

Foster Care Advisory Group

Recommendations

May 2018

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Introduction

Ohio’s protective services system is county-administered and state-supervised. This means the 88 county public children services agencies (PCSAs) have authority to implement child welfare programs and services tailored to their local community’s needs, including those centered on foster care. The Ohio Department of Job and Family Services (ODJFS) develops policies and procedures by which the counties and private foster care agencies operate, provides local agencies with technical assistance, and monitors program implementation for compliance with federal and state laws, rules and policies.

The Foster Care Advisory Group (Advisory Group) was created as a result of the passage of (Section 751.10) Am. Sub. H.B. 49 of the 132nd General Assembly. The act created the group to advise and assist the Ohio Department of Job and Family Services (ODJFS) in identifying and implementing best practices to recruit, retain, and support foster caregivers.

The duties assigned to the Advisory Group were to review and provide recommendations on:

1. Improving current certification requirements;
2. Options to streamline certification requirements and process while maintaining quality, safety, and accountability;
3. Ways to help foster caregivers best respond to children affected by parental drug use and how to deliver and sustain those supports; and
4. Best practices for identifying, recruiting, and retaining foster caregivers.

The Advisory Group consisted of 13 voting members, including two co-chairs, and was staffed by 10 non-voting ODJFS members from the Office of Families and Children (ODJFS-OFC).

Foster Care Advisory Group Members

Scott Britton	Public Children Services Association of Ohio
LeeAnne Cornyn	Office of Ohio Attorney General Mike DeWine
Teresa "Teri" Devoe	Foster Caregiver
Nicole Foulks	Richland County Children Services
Dr. Jeffrey Greene	House of New Hope
Kelley Gruber	Institute for Human Services
Shannon Harnichar	Homes For Kids, Inc.
Dorothy Hart	Foster Caregiver
Karen McGormley (co-chair)	Ohio Department of Job and Family Services

Mark Mecum (co-chair)	Ohio Association of Child Caring Agencies
Johanna Pearce	Fairfield County Job and Family Services
Bobbi Pedersen	Foster Caregiver
Wendi Turner	Ohio Family Care Association

The group met eight times from October 2017 to April 2018.

Executive Summary

The Advisory Group developed 21 recommendations in four different domains: recruiting and retaining foster caregivers, certification requirements, streamlining the certification process, and supporting foster caregivers. The recommendations represent group consensus on the foregoing topics.

Current Certification Requirements

- Streamline Ohio’s Revised Code to ensure ODJFS can respond to program needs quickly.
- Decrease the number of preservice training hours and re-focus preservice training on the readiness of prospective foster caregivers.
- Restructure ongoing training for new foster caregivers.
- Restructure ongoing training for foster caregivers who have completed their initial certification period.
- Permit more alternative training formats for foster caregivers.

Options to streamline certification requirements and process while maintaining quality, safety, and accountability

- Simplify applicant forms and make corresponding changes within the Statewide Automated Child Welfare Information System (SACWIS).
- Establish a statewide registry of approved foster care and adoption assessors.
- Develop a central resource for rule clarification.

Additional supports foster caregivers need in order to best respond to children affected by parental drug use and how to deliver and sustain those supports

- Expand specialized training for foster caregivers caring for drug-impacted children.
- Develop specialized professional coaching for foster caregivers caring for children impacted by parental substance abuse.
- Create specialized paid mentoring opportunities for foster caregivers caring for drug-impacted children.
- Develop a range of child care options for foster caregivers.
- Behavioral health respite care benefits should be available for foster children.
- Develop trauma competence across the statewide continuum of child- and family-serving systems.
- Fund counseling and supportive services for the entire foster family when other resources are not available.
- Develop best practices and guidance for local agencies on foster caregiver retention.
- Formalize foster caregivers’ rights and responsibilities in state rule.

Best Practices for Identifying, Recruiting, and Retaining Foster Caregivers

- Develop a statewide foster care and adoption website.
- Develop a statewide, targeted public awareness campaign to educate and attract prospective foster caregivers.
- Acknowledge and support experienced foster caregivers.
- Establish local and state foster caregiver advisory boards and ensure foster caregivers have a voice both within their agency and in the development of statewide policies and programs.

Current Certification Requirements

In February 2018, Congress passed the Bipartisan Budget Act of 2018 ([Public Law 115-123](#)). One of the provisions of the Act is for the U.S. Department of Health and Human Services (HHS) to issue model foster care standards (page 188 of the Act). The Advisory Group determined that making certification requirement recommendations ahead of the release of the model standards would not be prudent. However, there are broader recommendations that could allow for efficient implementation of the model standards.

Law

Current Ohio Revised Code is prescriptive in several areas that may not be in compliance with the pending national foster care model standards. For example, Ohio Revised Code 5103.031 describes the number of hours required for preservice training as “at least thirty-six hours.” The National Association for Regulatory Administrations (NARA) model foster care standards ([NARA Model Foster Care Standards](#)), which many experts think HHS will refer to when developing their standards, requires “at least 6 hours of pre-license training.”

The prescriptive nature of these laws means they will need amended to implement the model standards. The process for revising law is cumbersome and lengthy. Implementation of the HHS model standards could be delayed as the legislature works to make necessary amendments to Ohio laws among their other important legislative tasks.

Rule

In contrast to legislation, rule revision is a more efficient process, while still providing appropriate checks and balances on the development of new requirements or revision of existing requirements. The flexibility of having certification requirements in rule, rather than law, would allow the state to be more responsive to the request or need for changes that are reflective of best practice. Additionally, rule revision includes processes for input by stakeholders, and the Ohio Revised Code requires all rules be thoroughly reviewed by ODJFS policy writers and the public every five years.

In consideration of these factors, the Advisory Group recommends the following:

Recommendations

- **Streamline current Ohio Revised Code to ensure ODJFS can respond to changes quickly.**
The General Assembly should act now to remove language in current Ohio Revised Code that could create barriers to the implementation of the new foster care model standards, including the current training hour requirements. This will prepare Ohio to swiftly respond in rule to the model standards when they are released. ODJFS will follow normal processes

to seek input from stakeholders. Recommended language is included in Appendix B for the proposed legislative changes.

Below are rule recommendations for ODJFS with regards to training. See appendix C for additional details:

- **Decrease the number of preservice training hours and re-focus preservice training on the readiness of prospective foster caregivers.** Preservice training should focus on caregiver readiness for placement and address the following topics (AdoptUSKids, 2018):
 - Preparing yourself for fostering or adopting a child;
 - Creating a basis for teamwork between yourself and your agency;
 - Forming mutually supportive relationships with other parents and child welfare staff who will be able to help you throughout your journey; and
 - Finding answers to any outstanding questions you might have about whether you are ready to foster or adopt and what type of child you can successfully parent.

The state of Ohio requires the highest number of preservice training hours in the nation (See Appendix A). The current preservice education training requirements should be reduced and focused on caregiver readiness for placement. This narrowed focus will allow needed information to be addressed in a shorter number of hours. ODJFS should continue to research appropriate topics and the number of training hours needed to cover these topics. This change could be made by the ODJFS-OFC and would be cost neutral.

- **Restructure ongoing training for new caregivers.** Caregivers will build skills that will help them care for children who have challenges and have experienced trauma. ODJFS should consider a mandated training series for newly licensed caregivers. This training series, which would be completed in the first licensure period (two years), will provide knowledge and skills in fundamental areas of foster care, such as trauma, behavior management, diversity, reunification, and teaming. This change could be made by the ODJFS-OFC as a part of the rule writing process. This will require initial development costs for the curriculum, but then would be cost neutral.
- **Restructure ongoing training for foster caregivers who have completed their initial certification period.** After the first two years of licensure, the caregivers should be asked what they need, as proposed by Rork & McNeil (2012). ODJFS should:
 - Allow caregivers to complete more detailed Individual Training Needs Assessments (ITNAs);
 - Allow agencies to use ITNAs to complete less-detailed training plans that give agencies the flexibility to meet the requirements of the rule;

- Require the ITNAs of public agency caregivers be shared with the Ohio Child Welfare Training Program, either through the Statewide Automated Child Welfare Information System or other means; and
- Explore the possibility of a reduction in the training hour requirement for experienced caregivers.

This change could be made by the ODJFS-OFC through the rule writing process and would be cost neutral.

- **Permit more alternative training formats.** ODJFS should revise its rules to allow foster caregivers to obtain approved training hours through alternative formats such as webinars, coaching, shadowing, learning behavioral health techniques, instruction in specialized medical care techniques, virtual trainings, and more. These methods provide options to effective training delivery while maintaining a focus on enhancing the safety and well-being of children in foster care. This change could be made by the ODJFS-OFC and would be cost neutral.

Options to Streamline Certification Requirements and Process While Maintaining Quality, Safety, and Accountability

There are additional changes that can be made to reduce barriers in the licensure process which do not require changes in certification requirements. These changes will make the foster care licensure process less burdensome for potential applicants while still maintaining quality, safety, and accountability.

Rules clarification

As Public Children Services Agencies (PCSAs) and foster care agencies train and screen families interested in fostering children, they frequently have dilemmas that benefit from ODJFS guidance. Guidance typically comes from the agency's ODJFS licensing specialist. However, additional information made accessible online could aid agencies in implementing rules in practice.

Application Documents

There are a few documents required of foster caregiver applicants that can be burdensome and confusing, potentially delaying the application process. Two examples are:

The Application for Child Placement form (JFS 01691). This six-page document is completed by every prospective foster caregiver as part of the pre-certification process. There are items that could be re-worded for clarity and other items that could be removed.

The Child Characteristics Checklist for Foster Care and/or Adoption form (JFS 01673-A). This form lists dozens of physical, mental health, behavioral, and social history characteristics of children that prospective foster caregivers are willing to accept into their homes. Families often delay completing the form because they do not have a good understanding of all the characteristics and how those characteristics might affect family dynamics. Many families inaccurately complete the form and this inaccurate information is then entered into the Statewide Automated Child Welfare Information System. This creates delays and barriers to accurately matching children's needs with an appropriate foster care placement.

Assessors

In Ohio, only workers who are adoption and foster care assessors can complete homestudies for foster care licensure. Furthermore, a private agency assessor must be a licensed social worker, clinician, or psychologist unless they previously worked as an assessor in a public agency. While these requirements are needed to ensure homestudies are completed

accurately and professionally, it can be difficult for agencies to locate and hire this limited pool of workers.

In support of the aforementioned factors, the Advisory Group recommends the following:

Recommendations

- **Develop a central resource for rule clarification.** ODJFS should develop an online resource that provides PCSAs and foster care agencies with greater clarity around the intent and meaning of Administrative Code rules. The resource should be continually updated and available online to the public. The resource would promote better understanding of ODJFS rules by local agencies. This change could be made by the ODJFS-OFC and would be cost neutral.
- **Simplify applicant forms and make corresponding changes within the Statewide Automated Child Welfare Information System.** Simplify the Child Characteristics Checklist for Foster Care and/or Adoption form (JFS 01673-A) and the Application for Child Placement form (JFS 01691). This would be a change that could be made by the ODJFS-OFC with input from stakeholders. Changes to the application would be cost neutral. Because it would also involve system updates, changes to these forms may incur additional costs.
- **Establish a statewide registry of approved foster care and adoption assessors.** An Assessor Registry of approved foster care and adoption assessors should be created, allowing agencies to easily locate part-time or contract assessors, when needed. The state should consider incorporating the registry into the existing Statewide Automated Child Welfare Information System that all foster and adoptive agencies access. This would involve an investment of additional resources.

Additional Supports Foster Caregivers Need in Order to Best Respond to Children Affected by Parental Drug Use and How to Deliver and Sustain Those Supports

Since 2013, the number of children coming into the foster care system has risen 24 percent, meaning an additional 2,400 Ohio children have come into care in just four years. Many of these children are quite young: 68 percent of children in foster care are under the age of 12 and 35 percent are ages 3 and younger. The percentage of children under 12 months of age during the four-year time period represents 17 percent of the population. A major contributor to this trend has been Ohio's opioid epidemic.

Placing children with kin, while a top priority, is not always possible due to multi-generational family addiction. This may necessitate placing children in foster care due to the reduced capacity of kinship homes.

According to a 2016 clinical report published by the American Academy of Pediatrics, children and adolescents of parents with a substance abuse disorder are three times more likely to be physically, sexually, or emotionally abused and four times more likely to be neglected than their peers. Children from these households are at greater risk of having problems ranging from serious medical conditions to behavioral and mental health problems, which can include anxiety disorders, attention-deficit/hyperactivity disorder, depression, oppositional defiant disorder, conduct disorder, truancy, and trauma and stress-related disorders. Adverse Childhood Experiences of abuse, neglect, and household dysfunction may exceed the child's coping mechanisms, resulting in permanent changes in the developing brain without intervention. These brain changes can manifest as behavior problems, violence, and substance use throughout the child's life. (Smith & Wilson, 2016)

Because individuals who are addicted to opioids have a high probability of relapse, some multiple times during their recovery process, their children may linger in care and/or return to care. Since 2012, Ohio's foster care reentry rates have remained at 14 to 15 percent, which is higher than the federal Child and Family Services Review national standard of 8.3 percent.

Foster caregivers and their families are prone to experiencing secondary trauma, compassion fatigue, and loss of support networks as a result of their role. In order to retain these foster caregivers, supports are needed to help combat the stress that may accompany this role.

The Advisory Group recognizes that with such a sharp increase in the number of children entering care and the increasing complexity of children who need services from multiple systems, finding ways to support foster caregiver families in a culturally competent and trauma-informed manner is vitally important.

For these reasons the Advisory Group makes the following recommendations:

Recommendations

- **Expand specialized training for foster caregivers caring for drug-impacted children.** ODJFS-OFC should develop an inventory of trainers and training resources specific to caring for children impacted by substance abuse and engaging biological families struggling with addiction. This should be made available to all PCSAs and foster care agencies in Ohio. In addition, opportunities for all parties to hear from parents who have overcome challenges related to addiction to become effective parents will increase understanding among all parties of the resilience and strength of parents. This would involve an investment of additional resources.
- **Develop specialized professional coaching for foster caregivers caring for children impacted by parental substance abuse.** Children who have been impacted by the opioid epidemic can often have challenging behaviors and serious developmental delays. Though Ohio's foster caregivers receive extensive training on all aspects of parenting, addressing these children's needs can be virtually impossible without professional assistance. ODJFS-OFC should develop a network of in-home coaches to work with foster caregivers to manage the day-to-day care of children affected by prenatal drug or alcohol exposure. This should be made available to all PCSA and foster care agencies in Ohio and would involve an investment of additional resources.
- **Create specialized paid mentoring opportunities for foster caregivers caring for drug-impacted children.** There is little existing research on the long-term implications of prenatal exposure to opioids or best practices for providing care for children who are experiencing Neonatal Abstinence Syndrome. Accordingly, foster caregivers who are providing care to these children are often our most knowledgeable experts on caregiving strategies. ODJFS-OFC should develop a network of foster caregivers who can provide mentoring to new and existing foster caregivers who recently received placement of a drug-impacted child. Paid mentoring opportunities should be extended to former foster caregivers who left in good standing and a statewide registry of approved foster care mentors should be created. All new foster caregivers should be given an opportunity to be matched with a mentor for their first 6-12 months of placements. Rules should be revised to allow mentees to also receive training credit hours. This would involve an investment of additional resources.
- **Develop a range of child care options for foster caregivers.** This would include funds to the county custodial agencies to support the foster caregiver as well as access to a flexible

range of child care options for foster caregivers including specialized care for children impacted by parental drug use. Because of the statewide nature of the opioid epidemic, a statewide versus local response would be needed to support caregivers across the state regardless of the availability of local resources. This would require an investment of additional resources.

- **Behavioral health respite care benefits should be available for foster children.** Currently, foster children are categorically ineligible for this service and foster caregivers are categorically ineligible to be providers for this service. The Ohio Department of Medicaid should explore implementing such covered services for this population.
- **Develop trauma competence across the statewide continuum of child- and family- serving systems.** The Department of Administrative Services, in their capacity to enhance professional development and technical skills, should develop in partnership with the Ohio Department of Mental Health and Addiction Services a statewide policy and/or training for all state child- and family-serving agencies regarding trauma competence. This would include, but not be limited to, education, juvenile justice, early childhood (DODD), child welfare, and managed care organizations. This would require an investment of additional resources.
- **Fund counseling and supportive services for the entire foster family when other resources are not available.** Recognize that living with trauma produces secondary trauma for the whole foster care family. Other children in the home are especially susceptible to secondary trauma because of their limited ability to understand the traumatic experiences surrounding them. Recognizing that secondary trauma exists and developing tools, resources, and services to help the entire family will enable and equip foster and adoptive families to better care for children from drug impacted homes. This would require an investment of additional resources.

Best Practices for Identifying, Recruiting, and Retaining Foster Caregivers

The state of Ohio needs more foster caregivers. Ohio's number of children in custody has been steadily increasing since 2013, topping 16,000 on any given day as of March 2018. Currently, there are about 7,200 available family foster homes. Enhancing the state's capacity to recruit and retain more foster caregivers is critical to ensuring that children can remain in their communities and schools in stable placements and are not placed unnecessarily in group homes or other congregate care settings because foster caregivers are not available.

Although data from early February 2018 reflected that 860 foster homes statewide had not accepted placement of a child in the custody of an Ohio public agency, it is not the case that sufficient foster home resources are available. Many of these foster homes are used for limited reasons such as respite, pre-adoptive placement for private infant adoptions and placement of a child from another state. In addition, in a recent poll of agencies, respondents identified a total of 234 foster homes that either identified limits regarding child characteristics that were not in line with the characteristics of children needing placement, or refused placements when called by the agency. One agency commented, "We only have 10 homes that will take children over the age of 3 and only four that will take children over the age of 8."

More foster caregivers must be recruited who are explicitly committed and capable of meeting the state's needs by providing short-term care to children in crisis, supporting agencies in reunifying those children with their families, managing the often-challenging behaviors and traumas they encounter in children, and accommodating the unpredictability of child welfare. Foster caregivers must also be fully engaged in meeting the children's physical and behavioral health care, educational, and other well-being needs.

Recruitment and retention efforts in Ohio have been hampered over the years by a number of factors. Ohio is a locally administered system, where each county or consortium of counties develops its own recruitment strategies and campaigns. Additionally, there is a system of private child welfare agencies that are also conducting their own recruitment strategies. This structure means that there are multiple, and sometimes confusing, points of entry for those interested in becoming foster caregivers. With increased demands on local public children services agencies due to the greater numbers of children coming into care, resources that in the past may have been dedicated to recruitment and retention activities have had to be reallocated to meet caseload demands as well as placement and service costs. Furthermore, the needs of children coming into care have become more complex, including the special needs of victims of the opioid epidemic, children with complex care needs ("multi-system youth") and others who require a high level of care and a different approach to parenting.

Recruitment and retention efforts require investments of staff time and resources, and they must become more targeted and take advantage of technology in order to succeed. New approaches must capitalize on efficiencies by adopting a statewide campaign, ensuring “no wrong front door” for Ohioans who want to learn more about becoming foster caregivers, all while allowing for local and regional differences in recruitment needs.

To this end, the Advisory Group examined efforts in other states, identifying best practices including the Annie E. Casey Foundation’s “A Movement to Transform Foster Parenting” (which includes the Quality Parenting Initiative), the Child Welfare League of America’s PRIDE Model of Practice, Northeastern University’s research project on finding ways to effectively train and support foster parents in their efforts to support and care for foster children in their care, online and mobile information and application solutions used in other jurisdictions, and expert research collected by Pressley Ridge and the Institute for Human Services.

Foster care agencies must develop a compelling message and effective strategy for expanding the network of public and private foster homes in Ohio. Agencies must have the resources to communicate with, support, and ultimately retain those caregivers once they are recruited.

To ensure that Ohio can realize a statewide vision for improving foster care recruitment and retention, foster caregivers deserve to be well trained and supported, trauma informed, including how to handle children impacted by trauma, and genuinely engaged with public and private foster care agencies, as well as the courts, as partners in supporting the best interests of the children in their care. They also deserve to be fully aware of their rights and their responsibilities as caregivers.

Considering the above factors, the Advisory Group recommends the following:

Recommendations

- **Develop a statewide foster care and adoption website.** Each PCSA and foster care agency is responsible for recruiting and vetting their own foster caregivers. For prospective foster caregivers, navigating the hundreds of private and public websites that exist to find the agencies that are right for them can be confusing and daunting. To equip prospective foster caregivers with the information they need, the state should create a single statewide foster care and adoption website that includes information about fostering and adopting in Ohio, a self-assessment tool for interested families, as well as an online inquiry process to begin working with an agency. Low-cost efforts to identify the necessary characteristics, demographics, and outreach strategies, such as the Quality Parenting Initiative, could also be employed. This should be a unified statewide effort with ODJFS leadership and will require additional funds to implement and a partnership with PCSAs and foster care agencies.

- **Develop a statewide, targeted public awareness campaign to educate and attract prospective foster caregivers.** The opioid epidemic has resulted in an increase in the number of children entering the foster care system in Ohio over a relatively short period of time. These children have experienced many challenges, including abuse, neglect and the trauma of watching their parents' substance use disorders. Accordingly, children of the opioid epidemic have very specialized needs and challenges that prospective foster caregivers should understand. The state, PCSAs and foster care agencies should develop a unified targeted public awareness campaign to both recruit prospective foster caregivers and ensure these individuals are aware of the challenges that these children face. ODJFS should work with PCSAs and foster care agencies and professional consultants to develop statewide messaging and material. This will require additional funds to implement.
- **Develop best practices and guidance for agencies on foster caregiver retention.** To ensure agencies are better prepared to recruit and retain foster caregivers, the required foster care and adoption recruitment plans that agencies review annually need to address retention issues. To ensure meaningful, realistic, and impactful plans, ODJFS-OFC should convene regional and statewide meetings to work with agencies to develop best practices in this area and offer individual consultation as needed. This would be a change that could be made by the ODJFS-OFC in partnership with PCSAs and foster care agencies. Outside of existing staff time, this would be cost neutral.
- **Formalize foster caregivers' rights and responsibilities in rule.** Ohio Revised Code section 5103.039 requires that all prospective foster caregivers receive training on their legal rights. However, neither the Ohio Revised Code nor the Ohio Administrative Code lay out a foster caregiver's rights in a clear, concise, and single location. Accordingly, the Advisory Group recommends that ODJFS convene a workgroup to include ODJFS-OFC, PCSAs and foster care agencies, foster caregivers, and foster youth alumni to accomplish this goal. Outside of existing staff time, this would be cost neutral.
- **Acknowledge and support experienced foster caregivers.** An integral part of foster caregiver retention is recognizing and appreciating their time, effort, and contributions. Honoring foster caregivers and the achievements of children in their care acknowledges the foster caregivers' commitment and encourages others to consider fostering. Strategies that target foster caregiver engagement, such as team-building and community involvement, increase morale and give caregivers a sense that they are part of a unified team. Other incentives to show appreciation and increase retention are to give years of service bonuses, funding to attend conferences, and opportunities to recruit and mentor new foster caregivers. This will require additional funding that would be provided to foster care agencies to support their foster caregivers.

- **Establish foster caregiver advisory boards and ensure foster caregivers have a voice both within their agency and in the development of statewide policies and programs.** Public and private agencies recommending certification of foster parents should establish advisory boards in order to engage and actively incorporate foster caregivers in agency policy and programmatic decision-making. Further, the establishment of a statewide foster caregiver advisory board would provide a forum for caregivers to have a direct line to provide input on statewide programmatic initiatives and policy decisions. A similar model already exists supporting foster youth voice in statewide policies and programs through the Ohio Youth Advisory Board and local youth advisory boards across the state. The establishment of a similar network of advisory boards for foster caregivers would support efforts to improve foster caregiver training and education, recruitment, retention, supportive programs, and legislative efforts. The inclusion of foster caregivers on this Advisory Group highlights the effectiveness and impact of foster caregivers' participation and partnership.

Appendix A – State Data on Home Study Requirements

State	Preservice training hours	Type of training/ comments	Annual training requirements	Foster parent bill of rights in rule or law?	Ranking of states for maltreatment by out of home caregiver (1 = lowest rate of occurrence) 2014 data ¹
DC	30	TIPS/MAPP	15	Yes, law	23
Alabama	30	GPS (Group Preparation and Selection)	15	Yes, law	12
Alaska	N/A	No specific hour requirement for preservice	10	Yes, in foster parent handbook	21
Arizona	30	MAPP	6	Yes, law	7
Arkansas	30	PRIDE	15	Yes, in foster parent handbook	13
California	12	Most use PRIDE	12	Yes, law	15
Colorado	27	PRIDE	20	No	33
Connecticut	30	TIPS-MAPP	6	Yes, law	28
Delaware	27	PRIDE	5	No	1

State	Preservice training hours	Type of training/ comments	Annual training requirements	Foster parent bill of rights in rule or law?	Ranking of states for maltreatment by out of home caregiver (1 = lowest rate of occurrence) 2014 data ¹
Florida	21/ 30	MAPP (30 hours) or PIP (21 hours)	8	Yes, rule	3
Georgia	24	IMPACT	15	Yes, law	No data
Hawaii	18	PRIDE	6	No	25
Idaho	27	PRIDE	10	No	No data
Illinois	27	PRIDE	4	Yes, law	25
Indiana	10+	Preservice-10 hours plus First Aid, CPR, Universal Precautions	15	Currently introduced in House 1/26/18	7
Iowa	30	MAPP	6	Yes, law	15
Kansas	30	TIPS/MAPP	9	Introduced twice in law, neither passed	11
Kentucky	24	MAPP	6	Yes, law	No data
Louisiana	21	MAPP	15	Yes, law	No data
Maine	18	Required topics, not curriculum	9	Introduced in 2016, did not pass	17

State	Preservice training hours	Type of training/ comments	Annual training requirements	Foster parent bill of rights in rule or law?	Ranking of states for maltreatment by out of home caregiver (1 = lowest rate of occurrence) 2014 data ¹
Maryland	27	PRIDE	10	Yes, law	20
Massachusetts	30	MAPP		Introduced in 2017, did not pass	32
Michigan	12	12 hours prior to license, 12 hours within 18 months after license	6	Yes, law	No data
Minnesota	6	Required topics, not curriculum	12	No	18
Mississippi	15	PATH	6	Yes, law	29
Missouri	27	STARS (Specialized Training, Assessment, Resources, Support & Skills)	15	Yes, law	16
Montana	18	Required topics, not curriculum	15	Introduced in 2017, did not pass	7
Nebraska	30	TIPS MAPP	12	Yes, in foster parent handbook	14
Nevada	30/ 40 treatment	TIPS/MAPP/ PRIDE	4	No	16

State	Preservice training hours	Type of training/ comments	Annual training requirements	Foster parent bill of rights in rule or law?	Ranking of states for maltreatment by out of home caregiver (1 = lowest rate of occurrence) 2014 data ¹
New Hampshire	21	FACES (Foster and Adoptive Care Essentials)	8	Currently introduced in house 11/9/18	1
New Jersey	27	PRIDE	7	Introduced in 2012, did not pass	9
New Mexico	12	RAFT (Relative, adoptive, foster parent training)	12	Yes, in rule	5
New York	30	MAPP		Yes, in foster parent manual	27
North Carolina	30	TIPS/MAPP training	10	Yes, on state's foster parent website	No data
North Dakota	27	PRIDE	6	Yes, in foster parent handbook	6
Ohio	36	Required topics, not curriculum	20	No	22
Oklahoma	27	Bridge	12	Yes, law	32
Oregon	24	Foundations	15	Yes, law	No data

State	Preservice training hours	Type of training/ comments	Annual training requirements	Foster parent bill of rights in rule or law?	Ranking of states for maltreatment by out of home caregiver (1 = lowest rate of occurrence) 2014 data ¹
Pennsylvania	Minimum 6 hours	Required topics, not hours	6	Yes, law	8
Puerto Rico		Nothing in rule or law about required training		No	30
Rhode Island	30	TIPS/MAPP		Yes, law	31
South Carolina	14	Required topics, not curriculum	14	Yes, on foster parent association website	26
South Dakota	30	PRIDE or UNITY	6	Yes, in foster parent handbook	2
Tennessee	22	PATH	15	Yes, law and handbook	10
Texas	35	PRIDE	20	Yes, law	19
Utah	32		16	No	17
Vermont	24	6 hours prior to license, then 18 hours before a child is placed	10	2016 legislative workgroup recommended foster parent bill of rights, nothing has been introduced	1

State	Preservice training hours	Type of training/ comments	Annual training requirements	Foster parent bill of rights in rule or law?	Ranking of states for maltreatment by out of home caregiver (1 = lowest rate of occurrence) 2014 data ¹
Virginia		PRIDE, MAPP, PATH Required topics, not hours	10	Yes, listed in each child's placement agreement	14
Washington	27	PRIDE	12	Yes, law	11
West Virginia	27	PRIDE	12	Introduced 3 times in last 7 years, none passed	24
Wisconsin	9	9 hours prior to license, then 30 hours first 2 years	10	Yes, law	8
Wyoming	27	PRIDE	18	Introduced 1/2017, did not pass	2

¹ Child Welfare Outcomes 2010-2014 Report to Congress: <https://www.acf.hhs.gov/cb/resource/cwo-10-14>

- PATH - Parents As Tender Healers (22 hours) – 3 states
- PRIDE - Parent Resources for Information, Development, and Education (27 hours) – 15 states
- TIPS-MAPP - Trauma-Informed Partnering for Safety and Permanency – Model Approach for Partnerships in Parenting (30 hours) – 15 states
- Average length of Preservice training – 22.5 hours

Appendix B – Proposed ORC Changes

5103.031 Preplacement training.

Except as provided in section [5103.033](#) of the Revised Code, the department of job and family services may not issue a certificate under section [5103.03](#) of the Revised Code to a foster home unless the prospective foster caregiver successfully completes ~~the following amount of~~ preplacement training through a preplacement training program approved by the department of job and family services under section [5103.038](#) of the Revised Code or preplacement training provided under division (B) of section [5103.30](#) of the Revised Code. [The director of job and family services shall adopt rules as necessary to establish the amount of training hours necessary to meet certification requirements for a foster home.](#)

~~(A) If the foster home is a family foster home, at least thirty-six hours;~~

~~(B) If the foster home is a specialized foster home, at least thirty-six hours.~~

5103.032 Continuing training.

~~(A)~~ Except as provided in divisions ~~(C), (D), and (E)~~ [\(B\)](#) of this section and in section [5103.033](#) of the Revised Code ~~and subject to division (B) of this section~~, the department of job and family services may not renew a foster home certificate under section [5103.03](#) of the Revised Code unless the foster caregiver successfully completes ~~the following amount of~~ continuing training in accordance with the foster caregiver's needs assessment and continuing training plan developed and implemented under section [5103.035](#) of the Revised Code. [The director of job and family services shall adopt rules as necessary to establish the amount of training hours necessary to meet continuing training requirements for a foster home.](#)

~~(1) If the foster home is a family foster home, at least forty hours in the preceding two-year period;~~

~~(2) If the foster home is a specialized foster home, at least sixty hours in the preceding two-year period.~~

The continuing training required by this section shall comply with rules the department adopts pursuant to section [5103.0316](#) of the Revised Code.

~~(B) A foster caregiver may fulfill up to twenty per cent of the required amount of continuing training described in division (A) of this section by teaching one or more training classes for other foster caregivers or by providing mentorship services to other foster caregivers. The department of job and family services shall adopt rules in accordance with Chapter 119. of the Revised Code as necessary for the qualification of foster caregivers to provide training or mentorship services to other foster caregivers.~~

~~(C) At the beginning of a foster caregiver's two-year certification period, a public children services agency, private child placing agency, or private noncustodial agency acting as a recommending agency for a foster caregiver holding a certificate issued under section [5103.03](#) of the Revised Code for a family foster home or specialized foster home may waive up to eight hours of continuing training the foster caregiver is otherwise required by division (A) of this section to complete in that two-year certification period if all of the following apply:~~

~~(1) The foster caregiver has held a certificate issued under section [5103.03](#) of the Revised Code for a family foster home or specialized foster home for at least two years;~~

~~(2) The foster caregiver has provided foster care for at least ninety days of the twelve months preceding the date the agency issues the waiver;~~

~~(3) The foster caregiver has not violated any requirements governing certification of foster homes during the twelve months preceding the date the agency issues the waiver;~~

~~(4) The foster caregiver has complied in full with the needs assessment and continuing training plan developed for the foster caregiver under section 5103.035 of the Revised Code for the preceding certification period.~~

~~(D) Each recommending agency shall establish and implement a policy regarding good cause for a foster caregiver's failure to complete the continuing training in accordance with division (A) of this section. If the foster caregiver complies with the policy, as determined by the agency, the department may renew the foster caregiver's foster home certificate. The agency shall submit the policy to the department and provide a copy to each foster home the agency recommends for certification or renewal. The policy shall include the following:~~

~~(1) What constitutes good cause, including documented illness, critical emergencies, and lack of accessible training programs;~~

~~(2) Procedures for developing a scheduled corrective action plan that provides for prompt completion of the continuing training;~~

~~(3) Procedures for recommending revocation of the foster home certificate if the foster caregiver fails to comply with the corrective action plan.~~

~~(E)~~ (B) A foster caregiver shall be given an additional amount of time within which the foster caregiver must complete the continuing training required under division (A) of this section in accordance with rules adopted by the department of job and family services if either of the following applies:

(1) The foster caregiver has served in active duty outside this state with a branch of the armed forces of the United States for more than thirty days in the preceding two-year period.

(2) The foster caregiver has served in active duty as a member of the Ohio organized militia, as defined in section 5923.01 of the Revised Code, for more than thirty days in the preceding two-year period and that active duty relates to either an emergency in or outside of this state or to military duty in or outside of this state.

5103.033 Training required where child was less than six months of age at time of temporary custody agreement.

(A) The department of job and family services may issue or renew a certificate under section 5103.03 of the Revised Code to a foster home for the care of a child who is in the custody of a public children services agency or private child placing agency pursuant to an agreement entered into under section 5103.15 of the Revised Code regarding a child who was less than six months of age on the date the agreement was executed if the prospective foster caregiver or foster caregiver successfully completes ~~the following amount of~~ training: as specified by the director of job and family services in rules adopted to establish the amount of training hours necessary to meet initial and continuing training requirements for a pre-adoptive infant foster home.

~~(1) For an initial certificate, at least twelve hours of preplacement training through a preplacement training program approved by the department of job and family services under section 5103.038 of the Revised Code or preplacement training provided under division (B) of section 5103.30 of the Revised Code;~~ The pre-placement training program shall be an approved program under section 5103.038 of the Revised Code or a program provided under division (B) of section 5103.30 of the Revised Code.

~~(2) For renewal of a certificate, at least twenty-four hours of continuing training in the preceding two-year period in accordance with the foster caregiver's needs assessment and continuing training plan developed and implemented under section 5103.035 of the Revised Code. The continuing training shall be completed in accordance with the foster caregiver's needs assessment and continuing training plan developed and implemented under section 5103.035 of the Revised Code.~~

(B) A foster caregiver to whom either division (B)(1) or (2) of this section applies shall be given an additional amount of time within which to complete the continuing training required under division (A)(2) of this section in accordance with rules adopted by the department of job and family services:

(1) The foster caregiver has served in active duty outside this state with a branch of the armed forces of the United States for more than thirty days in the preceding two-year period.

(2) The foster caregiver has served in active duty as a member of the Ohio organized militia, as defined in section [5923.01](#) of the Revised Code, for more than thirty days in the preceding two-year period and that active duty relates to either an emergency in or outside of this state or to military duty in or outside of this state.

5103.035 Needs assessment and continuing training plan.

A public children services agency, private child placing agency, or private noncustodial agency acting as a recommending agency for a foster caregiver shall develop and implement a written needs assessment and continuing training plan for the foster caregiver. The director of job and family services shall adopt rules as necessary to establish the criteria necessary to meet the requirements for a written needs assessment and continuing training plan.~~Each needs assessment and continuing training plan shall satisfy all of the following requirements:~~

~~(A) Be effective for the two-year period the foster caregiver's certificate is in effect;~~

~~(B) Be appropriate for the type of foster home the foster caregiver operates, and include training for the caregiver that relates to providing independent living services, as defined in section 2151.81 of the Revised Code, to a child placed as provided in division (B)(2) of section 2151.353 of the Revised Code;~~

~~(C) Require the foster caregiver to successfully complete the training required by the department in rules adopted pursuant to section 5103.0316 of the Revised Code and any other courses the agency considers appropriate;~~

~~(D) Include criteria the agency is to use to determine whether the foster caregiver has successfully completed the courses;~~

~~(E) Guarantee that the courses the foster caregiver is required to complete are available to the foster caregiver at reasonable times and places;~~

~~(F) Specify the number of hours of continuing training, if any, the foster caregiver may complete by teaching one or more training classes to other foster caregivers or by providing mentoring services to other foster caregivers pursuant to division (B) of section 5103.032 of the Revised Code;~~

~~(G) Specify the number of hours of continuing training, if any, the agency will waive pursuant to division (C) of section 5103.032 of the Revised Code.~~

5103.039 Courses in ~~preplacement~~foster home training program.

The director of job and family services shall adopt rules as necessary to establish the courses necessary to meet the training requirements for a foster home.

Except for preplacement training programs described in section ~~5103.0311~~ of the Revised Code, a preplacement training program shall consist of courses in the role of foster caregivers as a part of the care and treatment of foster children. A prospective foster caregiver shall complete all of the courses, which shall address all of the following:

- (A) The legal rights and responsibilities of foster caregivers;
- (B) Public children services agencies, private child placing agencies, and private noncustodial agencies' policies and procedures regarding foster caregivers;
- (C) The department of job and family services' requirements for certifying foster homes;
- (D) The effects placement, separation, and attachment issues have on children, their families, and foster caregivers;
- (E) Foster caregivers' involvement in permanency planning for children and their families;
- (F) The effects of physical abuse, sexual abuse, emotional abuse, neglect, and substance abuse on normal human growth and development;
- (G) Behavior management techniques;
- (H) Effects of caregiving on children's families;
- (I) Cultural issues in placement;
- (J) Prevention, recognition, and management of communicable diseases;
- (K) Community health and social services available to children and their families;
- (L) The substance of section ~~2152.72~~ of the Revised Code. A course addressing section ~~2152.72~~ of the Revised Code shall be not less than one hour long.
- (M) In the case of a preplacement training program for a prospective foster caregiver seeking certification for a specialized foster home, additional issues specific to the types of children placed in specialized foster homes, including cardiopulmonary resuscitation and first aid, appropriate behavioral intervention techniques, such as de-escalation, self-defense, and physical restraint techniques and the appropriate use of such techniques.

~~5103.0311 Preplacement training required where child was less than six months of age at time of temporary custody agreement. (Rescind entire code)~~

(A) A preplacement training program for prospective foster caregivers described in section ~~5103.033~~ of the Revised Code shall consist of courses that address all of the following:

- (1) The legal rights and responsibilities of foster caregivers;
- (2) The policies and procedures of public children services agencies, private child placing agencies, and private noncustodial agencies regarding foster caregivers;
- (3) The department of job and family services' requirements for certifying foster homes;
- (4) Infant care;
- (5) Early childhood development.

~~(B) A continuing training program for foster caregivers described in section 5103.033 of the Revised Code shall meet the requirements of rules adopted pursuant to section 5103.0316 of the Revised Code.~~

5103.0313 Reimbursement of agencies for training courses.

Except as provided in section [5103.303](#) of the Revised Code, the department of job and family services shall compensate a private child placing agency or private noncustodial agency for the cost of procuring or operating preplacement and continuing training programs approved by the department of job and family services under section [5103.038](#) of the Revised Code for prospective foster caregivers and foster caregivers who are recommended for initial certification or recertification by the agency.

The compensation shall be paid to the agency in the form of an allowance to reimburse the agency for ~~the minimum required amount of preplacement and continuing training provided or received under section [5103.031](#) or [5103.032](#) of the Revised Code.~~ the cost of providing training in accordance with rules developed by the department of job and family services.

5103.0314 Recommending agencies ineligible for reimbursement.

The department of job and family services shall not compensate a recommending agency for any training the agency requires a foster caregiver to undergo as a condition of the agency recommending the department certify ~~or recertify~~ the foster caregiver's foster home under section [5103.03](#) of the Revised Code if the training is in ~~addition to the minimum training~~ excess of thirty-six hours for training required by section [5103.031](#), required by section [5103.031](#) or [5103.032](#) of the Revised Code.

The department of job and family services shall not compensate a recommending agency for any training the agency requires a foster caregiver to undergo as a condition of the agency recommending the department recertify the foster caregiver's foster home under section [5103.03](#) of the Revised Code if the training is in addition to the minimum training required by the department of job and family services pursuant to section [5103.032](#) of the Revised Code.

Appendix C - Training Addendum

The Advisory Group believes State legislation regarding foster care training should not get ahead of the release of the national model standards under the Family First Prevention Services Act. The Advisory Group felt the need to provide background on the importance of training that is grounded in research.

While research doesn't identify a best practice for a specified number of hours that should be required, it does confirm that training is important. Whenan (2009) notes that caregivers have a big task - to stabilize the child, ensure access to appropriate physical and mental health services, work with biological parents, and collaborate with the agency. We know that children in foster care typically have challenges that foster caregivers have not experienced, even if they have previously parented, such as poorer physical health, compromised education prospects, developmental disabilities, mental health problems, behavior disorders, and interaction with juvenile justice (Murray et. al. 2011; Rork & McNeil, 2012; Whenan et. al., 2009). Research supports the need for training:

- Murray et al (2011) noted caregivers have a high need for support and training because of the high needs of the children placed in their home. They further stated that there is a “mismatch” between the level of care foster caregivers must provide and the level of support and training offered to them.
- Rork & McNeil (2012) cited several studies that show training rooted in behavioral theory can be effective (Berry 1988; Lundahl et. al. 2006; Rodwell & Biggerstaff 1993).
- Daniels (2011) cited Rhodes et.al.'s (2001) finding that training is a needed extrinsic support. Foster caregivers' satisfaction and intent to continue fostering was related to their perceptions about the usefulness of training.
- Yan & Davis' (2016) research showed training and support together help increase the number of reunification-promoting activities caregivers engaged in.
- Whenan et. al. (2009) showed caregivers who participated in preservice and ongoing training had greater well-being.

Appendix D – References

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