

Family First Prevention Services Act 2022-23 State Budget Priorities

It is a **pivotal** time for Ohio's children services system. Federal and state policy changes that go into effect in the next biennial budget are aimed at transforming the system. However, transforming a system that greatly needs it without

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new resources will only bring failure. Ohio must get this right, which means we need to align new policy requirements with new local resources in order to ensure that kids can remain safely with their families, that children can be placed in the most appropriate setting, and that the most effective services can be provided to reduce trauma in children's lives. **Public Children Services Association of Ohio is joining with the County Commissioners Association of Ohio to request \$50 million per year for counties so that they can support kin caregivers, maximize Family First opportunities, and offset increased placement costs.**

Within months of the SFY22-23 budget taking effect, Ohio will implement a transformational federal child welfare law called the **Family First Prevention Services Act**. Through dramatic funding changes, Family First puts the focus on preventing children from entering foster care, and recognizes that most families can provide safe and loving care when offered needed services in such areas as mental health, substance abuse treatment, and parenting skills. When foster care is necessary, Family First requires that children be placed in the least restrictive, most family-like setting appropriate for their needs. In cases where residential care remains the best option, Family First seeks to improve the oversight of that care, and to ensure that residential facilities provide quality, trauma-informed, clinical supports.



Reducing Institutional Placements

Family First will end federal reimbursement of placement costs for children placed in institutional settings that fail to meet a new standard called a Qualified Residential Treatment Program (QRTP). Institutional settings must meet specific standards to be a QRTP such as providing trauma-informed services, 24/7 access to clinical staff, accreditation from a national body, engaging families throughout treatment, and ensuring up to six months of aftercare services.

It is estimated that one-fourth to one-half of residential centers will not meet the new federal standard by Oct. 1, 2021, and the Ohio Department of Job and Family Services has granted these facilities a three-year extension to become a QRTP. PCSAs can still place children in these institutions, but federal reimbursement will be prohibited. State resources are needed to assist counties with the loss of federal reimbursement for non-QRTPs (estimated between \$18 and \$25 million per year) and the anticipated increase in placement costs as Ohio implements the new, more expensive, residential requirements.

Preventing Children from Entering Foster Care

Starting Oct. 1, 2021, the federal government will begin matching up to half the costs for specific evidence-based mental health, substance abuse and parenting services for families of children at risk of entering foster care. Services can be provided for up to a year. There are no income eligibility requirements and no restriction on the number of times a family receives services. Federal funds will pay up to half the cost of these services (and all costs through the end of the Public Health Emergency). State resources are needed for the ongoing match of the prevention services, and also to address capacity of the services across the state so that children in every county have the same opportunity to remain with their family rather than enter foster care, regardless of local resources. Limited funds are currently available to pay for the match, but at some point during the biennium, the match will fall to counties. Both the children services and private behavioral health workforces are insufficient with current resources to meet the demand for expanding services statewide.

Family First Prevention Services Act

Ohio's Five Prevention Services

Ohio has selected five evidence-based prevention services that initially will be eligible for federal reimbursement: Multisystemic Therapy (MST), Functional Family Therapy (FFT), Ohio START, Healthy Families America (HFA) and Parents as Teachers (PAT).

Ohio will determine when to phase in additional evidence-based prevention services slated to include Triple P, Incredible Years, 7 Challenges, Motivational Interviewing, Trauma-Focused Cognitive Behavioral Therapy, Brief Strategic Family Therapy, Child Parent Psychotherapy, Parent-Child Interaction Therapy, and Nurse Family Partnership.

Ohio Prevention Services Descriptions

Functional Family Therapy: FFT is a short-term prevention and intervention program for at-risk youth and their families. FFT aims to address risks and protective factors that impact the adaptive development of 11- to 18-year-old youth who have been referred for behavioral or emotional problems.

Multisystemic Therapy: MST is an intensive family- and community-based treatment for youth with serious juvenile offenses or who are at high risk for juvenile justice involvement (and possibly substance use disorder) and their families. The target population is 12- to 17-year-olds who are at risk of out-of-home placement due to delinquent or antisocial behavior.

Ohio START: Ohio START (Sobriety, Treatment and Reducing Trauma) is an evidence-informed children services-led intervention whereby public children services agencies (PCSAs) bring together caseworkers, behavioral health providers, and family peer mentors into teams dedicated to helping families struggling with co-occurring child maltreatment and substance use disorders. The overall goal is to stabilize families harmed by parental drug use so that both children and their parents can recover and move forward with abuse-free and addiction-free lives. Currently in Ohio, 52 PCSAs are providing Ohio START services. To learn more, visit www.ohiostart.org.

Healthy Families America: HFA is a home-visiting program designed to work with families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance use issues. Services are offered to families during pregnancy or at the time of birth of a child and can be provided long term. Goals of the program are to build and sustain community partnerships to systematically engage overburdened families in home-visiting services prenatally or at birth, cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors.

Parents as Teachers: PAT is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors.

