

Foster Hope for Ohio's Children: Children's Continuum of Care Reform Plan

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Overview

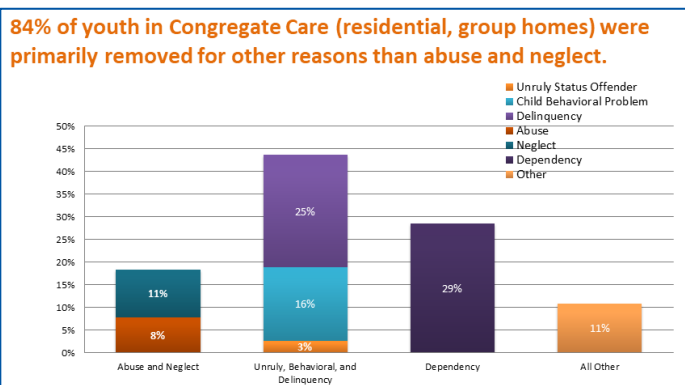
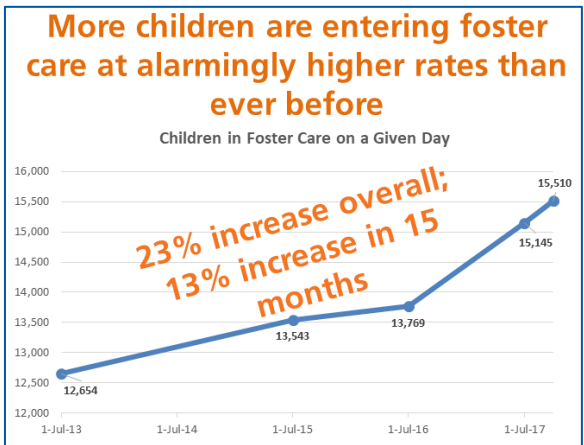
Public Children Services Association of Ohio (PCSAO) is a nonprofit, nonpartisan, membership-driven association of Ohio’s county Public Children Services Agencies (PCSAs) that advocates for and promotes child protection program excellence and sound public policy for safe children, stable families, and supportive communities.

As the opioid epidemic continues, Ohio’s public children services agencies are experiencing more children in care, with more complex needs, and thus, more expensive costs. PCSAO’s members requested the Board of Trustees to convene an action planning group to develop a plan to address the barriers that are significantly creating this “tipping point” in children services. Members expressed the need to address the current challenges with accessing available, affordable, and appropriate in-state foster care and residential treatment facilities for children.

The action planning group was convened in late August 2017 consisting of nine county PCSA directors who were identified by the Board based on their knowledge, interest, and local multi-system youth data. In addition, each PCSAO district was represented on the group.

The action planning group members who met for six months to develop this plan include: Tim Schaffner, Chair, Trumbull County Children Services; Kristi Burre, Fairfield County Job and Family Services; Jewell Good, Montgomery County Job and Family Services; Patricia Harrelson, Richland County Children Services; Pam Meermans, Clark County Job and Family Services; Michael Morrow, Auglaize County Job and Family Services; Jacqueline Ringer, Marion County Children Services; Chip Spinning, Franklin County Children Services; and Moira Weir, Hamilton County Job and Family Services. PCSAO facilitates the action planning group.

The planning group identified the below problem areas based on local knowledge and Ohio child welfare data. Regardless of the size of the county, PCSAs are challenged with finding available and appropriate placements for children that can meet their needs and reduce trauma, and they are often forced to seek out-of-state placements; and if such a placement can be found, it is often not in the same or contiguous county.



Major Problem Areas:

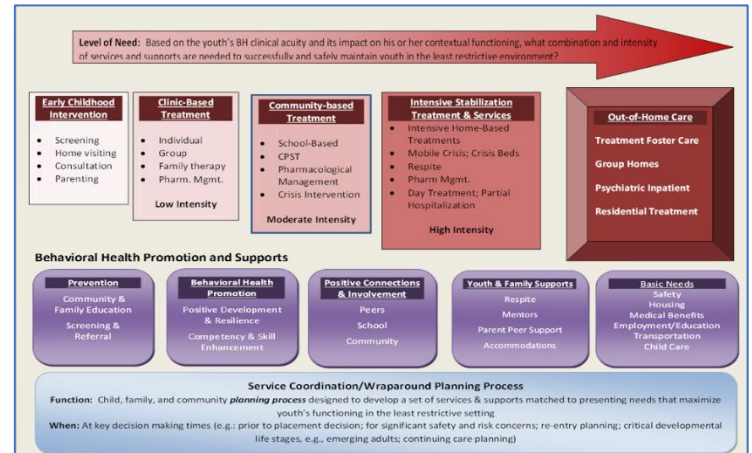
1. Kids are being placed out of state for residential care
2. Kids are staying in care longer
3. Kids should not be raised in institutions but with families
4. Kids are being placed with foster families and in facilities that are not in or contiguous to home county

The action planning group spent several months researching not only what other states have done to address foster care and residential placement challenges but also to prevent children both from coming into the custody of a PCSA and from reentering care after reunification has occurred. The group submitted an extensive data request to the Ohio Department of Job and Family Services to review placement trends over several years. Overall, Ohio has experienced an 8% increase in congregate care (residential) and a 7% increase in group home placements since 2014. Children placed in out-of-state facilities remain in custody longer (559 median days) than those placed in-state (318 median days).

The action planning group researched national best practices in child welfare, reviewed national data, and quickly determined that Ohio lacks a strong children’s continuum of care.

Continuum of Care Gaps:

1. Lack of community-based services and being able to keep or place with families
2. Foster care model is outdated
3. Lack of short-term crisis stabilization options
4. Unable to find care for the highest acuity kids (e.g., aggressive, autism)
5. Need more holistic services that can meet a variety of needs including mental health, developmental delays, and physical health needs
6. Lack of a real trauma treatment system of care model



The Vision

The action planning group agreed with the research that children do better with families and developed this reform plan to build a strong statewide children’s continuum of care. The continuum of care focuses on four specific strategy areas so that children can be safely prevented from coming into care; when in care can experience a robust, well-trained, and supportive foster care system; when returning home, the family is supported to prevent reentry into care; and if and when a child requires residential care, it will be short-term, high quality, and close to family. In February 2018, Congress passed the Family First Prevention Services Act, which aligns well with this plan’s vision and strategies. The Children’s Continuum of Care Reform (CCCR) plan received full support from PCSAO’s membership, and the Board of Trustees approved the plan in March 2018.

Children’s Continuum of Care Reform Goal:

To reduce reliance on congregate care settings and embrace that kids do better with families, Ohio needs to establish a children’s continuum of care that focuses on preventing and intervening with community-based, short-term crisis stabilization and diversion services. If children need to be removed from their families, there needs to be a robust foster care system that can support the challenging needs of kids in a family-based setting while focusing on reunification.

CCCR Strategy Areas:

1. Prevention, Intervention, Crisis, and Diversion Services
2. Foster Care Services
3. Aftercare and Reunification Services
4. Residential Care Services

CCCR Outcomes:

1. Increase the availability of prevention services
2. Reduce the number of children coming into care
3. Increase family search and engagement efforts
4. Increase the recruitment of foster families
5. Increase the retention of foster families
6. Reduce the length of stay in foster care
7. Reduce children reentering foster care
8. Reduce residential placements
9. Reduce out-of-state placements
10. Reduce children experiencing trauma

Strategy #1: Prevention, Intervention, Crisis and Diversion Services

Increase availability and accessibility of prevention, intervention, crisis and diversion services so that children can remain with their families.

A. Incorporate High-Fidelity Wraparound (HFWA) as a Medicaid-billable service

- i. Ensure it is accessible to all families that would benefit from HFWA
- ii. Develop HFWA as a Medicaid-billable service and will cover actual cost of the coordination services
- iii. Explore state funding to support fidelity, training
- iv. Track if it will be supported under Family First Prevention Services Act (FFPSA)

B. Expand the Intensive Home-Based Treatment (IHBT) continuum

- i. Ensure it is accessible to all families that would benefit from IHBT
- ii. Ensure IHBT models are Medicaid-billable and will cover actual cost of the evidence-based models
- iii. Explore state funding to support fidelity, training
- iv. Track what models may be supported under FFPSA and what are identified in the California Clearinghouse of Best Practices (<http://www.cebc4cw.org/>)

C. Increase short-term crisis options that are trauma-informed

- i. Increase the availability of short-term crisis beds and staff
- ii. Increase the availability of mobile crisis services
- iii. Ensure short-term crisis options are Medicaid-billable and will cover actual cost of such services
- iv. Research if additional psychiatric inpatient is needed and size availability of beds
- v. Research what other states have done to expand short-term crisis options for children and youth
- vi. Ensure service is affordable for families, and could possibly be included under FFPSA if not Medicaid-billable

D. Expand Juvenile Court diversion programs

- i. Increase availability of Court-based services that includes intensive-home based services, Juvenile Detention Alternative Initiatives (JDAI), more connection to behavioral health services such as those funded through Behavioral Health Juvenile Justice (BHJJ) initiative, services focused on parent-child conflict, and delinquency diversion
 - a. These services should be available to justice-involved youth, including those in detention
- ii. Expand Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors (RECLAIM) Ohio supported community-based services
 - a. Explore how to re-envision this so court-youth remain with the court vs. given to PCSAs
 - b. Broaden RECLAIM to be focused on deep-end/crossover youth not just Ohio Department of Youth Services (DYS) identified youth
 - c. Gather lessons from Title IV-E courts and determine if there should be further incentivization
- iii. Research what California has done as it relates to their juvenile justice and cross-over youth population

E. Expand community-based supports that can meet family's basic needs and assist in stabilizing the family.

- i. Develop more Prevention, Retention, and Contingency (PRC) programs for families that can assist in meeting basic needs

- ii. Ensure available and adequate employment training
- iii. Research additional assistance programs to support families
- iv. Explore what type of role Family and Children First Councils (FCFCs) would play for connecting families to and developing such programs
- v. Research the Care Portal (<https://careportal.org/>) that connects faith-based organizations with PCSAs for statewide applicability. The three tiers of the portal are (1) non-relational – clothes, supplies, etc.; (2) relational – mentoring, child care, respite, etc.; and (3) hubs – churches working together to foster, provide respite
- vi. Develop more robust and affordable respite options to allow families to stabilize and prevent out-of-home placements

F. Expand Peer Mentor models to keep families together

- i. Study the effectiveness of Ohio Sobriety, Treatment and Reducing Trauma (START) in southern Ohio and if promising, expand statewide
- ii. Explore other peer mentor programs availability and effectiveness for stabilizing families and preventing out-of-home placement
 - a. Research how such programs can be funded
- iii. Develop and expand youth mentor programs to assist with keeping families together or supporting youth as they transition back into communities
- iv. Explore foster parents serving as mentors to birth families, especially supporting post-reunification efforts to prevent reentry
- v. Research feasibility of expanding Bruce Perry’s relational poverty model statewide

G. Enhance Ohio’s family search and engagement efforts so children can remain with their relatives if they do have to be removed from their family of origin.

- i. Explore the feasibility of expanding 30 Days to Family, an intense and short-term intervention aimed to place children with safe and appropriate relatives within 30 days of entering foster care (<http://www.cebc4cw.org/program/30-days-to-family>)
- ii. Align effective efforts of family search and engagement with judicial practice so children are not lingering in custody
- iii. Ensure both technological and staffing resources are available to provide effective family search and engagement efforts

H. Develop effective, trauma-informed mental health, substance abuse, and parenting prevention services.

- i. Follow what programs are selected by U.S. Department of Health and Human Services to qualify for federal funding through the FFPSA.
- ii. Determine Ohio’s feasibility in expanding Title IV-E for prevention services and how such a match will be met
- iii. Identify other preventive services that ODJFS should consider including as part of the state’s IV-E plan for prevention services. These additional services will require rigorous evaluation. Such programs could be identified through the California’s Clearinghouse of Best Practices (<http://www.cebc4cw.org/>)
- iv. Ensure such services are available, accessible, and affordable throughout Ohio

Strategy #2: Foster Care Services

Create a robust foster care system that can meet the variety of challenging needs of children while focusing on reunification efforts.

A. Develop statewide foster parent recruitment and retention assistance

- i. Explore and adopt the California model where there is dedicated state funding for recruitment and retention of foster parents but ensure enough funds that can cover the true cost of recruitment, retention, and foster parent support
- ii. Promote the Foster Care Advisory Group's recommendations regarding best practices for recruitment and retention and opportunities to expedite licensing
- iii. Consider regional approaches for recruitment
 - a. State funding for recruitment
 - b. Local and regional marketing efforts
 - c. Utilization of the Annie E. Casey Foundation's (AECF) Foster Care Estimator tool (<http://www.aecf.org/blog/foster-home-estimator-helping-child-welfare-agencies-plan-for-family-recruitment/>) with various levels, by county, by region, by child's needs
- iv. Modernize recruitment efforts and move away from traditional methods by assessing lessons learned from other states such as California
- v. Increase availability of foster homes in the county so children don't have to be placed far distances away from their home county
 - a. Explore what the Ohio Department of Job and Family Services (ODJFS) is developing to assist public children services agencies (PCSAs) in finding available foster homes
 - b. Research other options that state could use to assist PCSAs in accessing available and accessible foster homes such as the Every Child A Priority (ECAP) system (<https://www.fostercaretech.com/>)
- vi. Enhance Ohio's family search and engagement efforts and various pilots such as Thirty Days to Family (<http://www.cebc4cw.org/program/30-days-to-family/>)
- vii. Explore possible online portals such as the BINTI system (<https://binti.com/>) that helps to expedite the licensing process by allowing families to upload required documentation
- viii. Research the impact of implementing the U.S. Department of Health and Human Services' recommended model licensing standard in Ohio as required by Family First Prevention Services Act (FFPSA)

B. Modernize Ohio's foster care system

- i. Expand the levels of foster care beyond traditional and treatment
 - a. Review California's level of care
 - b. Research other states' examples and what some counties are currently doing such as Fairfield County
 - c. Explore the "hub" model for foster care:
 1. Research what models exist, outcomes achieved
 2. Look at the Care Portal system (<https://careportal.org/>), especially tier 3 for foster care
- ii. Adjust foster care per diems based on the level of care provided:
 - a. Establish the base (traditional foster care)
 - b. Ensure families are not penalized that do provide more intensive treatment and then level of care reduces
 - c. Explore ways to flip today's model such as paying for foster parent to work post reunification with the child's family
 - d. Consider incentivizing provider's administrative cost if disruptions are minimalized
 - e. Award foster families who are willing to work with biological and kin families
 - f. Establish state budget assistance for foster care placement per diems
- iii. Professionalize foster families:
 - a. Delink foster care from adoption in recruitment efforts

1. License to be foster parent first
2. When permanent custody is given, make it simpler to become an adoptive parent, give credit for being a foster parent
- b. Explore models that incentivize foster families with a higher per diem to serve as a resource parent, such as working closely with birth family, being trained in trauma-informed care, willing to have intensive services in the home, etc.
- c. Consider renaming foster families to resource families that ensure safety, well-being and permanency
- iv. Explore establishing common outcomes of foster homes/providers
 - a. Recommend statewide usage of the Kids Insight Treatment Outcome Package (TOP) assessment (<http://kidsinsight.org/how-we-help/top-assessment/>) to monitor foster families and providers' ability to meet child's outcomes
 - b. Develop a system similar to the Ohio Department of Development Disabilities' ProviderGuidePlus (<https://providerguideplus.com/>) that allows consumers to rate and recommend providers' services, similar to Angie's List
- v. Research the Quality Parent Initiative (<http://www.ylc.org/our-work/action-litigation/quality-foster-care/quality-parenting-initiative/>) that focuses on rebranding what foster parents do and decide if it should be available statewide in Ohio
- vi. Increase availability of intensive home-based treatment being provided in the foster home
- vii. Study pilots such as Franklin County's where providers agree to provide intensive in-home services and supports for children with acute behavioral health needs to prevent residential placements

Strategy #3: Aftercare and Reunification Services

Increase availability and accessibility of aftercare and reunification services so that children can safely return to their families and achieve sustained permanency.

A. Develop and expand aftercare and reunification services that provide supports to families so that sustained permanency can be achieved

- i. Expand effective trauma-informed, home-based services that can be provided to support reunification
 - a. Research if such services can be Medicaid-billable
 - b. Role of Managed care in expanding such services
- ii. Research programs that achieve reunification success in the California Clearinghouse of Best Practices (<http://www.cebc4cw.org/>)
- iii. Follow what services are identified by U.S. Department of Health and Human Services as part of the FFPSA that could support post-reunification and prevent future disruptions
- iv. Recommend statewide usage of the Kids Insight Treatment Outcome Package (TOP) assessment (<http://kidsinsight.org/how-we-help/top-assessment/>) to monitor foster families and providers' ability to meet child's outcomes
- v. Develop a system similar to the Ohio Department of Development Disabilities' ProviderGuidePlus (<https://providerguideplus.com/>) that allows consumers to rate and recommend providers' services, similar to Angie's List

B. Ensure appropriate aftercare services for all levels of care exist throughout the state and can be accessed within counties

- i. Research and develop appropriate aftercare services that can support the child's varied levels of care: psychiatric inpatient, residential, group home, foster care
 - a. Investigate if other states have developed such services
- ii. Explore level of care tools to determine when stepdown to another level of care is needed and build upon Ohio's level of care pilot knowledge

Strategy #4: Residential Care Services

Decrease Ohio's use of congregate care (residential, group homes) settings and when needed, ensure high-quality residential treatment facilities can meet the needs of children and is available in proximity of family.

A. Ensure availability and accessibility to instate high acuity residential placements, including affordability for families to access without relinquishing custody

- i. Request ODJFS to geomap residential facilities, similar to what is being constructed for foster families, and identify those that have availability and for what type of needs
- ii. Determine the accurate number of facilities needed to address issues holistically such as aggression, serious physical health issues (comorbidity), and autism
- iii. Engage national providers to determine what services they provide to youth placed out-of-state and if any interest to bring such service to Ohio
- iv. Engage Children's Hospitals to address issues with admissions and discharges
- v. Explore options that would require Medicaid to pay room and board at residential facilities
 - a. Research how Early Periodic Screening Diagnosis and Treatment (EPSDT) may impact this option
 - b. Pursue Psychiatric Residential Treatment Facility (PRTF) option with specific guardrails for access
- vi. Research options for third-party care assessors who can appropriately determine when a youth in residential should be stepped down to a lesser restrictive level of care
 - a. Explore the option of a third-party care reviewer paid by the State to assess kids' therapeutic needs in residential to determine if, and when, appropriate to stepdown
- vii. Explore and select one or more level of care tool(s) that PCSAs can use to determine appropriateness of placement and when to stepdown

B. Develop more short-term, individualized, defined, trauma-informed, high-quality residential treatment facilities that are accessible and affordable for PCSAs and families

- i. Determine an appropriate short-term timeframe to allow for stabilization that may be longer than what is currently in rule
- ii. Explore new requirements for short-term quality residential treatment facilities (QRTF) in the Family First Prevention Services Act (FFPSA)
- iii. Research current short-term stabilization services in Ohio and determine what would be adequate to meet the need
- iv. Recommend statewide usage of the Kids Insight Treatment Outcome Package (TOP) assessment (<http://kidsinsight.org/how-we-help/top-assessment/>) to measure residential providers in meeting certain outcomes for youth
- v. Develop a system similar to the Ohio Department of Development Disabilities' ProviderGuidePlus (<https://providerguideplus.com/>) that allows consumers to rate and recommend providers' services, similar to Angie's List

C. Expand residential options by working in partnership with Ohio's providers

- i. Build a case for such services under EPSDT, medical necessity
- ii. Work with managed care providers to develop an appropriate network of providers who can offer such services – short-term residential stabilization and more long-term residential care
- iii. Determine appropriate funding mechanism for providers to sustain such services

Research Resources

The action planning group reviewed and analyzed the following resources to develop the children's continuum of care plan.

National Resources:

1. California Continuum of Care Factsheet
2. California Continuum of Care Legislative Report
3. North Carolina reform
4. Casey Family Programs Group Care Research (complete brief)
5. Casey Family Programs Group Care Executive Briefing
6. Casey Family Programs presentation on Group Care Research
7. Judge Jay Dugger's video on eliminating need for congregate care: <https://vimeo.com/125083810>
8. Reducing reliance on non-familial placements toolkit (for judges, attorneys, and advocates): <http://www.ncsc.org/Microsites/EveryKid/Home.aspx>

Ohio Resources:

1. Multi-System Youth Continuum of Care Model
2. OACCA Network Adequacy Report
3. Disability Rights Ohio Residential report, Fall 2016

National Data:

1. Congregate Care State Comparison by Casey Family Programs, 2017
2. Residential Use National Comparisons by Annie E. Casey Foundation, 2012-2017

Ohio Data:

1. Site map of IHBT therapies, RTC, GHs, etc. – created in 2016 for MSY efforts
2. JFS Residential Care data, Dec. 2014 (excuse my notes)
3. Ohio Congregate Care Report by Casey Family Programs, March 2016
4. Ohio Congregate Care Report by Casey Family Programs, March 2017
5. Ohio Out of State Placements by Casey Family Programs, 2017
6. Metro Counties Multi-System Youth Summary data, Jan. 2015
7. PCSAO Multi-System Youth brief, Mar. 2015
8. ODJFS special Data Request received in Oct. 2017. Data focused on 2015-2017 trends related to congregate care, foster care, in-state vs. out-of-state, demographics, and per diems