.

Level of Care Tool Options:

1. Child Adolescent Needs & Strengths (CANS)
2. Child & Adolescent Service Intensity Instrument (CASII)

Level of Care Qualified Independent Assessor Options:

Model 1	Model 2	Model 3	Model 4
State contractor / Staff	Non – PCSA Employee	Community Resource	Administrative Agency
Qualified individual is an ODJFS contracted vendor or State staff who will conduct the assessment and present the findings to the Family Permanency Team and the Court.	Qualified individual is a county staff person who is not in the chain of command of the PCSA director. Example, multi-combined agencies (e.g., those hosting child welfare, child support, family assistance programs) will have the Qualified Individual report to someone outside of the PCSA director’s chain of command.	The PCSA will identify and enter into an agreement with a local “community resource” to conduct the assessments. The community resource may be from Family and Children First, or other service provider.	Qualified individual from one PCSA, serving as the administrative agent, will establish and maintain an agreement (e.g., MOU or Regional Council of Government) with at least one other PCSA. The administrative agent will be the fiscal agency and direct the Qualified Individual to agreement PCSA.

Rationale

The Level of care workgroup has proposed a menu of options for counties to select the qualified individual who will conduct the independent assessment as well as a menu of options for assessments tools. Providing menus will allow counties to utilize the options that meet the needs of their community.

When considering tools, the Level of care workgroup looked at over thirteen assessment tools across eight domains (Validity, Reliability, Training, Ages Assessed, Duration of Administration, Subscales, and Usage). The workgroup narrowed down this list to four different options: CANS, TOPS, CASII, and North Carolina. From the four tools (CANS, CASII, TOPS and NCFAS), the subcommittee voted to remove the TOPS and the NCFAS as candidates. The TOPS was removed because it **only** had validity/reliability studies done by the author. There were also concerns about the objectivity/independence of individuals required to complete it (caseworker, family, teachers, providers). Some individuals, who are not on the subcommittee, have said the CANS suffers from this same validity/reliability problem as the TOPS. The subcommittee has investigated this, and the statements are incorrect. The NCFAS was removed from consideration because it is a family assessment scale and not a level of care tool.

Qualified Residential Treatment Programs (QRTP) 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 QRTP Subcommittee and workgroups for the implementation teams to consider moving forward.

	<p>Communication:</p> <ul style="list-style-type: none"> A. Create an initial list of approved Treatment models B. Update existing FFPSA website to include licensure and accreditation status. C. OhioMHAS will examine their ability to provide licensure information on website. D. Add new field(s) to ODJFS licensing system (OCALM) to input accreditation status. E. Draft a court oversight plan to clearly articulate QRTP requirements . F. Communicate the initial list of tools to the PCSAs .
	<p>Systems and Processes:</p> <ul style="list-style-type: none"> A. Ensure the changes Do Not Impact the Juvenile Justice System. B. Navigating HIPPA (youth identifies family member to engage not identified by PCSA) C. Role of PCSA, Residential Facility, Community team, etc. for aftercare services. D. Convene a cross departmental group process map the level of care process. E. Integrate LOC tool with SACWIS and all other necessary modifications .
	<p>Fiscal:</p> <ul style="list-style-type: none"> A. Review how to leverage Transition Act funding for accreditation support. B. Assess the costs associated with accreditation. C. Plan for how the state will work with all facilities to meet this requirement. D. Evaluate additional fiscal concerns.
	<p>Rules and Policy:</p> <ul style="list-style-type: none"> A. QRTP OAC Rules, Consistency of rules with sister agencies (OhioMHAS, DODD) B. Expectations for nursing/clinical staff C. Expand service plan review language to include aftercare D. Create a set of standards for completing: <ul style="list-style-type: none"> o BCI/FBI Record Checks o Child Abuse/Neglect Registry Checks o Sex Offender Registry Checks, o All other related monitoring for all QRTP personnel E. Revise master contract F. ODJFS / OhioMHAS add requirements in OAC for verification of accreditation status at the time of licensure/recertification. G. Institute Court related statutory changes to address: <ul style="list-style-type: none"> o 60-day review and approval o Amended case plans related to approval of a QRTP placement. H. ORC specifies whether the review and approval will occur in a court hearing or through an administrative review.

	<p>Training and Technical Assistance:</p> <ul style="list-style-type: none"> A. Provide guidance on agency considerations for adopting a treatment model B. Create a comprehensive toolkit inclusive of sample forms and a detailed curriculum for courts. C. Create comprehensive trainings for judicial officers, attorneys, GALs/CASAs, other court personnel (clerk of court staff, court administrators and others), to be developed in collaboration with the Ohio Judicial College. D. Develop of a variety of training options in coordination with the Ohio Judicial College to include a combination of both in-person and online training. E. Create and deliver accreditation Training. F. Draft a guide/training for counties looking to utilize certain tools and assessments.
	<p>Workforce Development:</p> <ul style="list-style-type: none"> A. Define Requirements for aftercare coordination. B. ODJFS should decide if they will issue an RFP for a contractor to administer the assessment in accordance with a Level of Care independent assessor Option 1.
	<p>Fidelity Monitoring and Quality Assurance:</p> <ul style="list-style-type: none"> A. Establish necessary monitoring and evaluation plan.

Kinship and Adoption Navigator (OhioKAN)

Family First provides resources for Kinship Navigator Programs, which link kinship caregivers to a broad range of services and supports to help children remain safely with them. It also requires states to document how their foster care licensing standards accommodate kinship caregivers.

States can receive Title IV-E reimbursement for up to 50 percent of the state's expenditures on kinship navigator programs that meet the evidence-base requirements of promising, supported, or well-supported practices, without regard to whether those services were accessed on behalf of children who meet the AFDC income-eligibility requirements for Title IV-E.

The work of OhioKAN took place outside of the Leadership Advisory Committee and engaged a separate group of over 80 stakeholders in their work and decisions to develop a model to support kin families. They hosted six townhall meetings all over the state of Ohio to gather information from local communities.

Critical decisions for the OhioKAN Subcommittee:

1. Stakeholder group
2. OhioKAN Mission, Vision, Values
3. Budget Framework
4. Region Structure (10 Regions)
5. Program Structure and Framework
6. Town Hall Meetings

Kinnect, the vendor selected to assist in the development of the model, submitted their [finalized report and recommendations](#) to ODJFS on September 30th, 2019 and a program summary was presented to the Family First Leadership Advisory Committee on October 17, 2019. More information about OhioKAN can be found here: <https://www.kinnectohio.org/ohioKAN/>

I. Model Licensing Standards

With the goal of improving licensing standards for relative foster family homes (Sec. 50731), Health and Human Services identified [model licensing standards](#). The Model Licensing Standards workgroup reviewed all of the standards and made decisions on whether or not to align with each standard. For standards that they decided not to align with, states were required to submit a description of why that model standard is not appropriate for the state.

The Model Licensing Standards workgroup consisted of members from PCSAO, OCA, county stakeholders, agencies, foster parents, and ODJFS staff from licensing and policy. The group voted to align with the national models with the one exception - criminal record checks.

As a result of the passage of the Family First Prevention Services Act and other legislative updates, this work resulted in ten amended rules, four amended forms and one new form surrounding foster care updates. The new rules will be effective Spring of 2020.

Model Standards Recommendation

Ohio will align with all of the [National Model Foster Family Home Licensing Standards](#), except for the second part of the Criminal Backgrounds Check requirement and the immunization requirement. The Model Standards only requires applicants to complete the check and not all household members. The workgroup opted to require all household members to complete a background check as well as required under CAPTA. The Model Standards only allows exemptions if the immunization is contrary to the child’s health as documented by a licensed health care professional but Ohio will also allow a religious exemption.

Rationale

The group wanted to keep in mind the purpose of the model standards to adjust the foster care licensing standards accommodate kinship caregivers and were cautious about creating requirements that were stricter than the federal requirements. The Criminal Background check was an exception since aligning with the national model standards would be in conflict with the current CAPTA standards. Ohio will allow religious exception in order to align with other state agencies.

Model Standards Implementation Considerations

	<p>Communication: A. Communications to counties and foster parents about the updated standards</p>
	<p>Systems and Processes: A. Make necessary changes to the licensing system and SACWIS.</p>
	<p>Fiscal: A. None assessed.</p>
	<p>Rules and Policy: A. Rules go into clearance for two weeks July 15, 2019. B. Deliver a procedure letter that will have to go to CSI and BIA by July 30, 2019. C. File Final rules by December 31, 2019. D. Communicate rule effective date by March 1, 2020.</p>
	<p>Training and Technical Assistance: A. Host webinars to communicate standards publicly by July 11, 2019.</p>
	<p>Workforce Development: A. Draft description of how the state is improving caseworker training or the process on licensing standards.</p>
	<p>Fidelity Monitoring and Quality Assurance: A. None Assessed.</p>

Additional Family First Provisions and Recommendations

The Family First requires states to have statewide plans to track and prevent child maltreatment fatalities. A leadership team will be convened in conjunction with Ohio’s Accelerated Safety Analysis Protocol (ASAP) project. Among its responsibilities will be reviewing various high-risk safety identification models, both nationally and internationally; discussing key programmatic and structural elements that could promote overall risk reduction regarding fatalities, near fatalities, and serious child injuries.

Child Maltreatment and Fatality Review Recommendation

Convene a leadership team in conjunction with Ohio’s Accelerated Safety Analysis Protocol (ASAP) project.

<i>Rationale</i>	Because work is already being done in this area, it makes sense to transfer this work to a group that is focused on the prevention of maltreatment and fatalities.
<i>Implementation Considerations and Next Action Steps</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Convene a leadership team in conjunction with Ohio’s Accelerated Safety Analysis Protocol (ASAP) project. <input type="checkbox"/> Solidify dates and timeline for the work of this group. <input type="checkbox"/> Identify the charge of this leadership team.

Emancipated youth

Family First extends the John H. Chafee Foster Care Independence Program’s independent living services to assist former foster youth up to age 23 (currently available to youth between ages 18-21) and extends eligibility for education and training vouchers for these youth to age 26 (currently only available to youth up to age 23). This provides opportunities to improve services for youth who age out of care. It also adds flexibility to the Education and Training Voucher (ETV) program, which provides up to \$5,000 a year for qualified school-related expenses.

<i>Recommendation:</i>	Prospective changes to independent living and post-emancipation services under the John H. Chafee Foster Care Independence Program will be reviewed by the Bridges Advisory Council as well as youth and young adults currently or formerly in care.
<i>Rationale</i>	Because work is already being done in this area, it makes sense to transfer this work to a group that is focused transition aged youth.
<i>Implementation Considerations and Next Action Steps</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Identify the specific action items for the Bridges Advisory Council to address.

Interstate Compact

Establishes an electronic interstate case-processing system to help states expedite the interstate placement of children in foster care, adoption or guardianship. According to the Family First, (Sec. 50722) No later than October 1, 2027, states will need to use an electronic interstate case-processing system for exchanging data and documents to help expedite the interstate placement of children in foster care, adoption or guardianship.

Ohio is one of three states that has decentralized the Interstate Compact on the Placement of Children (ICPC). This means that each county PCSA is its own ICPC office and the ODJFS office handles non-PCSA cases. When an agency either needs to initiate a request to another state or receives one from another state, the agency enters certain data into the SACWIS system.

The current structure of the Interstate Compact on the Placement of Children (ICPC) screens within Ohio’s SACWIS system does not promote consistent data collection. Once the SACWIS enhancements and the NEICE interface are complete, Ohio will be able to report more accurately on this item and engage in targeted strategies. (Citation to Ohio CFSP 2015-2019 Final Report page 113 – 114)

<p><i>Recommendation:</i></p>	<p>Training and technical assistance would be essential to ensure agencies: (1) enter data correctly; and (2) are aware of efforts by their peers in being able to achieve timely completion of home studies.</p>
<p><i>Rationale</i></p>	<p>It was determined that solutions would have to involve both technical solutions and case practice solutions. Without accurate SACWIS data, Ohio does not know the level of compliance with timely completion of home studies.</p>
<p><i>Implementation Considerations and Next Action Steps</i></p>	<ul style="list-style-type: none"> ❑ Develop electronic interstate case-processing systems to receive funding authority (\$5 million for FY2018, with funds that remain available through FY2022) under Promoting Safe and Stable Families to help states. ❑ Submit an application to HHS that details how the grant will support the state in connecting with the electronic system, including how the grant will help it reduce times to permanency, improve administrative processes and reduce costs in the foster care system, and ensure secure exchange of data and timely placement decisions, strategies for integrating programs and services across state lines. In providing funds, HHS shall prioritize states not yet connected with the electronic interstate case-processing system. Funds must be used to support a connection to the system or enhancing or expediting services provided under the system. ❑ Detail how the system can be used to better serve and protect children that come to the attention of the child welfare system by connecting the system to other data systems. For example, how it can help children who have been identified as victims of sex trafficking or missing from foster care, or help expedite background check requirements in Title IV-B.

Implementation Timeline and Drivers

The subcommittees and workgroups focused on making recommendations that would point ODJFS in the direction toward implementation, but the groups were encouraged not to get too down in the weeds of the implementation considerations. This was a difficult task that required intention and several areas of concern emerged naturally among all groups. These are specific areas that need focus and intention in order to successfully implement the recommendation put forward by the Leadership committee. These areas include:

- A. Communication
- B. Systems and Processes
- C. Fiscal
- D. Rules and Policy
- E. Training and Technical Assistance
- F. Workforce Development
- G. Fidelity Monitoring and Quality Assurance

The work of the Family First Prevention Service Act Leadership Advisory Committee naturally transitioned into the implementation. There is a need to ensure the right people are a part the conversation moving into implementation. Here is a quick breakdown:

	Visionary Phase	Implementation Strategy Phase
Goal	Define the “What”	Define the “How”
Team	Representation of all impacted stakeholders	Subject Matter Experts
Function	Create thoughtful recommendations based on diverse Perspectives	Precise, “in the weeds” planning for successful implementation
Pace	Slower, intentional, thoughtful	Faster cadence to keep momentum

Implementation Timeline

This timeline highlights key milestones as of March 2020 and is subject to revisions as the work moves forward.

2018	Exploration
Q1	Family First Legislation Passes.
Q2	Ohio Planning response to Family First.
Q3	Engage Casey Family Programs for Technical Assistance.
Q4	A. Community Forums (October) B. Leadership Committee Convened (November)
2019	Exploration / Installation
Q1	A. Leadership Committee Governance Structure established (Jan – Feb) B. Subcommittees / Workgroups Convened to make Family First recommendations (March)
Q2	A. OhioKAN Stakeholder group convened (May) B. Cross Departmental Executive Committee Convened (May)
Q3	A. Prevention Services Evidence Based Programs defined (July) B. Engage the Center for the Study of Social Policy to support the Prevention Planning (Summer)
Q4	A. QRTP Requirements Defined by the Subcommittee, Workgroup, and Leadership Committee (September) B. Prevention Services Candidacy Definition (October) C. Model Standards Rules in Clearance (October)
2020	Installation / Initial Implementation
Q1	A. Statewide Accreditation Forums (February and April) B. QRTP Trauma Informed Treatment models / Trauma Competencies established (Feb) C. QRTP Rules in Clearance (March - April) D. Prevention Plan Development (March) E. Prevention Services EBPs Solidified (March) F. Prevention Services Workforce / Capacity plan Solidified (April) G. Transition Act Funding Federal deadline (April) H. QRTP Training Plan (April) I. Draft Prevention Services RFP (April 2020) J. Draft Candidacy Rules to outline candidacy and Flow (April 2020)
Q2	A. SACWIS / OCALM Changes initiated (May) B. QRTP Statewide training (June) C. QRTP Original File (July) D. Transition Act Funding Issued (July) E. Prevention Services Contractor for Capacity Building / Training (July) F. Prevention Candidacy and Flow rules filed (July)
Q3	A. Candidacy and Flow Training to IV-E Agencies (September)

	B. QRTP Final File (September) C. New Programs Meet QRTP Requirements (October) D. IV-E Plan Submission (November)
Q4	Draft Prevention Service Rules
2021	Initial Implementation
Q1	A. Training and Technical Assistance Plans (January) B. Statewide Webinars / Training (January – March)
Q2	Prevention Rules in Clearance (May)
Q3	A. Original file of Prevention Services Rules (July) B. County Engagement / Family Engagement Established (Summer)
Q4	A. Final File Prevention Services Rules (September) B. Prevention Services Rules Effective (October) C. Family First QRTP Requirements Go Live (October)
2022	Initial Implementation / Full Implementation
Q1	A. Ongoing Training and Technical Assistance (January – March) B. Ongoing Workforce Development
Q3	A. Call for Additional EBPs (Summer) B. Ongoing Fidelity Monitoring (Summer)
2023	Full Implementation
Q1	A. Ongoing Training and Technical Assistance (January – March) B. Ongoing Workforce Development
Q3	A. Call for Additional EBPs (Summer) B. Ongoing Fidelity Monitoring (Summer)
2024	Full Implementation
Q1	A. Ongoing Training and Technical Assistance (January – March) B. Ongoing Workforce Development
Q3	A. Call for Additional EBPs (Summer) B. Ongoing Fidelity Monitoring (Summer)
Q4	All Residentials must meet QRTP Standards in order to be licensed (October)
2025	Full Implementation
Q1	A. Ongoing Training and Technical Assistance (January – March) B. Ongoing Workforce Development
Q3	A. Call for Additional EBPs (Summer) B. Ongoing Fidelity Monitoring (Summer)
Q4	Deadline for using Transition Act funding (October)

Appendix

Committee Members and Representation

Voting Members

Below is a list of all voting members of the Family First Leadership Advisory Committee.

1. Carla Carpenter, *Ohio Department of Job and Family Services, Deputy Director OFC – Chair (stepped down in December 2019)*
2. Karen Anderson, *Cuyahoga County PCSA (Major Metro, NE, Stand Alone Agency)*
3. Angie Bergefurd, *Ohio Department of Mental Health and Addiction Services (OhioMHAS)*
4. Nicole Caldwell, *Guernsey County PCSA (Medium-Small, SE, Stand Alone Agency)*
5. Donna Clark, *Seeds 4 Life*
6. Dr. Ollie Collier-Jones, *Ohio Grandparent Kinship Coalition (OGKC), President*
7. China Darrington, *Parent (Stepped down March 2019)*
8. Amanda Davis, *Foster Care Alumni*
9. David Edelblute, *Manager of the Children and Families Section, Supreme Court of Ohio*
10. Dot Erikson, *Ohio Family Care Association, OFCA (joined December 2019)*
11. Melissa Flick, *South-Central (Small-Vinton/Hocking & Medium-Ross, Central, Combined)*
12. Megan Garbe, *Foster Caregiver*
13. Julie Gilbert, *Butler County PCSA (Metro, SW, Combined Agency)*
14. Jewell Good, *Montgomery County PCSA (Metro, SW, Combined Agency)*
15. Jodi Harding, *Lighthouse Youth & Family Services (Joined June 2019)*
16. Nancy Harvey, *Community Teaching Homes*
17. Kimberly Hauck, *Ohio Department of Developmental Disabilities (DODD)*
18. Sarah Jones, *Ohio Department of Medicaid (transitioned voting power to Carolyn Hagopain or Jennifer McKim November 2019)*
19. Penny Jordan, *Kinship Caregiver*
20. Matt Kresic, *Homes for Kids, CEO*
21. Sarah LaTourette, *Ohio Family and Children First*
22. A.J. Lill, *Erie County PCSA (Medium, NW, Combined Agency)*
23. Sharon Marconi, *National Youth Advocate Program*

24. Mark Mecum, *Ohio Children's Alliance, Executive Director*
25. Sandy Oxley, *Ohio Department of Health (ODH) (stepped down March 2019)*
26. Sean Reilly, *United Methodist Children's Home Central*
27. Tina Rutherford, *Franklin County PCSA (Large, NE, Stand Alone Agency) (Joined July 2019)*
28. Angela Sausser, *Public Children Services Association of Ohio (PCSAO)*
29. Jeff Spears, *Ohio Department of Youth Services*
30. Wendi Turner, *Foster and Kinship Parent (stepped down September 2019)*
31. Moira Weir, *Ohio Job and Family Services Director's Association (OJFSDA), Hamilton County JFS Director*
32. Kara Wente, *Ohio Department of Job and Family Services*
33. Tim Weitzel, *Lorain County, Loraine County Domestic Relations Court*
34. Katie Zawisza, *Lutheran Homes Society, Inc. dba Genacross Family & Youth Services*

State Resource Members

The individuals below dedicated tireless hours, in addition to their roles within the agency, to support the Family First work by partnering with the committee to make recommendations.

1. Alicia Allen, *ODJFS Bureau Chief, Fiscal Operations for OFC*
2. David Beck, *ODJFS Business Analyst*
3. Elizabeth Holzworth, *ODJFS SACWIS*
4. Kristi Burre, *ODJFS, Director of Children Services Transformation*
5. Veronica Burroughs, *ODJFS, OhioKAN Project Manager*
6. Chelsea Cordonnier, *Children's Initiatives Associate*
7. Shannon Deinhart, *Ohio Kinship Adoption Navigator (OhioKAN)*
8. Christine Dobrovich, *ODJFS Bureau Chief, Child and Adult Protective Services*
9. Lucy Gobble, *ODJFS Bureau of Multi-Systems Services Support*
10. Lakiesha Hilton, *ODJFS Assistant Deputy Director for OFC*
11. Ellen Holt, *ODJFS Financial Manager, County Finance and Technical Assistance*
12. Sabrina Jamison, *ODJFS Senior Financial Manager, County Finance and Technical Assistance*
13. Jennifer Kobel, *ODJFS Developer*

14. Renee Lupi, *ODJFS Policy Developer, CPS*
15. Karen McGormley, *ODJFS Children Services Transformation Project Manager*
16. Tara Shook, *ODJFS Adoption Policy Developer*
17. Nicole Sillaman, *ODJFS Program Manager, Ohio's Children Trust Fund*
18. Michael Stoffer, *ODJFS Business Analyst, Bureau of Automated Systems*
19. Colleen Tucker-Buck, *ODJFS Bureau Chief, Foster Care Licensing*
20. Joan Van Hull, *ODJFS Program Administrator, CFSR-PIP*
21. Gina Velotta, *ODJFS Dayton Field Office, Foster Care Licensing and Technical Assistance*
22. Crystal Ward Allen, *Casey Family Programs*
23. Roger Ward, *ODJFS Project Manager – Data*
24. Tequilla Washington, *ODJFS Project Manager, Youth and the Courts*
25. Crystal Williams, *Family First Project Manager, Foster America Fellow*
26. Lindsay Williams, *ODJFS Ohio Children's Trust Fund*
27. Sue Williams, *ODJFS Bureau Chief, Multi Systems Services and Supports*
28. Patricia Wilson, *ODJFS Section Chief, Title IV-E Policy Bureau of Fiscal Operations*

One of the key principles of the Ohio Department of Job and Family Services is “Partnership and collaboration enhance the quality of outcomes”. With this in mind, the committee was intentional about ensuring diverse representation of community stakeholders. Although there were several changes in membership, the group attempted to maintain a representative distribution of membership.