Detailed policy scorecard

November 2020

Children, youth and families

Purpose and overview

This detailed policy scorecard provides information about addiction-related policy changes enacted in Ohio from 2013 to 2019. The scorecard:

- Describes the current status of evidence-based policies, programs and practices in Ohio
- Rates the extent to which these policies and programs align with evidence on what works
- Rates the extent to which these policies and programs are reaching Ohioans in need
- Identifies opportunities for improvement

For a summary of the scorecard's key findings and a description of the scorecard methodology, see the **full report**.

This document contains the following sections:

- Definitions of the detailed scorecard rating levels and a list of acronyms
- Tables that describe Ohio's implementation of evidence-based policies, programs and practices
- Tables that list the sources of evidence used to develop this scorecard

Definition of scorecard levels

	Ohio alignment with evidence	Extent of implementation reach in Ohio
Strong	Services, programs and policies being implemented in Ohio are highly consistent with the most rigorously-evaluated and effective evidence-based approaches in this category.	Services and programs are being implemented throughout the entire state (statewide or > 80 counties), are reaching a majority of intended groups of Ohioans (if known) and are funded at the level needed to implement widespread, effective programming with fidelity to the evidence-based model. Policies are being monitored, implemented and enforced as intended.
Moderate	Services, programs and policies being implemented in Ohio are mostly consistent with recommended evidence-based approaches in this category.	Services and programs are being implemented in at least 40-80 counties, are reaching large numbers of intended groups of Ohioans and/or are funded adequately to meet current capacity and demand. Policies are likely being implemented and enforced as intended, although rigorous monitoring information may not be available.
Mixed	Ohio is implementing some services, programs or policies with "strong" or "moderate" alignment with evidence, but is also implementing significant number of services, programs or policies with "weak" alignment.	Within this category, Ohio is implementing some services or programs with "strong" or "moderate" implementation reach, but is also implementing a significant number of services or programs with "weak" implementation reach. Some policies are being implemented as intended and enforced, while others are not.
Weak	Ohio is implementing services, programs and policies that are not consistent with recommended evidence-based approaches within this category.	Services and programs are being implemented in fewer than 40 counties, are only reaching a small proportion of intended groups of Ohioans and/or funding is inadequate to meet demand. Policies are not being implemented as intended and/or are not being enforced.
Unknown/ More information needed	Adequate information to determine evidence alignment is not currently available.*	Adequate information to determine implementation reach is not currently available.*

*Note that this information may be available within specific counties, but is not available for an overall statewide basis.

Acronyms

General Terms

Fetal Alcohol Spectrum Disorders (FASDs; also Fetal Alcohol Syndrome (FAS))
General Assembly (GA)
Help Me Grow (HMG)
House Bill (HB)
Medication-Assisted Treatment (MAT)
Neonatal Abstinence Syndrome (NAS)
Ohio Administrative Code (OAC)
Ohio Perinatal Quality Collaborative (OPQC)
Ohio Revised Code (ORC)
Opioid Use Disorder (OUD)
Patient Protection and Affordable Care Act (ACA)
Plans of Safe Care (POSC)
Substance Use Disorders (SUDs)
Women, Infants and Children (WIC)

Government agencies, funding and data sources

State/local

Alcohol, Drug Addiction and Mental Health Services (ADAMH)
Child Protective Services (CPS)
Ohio Children's Trust Fund (OCTF)
Ohio Department of Developmental Disabilities (DODD)
Ohio Department of Education (ODE)
Ohio Department of Health (ODH)
Ohio Department of Job and Family Services (ODJFS; also Job and Family Services (JFS))
Ohio Department of Medicaid (ODM)
Ohio Department of Mental Health and Addiction Services (OMHAS)
Ohio Department of Youth Services (DYS)
Ohio Family and Children First (OFCF)
Public Children's Service Agency (PCSA)

Federal

Centers for Medicare and Medicaid Services (CMS)
National Survey of Substance Abuse Treatment Services (N-SSATS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Temporary Assistance for Needy Families (TANF)
U.S. Department of Health and Human Services (HHS)

Table 1. **Family-focused prevention**

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Home visiting programs to reduce child maltreatment	**Strong evidence alignment**	**Weak implementation reach**	• Increase the number of eligible families receiving evidence-based home visiting, with a particular focus on parents with SUDs and communities with elevated levels of risk for negative outcomes such as infant mortality and child maltreatment. • Develop a comprehensive referral system to increase referrals to home visiting from CPS, addiction treatment and recovery providers, and other entities. • Increase funding for and implement changes to reimbursement models to support home visiting. • Increase collaboration between addiction treatment providers and home visiting programs, including greater use of data sharing agreements, improvements to the OCHIDS database and strategic partnerships between ODH and OMHAS. • Ensure that ODH, ODJFS and ODM coordinate efforts to implement home visiting programs they fund, such as HFA and PAT.
	• There are many different home visiting programs in Ohio. As the largest publicly funded home visiting program, HMG coordinates home visiting services for families with low incomes and/or that meet other specific eligibility criteria. • HMG programs are funded largely by Ohio General Revenue Fund appropriations and augmented with federal funding through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Other state entities, such as the OCTF, ODM and Ohio Commission on Minority Health also fund home visiting programs. • Many (but not all) families served by publicly funded home visiting programs in Ohio are participating in evidence-based models. Starting in 2017, as a result of SB 332, HMG strengthened its focus on three home visiting models identified as "evidence-based" by the HHS Home Visiting Evidence of Effectiveness (HomVEE) review. • In 2019, all 88 counties were covered by at least one home visiting provider contracted to deliver a HomVEE (evidence-based) program. However, only 16.9% of the estimated number of Ohio families in need of home visiting (as calculated by the Health Resources and Services Administration) were served through HomVEE models (including programs funded by ODH, ODM and other sources). • On 1/17/2019, Governor Mike DeWine issued Executive Order 2019-07D calling for the formation of an Advisory Committee on Home Visitation. This committee released a report in March 2019 with 20 recommendations and a goal of tripling the number of families served through evidence-based home visiting. • In 2019, OAC 5123-10-02 expanded eligibility for Early Intervention in HMG to include infants diagnosed with NAS. • In 2020, ODJFS selected two home visiting programs (Healthy Families America (HFA) and Parents as Teachers (PAT)) among its list of approved prevention programs in the Phase 1 Ohio Family First Prevention Services Act (Family First) Plan, to be released in 2020. ODJFS and ODH are currently working on a single, unified RFP for these programs.		

Table 1. **Family-focused prevention** (cont.)

Evidence-based policy, program or practice*	Ohio status (brief description of Ohio implementation)**		Opportunities for improvement
Early childhood education	**Moderate evidence alignment**	**Weak implementation reach**	- Increase state and philanthropic funding for pre-k programs so that more eligible children can participate in high-quality programs. - Expand the reach of preschool programs with family support services (such as parent education and home visiting) for families with parents/caregivers in SUD recovery. - Provide support and incentives to early care and education providers to attain SUTQ ratings.
	- Head Start (federally funded) and the Early Childhood Education program (state funded) are the two main publicly-funded early childhood education programs that serve Ohio children. In addition, some children are in early care settings financed through the state-funded child care subsidy program. - Head Start provides family well-being services that can support parents in SUD recovery. Some Head Start programs offer home-based services where a home visitor conducts weekly visits to children in their own home. - In FY 2017, 36.6% of eligible children were enrolled in Head Start and 13.9% of eligible children were served by Early Childhood Education slots. (Source: **Groundwork Ohio**) - According to **The State of Preschool 2019**, Ohio ranks 33rd in access to state-funded preschool for 4-year-olds, indicating that Ohio performs worse than many other states in reaching young children in need of pre-kindergarten education. - Ohio has a score of 5 out of 10 on the State of Preschool 2019 Quality Standards Checklist, indicating room for improvement in teacher education, professional development, maximum class size and staff-child ratio. - Step Up to Quality (SUTQ) is Ohio's five-star quality rating and improvement system for early care and education programs. It is jointly administered by ODE and ODJFS. All early childhood education and special education preschool programs funded by ODE must participate in SUTQ and receive a high-quality rating. In 2020, licensed child care programs receiving funding from ODJFS will also be required to participate. 79 Ohio counties have an Early Childhood Education program. 87 Ohio counties have a Head Start program.		

Table 1. **Family-focused prevention** (cont.)

Evidence-based policy, program or practice*	Ohio status (brief description of Ohio implementation)**		Opportunities for improvement
Parenting education programs to prevent child maltreatment (primary prevention)	**Strong evidence alignment**	**Weak implementation reach**	Expand the reach of Triple P across the state.
	- The 2015-2016 operating budget (HB 64) established eight child abuse and child neglect prevention regions across the state. Each region must establish a regional prevention council with up to two prevention specialists appointed by the board of county commissions and one appointed by the OCTF board. - The regional prevention council is charged with creating and implementing a child abuse and neglect prevention plan for the region. - The OCTF provides funding to each Regional Prevention Council, which is used to support programs and services in the region to strengthen families and prevent child abuse and child neglect. - The OCTF funds Triple P (Positive Parenting Program) in 35 counties, serving 1,838 parents in SFY 2019. - ODH's Violence and Injury Prevention section funds the Ohio Academy of Pediatrics to implement Safe Environment for Every Kid (SEEK) evidence-based training program for pediatric care providers. As of Aug. 2020, this program reached 667 families in 7 counties. - Head Start offers a home-based option that incorporates parent education.		
Family interventions to deter youth drug/ alcohol use	**Weak evidence alignment**	**Weak implementation reach**	Explore evidence-based family interventions to deter youth drug/ alcohol use for implementation in Ohio.
	State agencies were not aware of any of the family interventions listed in table 7 being implemented in Ohio.		

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Table 2. **Child protective services and the foster care system**

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Programs and services to prevent out-of-home placements for families at risk (secondary prevention)	Strong evidence alignment	Strong implementation reach	• Ensure that ODH, ODJFS and ODM coordinate efforts to implement home visiting programs they fund, such as HFA and PAT. • Expand the capacity of HFA and PAT providers throughout the state. • Expand Ohio START to all 88 Ohio counties. • Ensure coordination between ODJFS, ODM, DYS and OMHAS to increase capacity of MST and FFT providers throughout the state, including workforce training.
	• Family First gives states the option to use federal Title IV-E funds for prevention services for eligible children at risk of foster care placement and their families. Federal reimbursement will be available for not more than 12 months for mental health and substance abuse prevention and treatment services and in-home parent skill-based programs that meet certain criteria for being evidence based and are listed in the **Title IV-E Prevention Services Clearinghouse**. Federal reimbursement prioritizes services and programs rated by the Clearinghouse as "well-supported." • ODJFS is responsible for leading Ohio's Family First implementation plan, including an April 2020 **Implementation Roadmap** and the 2020 Prevention Plan, to be released in 2020. • For Phase 1 of the Prevention Plan, Ohio has selected four well-supported programs/services: **Parents as Teachers (PAT), Healthy families America (HFA), Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT)**. In addition, Ohio has selected Ohio START, which is currently being reviewed by the Clearinghouse. • As of 2019, reach of PAT and HFA was limited; an estimated 9% of Ohio families in need of home visiting were served by HFA and 1% were served by PAT. • Ohio START is available in 46 counties as of July 2020. • As of 2020, Multi-Systemic Therapy (MST) is offered in 13 Ohio counties. DYS provides some funding for MST and community providers can bill Medicaid for 50%-60% of program costs. • As of 2020, Functional Family Therapy (FFT) is offered in five Ohio counties. DYS provides some funding for FFT and community providers can bill Medicaid for approximately 20% of treatment costs.		

Table 2. **Child protective services and the foster care system** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
High quality training for foster parents	**Weak evidence alignment**	**Strong implementation reach**	• Increase the use of evidence-based models in foster care training. • Evaluate the overall impact of current foster care training to determine if adjustments are needed in the amount of training time required and the quality of the training. • Reconvene the Foster Care Advisory Group to assess the extent to which recommendations from the **May 2018 report** have been implemented.
	• The **Ohio Child Welfare Training Program** is a public collaboration that develops and provides comprehensive, competency-based in-service learning activities for foster caregivers and adoptive parents, as well as caseworkers and supervisors in the child welfare system. Activities include classroom training, virtual classroom training and coaching. • These activities are provided by approved trainers via eight regional training centers. • The Ohio Child Welfare Training Program has formed a work team focused on evidence-based practice in foster care training. The current model is not evidence-based. • The 2017-2018 operating budget (HB 49) established a Foster Care Advisory Group to advise the Director of JFS on issues relating to foster care, including how to provide supports to foster caregivers taking care of children affected by parental drug use. • In May 2018, the Foster Care Advisory Group issued a **report containing 21 recommendations** aimed at recruiting and retaining foster caregivers, streamlining the certification requirements and process, and supporting foster caregivers. Some of the recommendations have been implemented or are in the process of being implemented. • In 2019, the GA appropriated $5M and ODJFS promulgated a rule for recruitment, engagement, and support activities for foster parents (OAC 5101:9-6-20).		
Adequate financial resources to meet the needs of children in foster care: Reimbursement rates	**Unknown evidence alignment**	**Unknown implementation reach**	Assess the extent to which current per diem rates appropriately meet the financial needs of foster families.
	Each county sets its own minimum and maximum per diem (day) rates, which range from approximately $10 to $118 per day.		

Table 2. **Child protective services and the foster care system** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Adequate financial resources to meet the needs of children in foster care: Basic services and age-appropriate activities	**Moderate evidence alignment**	**Strong implementation reach**	Assess the extent to which current financial supports appropriately meet the basic service and age-appropriate activities needs of children in foster care.
	• The 2013-2014 state operating budget (HB 59) required Medicaid coverage for eligibility groups that had previously been optional, including children placed with adoptive parents and independent foster care adolescents. • The 2019-2020 operating budget (HB 166) also allocated funding to schools for student wellness and success programs, including services for child welfare-involved youth and family engagement and support services, as well as mental health services and professional development. • In 2014, HB 213 established that any child who is subject to out-of-home care is entitled to participate in age appropriate extracurricular, enrichment and social activities, although funding was not allocated.		
Adequate financial resources to meet the needs of children in foster care: Tax, leave and insurance policies	**Weak evidence alignment**	**Weak implementation reach**	Assess the extent to which current tax, leave and insurance policies meet the needs of foster families. Make improvements as needed.
	• Ohio has introduced, but not passed, legislation that would authorize a family and medical leave insurance program for families of foster and adopted children (HB 91, 133rd GA). • In Ohio, PCSAs do not purchase liability insurance to cover damage to foster parents' home or property that is not otherwise covered by their homeowners' insurance.		

Table 2. **Child protective services and the foster care system** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Multidimensional treatment foster care, including child placement with trained foster parents, therapy and training for the birth family and intensive support and consultation to the foster parents	Unknown evidence alignment	Unknown implementation reach	Assess the extent to which multidimensional treatment foster care is be delivered in Ohio and outcomes for the children. Make improvements as needed.
	- According to a rule administered by ODJFS (OAC 5101:2-5-360), children who have special or exceptional needs (physical, mental, emotional or behavioral) cannot be placed in a foster home unless the foster caregiver has been certified to operate a treatment foster home. - The agency assigns a treatment team to each child in treatment foster care, and this team develops a service plan that includes treatment goals, methodology, projected length of stay in treatment foster care, how services will be coordinated and how the child's permanency plan will be attained. - Treatment foster caregivers must receive a minimum of 60 hours of training on caring for children with special or exceptional needs in the two years prior to receiving initial certification. - Exceptions to training requirement: A year of a caring for a foster child as a certified foster caregiver, five years of caring for a child in the home of a foster caregiver on a daily basis, one year of caring for child who has a special or exceptional need in the home of a foster caregiver on a daily basis. - More information is needed on the extent to which these services are evidence based and their reach in Ohio.		
Supports for youth transitioning out of foster care	Strong evidence alignment	Strong implementation reach	- Evaluate the effectiveness of the Bridges program and make improvements as needed. - Consult the Youth Advisory Board to identify recommendations to improve supports for youth transitioning out of foster care.
	- Since 2013, each state budget (2013-2014, 2015-2016, 2017-2018 and 2019-2020) has appropriated funding to the Independent Living Initiative to assist older aged foster care children and those who recently aged out of foster care with developing life skills and training/work supports. - OAC 5101: 9-31-97 allocates funding to the Workforce Innovation and Opportunity Act, which assists older foster youth and foster youth transitioning out of the system. - In 2018, ODJFS launched a new program called Bridges that offers supportive services to foster youth who are over age 18, but younger than 21. The services include assistance with education, housing and employment. - Additional resources provided to youth transitioning out of foster care include: Educational Training Vouchers; Chafee Independent Living Assistance; Federal Housing Assistance (Foster Youth Independence Vouchers); and Medicaid eligibility to age 26 (ACA provision).		

Table 2. **Child protective services and the foster care system** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Cross-system collaboration between child welfare, judicial, medical and addiction treatment professionals	**Moderate evidence alignment**	**Moderate implementation reach**	• Expand FDTCs so that families in every county have access to those services. • Increase communication and collaboration between ODJFS and OMHAS in order to serve children and families in a more comprehensive way. • Expand Ohio START to all 88 Ohio counties.
	• Family dependency treatment courts (FDTCs) require coordination and collaboration between judges, attorneys, CPS and addiction treatment professionals with the goal of ensuring that children have safe, nurturing and permanent homes. Ohio has 33 FDTCs. • Ohio START is supported by both ODJFS and OMHAS. The program is currently in 46 Ohio counties. Ohio START is an evidence-informed child welfare led intervention for families that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental SUDs. The national START model is specifically designed to transform the system-of-care within and between child welfare agencies and behavioral health providers; it also engages the judicial system and other family serving agencies. The broad goals of both models are to keep children safely with their parents whenever possible and to promote parental recovery and capacity to care for their children.		
High quality legal representation for children in child abuse and neglect cases	**Strong evidence alignment**	**Moderate implementation reach**	Expand CASA programs so that children in every county have access to CASA services in addition to attorney GALs.
	• There are two types of advocates for children in child abuse and neglect cases: Guardians ad Litem (GALs) and Court Appointed Special Advocates (CASAs). • GALs are attorneys who represent the best interest of a person who is the subject of a court case. They can work with children, elderly victims of crime or any person whose competence is being adjudicated. Attorney GALS are often appointed and paid by the court. • CASAs are volunteer members of the community who have been specially trained to advocate in court for the best interest of an abused or neglected child. They are assigned to a child for the duration of a case, usually lasting a year or two. • Every county has the ability to appoint an attorney GAL. As of July 2020, there are 45 CASA programs serving children in 54 Ohio counties. • The 2020 Office of Children Services Transformation **Initial Findings report** identified specific concerns about GALs, CASAs and court hearings.		

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Table 3. **Kinship care**

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Standby and temporary guardianship laws	Moderate evidence alignment	Strong implementation reach	• Implement legislation that allows for emergency or temporary kinship care when neither a host family agreement has been created nor a standby guardian been identified by a child's parents. • Codify the custody status of children (legal or physical custody) in the care of host families and standby guardians.
	• In 2019, HB 166 established that a host family – identified by a child's parent(s), guardian or legal custodian – can provide temporary care for a child or single family unit when the child's parent(s), guardian or legal custodian, fall under circumstances in which hosting is appropriate, including incarceration and receiving physical/ behavioral health treatment. HB 166 further outlines host family-related processes, including training requirements for host families. • ORC 2111.121 allows for the nomination of a standby guardian by a parent and establishes a process for nominating, activating and withdrawing standby guardianship. • ORC 2151.424 was updated in 2019 to include kinship caregivers in being notified of dates, times and places of hearings relevant to hearings with respect to the child in the care of the kin.		
Adjust safety standards for kinship caregivers, including foster home licensing and background checks	Strong evidence alignment	Strong implementation reach	Implement kinship home assessment rule changes and evaluate them for effectiveness in increasing access to kinship care and maintaining safety for children.
	• Under OAC 5101:2-42-18, any relative by blood, adoption or marriage is exempt from foster care certification through ODJFS. The same OAC section requires the home to be inspected by a children's service agency before the child is placed there and that the kinship caregiver and all adults, aged 18 and older, in the home are subject to a background check. • The Office of Families and Children within ODJFS is updating rule requirements for kinship home assessments as a result of Family First, which will make standards less restrictive than current ones and align them with foster home standards.		

Table 3. **Kinship care** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Adequate financial supports and access to social welfare services for kinship caregivers and children	**Moderate evidence alignment**	**Strong implementation reach**	• Extend financial supports to informal kinship caregivers to defray the costs of placement. • Offer housing-related financial assistance to kinship caregivers and grand-families. • Offer payment comparable to that of foster parents and reimbursement for certain expenses to kinship caregivers by passing HB 640.
	• In 2013, HB 59 established the Kinship Permanency Incentive Program to provide time-limited incentive payments to families caring for their kin and provided eligibility requirements for payments. An initial payment is provided to kinship caregivers to defray the costs of the initial placement. Subsequent payments, provided at 6-month intervals and restricted to 8 payments per minor child by HB 49, supports the stability of the child. • HB 166 provides funding to County Departments of Job and Family Services to provide reasonable and necessary relief of child caring functions for kinship caregivers starting in 2019. • The OAC was updated in 2019 to outline the responsibilities of the kinship caregiver program in assisting kinship caregivers with providing and maintaining a home for a child. Assistance focuses on TANF and other public benefits and eligibility requirements for kinship caregivers and their wards. • Information about **Financial Assistance Programs** (e.g. Ohio Works First) for kinship caregivers and their wards is posted on the ODJFS website.		
Access to support services for kinship caregivers: Therapy and counseling services	**Weak evidence alignment**	**Unknown implementation reach**	• Allocate funding to mental health programming and services for kinship caregivers. • Improve coordination between ODJFS, OMHAS and ODM to provide mental health services for kinship caregivers.
	• ODJFS states that mental health therapy and services are a core service available to kinship families. • ProtectOHIO Kinship Supports intervention through ODJFS includes an assessment on the needs of kinship caregivers, including mental health needs.		
Access to support services for kinship caregivers: Kinship Guardianship Assistance and Kinship navigator programs	**Strong evidence alignment**	**Strong implementation reach**	• Evaluate the effectiveness of OhioKAN, improve it as needed and identify sustainable sources of funding. • Implement recommendations from the Children Services Transformation Advisory Council including the establishment of a Kinship Guardian Assistance Program to promote kinship care permanency for children who cannot return to their parents.
	• HB 166 further allotted $8,500,000 towards Kinship Care Navigator programming in 2019. • ODJFS partnered with Kinnect Ohio to create a model of kinship care navigator programming, **the Ohio Kinship and Adoptive Navigator Program** (OhioKAN). OhioKAN was created to support the needs of Ohio's kinship and adoptive caregivers. The program will publish a list of recommendations and plans to improve kinship navigator programs throughout the state. • Funded through the Older Americans Act, the National Family Caregiver Support Program (NFCSP) offers grants to states and territories that fund respite care, counseling and other supports for family and informal caregivers to care for their loved ones. Older relatives, <55, who provide care to a child >18 and are not the child's parents are eligible for NFCSP. • In 2017, HB 49 allocated $15 million to support a kinship caregiver child care program with the goal of providing child care to kinship caregivers.		

Table 3. **Kinship care** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Trainings for caseworkers assigned to kinship care cases and caregivers	Moderate evidence alignment	Strong implementation reach	Codify training standards and requirements on working with kinship families and caregivers for children service agencies and employees.
	The Ohio Child Welfare Training Program offers courses on kinship care-related programming in Ohio, such as ProtectOHIO. The Program identifies foster, adoptive and kinship-related competencies for child welfare staff.		
Kinship care as a form of foster care placement	Moderate evidence alignment	Mixed implementation reach	• Expand implementation of 30 Days to Family to all counties in Ohio.
	• Created in 2017, **30 Days to Family** is an intensive short-term intervention to increase the number of children placed with relatives when they enter the foster system and ensure natural and community supports to promote stability for the child. The intervention is currently implemented in 16 counties. • In 2019, HB 166 expanded the definition of a kinship guardian to include "any nonrelative adult that has a familiar and long-standing relationship or bond with the child or the family, which relationship or bond will ensure the child's social ties." • Family First, to be implemented in Oct. 2021, allocates funding to evidence-based prevention services to alleviate the need for placement of children in foster care. The Act also ensures appropriate settings are used for children in foster care, including kinship care. • The Connect our Kids **People Search Tool** allows child welfare professionals to find contact information and relationships for anyone.		• Include fictive kin in the definition of kinship relatives for the 30 Days to Family program. • Codify the prioritization of family connections by identifying and engaging kin from the onset of CPS involvement for children when out-of-home placement is needed by passing HB 640.

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Table 4. **Prenatal drug exposure**

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Screening pregnant and postpartum women for substance use, including screening and brief intervention (SBI)	**Moderate evidence alignment**	**Unknown implementation reach**	• Develop or adopt protocols for universal screening (with validated screening tools), brief intervention and referral to treatment for substance use in pregnant and postpartum women.
	• Although there is no requirement for universal screenings for opioid use in pregnant women, ORC 3711.30 requires maternity units, newborn care nurseries and maternity homes to report to ODH the number of newborns born to Ohio residents who are diagnosed with NAS at birth. • The OPQC, in partnership with ODM, OMHAS and ODH, aims to increase the identification of pregnant women with OUD through standardized screening as part of the Maternal Opiate Medical Supports Plus (MOMS+) program.		
Treatment for pregnant women with SUDs, including appropriate use of MAT	**Strong evidence alignment**	**Strong implementation reach**	Assess the extent to which pregnant women have access to MAT and make improvements as needed.
	• HB 59, SB 319, the 2020-2021 state budget and the Cures Act of 2017 all address maternal opioid use. These legislative changes made pregnant women a priority population for addiction services, increased the addiction services eligibility cut-off for mother/baby dyad care from 60-days to 12-months and allotted funding for maternal opioid eligibility, programs and care. • An administrative rule passed by the Ohio Board of Nursing in 2019 outlines requirements for MAT, including guidelines for pregnant women. SB 319 also established that physicians must recommend that pregnant patients they suspect of substance addiction enroll in a treatment program. • State agencies and partners have implemented several initiatives, including Rapid Maternal Overdose Response (RMOR), the Maternal Opiate Medical Supports (MOMS) program, and the Maternal Opiate Medical Supports Plus (MOMS+) program. • Grant programs, including the Title V Maternal and Child Health block grant and the Substance Abuse Prevention and Treatment block grant have been used to reduce maternal opioid use. • In January 2019, ODM submitted a Section 1115 demonstration waiver proposal to CMS to "maintain critical access to cost-effective SUD treatment services for Ohio Medicaid enrollees and to continue the delivery system improvements for these services to provide more coordinated and comprehensive SUD treatment."		
Screening and assessment for NAS in infants	**Moderate evidence alignment**	**Unknown implementation reach**	Develop or adopt standardized screening protocols, including validated NAS assessment tools, for infants at risk and/or showing symptoms of NAS.
	• ORC 3711.30 requires maternity units, newborn care nurseries and maternity homes to report to ODH the number of newborns born to Ohio residents who are diagnosed with NAS at birth. However, it does not establish a method for NAS screening or diagnosis. • Led by the OCTF, the Physicians' Child Abuse and Neglect Prevention Training initiative trains physicians to identify child neglect and prevent future harm of children. The training includes, among other topics, information on NAS.		

Table 4. **Prenatal drug exposure** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Treatment and management of NAS	**Strong evidence alignment**	**Mixed implementation reach**	• Expand availability of extended treatment services for NAS to all 88 counties. • Encourage implementation of OPQC's **NAS protocol**. • Apply for a CMS Section 1115 waiver to allow women to maintain continuous Medicaid coverage for 12 months postpartum.
	• In 2017, HB 49 funded a NAS pilot program in Montgomery County. After being medically treated, infants affected by NAS are sent to a non-hospital community care facility for extended treatment. • From 2014-2018, OPQC's NAS project, in partnership with ODM, worked to reduce variation in identification and treatment and optimize care for infants with NAS in 54 sites across the state. • The 2020-2021 state budget includes $30.6 million to provide extended 12-month Medicaid coverage for postpartum women and mother/baby dyad care for women with OUD. However, ODM needs to obtain CMS approval to provide this extended Medicaid coverage.		
Home visiting and early intervention for infants diagnosed with NAS	**Strong evidence alignment**	**Strong implementation reach**	Assess the extent to which babies diagnosed with NAS are appropriately being referred to HMG Services. Evaluate outcomes for families and make improvements as needed.
	• In 2019, OAC 5123-10-02 expanded eligibility for Early Intervention services through DODD's HMG program to infants diagnosed with NAS. It also established that families should be referred to HMG Home Visiting and other services if interested and eligible. • Gov. DeWine's Advisory Committee on Home Visitation released a series of recommendations in 2019, including that ODH and DODD partner to enhance the process for triaging child welfare-engaged children, as some children may not require Early Intervention services but would benefit from home visiting.		
Contraception access for women with OUD	**Strong evidence alignment**	**Strong implementation reach**	Support integration of behavioral health and reproductive health care so that women with SUD have access to high-quality family planning services.
	• In 2010, the ACA required that health insurers cover 18 methods of contraception without out-of-pocket costs. • Ohio extended access to Medicaid for individuals up to 138% of the Federal Poverty Level in 2014, which includes no-cost contraception access for beneficiaries.		

Table 4. **Prenatal drug exposure** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Cross-system collaboration to support the needs of mothers and babies with NAS, such as the Substance-Exposed Infants (SEI) framework	**Strong evidence alignment**	**Strong implementation reach**	Assess the extent to which babies diagnosed with NAS are appropriately being referred to HMG Services. Evaluate outcomes for families and make improvements as needed.
	- ODH has an inter-agency agreement and process in place to refer babies diagnosed with NAS to DODD for HMG Early Intervention services. - The OPQC is a statewide consortium of clinicians, hospitals, policymakers and governmental entities that uses evidence-informed strategies and data-driven quality improvement methods to reduce preterm births and improve maternal and birth outcomes across Ohio, including NAS. - Ohio's Quality Improvement Center for Collaborative Community Court Teams project grant allows the implementation and evaluation of supportive practices to address the needs of infants and families affected by SUDs and NAS in three Ohio counties including POSC, standardizing systems of care and participation in FDTC. - The MOMS program is an example of cross-system collaboration between OMHAS, ODM, the Ohio Colleges of Medicine Government Resource Center (GRC) and the Health Services Advisory Group (HSAG) to improve maternal and fetal health outcomes, improve family stability and reduce costs of NAS to Ohio's Medicaid program. - The Ohio Women's Network is a group of women's alcohol, tobacco and drug treatment professionals working to strengthen collaboration and coordination among program providers across the state.		
Collaborative and comprehensive approach to POSC	**Moderate evidence alignment**	**Strong implementation reach**	Standardize processes, such as monitoring, across the state for POSC.
	- Ohio's current approach to development of POSC is outlined in the OAC and summarized here. PCSAs are responsible for ensuring a POSC has been developed after they receive a report of an infant affected by substance abuse, withdrawal symptoms or FASDs. Current regulations do not, however, include requirements for monitoring implementation of POSC. - Ohio is currently participating in the ASTHO Opioid Use Disorder, Maternal Outcomes, and NAS Initiative (OMNI) learning community, which is focused on improving the implementation of POSC and improving care coordination and transition care before and following delivery.		

Table 4. **Prenatal drug exposure** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Screening pregnant and postpartum women for alcohol use, including screening and brief intervention (SBI)	**Moderate evidence alignment**	**Unknown implementation reach**	• Develop or adopt protocols for universal screening (with validated screening tools), brief intervention and referral to treatment for alcohol use in pregnant and postpartum women. • Expand ASBI for WIC-recipient pregnant women in all 88 counties. • Require reporting into the birth defects information system for conditions such as FASDs discovered after 5 years of age.
	• Although there is no requirement for universal screenings for alcohol use in pregnant women, OAC 3701-57-02 requires each physician, hospital and freestanding birth center to report to the birth defects information system information on children under 5 years of age with conditions including FAS. • An Alcohol Screening Brief Intervention (ASBI) process in Ohio WIC was recently launched in Montgomery County. This initiative allows for the screening of all WIC-recipient pregnant women for alcohol use, providing brief interventions to all who screen positive, follows those receiving brief interventions during pregnancy and refers them to treatment services.		
Early interventions for FASDs	**Strong evidence alignment**	**Strong implementation reach**	Ensure that all children 3-years-old or younger who have been exposed to alcohol prenatally receive referrals to EI.
	• As part of the POSC process outlined **here**, when PCSAs receive information on an infant affected by substance abuse, substance exposure and/or FASDs, a POSC is developed for that infant and they are referred to HMG Early Intervention services. • Under the Individuals with Disabilities Education Act, children younger than 3 years of age who are at-risk of having developmental delays may be eligible for early intervention services, even without a formal FASDs diagnosis. • In conjunction with state FASDs efforts, the public education and prevention campaign "Not a Single Drop" was developed in 2019 and later re-branded to "No Amount is Safe."		

Table 4. **Prenatal drug exposure** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Smoking cessation for pregnant and postpartum women	**Moderate evidence alignment**	**Moderate implementation reach**	• Reduce barriers identified by ODM that Medicaid patients experience when accessing programs on tobacco cessation, birth spacing and prematurity prevention. • Expand the Moms Quit for Two program to all 88 Ohio counties.
	• The Perinatal Smoking Cessation Program, Community Intensive pilot projects, Smoke Free Families, OMHAS MOMS 2.0 and Moms Quit for Two program work with partners and communities to reduce smoking rates for mothers and reproductive-age or pregnant women through the implementation of smoking cessation services. As of 2019, 17 counties had Mom's Quit for Two programs. • SB 332 (Commission on Infant Mortality Recommendations) included several tobacco cessation provisions, including a requirement for ODM to enter into an interagency agreement with ODH under which ODM pays the federal and nonfederal shares of Ohio Tobacco Quit Line services provided to Medicaid recipients. • Pregnant women are eligible to receive free services from the Ohio Tobacco Quit Line. • State budgets for 2013-2014, 2017-2018 and 2019-2020 allocated funds to support the Infant Vitality Project which funds the Prenatal Smoking Cessation Project. The 2014-2015 state budget and SB 332 both allocated funding to HMG home visiting services to address familial smoking cessation. • The Ohio Equity Institute's initiative with ODH and the 2017-2019 Strategic Plan for a Tobacco Free Ohio assists in the reduction of smoking rates in Ohio, identifying mothers and pregnant women as priority populations. The 2015 Title V Maternal and Infant Health Block Grant needs assessment completed by ODH identified maternal smoking as a priority to improve maternal and child health. • ODM will submit reports to the Ohio Commission on Infant Mortality that identifies barriers to tobacco cessation programming access experienced by Medicaid patients and develop an Infant Mortality Scorecard that includes tobacco-related outcomes.		

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Table 5. **Addiction treatment and recovery for parents**

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Early identification of families at-risk for child maltreatment in addiction treatment programs and prenatal screening initiatives	**Moderate evidence alignment**	**Moderate implementation reach**	• Expand Ohio START to all 88 Ohio counties. • Require that all addiction treatment providers in Ohio screen parents for signs of children maltreatment.
	• There is no requirement for addiction treatment providers in Ohio to screen for child maltreatment. • Early identification screening is conducted, however, through the Ohio START Program, which provides specialized victim services to children. • Ohio START is available in 46 counties as of July 2020. • In 2020, an informal survey of Family and Children First Councils and members of the Ohio Women's Network also found that several addiction treatment programs are screening for adverse childhood experiences, including children who have experienced maltreatment or parents who have contemplated doing so.		
Priority and timely access to addiction treatment for mothers involved in the child welfare system, including access to MAT	**Strong evidence alignment**	**Weak implementation reach**	• Increase services for pregnant and post-partum women offered by addiction treatment providers. • Increase use of evidence-based treatment, including MAT, for pregnant and post-partum women. • Collect and analyze data on behavioral health treatment system capacity and effectiveness in a centralized way in order to better serve pregnant and post-partum women.
	• In 2013, HB 59 added "pregnant women, parents, guardians of custodians of children at risk of abuse or neglect" as priority populations for services funded or provided by the OMHAS. • HB 59 also established pregnant women as a priority population for local ADAMH boards. • Data from N-SSATS indicates that, in 2019, only 20% of state-funded treatment providers offered programs specifically for pregnant and postpartum women. • OMHAS data on the extent to which pregnant women and parents get needed addiction treatment indicates a low penetration rate, but is incomplete.		
Family-centered treatment services (i.e. inpatient treatment for mothers in facilities where they can have their children with them and programs that provide services to each family member)	**Strong evidence alignment**	**Weak implementation reach**	• Increase the number of addiction treatment providers that offer family-centered treatment services, including inpatient beds for client children and childcare for clients. • Collect and analyze data on behavioral health treatment system capacity and effectiveness in a centralized way in order to better serve parents in addiction treatment.
	• As of Oct. 1, 2018, Family First calls for Title IV-E federal reimbursement for children in residential family-based substance abuse treatment with a parent for not more than 12 months. • An administrative rule passed by the ODJFS in 2018 (OAC 5101: 2-47-24) requires public children services agencies, or any public entity with whom ODJFS has a Title IV-E subgrant agreement in effect, to contract with an SUD residential facility for the placement of children with a parent in the facility. This includes the treatment plan and related costs to care of the child. • Each Title IV-E agency shall enter all required contracting information into the statewide automated child welfare information system (SACWIS) to be able to enter a placement of a child with a parent in a SUD residential facility. • Data from N-SSATS indicates that, in 2019, only 9% of state-funded treatment providers offer childcare for their clients, and only 3% offer beds for client children in in-patient treatment.		

Table 5. **Addiction treatment and recovery for parents** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Specialized docket Programs, including family dependency treatment courts, to encourage high risk, high need individuals to seek treatment	**Strong evidence alignment**	**Moderate implementation reach**	• Expand The Addiction Treatment Program and/or Specialized Docket Subsidy Program funding to all specialty dockets. • Continue to create new specialized dockets, including family dependency treatment courts, so that Ohioans in all counties have access to these dockets. • Evaluate the impact of specialized dockets and provide technical assistance to assist courts with continuing quality improvement of these dockets.
	• There are **256 specialized dockets** in Ohio, including 180 drug courts and 33 family dependency treatment courts. • There are specialized dockets in 64 Ohio counties. • OMHAS provides funding to specialized dockets in 57 counties through three programs: The Addiction Treatment Program, the Specialized Docket Subsidy Program, and the Legacy Drug Court program. These programs fund addiction treatment, recovery supports and administrative costs for the courts. • In 2017, 76 two-year Justice Reinvestment and Incentive Grants were approved for County Common Pleas and local Municipal Courts. $10 million of the total is distributed to address opiate addiction with the criminal justice-involved population. • The Safe Babies Court Team (SBCT) model is currently being implemented in 1 county (Lucas) with plans to expand to 3 more in 2020. SBCT is a community engagement and systems change initiative that can be incorporated into a family drug court or serve as a stand-alone program. • See also: Ohio Supreme Court Quality Improvement Collaborative Community Court Teams in prenatal exposure section.		
Family treatment court: Ensuring equity and inclusion	**Mixed evidence alignment**	**Mixed evidence alignment**	• Evaluate the RED Tool and, if it is successful in reducing racial and ethnic disparities in specialized dockets, expand use of the tool to all dockets, including family treatment dependency courts. • Continue to collect and begin reporting data on the demographic characteristics of docket participants.
	• In 2020, the Supreme Court of Ohio launched a pilot program with American University that utilizes the RED (Racial and Ethnic Disparities) Tool in over 40 specialized dockets in Ohio. Several of these dockets are family dependency treatment courts. • The RED Tool is an assessment that captures whether a treatment court's internal operations and procedures are subject to racial bias. • The Supreme Court of Ohio began collecting data on the demographic characteristics of docket participants (including race, age, ethnicity and gender identity) in order to assess equity and inclusion in dockets statewide.		

Table 5. **Addiction treatment and recovery for parents** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Family treatment court: Early identification, screening and assessment	**Strong evidence alignment**	**Strong implementation reach**	• Collect and report data from each specialized docket about what screening and assessment tools are being used. • Continue to collect data and publicly report data from each specialized docket about the number of court participants that screen positive for mental illness, addiction and trauma.
	• In order to be certified by the Supreme Court of Ohio as a specialized docket, courts must meet a series of Specialized Dockets Standards. • The Specialized Dockets Standards specify that courts must promptly assess participants and refer them to the appropriate services. • Each drug court, including family dependency treatment courts, utilizes an appropriate treatment provider to clinically assess participants for SUDs, mental health disorders and trauma. • Drug courts in Ohio also assess criminal risk; the Supreme Court does not prescribe which assessment tool must be used. • Drug courts in some Ohio counties are implementing a SUD screening tool (UNCOPE or GAIN-SS) during intake into the child welfare system to provide for early identification and referral to appropriate assessments and programming, including family dependency treatment courts.		
Family treatment court: Timely, high-quality and appropriate SUDs treatment	**Mixed evidence alignment**	**Mixed evidence alignment**	• Provide technical assistance to assist family dependency treatment courts with continuing quality improvement, including shortening the time it takes to place participants in treatment. • Finalize changes to the specialized docket certification standards that requires compliance with the Supreme Court of Ohio's MAT guidance document.
	• The Specialized Dockets Standards require courts to provide services that meet individualized needs, incorporate evidence-based practices, are gender responsive, culturally appropriate, and address co-occurring disorders. • In 2016, the Supreme Court of Ohio released a guidance document for the use of MAT in drug courts: **Principles for the Use of MAT in Drug Courts**, which includes family dependency treatment courts. The language of the document is permissive and courts are not required to follow the guidance. • The Supreme Court of Ohio has proposed that compliance with the MAT guidance be added as a certification standard for all specialized dockets, but that change has not yet occurred. • Beginning July 2019, drug courts are reporting the duration of treatment to the Supreme Court of Ohio. From January 23, 2019 through July 9, 2020, successful family treatment court participants are in treatment for a mean of 392 days.		

Table 5. **Addiction treatment and recovery for parents** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Family treatment court: Comprehensive case management, services and supports for families	**Strong evidence alignment**	**Strong implementation reach**	Continue to fund the SSIP so that families involved in the child welfare system continue to receive those services.
	• The Statewide System Improvement Program (SSIP) is an initiative of the federal Office of Juvenile Justice and Delinquency Prevention that provides services to families in the child welfare system affected by parental SUDs. The project, led by the Supreme Court of Ohio, enhances and expands successful family dependency court programs at the local level and increases cooperation between courts, child welfare and substance use treatment agencies. • In 2014, Ohio was one of five states selected to receive three-year federal SSIP funding, and an additional year of funding was awarded in September 2016. • SSIP funding will end on September 30, 2020.		
Recovery coaches/ mentors for parents to support treatment, recovery and parenting	**Weak evidence alignment**	**Weak implementation reach**	Develop and adequately fund a program of peer supporters for parents who are in treatment or recovery.
	• As of July 2020, there is no program currently in place in Ohio for recovery coaches or peer supporters for parents who are in treatment or recovery. • National Alliance of Mental Illness of Ohio (NAMI Ohio) is working on a certification curriculum for parent peer supporters. • Ohio START includes Family Peer Mentors.		
Wrap-around services for parents in recovery	**Moderate evidence alignment**	**Moderate implementation reach**	Increase funding for and availability of wrap-around services for the MIECHV population, including: • Recovery housing • Transportation to and childcare during addiction treatment • Education and employment programs
	• Recovery housing is a critical wrap-around service. Additional state resources were allocated to recovery housing in the 2015-2016 operating budget (HB 64), although the extent to which this funding supported recovery housing for parents is unclear. • In 2016, SB 319 established a community-based continuum of care services for drug and alcohol addiction treatment. These include parental paths to recovery and support/education for families. • Ohio START, MOMS and the SAPT Women's Set-Aside programs all provide wrap-around services to parents in recovery. As of 2019, 53 counties had at least one of these programs.		

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Table 6. **Supports for multi-system youth**

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Partnerships between juvenile justice and child welfare systems	**Moderate evidence alignment**	**Moderate implementation reach**	Expand ENGAGE programming to all 88 Ohio counties.
	The ENGAGE 1.0 program focused on improving outcomes for youth – ages 14-21 – with mental health needs or have co-occurring disorders and are at-risk for involvement with the child protection, juvenile justice and/or homeless systems. The program improved outcomes for these youth by expanding the evidence-based wraparound practice. A four-year SAMHSA systems of care grant funded ENGAGE and expired in 2017. A second version of the program, ENGAGE 2.0, began in 2017, funded by a four-year SAMHSA grant. ENGAGE 2.0 includes 9 counties that implemented ENGAGE 1.0 and expands into 4 new counties. ENGAGE 2.0 includes youths ages 0-21 and focuses on increasing and supporting access to Mobile Response Stabilization Services for multi-system youth.		
Interventions for justice-involved youth who use drugs	**Strong evidence alignment**	**Mixed evidence alignment**	• Evaluate the effectiveness of SUD treatment services provided to juvenile offenders in correctional facilities. Improve services as needed.
	• Correctional facility employees are responsible for providing substance abuse rehabilitation and treatment to juvenile offenders. Under ORC section 5119.188, OMHAS developed a training program on addiction and SUDs for these employees, which started in 1995. • As established by HB 64 in 2015, funding is provided to court systems with specialized dockets, including juvenile courts, to hire a specialized docket employee that is educated on alcohol and other drug addiction, abuse and recovery. Currently, one Ohio county offers a juvenile drug docket and five others offer juvenile treatment dockets.		• Expand the number of counties with specialized juvenile drug and juvenile treatment dockets.

Table 6. **Supports for multi-system youth** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Interventions for youth in foster care who need mental health services	**Strong evidence alignment**	**Strong implementation reach**	Evaluate the effectiveness of mental health services for youth in foster care. Improve services as needed.
	• In 2013, HB 59 ensured that individuals under 21 years old had access to community mental health services through Medicaid if those individuals had been in juvenile court, CPS, were a delinquent under the state or has been committed to DYS. • In 2017, The Supreme Court of Ohio published a children and families trauma-informed care guide, which includes questions courts should consider when working with children and families who may have experienced trauma, including considerations regarding family substance use. The guidance also provides courtroom practice recommendations and encourages fostering resilience in children and families. • In Sept. 2020, ODM announced the launch of OhioRISE (Resilience through Integrated Systems and Excellence), a managed care initiative designed to improve behavioral health access and outcomes for multi-system youth. Implementation will begin in 2021. Services will include intensive care coordination, in-home therapies, crisis intervention and wraparound supports.		
Case management data system for multi-system youth	**Moderate evidence alignment**	**Strong implementation reach**	• Implement the recommendations from OFCF regarding data sharing for multi-system youth. • Develop a single data management system for multi-system youth.
	• HB 49 requires data sharing between state agencies impacting multi-system youth (including those involved with CPS, those with disabilities and those in need of mental health/addiction services) to monitor availability of evidence-based services for this population and their outcomes. • In January 2020, OFCF released a comprehensive **Multi-System Youth Action Plan**. Recommendations in the action plan, which aligned with a set of 6 requirements from HB 166, included developing uniform metrics to measure multi-system youth outcomes and a uniform reporting process.		
Validated screening tools and assessments, including joint assessments	**Weak evidence alignment**	**Strong implementation reach**	Develop a validated screening tool and joint assessment for multi-system youth. Tools should be available to all youth-related systems (e.g. DYS, OMHAS, etc.).
	The DYS Ohio Youth Assessment Systems screens for substance abuse, mental health and personality needs of justice-involved youth, although this does not appear to be a joint assessment across systems. (Note that ODM's Ohio RISE managed care program, which has not yet been implemented, is planning to use a single assessment tool across all systems.)		

Table 6. **Supports for multi-system youth** (cont.)

Evidence-based policy, program or practice*	Ohio status**		Opportunities for improvement
Interventions to reunite and stabilize families with multi-system involved youth	**Strong evidence alignment**	**Strong implementation reach**	Reconvene the Joint Legislative Committee for Multi-System Youth to assess the impact of system improvements made in 2019 and 2020.
	- In 2019, HB 166 provided $68 million in new funding to address the needs of multi-system youth to prevent the separation of these youths from their families by creating the Multi-System Youth and Innovation Support Fund, which prevents custody relinquishment by increasing access to needed services for, and assisting multi-system youth under custody of a PSCA or prevent them from entering custody. Funding is provided for a two-year time period. - HB 166 also included language to begin ending the practice of custody relinquishment for families to gain access to needed services for multi-system youth. - The ODJFS and ODM jointly issued $31 million in new funding to support multi-system youth and families. Specifically, the funding is distributed to the OFCF, PCSAs and a state level program for multi-system youth and their families. The funds will help these agencies and system support the needs of multi-system youth. - Recommendations from the OFCF comprehensive multi-system youth action plan include that the Council generates recommendations for strategies that assist in reducing custody relinquishment for the sole purpose of gaining access to services for multi-system youth and to conduct an assessment of legal and financial conditions that contribute to custody relinquishment for the purposes of receiving child-specific services. - In Sept. 2020, ODM announced the launch of OhioRISE (Resilience through Integrated Systems and Excellence), a managed care initiative designed to improve behavioral health access and outcomes for multi-system youth.		

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Evidence sources

Table 7. **Family-focused prevention**

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Home visiting programs to reduce child maltreatment	What Works for Health	**Early childhood home visiting programs**
	What Works for Health	**Healthy Families America**
	What Works for Health	**Nurse-Family Partnership**
	Home Visiting Evidence of Effectiveness (HomVEE), U.S. Department of Health and Human Services	**Comprehensive list of home visiting models that meet HHS criteria of effectiveness**
Parenting education programs to prevent child maltreatment (primary prevention)	California Evidence-Based Clearinghouse for Child Welfare	• **Family Foundations** • **Triple P - Positive Parenting Program System** • **SafeCare**
Family interventions to deter youth drug/ alcohol use	National Institute of Justice, Crime Solutions, 2014	**Adults in the Making (AIM)**
	National Institute of Justice, Crime Solutions, 2011	**Family Matters**
	National Institute of Justice, Crime Solutions, 2011	**Guiding Good Choices**
	National Institute of Justice, Crime Solutions, 2013	**Positive family supports**

Table 8. **Child protective services and the foster care system**

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Programs and services to prevent out-of-home placements for families at risk (secondary prevention)	Title IV-E Prevention Services Clearinghouse, 2020	**List of programs and services rated well-supported, supported and promising**
High quality training for foster parents	National Institute of Justice, Crime Solutions, 2018	**KEEP (Keeping Foster and Kinship Parents Supported and Trained)**
	Child Welfare League of America	**PRIDE Model of Practice**
	Annie E. Casey Foundation, 2016	**A Movement to Transform Foster Parenting**
Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Adequate financial resources to meet the needs of children in foster care: Reimbursement rates	Annie E. Casey Foundation, 2016	**A Movement to Transform Foster Parenting**
Adequate financial resources to meet the needs of children in foster care: Basic services and age-appropriate activities	Annie E. Casey Foundation, 2016	**A Movement to Transform Foster Parenting**
Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Adequate financial resources to meet the needs of children in foster care: Tax, leave and insurance policies	Annie E. Casey Foundation, 2016	**A Movement to Transform Foster Parenting**
Multidimensional treatment foster care, including child placement with trained foster parents, therapy and training for the birth family and intensive support and consultation to the foster parents	National Institute of Justice, Crime Solutions, 2011	**Multidimensional Treatment Foster Care–Adolescents**
Supports for youth transitioning out of foster care	MDRC, 2015	**Becoming Adults**

Table 8. **Child protective services and the foster care system** (cont.)

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Cross-system collaboration between child welfare, judicial, medical and addiction treatment professionals	Substance Abuse and Mental Health Services Administration, 2016	**A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers**
High quality legal representation for children in child abuse and neglect cases	American Bar Association	**ABA Standards for Lawyers who Represent Children in Abuse and Neglect Cases**
		ABA Model Act Governing the Representation of Children in Abuse, Neglect, and Dependency Proceedings

Table 9. **Kinship care**

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Standby and temporary guardianship laws	Child Welfare Information Gateway, 2016	**Kinship Caregivers and the Child Welfare System**
Adjust safety standards for kinship caregivers including foster home licensing and background checks	Child Welfare Information Gateway, 2016	**Kinship Caregivers and the Child Welfare System**
	Child Welfare Information Gateway, 2018	**Working with Kinship Caregivers**
	Generations United, 2019	**A Place to Call Home: Building Affordable Housing for Grandfamilies**
	Family Focused Treatment Association, 2015	**The Kinship Treatment Foster Care Initiative Toolkit**
Adequate financial supports and access to social welfare services for kinship caregivers and children	Child Welfare Information Gateway, 2016	**Kinship Caregivers and the Child Welfare System**
	Child Welfare Information Gateway, 2018	**Kinship Guardianship as a Permanency Option**
	Child Welfare Information Gateway, 2018	**Working with Kinship Caregivers**
	Family Focused Treatment Association, 2015	**The Kinship Treatment Foster Care Initiative Toolkit**
	Annie E. Casey Foundation, 2016	**A Movement to Transform Foster Parenting**
Access to support services for kinship caregivers: Therapy and counseling services	Child Welfare Information Gateway, 2016	**Kinship Caregivers and the Child Welfare System**
	Child Welfare Information Gateway, 2018	**Working with Kinship Caregivers**
	Family Focused Treatment Association, 2015	**The Kinship Treatment Foster Care Initiative Toolkit**
	Substance Abuse and Mental Health Services Administration, 2012	**Supporting Infants, Toddlers and Families Impacted by Caregiver Mental Health Problems, Substance Abuse and Trauma: A Community Action Guide**

Table 9. **Kinship care** (cont.)

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Access to support services for kinship caregivers: Kinship Guardianship Assistance and Kinship navigator programs	Child Welfare Information Gateway, 2016	**Kinship Caregivers and the Child Welfare System**
	Child Welfare Information Gateway, 2018	**Kinship Guardianship as a Permanency Option**
	Child Welfare Information Gateway, 2018	**Working with Kinship Caregivers**
Trainings for caseworkers assigned to kinship care cases and caregivers	Child Welfare Information Gateway, 2018	**Working with Kinship Caregivers**
	Substance Abuse and Mental Health Services Administration, 2012	**Supporting Infants, Toddlers and Families Impacted by Caregiver Mental Health Problems, Substance Abuse and Trauma: A Community Action Guide**
Kinship care as a form of foster care placement	Family Focused Treatment Association, 2015	**The Kinship Treatment Foster Care Initiative Toolkit**
	What Works for Health, County Health Rankings and Roadmaps, 2018	**Kinship foster care for children in the child welfare system**
	Substance Abuse and Mental Health Services Administration, 2012	**Supporting Infants, Toddlers and Families Impacted by Caregiver Mental Health Problems, Substance Abuse and Trauma: A Community Action Guide**

Table 10. **Prenatal drug exposure**

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Screening pregnant and postpartum women for substance use, including screening and brief intervention (SBI)	Substance Abuse and Mental Health Services Administration, 2018	**Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants**
	Substance Abuse and Mental Health Services Administration, 2016	**A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers**
	U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018	**HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome**
Evidence-based treatment for pregnant women with SUDs, including appropriate use of MAT	Substance Abuse and Mental Health Services Administration, 2018	**Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants**
	Substance Abuse and Mental Health Services Administration, 2016	**A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers**
	U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018	**HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome**
Home visiting for families with infants diagnosed with NAS	Substance Abuse and Mental Health Services Administration, 2018	**Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants**
	U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018	**HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome**

Table 10. **Prenatal drug exposure** (cont.)

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	Report, guideline or evidence registry
Screening and assessment for NAS	Substance Abuse and Mental Health Services Administration, 2018	**Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants**
	U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018	**HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome**
Treatment and management of NAS	Substance Abuse and Mental Health Services Administration, 2018	**Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants**
	U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018	**HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome**
Contraception access for women with OUD	Substance Abuse and Mental Health Services Administration, 2018	**Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants**
	Substance Abuse and Mental Health Services Administration, 2016	**A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers**
Cross-system collaboration to support the needs of mothers and babies with NAS, such as the Substance-Exposed Infants (SEI) framework	Substance Abuse and Mental Health Services Administration, 2016	**A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers**
	Substance Abuse and Mental Health Services Administration, 2017	**Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and Their Infants, Families and Caregivers**
	U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018	**HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome**

Table 10. **Prenatal drug exposure** (cont.)

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Collaborative and comprehensive approach to POSC	National Center on Substance Abuse and Child Welfare, 2019	On the Ground: How States Are Addressing Plans of Safe Care for Infants with Prenatal Substance Exposure and Their Families
	Substance Abuse and Mental Health Services Administration, 2017	Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and Their Infants, Families and Caregivers
Screening pregnant and postpartum women for alcohol use, including screening and brief intervention (SBI)	U.S. Centers for Disease Control and Prevention, 2014	Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices
	Substance Abuse and Mental Health Services Administration, 2018	Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants
Early interventions for FASDs	U.S. Centers for Disease Control and Prevention, 2020	FASDs: Treatments
Smoking cessation for pregnant and postpartum women	Association of State and Territorial Health Officials, 2013	Smoking Cessation Strategies for Women Before, During, and After Pregnancy
	Substance Abuse and Mental Health Services Administration, 2018	Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants

Table 11. **Addiction treatment and recovery for parents**

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Early identification of families at-risk for child maltreatment in addiction treatment programs and prenatal screening initiatives	Child Welfare Information Gateway, 2014	**Parental Substance Use and the Child Welfare System**
Priority and timely access to addiction treatment for mothers involved in the child welfare system, including access to MAT	Child Welfare Information Gateway, 2014	**Parental Substance Use and the Child Welfare System**
	American Society of Addiction Medicine (ASAM), 2015	**National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opiate Use**
Family-centered treatment services Inpatient treatment for mothers in facilities where they can have their children with them and programs that provide services to each family member	Child Welfare Information Gateway, 2014	**Parental Substance Use and the Child Welfare System**
Specialized docket programs, including family dependency treatment courts, to encourage high risk, high need individuals to seek treatment	The National Center for Addiction and Substance Abuse, 2017 Ending the Opioid Crisis: A Practical Guide for State Policymakers	**The National Center for Addiction and Substance Abuse, 2017 Ending the Opioid Crisis: A Practical Guide for State Policymakers**
	California Evidence-Based Clearinghouse for Child Welfare	Several programs, including the **Safe Babies Court Team**
Family treatment court: Ensuring equity and inclusion	National Association of Drug Court Professionals, 2019	**Family treatment court best practice standards**
	National Institute of Justice, Crime Solutions, 2011	**Jackson County (Ore.) Community Family Court**
	National Institute of Justice, Crime Solutions, 2017	**Tulsa (OK) Family Drug Court**
Family treatment court: Early identification, screening and assessment	National Association of Drug Court Professionals, 2019	**Family treatment court best practice standards**
Family treatment court: Timely, high-quality and appropriate SUDs treatment	National Association of Drug Court Professionals, 2019	**Family treatment court best practice standards**
Family treatment court: Comprehensive case management, services **and supports for families**	National Association of Drug Court Professionals, 2019	**Family treatment court best practice standards**

Table 11. **Addiction treatment and recovery for parents**

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	Report, guideline or evidence registry
Recovery coaches/ mentors for parents to support treatment, recovery and parenting	Child Welfare Information Gateway, 2014	**Parental Substance Use and the Child Welfare System**
Provide wrap-around services for parents in recovery	U.S. Department of Health and Human Services, Administration for Children and Families, Title IV- E Prevention Services Clearinghouse, 2019	**Families Facing the Future (FFF)** (formerly known as Focus on Families)

Table 12. **Supports for multi-system youth**

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Partnerships between juvenile justice and child welfare systems	Georgetown University, McCourt School of Public Policy, Center for Juvenile Justice Reform, 2015	**The Crossover Youth Practice Model (CYPM): An Abbreviated Guide**
	Models for Change, Systems Reform in Juvenile Justice, 2013	**Guidebook for Juvenile Justice & Child Welfare System Coordination and Integration: A Framework for Improved Outcomes**
Interventions for justice-involved youth who use drugs	National Institute of Justice, Crime Solutions, 2016	**Juvenile Breaking the Cycle (JBTC) Program**
	National Institute of Justice, Crime Solutions, 2011	**Adolescent Community Reinforcement Approach (A-CRA)**
	Georgetown University, McCourt School of Public Policy, Center for Juvenile Justice Reform, 2015	**The Crossover Youth Practice Model (CYPM): An Abbreviated Guide**
	What Works for Health, County Health Rankings and Roadmaps, 2016	**Treatment Foster Care Oregon** See also: The University of Colorado Boulder, Institute of Behavioral Science's **rating and information on Treatment Foster Care Oregon** **Functional Family Therapy (FFT)** See also: The University of Colorado Boulder, Institute Behavioral Science's **rating and information on FFT**
	What Works for Health, County Health Rankings and Roadmaps, 2018	**Multisystemic Therapy (MST) for juvenile offenders** See also: The University of Colorado Boulder, Institute of Behavioral Science's **rating and information on MST**

Table 12. **Supports for multi-system youth** (cont.)

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	**Report, guideline or evidence registry**
Interventions for youth in foster care who need mental health services	What Works for Health, County Health Rankings and Roadmaps, 2020	**Crisis Lines**
	Georgetown University, McCourt School of Public Policy, Center for Juvenile Justice Reform, 2015	**The Crossover Youth Practice Model (CYPM): An Abbreviated Guide**
	National Institute of Justice, Crime Solutions, 2011	**Multidimensional Treatment Foster Care–Adolescents**
	What Works for Health, County Health Rankings and Roadmaps, 2019	**Mental Health First Aid**
	Foster Family-Based Treatment Association, 2008	**Implementing Evidence-Based Practice in Treatment Foster Care**
	National Institute of Justice, Crime Solutions, 2016	**Better Futures Program**
Case management data system for multi-system youth	Models for Change, Systems Reform in Juvenile Justice, 2013	**Guidebook for Juvenile Justice & Child Welfare System Coordination and Integration: A Framework for Improved Outcomes**
	Georgetown University, McCourt School of Public Policy, Center for Juvenile Justice Reform, 2015	**The Crossover Youth Practice Model (CYPM): An Abbreviated Guide**
Validated screening tools and assessments, including joint assessments	Models for Change, Systems Reform in Juvenile Justice, 2013	**Guidebook for Juvenile Justice & Child Welfare System Coordination and Integration: A Framework for Improved Outcomes**
	Georgetown University, McCourt School of Public Policy, Center for Juvenile Justice Reform, 2015	**The Crossover Youth Practice Model (CYPM): An Abbreviated Guide**
	Foster Family-Based Treatment Association, 2008	**Implementing Evidence-Based Practice in Treatment Foster Care**

Table 12. **Supports for multi-system youth** (cont.)

Evidence-based policy, program or practice	Evidence sources	
	Organization and year	Report, guideline or evidence registry
Interventions to reunite and stabilize families with multi-system involved youth	Georgetown University, McCourt School of Public Policy, Center for Juvenile Justice Reform, 2015	The Crossover Youth Practice Model (CYPM): An Abbreviated Guide
	Models for Change, Systems Reform in Juvenile Justice, 2013	Guidebook for Juvenile Justice & Child Welfare System Coordination and Integration: A Framework for Improved Outcomes