

State of Ohio Child and Family Services Plan

2015-2019

**Ohio Department of Job and Family Services
Office of Families and Children**

June 30, 2014

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I. General Information

Ohio Department of Job and Family Services

The Ohio Department of Job and Family Services (ODJFS) supervises county offices located in 88 counties which all work together to “provide a safety net for Ohioans in need.”¹ Programs ODJFS supervises include: cash and food assistance; publicly funded child care; child support; unemployment compensation; several workforce job-training programs; adult protective services; and child welfare services. ODJFS information systems support Ohio’s service delivery system. Information systems include the: County Finance Information System (CFIS); CRIS-E; Child Support Web Portal; Child Care Information Data System (CCIDS); Employer Resource Information Center (ERIC); ODJFS Benefits; OhioHereToHelp.com; OhioMeansJobs; and Statewide Automated Child Welfare Information System (SACWIS).

ODJFS, under the provisions contained in the Ohio Revised Code (ORC), is authorized to:

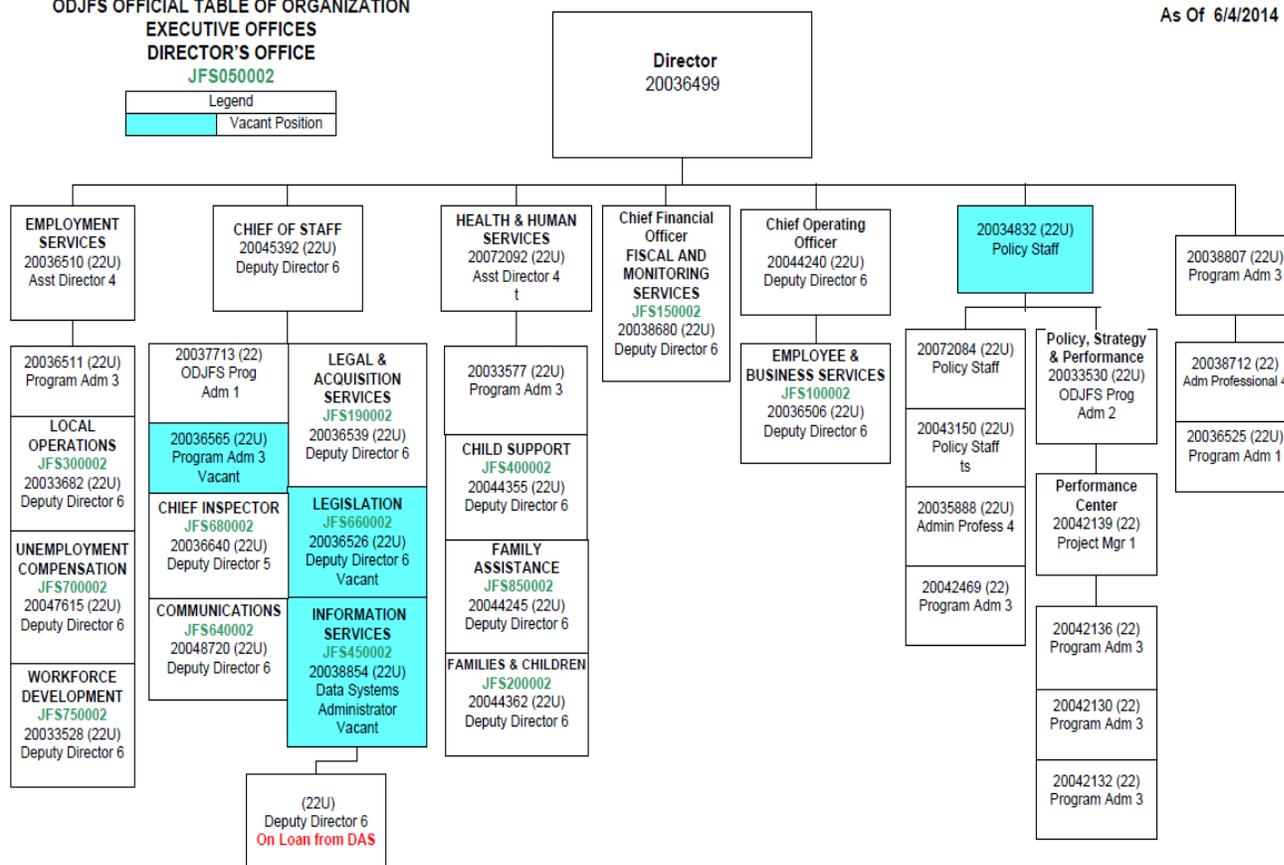
- Act as the single state agency to administer federal payments for foster care and adoption assistance made pursuant to Title IV-E. (ORC 5101.141)
- Administer funds received under Title IV-B of the "Social Security Act," 81 Stat. 821 (1967), 42 U.S.C.A. 620, as amended, and the "Child Abuse Prevention and Treatment Act," 88 Stat. 4 (1974), 42 U.S.C.A. 5101, as amended. (ORC 5103.07)
- Administer the provisions of social services funded through grants made under Title XX along with the departments’ mental health, and developmental disabilities. (ORC 5101.46)
- Oversee the Interstate Compact on the Placement of Children. (ORC 5103.233)
- Distribute funds to counties for a part of the counties’ costs for children services. (ORC 5101.14)
- Establish and maintain a uniform statewide automated child welfare information system (ORC 5101.13).
- Fund the Ohio Child Welfare Training Program (ORC 5103.32)
- Administer Title IV-A programs (ORC 5101.80, 5107.03)
- Adopt rules governing the management of institutions or associations for children except for facilities under the control of the Department of Youth Services (ORC 5103.03)
- Adopt rules governing the certification/licensure of family foster homes, medically fragile foster homes, treatment foster homes, group homes, Children’s Residential Centers, and Crisis Care Facilities
- Issue certificates and licenses to family foster homes, medically fragile foster homes, treatment foster homes, group homes, Children’s Residential Centers, and Crisis Care Facilities once compliance with all requirements has been achieved.
- Administer and coordinate federal and state funding for publically funded child care (ORC 5104.30).
- Adopt rules governing the operations of child day-care centers, part time centers, drop-in centers, and school child centers, type A and Type B homes (ORC 5104.)

The following organizational chart depicts the structure of ODJFS’ Executive Offices.

¹ Ohio Department of Job and Family Services Annual Report SFY 2013

ODJFS OFFICIAL TABLE OF ORGANIZATION
EXECUTIVE OFFICES
DIRECTOR'S OFFICE

As Of 6/4/2014



Office of Families and Children (OFC)

Within ODJFS, the Office of Families and Children (OFC) is the designated work unit responsible for state level administration and oversight of the following children and adult services programs:

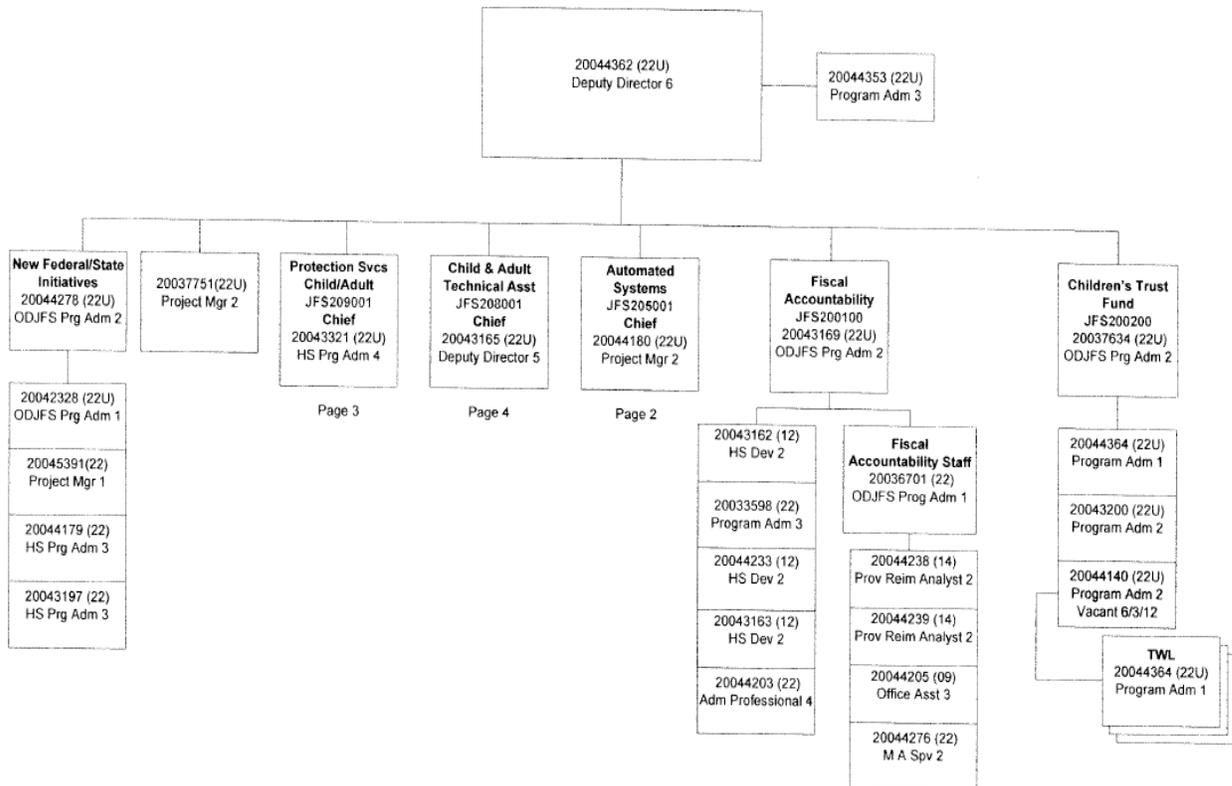
- Adult Protection
- Adoption
- Child Abuse and Neglect Prevention
- Child Protection
- Child Welfare and Adult Protection Funding
- Child Welfare and Adult Protection Training Programs
- Foster and Kinship Care
- Intersystem and Judicial Collaboration
- Licensing of foster care homes, group homes, and children's residential facilities
- Quality Assurance
- Transitional Youth

OFC is under the direction of a deputy director; the office is comprised of five bureaus and one statutorily established board. The organizational structure of the office is depicted below.

**ODJFS OFFICIAL TABLE OF ORGANIZATION
FAMILIES AND CHILDREN
DEPUTY DIRECTOR'S OFFICE
JFS200002**

As Of 06/02/2014

Legend	
	Vacant Position



The following information provides a synopsis of each bureau's area of responsibility.

Bureau of Automated Systems

The Bureau of Automated Systems develops and maintains the Statewide Automated Child Welfare Information System (SACWIS). SACWIS serves as Ohio's child welfare system of record.

Available 24 hours a day, 7 days a week, SACWIS is a web-based system used by 7,077 individuals (mostly child welfare caseworkers). The system contains historical and current child abuse/neglect information and flags safety hazards to alert caseworkers in their daily assessment/investigation activities. SACWIS also initiates: (1) monthly adoption subsidy

payments for over 20,000 adopted children; (2) monthly reimbursement payments for Title IV-E foster case maintenance; and (3) monthly reimbursement payments for foster care training.

The bureau is also responsible for: (1) generating and transmitting monthly Medicaid eligibility information to the Medicaid Information Technology System (MITS) for approximately 30,000 children; (2) maintaining and responding to requests generated through the SACWIS and OFC Help Desks; (3) responding to ongoing data requests; and (4) transmitting federally mandated reports (Adoption Foster Care Analysis Reporting, Child and Family Services Review Performance Measures, National Child Abuse Neglect Data Systems, National Youth Transition Data).

Bureau of Child and Adult Protection

The Bureau of Child and Adult Protection develops policy and Ohio Administrative Code (OAC) rules that govern the operation of programs serving Ohio's children and families or elderly adults. This includes policies, procedures and programs for: (1) Children's Protective Services, including Differential Response; (2) substitute care services (adoption, foster care and kinship care, permanency, licensing); and (3) Adult Protective Services. The bureau oversees statewide implementation of Ohio's Differential Response System and manages targeted services for older youth in substitute care (Transitional Youth) through co-coordinating ODJFS' Connecting the Dots program.

The Bureau also maintains and responds to requests generated through Ohio's Central Registry, Putative Father Registry, and the Adoption Assessor Registry. Oversight and administration of the Interstate Compact for the Placement of Children (ICPC), the Ohio Child Welfare Training Program (OCWTP), the Ohio Human Services Training System (OHSTS), and Ohio's University Partnership Program also fall within the bureau's responsibilities.

Bureau of Child and Adult Technical Assistance

The Bureau of Child and Adult Technical Assistance administers all foster care licensing functions. These include: (1) initial certification and recertification for foster homes, adoption homes, and agency functions for 8,000 foster homes and 250 public and private agencies; (2) conducting complaint and illegal operation investigations; (3) initiating enforcement actions; and (4) managing RAPBACK (Retained Applicant Fingerprint Database Information Exchange) for any foster caregiver and adult household member who is subject to a criminal records check.

Additionally, the Bureau oversees the quality assurance system, Child Protection Oversight and Evaluation (CPOE). CPOE is designed to improve services and outcomes for families and children. CPOE monitoring activities occur on a 24 month cycle, resulting in each PCSA being reviewed every two years. PCSA strengths and opportunities for improvement are supported through the provision of technical assistance by ODJFS staff. Measurement of PCSA practice is based upon agency-specific data gathered from SACWIS and on-site case reviews. Throughout the process, ODJFS and the PCSA engage in systematic and focused problem-solving by analyzing data to determine achievement of outcomes. After a PCSA review is completed, there are two follow-up reviews. The first occurs five months after the review with an agency self-assessment. The second occurs ten months after the review and involves an on-site record review.

This Bureau also conducts bi-annual reviews of compliance with the Multiethnic Placement Act. This review involves PCSAs and their private contract agencies that provide foster care and adoption services.

Bureau of Federal and State Child Welfare Initiatives

The Bureau of Federal and State Child Welfare Initiatives works to (1) improve outcomes for children and families served by the child welfare system by engaging in effective communication and collaboration with other state partners (e.g., the Supreme Court of Ohio, the Ohio Department of Mental Health and Addiction Services, the Department of Youth Services, the Department of Education, the Department of Developmental Disabilities, and Medicaid); and (2) provide leadership and support to strengthen Ohio's Continuous Quality Improvement (CQI) system for improving practice and outcomes in child welfare.

The Bureau works with state and local child welfare partners to develop and implement Ohio's Child and Family Services (Title IV-B) Plan (CFSP) and the Child and Family Services Review (CFSR) and Program Improvement Plans. Federal reports on CFSP and CFSR activities are done by the Bureau.

Additionally, the Bureau provides oversight and guidance to assure that Ohio meets the requirements of the Multiethnic Placement Act (MEPA) Corrective Action and Resolution Plan as well as the requirements of the Roe vs. Staples consent decree.

Bureau of Fiscal Accountability

The Bureau of Fiscal Accountability (1) manages all OFC budget and fiscal activities; (2) works with state and federal representatives to oversee OFC budget development; (3) oversees state, federal and grant fiscal management, reporting and fiscal forecasting; (4) develops cost reports and audit filing processes for public and private agencies (including the establishment of federal foster care reimbursement ceilings that enable agencies to receive reimbursement for children in care); (5) oversees Ohio's federal Title IV-E waiver program, ProtectOHIO and grant agreements with 41 Juvenile Courts to provide Title IV-E supported child welfare services on behalf of unruly and delinquent children; (6) coordinates OFC's OAC rule promulgation process; (7) coordinates public records requests; and (8) coordinates various OFC administrative functions.

Development of policy and OAC rules governing the operation of programs serving Ohio's children and families through Adoption Assistance and Title IV-E Foster Care Maintenance and Adoption Assistance falls within the bureau's responsibility.

Justice Services/Partners for Ohio's Families

Within the Office of the Deputy Director a project manager is responsible for: (1) overseeing systemic initiatives to improve the investigation and prosecution of child abuse and neglect (e.g. development of child advocacy centers, forensic interviewing, training for guardians ad litem, first responders for minor victims of human trafficking); (2) coordinating Children's Justice Act and the Court Improvement Program (Supreme Court of Ohio) federal grants; and (3) developing and overseeing Ohio's Inter-branch Agreement with the Supreme Court of Ohio and the collaborative efforts to improve outcomes for the families and children served by Ohio's courts. Additionally, the project manager coordinates programming to improve outcomes for the children and families who come into contact with Ohio's child welfare system by improving the

manner in which OFC supports the work of its public and private child serving agencies and improving targeted measurements of internal culture and climate that are linked to outcomes for clients.

Ohio Children's Trust Fund

The Ohio Children's Trust Fund (OCTF) was established by the Ohio legislature in 1984 to support efforts designed to prevent child abuse and neglect. It does this by providing funds for primary and secondary child abuse and neglect prevention programs. These funds are distributed at both local and statewide levels. For the local level, funds are distributed to the county-based Child Abuse and Child Neglect Prevention Advisory Boards. On the statewide level, funds are provided to Strengthening Families Ohio, Ohio Infant Safe Sleep Campaign, the Ohio Intimate Partner Violence Collaborative, Stewards of Children Sexual Abuse Prevention, Human Trafficking Prevention, and Child Advocacy Centers. In addition to distributing funds, OCTF provides subject matter expertise and training and technical assistance, responds to public and professional inquiries, develops outreach materials, and researches literature and data.

Additionally, OFTC coordinates and staffs the statutorily established Ohio Children's Trust Fund Board and manages revenue from surcharges on birth and death certificates; divorce and dissolution decrees; Community Based Child Abuse Prevention federal grant funds and private donations (individuals, organizations corporations).

Vision, Mission, Guiding Principles

Under the facilitation of the National Child Welfare Resource Center for Organizational Improvement, a team of OFC staff drafted vision, mission, and principle statements. The statements went through an internal review open to all OFC staff and an external review by the state-level Partners for Ohio's Families Advisory Board.

In all daily work -- including prioritizing or decision-making -- staff are expected to be guided by the answer to this question: "What best supports the OFC Child/Adult Protection vision, mission and principles?" The mission reflects an inherent shift in OFC priorities, establishing OFC's purpose as supporting counties' service delivery. As such, OFC's client is the public and private agencies that serve families and children.

The vision, mission and principles were developed into bright graphics displayed prominently throughout the office, including all conference rooms. Staff are encouraged to stop discussion and ask: "Is this consistent with and does this reflect the OFC vision, mission and principles?" All policies, processes, and work activities should support the OFC vision and mission. The principles should direct the daily work of each OFC staff person in achieving our mission.

The graphics included on the following pages show OFC's vision, mission and guiding principles as they are displayed throughout the office.

Vision Statement

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



Mission Statement

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



Guiding Principles

Each of these Principles directs the daily work of each staff person in achieving our mission:

It is our **responsibility** to provide **leadership** and maintain **organizational** and **professional competence**.

Policies and **supports** should be **strength-based** and recognize the **uniqueness** of each **community** and agency.

There is **urgency** and **importance** to our work.

Each staff member has a role in our work and **must be held accountable** to promote **safety** and a sense of **belonging** for **children, youth** and **vulnerable adults**.

Each **staff member** has a **responsibility** and **commitment** to the **agencies** and **individuals** that we serve.

We seek ways to include the **voices of youth** and **families** in our work.

Every person has value and should be treated in a manner that is **respectful** and **culturally responsive**.

Partnerships and **collaboration** enhance the quality of outcomes.

Partners are given voice in a **decision-making** process.



Child Welfare Service Delivery

State-Supervised County-Administered Structure

Ohio's child welfare system is a State Supervised and County Administered structure. Section 5153.16 of the Ohio Revised Code (ORC) outlines the duties of county public children services agencies to provide public care or protective services to children and families and directs the Ohio Department of Job and Family Services (ODJFS) under ORC 5153.166 to adopt rules governing public children services agencies' performance of their duties. Under this structure, counties have a great deal of flexibility in the administration of state policies which, in turn, affects the state's ability to comprehensively and uniformly direct change at the local delivery level. To address this challenge, Ohio has made substantial efforts to fully engage local partners in decision-making, planning and policy development to support practice improvements.

County Agency Structure

County commissioners, under the Section 307.981 of the Ohio Revised Code, are responsible for determining which agency within the county will provide public children services. As noted in the *2008 CFPSR Statewide Assessment*, 55 counties' child protective services functions were located within combined agencies which may also be responsible for providing income maintenance services, publicly funded child care, adult protective services, child support services, and/or workforce development. The remaining 33 counties had "stand-alone" agencies providing only child welfare services. As demonstrated in the chart below, the landscape of counties has changed dramatically during the past five years, largely attributable to Ohio's economic downturn.

County Agency Structure	Five Years Ago	Now
Children's Services in Combined Services within Counties	55	59
Children's Services in Stand-Alone Services within Counties	33	24
Children's Services in Combined Services Agency Across County lines	0	5

The decision to change the administrative structure in several of these agencies was driven by the need to operate with greater efficiency with limited county funding. For example a new grouping of three county agencies combined resources to deliver child welfare and other public services and formed a regional structure that dissolved the counties' boundaries for service provision. They are now the South Central Ohio County Department of Job and Family Services. In addition, two Northwest Ohio agencies are now identified as a Consolidated Department of Job and Family Services (Defiance/Paulding Consolidated Department of Job and Family Services). Throughout these changes, ODJFS has worked closely with county partners in their efforts to implement effective, regionally-based services.

County Diversity

Ohio's 88 counties are very diverse. The population of each of the three major-metropolitan counties exceeds 800,000, yet a typical county's population has less than 60,000 individuals. In other words, the typical county's population is less than 1/10th the size of a major-

metropolitan county. In fact, it takes the combined population of the 38 smallest counties to equal the population of the largest county. The table below shows the range of county sizes by population.

Population Range	Percent of Counties	Number of Counties
Less than 40,000	28%	25
Between 40,000 and 50,000	18%	16
Between 50,000 and 100,000	23%	20
Between 100,000 and 200,000	17%	15
Between 200,000 and 800,000	11%	10
Over 800,000	3%	3

Diversity does not end with differences in population size. Of the 88 counties, 32 counties in the southern and eastern parts of the state are designated as Appalachian counties. This portion of Ohio ranks as the poorest economic region in the state.

For administrative purposes, counties are grouped by size (e.g., small, medium-small, medium, large, metro, major-metro), but even within these groupings, there are considerable differences between and among the counties. In addition to county size, resources are also impacted by the geographic area of the state in which the county is located and by the amount of local funding available to support services to children. For example, in the southwest area of the state, major companies are involved in their communities, including Macy’s Corporate Headquarters, Western Southern Life Insurance Company, Delta Airlines, General Electric Aviation, Great American Insurance, E. W. Scripps, Johnson and Johnson, Mitsubishi, Fifth Third Bank, Kroger, Procter and Gamble, and American Financial. Honda, Worthington Industries, and Battelle have a strong presence in the center of the state. In the southeast area of the state, there are not resources comparable to these other regions.

The success of child welfare interventions in this diverse environment depends on the state’s capacity to integrate program, policy and practice changes within a variety of contexts. In implementing system changes, Ohio has consistently worked to assure that new practices are tested across counties that are representative of the variability in population sizes, resources, and cultural and racial diversity across the state. In addition, ODJFS has worked to provide training and technical assistance to counties through multiple avenues that are responsive to counties’ needs. For example, the state has implemented regionally-based technical assistance meetings and regularly offers web-based learning opportunities to better serve local partners that may have limited funds available for travel.

Ohio’s Child Welfare Practice Model

ODJFS in collaboration with other state agencies, state professional associations, community stakeholders, representatives of Ohio’s public children services agencies (PCSA) , and the three branches of Ohio government – has developed a statewide Differential Response (DR) child protection system that provides two pathways (Traditional Response and Alternative

Response) to assess and respond to the unique safety concerns, risks and protective capacities of each family that is the subject of an accepted report of child maltreatment in Ohio. Regardless of the initial response to reported maltreatment, however, the same quality child protective services principles and methods apply.

These principles and methods are detailed within a foundational document created by Ohio's Differential Response Leadership Council and Ohio's DR Statewide Implementation Team. These guiding bodies are comprised of representatives of ODJFS, PCSAs, and other child welfare stakeholders working in partnership to improve child welfare practice and outcomes in Ohio. The foundational document created by the Leadership Council and DR Implementation Team for the child welfare system is entitled *Ohio's Differential Response System and Child Welfare Practice Model*. It can be found on ODJFS' website at:

<http://jfs.ohio.gov/ocf/DifferentialResponse.stm>.

As outlined in the practice model, the following *Principles of Child Protective Services (CPS) Interventions* apply to all child welfare responses in Ohio:

- 1.) Child safety comes first, and all policies, guidelines and practices are child-centered and family-focused.
- 2.) CPS emphasizes family engagement and involvement in all aspects of our practice.
- 3.) CPS supports assessment and intervention processes that focus on family strengths while addressing the underlying conditions and contributing factors that impact child safety.
- 4.) Child safety is best achieved through active, collaborative and respectful engagement of parents, family, community and all other CPS stakeholders.
- 5.) Differential Response systems are designed to identify family needs and find creative solutions, including formal and informal supports and services to ensure child safety.
- 6.) Whenever possible, CPS agencies should respect family choices in the selection of services.
- 7.) When families cannot ensure child safety, it is necessary for the agency, courts, community, and/or extended families and kin to take appropriate action to provide protection.

Ohio's Differential Response System and Child Welfare Practice Model also includes the *Foundational Tenets of Ohio's Practice Model*. These are:

Differential Response

- Both Alternative Response and Traditional Response are CPS interventions with a primary goal of child safety.
- CPS practice is based on safety-focused engagement of and partnership with families and communities, rather than an expectation of compliance.
- Transparency in purpose and process is of utmost importance in engaging and partnering with families.
- Interventions collaboratively created by the practitioner/social worker and the family are more likely to succeed.
- Intervention in the lives of families should be consistent with the family's needs.
- Partners – including families, community, service providers and colleagues – share power.

- Practice focuses on the solutions, not the problems.

Families

- Families have strengths and resources; it is the job of CPS to tap into them and help the family apply them to keep their children safe.
- Families' values and cultural traditions must be identified, understood and respected.
- Families are the experts; honor the family's wisdom about its circumstances, strengths and needs.
- Most families want to address threats to child safety.
- Most families can be partners in achieving child safety.
- Families are more than the presenting concerns that brought them to the attention of the child protection agency.
- Families are helped through connections with their natural support networks and with community services and resources, when appropriate.

Services

- Services are provided based on need, child safety and risk of maltreatment.
- Efforts are expended to fill service gaps in order to be responsive to the needs of families.
- Service plans and case plans are developed in partnership with the family and written in language that the family understands.
- Services are family-driven, and family requests are honored, unless the child's safety is compromised.
- Child protective services are concluded when they are no longer necessary to address identified safety and risk concerns.

In addition to these Principles and Foundational Tenets, *Ohio's Differential Response System and Child Welfare Practice Model* outlines the Core Elements of Ohio's Differential Response System and includes detailed Practice Profiles that describe expectations for child welfare practice. The Practice Profiles define the core activities associated with each function of the child welfare practice model, including expected caseworker practices for: engaging; assessing; partnering; planning; implementing plans; evaluating the outcomes of plans; advocating; demonstrating cultural and diversity competence; communicating; and collaborating with community partners. The Practice Profiles describe caseworker practices across a spectrum of proficiency in observable, measurable, and behavioral terms in order to provide a fully operationalized practice model for the state of Ohio. Ohio's child welfare practice model reflects the service principles found in federal regulations at 45 CFR 1355.25.

Collaboration

Round Two of the federal Child and Family Services Review identified Ohio's strong partnerships among state child-serving agencies, the courts, local agencies and service providers as a solid foundation for advancing needed improvements to the child welfare system. Ohio's child welfare stakeholders at state and local levels partnered with ODJFS throughout the development and implementation of Ohio's Program Improvement Plan and its 2010 – 2014 Title IV-B Child and Family Services Plan, as described in Ohio's Annual Progress and Services Report.

In addition, from 2010 to 2013, ODJFS received a federal grant award to work with the Midwest Child Welfare Implementation Center (MCWIC) on the Partners for Ohio's Families (PFOF) initiative. PFOF seeks to improve outcomes for the children and families who come into contact with Ohio's child welfare system by improving the manner in which OFC supports the work of its public and private child serving agencies and improving targeted measurements of internal culture and climate that are linked to outcomes for clients. Through PFOF, the ODJFS Office of Families and Children has greatly strengthened avenues for partnership and collaboration with child welfare stakeholders across the state in ways that have continued well beyond the completion of the initial implementation project. Major accomplishments of PFOF include:

- Development of a new vision, mission and principles for the ODJFS Office of Families and Children (see p. 6);
- Establishment of a PFOF Advisory Board comprised of local and state child welfare partners and stakeholders;
- Completion of a comprehensive review and revision of all child welfare administrative rules conducted in full partnership with public and private child welfare agencies across the state;
- Design and implementation of a new technical assistance model to improve the quality of technical assistance and support provided to local private and public child welfare agencies.

The PFOF initiative and Ohio's strong foundation of integrated inter-systems initiatives and state-local partnerships (described within Ohio's 2010-2014 Annual Progress and Services Report), have served as the basis for collaboration on the development of Ohio's 2015 – 2019 Child and Family Services Plan.

Process for Development of the CFSP

Ohio's 2015-2019 Child and Family Services Plan has been developed through a comprehensive and collaborative process centered on a Continuous Quality Improvement (CQI) framework. OFC has formed a CQI Advisory Team, which served as the guiding body for the development of Ohio's CFSP and will continue to serve as a leadership group throughout the implementation of the CFSP. The CQI Advisory Team's initial charge was to:

- 1.) Develop recommendations to strengthen Ohio's statewide CQI system to improve outcomes for children and families served by the child welfare system.
- 2.) Provide leadership for nine workgroups in developing recommendations for Ohio's Child and Family Services Plan.
- 3.) Assure consistent application of the CQI framework to develop the CFSP strategies.

The OFC CQI Advisory Team has participated in the CQI Academy conducted by JBS International for the Children's Bureau. The team is comprised of staff from OFC's Bureau of Federal and State Initiatives, Bureau of Automated Systems, Bureau of Child and Adult Technical Assistance, and Bureau of Child and Adult Protective Services Policy as well as two county CQI managers from a large, urban county and a smaller, more rural county.

To inform the content of the strategic plan, nine workgroups were established to conduct a review of the state's data and identify strategies to improve Ohio's outcomes for children and families served by the child welfare system. Each of the nine workgroups focused its efforts on the following goals related to improved safety, permanency and well-being:

- *Workgroup 1:* Children will be safe in their own homes.
- *Workgroup 2:* Children will be safe in substitute care.
- *Workgroup 3:* Children will have permanency and stability in their living situations.
- *Workgroup 4:* Family relationships and connections will be preserved.
- *Workgroup 5:* Families will have enhanced capacity to provide for their children.
- *Workgroup 6:* Youth and young adults transitioning from care will receive needed services and supports.
- *Workgroup 7:* Children's educational needs will be met.
- *Workgroup 8:* Children's physical health care needs are met.
- *Workgroup 9:* Children's behavioral health care needs are met.

Members of the workgroups included staff from across all bureaus and program areas of the Office of Families and Children (OFC), including the Ohio Children's Trust Fund (Ohio's Community-Based Child Abuse Prevention grant administrator). The workgroups also included county child welfare representatives and external system partners from Ohio's Medicaid program, the Ohio Department of Mental Health and Addiction Services, the Ohio Opiate Taskforce, the Ohio Department of Education, and the Ohio Department of Health. In addition, stakeholder input was gathered from a wide variety of sources, shared with the workgroups, and incorporated into the development of the CFSP. This broad-based input was critical to developing a comprehensive plan encompassing the full continuum of child welfare services from prevention to intervention, family preservation, reunification, adoption, and family support services.

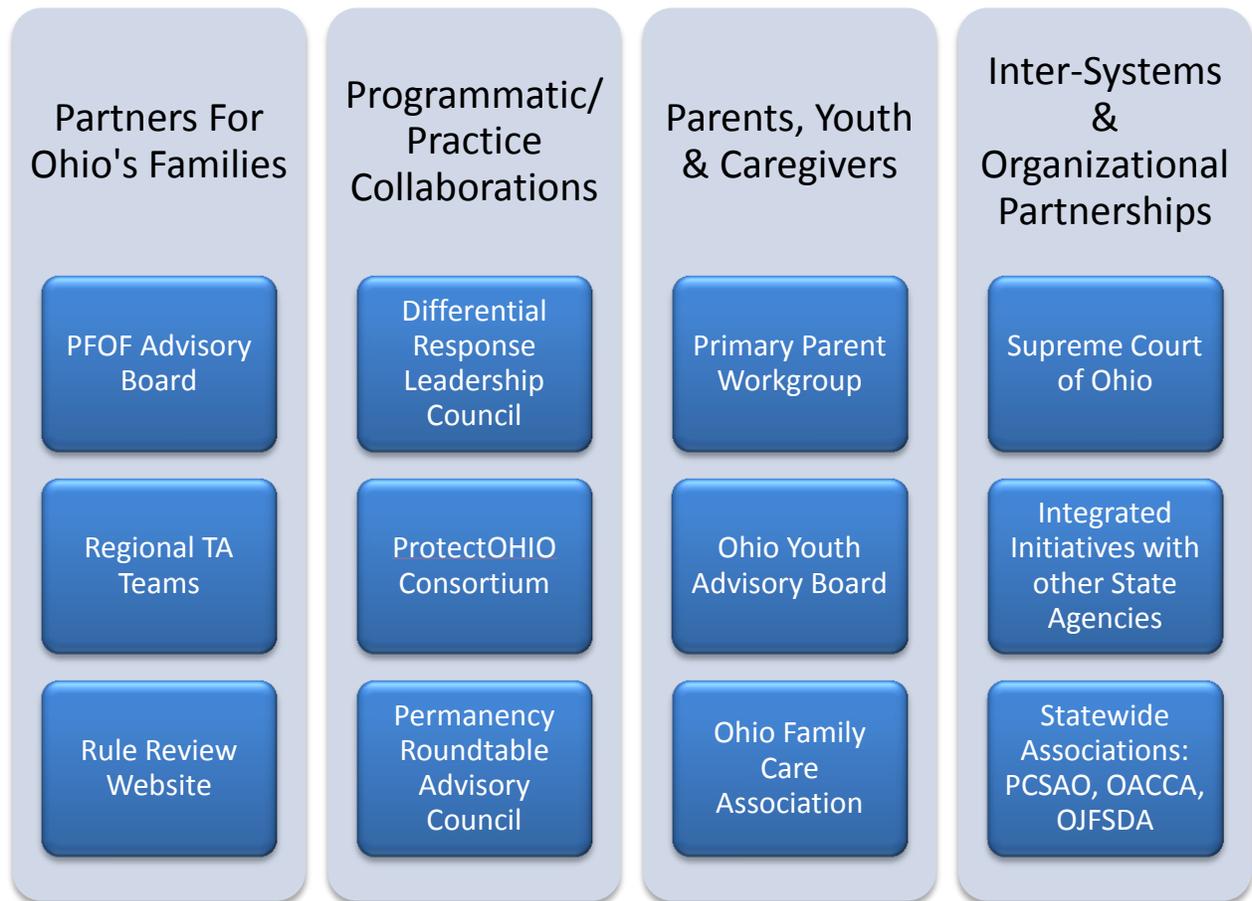
Each of the workgroups completed the following activities in accordance with their respective charges:

- Reviewed activities from Ohio's 2010 – 2014 Child and Family Services Plan to assess their impact and build on this work when feasible.
- Reviewed data related to Ohio's performance on the seven CFSR outcomes and seven systemic factors, case review data, and applicable program evaluation and stakeholder survey data.
- Assessed areas of strength and opportunities for improvement based on the review of the data.
- Identified and prioritized goals and objectives to be pursued through the five-year Child and Family Services Plan.
- Recommended specific interventions to meet the goals and objectives as well as benchmarks for the implementation of interventions.
- Identified specific measures of progress to be assessed throughout the implementation of the CFSP.
- Identified additional stakeholders and implementation supports that will be instrumental to effectively accomplishing each objective.

Stakeholder Engagement

Informing the efforts of these nine workgroups, OFC has engaged a wide array of local and state child welfare stakeholders to examine the state's data, assess strengths and opportunities for improvement, and select goals, objectives and interventions that are the heart of the CFSP. Ohio has developed a strong collaboration infrastructure with multiple avenues for partnership that are well-institutionalized. These channels will provide an opportunity to engage partners in assessing the state's progress and making needed adjustments throughout the implementation of the CFSP. Following is a graphical representation of Ohio's collaboration infrastructure and narrative descriptions of how this collaboration infrastructure informs and supports this CFSP.

Ohio CFSP Collaboration Infrastructure



1.) Collaboration through Partners for Ohio's Families (PFOF)

OFC Regional Technical Assistance Model: Through the Partners for Ohio's Families initiative, OFC established five regional technical assistance teams. These cross-program teams include Technical Assistance Specialists, Foster Care Licensing Specialists, Child Welfare Policy Developers, and SACWIS staff. Through this team structure, county public children services agencies and private child placing agencies have a consistent set of contacts within the state office – a “go to” source for the range of questions or needs that may arise in day-to-day practice. Likewise, members of the team can quickly tap one another's expertise in order to provide timely technical assistance on a wide variety of issues. Each of the five teams

periodically conducts regional events for the public and private agencies and Title IV-E courts within the region. These regional meetings provide an important forum for discussion and feedback with OFC's local partners. This structure was utilized to support the development of the CFSP and will be used on an ongoing basis as a venue for collaboration as state and local partners work together to implement the CFSP.

OFC Rule Review Website: During the Partners for Ohio's Families (PFOF) initiative, OFC and local partners completed a comprehensive rule review of all 271 child welfare rules in Ohio's Administrative Code. To provide an open forum for stakeholder input within this process, a rule review website was established where stakeholders could review rule language and provide comments or suggestions for revision. While the initial comprehensive rule review has been completed, OFC has worked to transition this website from the Midwest Child Welfare Implementation Center to an in-state host in order to make this valuable tool a permanent avenue for stakeholder input. As of May 1, 2014, the site is now active and can be viewed at: <http://www.ohiorulereview.org/>.

PFOF Advisory Board: The Partners for Ohio's Families (PFOF) Advisory Board is a leadership body formed through the PFOF initiative. The PFOF Advisory Board is comprised of representatives of local public and private child welfare agencies, OFC, and other child welfare stakeholders, such as the Supreme Court of Ohio, the Public Children Services Association of Ohio, and the Ohio Association of Child Caring Agencies. The Board serves as a forum to promote a sustainable and collaborative partnership to improve Ohio's child welfare system. The Advisory Board will provide feedback to OFC throughout the implementation of Ohio's CFSP.

PFOF Regional Forums & Stakeholder Surveys: Both at the beginning of the Partners for Ohio's Families initiative in 2010 and at its conclusion in 2013, stakeholder feedback was gathered through broad-based surveys and regional focus groups across the state. The Midwest Child Welfare Implementation Center conducted these surveys and focus groups to assess the project's impact on Ohio's child welfare stakeholders. The information gathered through the surveys and focus groups directly informed the development of OFC's regional technical assistance (TA) model and recommendations in the CFSP that will build on the foundation of this regional TA approach.

2.) Programmatic Collaboration with Local & State Stakeholders

Differential Response Leadership Council: Ohio's guiding body for the implementation of Differential Response, the Leadership Council is comprised of representatives of county public children services agencies (PCSAs), OFC, the Supreme Court of Ohio, and the Ohio Child Welfare Training program. This group was initially formed in 2007 to guide the development of Ohio's Alternative Response pilot but has continued to monitor Ohio's progress in implementing a Differential Response (DR) system, examine the DR data, make recommendations for needed policy or practice adjustments, and to serve as mentors for the implementation of high-quality DR practice. The recommendations of the Leadership Council informed the development of many aspects of Ohio's CFSP, and because this group meets quarterly, they will be an important partner in the ongoing assessment of the CFSP.

ProtectOHIO Consortium: Similar to Ohio's Differential Response Leadership Council, the ProtectOHIO Consortium serves as the guiding body for Ohio's Title IV-E Waiver Demonstration Project. This group was tapped for its feedback during the development of the CFSP. Furthermore, the data on the implementation of Ohio's primary waiver strategies – Family Team

Meetings and kinship supports – was examined in the development of CFSP strategies. Like the Leadership Council, this group meets regularly and will be an important partner in the ongoing assessment of Ohio’s CFSP.

Partnership with Casey Family Programs: Casey Family Programs has been a strong partner to Ohio since 2007 on a number of important child welfare initiatives, including Differential Response, the Ohio Intimate Partner Violence Collaborative, and Permanency Roundtables. In 2012, Casey Family Programs assisted Ohio in hosting a series of regional child welfare policy forums to focus on permanency for the longest-staying youth in care. Through these forums, a variety of child welfare stakeholders, including public child welfare agencies, local courts, prosecutors, adoption advocates, private providers, and legislators came together to examine state, regional and local data on youth in care; discuss best practices; and explore prospective solutions to overcoming barriers to permanency for youth in care. Stakeholder feedback documented through this series of forums was considered and integrated into the development of this CFSP.

In addition to the 2012 policy forums, Casey assists Ohio in regular convenings of the state’s metro counties. These “Metro County Strategy Days” provide an opportunity for the metro counties to discuss shared challenges and promising practices. OFC regularly participates in these convenings and has utilized this venue to gather stakeholder feedback to inform the development of the CFSP.

3.) Collaboration with Youth, Parents & Caregivers

Ohio Youth Advisory Board: OFC regularly participates in meetings of the Ohio Youth Advisory Board, a statewide organization of young people ages 14-24 who have experienced foster care. OFC highly values the perspective of the Youth Advisory Board and has worked to integrate several Advisory Board recommendations into policy and programming, including strategies targeted in the CFSP.

Ohio Family Care Association (OFCA) & Ohio Grandparent/Kinship Coalition: These two statewide organizations serve Ohio’s kinship, foster and adoptive families. OFC has partnered directly with OFCA to support more effective collaboration with resource families (adoptive, kinship, foster, and respite caregivers) and birth families. In addition, in 2012 - 2013 the Supreme Court of Ohio’s Subcommittee on Children, Families and the Courts engaged the Ohio Grandparent/Kinship Coalition in a comprehensive effort to gather feedback from kinship caregivers statewide. The feedback and recommendations gathered through this process were documented in a Subcommittee report, which has guided the Subcommittee’s work on issues impacting kinship caregivers. Feedback from this effort was also reviewed by the workgroups and integrated in the development of Ohio’s CFSP.

Primary Parent Workgroup: OFC and the Ohio Children’s Trust Fund are members of the Ohio Primary Parent Workgroup. The workgroup defines “primary families” as any family who has a current or previously open child welfare case. The Primary Parent Workgroup’s mission is to build resources for child welfare-involved parents. Its vision is, “Parents helping parents reach successful outcomes.” The Workgroup has identified opportunities to partner with other parents and organizations, explored various parent partner programs across states, and discussed key programmatic and structural elements to promote parent engagement work in Ohio. OFC’s ongoing collaboration with this workgroup has informed the development of key aspects of this CFSP.

4.) Inter-Systems & Organizational Collaborations

Partnership with the Supreme Court of Ohio: OFC has a rich history of collaboration with the Supreme Court of Ohio demonstrated through the state's last Program Improvement Plan and 2010 - 2014 CFSP. OFC continues to partner with the Court and other system stakeholders through the Supreme Court of Ohio's Advisory Council on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency. The recommendations of these leadership bodies are integral to Ohio's CFSP, and OFC will continue to partner with the Court throughout the implementation of the CFSP. In addition, ODJFS and the Supreme Court of Ohio partner on the implementation of activities under Ohio's Children's Justice Act grant and Ohio's Court Improvement Project, and the Court has been a key partner in the development of Ohio's Title IV-E Program Improvement Plan as noted below.

Partnership with other State Agencies: As detailed in Ohio's Annual Progress and Services Report, the ODJFS Office of Families and Children has taken a robust approach to partnership with the various child and family services systems within the state of Ohio. Partners from the education, health, mental health and addiction services, and Medicaid systems directly participated in the development of this CFSP through their contributions on the workgroups. Through the various integrated and ongoing inter-systems initiatives detailed in Ohio's APSR, these service systems will continue to partner in the implementation and ongoing assessment of Ohio's 2015 – 2019 CFSP.

Statewide Associations: OFC consistently collaborates with the Public Children Services Association of Ohio (PCSAO), the Ohio Job and Family Services Directors' Association (OJFSDA), and the Ohio Association of Child Caring Agencies (OACCA). For example, ODJFS regularly participates in the Public Children Services Association of Ohio's meetings for directors of public child welfare agencies. During the development of the CFSP, OFC presented to this group on statewide CQI efforts and gathered feedback from the group to inform recommendations for the CFSP. In addition, OACCA, PCSAO and OJFSDA participate on a number of different stakeholder leadership bodies alongside ODJFS, including the Partners for Ohio's Families Advisory Board and several of the programmatic collaborations noted above.

Collaboration with Tribes: Although there are no federally-recognized tribes located within Ohio, ODJFS is developing partnerships with tribal representatives within the state and will continue to build on these partnerships through the 2015-2019 CFSP cycle. ODJFS has reached out to the Native American Indian Center of Central Ohio (NAICCO), a 501(c)(3) non-profit dedicated to improving the lives of American Indian and Alaskan Native (AI/AN) people throughout Ohio. ODJFS has collaborated with NAICCO in its implementation of a Circles of Care grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). As Ohio moves forward with implementation its CFSP, ODJFS will seek continued input from NAICCO, and other prospective tribal representatives that the organization may recommend, to inform continuous planning and improvement efforts.

Collaboration on Ohio's Title IV-E PIP

ODJFS has also engaged with stakeholders who will be involved in the implementation of Ohio's Title IV-E Program Improvement Plan when finalized. The Supreme Court of Ohio has been a key partner throughout the development of Ohio's Title IV-E PIP. In addition, ODJFS conducted a stakeholder webinar on the results of Ohio's Title IV-E review, which has subsequently been made available to county partners across the state through the state's SACWIS Knowledge Base. Partners in the implementation of Ohio's Title IV-E PIP will include:

the Supreme Court of Ohio, the Ohio Department of Mental Health and Addiction Services, local judges and magistrates, prosecutors, county public children services agencies and Title IV-E courts.

Ongoing Collaboration

ODJFS will continue to build on these established avenues for stakeholder engagement and collaboration as Ohio implements its 2015 – 2019 Child and Family Services Plan. The Office of Families and Children plans to present regular updates through the channels outlined above on the state's progress with the CFSP. OFC is committed to utilizing this extensive collaboration infrastructure to partner with stakeholders to examine the state's data on an ongoing basis, to gather qualitative feedback, assess progress, identify prospective solutions and make needed adjustments to the CFSP. These activities will be detailed in the state's future Annual Progress and Services Reports.

II. Assessment of Performance

The Goals and Objectives for the 2015-2019 Child and Family Services Plan (CFSP) were based on an assessment of performance of the seven Child and Family Services Review (CFSR) child and family outcomes and the seven CFSR Systemic Factors. Data sources used to conduct the assessment included:

- Statewide Automated Child Welfare Information System (SACWIS) data
- CFSR Data Profiles
- NCANDS data
- AFCARS data
- Case Review Data from Child Protection Oversight and Evaluation (CPOE) Reviews
- Survey data
- Stakeholder Feedback

Safety Outcomes

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

This outcome is comprised of two Data Indicators and two safety measures. The Data Indicators include: (1) Absence of Maltreatment Recurrence; (2) Absence of Child Abuse and/or Neglect in Foster Care (12 months). The Safety Measures include: (1) Timeliness of Investigations and (2) Repeat Maltreatment. A performance assessment of the Data Indicators and Safety Measures was conducted to: (a) determine statewide compliance; and (b) identify the Strengths and Areas Needing Improvement noted in the cases reviewed.

Safety Data Indicator 1

Data Indicator		Definition	National Standard
Item 1	Absence of Maltreatment Recurrence	Of all children who were victims of a substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percentage <u>were not</u> victims of another substantiated or indicated maltreatment allegation within a 6-month period.	94.6% or more

Examination of State Data

An analysis of the NCANDS data sets for 2010AB, 2011AB, 2012AB and 2013AB was conducted to determine how many incidents of recurrence occurred which led to Ohio's inability to achieve its improvement goal of 93.3%. For each period, we determined what the numerator would need to have been in order to achieve the improvement goal of 93.3%. The following table presents this analysis.

Time Period	% without Recurrence	Number Substantiated/ Indicated Reports (denominator)	Numerator	Number Needed to Meet Improvement Goal	Difference between Numerator and Improvement Goal
2010AB	93.0	15,297	14,226	14,272	46
2011AB	92.3	14,953	13,805	13,951	146
2012AB	92.4	14,705	13,585	13,725	130
2013AB	93.05	13,765	12,809	12,843	34

As evidenced above, Ohio came closest to achieving its improvement goal in 2013AB, missing the goal by 34 cases.

This narrow margin illustrates how critically important it is within a state-supervised and county-administered system to work closely with each county public children services agency (PCSA) in examining county practice and the characteristics of families where recurrence was present. ODJFS and the PCSAs have undertaken a comprehensive review of recurrence data and practice to identify and better understand the factors influencing performance on this measure. Recurrence of child maltreatment has been an area of focus and discussion during each CPOE onsite review between ODJFS and the PCSAs.

Examination of County Performance

One important factor influencing performance is variability in local practice. With decision-making dispersed across 88 counties, even with the use of a consistent statewide assessment framework, variability in case disposition occurs. Given the large number of substantiated/indicated reports (14,000 to 15,000 per year), the state's inability to achieve this measure may, in part, be due to differences in determinations across counties.

NCANDS data on county level performance was examined for FFY 2011, FFY 2012 and FFY 2013 to determine the number of counties in each year and across the three year time period who either met or did not meet the recurrence improvement goal of 93.3%. The following table displays the results:

FFY	Achieved	Percent Achieved	Not Achieved	Percent Not Achieved
2011	45 counties	51%	43 counties	49%
2012	52 counties	59%	36 counties	41%
2013	57 counties	65%	31 counties	35%

Eight percent of the counties (7 of 88) were below the goal in all three federal fiscal years. Twenty-four percent (21 of 88) of the counties fell below the 93.3% improvement goal in two of the three federal fiscal years.

To identify factors affecting recurrence data, an analysis of data from FFY2011 and FFY2012 was done, and data was reviewed with PCSA leadership. The figure which follows is the result of an event history model predicting the length of time between the first substantiated/indicated report and a second such report over four years. As can be seen in Figure 1, results for 2011 (that is "Starting in October 2011" or "FFY2012") are nearly identical to 2010, with an important decreasing trend after day 160.

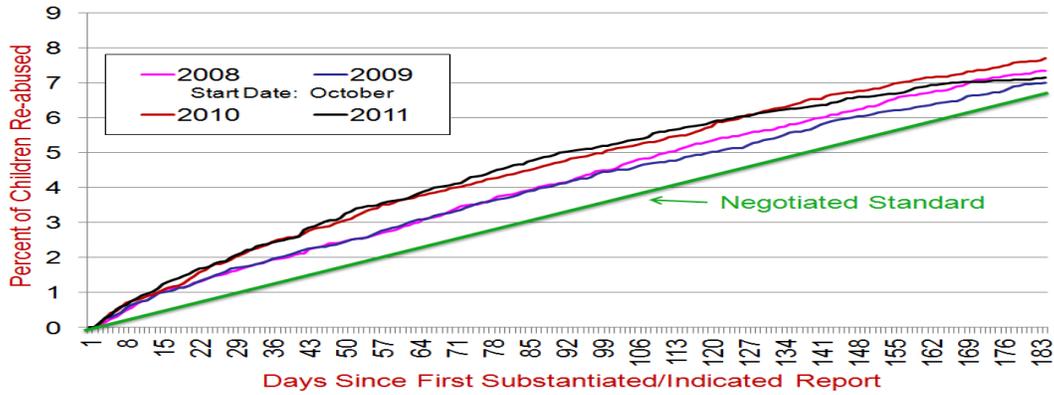


Figure 1

In our work with PCSAs to better understand the issues impacting recurrence, we parsed the data by county size: metro (i.e., major metro and metro) and non-metro (i.e., all other counties). Figure 2 and Figure 3 show the rates of recurrence between metro and non-metro counties for 2010 and 2011. For both years, and by the end of the evaluation period, non-metros had higher rates of repeat maltreatment than metros. However, for both years, the rates of metros and non-metros are indistinguishable for select time periods. It is only after 42 days for 2010 and 84 days for 2011 that real differences appear.

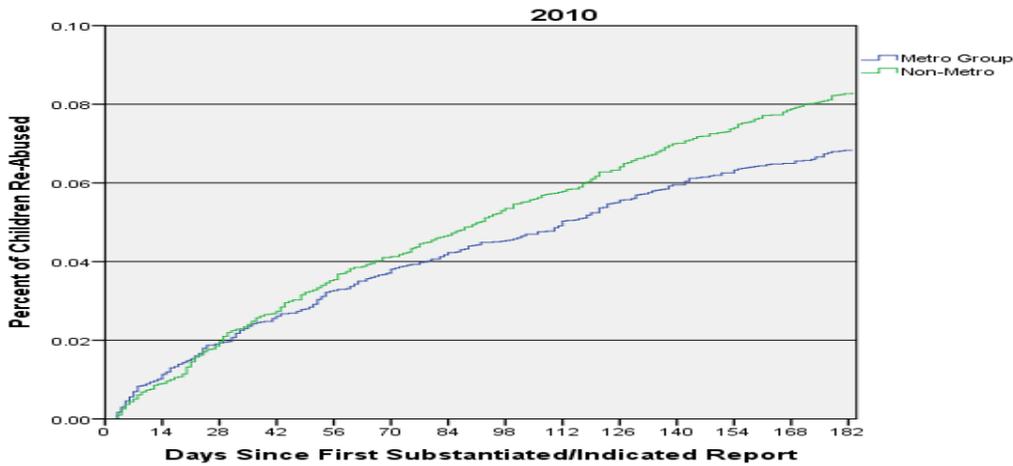


Figure 2: (FFY2011)

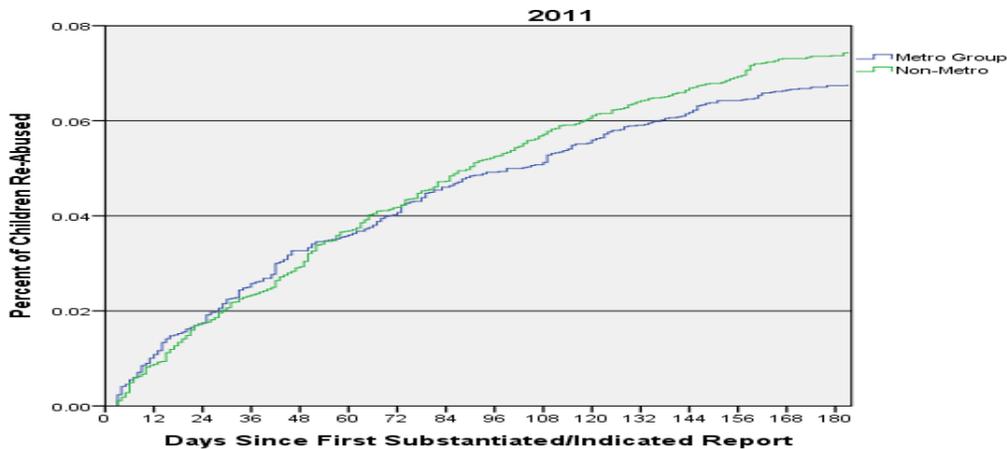


Figure 3 (FFY2012)

These findings, as well as more historical results, were discussed with all metro and selected non-metro directors. These leaders felt the recurrence rates could be the result of services being delivered to families after the first substantiated/indicated report. While services are essential to addressing underlying concerns, this encourages increased contact between families and mandated reporters. As a result, there is more contact with the family by mandated reporters, increasing the likelihood of being re-reported. An additional factor considered was the impact of less frequent contact between staff and families due to resource constraints.

Examination of First and Second Reports

FFY2013 SACWIS data was examined to determine the length of time between the previous substantiated/indicated report and the subsequent substantiated/indicated report using the following groupings:

- (1) Recurrence in less than a month from a previous substantiated/indicated report;
- (2) Recurrence in 1 to 3 months from a previous substantiated/indicated report; and
- (3) Recurrence in 3 to 6 months from a previous substantiated/indicated report.

For this time period, 2.3% of the cases had a second substantiated/indicated report in less than one month from the previous substantiated/indicated report; 2.8% of the cases had a second substantiated/indicated report between 1 and up to 3 months from a previous substantiated/indicated report, and 2.5% of the cases had a second substantiated/indicated report in 3 to 6 months from the previous substantiated/indicated report.

Another data run was conducted in April 2014 for the reporting period November 1, 2013 - March 31, 2014, and there was a slightly higher percentage of cases that had a second substantiated/indicated report in less than one month from the previous substantiated/indicated report (2.4%) with the others almost equally dispersed across the other two groupings.

Per Ohio policy, when abuse and neglect allegations are received, a Safety Assessment must be completed within four business days of the Intake Report’s screened-in date. If an additional referral is received and screened in within the first four business days of the initial report, or before the completion of the Safety Assessment, that information may be “attached” to the first Intake Report, as long as the allegations are within the same intake report category (i.e. CA/N report). If allegations are screened in after the first four business days or the completion of a Safety Assessment, a second report is generated. This four business day rule could easily cause the percent of recurrence to increase (**False Positive**). However, data analysis revealed that this change alone would not result in Ohio meeting the benchmark.

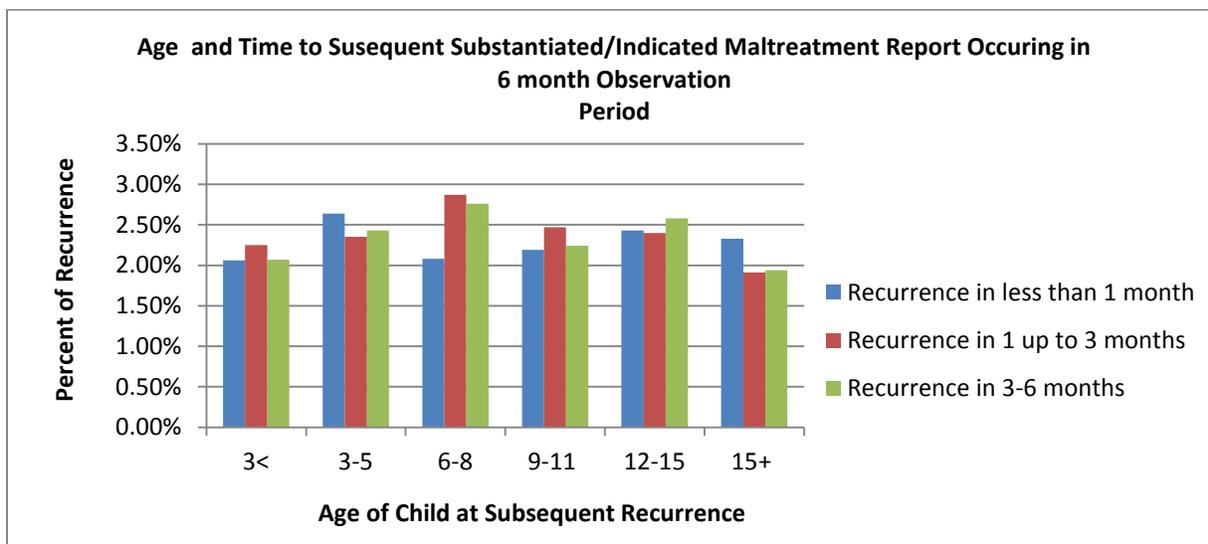
		Was Repeat Maltreatment Recorded?	
		Yes	No
Did Repeat Maltreatment Occur?	Yes	True Positive	False Negative
	No	False Positive	True Negative

Ohio conducted a special review of 72 cases that had a recurrent report within four days of the first report. Nearly all of these second reports could have been “attached” to the first report because they were reported within four days and the Safety Assessment had not been completed. Therefore, nearly all of these reports can be classified as False Positives, that is, reports that were recorded when there was no repeat maltreatment.

When Ohio examined these “recurrent” reports, a few second reports actually concerned an event that happened before the first report, but were reported after the first report. In other words, the events were reported to the PCSA out of temporal sequence. When this type of report is required to be included, the state is penalized for events that it could not have known about, and, therefore, had no opportunity to engage in preventive efforts. After consultation with National Resource Center for Child Welfare Data and Technology (NRCCWDT), it is clear this methodological problem is not specific to Ohio, but shared across all states. However, when just a few of these events occur, the scales may be tipped, and the validity of this important measure is weakened.

Examination of Age of Child with a Recurrence of Abuse/Neglect

October 2012-September 2013 ROM data (run date of 4/15/2014) was examined to determine whether particular ages of children were experiencing more recurrence of abuse/neglect. Data was analyzed by the following age groupings: (1) less than 3; (2) 3-5; (3) 6-8; (4) 9-11; (5) 12-14 and (6) 15+. The following graph displays the results of 6.98% of the children (1,973 children) who had a subsequent substantiated/indicated maltreatment report which occurred in the 6 month observation period from a previous substantiated/indicated maltreatment report during the period of October 2012-September 2013:



As evidenced above, children between the ages of 3-5 had a slightly higher prevalence of recurrence in less than 1 month from a previous substantiated/indicated report; children between the ages of 6-8 had a higher prevalence of recurrence in 1 up to 3 months from a previous substantiated/indicated report; and children between the ages of 6-8 had a higher prevalence of recurrence in 3-6 months from a previous substantiated/indicated report.

Examination of Characteristics of Families

Cases were examined to identify the characteristics of families where there was recurrence. The following common factors were identified:

- Agency attempted to provide services prior to a decision to remove the child; however, there was extensive drug involvement by parents and/or mental health issues that could not be impacted through the provision of services.
- Some families had a significant history with the agency which most often centered on the following concerns: unsafe home conditions, domestic violence, lack of supervision, substance abuse and homelessness.

Ohio has engaged in substantial efforts to improve interventions with families experiencing these varied challenges. For example, ODJFS initiated the Ohio Intimate Partner Violence (IPV) Collaborative to improve outcomes for children impacted by domestic violence. The Ohio IPV Collaborative has focused on enhancing the skills of child welfare professionals to better assess the dynamics of intimate partner violence and to partner with survivors to achieve safety for their children. In addition, this initiative seeks to improve collaboration among the various community partners that serve these families, including child welfare agencies, the courts, domestic violence shelters and advocates, mental health and substance abuse treatment providers, law enforcement and schools. First initiated in 2009 in partnership with four pilot counties, the Ohio IPV Collaborative has now spread to 34 counties and remains an important component of Ohio's strategic plan for the next five years as noted in the Plan for Improvement section.

The state has also made significant strides in advancing trauma-informed and evidence-based therapeutic services for children and their families. Two metro counties are engaged in multi-year federal grants with the Department of Health and Human Services (HHS) to implement and evaluate trauma-informed approaches. Franklin County's Gateway CALL project focuses on improving screening procedures and comprehensive trauma assessments and treatment for the children in their care to improve permanency outcomes. Summit County's STARS Program (Summit County Collaborative on Trauma, Alcohol & Other Drug, & Resiliency-building Services for Children & Families) is designed to increase the well-being and safety of children in foster care and at-risk youth by identifying and referring families for services to address parental substance abuse. Ohio hopes to build on both of these models as best practice approaches. Several inter-related strategies are included in this CFSP and detailed in the Plan for Improvement section.

Examination of Differential Response

During the CFSR PIP, statutory language was enacted to authorize the statewide implementation of Differential Response (DR). An implementation plan was developed, and counties rolled out Differential Response through ten rounds of implementation from September 2010 through June 2014. This phased approach to the implementation process allowed the state to provide a consistent level of support to each group of counties newly implementing, while maintaining support for counties in previous waves of implementation as they continue to grow their DR practice. ODJFS' analysis of Differential Response in relation to the state's performance on the recurrence measure did not reveal any clear-cut impact. Since statewide implementation was not fully complete at the time of the analysis, and many of the metro counties remain in the process of "scaling up" their DR systems, it was determined that it was too early to accurately conclude whether Differential Response has had an impact on recurrence. Ohio will continue to monitor the impact of Differential Response as the state further expands use of its Alternative Response approach.

Safety Data Indicator 2

Data Indicator		Definition	National Standard
2	Absence of Child Abuse and/or Neglect in Foster Care (12 months)	Of all children in foster care during the reporting period, what percent <u>were not</u> victims of substantiated or indicated maltreatment by a foster parent or facility staff member . A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff.	99.68% or more

Examination of State Data

At the time the CFSR PIP was approved, Ohio achieved the National Standard for *Absence of Child Abuse and/or Neglect in Foster Care (12 months)* at 99.69% in FFY2008 and was not required to develop a PIP for this item. To identify strategies to decrease the rate of child abuse and neglect in foster care, the CFSP planning team reviewed SACWIS data for FFY 2011, FFY 2012 and FFY2013. These data are shown below:

Time Period	Federal Target	Number of Substantiated/Indicated Reports (denominator)	Maximum Numerator Permitted to Achieve Federal Target	Numerator	Performance	Number Reports Over Maximum Numerator
2011AB	99.68%	21,607	21,538	21,522	99.61%	16
2012AB	99.68%	21,383	21,315	21,276	99.50%	39
2013AB	99.68%	21,462	21,394	21,341	99.44%	53

In reviewing the measure and the data, the team found that the state's rate has decreased over the past three years; 99.61%, 99.50% and 99.44% respectively. In FFY 2013 there were 121 allegations where a child was abused or neglected by a substitute caregiver. This was determined based on the relationship of the alleged perpetrator (AP) to the alleged child victim (ACV) and a disposition of either indicated or substantiated. To be included in the analysis, the AP's relationship to the ACV had to be one of the following: foster father, foster mother, licensed foster parent (non-relative), licensed foster parent (relative), private out-of-home employee or public out-of-home employee.

The team also noted that when a caseworker had identified the relationship between the AP and the ACV as *non-related adult*, that the caseworker should have selected a more accurate relationship value. To ensure data accurately reflects the relationship between an AP and ACV, OFC staff will provide technical assistance to county agency staffs on accurately recording relationship data on intakes for children in substitute care. In addition, a practice guidance article will be drafted and posted on the SACWIS Knowledge Base. These activities are included in Ohio's Plan for Improvement detailed in the next section.

Examination of County Performance

County performance was examined for the most recent two Federal Fiscal Years to determine if some counties were more likely to experience higher rates of maltreatment in foster care. In

FFY2012AB, 18% of counties (16 of 88) were below the National Standard. In FFY2013AB, 25% (22 of 88) were below the National Standard. When parsing maltreatment in foster care performance by county size, major-metro and metro counties had a higher rate of maltreatment in foster care than other county size groupings.

Examination of Placement Setting

During the last two years, more PCSAs utilized foster care settings, which are approved by private agencies. Further examination of the placement setting is needed to fully understand the dynamics in which abuse/neglect occurs. Once HHS has finalized the new measure for maltreatment in foster care, ODJFS will begin an in-depth analysis of this data indicator.

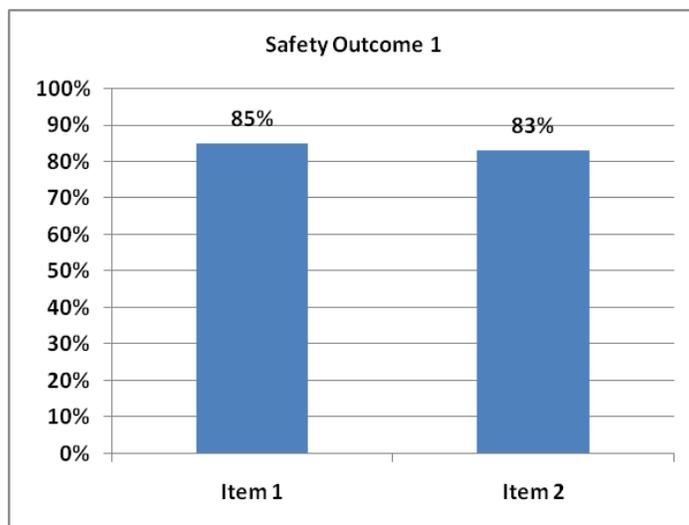
Safety Item Measures

There are two safety item measures contained in Safety Outcome 1. The following table lists the items and their definitions. These items were monitored during CPOE Stage 8 and continue to be monitored during CPOE Stage 9.

Items		Definition
1	Timeliness of investigations	Assess whether reports were initiated and face-to-face contact with the child was made within timeframes.
2	Repeat maltreatment	Determine if any child in the family experienced repeat maltreatment within a 6-month period.

Examination of County Performance

As noted above, two items are evaluated to examine compliance with Safety Outcome 1. Results compiled during CPOE Stage 8 indicated that both items were below the 90% compliance level.



Partial results from CPOE Stage 9 indicate the same trend in performance for items 1 and 2.

Item 1: Timeliness of Investigations

During CPOE Stages 8 and 9, reviewers determined whether responses to the accepted child maltreatment reports received during the period under review were initiated and face-to-face contact with the child was made within the timeframes established by agency policies or State statute. Of the applicable cases reviewed during CPOE Stage 8, 85% had this item rated as a “Strength.”

Although CPOE Stage 9 does not conclude until September 2014, as of this writing, 56 PCSAs have been reviewed. Of the 268 applicable cases reviewed to date, 84% were rated as a Strength on this item.

PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Supervisors made timely screening decisions and case assignments.
- Face-to-face contact with the ACV was timely, and documentation included observations of the interactions between and among family members as well as the home conditions.
- Case decisions were reached timely and flowed logically from the case information. Comprehensive Assessment and Planning Model - Interim Solution (CAPMIS) tools were completed thoroughly and aligned with the case decisions.
- Documentation was detailed and addressed all issues necessary to assess safety and risk.

Cases were rated as an Area Needing Improvement as a result of one or more of the following findings:

- The alleged child victim was not seen within the required time frame to assess safety.
- There was a lack of coordination between the caseworker’s initiation time and when the decision maker had screened-in the case, causing a delayed initiation of the assessment/investigation.
- Delays in assigning the case to an agency worker to begin the assessment/investigation.
- Referrals screened-in on a Friday were not responded to until Monday.
- Requests to law enforcement for assistance delayed initiating the investigation.
- No documentation as to when the case was initiated.
- Requests for extensions of time without clear explanation of why more time was needed.

The statewide ROM data report, “*Intake Initiation Requirement Met (of accepted reports) Percent/Count of Accepted Reports for Investigations that were Initiated within the Required Time*” indicated that of the reports accepted for investigation during FFY 2012, the state was at a 92.65% compliance level for initiating initial face-to-face contact, compared to 91.87% in FFY 2013. Thus, CPOE case record review results were lower than statewide results, which may be attributable to CPOE’s small sample size.

Item 2: Repeat Maltreatment

In assessing item 2, reviewers determined if any child in the family experienced repeat maltreatment within a 6-month period. At the start of CPOE Stage 8 this item was not reviewed; however, during the first quarter a determination was made to review the item to obtain information about the number and types of cases where recurrence of child maltreatment

occurred. Of the 610 cases reviewed, 180 cases were determined applicable for review of this item. Eighty-three percent of the cases were rated as a Strength on this item.

Further analysis revealed a higher rate of repeat maltreatment for in-home cases. Cases with repeat maltreatment primarily involved ongoing neglect of children (e.g., unsafe living conditions). While some agencies had enacted Safety Plans after the first case disposition, risk was not able to be reduced, and as a result, there was another occurrence of maltreatment.

Of the 56 PCSAs reviewed thus far during CPOE Stage 9, 253 applicable cases were reviewed, and 87% were rated as a Strength.

Stakeholder Feedback

At a PCSAO Executive Directors meeting, feedback was requested on what strategies should be implemented to improve statewide Safety Outcomes. The following strategies were noted:

- Develop better definitions to support consistent and appropriate interpretation of abuse, neglect, indicated, substantiated and unsubstantiated.
- Consider the elimination of the indicated category.
- Improve the integration of policy and training.

Assessment of Strengths

- ✓ Methodology used during the CFSR PIP to address recurrence of maltreatment was seen as very effective. This methodology will be applied to evaluate performance on all data indicators during the CFSP and develop strategies for improvement. The methodology included the following:
 - Partnering with PCSAs in the analysis of their own data and the formulation of solutions to address the identified problem;
 - Disseminating ongoing county-specific data reports to PCSAs;
 - Conducting SACWIS desk reviews of a sample of cases to examine impacting variables;
 - Discussing the National Standards during CPOE to understand what factors are impacting agency performance;
 - Providing technical assistance to PCSAs in entering data into SACWIS and how to impact their rate of performance; and
 - Conducting training on the assessment of safety and risk and how to use this information when working with families and children.
- ✓ Strong partnerships with agencies and stakeholders to address policy and practice issues.
- ✓ Multiple data reports to inform agencies of current practices and proactively address issues identified through analysis of the data (e.g., initiation of investigation reports, recurrence).
- ✓ Comprehensive Quality Assurance System (CPOE) involves agencies in self-assessment of performance. Results of the CPOE reviews require agencies to develop and assess Quality Improvement Plans upon completion of CPOE reviews.
- ✓ Implementation of exit interviews with children who exit each foster care placement to determine if any safety concerns were noted by the child/youth.

Assessment of Concerns

- ✓ Variability in local practice. With decision-making dispersed across 88 counties, even with the use of a consistent statewide assessment framework, variability in case disposition occurs.
- ✓ Lack of standardized meaning of substantiated, indicated and unsubstantiated.
- ✓ Lack of achievement of two National Standards statewide. According to the Federal Register dated April 23, 2014 the two data indicators under Safety Outcome 1 are proposed for revision. Additionally, the on-site CFSR review instrument has changed. Activities slated for the upcoming year will center on understanding the new indicators and case record review items in order to conduct a thorough analysis of data to assess county and statewide performance for both Safety Outcomes.

Safety Outcome 2: Children are safety maintained in the home and prevent removal or re-entry into foster care

There are no data indicators used to determine compliance with this Safety Outcome 2; instead review of case records occurs to examine: (1) services provided to prevent removal and (2) risk of harm to the child.

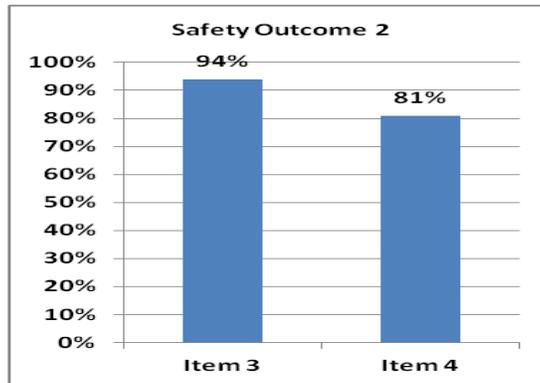
Safety Item Measures

Two Safety Item Measures contained in Safety Outcome 2. The following table lists the items and their definitions. These items were monitored during CPOE Stage 8 and continue to be monitored during CPOE Stage 9.

Items		Definition
3	Services to protect child in home and prevent removal	Determine if concerted efforts were made to provide services to the family to prevent a children's entry into foster care or re-entry after reunification.
4	Risk of harm	Determine if concerted efforts were made to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.

Examination of County Performance

As noted above, two items are evaluated to examine compliance with Safety Outcome 2. Results compiled during CPOE Stage 8 indicated that item 3 exceeded the 90% compliance level, while item 4 fell below the 90% compliance level as evidence below.



Partial results from CPOE Stage 9 indicate the same trend in performance for items 3 and 4.

Item 3: Services to protect child in home and prevent removal

In assessing item 3, reviewers determined if concerted efforts were made to provide services to the family to prevent the children’s entry into foster care or re-entry following reunification. Of the applicable cases reviewed in CPOE Stage 8, 94% of the cases were rated as a Strength on this item. Further examination of in-home cases and substitute care cases revealed that 93% of the in-home cases and 94% of the substitute care cases were rated as a Strength.

CPOE Stage 9 will conclude in September 2014. However, a review of 56 PCSAs conducted to date during CPOE Stage 9 indicated that of the 298 applicable cases reviewed, 93% were rated as a Strength. Compliance for in-home cases was at 94% and substitute care case compliance was at 92%.

PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Services were provided to families to increase the protective capacities of parents and to reduce child vulnerability to maltreatment.
- Safety Assessments and Family Assessments were completed timely with rich detail, and services designed to protect children were identified quickly and promptly provided.
- Family members were engaged effectively and provided services to assure safety and prevent removal or re-entry into substitute care. Services included:
 - Evaluation for substance abuse and mental health issues often followed with counseling and/or substance abuse treatment;
 - Transportation assistance;
 - Provision of gas vouchers;
 - Individual counseling services for children and adults;
 - Enlisting the help of relatives to care for children until the mother or father could safely parent them;
 - Home-based therapy services and Early Intervention;
 - Help Me Grow;
 - Referring a mother to an advocate from the domestic violence shelter;
 - Enlisting the help of an advocate from a mother’s church;
 - Removing a child perpetrator from the home to protect his younger siblings;
 - In-home multi-systemic therapy;
 - Providing YMCA memberships;

- Obtaining a temporary protection order issued by the municipal court;
- Employing a home health aide;
- Linking families to the *Strengthening Families* treatment program;
- Home-based counseling service, *Integrated Family and Systems Treatment (I-Fast)*, which is similar to *Multisystemic Therapy*, to provide services to families of adolescents with behavioral issues;
- In-home parent education; and
- Community wrap-around services to coordinate service provision.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Gaps in documentation in SACWIS made it difficult to confirm concerted efforts were being made to provide services and assess the effectiveness of services. Handwritten notes could not be produced to verify efforts made to provide services and prevent entry into foster care.
- Non-custodial parents, especially fathers, were not included in service planning.

Item 4: Risk assessment and safety management

In assessing Item 4, reviewers determined whether the PCSA made concerted efforts to address and assess the risk and safety issues of children in their own homes or while in foster care. Of the applicable cases reviewed in CPOE Stage 8, 81% were rated as a Strength on this item: 74% of the in-home cases and 85% of substitute care cases.

Partial results of the 56 PCSAs reviewed thus far during CPOE Stage 9 indicate that compliance for item 4 was at 76% overall: 68% for in-home cases; and 82% for substitute care cases. The trend for in-home case compliance is concerning and will be addressed through several strategies outlined in the next section.

PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Completed Safety Assessments, Family Assessments, Re-Assessments and Reunification Assessments timely and with ample detail.
- Conducted thorough and ongoing assessments of risk and safety.
- Utilized Case Reviews and Semiannual Administrative Reviews (SAR) to formally assess ongoing safety and risk to children.
- Distinguished appropriately between safety and risk as evidenced by those activities for which Safety Plans are developed (due to their immanency) and by those activities for which Case Plan services are designed.
- Assessed safety and risk during case conferences.
- Assessed safety informally during home visits with children in their own homes and/or during Family Team Meetings (FTM).
- Agency informally assessed safety and risk during face-to-face visitation with children and caregivers.
- Safety was assessed informally during home visits to children in their substitute care settings.
- During home visits and visits in substitute care settings, agency evaluated children's safety by talking with them separately from their substitute caregivers, observing their behavior and interactions, and speaking to their substitute caregivers.

- Identified and provided services which resulted in increasing the protective capacities of parents and reduced child vulnerability to maltreatment.
- Case plans contained individualized and specific services for family members and case plans were amended as needed.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- No documentation was evident in SACWIS that continued assessments of safety and risk were being done.
- Safety Plans were not monitored or were discontinued when safety threats existed.
- Case Reviews and Semiannual Administrative Reviews were not held timely.
- No evidence that on-going Case Reviews occurred during the period under review.
- Reassessments of safety were not done when new issues surfaced on an open case.
- Safety Assessments and Family Assessments were not completed timely and lacked detailed information.
- Safety and risk were not evaluated for other children in the home – focus was just on the target child.
- No evidence of risk or safety assessments being conducted for children who remained in the home while a sibling was placed in substitute care.
- Reunification Assessments were not completed prior to a decision to reunify children.
- Failure to provide services to the family to prevent re-entry into substitute care following reunification.
- There was no assessment of safety completed prior to reunification.
- Child was returned home against the agency and guardian ad litem's recommendations; however, there were no visits at the home during the three months prior to reunification to make an assessment of safety or risk.

Examination of Differential Response

In addition to case review data on these items, Ohio has completed a rigorous evaluation of its implementation of Differential Response (DR). The DR evaluation reflects promising outcomes when the Alternative Response approach is applied to eligible cases. Ohio completed an initial eighteen-month evaluation of its Alternative Response pilot and a subsequent three-year extended evaluation. In October 2013, Ohio received the final report from its extended evaluation of Alternative Response completed by the Institute for Applied Research. This extended evaluation followed outcomes for families that were part of the original pilot research study in 2008-2009 for an additional three years.

During the original Alternative Response pilot study, 2,291 families from 10 pilot counties were randomly assigned to an experimental group that received Alternative Response. An additional 2,247 families were randomly assigned to a control group that received the Traditional Response. Both study groups were highly comparable families, and all families included in the study were AR-eligible, whether they were part of the experimental (AR) group or the control (TR) group.

In the original 2008-2009 evaluation, families that received the AR approach reported stronger outcomes on key measures of family engagement. In addition, the study showed promising results in relation to child safety, increased service provision to families, and reduced need for subsequent child protective services interventions. The extended evaluation provided an

opportunity to analyze 4-5 years of longitudinal data on the impact of the original AR or TR case episode. Some of the highlights from the extended study completed in 2013 include:

- **Improved Safety:** During the follow-up period of four to five years, experimental families exhibited statistically significant lower levels of five types of subsequent child safety problems when compared to control families. These were: serious inflicted harm, danger from a mentally or physically ill adult, lack of supervision or failure to provide basic needs, refusal of access to the child or likelihood of family flight, and failure to meet serious physical or mental health needs of the child.
- **Strengthened Parenting:** Families that originally received an AR family assessment showed significantly lower rates of problems associated with parenting during the follow-up period.
- **Reduction in New Child Maltreatment Reports:** In a controlled analysis, experimental families that originally received an AR family assessment had significantly fewer new accepted (screened-in) reports of child maltreatment. This effect appeared primarily among lower-risk families who were being encountered by CPS for the first time when they entered the study in 2008 and 2009.
- **Reduction in Out-of-Home Placement:** Removals and out-of-home placements of children both during the target case and during the follow-up period were lower for experimental families originally provided with a family assessment.

Although the reductions in out-of-home placement numbers through Alternative Response are modest, the differences are statistically significant. Ohio is also encouraged by the evidence supporting improved safety for children – even among families that do experience a new report to the child welfare system. This evidence suggests that AR may be effective in safely reducing the need for more intrusive child welfare interventions. Ohio is eager to track statewide outcomes as Alternative Response continues to “scale up,” potentially creating a broader impact across our system. The full evaluation report may be found online at www.iarstl.org

Assessment of Strengths

- ✓ Concerted efforts are being made to provide services to families that will prevent children’s entry into foster care or re-entry following reunification.
- ✓ Ohio Child Welfare Training Program (OCWTP) staff participate in CPOE exit conferences to assist agencies by suggesting training and coaching activities that will address Areas Needing Improvement.
- ✓ All counties are on a 24-month schedule for CPOE reviews. This allows for a performance review of various services provided by the agency and allows for continuous growth through development of QIPs if Areas Needing Improvement are noted during reviews.
- ✓ Evaluation of CAPMIS will be occurring in the upcoming months.

Assessment of Concerns

- ✓ Ohio fell short of the 90% compliance rate in making concerted efforts to address and assess risk and safety issues relative to children in their own homes or while in foster care especially in in-home cases open for services.
- ✓ Reunification Assessments completed should include supportive services following reunification since there is an increase in the number of children re-entering care within 6 months or 12 months of reunification.

PERMANENCY OUTCOMES

Permanency Outcome 1: Children have permanency and stability in their living situations

An examination of all four Permanency Data Indicators was conducted to assess performance, and further examination of CPOE data was done to: (1) determine statewide compliance with six Permanency Item Measures which are under Permanency Outcome 1; and (2) identify the Strengths and Areas Needing Improvement noted in the cases reviewed under this Outcome.

PERMANENCY OUTCOMES AND INDICATORS		
Permanency Outcome 1: Children have permanency and stability in their living situations		
<p>There are <u>four data indicators</u> and associated National Standards that are used to determine compliance with Permanency Outcome 1. In addition, a case record review occurs to examine: (1) foster care re-entries; (2) stability of foster care placement; (3) permanency goal for the child; (4) reunification, guardianship, or permanent placement with relatives; (5) adoption; and (6) planned permanent living arrangement.</p>		
Data Indicators	Definition	National Standard
<p>Permanency Composite 1: Timeliness and permanency of reunification</p>	<p><u>Four</u> measures were used to determine whether a state met or exceeded the National Standard. These included: (1) whether children <u>exiting foster care</u> were reunified in less than 12 months from the date of their latest removal from the home; (2) the median length of stay in foster care from the date of the latest removal from the home until the child was discharged to reunification; (3) whether children <u>entering foster care</u> were discharged in less than 12 months from the date of latest removal; and (4) whether children who were reunified re-entered foster care in 12 months following their discharge from foster care.</p>	<p>122.6 or higher</p>
<p>Permanency Composite 2: Timeliness of Adoptions</p>	<p><u>Five</u> measures are used to determine whether a state met or exceeded the National Standard. These included: (1) whether children discharged from foster care to a finalized adoption had been discharged from foster care in <u>less than 24 months</u> from the date they were removed</p>	<p>106.04 or higher</p>

	from their home; (2) the median length of stay children were in foster care from the date of the latest removal from their home until they were discharged to adoption; (3) whether children who had been <u>in foster care for 17 continuous months or longer</u> were discharged from foster care to a finalized adoption; (4) for children who had been in foster care for 17 continuous months or longer and who <u>were not discharged</u> from foster care, did they become legally free for adoption during the next 6 months; (5) whether children who were legally free for adoption had an adoption which was finalized 12 months from when they became legally free for adoption.	
Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Period of Time	<u>Three</u> measures are used to determine whether a state met or exceeded the National Standard. These included: (1) whether children in foster care for 24 months or longer had been discharged to a permanent home (adoption, guardianship, reunification, living with a relative) prior to their 18 th birthday and by the end of the fiscal year; (2) whether children who were legally free for adoption at the time they were discharged from foster care were discharged to a permanent home (adoption, guardianship, reunification, living with relative) prior to their 18 th birthday; (3) whether children who had been in foster care for 3 years or longer were discharged from foster care because they: emancipated prior to age 18 or reached their 18 th birthday while in foster care.	121.7 or higher
Permanency Composite 4: Placement Stability	<u>Three</u> measures are used to determine whether a state met or exceeded the National Standard. These included: (1) whether children in foster care for less than 12 months were placed in two or fewer placement settings; (2) whether children who were in foster care for 12 to 24 months were placed in two or fewer placement settings; and (3) whether children in care for more than 24 months were placed in two or fewer placement settings.	101.5 or higher

Findings from the CFSR 2008 Round 2 review indicated that Ohio did not achieve the National Standards for all Permanency Data Indicators and was in substantial nonconformity on six items which fell within Permanency Outcome 1. These included:

- Item 5: *Foster care reentries,*
- Item 6: *Stability of foster care placement,*
- Item 7: *Permanency goal for child,*
- Item 8: *Reunification, guardianship, or permanent placement with relatives,*
- Item 9: *Adoption, and*
- Item 10: *Permanency goal of other planned permanent living arrangement,*

Additionally, Ohio was not in substantial conformity with the Systemic Factor of Case Review System.

During the CFSR PIP negotiation phase, Ohio was found to have achieved all but one of the Permanency National Standards: *Permanency for Children and Youth in Foster Care for Long Periods of Time*. As a result of achieving the National Standards for *Timeliness and Permanency of Reunification*, *Timeliness of Adoptions and Placement Stability*, Ohio was not required to develop a PIP to address items 5, 6, 8, and 9.

As of FFY 2013, Ohio achieved the National Standards for *Permanency Composite 2: Timeliness of Adoptions* and *Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time*. The National Standards for *Permanency Composite 1: Timeliness and Permanency of Reunification* and *Permanency Composite 4: Placement Stability* was not achieved.

Data Indicators

PERMANENCY COMPOSITE 1: TIMELINESS AND PERMANENCY OF REUNIFICATION

Examination of State Data

An analysis of AFCARs data sets for 2010AB, 2011AB, 2012AB and 2013AB was conducted to determine what measures were impacting Permanency Composite 1. The following table presents the Permanency Composite 1 State Scores and Measure scores.

Time Period	State Score	Measure C1-1	Measure C1-2	Measure C 1-3	Measure C1-4
2010AB	123.6	71.4%	Median= 6.2 months	49.5%	13.1%-
2011AB	119.8	73.1%	Median= 6.5 months	50.5%	14.9%
2012AB	119.7	72.0%	Median=7.0 months	48.1%	14.0%
2013AB	117.7	72.2%	Median= 6.7 months	47.3%	15.3%

From 2010 through 2013, there was improvement in performance for children being reunified in less than 12 months from the date of the latest removal from home (C1-1). However, when examining the other measures which fall within this composite, it was noted that children were remaining in foster care slightly longer. This may be attributable, in part, to when court hearings could be scheduled to proceed with terminating temporary custody of a child.

While Ohio exceeded the 75th percentile in 2010AB and 2011AB for Measure 1-3, there was: (1) a decline in performance in 2012AB and 2013AB; and (2) a continuous increase in the percentage of children who were re-entering foster care. Further examination of what variables are impacting reentry will need to occur by examining: (1) the time from discharge to reentry; (2) the characteristics of children and families where reentry occurred; and (3) what services had been provided prior to reunification and post-reunification. This analysis will be completed as a component of Ohio's five year strategic plan.

Assessment of Strengths

- ✓ Ongoing efforts are being made to provide services to children and families to promote reunification.

Assessment of Concerns

- ✓ The increased rate of children re-entering care is a significant area of concern to be addressed by several activities included in this five-year strategic plan.

PERMANENCY COMPOSITE 2: TIMELINESS OF ADOPTIONS

Examination of State Data

An analysis of AFCARs data sets for 2010AB, 2011AB, 2012AB and 2013AB was conducted to determine what measures were impacting Permanency Composite 2. The following Table presents the Permanency Composite 2 State Scores and Measure Scores.

Time Period	State Score	Measure C2-1	Measure C2-2	Measure C 2-3	Measure C2-4	Measure 2-5
2010AB	109.2	33.1%	Median= 29.8 months	22.6%	12.9%	45.0%
2011AB	104.8	31.0%	Median= 32.2 months	25.4%	13.3%	46.5%
2012AB	117.8	32.6%	Median= 29.4months	23.8%	17.7%	47.2%
2013AB	119.3	34.8%	Median= 29.0 months	23.0%	21.1%	41.1%

From 2010 through 2013, there was improvement in the performance in timeliness of adoptions. In 2010AB, 2012AB, and 2013AB, Ohio achieved the National Standard. Ohio exceeded the national median for C2-1 – C2-4; however, Ohio continued to struggle with Measure 2-4 – *Legally free children adopted in less than 12 months*. Successful achievement of this composite is attributable to Ohio’s involvement with Wendy’s Wonderful Kids and diligent specialized child recruitment efforts by PCSAs. Additionally, matching conferences, which are required within 90 days of the execution of a permanent surrender or the file stamp date of the permanent custody order (unless under appeal) and every 90 days from the initial matching conference, have resulted in continuous efforts to identify a permanent placement for the child. The expectation is that as Ohio improves in engaging both maternal and paternal relatives, kinship placements and guardianships will increase, providing permanency to more children.

Examination of Characteristics of Children and Families

During MEPA Cycle 4, matching conference were observed along with case reviews. It was identified that children who were not matched presented the following challenging behaviors: enuresis, encopresis, aggression, tantrums, suicidal gestures, developmental, cognitive and social delays, sexual acting out and sexual offending. Children with Bipolar Disorders, Oppositional Defiant Disorders, Post Traumatic Stress Disorders and Reactive Attachment Disorders were found frequently in the cases reviewed. Family cases reviewed during MEPA Cycle 4 also indicated that those families who had not been matched with a child had limited child characteristics they would consider.

Assessment of Strengths

- ✓ Wendy’s Wonderful Kids recruiters have been able to locate more adoptive homes for children and youth in the custody of PCSAs.
- ✓ State policies which require ongoing matching conferences for children in the permanent custody of the agency have resulted in agencies continually assessing and identifying permanent placements for children.
- ✓ The median length of stay for children in the permanent custody of PCSAs has declined, and permanent adoptive homes have been found for children.

Assessment of Concerns

- ✓ Improvement in family search and engagement of maternal and paternal relatives would result in permanency for more children.

PERMANENCY COMPOSITE 3: PERMANENCY FOR CHILDREN & YOUTH IN FOSTER CARE FOR LONG PERIODS OF TIME

Examination of State Data

An analysis of AFCARS data sets for 2010AB, 2011AB, 2012AB and 2013AB was conducted to determine what measures were impacting Permanency Composite 3. The following Table presents the Permanency Composite 3 State Scores and Measure Scores.

Time Period	State Score	Measure C3-1	Measure C 3-2	Measure C3-3
2010AB	114.4	26.1% +	87.4% +	43.2% -
2011AB	122.7	28.7%	86.1%	35.8%
2012AB	128.0	28.9%	84.8%	28.2%
2013AB	127.7	27.6%	87.8%	29.7%

From 2010 through 2013, there was improvement in achieving permanency for children and youth who had been in foster care for long periods of time.

Examination of the Characteristics of Youth

To learn more about these children, a detailed analysis was done examining the characteristics of children ages 15 and above who were in the custody of PCSAs. This analysis revealed:

- **69.38%** have been in care for less than 2 years.
- **13%** have been in care between 3 and 4 years.
- **9.95%** have been in care between 5 and 7 years.
- **7.39%** have been in care for 8+ years.
- The largest percentage of older children reside in certified foster homes, certified/approved non-relative homes and certified/approved relative homes (55.6%); followed by children's residential centers (22.3%), and group homes (13.6%). The remaining youth are in Independent Living (6%), adoptive placements (1%), detention (1%), emergency shelter care (<1%), medical/educational facility (<1%), and a residential parenting facility (<1%).
- Youth who are in children's residential centers and group homes are most often between the ages of 15-17 with the highest percentage being in the 17 year-old age group.
- As youth turn 16 and older, fewer of them are placed in adoptive homes.

Examination of the population of youth in the Federal Measure "*In care more than 3 years of those emancipated or turned 18*" for the period of October 1, 2012 - September 30, 2013 revealed that a total of 1,053 youth had emancipated from foster care or attained the age of 18. Of these, 340 youth had been in foster care for 3 years or more and emancipated from foster care or attained the age 18. There were slightly more males emancipating or attaining age 18

than females. No statistical significance was found between the race of youth emancipating foster care or attaining age 18.

This population group is the most likely to have experienced more than 3 placement moves (CFSR Permanency Composite 4: Placement Stability, Measure 4-3). A survey of youth engaged in Ohio's *Connecting the Dots* program noted that multiple placement moves served as a barrier to youths' educational attainment (36.08% of respondents). There is also a direct correlation between the length of time a youth remains in care and the age of the youth with the level of restrictiveness of the setting in which the youth is placed.

Assessment of Strengths

- ✓ From 2010 through 2013, there was an improvement in performance on achieving permanency for children and youth who had been in foster care for long periods of time.
- ✓ An expansion of the successful practice of Permanency Roundtables is planned, which will assist in achieving permanency for more children and youth.
- ✓ Continued Family Search and Engagement efforts will assist in maintaining a focus on permanency for children starting when a child first enters care.

Assessment of Concerns

- ✓ Older youth are experiencing too many placement moves, and further evaluation is needed to determine the root cause of placement moves

PERMANENCY COMPOSITE 4: PLACEMENT STABILITY

Examination of State Data

An analysis of AFCARs data sets for 2010AB, 2011AB, 2012AB and 2013AB was conducted to determine what measures were impacting Permanency Composite 4. The following Table presents the Permanency Composite 4 State Scores and Measure Scores.

Time Period	State Score	Measure C4-1	Measure C 4-2	Measure C4-3
2010AB	106.0	90.6%	72.5 %	38.0%
2011AB	106.4	90.3%	72.2%	39.9%
2012AB	101.5	88.0%	67.5%	36.9%
2013AB	99.6	87.5%	66.3%	34.9%

From 2012 through 2013, there was a decrease in achieving placement stability for children and youth. This is a result of the AFCARS SACWIS audit by HHS which indicated that placement of a youth in a detention facility for any length of time should be counted as a placement move. SACWIS coding was modified to reflect this finding. While Ohio has either achieved the national median or the 75th percentile for all measures within this composite, the greatest concern rests with Measure C4-3. Examination of youth ages 15 and older who are in temporary or permanent custody revealed that they have experienced more than 3 placement moves. The longer youth remain in care and the older the youth are, the more restrictive the setting in which they reside.

Assessment of Strengths

- ✓ Pending statutory authorization, a pilot is planned to implement and evaluate a level of care assessment model which would aid in the selection of appropriate placements for children and youth.

Assessment of Concerns

- ✓ There has been a declining trend in performance on this composite, and further analysis needs to occur to examine county characteristics and variables that are impacting statewide performance.

Permanency Item Measures

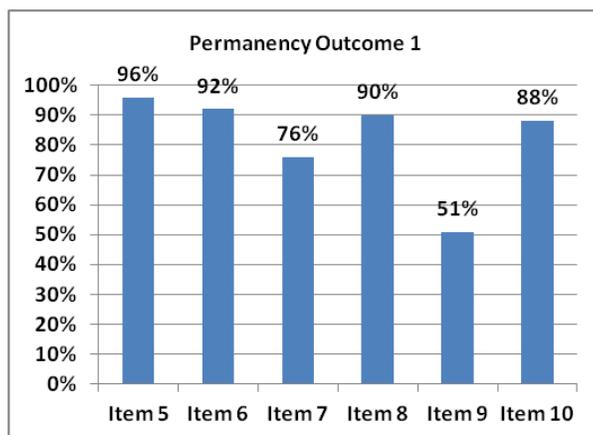
Six Permanency Item Measures are contained within Permanency Outcome 1. The following table lists the items and their definitions. These items were monitored during CPOE Stage 8 and continue to be monitored during Stage 9.

	Items	Definition
5	Foster care re-entries	Assess whether children who entered foster care during the review period were re-entering foster care within 12 months of a prior foster care episode.
6	Stability of foster care placement	Determine if the child is in a stable placement and that any changes in placement that occurred during the review period were in the best interest of the child and consistent with achieving the case plan goal.
7	Permanency goal of the child	Determine whether appropriate permanency goals were established for the child in a timely manner.
8	Reunification, guardianship, or permanent placement with relatives	Assess whether concerted efforts were made to achieve reunification, guardianship, or permanent placement with relatives in a timely manner.
9	Adoption	Assess whether concerted efforts were made or are being made to achieve a finalized adoption in a timely manner.
10	Planned permanent living arrangement	Determine whether the agency made concerted efforts to ensure: the child was prepared to make the transition from foster care to independent living; the child is in a permanent living arrangement with a foster parent or relative caregiver and there is a commitment on the part of all parties that the child remain in the placement until the child reaches the age of majority or is emancipated; or that the child is in a long-term facility and will remain in that facility until transition to an adult care facility.

Examination of County Performance

As noted above, these six items are evaluated to examine compliance with Permanency Outcome 1. CPOE Stage 8 results indicate items 5, 6, and 8 exceeded the 90% compliance level, while items 7, 9, and 10 fell below the 90% compliance level. It should be

noted that due to the small sample size for items 9 and 10, it is unlikely that case review results reflect statewide performance.



Partial results from CPOE Stage 9 indicate the same trends in performance for items 5 and 8; a slight decrease in performance for items 6 and 7; and a slight performance increase for item 9.

Item 5: Foster care re-entries

In assessing item 5, reviewers determined if children who entered foster care during the period under review were re-entering care within 12 months of a prior foster care episode. Item 5 was applicable in 138 of the 358 substitute care cases reviewed. Of the 138 applicable cases reviewed in CPOE Stage 8, 96% were rated as a Strength on this item. Partial results from CPOE Stage 9 indicate that of the 99 applicable cases reviewed, compliance was achieved at 95%.

PCSAs have shown diligence in providing the necessary services to children and families to support reunification and permanency for children following reunification. Although one case reviewed resulted in a re-entry into care, the agency had provided multiple services to the family in an attempt to prevent the re-entry. These results cannot be compared to Permanency Composite 1, Measure C1-4 since different criteria are used to measure compliance.

Item 6: Stability of foster care placement

In assessing item 6, reviewers determined if the child in care was in a stable placement at the time of the on-site review and that any changes in placement that occurred during the period under review were in the best interest of the child and consistent with achieving the child's permanency goal(s). A total of 332 substitute care cases were identified as applicable for review in CPOE Stage 8, and 92% were rated as a Strength on this item. Partial results from CPOE Stage 9 indicate that 87% of the 247 applicable cases were likewise rated.

PCSAs have made concerted efforts to identify appropriate placements for the child initially by matching the child's needs with the skills, knowledge and strengths of the caregiver. As a result, children have been maintained in the same foster placement for the entire substitute care episode. Additionally, support has been provided to substitute caregivers to prevent placement disruptions.

Item 7: Permanency goal for child

In CPOE Stage 8, 358 cases were reviewed to determine whether timely and appropriate permanency goals were established. Of the substitute care cases reviewed, 76% of the cases were rated as a Strength on this item. Partial results from CPOE Stage 9 indicate that 66% of the 247 cases reviewed cases were rated likewise.

PCSAAs where all cases reviewed for this item were rated as a Strength demonstrated the following effective practices:

- Utilized Family Team Meetings (FTMs) to establish permanency goals. This forum offers families and their supports the chance to meet with PCSA staff to discuss the need for and availability of local services. (Interviews conducted with parents and foster caregivers confirmed that they felt FTMs were both empowering and meaningful to them in terms of feeling connected to the process.)
- Utilized a mediation process for cases when Termination of Parental Rights (TPR) was recommended by the agency. Parents have the opportunity to discuss their concerns with the mediator and often recognize their inability to provide for the safety, well-being and permanency of their children in a reasonable period of time. This process can assist the agency with achieving timely permanency for children through a less adversarial process.
- Utilized a documentation template to ensure OAC compliance. Categories included: current behavior, emotional/social functioning, child vulnerabilities, protective capacities of the caregiver, child/youth's progress toward goals in the case plan, permanency planning and changes in the household. Caseworkers enter documentation for monthly contact with children using the categories on the template.
- Case plans goals were developed timely with specified services linked to case plan goals. When goals were changed, services were revised to reflect the new case plan goal. Case plan goals were achieved within required time frames.
- Following appeal of TPR, case plan goals were changed to adoption, and an amendment to the case plan was filed with the court timely.

Cases rated as an Area Needing Improvement were due to one or more of the following findings:

- Initial case plans, which contain the permanency goal for the child, were not established according to required time frames.
- Case plans were not amended to reflect changes in the permanency goal (e.g., agency received permanent custody of a child, and the permanent goal of adoption was not reflected in the case plan through a formal amendment to the case plan within prescribed timeframes; or agency reunified the child and provided in-home services, but the permanency goal contained in the case plan was reunification).

Item 8: Reunification, guardianship, or permanent placement with relatives

During CPOE Stage 8, 358 substitute care cases were reviewed. Of these, 188 cases were identified in which the child's current or most recent goal was "reunification, return child to parent/guardian or custodian". Reviewers determined if the agency and court were making or made concerted efforts to achieve the goal timely. Of the cases reviewed for this item, 90% were rated as a Strength. Partial results from CPOE Stage 9 indicate that 90% of the 134 applicable cases were rated likewise.

PCSAs where all cases reviewed for this item were rated as a Strength demonstrated the following effective practices:

- Established the permanency goal of reunification in a timely manner.
- Services were provided to support the case plan goal of reunification.
- Reunification Assessments were conducted prior to making a recommendation to the court for reunification of the child with his/her family.
- Concerted efforts were made to engage family members in facilitating reunification or to provide permanency for the child through a kinship placement, which may have led to legal custody, guardianship or adoption.
- Consideration of concurrent planning started with the initial placement in all substitute care cases, and when it was determined that a case was moving toward permanent custody, convened meetings to develop a supplemental plan.
- Established timely and meaningful case plan goals through the use of Family Team Meetings.

Cases rated as an Area Needing Improvement were a result of the following findings:

- Inaccurate permanency goals because the case plan had not been amended when case circumstances changed (e.g., the goal of reunification was established following a child's entry into care and was not changed following the agency's receipt of permanent custody).
- Concerted efforts were not made with family members to facilitate reunification of the child in a timely manner, and/or or did not have clear documentation that there were compelling reasons or exceptions for filing a motion to terminate parental rights for a child who had been in custody for 12 out of 22 consecutive months.

Item 9: Adoption

Of the 358 substitute care cases reviewed, 100 cases had a case plan goal of adoption. Reviewers determined if concerted efforts were made, or are being made, to achieve a finalized adoption in a timely manner. Of the cases reviewed in CPOE Stage 8, 51% were rated as a Strength on this item. Partial results for CPOE Stage 9 indicate that 57% of the 69 applicable cases were rated likewise.

PCSAs where all cases reviewed for this item were rated as a Strength exhibited the following effective practices:

- Immediately initiated pre-adoptive staffing and matching conferences upon receipt of permanent custody orders.
- Prior to termination of parental rights, initiated the process of identifying a prospective permanent placement for the child, including exploration with relatives and/or the current substitute caregiver of their interest in adopting the child.
- Utilized Wendy's Wonderful Kids recruiters and/or partnered with Adopt America to locate family members of the child.
- Expedited filing for permanent custody when appropriate.
- Engaged children and youth actively in permanency planning.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Delays in transferring cases to the adoption unit following receipt of permanent custody, which increases the time in which children remain in care with no activities occurring to locate a permanent home for them.
- Delays in adoption finalization proceedings.
- Inaccurate permanency goals that did not match case plan activities.
- Untimely establishment of an adoption permanency goal.
- Delays in decisions to pursue TPR.
- Not pursuing adoption as a goal or exploring with youth further when the youth has expressed a desire not to be adopted.

Item 10: Planned permanent living arrangement

Of the cases reviewed during CPOE Stage 8 with an identified permanency goal of a Planned Permanent Living Arrangement, 88% were rated as a Strength on this item. Partial results for Stage 9 indicated that the applicable cases reviewed demonstrated a 90% level of compliance.

PCSAs where all cases reviewed for this item were rated as a Strength demonstrated the following effective practices:

- Made concerted efforts to provide children with services to adequately prepare them for independent living when they exit agency custody. Services for independent living included referrals to the *Workforce Investment Act Program (WIA)*, providing independent living classes, job skills training, and referrals to the *Transition to Independence Program (TIP)*. Independent Living Assessments were completed timely, and the caseworker reviewed the *Independent Living Plan* monthly with the child as well as during semi-annual administrative reviews and case reviews.
- Utilized Permanency Roundtables to conduct ongoing assessments of children in the PPLA custody status to ensure that the needs of these youth were being addressed and to re-assess if this custody status continued to be an appropriate goal.
- Concerted efforts were made to ensure the child was in a living arrangement that was considered permanent.
- Use of specialized staff to provide formal, structured independent living services to youth in custody to ensure they are adequately prepared for the transition to adulthood.

Cases rated as an Area Needing Improvement were a result of the following findings:

- Untimely filing of case plans following a court order of the PPLA status.
- Not regularly reviewing and updating the youth's Independent Living Skills Assessment and Plan as required by rule.

Assessment of Strengths

- ✓ Ongoing focus on timely reunification and adoptions.
- ✓ Ongoing efforts to institute Permanency Roundtables in more locations will assist in achieving permanency for children.
- ✓ When assessing placement moves during case record reviews, moves were made which met the best interests of the child and also met treatment needs.

- ✓ Independent Living Plans and Transition Plans are being developed to help youth transition to adulthood.
- ✓ Connecting the Dots programming has helped meet the needs of foster youth who have emancipated from care.

Assessment of Concerns

- ✓ Data and stakeholder feedback indicate that Ohio’s widespread opiate problem has impacted timely reunifications and re-entries into foster care.

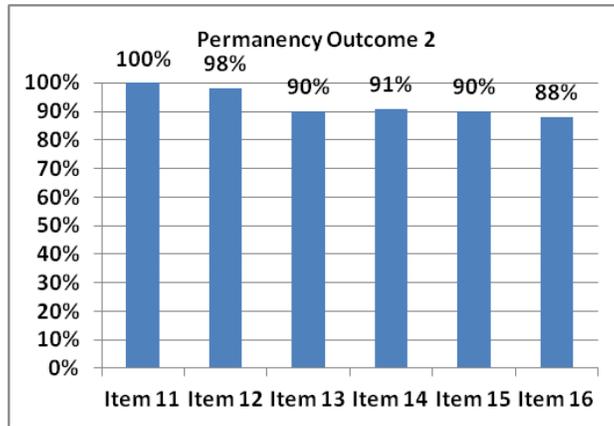
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

There are no data indicators used to determine compliance with this Permanency Outcome; instead a review of case records occurs to examine the following six Permanency Item Measures: (1) proximity of foster care placement; (2) placement with siblings; (3) visiting with parents and siblings in foster care; (4) preserving connections; (5) relative placement; and (6) relationship of child in care with parents. The following table lists the items reviewed under this outcome and their definitions. These items were monitored during CPOE Stage 8 and continue to be monitored during CPOE Stage 9.

Item		Description
11	Proximity of foster care placement	Determine if concerted efforts were made to ensure the child’s foster care placement was close enough to the parents to facilitate face-to-face contact between the child and the parents while the child was in foster care.
12	Placement with siblings	Determine if concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.
13	Visiting with parents and siblings in foster care	Determine if concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members.
14	Preserving connections	Determine if concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, language, extended family, tribe, school, and friends.
15	Relative placement	Determine if concerted efforts were made to place the child with relatives when appropriate.
16	Relationship of child in care with parents	Determine whether concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

Examination of County Performance

During CPOE Stage 8, a high level of performance was seen across all items in Permanency Outcome 2 with a minimum level of 88% compliance. The following graph depicts these results.



Partial CPOE Stage 9 data for the 56 PCSAs reviewed to date indicate the following:

Item	Applicable Cases	Percent rated as a Strength
Item 11 Proximity of foster care placement	200	99%
Item 12 Placement with siblings	125	98%
Item 13 Visitation between parents and siblings in care	197	88%
Item 14 Preserving connections	230	96%
Item 15 Relative placement	223	87%
Item 16 Relationship of child in care with parents	187	87%

Agencies achieving compliance with Permanency Outcome 2 exhibited the following effective practices:

- Ensured the child’s foster care placement was in close proximity to the home from which the child was removed. This helped facilitate child-parent visits.
- Provided transportation assistance, such as bus tokens.
- Some agencies were able to provide a stable visitation location for families, such as a visitation house, a community church, or a visitation facility within the agency. This allows flexibility in the visitation schedule so that employed parents had an opportunity to visit before or after work.
- Provided flexibility with the visitation site and would meet at a location in the community that was more accessible for the parent.
- Concerted efforts were made to place siblings together.
- Concerted efforts were made to place children with relatives and provide kinship support.
- Encouraged parental involvement in activities outside of the parent/child visit, including medical appointments for the child or extra-curricular activities.
- Unsupervised visits between the child and parent were within the community or in the home of a relative.
- Assured that visits were held at least weekly.

CPOE Round 9 data shows that agencies with a high percentage of relative placements achieve permanency for children quicker. Likewise, agencies with liberal and frequent contact between parents and children in care achieve reunification faster than those cases where visits were rigid and limited. The increased use of available technology will be evaluated in CPOE Stage 10 to see how agencies are using Facebook, Skype and other social media to connect children with their parents and community.

The state is presently revising the data collection tool used for the CPOE review process. Several of the items that are currently used to evaluate Permanency Outcome 2 are being clarified. Item 14 (Preserving Connections) evaluates the agency's efforts to keep a child in custody connected to significant familial, cultural and community attachments in their lives. Item 14 also examines the agency's efforts to assure the child's eligibility for tribal membership in accordance with the Indian Child Welfare Act (ICWA) requirements. The proposed tool for the next round of CPOE separates these items, allowing for a clearer picture of compliance.

Similarly, other CPOE items are being retooled in Permanency Outcome 2. This section focuses on visitation and ongoing parent-child contact, including placement with relatives and visitation between siblings not placed together. The focus will be to strengthen use of CPOE and SACWIS data to dialogue with agencies regarding their policies in these areas. As research supports that increased and liberal contact between parents and children leads to swifter reunification, so too does it support that maintaining critical connections to family and community leads to better outcomes for children when they are placed in out-of-home care.

Feedback from Stakeholders

The Ohio Kinship Care Project: In its 2013 report, the Ohio Kinship Care Project provided the results of surveys conducted to gather information on kinship care law, policy, and practice from Ohio judges and magistrates, PCSAs, resource providers, kin caregivers, and adult youth who were cared for by kin. An extensive amount of feedback was received about ways state and county agencies could better serve kinship families, including:

- Reducing barriers to custody change and the financial hardship of court costs;
- Coordinating programs and requirements to make them less complicated;
- Increasing the availability of behavioral and mental health resources/counselors since they are in great demand;
- Providing respite care to kinship caregivers;
- Providing additional financial resources to kinship caregivers. Lack of financial resources seems to be a deciding factor for some families who don't feel they can adequately care for the needs of additional children in their homes or raise another generation on a fixed retirement income.
- Helping with the transition when kin take custody of a child so that they know the full availability of resources they can access.

Family Search and Engagement (FSE) Workgroup: The FSE work team submitted *Lessons Learned in Support of Ohio's Child and Family Services Review Program Improvement Plan for Purposes of Dissemination to PCSA's* and provided the following recommendations to PCSAs and to ODJFS regarding the use of FSE.

FSE Work team Summary Recommendations to PCSAs:

- Develop a Policy and Procedure on Family Search and Engagement which clearly spells out the caseworker's role as it relates to FSE;
- Incorporate FSE into an orientation program by having new social workers view the on-line FSE learning, *Family Search and Engagement: An Overview*, developed by the Ohio Child Welfare Training Program;
- Determine time frames where FSE is discussed, some examples are: at case transfer, during 90-day reviews and SARs;
- Make FSE part of the case supervision process: discuss efforts to locate and engage extended family, including fathers and paternal relatives, during every case supervision conference;
- Consider allowing caseworkers to set up agency-approved e-mail addresses for Facebook searches;
- Have a discussion about being up front with clients in terms of conducting electronic searches for family members through search sites and social media sites and whether this should be incorporated into an agency's consumer rights policy;
- If resources allow, consider establishing a Family Search Specialist position who would have access to Accurant or other paid search sites; also consider utilizing support staff to document information in SACWIS;
- If an FSE connection results in placement, provide enhanced support during the first 90 days of placement since this increases the likelihood of the placement succeeding;
- Seek out collaborative relationships with other community child-serving agencies to assist with FSE activities.

FSE Work team Summary Recommendations to the Ohio Department of Job and Family Services:

- Consider providing funding to groups of agencies to support access to search engines such as Accurant;
- Develop a policy or "standard" on FSE which includes legal implications (i.e., How much information can a worker disclose to a relative about a family?)
- Partner with the Supreme Court of Ohio and the state CASA program to provide information to legal professionals and advocates on the importance of FSE (including consideration of potential placement with a parent whose rights were terminated if determined to be safe and appropriate for the youth in permanent custody); if necessary, request Technical Assistance from the American Bar Association;
- Consider reviewing the CPOE framework to examine the feasibility of including the number of connections a youth has in the different parts of the tool;
- Support an initiative to provide joint FSE training to mental health practitioners and child welfare professionals.

PCSAO Executive Directors: Feedback from PCSAO Executive Directors was requested at their March 2014 meeting regarding opportunities for state and county collaboration on CQI. The Executive Directors were asked several questions including: What types of data would be most meaningful to front-line practitioners and their supervisors as PCSAs seek to improve practice and outcomes?

Some recommendations included:

- Days in care of relatives
- Tool to track relative/kin search and engagement (aside from the activity log)

Assessment of Strengths

- ✓ Kinship Initiatives: Although the federal Kinship Navigator Grant was not renewed, the Public Children Services Association of Ohio (PCSAO) maintains a website (<http://www.kinshipohio.org>) which contains information about resources and contact information for kinship programs across the state.
- ✓ Family Search and Engagement (FSE): Ohio continues to promote effective FSE. The FSE Workgroup met its initial goals and has continued its work. As noted above, the workgroup submitted *Lessons Learned in Support of Ohio's Child and Family Services Review Program Improvement Plan for Purposes of Dissemination to PCSA's* to the U.S. Department of Health and Human Services (HHS) in October 2012. The following are current FSE Workgroup and county implementation activities:
 - Summit County developed and implemented an FSE Procedure with follow up training in spring 2013.
 - Athens County incorporated FSE activities utilizing a flow chart system.
 - Cuyahoga County has done extensive follow up through a Family Finding Collaboration with The Village Network, Child-Centered Recruitment, and Wendy's Wonderful Kids (WWK) Recruiters.
 - Hamilton County continues to follow-up with their Permanency Roundtable efforts. The County has added a WWK recruiter to work with youth in the Planned Permanent Living Arrangement status.
 - Ashtabula County is focusing efforts on the engagement of fathers.
 - OFC Technical Assistance Specialists (TAS) have shared information learned from CPOE reviews with the FSE Workgroup. This allows the workgroup to evaluate strengths/concerns demonstrated by counties.
 - The FSE workgroup presented at the October 2013 PCSAO Conference.
- ✓ ProtectOHIO: Ohio is in the midst of the five-year extension of Phase III of its Title IV-E Waiver Demonstration Project, ProtectOHIO. The two main intervention strategies remain the same. The first is use of Family Team Meetings, which encourage immediate family members, social service professionals, and other support resources to participate in planning for and making crucial decisions regarding children at risk of placement. The second is increased attention to and support of kinship caregivers and their families. The Child and Family Services Evaluation Team from the Human Services Research Institute continues to evaluate ProtectOHIO.
- ✓ OFC partners with the Supreme Court of Ohio through the Advisory Committee on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect, and Dependency. The Subcommittee is engaged in ongoing efforts to:
 - Make recommendations to reduce or better manage inconsistencies among court jurisdictions in kinship care situations;
 - Create a clear and consistent legal path related to child custody in kinship care situations; and
 - Make recommendations for resources and tools that might be provided to those seeking custody of children in kinship care situations, including pro se litigants.

Assessment of Concerns

- ✓ Although it has previously been an area of strength in the state’s practice, kinship placements appear to be declining. A variety of factors may be contributing to this trend, including: the availability of supports and resources for caregivers, financial issues associated with providing for a child, and the complex behavioral issues of children coming into care. As noted above, the Subcommittee on Responding to Child Abuse, Neglect, and Dependency recently conducted in-depth research on the law and policy governing kinship care in Ohio in comparison to other states. This research, supported by comprehensive stakeholder input, indicated that the various legal pathways to kinship care in Ohio do not always provide for consistent outcomes for children. Legal and procedural paths are often difficult for kinship providers to navigate and barriers exist in obtaining legal counsel. In addition, inconsistencies in the laws that govern kinship care in Ohio were identified. Recommendations were made by the Subcommittee to amend provisions of the Ohio Revised Code to address the identified barriers.

WELL-BEING OUTCOMES

There are no data indicators used to determine compliance with the three Well-Being Outcomes. CPOE Stage 8 and partial Stage 9 data were used to determine performance on: Well-Being Outcome 1: *Families have enhanced capacity to provide for their children’s needs*; Well-Being Outcome 2: *Children receive appropriate services to meet their educational needs* and Well-Being Outcome 3: *Children receive adequate services to meet their physical and mental health needs*.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.

All items within Well-Being Outcome 1 were determined to be in substantial nonconformity during the CFSR 2008 review. Ohio was required to establish improvement goals for each item. The baseline for establishing the improvement goal was based on roll-up quarter 1-quarter 4 CPOE Stage 8 results. The following were the improvement goals established and the status for achievement of each goal at the conclusion of the CFSR PIP non-overlapping year:

Item	Improvement Goal	Status of Achievement of Goal
17	80.6%	Achieved during roll-up of Quarter 5 - Quarter 8
18	79.0%	Achieved during roll-Up Quarter 3 - Quarter 6
19	82.7%	Not achieved – missed achievement by 1 case during roll-up Quarter 5-Quarter 8
20	66.1%	Not achieved – missed achievement by 1 case during roll-up Quarter 8-Quarter 11.

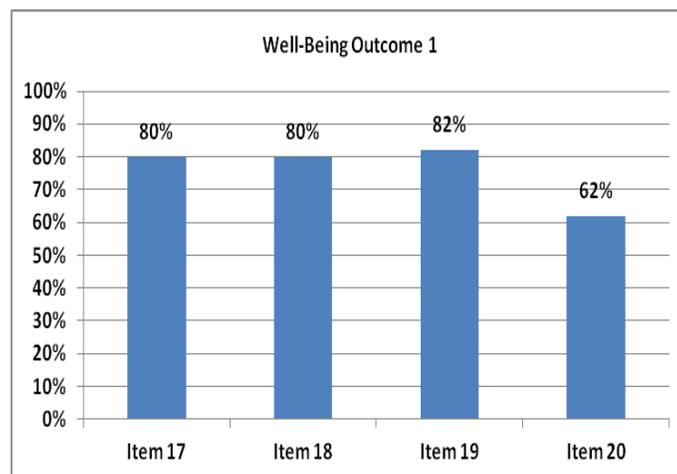
Well-Being Item Measures

The following Well-Being Item Measures constitute Well-Being Outcome 1 and were reviewed during CPOE Stage 8 and CPOE Stage 9.

Item		Description
17	Needs and services of child, parents, foster parents	Determine if concerted efforts were made to assess the needs of children, parents, and substitute caregivers or pre-adoptive parents at entry into foster care or on an ongoing basis to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provide appropriate services.
18	Child and family involvement in case planning	Determine if concerted efforts were made to involve parents and children in the case planning process on an ongoing basis.
19	Caseworker visits with child	Determine whether the frequency and quality of visits between caseworkers and the child in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals.
20	Caseworker visits with parents	Determine whether the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

Examination of County Performance

During CPOE Stage 8, performance across all items within Well-Being Outcome 1 was the lowest when compared to results within other outcomes. Counties were experiencing challenges in engaging families and children in assessing service needs and enhancing the capacity of families to provide for their children's needs. In particular, case reviews indicated significant difficulty in effectively engaging fathers in case planning. Additionally, the quality and frequency of caseworker visits with children and with parents had a significant impact on Well-Being Outcome 1 results. The following graph depicts these results:



Partial CPOE Stage 9 results for Well-Being Outcome 1 are depicted on the following table:

Item		Applicable Cases	Percent of Cases Rated as a Strength
Item 17	Needs and services of child, parents, and substitute caregivers, or pre-adoptive parents	443	79%
Item 18	Child and family involvement in case planning	418	79%
Item 19	Caseworker visits with children	440	77%
Item 20	Caseworker visits with parents	367	64%

For each item reviewed, in-home case results adversely impacted compliance.

Item 17: Needs and services of child, parents, and substitute caregivers or pre-adoptive parents

In evaluating item 17, reviewers determined if the agency made concerted efforts to assess and address the service needs of children, parents, substitute caregivers or pre-adoptive parents in order to assure the safety and well-being of the child. Item 17 was applicable for 274 in-home cases and 358 substitute care cases reviewed in CPOE Stage 8. When examining all 632 cases, 80% were rated as a Strength on this item. Further analysis indicated that in-home cases were less likely to be rated as a Strength when compared to substitute care cases. Partial CPOE Stage 9 results indicate 79% were in compliance: 70% of the in-home cases were rated as a Strength, compared to 86% of substitute care cases.

PCSAs where cases reviewed for this item were rated as a Strength demonstrated the following effective practices:

- Utilized Family Team Meetings to assess needs and services.
- Assured all custodial parents involved in the cases had their needs assessed and services directed to meet any identified needs.
- Utilized a case review process where the agency invites case plan participants and service providers to all 90-day reviews. This ensures all parties have a frequent opportunity to discuss strengths and concerns of the family, assess service needs and focus on efforts to achieve case plan goals.
- Discussed family needs in conjunction with case planning activities during all home visits.
- Facilitated visits between fathers and their children so case plan goals could be discussed together. (In interviews conducted with two fathers, both confirmed that this was very helpful and they felt very involved in the case planning process.)
- Developed a detailed service review section for case reviews to record recent case activities.
- Used the CAPMIS Family Assessment to assess and re-assess needs of children and families.
- Social workers continued to assess needs when conducting face-to-face visits and case plan reviews. Based on the identified needs, services were rendered or families were linked to providers whose services would address the identified need.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Fathers were not engaged in assessment or case planning, particularly incarcerated and non-custodial fathers.
- Insufficient efforts to search for absent or non-custodial parents, especially fathers.
- On-going assessment of children's and parents' needs did not occur.
- Children and youth were not involved in case planning or asked to identify service needs.
- Services were identified as needed by the parents in the case record but were not included in the case plan.
- Did not conduct an assessment of the needs of substitute care providers.
- Alcohol and substance abuse assessments were not identified as a service need, although there was a clear pattern of abuse documented in the case record.
- Difficulty in obtaining progress reports from service providers.

Item 18: Child and family involvement in case planning

In assessing item 18, reviewers determined if concerted efforts were made to involve parents (both the mother and father) and children, when developmentally appropriate, in the case planning process on an ongoing basis. Additionally, reviewers verified whether the agency provided verbal or written notification to the mother and father of their responsibility to work with the agency in the development, implementation and review of the case plan.

Item 18 was applicable for 272 in-home cases and 319 substitute care cases in CPOE Stage 8. 80% of cases were rated as a Strength on this item. Further examination of the results revealed that 74% of in-home services cases were rated as a Strength, compared to 84% of substitute care cases. Partial CPOE Stage 9 results indicate that overall, 79% of the cases were rated as a Strength with a greater proportion of substitute care cases, compared to in-home cases, being rated as a Strength (83% and 74%, respectively).

The following are effective practices that were evident in cases that were rated as a Strength:

- Utilized a case review process where the agency invites case plan participants and service providers to all 90-day case reviews. This ensures all parties have a frequent opportunity to discuss strengths and concerns of the family and focus on efforts to achieve case plan goals.
- Utilized Family Team Meetings to develop case plans with parents and children. (In interviews with parents, it was noted that Family Team Meetings empowered them and they felt connected to the process and were always aware of case progress.)
- Reviewed the case plan document with families during all home visits to ensure progress and barriers were thoroughly discussed.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Non-custodial parents were not involved in case planning.
- Fathers were not engaged in case planning, especially incarcerated fathers.
- Insufficient efforts to actively search for absent or non-custodial fathers.
- Children were not routinely engaged in case planning and case reviews.
- Case plans were not always developed with the involvement of the parents and the child, if appropriate.

- Case record reviews and SARs were not completed timely or with the involvement of the child and the family.

Item 19: Caseworker visits with child

In conducting assessments for item 19, reviewers determined whether the frequency and quality of visits between caseworkers and the child(ren) in the case were sufficient to assure the safety, permanency and well-being of the child(ren) and promote achievement of case goals and objectives. Item 19 was applicable in all 632 in-home and substitute care cases reviewed for CPOE Stage 8. Overall, 82% of the cases were rated as a Strength on this item. Substitute care cases were more likely to be rated as a Strength than in-home cases (89% and 74%, respectively).

Partial CPOE Stage 9 results indicate that overall, 77% of the cases were rated as a Strength on this item. A larger percent of substitute care cases were rated as a Strength than in-home cases (83% and 70%, respectively).

PCSAs where cases reviewed for this item were rated as a Strength demonstrated the following effective practices:

- Ensured that the frequency and quality of face-to-face contact was sufficient to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of case plan goals.
- Maintained frequent contact with children, and the quality of visits was documented in the case records.
- Developed a template for caseworkers to document their home visit discussions.
- Established an internal case rating system that specifies the frequency of caseworker visits with the family based upon the family's needs.
- Increased frequency of home visits for in-home cases to ensure safety of the child and prevent removal from the home.
- Increased visits to observe the behaviors and interactions of young children who were non-verbal.
- Spoke with children in placement about safety issues, the home environment, school, friends and case plan activities.
- Frequently completed home visits outside of traditional business hours in order to assure the safety of the children and discuss case plan progress.
- Exceeded the OAC standards for conducting visits with children.
- Caseworkers found creative ways to spend quality time with some of the children in substitute care (e.g., one caseworker took a child and her sibling to a local gym to work out together. This provided time to talk to the children about their case plan goals and activities and teach them about health and fitness, which was consistent with information they were being provided in their independent living group).
- Supervisors review caseworkers' documentation regularly to provide guidance on improved documentation and areas to address during the upcoming visit.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Did not meet OAC requirements for visits (frequency, location, or topics to address during visits).
- Visits for in-home cases focused on the identified victim and not all children in the home.

- When there was a placement change which was compatible with the child's case plan goal, the case record did not contain documentation that the child was seen in the new placement setting during the first week of placement.

Item 20: Caseworker visits with parents

In assessing item 20, reviewers were to assess whether the frequency and quality of visits between the caseworker and the mothers and fathers of the child(ren) were sufficient to assure the safety, permanency and well-being of the child(ren) and promote achievement of case goals and objectives. Of the applicable cases reviewed in CPOE Stage 8, 62% were rated as a Strength. Further examination of the results revealed that 60% of the in-home cases were rated as a Strength, and 65% of the substitute care cases were rated as a Strength.

Partial CPOE Stage 9 results indicate a 64% level of compliance with 64% of the in-home cases rated as a Strength and 63% of substitute care cases rated as a Strength.

PCsAs where cases reviewed for this item were rated as a Strength exhibited the following effective practices:

- Utilized an internal case rating system that specifies the frequency of caseworker visits with the family based on the family's needs.
- Utilized an agency template for workers to document their home visit discussions.
- Completed home visits outside of traditional business hours in order to assure the safety of the children and discuss case plan progress.
- Case plan activities as well as current needs of the parents are discussed during monthly meetings.
- Visits with mothers, fathers and legal custodians were made at least monthly and were of high quality as evidenced by case activity logs containing rich information related to the specific progress made on case plan objectives.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Fathers were not engaged in the assessment of needs and the provision of services.
- Fathers and/or non-custodial parents were not visited.
- Insufficient efforts were made to contact parents again if they were not home for the caseworker visit.
- Insufficient efforts were made to contact incarcerated parents.

Assessment of Strengths

- ✓ Strong collaborative relationship with the Ohio Commission on Fatherhood provides assistance to child welfare agencies in developing skills to engage fathers.
- ✓ Ohio's Differential Response Practice Profiles provide guidance on specific practices that have potential to generate improvement on Well-Being Outcome 1. The profiles are a central component of Ohio's strategic plan for the next five years.

Assessment of Concerns

- ✓ Statewide SACWIS data shows that for CY 2013, the percentage of children in custody who were successfully seen monthly was at 96.2%. However, the percentage of successful visits

with the parents associated with the children in custody was only 46.94%. Individual county CPOE reviews support these findings. Clearly, there is a marked difference between successful agency contacts with these two populations.

- ✓ SACWIS reports are dependent on valid data selections in the system. The CPOE process has revealed cases where the narrative explanation of a contact differs from the selection of the SACWIS drop-down field yielding faulty results in both directions (some when the drop-down box shows a successful contact where the narrative indicates the contact was only attempted, and vice versa). These differences are being discussed with counties during the case reconciliation phase of the review. Discussion surrounding policies with visitation opportunities and expanded family contact are also held during this time.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Well-Being Outcome 2 was identified during the 2008 CFSR as an Area Needing Improvement. Multiple strategies and benchmarks were outlined in the CFSR PIP to address this item. Well-Being Item Measure 21 is reviewed during CPOE to assess compliance with Well-Being Outcome 2.

Item		Description
21	Educational needs of the child	Determine if concerted efforts were made to assess children’s educational needs at the initial contact with the child and whether identified needs were appropriately addressed in case planning and case management activities.

Well-Being Item Measure

Examination of County Performance

During CPOE Stage 8, reviewers assessed compliance with item 21 in 349 cases. Of the cases reviewed, 96% overall were rated as a Strength. Examination of the 86 applicable in-home cases revealed that 91% of them were rated as a Strength. Of the 263 applicable substitute care cases, 98% were rated as a Strength. Partial results from CPOE Stage 9 reveal that 97% for the 318 cases were rated as a Strength. For In-home cases, 91% were rated as a strength, while 99% of substitute care cases were likewise rated.

PCSA’s where all cases reviewed for this item were rated as a Strength demonstrated the following effective practices:

- The agency made concerted efforts to assess and address children’s education needs through appropriate services. School personnel attended semi-annual administrative reviews, and agency personnel attended Individual Education Plan (IEP) meetings.
- Case documentation supported caseworkers becoming involved with the educational needs of the child, even though it would not necessarily be required of them to do so.
- Demonstrated attention to the educational needs of children in several ways, including:
 - Maintaining regular contact with the schools,

- Arranging for tutoring,
- Obtaining evaluation by a school psychologist,
- Providing children with Help Me Grow/Early Intervention services, speech therapy, or occupational therapy.

Cases rated as an Area Needing Improvement were a result of the following findings:

- Cases were opened due to reports of educational concerns of the children or educational needs were discovered during assessment. Services were specified on the case plan to address all the identified needs, but there was no follow-up documentation.
- The Family Assessment indicated the need to further evaluate a child due to concerns for developmental delays. Review of the case record discovered no additional evaluation or assessment of the perceived developmental delays.
- Insufficient documentation of either a formal or informal evaluation of the educational needs of the target child.

Assessment of Strengths

- ✓ Concerted efforts are being made to assess and address children’s educational needs through appropriate services.
- ✓ Collaborative efforts are in place to address non-academic barriers to student success.

Assessment of Concerns

- ✓ Need to increase awareness of the educational issues impacting students involved in the child welfare system.
- ✓ Educational programming needs to be targeted to older students transitioning from foster care.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

During the CFSR 2008 review, the two Well-Being Item Measures comprising Well-Being Outcome 3 were rated as an Area Needing Improvement. Strategies and benchmarks to address these items were included in Ohio’s CFSR PIP. Additionally, during and following the PIP, CPOE reviewed both items for PCSA compliance.

	Item	Description
22	Physical health of child	Assess whether the agency addressed the physical health needs of the child, including dental health needs.
23	Mental/ behavioral health of the child	Assess whether the agency addressed the mental/behavioral health needs of the child.

Well-Being Item Measures

Examination of County Performance

Examination of Well-Being Outcome 3 during CPOE Stage 8 indicated agencies were at an 88% compliance level for addressing the health and dental health needs of children. Agencies were found at a 94% compliance level for meeting the mental/behavioral health needs of children.

Partial CPOE Stage 9 results for Well-Being Outcome 3 are depicted below:

	Item	Applicable Cases	Percent of Cases Rated as a Strength
Item 22	Physical health of child	392	88%
Item 23	Mental health of child	328	94%

Substitute care cases had an adverse impact on statewide performance for Item 22, and in-home case performance had an adverse impact on statewide performance for Item 23.

Item 22: Physical health

PCSAs where cases reviewed for this item were rated as a Strength demonstrated the following effective practices:

- Assured children's participation in services to address health issues identified in assessments.
- When the physical needs of the children were a factor in agency involvement with the family, health care needs were assessed and services were provided.
- Assured follow-up care for infants with positive toxicology at birth.
- Obtained children's placement screening exams, routine infant care, Healthcheck examinations and dental examinations as required by the OAC.
- Addressed vision care and medication management.
- Non-routine medical needs such as genetic testing, orthodontia, and the removal of wisdom teeth were addressed.
- Children's physical health needs were addressed and documented on the JFS 01443 *Child's Education and Health Information*.

Cases rated as an Area Needing Improvement were a result of the following findings:

- There was no documentation in the record of contact with medical providers to ensure appropriate medical services were being provided.
- Did not contain the appropriate documentation of the child's health screening within SACWIS. The medical section of the JFS 01443 *Child's Education and Health Information* was not reviewed and updated as applicable at the most recent SAR.
- Case did not contain verification that a medical screening was received within five days of placement.
- Child did not have a timely health screening, because a provider could not be located to provide the medical screening within the required time frame.

Item 23: Mental/behavioral health of the child

PCSAs where cases reviewed for this item were rated as a Strength had the following effective practices:

- The mental/behavioral health needs of children involved in in-home cases were assessed, and services designed to address these needs were documented in the case record.
- Provider reports and documentation of the agency's contact with the service provider were evident in the case record.
- Individual counseling services were provided to address the assessed needs.
- Agency linked parents to parental education to acquire the skills necessary to appropriately manage children's behavioral issues.
- A young adolescent, who was a victim of human trafficking and involved in child prostitution, received services from the *Second Chance Program* designed to address her specific issues. She participated in a group to assist her with managing her emotions and improving self-esteem. She also received individual counseling and mentoring services.

Cases rated as an Area Needing Improvement were a result of the following findings:

- Needed services for the child were identified in the assessment, but these services were either not included on the case plan, or there was no follow up to assure that services were being provided.
- Lack of referral documentation and evidence of the completion of assessment - the child's mental/behavioral health concerns were discussed within activity logs, but reviewers were unable to find evidence that referrals were made or the assessments actually occurred.
- A report from the child's therapist could not be found in the record.

Assessment of Strengths

- ✓ Agencies are responding to the physical and health care needs of the children in their custody as evidenced by case records reviewed.
- ✓ Strong collaboration with partner agencies at the state level to address physical and mental health care needs of children and youth.

Assessment of Concerns

- ✓ Focus on the need for timely health screenings and assessments should be increased.
- ✓ Agencies need to guide transitioning youth in developing skills for self-advocacy in their health care decisions.
- ✓ PCSA staff need training on trauma-informed client engagement strategies and related case plan services.
- ✓ Agencies need to address the use of psychotropic medications within their foster care population.

Systemic Factors

Statewide Information System

Item	Description
19 Statewide Information System	Ensure that the statewide information system is functioning statewide and the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care.

Assessment of Performance

Status

Ohio's SACWIS system is live in all 88 Public Children Services Agencies (PCSAs), approximately 81 Private Child Placing Agencies (PCPAs), and three Title IV-E Juvenile Courts. While PCPAs currently have limited access (they may enter activity logs to the child's case record as well as foster/adoptive parent trainings to process reimbursements), they do not yet have access to directly enter demographic or homestudy/licensing information. At this time, the SACWIS team is creating additional functionality and security to enable PCPAs to directly enter homestudy information into SACWIS. The team is also currently piloting roll-out implementation with three IV-E Juvenile Courts (Miami, Cuyahoga and Hamilton).

The federal SACWIS compliance review is scheduled for the week of August 11, 2014. The team is currently involved in significant system improvement efforts in the following areas: SACWIS system performance/connectivity; delivering the in-home Results Oriented Management suite of reports; implementing AFCARS corrective action items related to medical/educational and client characteristics; designing a new interface with Ohio's Integrated Eligibility System; implementing new Adoption Assistance changes to support OAC rule changes; coding the SACWIS screens to support the mandated child support interface; automating the fingerprint retention foster parent exchange process in collaboration with the Ohio Attorney General's Office; designing the replacement of the Optimal J code generator; creating streamlined additional mobile functionality to support field work activities and providing functionality to enable intakes.

SACWIS projects and schedule are reviewed regularly with ACF through the Advance Planning Document Update process which is due annually on October 1. The SACWIS team implements monthly deployments to keep pace with changing policies, rules and county requests. Ohio partners with vendor staff to ensure SACWIS is adequately supported.

Summary SACWIS Data

The tables on the following pages demonstrate that Ohio's statewide information system is able to identify the status, demographics, location and goals for the placement of all children in foster care. (Note: All tables are based on 5/2/2014 SACWIS data.)

Children in Foster Care 5/1/2013 - 4/30/2014		
Basic Information		
Agency	Frequency	Percent
Adams County Children Services Board	122	0.53
Allen County Children Services Board	147	0.64
Allen County Juvenile Court	1	0.00
Ashland County Department of Job and Family Services	127	0.55
Ashtabula County Children Services Board	260	1.13
Ashtabula County Juvenile Court	8	0.03
Athens County Children Services Board	126	0.55
Auglaize County Department of Job and Family Services	17	0.07
Belmont County Department of Job and Family Services	64	0.28
Belmont County Juvenile Court	13	0.06
Brown County Department of Job and Family Services	165	0.72
Butler County Children Services	725	3.16
Carroll County Department of Job and Family Services	17	0.07
Champaign County Department of Job and Family Services	18	0.08
Clark County Department of Job and Family Services	175	0.76
Clark County Juvenile Court	14	0.06
Clermont County Department of Job and Family Services	506	2.21
Clermont County Juvenile Court	33	0.14
Clinton County Job and Family Services- Child Protection Unit	89	0.39
Columbiana County Department of Job and Family Services	109	0.48
Columbiana County Juvenile Court	3	0.01
Coshocton County Job & Family Services	28	0.12
Crawford County Department of Job and Family Services	113	0.49
Cuyahoga County Division of Children and Family Services	2480	10.82

Children in Foster Care 5/1/2013 - 4/30/2014		
Basic Information		
Agency	Frequency	Percent
Cuyahoga County Juvenile Court	208	0.91
Darke County Department of Job and Family Services	40	0.17
Defiance County Department of Job and Family Services	53	0.23
Delaware County Department of Job and Family Services	62	0.27
Erie County Department of Job and Family Services	170	0.74
Erie County Juvenile Court	2	0.01
Fairfield County Department of Job and Family Services	354	1.54
Fairfield County Juvenile Court	5	0.02
Fayette County Department of Job and Family Services	63	0.27
Franklin County Children Services Board	3951	17.23
Fulton County Department of Job and Family Services	38	0.17
Gallia County Children Services Board	32	0.14
Gallia County Juvenile Court	5	0.02
Geauga County Department of Job and Family Services	86	0.38
Greene County Department of Job & Family Services	180	0.78
Greene County Juvenile Court	9	0.04
Guernsey County Children Services Board	65	0.28
Guernsey County Juvenile Court	5	0.02
Hamilton County Department of Job and Family Services	2175	9.49
Hamilton County Juvenile Court	124	0.54
Hancock County Job and Family Services	76	0.33
Hardin County Department of Job and Family Services	26	0.11
Hardin County Juvenile Court Agency	4	0.02
Harrison County Department of Job and Family Services	47	0.20
Henry County Department of Job and Family Services	47	0.20
Highland County Job & Family Services- Children Services Division	183	0.80

Children in Foster Care 5/1/2013 - 4/30/2014		
Basic Information		
Agency	Frequency	Percent
Hocking County Children Services Board	73	0.32
Holmes County Department of Job and Family Services	51	0.22
Holmes County Juvenile Court	4	0.02
Huron County Department of Job and Family Services	51	0.22
Jackson County Department of Job and Family Services	52	0.23
Jefferson County JFS- Children Services Division	117	0.51
Jefferson County Juvenile Court	19	0.08
Knox County Department of Job and Family Services	30	0.13
Lake County Department of Job and Family Services	142	0.62
Lawrence County Department of Job and Family Services	44	0.19
Lawrence County Juvenile Court	4	0.02
Licking County Department of Job and Family Services	554	2.42
Licking County Juvenile Court	5	0.02
Logan County Children Services Board	42	0.18
Logan County Family Court	1	0.00
Lorain County Children Services Board	213	0.93
Lorain County Juvenile Court	81	0.35
Lucas County Children Services	1007	4.39
Lucas County Juvenile Court	18	0.08
Madison County Department of Job and Family Services	41	0.18
Mahoning County Children Services Board	315	1.37
Mahoning County Juvenile Court	5	0.02
Marion County Children Services Board	86	0.38
Medina County Department of Job and Family Services	87	0.38
Meigs County Department of Job and Family Services	72	0.31
Meigs County Juvenile Court	6	0.03
Mercer County Department of Job and Family Services	62	0.27

Children in Foster Care 5/1/2013 - 4/30/2014		
Basic Information		
Agency	Frequency	Percent
Miami County Children Services Board	64	0.28
Miami County Juvenile Court	14	0.06
Monroe County Department of Job and Family Services	4	0.02
Monroe County Juvenile Court	7	0.03
Montgomery County Job & Family Services	1124	4.90
Montgomery County Juvenile Court	45	0.20
Morgan County Department of Job and Family Services	20	0.09
Morrow County Department of Job and Family Services	46	0.20
Multi-County Juvenile Attention System	27	0.12
Muskingum County Children Services Board	194	0.85
Muskingum County Juvenile Court	1	0.00
Noble County Department of Job and Family Services	13	0.06
Ottawa County Department of Job and Family Services	39	0.17
Ottawa County Juvenile Court	1	0.00
Paulding County Department of Job and Family Services	29	0.13
Perry County Children Services Board	183	0.80
Pickaway County Department of Job and Family Services	36	0.16
Pickaway County Juvenile Court	3	0.01
Pike County Children Services Board	67	0.29
Portage County Department of Job and Family Services	242	1.06
Preble County Department of Job and Family Services	156	0.68
Putnam County Department of Job and Family Services	10	0.04
Richland County Children Services Board	97	0.42
Ross County Job and Family Services, Children's Division	201	0.88
Ross County Juvenile Court	11	0.05
Sandusky County Department of Job and Family Services	53	0.23
Scioto County Children Services Board	276	1.20

Children in Foster Care 5/1/2013 - 4/30/2014		
Basic Information		
Agency	Frequency	Percent
Seneca County Department of Job and Family Services	26	0.11
Shelby County Department of Job and Family Services	24	0.10
Shelby County Juvenile Court	1	0.00
Stark County Job and Family Services	757	3.30
Stark County Juvenile Court	5	0.02
Summit County Children Services	1301	5.67
Summit County Juvenile Court	12	0.05
Trumbull County Children Services Board	269	1.17
Trumbull County Juvenile Court	1	0.00
Tuscarawas County Job and Family Services	168	0.73
Union County Department of Job and Family Services	74	0.32
Van Wert County Department of Job and Family Services	7	0.03
Vinton County Department of Job and Family Services	68	0.30
Warren County Children Services	201	0.88
Warren County Juvenile Court	3	0.01
Washington County Children Services Board	74	0.32
Wayne County Children Services Board	257	1.12
Williams County Department of Job and Family Services	73	0.32
Williams County Juvenile Court	2	0.01
Wood County Dept. JFS	76	0.33
Wood County Juvenile Court	3	0.01
Wyandot County Department of Job and Family Services	13	0.06

Placement Type		
Placement	Frequency	Percent
Adoptive Placement - AP	1698	7.41
Certified Approved Non Relative	651	2.84
Certified/Approved Relative -CAR	4707	20.53
Certified Children's Residential Center- CRC	2441	10.65
Certified Emergency Shelter Care Facility - ESC	45	0.20
Certified Foster Home	11804	51.48
Certified Group Home - GH	971	4.23
Detention Facility - DET	156	0.68
Independent Living - IL	395	1.72
Licensed Medical/Educational Facility - MEF	51	0.22
Own Home	6	0.03
Residential Parenting Facility - RPF	5	0.02

Permanency Goal		
Goal	Frequency	Percent
Adoption	4361	19.94
Independent Living	228	1.04
Independent Living/Emancipation	553	2.53
Maintain in own home; prevent removal	4127	18.87
Permanent Placement with Relative	829	3.79
Placement of child(ren) in a planned, permanent living arrangement, excluding adoption (PPLA)	1092	4.99
Return the child(ren) to parent/guardian/or custodian (Reunification)	10685	48.85

Frequency Missing=1055

Oldest Age		
Oldest Age	Frequency	Percent
0	1709	7.45
1	1775	7.74
2	1558	6.79
3	1327	5.79
4	1297	5.66
5	1157	5.05
6	1065	4.64
7	905	3.95
8	911	3.97
9	795	3.47
10	707	3.08
11	691	3.01
12	739	3.22
13	901	3.93
14	1120	4.88
15	1415	6.17
16	1573	6.86
17	1637	7.14
18	1247	5.44
19	259	1.13
20	103	0.45
21	38	0.17
22	1	0.00

Gender		
Gender	Frequency	Percent
FEMALE	10574	46.13
MALE	12350	53.87

Frequency Missing=6

Single Race		
Race	Frequency	Percent
AMERICANINDIAN	27	0.12
ASIAN	37	0.16
BLACKAFRICANAMERICAN	7275	31.93
MULTIPLE	1991	8.74
NATIVEHAWAIIAN	1	0.00
OTHERPACIFICISLANDER	5	0.02
UNDETERMINED	88	0.39
UNKNOWN	32	0.14
WHITE	13330	58.50

Frequency Missing=144

Stakeholder Feedback

SACWIS has many stakeholders including PCSAs, PCPAs, IV-E Juvenile Courts, ACF and state users (monitoring, policy, quality improvement and financial staff). A brief overview of feedback venues is described below:

- SACWIS Usergroups – onsite and webinar over views on project priorities and system functionality. Meetings generally occur quarterly and are well attended (more than 150 participants). County SACWIS Coordinators attend and provide feedback on priorities, as well as functionality preferences, are often discussed.
- SACWIS Surveys – SACWIS leadership provides users with the opportunity to give feedback on the usability of specific functionality changes as well as project priorities. Surveys are typically administered approximately every 18 mos to coincide with the state’s budget cycle/request.
- PCSAO Directors’ Meetings – breakout groups generally include SACWIS topics and metro agency directors provide feedback on functionality needs/use.
- Private Agency Council – focus group of 18 Private Child Placement Agencies that review system functionality and guide planning for system changes to support private agencies. The group meets monthly. In addition, private agencies were sent a SACWIS readiness assessment in April 2014 to assess agency business flows and assist with current development and implementation planning.
- Juvenile Court IV-E Implementation Steering Committee – focus group that reviews system functionality, IV-E requirements and guides system development changes and implementation plans – group met monthly during 2013 and is not meeting due to pilot

implementation at this time. Feedback continues through the Juvenile Court Roundtable meetings which occur quarterly.

- Build Calls – the SACWIS team implements monthly build calls to review functionality and respond to concerns/questions from users.
- CQI Workgroups – targeted focus groups that suggest changes to support CQI priorities and system improvements, groups were meeting bi-weekly during first half of 2014.
- Partnership for Ohio Families Regional Teams – teams meet regularly, SACWIS technical assistance has been provided during schedule group sessions and SACWIS members have taken back feedback for incorporation in development work/deployment planning.
- Protect Ohio – Ohio’s participating counties frequently recommend SACWIS changes to ensure the system supports the fidelity of program interventions, the group meets monthly.
- Ohio Child Welfare Training Program “OCWTP” Supervisory Manager Report Work Group – A group of child welfare managers has partnered with the OCWTP program and SACWIS to develop online day to day management reports in SACWIS. The group recommends reports that are implemented and reviewed with the group quarterly.

Assessment of Strengths

- ✓ The team is implementing functionality to support linking intakes to adoptions in September 2014 as prioritized by end users.
- ✓ The SACWIS system is web-based and available to staff already through multiple mobile devices; additional work to streamline intake workload for field work data entry is being planned for the next state budget cycle.
- ✓ Over the past year, approximately 655 enhancements/development items were completed in the following areas: 30% screening/intake, 23% case management, 23% finance, 16% resource management and 8% administration. System enhancements were deployed based upon user feedback, rule changes, federal requests, business needs, technical dependencies and budget considerations.
- ✓ Several new management workload reports were deployed to assist staff with monitoring data quality and real time performance.
- ✓ ODJFS has consistently funded significant SACWIS development to support new initiatives such as Alternative Response, ProtectOHIO, data reporting and regular system improvements. Ohio SACWIS data has been cited in multiple national child welfare research articles and federally funded program reform efforts to inform practice improvements.
- ✓ The SACWIS system supports prospective financial processing that enables counties to identify and correct discrepancies easily. If data corrections are not implemented, the

system has validations to disallow reimbursement when data are inconsistent and/or missing.

- ✓ ODJFS has implemented real time online data quality utilities to assist counties with monitoring data quality for federally required reports: NCANDS, AFCARS and NYTD.

Assessment of Concerns

- ✓ Based upon an April 2013 SACWIS User Survey which provided feedback from more than 1400 users, critical functionality improvement priorities were identified in making case services easier to enter, allowing linkages of intakes on adoption cases and providing additional workload management support such as document imaging.
- ✓ While data entry for federally mandated reports has improved with the implementation of online / real time data quality utilities for NCANDS, AFCARS and NYTD, many counties are inconsistently entering required data in SACWIS and continue to build and rely upon county specific or off the shelf products for particular business needs.
- ✓ Counties would prefer that reports be e-mailed or sent to them rather than utilizing report functionality.
- ✓ Counties would like better coordination between policy development/implementation and SACWIS development/planning.
- ✓ Although significant efforts are made to receive feedback from stakeholders, the software development life cycle is time consuming and labor intensive. Efforts continue to involve counties in joint application and testing, but agency directors may not feel involved and /or knowledgeable about SACWIS plans/priorities.
- ✓ Private agencies have many efficiency business needs (such as document imaging to submit reports and documents) that are not supported by SACWIS.

Case Review System

Item		Description
20	Written case plan	Determine what statewide information and data are being used to show whether each child has a written case plan developed jointly with the child's parents that includes the required provisions.

Assessment of Performance

Monitoring Compliance with Case Plan Requirements

Monitoring compliance with Case Plan requirements occurs during CPOE reviews of in-home and substitute care case records. Two review items which address case plan compliance include:

- Item 7: Permanency Goal for Child (only substitute care cases)

- Item 18: Child and family involvement in case planning

Item 7: Permanency Goal for Child

During CPOE Stage 8, 358 substitute care cases were reviewed to determine whether appropriate permanency goals were established for the child in a timely manner. Statewide compliance was at 76%. Partial CPOE Stage 9 results indicate compliance is at 66% (246 cases).

The following concerns were identified during case reviews:

- Initial case plans were not developed within prescribed time frames after the child entered agency custody.
- Case plan goals were not developed timely or filed with the court within required time frames.
- Case plan amendments were not completed timely and submitted to the court (e.g., change in goals, placement moves, change in custody status).
- Documentation was located in the case activity log that the caseworker had developed the case plan and presented it to the parent(s) for signature.

Item 18: Child and family involvement in case planning

During CPOE Stage 8, 591 in-home and substitute care cases were reviewed to assess whether concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. Overall case compliance was at 80%; however, in-home case compliance was at 74%, while substitute care case compliance was at 84%. Partial results for CPOE Stage 9 indicate case compliance was at 74% for in-home cases and 83% for substitute care cases.

The following concerns were identified for both in-home and substitute care cases:

- Parents, especially fathers, were not fully engaged in the case plan process.
- Children/youth were not engaged in case planning when age appropriate.
- Lack of documentation in SACWIS indicating that the family or child was given the opportunity to participate in the development of the case plan.
- Permanency Goals were not established timely.
- Inconsistency among case records within an agency with regard to child and family participation in case planning and review.

When agencies did not meet case plan requirements, technical assistance was provided to support the development of a QIP to address the issues of concern.

SACWIS Functionality

SACWIS provides the agency with the ability to monitor compliance with initial case plan requirements. The worker assigned to a case and his/her assigned supervisor is provided with a “tickler” notification to prompt the development of the initial case plan based upon the time frames cited in OAC rules. The color of the tickler link indicates its urgency, based on escalation dates.

Red (three feathers)	Today's date is past the due date.
Gold (two feathers)	Today's date is past the first escalation date, but before the due date.
Green (one feather)	Today's date is before the first escalation date.

Many PCSA cases involve the courts. SACWIS allows the assigned worker/supervisor to keep track of court case participants, legal actions, and their court calendar. To access the court functions, workers navigate to the Case Overview screen for the appropriate case. The worker then clicks the Legal Action link in the navigation bar on the left. The Case Legal Actions/Delinquency Participants Filter Criteria screen appears. Links are available for each Case Participant, Maintain Legal Action and Maintain Delinquency.

- **Maintain Legal Action link:** This presents all of the legal actions associated with this case for the case participant associated. Such actions include complaints, motions, hearings, notifications, rulings, and subpoenas. From this view, a worker can add new legal action records, view or edit existing records associated with the case, and view legal action histories. The worker can also add legal actions and group them to existing legal actions, creating a history of actions on a particular case.
- **Maintain Delinquency link:** Displays any delinquency hearings or adjudications associated with the case participant. The worker can edit legal action records with which the person is associated. This view lists the actions grouped with a primary legal action, delinquency and adjudication history.
- **Case Participants link:** View participant's person record in the case that may have open legal status record.

The legal action link displays all participants on a case who are under age 22. A radio button allows all users on the case to display, even if over 22 years old.

The system automatically creates a court calendar based on the dates entered on hearing records. The worker/supervisor can view their court calendar at any time by selecting Case tab; then Court Calendar tab.

SACWIS staff are in the process of developing a report to alert the user when a case plan or case plan amendment is due.

SACWIS has removed the Family Participation response when amending a case plan to reinforce the ongoing documentation of how the family or child participated in the development of the case plan. Additionally, SACWIS requires the user to readdress each child's permanency goal at case plan amendments by removing the Permanency Goal from the case plan Identifying Information topic.

Item		Description
21	Periodic Reviews	Determine how well the case review system functions statewide to ensure that that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

Monitoring Compliance with Periodic Review Requirements

Monitoring compliance with conducting periodic reviews occurs during CPOE reviews of in-home and substitute care case records. The four review items that address compliance with conducting periodic reviews include:

- Item 4: Risk Assessment and Safety Management
- Item 7: Permanency Goal for Child (only substitute care cases)
- Item 17: Needs and services of child, parents, and substitute caregivers or pre-adoptive parents.
- Item 18: Child and family Involvement in Case Planning

Review of CPOE Reports for CPOE Stage 8 and CPOE Stage 9 indicated the following concerns for cases rated as an Area Needing Improvement:

- SARs were not being completed according to required timeframes.
- Required case plan participants were not involved in SARs.
- Services were not being updated at SARs.
- Required paperwork necessary to reflect completion of SARs was not being done.
- Case plan goals were not being amended and submitted to the court following SARs.

When agencies did not meet the requirements for conducting periodic reviews and SARs, technical assistance was provided to support the development of a QIP to address the issues of concern.

SACWIS Functionality

Tickler notifications are generated to workers and their supervisors for: Semi-Annual Case Review Due, Three-Month Case Review Due, and an Annual Review/Reasonable Efforts to Finalize Permanency Plan. Additionally, there is a management report within SACWIS entitled *SAR/Case Review Due Report* that workers and their supervisors can use to identify upcoming due dates.

Item		Description
22	Permanency Hearings	Determine how well the case review system functions statewide to ensure that a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

SACWIS Functionality

Ticklers are generated to workers and their supervisors for an Annual Review/Reasonable Efforts to Finalize Permanency Plan. Additionally, there is a management report within SACWIS entitled *SAR/Case Review Due Report* that workers can use to identify upcoming due dates. A screen shot of the SAR/Case Review Due Report is presented below.

Case Name	Case ID	Case Category	Current Case Status	Original Due Date Calculated from the Following Activity	Date of Trigger Activity	Last Case Review Date	Last SAR Date	Next Case Review Due Date	Next SAR Due Date	Unit Name	Worker Name	Supervisor Name
Case 1	12345	ONGOING	Custody	Date of Court Ordered Legal Status	01/17/2005	03/26/2007	03/26/2007	05/30/2014	05/30/2014	Ongoing	County Worker	County Supervisor, MSW
Case 2	678910	ONGOING	Custody	Date of Court Ordered Legal Status	07/10/2003	02/09/2006	02/09/2006	05/13/2014	05/13/2014	Ongoing	County Worker	County Supervisor, MSW
Case 3	111213	ADOPT	Custody	Date of Court Ordered Legal Status	12/03/1993	05/23/2007	05/23/2007	05/17/2014	02/16/2014	Ongoing	County Worker	County Supervisor, MSW
Case 4	141516	ONGOING	Custody	Date of Court Ordered Legal Status	11/04/2013	03/25/2014	03/25/2014	05/03/2014	05/03/2014	Ongoing	County Worker	County Supervisor, MSW
Case 5	171819	ADOPT	Custody	Date of Court Ordered Legal Status	05/13/2004	05/15/2007	05/15/2007	06/20/2014	03/22/2014	Ongoing	County Worker	County Supervisor, MSW
SAR/Case Review Dates not Calculated due to no case plan signature entered for voluntary cases												
No Applicable Cases												

Item	Description
23	Termination of Parental Rights
	Determine how well the case review system functions statewide to ensure the filing of termination of parental rights proceedings occurs in accordance with required provisions.

Monitoring Compliance with Filing for Termination of Parental Rights

Compliance with requirements for the filing for Termination of Parental Rights is conducted during CPOE Reviews. For substitute care cases reviewed, a determination is made if the child had been in foster care for at least 12 of the most recent 22 months and if: (1) the agency had filed a petition with the court to terminate parental rights; or (2) the agency had documented compelling reasons for not filing for termination of parental rights. Of the applicable cases reviewed during CPOE Stage 8 and CPOE Stage 9, the majority of agencies had filed for termination of parental rights or had documented compelling reasons not pursuing termination of parental rights. However, during the reviews it was noted:

- An agency filed a motion and received Planned Permanent Living status for the child; however, there were no exceptions or compelling reasons for not filing for the termination of parental rights specified in the case plan.

- Agencies had filed motions for termination of parental rights prior to the time frames; however, due to the scheduling of court hearings, and later of case appeals, children had been in care for an extended period of time.
- Some agencies had not filed motions for termination of parental rights timely and did not document any compelling reasons for not filing.

When agencies did not meet the termination of parental rights provisions, technical assistance was provided to support the development of a QIP to address the issues of concern.

Supreme Court of Ohio Tracking

Local courts report to the Supreme Court of Ohio (SCO) on the number of motions that are made for Permanent Custody (PC) of children. From the time the court receives a motion, it must be heard/determined within SOC time frames. The following table shows the number of PC motions pending in court for each month. Of those, the “overage” is the number/percent that have exceeded SOC timeframes. It should be noted that because motions can span more than one month, those that were filed two months ago are counted the same as those that came in last week.

PC Motions Over Recommended Time Frames

Metric	County	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Pending	Statewide	919	911	903	892	889	889	888	886	875	875	873	875
Overage	Statewide	114	116	118	124	125	126	124	122	119	118	117	118
Overage Rate	Statewide	12%	13%	13%	14%	14%	14%	14%	14%	14%	14%	13%	14%

As evident by the data presented above, about 14% of the PC motions have exceeded the timeframes.

Item	Description
24	<p>Notice of Hearings and Reviews to Caregivers</p> <p>Determine how well the case review system functions to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.</p>

Monitoring Compliance with Notice of Hearings and Reviews to Caregivers

In 2010, OFC agreed to use the CFSR On-Site Review Tool in lieu of its prior CPOE monitoring instruments in order to establish baselines and improvement goals for those items which were determined in substantial non-conformity during the CFSR Round 2 review. As a result, the following items were no longer included in CPOE case reviews:

- Whether the PCSA provided written notification including the date, time, and place for the SAR to the child’s parent, guardian or custodian, pre-adoptive parent, the GAL and/or CASA, substitute caregiver and the child’s attorney;
- Whether the SAR was conducted by the required panel members; and
- When the court hearing took the place of an SAR, that time frames were met and all participants were notified.

SACWIS Functionality

Agencies are required to enter information in SACWIS regarding notification to all case plan participants of SARs and court hearings. The screen shot below displays information agencies are required to enter.

The screenshot shows the OHIO SACWIS notification details form. At the top left is the OHIO SACWIS logo. To its right is a user indicator 'UAT [1]'. On the top right are navigation links: 'home', 'search', 'help & training', and 'log off'. Below these is a login status: 'Logged In: Supervisor, MSW, County [My County Department of Job and Family Services]' and a 'help' link. The main form area contains the following fields and controls:

- Case ID: [Redacted]
- Case Name: [Redacted]
- Case Status: Open
- Case Category: Ongoing
- Notification Details section with a minus sign icon.
- Action Participant: * Que, Susie
- Court Case Number: [Empty text box]
- Notification Type: * Hearing (dropdown menu)
- Notification Status: * Completed (dropdown menu)
- Person Notified: * Boop, Betty (text box) with a 'Person Search' button.
- Date of Notification: * 06/01/2014 (calendar icon)
- Notification By: Supervisor, MSW, Count (text box) with a 'Person Search' button.
- Notification Details: [Large empty text area]
- Notification Method: [Dropdown menu with options: Certified Mail, E-mail Notification, In Person, Publication, Regular Mail, Summons, Warrant]
- Time of Notification: [Empty text box]
- Buttons: Spell Check, Clear, 3000
- Footer: Created in Error, Save, Cancel

Stakeholder Feedback

The Supreme Court of Ohio Subcommittee on Responding to Child Abuse, Neglect and Dependency established a workgroup charged with examining factors that impact notification given to caregivers and meaningful participation of caregivers in court hearings. The group will be making recommendations to improve processes related to notice and engagement of caregivers who would like to attend critical hearings to provide feedback about the child's progress.

OFC also partners with the Supreme Court of Ohio on its Court Improvement Program. The Strategic Plan for Ohio's Court Improvement Program articulates a goal to: *Promote child well-being by strengthening engagement between families, children & system partners.* Short-term & intermediate outcomes included under this goal are to "increase the number of foster care parents who receive timely notice and attend/participate in Review Hearings."

Assessment of Strengths

- ✓ CPOE assesses whether agencies are meeting requirements governing: case plans, periodic reviews, and filing for termination of parental rights and requires PCSAs to develop a QIP to address identified practice concerns.

- ✓ SACWIS has built-in tickler notifications to assist agency workers and supervisors in tracking compliance with time frames for initial case plans, three-month case reviews, SARs, and annual reviews/reasonable efforts to finalize permanency plan.
- ✓ SACWIS has developed an administrative report for agencies to use entitled *SAR/Case Review Due Report*.
- ✓ ODJFS has a strong relationship with the Supreme Court of Ohio and will continue to collaborate to establish further methods to track case review requirements.

Assessment of Concerns

- ✓ Additional statewide ticklers and/or reports need to be developed to address case plan amendments, TPR filings, and notices to required parties, including substitute caregivers, of hearings.
- ✓ Timeliness and quality engagement of families in initial case plans and periodic case reviews.
- ✓ Timeliness of SARs and court hearings, including permanency hearings and motions for permanent custody.

Quality Assurance System

Item		Description
25	Quality Assurance System	Determine how well the quality assurance system functions statewide to ensure that it is: (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

Assessment of Performance

Since the last APSR submission in 2013, the Office of Families and Children has launched a new CQI initiative focused on enhancing Ohio’s statewide CQI infrastructure. OFC has established a CQI Advisory Team comprised of state and county partners. Eight members of the CQI Advisory Team are currently participating in the national CQI Academy developed by JBS International for the Children’s Bureau. The following elements of effective CQI, developed by JBS International for the CQI Academy, reflect the fundamental guiding principles for CQI that OFC seeks to achieve as we strengthen Ohio’s statewide CQI efforts:



The CQI Advisory Team seeks to develop a statewide approach to CQI in Ohio’s child welfare system that is:

- Systematic – CQI processes and procedures are well-articulated and consistently applied on a statewide basis;
- Holistic – The CQI process is based on a well-rounded approach, which includes multiple and varied data sources.
- Data-driven – Decisions are consistently informed by data, rather than conjecture.
- Inclusive – Local partners are consistently engaged in conversations to interpret data, understand its meaning, and develop targeted solutions.
- Proactive – CQI efforts are forward-thinking, ongoing, and seek to develop solutions to issues or concerns in a timely manner.

Although Ohio is in the early stages of its statewide CQI initiative, the state has many strong and well-established CQI elements, which will serve as foundational components of the statewide CQI infrastructure. These include the: (1) Quality Assurance System – Child Protection Oversight and Evaluation System; (2) Data-Driven Focus; (3) Established Feedback Loops; (4) a Well-developed Practice Model; and (5) Strong Local CQI Systems.

Child Protection Oversight and Evaluation Process

The Ohio Child Protection Oversight and Evaluation (CPOE) system was implemented more than twenty years ago as a systematic and consistent method to review child welfare practice at the county level. The CPOE quality assurance system is based on continuous quality improvement using automated child welfare data found in SACWIS. Each of Ohio’s eighty-eight (88) PCSAs is required by Ohio Revised Code (ORC) to make case records available for review and assessment by ODJFS staff. On a twenty-four month cycle, CPOE is designed to improve services and outcomes for Ohio’s families and children through a coordinated review between

the PCSAs and ODJFS. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four month period. On-site activities focus on joint case record review by PCSA and ODJFS staff, reconciliation, and technical assistance. In addition to providing PCSAs with ongoing data reports, management letters and correspondence, CPOE staff meet with PCSAs to offer technical assistance and to review any Quality Improvement Plans (QIP) developed as a result of the CPOE review. Following the onsite case record review and issuance of the final CPOE report, efforts to assist each PCSA to strengthen practice and address areas needing improvement continue during the two year CPOE cycle. These include:

- A scheduled PCSA self-assessment five months after the CPOE report is issued and a second on-site case review by ODJFS staff ten months post-CPOE report.
- Provision of county-specific data and outcome reports from:
 - Statewide Automated Child Welfare Information System (SACWIS)
 - Business Intelligence Channel (BIC)
 - Results Oriented Management (ROM)
- Training by ODJFS staff and regional training centers throughout the state.
- Sharing of national, state and PCSA best practices.

The CPOE review tool was revised in 2009 to replicate the tool used in the Round 2 federal CFSR review. This tool was used during CPOE Stage 8 and is currently being used during CPOE Stage 9. Adoption of the federal review tool helped to focus CPOE reviews on the federal outcome measures for safety, permanency and well-being. The CFSR Round 2 on-site review tool was modified to make it specific to ORC and Ohio Administrative Code (OAC) requirements.

The CPOE review tool incorporates compliance items mandated by the OAC and federal requirements. The revised CPOE case review process supports Ohio's endeavor to attain statewide substantial conformity with all CFSR measures and enhance PCSAs' capacity to assist children and families in achieving positive outcomes.

Previously, the CPOE review collected information from PCSA case records with little to no input from PCSA staff during the record review process. The current CPOE process requires a preliminary review of case information in SACWIS prior to going on-site to a county. Once on-site in the county, PCSA staffs participate in reviewing case records with the ODJFS staff. The review includes interviews with caseworkers, supervisors, children, parents, substitute caregivers, and service providers. CPOE places emphasis on the federal outcome indicators and provides a method to check the integrity of SACWIS data entered by PCSA staff.

The table below outlines the full CPOE Review Process.

CHILD PROTECTION AND OVERSIGHT EVALUATION (CPOE)			
24-Month Cycle Review Process			
PRE ON-SITE ACTIVITIES	ON-SITE ACTIVITIES	POST ON-SITE ACTIVITIES	QUALITY IMPROVEMENT PLAN (QIP) IMPLEMENTATION & OVERSIGHT
Notification <ul style="list-style-type: none"> ➤ Random sample list /# cases to be reviewed in-home and sub care ➤ Dates of review on-sight ➤ Period under review ➤ County/ODJFS review team determined 	Entrance Conference <ul style="list-style-type: none"> ➤ Progress since last CPOE review ➤ Review Federal Child and Family Services Review (CFSR) measures - statewide and PCSA ➤ Discuss county-specific data reports ➤ Ohio CFSR Program Improvement Plan 	Report & Technical Assistance <ul style="list-style-type: none"> ➤ CPOE Stage 9 Report Development (Draft Report) ➤ Provide Draft Report to PCSA for review ➤ Provide Technical Assistance (TA) 	Five (5) Month QIP Assessment <ul style="list-style-type: none"> ➤ Five (5) Month QIP Self-Assessment ➤ Technical Assistance as requested
Data Preparation: Ohio Department of Job and Family Services (ODJFS) <ul style="list-style-type: none"> ➤ County-specific data reports ➤ SACWIS case review ➤ Review previous CPOE reports and QIPs 	Case Record Review and Reconciliation Number of cases reviewed by PCSA size: <ul style="list-style-type: none"> ➤ Small – 6 cases ➤ Small/Medium 7 cases ➤ Medium – 9 cases ➤ Large – 10 cases ➤ Metro – 10 cases ➤ Major Metro 12 cases 	Exit Conference <ul style="list-style-type: none"> ➤ Review of Draft CPOE Stage 9 Report & Findings ➤ Attended by Regional Training Center staff ➤ Final CPOE report released to PCSA director, judge, elected county officials 	Ten (10) Month QIP Oversight <ul style="list-style-type: none"> ➤ Ten (10) Month Case Record Review (SACWIS Review by TAS) ➤ Ten (10) Month QIP Implementation Discussion (On-Site) ➤ Ten (10) Month QIP Progress Review Report ➤ TA as needed
Data & Other Preparation: Public Children Services Agency (PCSA) <ul style="list-style-type: none"> ➤ Prepare cases to be included in CPOE review ➤ Select staff to co-review cases 	Stakeholder Interviews and Reconciliation	Quality Improvement Plan <ul style="list-style-type: none"> ➤ PCSA Quality Improvement Plan (QIP) Development and Submission ➤ ODJFS QIP review Approval/ Disapproval 	

Data-Driven Focus

Multiple avenues for ongoing data reporting and analysis assist ODJFS and our state and local partners in making informed decisions about practice improvement. These include:

- SACWIS Management Reports
- Business Intelligence Channel (BIC) Reports
- Results-Oriented Management System (ROM) Reports
- CPOE Statewide Reports

Additionally, Ohio has traditionally maintained a strong focus on conducting rigorous evaluations when implementing major child welfare practice changes and new programmatic initiatives. This focus on evaluative activities supports the CQI model as results are used to inform

changes needed in practice and/or policy. Evaluations planned, completed or currently underway include:

- CAPMIS
- Differential Response
- Family Drug Treatment Courts
- Permanency Roundtables
- ProtectOHIO
- Safe & Together

Furthermore, partnerships with the Supreme Court of Ohio and other state agencies result in the sharing of data to inform decision making and improve practice. Ohio's CFSP includes a focus on enhanced cross-systems data sharing to better understand the needs, service utilization and gaps for families who are involved in multiple service systems.

Feedback Loops

Well-established feedback loops with stakeholders are critical to the success of CQI efforts. Stakeholder input is essential for informing the analysis of data, interpreting and understanding results, and developing effective solutions. As noted in the General Information section of this plan, ODJFS has developed strong partnerships among state child-serving agencies, the courts, local agencies and service providers for advancing needed improvements to Ohio's child welfare system. OFC has a collaborative and well established infrastructure to obtain feedback. This includes:

- Partners for Ohio's Families Advisory Board
- Regional Technical Assistance Teams
- Differential Response Leadership Council
- ProtectOHIO Consortium
- Permanency Roundtable Advisory Council
- Primary Parent Workgroup
- Ohio Youth Advisory Board
- Supreme Court of Ohio
- Public Children Services Association of Ohio
- Ohio Job and Family Services Directors Association
- Ohio Association of Child Caring Agencies
- Ohio Family Care Association
- Ohio Grandparent/Kinship Coalition
- Other State Agencies

Please see pages 16-20 for a full description of the collaboration infrastructure that will be an integral support for ongoing statewide CQI efforts.

Practice Model Refinement

ODJFS has invested significant efforts, along with county partners, in the refinement of the state's child welfare practice model. As outlined in the General Information section of this plan, Ohio has worked with the National Implementation Research Network (NIRN) to develop a fully-articulated statewide child welfare practice model. Ohio's practice model encompasses both the underlying principles and foundational tenets of child welfare practice as well as a set of

Practice Profiles containing specific, behavioral indicators of quality practice across ten essential child welfare skill sets: engaging; assessing; partnering; planning; implementing plans; evaluating the outcomes of plans; advocating; demonstrating cultural and diversity competence; communicating; and collaborating with community partners. The Practice Profiles describe caseworker practices across a spectrum of proficiency in observable, measurable, and behavioral terms in order to provide a fully operationalized practice model for the state of Ohio. This practice model will serve as an anchor for many of the state's CQI activities and strategic priorities over the next five years.

Agency CQI Systems

A number of public and private agencies across the state have established local CQI systems with rigorous review of performance data, peer review processes and local stakeholder input. The expertise of county and private agency partners will be sought as OFC works to strengthen Ohio's statewide CQI infrastructure. Statewide CQI efforts will not supplant individual agencies' CQI structures – rather, Ohio seeks to more fully integrate these efforts into its statewide CQI approach.

CQI Goals & Planned CQI Enhancements

Broadly, Ohio's goals for enhancement of its statewide CQI system are to:

- Establish an integrated statewide CQI structure that strengthens the linkages between the foundational elements described above.
- Continue to extend focus from Quality Assurance to a holistic CQI approach.
- Fully engage public and private agencies in collaboration with child welfare stakeholders and system partners in improvement efforts.
- Provide data that is accessible and meaningful to child welfare professionals in a variety of roles (practitioners, supervisors, agency leaders, and courts) in order to inform decisions about practice improvement.
- Sustain a culture of learning and improvement.

To accomplish these broader CQI goals, Ohio has included CQI enhancement as a priority within this CFSP. Several planned CQI objectives and interventions are detailed within the Plan for Improvement (Section III).

Current CQI Activities

Several CQI activities are currently underway and will continue as detailed within the five-year strategic plan:

- 1.) Establishment of ODJFS CQI Advisory Team - Formed in 2014 to serve as the guiding body for CQI planning and enhancement, the Advisory Team has also provided leadership throughout the development of the state CFSP. The group will continue to serve in this leadership role throughout the implementation of the CFSP. The CQI Advisory Team's initial charge was to:
 - Develop recommendations to strengthen Ohio's statewide CQI system in order to improve outcomes for children and families served by the child welfare system.

- Provide leadership for nine workgroups established to develop recommendations for the CFSP.
 - Assure consistent application of the CQI Framework to the development of strategies included in the CFSP.
- 2.) Development of a Statewide CQI Infrastructure Building on Strengths of Local Partners – OFC has initiated this process by inviting county partners to serve on the state CQI Advisory Team. In addition, the state has begun gathering written CQI policies and procedures from local partners, which will be synthesized and considered as the Advisory Team develops statewide CQI recommendations. OFC is also considering potential mechanisms for local partners to share CQI information, tools and resources more readily.
 - 3.) Integration of CQI into Statewide Planning Efforts – With this CFSP, Ohio has begun infusing CQI principles and a CQI approach throughout the planning process. All planned activities in the CFSP have been developed after a careful review of a wide variety of data. Discussion of the data and prospective recommendations with stakeholders has been integral to the development of the final plan and will continue as the state moves forward with implementation of the plan.
 - 4.) Development of CQI Tools and Resources that are Aligned with Ohio’s Practice Model – A priority focus is the development of companion CQI tools that are fully aligned with Ohio’s child welfare practice model. These tools and resources will support practice improvement consistent with the behavioral indicators detailed in Ohio’s Practice Profiles which, in turn, is expected to drive outcomes improvement.

Opportunities for Growth

Consistent with feedback received from the Children’s Bureau in Ohio’s CQI status letter, OFC has identified several opportunities for growth as the state enhances its CQI structure. As detailed in the Plan for Improvement section of the CFSP, OFC plans to focus efforts on the following CQI system enhancements:

- Foundational Administrative Structure: OFC plans to develop a written statewide CQI Framework to articulate overarching statewide CQI procedures and detailed CQI recommendations that will more fully integrate the foundational CQI components described above. In addition, Ohio will create CQI tools and professional development supports for local partners. For example, Ohio plans to develop caseworker and supervisory CQI tools and training aligned with the Practice Profiles. OFC also plans to partner with the Ohio Child Welfare Training Program to make CQI Coaching available to PCSAs.
- Quality Data Collection: Within this plan, OFC has outlined a number of activities designed to increase the accessibility of statewide MIS data and improve data integrity to support CQI activities. This includes better integration of SACWIS, BIC & ROM into various child welfare training workshops; provision of SACWIS Coaching through the Ohio Child Welfare Training Program; updating current data reports to reflect the new federal CFSR measures; providing user-friendly data reports; and developing a formalized protocol for CPOE entrance conferences to promote consistent use of SACWIS data to identify concerns and highlight PCSA strengths and best practices.

- Case Record Review Data and Process: As noted in Ohio's CQI status letter from the Children's Bureau, Child Protection Oversight and Evaluation (CPOE) is a long-standing statewide case review process conducted in all 88 of Ohio's counties. With each CPOE stage, Ohio has sought to make improvements based on lessons from the previous cycle. OFC is working toward several case review enhancements through this five-year strategic plan. These include establishing a process to strengthen inter-rater reliability for CPOE reviews and QIP approvals as well as integrating a CAPMIS quality review and practice fidelity measures based on Ohio's Practice Profiles into the CPOE review framework. In addition, OFC will work with county partners to explore the feasibility of a multi-county/regional peer case review process as part of our statewide CQI plan. Such a process may yield potential for a larger random sample of cases allowing greater opportunity for valid statistical inferences from case review data.

- Analysis and Dissemination of Quality Data: As noted above, one of Ohio's core CQI goals is to provide data that is accessible and meaningful to child welfare professionals in a variety of roles (practitioners, supervisors, agency leaders, and courts) in order to inform decisions about practice improvement. To that end, several activities have been included in Ohio's CFSP to address data analysis and dissemination improvements. These include:
 - Development of practice fidelity measures and companion reports based on Ohio's Differential Response Practice Profiles that can be used by direct services staff and their supervisors to drive practice improvement efforts;
 - Development of a discreet set of critical data measures to be tracked and regularly shared with stakeholders in a user-friendly format; and
 - Providing counties with multiple options for reviewing/receiving performance reports based upon user preferences/needs.

- Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process: As described above, one of Ohio's fundamental CQI strengths is a well-established network of feedback loops and a diverse infrastructure for collaboration. One of our core CQI goals is to leverage this collaboration infrastructure in a more targeted way to support statewide CQI efforts. Conversations about CQI have already started through these channels. As part of Ohio's statewide CQI Framework, the CQI Advisory Team plans to develop recommendations for an ongoing and formalized process to engage partners in analyzing and understanding data and identifying prospective solutions.

Assessment of Strengths

- ✓ There is a foundational statewide CQI infrastructure in place with strong core elements, including: a statewide quality assurance system, data-driven focus, well-established stakeholder feedback loops, a robust practice model, and strong local CQI systems.

- ✓ There is a commitment with well-articulated goals and objectives within this CFSP to improve Ohio's statewide CQI system over the next five years.

Assessment of Concerns

- ✓ SACWIS data entry is a significant factor that the CQI system is reliant upon. There are several activities within this strategic plan aimed at improving the quality of data entry, which will ultimately positively impact CQI efforts.
- ✓ Ohio’s state-supervised, county-administered structure presents unique challenges in the implementation of a statewide CQI system. These are not insurmountable but require careful thought and attention to the interface between local CQI efforts and the statewide system.

Staff and Provider Training

	Item	Description
26	Initial Staff Training	Determine how well the staff and provider training system functions statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions.

Assessment of Performance

ODJFS values training as a fundamental and critically important support for effective child welfare practice. In order to meet the need for consistent, high quality, standardized training for child welfare professionals, ODJFS and Ohio’s PCSA executive directors continue to support the Ohio Child Welfare Training Program (OCWTP).

The mission of OCWTP is to:

- Promote best child welfare practice through comprehensive skill development, strategic partnerships and effective advocacy.
- Provide competency-based training to public agency child welfare professionals, caregivers, and adoptive parents;
- Collaborate with other service providers to promote the delivery of competency-based training; and
- Advocate for practice standards for the public agencies to reflect the best child welfare practice.

The OCWTP is governed by a Steering Committee comprised of members from ODJFS, the Public Children Services Association of Ohio (PCSAO), each of the eight Regional Training Centers (RTCs), the State Training Coordinator (Institute for Human Services – IHS), representatives from public and private agencies, and two foster caregivers. The OCWTP offers over 4,000 workshops annually to Ohio’s child welfare professionals and caregivers.

Initial Staff Training Evaluation Data

OCWTP provides a portal in E-Track, Ohio’s on-line learning management system, where supervisors can access their direct reports’ training records and:

- Review staff “To Do Lists” of scheduled training and other items to be completed;
- Enroll staff or withdraw them from available learning interventions;
- View their learning histories and transcripts; and
- Update their contact or demographic data.

PCSA workers and assessors can access their training record in E-Track to:

- View their “To Do List” of scheduled training and other items to complete;
- Search for and enroll in available learning interventions;
- View their learning history and print or download transcripts;
- Complete online evaluation surveys and receive digital training certificates.

Most of the OCWTP’s training evaluation data is collected through online surveys via E-Track. There are currently over 40 different evaluation surveys on E-Track, including 35 evaluation surveys linked to specific workshops and learning labs. These include surveys tailored to Caseworker Core, Supervisor Core, Adoption Assessor training, and associated learning labs.

State law requires that each newly hired caseworker complete 102 hours of Core training within his or her first year of employment. The Caseworker Core series consists of eight training modules, and participants complete evaluation surveys in e-Track following each module. Evaluation data collected from Caseworker Core participants from January 1, 2013 through December 31, 2013 indicates that a high percentage of participants consider the initial caseworker training series to be highly relevant and valuable to their day-to-day job duties.

Module 1: Family-Centered Approach to Child Protective Services (12 hours)

- 96% strongly agreed or agreed that their job performance would improve as a result of content learned during this module.
- 98% developed new knowledge or considered the training to be a good refresher of indicators of child abuse and neglect.
- 98% developed new knowledge or considered the training to be a good refresher of family-centered approaches to child welfare practice.
- 96% developed new knowledge or considered the training to be a good refresher of a caseworkers' responsibility to prevent placement, reunify families, or find permanent alternative placements.

Module 2: Engaging Families in Family-Centered Child Protective Services (6 hours plus 3-hour Learning Lab)

- 97% strongly agreed or agreed that their job performance would improve as a result of content learned during this module.
- 98% developed new knowledge or considered the training to be a good refresher of strengthening relationships and reducing resistance with families.
- 96% developed new knowledge or considered the training to be a good refresher of how to collecting assessment information by asking close-ended, yes or no, and open-ended questions.
- 97% developed new knowledge or considered the training to be a good refresher of how a caseworker's behavior and agency environment can increase a client's resistance.
- 99% developed new knowledge or considered the training to be a good refresher of strategies to engage families.

Module 3: Legal Aspects of Family-Centered Child Protective Services (12 hours)

- 98% strongly agreed or agreed that their job performance would improve as a result of content learned during this module.
- 99% developed new knowledge or considered the training to be a good refresher of reasonable efforts requirements for caseworkers.
- 98% developed new knowledge or considered the training to be a good refresher on protecting a parent's right to due process and equal treatment under the law, and preventing warrantless search and seizure.
- 98% developed new knowledge or considered the training to be a good refresher of the roles and responsibilities of all parties involved in court hearings.

Module 4: Assessment in Family-Centered Child Protective Services (12 hours plus 6-hour Learning Lab)

- 92% strongly agreed or agreed that their job performance would improve as a result of content learned during this module.
- 93% developed new knowledge or considered the training to be a good refresher on involving family members in conducting assessments.
- 93% developed new knowledge or considered the training to be a good refresher of the steps in using assessment information to make conclusions about a child's safety.
- 90% developed new knowledge or considered the training to be a good refresher on using family assessment information for case planning, providing services, placement activities, and reunification.

Module 5: Investigative Processes in Family-Centered Child Protective Services (6 hours plus 6-hour Learning Lab)

- 98% strongly agreed or agreed that their job performance would improve as a result of content learned during this module.
- 99% developed new knowledge or considered the training to be a good refresher on respecting parents' constitutional rights during investigations.
- 97% developed new knowledge or considered the training to be a good refresher on reducing resistance and engaging family members during investigative interviews.
- 97% developed new knowledge or considered the training to be a good refresher on linking families with community or agency services at the time of the investigation/assessment.

Module 6: Case Planning and Family-Centered Casework (18 hours)

- 92% strongly agreed or agreed that their job performance would improve as a result of content learned during this module.
- 93% developed new knowledge or considered the training to be a good refresher of steps in the case planning process and periodic case reassessment with the family.
- 96% developed new knowledge or considered the training to be a good refresher on writing observable, behavioral and measurable case objectives.
- 92% developed new knowledge or considered the training to be a good refresher on the purpose, process, and preparation for making home visits.

Module 7: Child Development: Implications for Family-Centered Child Protective Services (18 hours)

- 94% strongly agreed or agreed that their job performance would improve as a result of content learned during this module.

- 95% developed new knowledge or considered the training to be a good refresher on recognizing the effects of abuse and neglect in children and adolescents.
- 99% developed new knowledge or considered the training to be a good refresher on recognizing developmental delays in children.
- 97% developed new knowledge or considered the training to be a good refresher on recognizing attachment problems between children and their families.

Module 8: Separation, Placement, and Reunification in Family-Centered Child Protective Services (18 hours)

- 97% strongly agreed or agreed that their job performance would improve as a result of content learned during this module.
- 99% developed new knowledge or considered the training to be a good refresher on the effects of separation, placement, and impermanence on attachment, child development and family stability.
- 99% developed new knowledge or considered the training to be a good refresher on the importance of placing siblings together.
- 97% developed new knowledge or considered the training to be a good refresher on visitation between children in care and family members.
- 96% developed new knowledge or considered the training to be a good refresher on determining readiness and/or the factors associated with successful reunification.

Item		Description
27	Ongoing Staff Training	Determine how well the staff and provider training system functions statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP.

Assessment of Performance

Ohio Administrative Code requires caseworkers to complete 36 hours of annual in-service training following the first year of employment (when the required 102 hours of initial training are completed). PCSAs are required to maintain records of their employees’ completion of these required training hours and can include training information in the E-track portal under training records.

Eight Regional Training Centers (RTCs) serve as the hub for statewide child welfare training activities. The RTCs assess regional training needs, and provide training to meet the highest priority needs of managers and staff in their region. Training is developed and delivered based upon ongoing Individualized Training Needs Assessment (ITNA) data and other assessments of staff in the region. Quarterly training calendars publicize training activities throughout the region. All quarterly training calendars for child welfare workers and foster parents can be accessed online through the Ohio Child Welfare Training Program website at www.ocwtp.net.

As noted above, most OCWTP training evaluation data is collected through E-Track. The E-Track system currently maintains records for 15,241 active users (and an additional 6,291 inactive users). The E-Track learning catalog includes 1,863 active courses. The OCWTP has tracked 21,194 learning sessions in E-Track since the fall of 2009. An additional 2,397 sessions are scheduled in E-Track for future occurrence. Evaluation data is regularly assessed for each

trainer and workshop, and trainers must maintain an established performance score in order to continue training with the OCWTP.

While E-Track captures training hours completed through the OCWTP, workers and supervisors may also attend training sponsored by other approved sources – for example, state or national child welfare conferences. Training hours from these types of approved sources may be used to meet staff’s annual training requirements. However, agencies may use methods other than E-Track for documenting non-OCWTP training hours, meaning a given staff member’s complete training record may not be housed within E-Track. This presents challenges to assessing the completion of mandated training hours on a statewide basis. ODJFS will work with county PCSAs and the OCWTP to address this need. In addition, OCWTP has established a Transfer of Learning initiative (described below), which will greatly amplify the available information on the impact of specified training interventions.

	Item	Description
28	Foster Parent Training	Determine how well the staff and provider training system functions to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Assessment of Performance

Ohio Administrative Code details both the pre-service and ongoing training requirements for foster caregivers as well as pre-placement training for prospective adoptive parents. Prospective caregivers must complete a minimum of 36 hours of pre-service training. Post-certification, caregivers must complete ongoing training to maintain their certification. There are unique training requirements specific to infant-only caregivers, family foster care, and specialized foster care.

Of the 1,863 active courses in E-Track currently, 852 are foster/adoptive/kinship courses. Foster caregiver pre-service training hours made up 18% of all training hours captured in E-Track in 2013. Pre-service training evaluation data is not collected in E-Track, but is collected through paper-and-pencil evaluations following three of the twelve pre-service sessions (sessions 4, 8 and 12). Each of the Regional Training Centers collects and reviews training evaluation data to identify potential problems and changing trends and to assess trainer performance. Data from E-Track and key informants is also reviewed to determine if there are any barriers to training based on location, time of day, time of year, etc.

Similar to Ohio’s PCSA staff, caregivers are also able to complete an Individual Training Needs Assessment (ITNA) in E-Track. The Regional Training Centers utilize caregiver ITNAs to schedule workshops that match regional training needs. Caregivers may also utilize E-Track to search for and enroll in training workshops. In addition, caregivers have access to a library of online trainings available via vendor contract through the OCWTP (Foster Parent College). In 2013, caregivers completed 1782 distance learning courses through a partnership with Foster Parent College.

Caregivers may also obtain approved training from sources other than the OCWTP, which may not be captured through E-Track. Ohio Administrative Code requires agencies to maintain a record for each caregiver of pre-service and continuing training hours completed. ODJFS licensing specialists review foster caregiver compliance with the requirements for pre-service and on-going training.

OFC Licensing Specialists can monitor foster/adopt caregiver compliance with completion of training requirements in SACWIS using the *Foster Parent Training Session Report*. The report can be generated by each agency from the parameters screen. The specialist is able to select the agency in the drop down along with “from” and “to dates;” the system will list all training session information (by individual person). A specialist can also filter by distinct training session ID if he/she wanted to list the session information. The *Foster Parent Training Session Report* is a detailed report by person ID and contains payment information for all attendees.

In addition there is a section in each provider record that displays the training sessions linked to the current certification period which pulls into the home study. The records indicate if the foster/adoptive parents are in compliance.

Screen shots of the *Foster Parent Training Session* report and parameter screen are presented below.

The screenshot shows the OHIO SACWIS interface. At the top, there are navigation links for 'home', 'search', 'help & training', and 'log off'. The user is logged in as 'Supervisor, MSW, County [My County Department of Job and Family Services]'. The main heading is 'Foster Parent Training Report'. Below this, there are input fields for 'Agency Name' (My County Department of Job and Family Services), 'From Date' (10/01/2012), and 'To Date' (09/30/2013). There are also fields for 'Person Id', 'Session Name', and 'Session Id'. At the bottom of the parameter screen are 'Generate Report' and 'Cancel' buttons.

Below the parameter screen is a detailed data table with the following columns: Session Date, Session Name, Session Id, Status, Start Time, End Time, Actual Hours, Trainer Name, Person Id, Training Type, Level of Care, Apply Hours to Certification, Reimburse Stipend, Reimburse Allowance, Stipend Payable, Payment Req Id, Amount Paid, Hours Paid, Roster Created By, Roster Name, Disbursement Name, Instructor Name, Agency Warrant Date, Agency Warrant Number, and Total Reimburse Amount. The table contains 20 rows of data, with the first row highlighted in yellow. The data includes session details such as 'Dealing With Impact Of Early Sexual Trauma Facilitator' and 'Working with kids who have experienced loss'.

Session Date	Session Name	Session Id	Status	Start Time	End Time	Actual Hours	Trainer Name	Person Id	Training Type	Level of Care	Apply Hours to Certification	Reimburse Stipend	Reimburse Allowance	Stipend Payable	Payment Req Id	Amount Paid	Hours Paid	Roster Created By	Roster Name	Disbursement Name	Instructor Name	Agency Warrant Date	Agency Warrant Number	Total Reimburse Amount
09/09/2013	Dealing With Impact Of Early Sexual Trauma Facilitator	12345	COMPLETE	6:00 PM	9:00 PM	3.00	Provider, Sally	1234	Continuing	Family Foster Home	Y	Y		365884	365884	\$30.00	3	Worker, Chris	FP training 09/09/2013	FP training 09/09/2013	Train, Jane	09/10/2013		\$30.
08/29/2013	Working with kids who have experienced loss	678910	COMPLETE	6:00 PM	9:00 PM	3.00	Provider, Sally	1234	Continuing	Family Foster Home	Y	Y		Y							Train, Jane			
08/29/2013	Working with kids who have experienced loss	678910	COMPLETE	6:00 PM	9:00 PM	3.00	Provider, Billy	5678	Continuing	Family Foster Home	Y	Y		Y							Train, Jane			
08/21/2013	905-PS6- Preventing and De-Escalating Crisis	151617	COMPLETE	6:00 PM	9:00 PM	3.00	Provider, Sally	1234	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		Y							Train, Jane			
08/21/2013	905-PS6- Preventing and De-Escalating Crisis	151617	COMPLETE	6:00 PM	9:00 PM	3.00	Smith, Joe	3214	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		Y							Train, Jane			
08/19/2013	905-ps5-s Managing Behavior	181920	COMPLETE	6:00 PM	9:00 PM	3.00	Provider, Sally	1234	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		N							Train, Jane			
08/19/2013	905-ps5-s Managing Behavior	181920	COMPLETE	6:00 PM	9:00 PM	3.00	Provider, Billy	5678	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		N							Train, Jane			
08/14/2013	904-ps4-s Attachment Separation and Placement	11121314	COMPLETE	6:00 PM	9:00 PM	3.00	Provider, Billy	5678	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		N							Train, Jane			
08/14/2013	904-ps4-s Attachment Separation and Placement	11121314	COMPLETE	6:00 PM	9:00 PM	3.00	Smith, Joe	3214	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		N							Train, Jane			
08/12/2013	903-ps3-s The Effects Of Abuse or Neglect in Child Development	212223	COMPLETE	8:00 AM	5:00 PM	3.00	Provider, Billy	5678	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		N							Train, Jane			
08/12/2013	903-ps3-s The Effects Of Abuse or Neglect in Child Development	212223	COMPLETE	8:00 AM	5:00 PM	3.00	Provider, Sally	1234	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		N							Train, Jane			
08/05/2013	Preservice Session 7: Cultural Issues in Placement	242526	COMPLETE	6:00 PM	9:00 PM	3.00	Smith, Joe	3214	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		N							Train, Jane			
08/03/2013	Preservice Session 8: Understanding Primary Families	272829	COMPLETE	8:00 AM	12:00 PM	3.00	Smith, Joe	3214	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		N							Train, Jane			
08/03/2013	Preservice Session 8: Understanding Primary Families	272829	COMPLETE	8:00 AM	12:00 PM	3.00	Provider, Billy	5678	Pre-Placement	ADOPTION PRE-SERVICE	Y	N		N							Train, Jane			

Stakeholder Feedback

In addition to evaluation survey data, feedback about training needs is regularly sought and shared through a number of different stakeholder feedback channels, including but not limited to:

- The OCWTP Steering Committee
- The Ohio Differential Response Leadership Council and Statewide Implementation Team
- Quarterly regional meetings with supervisors and caseworkers
- PCSAO Directors meetings
- The Partners for Ohio's Families Advisory Board
- The Ohio Family Care Association

Assessment of Strengths

- ✓ In addition to the Core series, OCWTP has developed new orientation and readiness materials for caseworkers, supervisors and managers. The readiness courses are designed to help orient new caseworkers, supervisors, and managers to their jobs. Effective orientation and readiness training is one means to assure that new caseworkers and new supervisors acquire pre-requisite awareness and knowledge they can build on when they attend Core training. OCWTP continues to post newly developed content, worksheets and activities for both caseworker and supervisor readiness. Counties can use these materials on their own, or they can request a coach to work one-on-one with new employees and their supervisor to facilitate a self-directed, on-site learning process.
- ✓ As indicated in Ohio's statewide Training Plan, ODJFS has included in its current work plan with OCWTP the integration of CAPMIS, SACWIS and Differential Response into the Caseworker Core curriculum. This effort will ensure that the tenets, philosophy and constructs of CAPMIS and DR are taught throughout Core. Curriculum adaptations will include content on engagement, interviewing techniques, safety factors and child vulnerability as well as the assessment of safety and SACWIS documentation of safety assessments. Completion of the integration of these components into the Core curriculum is scheduled for June of 2015.
- ✓ OCWTP trainers are carefully screened, trained, and certified. They must have the appropriate course content knowledge, the necessary adult training skills, and the ability to promote culturally-competent practice. Trainers must maintain a minimum average performance score to continue training for the OCWTP.
- ✓ In addition to traditional classroom-based training, the OCWTP is currently launching distance and blended learning interventions through E-Track. Examples of distance learning include fully asynchronous (just-in-time, self-contained) online modules and synchronous (real-time, instructor-led) virtual classroom sessions. Blended learning interventions combine distance learning interventions with classroom training interventions to maximize the unique potential of each delivery method in order to enhance learning. The OCWTP also provides Coaching and Guided Application to Practice Sessions (GAPs) as additional professional development supports for child welfare caseworkers, supervisors and agency leaders.

- ✓ The OCWTP currently offers 48 caregiver trainings on the topic of trauma. Since 2010, the OCWTP has regularly offered a training series entitled *Providing Care for Children Who Have Experienced Trauma: A Training for Resource Families*, which was developed by National Child Traumatic Stress Network. The OCWTP is also in the process of revising the 36-hour pre-service training for prospective foster and kinship caregivers and adoptive parents to incorporate information about trauma and its effects.
- ✓ The OCWTP has recruited, screened and trained eight foster care alumni to be OCWTP trainers. Three foster care alumni serve on the Pre-service Advisory Committee, which reviews and provides feedback on the Pre-service Module revisions. Several foster care alumni also served as consultants during the development of a standardized training, *Roots and Wings*, part of a series of twelve trainings for newer caregivers called *Fundamentals of Fostering*.
- ✓ OCWTP maintains a page on its website called “Caregivers’ Corner,” which is dedicated to the needs of foster, adoptive and kinship parents. The page is filled with valuable information and resources for foster caregivers and adoptive parents regarding available training, helping youth emancipate, and providing links to local and national resources.
- ✓ OCWTP developed a one-hour, online training entitled *What Caregivers Need to Know About Human Trafficking*. This online training helps caregivers be aware of the scope of human trafficking, understand the dynamics of human trafficking, know factors that increase a youth's vulnerability to human trafficking, recognize indicators that a child has been trafficked, and know strategies to help prevent youth from being trafficked. In addition, OCWTP maintains a webpage that houses specific information for caregivers and staff working with caregivers on the impact of human trafficking on children and youth, strategies for caring for children who have been trafficked, how to manage secondary trauma, and additional selected resources.

Assessment of Concerns

- ✓ As noted above, completion of required staff (caseworker and supervisory) training hours is documented and tracked at the local level by individual agencies. This presents challenges for statewide tracking. ODJFS will work with OCWTP and PCSAs to address this need.
- ✓ Training evaluation data is consistent with CPOE case review data, which has indicated performance deficiencies related to assessment of risk and safety concerns, engaging children and families in case planning, and quality caseworker visits with children and parents.
- ✓ Stakeholder feedback indicates a need for increased focus on both CAPMIS and SACWIS in initial training for new caseworkers as well as enhanced emphasis on family engagement skills through training on Differential Response. This will occur through the revision of Core outlined above.
- ✓ Travel restrictions continue to impact Ohio PCSAs’ ability to send staff to OCWTP workshops. Even with these restrictions, the program continues to provide the needed workshops for staff to meet the legislative training mandates outlined for child welfare professionals. Whenever possible, the RTCs have attempted to reduce travel for staff in their respective regions by bringing training to trainees. As referenced above, the OCWTP

has also begun to provide more online training to help meet the needs of county agency child welfare professionals.

- ✓ Transfer of Learning: Research suggests that without system-wide strategies that promote transfer of learning, much of what is learned in training will never be used in the work place. The OCWTP has launched a Transfer of Learning initiative to strengthen the transfer of knowledge to practice and to measure the application of training concepts in practice. OCWTP will measure the transfer of learning from specific, standardized workshops (including all Caseworker and Supervisor Core workshops and Adoption Assessor workshops) using a structured process to establish a chain of evidence. This will include collecting trainees’ perceptions of their own learning as a result of attending the workshop and implementing objective measures of learning that occurred through pre- and post-workshop testing and/or supervisory evaluations of staff learning.
- ✓ Stakeholder feedback provided by current and former foster youth reflects a need for increased caregiver awareness of the unique needs of youth preparing to transition from care. As outlined in this five-year strategic plan, ODJFS will collaborate with OCWTP to expand the use of specialized trainings for caregivers on working with youth preparing to transition from care.

Service Array and Resource Development

	Item	Description
29	Array of Services	<p>Determine how well the service array and resource development system functions to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP:</p> <ul style="list-style-type: none"> • Services that assess the strengths and needs of children and families and determine other service needs; • Services that address the needs of families in addition to individual children in order to create a safe home environment; • Services that enable children to remain safely with their parents when reasonable; and <p>Services that help children in foster and adoptive placements achieve permanency.</p>

Assessment of Performance

During Round 2 of the Child and Family Services Review, HHS identified Ohio’s service array as a strength. Ohio’s collaborative efforts with other state agencies and the Supreme Court of Ohio to pool funds and coordinate services for families in the child welfare system were specifically highlighted in the review findings.

In regard to policy, PCSA directors are required to submit a Letter of Assurance to ODJFS, OFC by January first of every year which asserts:

- 1.) All mandated supportive services are available to children and families in need of services without regard to income, race, color, national origin, religion, social status, handicap, or sex.

- 2.) There is a commitment to maintaining and improving the quality of services designed to support families and protect children.
- 3.) There is a commitment to meeting staff resource requirements of the state and/or county civil service system.
- 4.) There are written policies and procedures for reviewing and resolving complaints concerning the provision of supportive services.

PCSAs are mandated to provide client access to the following services, as needed based on the family's needs and case plan goals:

- Adoption Services,
- Case management Services,
- Counseling,
- Diagnostic Services,
- Emergency Shelter,
- Help Me Grow,
- Homemaker Services (unless a waiver is granted by ODJFS),
- Home Health Aid Services (unless a waiver is granted by ODJFS),
- Information and Referral,
- Life Skill Services,
- Protective Day Care (unless a waiver is granted by ODJFS),
- Substitute Care,
- Therapeutic Services, and/or
- Unmarried Parent Services.

In addition, PCSAs must make at least three of the following services available to the families they serve:

- Community Education,
- Crisis Services,
- Day Treatment,
- Emergency Caretaker Services,
- Employment and Training,
- Environmental Management,
- Parent Aid Services,
- Parent Education, and/or
- Volunteer Services.

Should the PCSA identify that a child's parent, guardian, or custodian has a substance abuse problem which is the basis for a court adjudication of child abuse, neglect or dependency, the agency is responsible for referring the caregiver for screening, assessment, treatment and/or testing. Referrals must be made to an alcohol or drug addiction program certified by the Ohio Department of Mental Health and Addiction Services which determines the appropriate level of care needed.

In regard to statewide access, stakeholders indicated core services are generally available to families but noted the following perceived gaps in programming, particularly in rural areas: transportation; child psychiatry; residential psychiatric placements; substance abuse treatment for both children and adults; counseling; parenting classes; and supportive services for youth aging out of foster care.

To specifically address identified service needs, ODFJS continues to partner with other state agencies and/or the Supreme Court of Ohio to establish or promote several statewide initiatives. Some of these include, but are not limited to: Minds Matter; Trauma-Informed Care; Early Childhood Mental Health; Family-Centered Services and Supports; Project LAUNCH; BEACON; Ohio’s Fetal Alcohol Spectrum Disorders Statewide Initiative; ENGAGE; and Ohio’s School-Based Medicaid Program. (For additional information regarding these projects, please see Ohio’s *Health Care Oversight and Coordination Plan*.)

As further described in the Services section, OFC is currently developing an enhanced statewide needs assessment in partnership with the Ohio Department of Medicaid to better identify service trends and potential access issues. While the assessment protocol will utilize multiple sources of data, the initial focus of this work will consist of cross-system analyses of Medicaid claims data for covered behavioral health services.

	Item	Description
30	Individualizing Services	Determine how well the service array and resource development system functions statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency.

Assessment of Performance

HHS found, at the completion of the Round 2 CFSR, that Ohio continually strives to individualize services for the children and families involved in the child welfare system. Services that enable children to remain safely with their parents or help children in foster and adoptive placements achieve permanency are identified by the caseworker and family throughout the life of the case. Specifically, service planning is conducted during: risk and safety assessments, family needs assessments, case reviews, and reunification preparation and support activities.

ODJFS has partnered with other state agencies and/or the Supreme Court of Ohio to increase family engagement and facilitate development of individualized case plan and service delivery models. Some of these initiatives include: ProtectOHIO, Differential Response, The Parent Advocacy Connection, Family-Centered Services and Supports, The Primary Parent Partner Program, the Kinship Permanency Incentive Program, Connecting the Dots..., and ENGAGE.

Assessment of Strengths

- ✓ ODJFS has established a comprehensive CQI process designed to assess child and family outcomes and promote effective programming.

- ✓ Ohio has a demonstrated history of developing collaborative partnerships which work together to improve the availability and quality of behavioral health care for children and families.
- ✓ The State’s use of flexible and blended funding streams facilitates delivery of needed services and supports.
- ✓ Caseworkers prepare individualized case plans for families.
- ✓ Ohio values partnerships with families and has invested in programming to advance family engagement and advocacy.
- ✓ Youth eligible for independent living services are required to receive individualized life skills assessments and services specifically designed to meet identified needs.

Assessment of Concerns

- ✓ Ohio’s child welfare system is currently challenged by high levels of substance abuse within the populations served; the growing problem of opiate addiction is of particular concern.
- ✓ Certain services are less available in rural parts of the State, including mental health and substance abuse treatment.
- ✓ Transportation is insufficient in many areas of the state.
- ✓ Difficulty engaging child welfare clients who have complex needs has been identified as a frequent barrier to service provision.
- ✓ The needs of fathers were appropriately assessed and met in only 68% of applicable cases during the most recent CPOE review.
- ✓ Stakeholders reported barriers to providing culturally and linguistically appropriate services to certain populations, especially Hispanic and Somali families.

Agency Responsiveness to the Community

Item		Description
31	Agency Responsiveness to the Community	Determine how well the agency responsiveness to the community system functions statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

Assessment of Performance

As noted in the General Information section, OFC has engaged in significant efforts over the past four years to improve the organization's responsiveness to the community we serve – Ohio's public and private child welfare agencies. In 2010, ODJFS was awarded a federal grant for a three-year implementation project with the Midwest Child Welfare Implementation Center (MCWIC). This project, known as Partners for Ohio's Families (PFOF), aimed to improve outcomes for the children and families who come into contact with Ohio's child welfare system by enhancing OFC's work with local public and private agencies across the state.

At the outset of this project, OFC's working relationship with Ohio's county and private child welfare providers presented a barrier to achieving improved outcomes for children and families. As noted in the project final report ,

"County-level practitioners did not access the state as a resource for supporting child welfare system innovation and improvement. OFC staff viewed their role as primarily compliance monitors. Thus, the compliance-focused relationship between the state and the public and private agencies it serves had eroded the system's ability to work collaboratively to improve statewide child welfare outcomes."

The development and implementation of PFOF was predicated on two foundational assumptions:

- 1.) OFC state agency practice must mirror effective casework practice at the county level in order for the state to achieve the best outcomes for children and families, and
- 2.) When the state and public/private agencies work together in partnership, it results in better outcomes for children and families.

PFOF employed a series of strategic interventions to bring OFC and its partners closer to these foundational goals through:

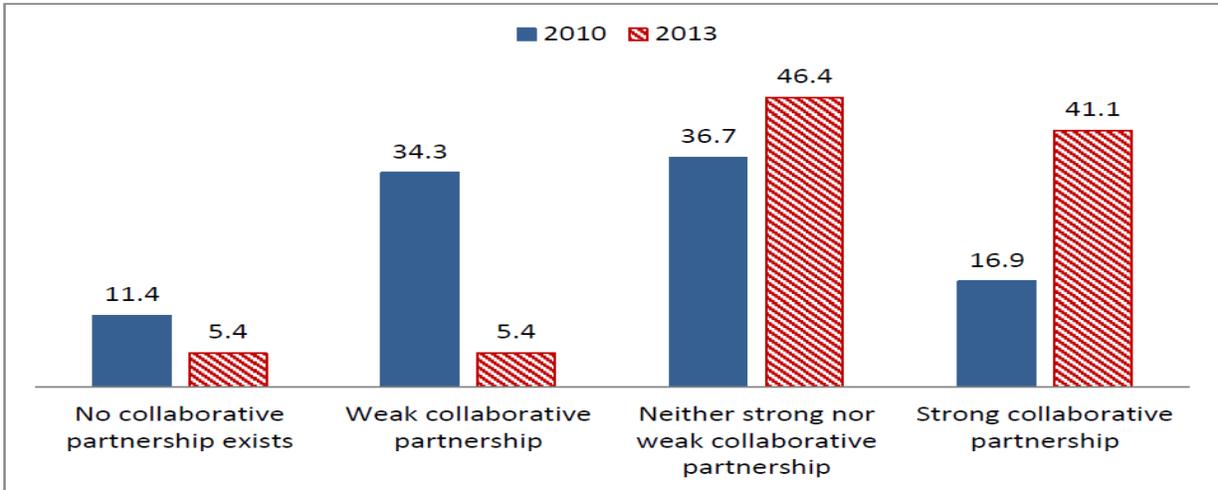
- ✓ Formal assessment of OFC's organizational culture and climate;
- ✓ Formal assessment of external stakeholders' perceptions of the current environment;
- ✓ Development of a new technical assistance model to guide state practice with the agencies it serves;
- ✓ A comprehensive rule review to eliminate administrative barriers to effective state-county-private provider partnership; and
- ✓ Implementation of structural and functional changes within OFC to improve the organization's culture and climate and facilitate implementation of the new practice model.

Pre- and post-project data gathered through stakeholder surveys, interviews and focus groups demonstrates substantial progress over the three-year project. Notably:

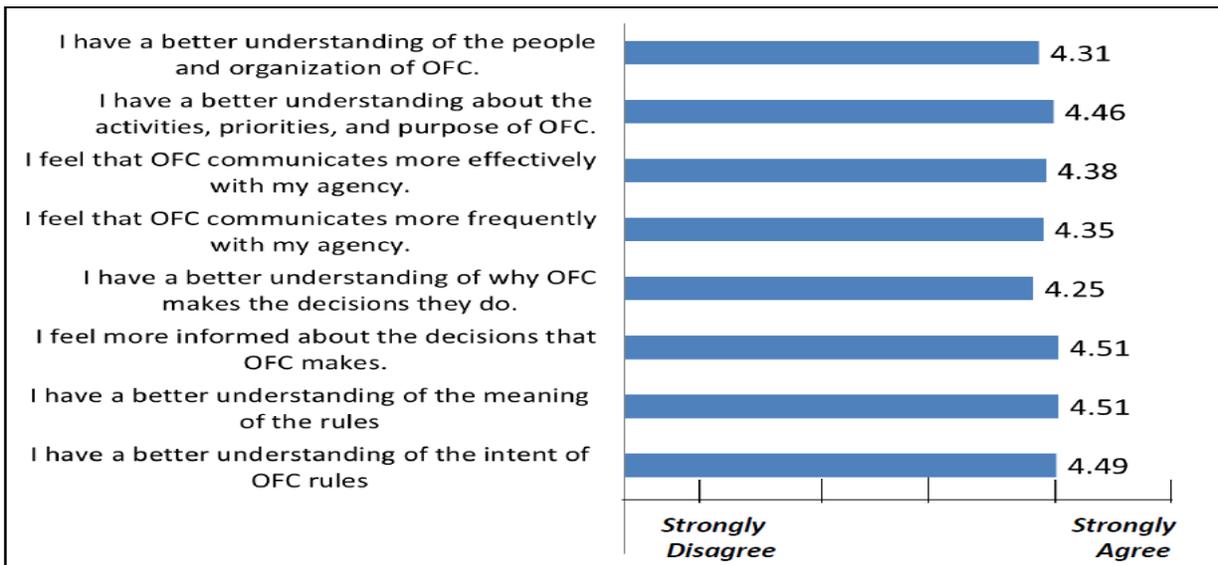
- The percentage of stakeholders rating their relationship with OFC as a "strong collaborative partnership" increased from 17% in 2010 to 41% in 2013.
- Data from stakeholder surveys, focus groups and interviews indicate that OFC was seen as more helpful and responsive, and stakeholders were more likely to approach OFC for assistance after implementation of the new technical assistance approach.

- The Rule Review process afforded stakeholders the opportunity to work together with OFC staff in partnership; most participants expressed an appreciation for the collaborative approach to the process, and felt that they had gained from being able to work with other agencies.

The following graph depicts pre- and post-project survey responses regarding stakeholders' perceptions of the strength of the relationship between OFC and their agency. The results demonstrate a clear shift from seeing "no collaborative partnership" or a "weak collaborative partnership" to either viewing the relationship as neutral or as a "strong collaborative partnership."



Survey respondents were also asked to respond to a number of statements regarding perceived changes they had seen or experienced in their interactions with OFC over the last 12 months. Participants evaluated each statement on a five point scale where 1=Strongly Disagree, 2=Disagree, 3=Neither Agree nor Disagree, 4=Agree, and 5=Strongly Agree. The following graph depicts the average response scores on these survey items, which were based on the primary goals of the project.



As noted in the final report, post-project focus group responses mirror the data gathered through surveys. The three most common themes discussed in the 2013 regional forums were: partnership, communication and rule development. Participants noted marked improvement in these areas over the duration of the project.

At the conclusion of the project, members of the PFOF Advisory Board were interviewed and asked for their thoughts on the project's potential to impact outcomes for children and families. The following comments are representative of the responses of the group and demonstrate the group's consensus about the link between strengthening the relationship between state and local partners and improving outcomes for children and families:

"Yes, we need to have mutual respect [for each other]. OFC has changed how they're doing things. They're not tackling problems in cubicles – they are solving them at the table with multiple voices."

"Absolutely. We have to build a relationship to be able to trust each other and ask for help and remove the fear of exposure."

"Yes, it's true, but it's too early in the process to see changes. If the project is successful, it will support better outcomes for children."

Although OFC's work with MCWIC ended in September 2013, the Partners for Ohio's Families initiative continues on as a result of the significant outcomes achieved to date. OFC continues to engage public and private agency partners through the PFOF Advisory Board and through the Regional Technical Assistance model. In addition, OFC has established a permanent vehicle for stakeholder input on the states' child welfare administrative rules available online at: <http://www.ohiorulereview.org/>.

Building on the work accomplished through PFOF as well as the state's strong foundation of integrated inter-systems initiatives, OFC employed a highly collaborative process for the development of the CFSP. This process is described in detail on pages 14-15 of the General Information section of this plan. State and local partners and stakeholders were involved at each level of the process, including representation on OFC's CQI Advisory Team and the nine CFSP workgroups. In addition, a broad net was cast to gather stakeholder feedback through the diverse channels outlined on pages 16-20. This "collaboration infrastructure" includes: PCSAs, private agencies, the courts, tribal representatives, youth, primary (birth) parents and caregivers. In addition, the Ohio Child Welfare Training Program; the Supreme Court of Ohio; and state agency partners, including the Ohio Departments of Mental Health and Addiction Services, Medicaid, Health, and Education, are all part of the ongoing collaboration infrastructure.

This framework provides an opportunity to engage all partners throughout the implementation of the five-year strategic plan. OFC is committed to utilizing this extensive collaboration infrastructure to partner with stakeholders on an ongoing basis to examine the state's data, gather qualitative feedback, assess progress, identify prospective solutions and make needed adjustments to the CFSP. These activities will be detailed in the state's future Annual Progress and Services Reports.

Item		Description
32	Coordination of CFSP Services with other Federal Programs.	Determine how well the agency responsiveness to the community system functions statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Assessment of Performance

Coordination of state services under the CFSP and other child and family services, including those funded under other federal or federally assisted programs, is detailed in Section IV on Services. Please see the "Service Coordination" piece in this section on pages 158-160.

Assessment of Strengths

- ✓ Concerted efforts have been made on the part of OFC to improve its working relationships with public and private agency partners in order to improve outcomes for children and families.
- ✓ PFOF has demonstrated results in strengthening the relationship between OFC and local partners.
- ✓ A diverse collaboration infrastructure was engaged for the initial development of the CFSP and will be involved throughout the ongoing implementation. This will be a component of Ohio's statewide CQI plan.

Assessment of Concerns

- ✓ Although significant progress has been made through the PFOF initiative, there is much work left to do. The process of building and maintaining effective partnerships never ends, and in order to fully realize improved outcomes for children and families, further efforts are needed. Statewide CQI efforts, along with CFSR Round 3, will provide an opportunity for OFC to build on the PFOF foundation to partner with local agencies in new ways directly focused on improved outcomes.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item		Description
33	Standards Applied Equally.	Determine how well the agency responsiveness to the community system functions statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Assessment of Performance

The Licensing/Certification Section (Section) within the OFC is responsible for ensuring the adequate and competent management of agencies that offer care to children in out-of-home settings. Particularly, ODJFS through the Licensing/Certification Section must pass upon the

fitness of agencies that provide foster care, adoption, and residential services to children and/or their families. PCSAs, PNAs, and PCPAs are monitored by the Section to ensure compliance with administrative, governance, fiscal, child services and treatment, and operational standards as prescribed by the ORC and OAC in: ORC Chapters: 5103 and 3107; OAC Chapters: 5101:2-01, 5101:2-05, 5101:2-7, 5101:2-9, 5101:2-48; and OAC Chapters: 5101:2-33; 5101:2-39, 5101:2-42, 5101:2-44, 5101:2-47, and 5101:2-52.

The Section has a Foster Care Licensing Standard Operating Procedures Manual (SOPM) for staff to follow when assessing compliance. The SOPM defines how the Licensing/Certification Section collectively manages its responsibilities of assuring adequate code compliance and agency “fitness” (ORC 5103.03). The SOPM consists of fifteen chapters which define every aspect of the licensing and certification process. Staff is required to follow the process defined in the SOPM. Compliance is measured against applicable areas of ORC and OAC that govern the functions for which each agency is certified or approved to operate.

The SOPM was first created in 1991 and has been utilized since then to provide instructions to Licensing/Certification staff on how to complete and process compliance “studies”. The SOPM is arranged by chapters and covers the various tasks conducted and completed by staff relative to the ODJFS agency certification and approval processes. The SOPM refers to studies as a series of announced and unannounced inspections and/or investigative reviews. Studies are conducted by Agency Certification Specialists throughout the agency’s certification/approval period. The SOPM is utilized by the Licensing/Certification Section to promote consistency in conducting and completing compliance studies and defining the process for corrective action when non-compliance is found. Agency Certification Specialists and their managers rely on information obtained through studies to determine whether an individual agency meets the acceptable level of code compliance.

Annually, all 255 agencies certified by ODJFS to operate in Ohio are visited by Agency Certification staff to conduct recertification studies, complaint investigations, foster home visits or to provide technical assistance. These visits may include physical site inspections, policy and/or record reviews, and interviews of child residents, foster parents, and/or agency staff. All inspections and onsite agency visits are conducted during business hours between 8:00 am and 5:00 pm, excluding travel time in most cases. At each entrance conference, the length of time needed to complete each review is established with the agency. At the conclusion of each on-site inspection and other activities listed above, the assigned certification specialist completes the relevant documents and shares a copy the findings with the agency. An official record of the visit and related materials is placed in the Ohio Foster Care Licensing (OFCL) FileNet system. Licensing/Certification management staff are responsible for the review and approval of work performed by the Agency Certification specialists to ensure accuracy, completeness, and consistency.

Item		Description
34	Requirements for Criminal Background Checks.	Determine how well the foster and adoptive parent licensing, recruitment, and retention system functions statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Assessment of Performance

To enhance the practice of monitoring criminal background checks for caregivers who are certified and/or approved by ODJFS, the *Retained Applicant Fingerprint Database Information Exchange* process, known as “RAPBACK,” was implemented in 2010. ODJFS submits a file to the Ohio Bureau of Criminal Identification and Investigation (BCII) with the names and identifying information of all known certified foster caregivers, currently approved adoptive parents, and other adults living in the foster care household. The information is maintained by BCII in a databank and used to exchange information with ODJFS about caregiver arrests and/or criminal charges.

BCII notifies the Department of arrests or convictions for anyone on the list of names submitted by ODJFS. Upon receipt of BCII information, ODJFS notifies the agency that recommended the home for certification. If the BCII information indicates a person in the household has been arrested, convicted, or plead guilty to any offense, the recommending agency must take appropriate action within twenty-four hours of receiving the information from BCII. Appropriate actions by the recommending agency must include:

- Contacting the local law enforcement agency that made the arrest;
- Contacting any other agency that holds custody of a child in the home within twenty-four hours to inform them of the BCII information; and
- Re-evaluating the household to ensure the crime will not jeopardize the health, safety or welfare of the children in the home.

RAPBACK notifications are received in an online folder and reviewed by the OFC Enforcement Coordinator. The RAPBACK folder is checked daily for notifications, also known as “hits.” Upon receipt of a hit on a foster/adoptive parent, notice is sent to the recommending agency and to the assigned ODJFS Licensing Specialist or Technical Assistance Supervisor. The notification is logged in the “RAPBACK Hits Log”. Each recommending agency is required to complete the JFS 01301 “Retained Applicant Fingerprint Database Post-Notification Report” form. The Enforcement Coordinator monitors receipt of the form. The review includes a determination regarding whether the agency was properly notified by the foster parent and if the response contained sufficient information for ODJFS to assess the matter. The form is logged by the Enforcement Coordinator, and a determination is made whether the conviction is a prohibited offense. Additionally, the Enforcement Coordinator reviews the case to determine if a revocation of the foster care certificate is necessary.

In addition to RAPBACK, ODJFS reviews criminal background checks through a sample record review of newly certified/recertified foster parents, newly approved/updated adoptive parents, and newly hired staff of JFS-certified residential facilities. The recertification reviews include monitoring how each agency followed up on RAPBACK hits and whether they conducted background checks on new staff. Agencies are required to develop corrective action plans (CAPs) to address any findings of non-compliance related to RAPBACK or background checks. Each CAP submitted specifies:

- What the agency is going to do to correct an area of noncompliance;
- How noncompliance will be prevented in the future;
- Who in the agency will be responsible for the implementation of the CAP; and
- How the agency will document that the CAP has been implemented.

Since the inception of RAPBACK in 2010, there have been 1,109 hits. Of those numbers, 479 were on closed foster homes; 435 were on active foster homes; 105 were old charges that the agency knew about; 31 were closed after the RAPBACK notification; 45 of the adult household members were not in the home; and, 14 resulted in the revocation of the foster home.

RAPBACK Results 2010-2013

Year	No. of Old Hits	Voluntary WD	Revocations
2010	103	2	2
2011	183	0	7
2012	315	0	4
2013	353	0	0

During the Title IV-E review, problems were noted in compliance with background check requirements. OFC is currently working on revising its procedures.

To ensure that agencies conduct an ongoing evaluation of the child's safety while in placement in an out-of-home care setting, during each SAR they are required to respond to the following: "This review panel has determined that the children's current placement is safe and is an appropriate placement for the child."

Item		Description
35	Diligent Recruitment of Foster and Adoptive Homes.	Process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statement.

Assessment of Performance

Children in Temporary and Permanent Custody by Race and Ethnicity

During calendar year 2013, there were 17,388 children in the temporary custody of PCSAs, and 4,190 children in the permanent custody of PCSAs. The tables on the following page present the racial makeup of these children by custody type.

CY 2013 – Children in Temporary Custody of Public Children Services Agencies by Race		
Race	Number	Percent
White	9,977	57.38%
Black/African American	5,651	32.50%
Multi Race- includes <u>Black/African American</u>	1,328	7.64%
Multi-Race- excludes Black/African American	82	0.47%
Asian	31	0.18%
American Indian	21	0.12%
Native Hawaiian	1	0.01%
Other Pacific Islander	0	0.00%
Undetermined	269	1.55%
Unknown	28	.16%
Total	17,387	100%

CY 2013 – Children in Permanent Custody of Public Children Services Agencies by Race		
Race	Number	Percent
White	2,449	58.45%
Black/African American	1,332	31.79%
Multi Race- includes <u>Black/African American</u>	349	8.33%
Multi-Race- excludes Black/African American	33	.79%
Asian	6	0.14%
American Indian	5	0.12%
Native Hawaiian	0	0.00%
Other Pacific Islander	2	.05%
Undetermined	14	0.33%
Unknown	0	0.00%
Total	4,190	100%

As evidenced above, the largest percentage of children in both temporary and permanent custody are White followed by Black/African American. Examination of ethnicity by custody type indicates that in calendar year 2013, 761 children (4.38%) in the temporary custody of PCSAs were identified as Hispanic, and 216 children (5.16%) in the permanent custody of PCSAs were identified as Hispanic.

Foster Homes by Race and Ethnicity

Children entering the temporary custody of the PCSA can be placed in foster homes which are certified by either the custodial agency, another PCSA or a private non-custodial agency as “foster-only” or “foster-to-adopt.” For calendar year 2013, there were 6,013 foster homes certified as foster-only and 8,025 homes certified as foster-to-adopt statewide. Thus, a total of 14,038 homes would potentially be available for the placement of children in the temporary custody of PCSAs.

In order to determine if the currently certified foster families reflected the racial and ethnic diversity of children in the custody of PCSAs for whom foster homes were needed, OFC examined the race categories of White and Black/African American foster homes, as these are the predominate races of children in the temporary custody of PCSAs. White foster homes

certified as foster-only represent 53.75% of the total number of certified foster-only homes, while 82% of the foster-to-adopt certified homes had the reported race of White. Black/African American homes represent 40.40% of the homes certified as foster-only, while 14.60% of the foster-to-adopt certified homes had the reported race of Black/African American. The following tables' present information on the reported race of certified foster-only homes and foster-to-adopt homes counting the race of Applicant 1 and Applicant 2.

CY 2013 – Certified Foster Only Homes Counting Race of Applicant 1 and Applicant 2		
Race	Number	Percent
White	3,232	53.75%
Black/African American	2,429	40.40%
Multi Race- includes one foster parent who is Black/African American	100	1.67%
Multi-Race- excludes Black/African American foster parent	15	.25%
Asian	11	.18%
Other Pacific Islander	5	.08%
American Indian	3	.05%
Native Hawaiian	2	.03%
Alaskan Native	1	.02%
Undetermined	215	3.50%
Total	6,013	100%

CY 2013 – Certified Foster-to-Adopt Homes Counting Race of Applicant 1 and Applicant 2		
Race	Number	Percent
White	6,582	82.02%
Black/African American	1,172	14.60%
Multi Race- includes one foster parent who is Black/African American	56	.70%
Multi-Race- excludes Black/African American foster parent	37	.46%
Asian	27	.34%
Other Pacific Islander	5	.06%
American Indian	11	.14%
Native Hawaiian	0	0%
Alaskan Native	4	.05%
Undetermined	131	1.63%
Total	8,025	100%

Based upon the data, the existing population of foster homes reflects the racial composition of children in the temporary custody of the agency.

Examination of ethnicity data for foster-only certified homes and foster-to-adopt certified homes indicated that there was underrepresentation of Hispanic foster homes compared with the number of children who were identified as Hispanic in the temporary custody of PCSAs. For foster-only certified homes, .67% of the homes indicated that either Applicant 1 and/or Applicant 2 were Hispanic. Foster-to-adopt homes where Hispanic ethnicity was reported for Applicant 1 and/or Applicant 2 represented 1.00% of the total number of homes which identified ethnicity. Portions of the state where Hispanic children were removed did have foster-only or foster-to-adopt homes available if needed.

Adoptive Homes Only by Race and Ethnicity

Children who are in the permanent custody of PCSAs could originally have been placed in a foster-to-adopt home or later be placed in a home which was only licensed for adoptive placement. If we only examine the number of adoptive-only homes by race, it was noted that 67% of the adoptive-only licensed homes are Caucasian, and 30% are Black/African American. When adding in foster homes which are licensed as foster-to-adopt, the racial composition of foster homes reflects the primary racial makeup of children in the permanent custody of PCSAs.

For adoptive-only certified homes, .47% reported that either Applicant 1 and/or Applicant 2 identified themselves as Hispanic. As noted before, agencies in communities with Hispanic populations have outreach efforts in place to recruit Hispanic applicants. These agencies have made recruitment materials available in both Spanish and English.

State Recruitment Efforts

Partnership with the Dave Thomas Foundation for Adoption

In mid-2012, ODJFS entered into a partnership with the Dave Thomas Foundation for Adoption to significantly expand the foundation's implementation of its Wendy's Wonderful Kids (WWK) child-specific recruitment model in Ohio. Through ODJFS' investment, 35 new recruiters were hired, trained and deployed statewide to assist local agencies in finding permanent homes for children in care. Each recruiter is charged with managing a child-specific caseload, providing child-focused recruitment services, and conducting diligent searches for potential adoptive families. In addition, recruiters are involved in the coordination of statewide recruitment efforts with PCSAs and PCPAs with an emphasis on Ohio's target populations (children in permanent custody of a PCSA who are over the age of nine, part of a sibling group, and/or in care for two or more years). A five-year study of the WWK model conducted by Child Trends reflected a significantly higher likelihood of adoption for children served through the program, and Ohio is beginning to see similar results. As of March 31, 2014, 544 children were enrolled in Ohio's WWK program. In less than two years, the program has realized 178 matches of children with prospective adoptive parents, 50 pre-adoptive placements, and 33 successful adoption finalizations.

County Adoption Incentive Payments

The Ohio Adoption Incentive Program was also created in 2012. This program provides financial incentives to PCSAs for finalizing adoptions for the target population of youth ages 9 and over. Each county's adoption finalizations for the target population are averaged for the previous three-year period, and if counties exceed this baseline, they receive a funding allocation that may then be reinvested in future adoption recruitment and finalization efforts.

National Center for Adoption Law and Policy

ODJFS utilizes the National Center for Adoption Law and Policy at Capital University Law School (NCALP) for recruitment purposes. NCALP is responsible for managing the Ohio Adoption Photo-listing website in concert with AdoptUSKids. The photo-listing highlights waiting children who are in the permanent custody of PCSAs and for whom families are being sought. A photo and brief profile are listed for each child as well as contact information. It is expected ODJFS will continue to collaborate with NCALP, which also serves youth who have aged out of foster care.

General information such as who may adopt, the adoption home study process, adoption subsidies available, costs associated with adopting, access to adoption records, and information on interstate adoptions can also be found on this website. In addition, the photo-listing website provides links to ODJFS publications such as the *Ohio Adoption Guide* and the *Adoption Subsidies Guide* and lists information about ongoing events, trainings and meetings. In 2013, ODJFS updated the *Ohio Adoption Guide* and the *Adoption Subsidies Guide* and made both available online along with other manuals.

General Recruitment - Foster Care and Adoption Months

Based upon the number of children coming into foster care and the need for permanent homes for children there is a need to recruit additional foster homes and support existing resource families. Ohio has annually recognized May as National Foster Care Month and November as Adoption Month. The purpose of the recognition is to acknowledge the efforts of child welfare practitioners and caregivers across the state responsible for providing care to children that have been abused or neglected. Public service announcements were prepared to recognize and celebrate both months. PCSA, PCPA, and PNAs are encouraged to recognize their resource families. The Governor continues to acknowledge foster families and kinship families for the service they provide. Across the state, events are held to honor foster and adoptive parents for their dedication to vulnerable children, including the statewide advocacy day, held in Columbus annually.

Local Recruitment Efforts

Recruitment Plans

Foster care and adoption agencies are required to develop and implement a comprehensive recruitment plan bi-annually which describes diligent recruitment for families that reflect the diversity of the children for whom homes are needed. These recruitment plans are submitted and reviewed by ODJFS to ensure compliance with the Multiethnic Placement Act, 42 U.S.C.A. 1996 (B), as amended by Section 1808 of the Small Business Job Protection Act of 1996 (MEPA), and the Civil Rights Act of 1964 (Title VI). In addition, ODJFS requires agencies to conduct child-specific recruitment efforts in other counties when prospective adoptive families cannot be identified locally.

A review of foster care and adoption recruitment plans submitted to ODJFS, OFC in 2012 was conducted to identify recruitment strategies planned by agencies. In all recruitment plans, multiple strategies were identified based upon the agency's mission statement and targeted audiences. The following strategies were identified in order of frequency noted in the recruitment plans reviewed:

- Written Information: Pamphlets, flyers, posters, and church bulletin inserts were being used. Several agencies noted that their written information was also in Spanish. Written information was distributed during community events, fairs, and speaking engagements.
- Traditional Media: Newspapers, Magazines, Radio, and Television: Local newspapers were used to either advertise the need for foster caregivers or to provide information about the need for families through articles for inclusion in the newspaper. Some agencies also published their own newsletters, and information was included on the need for additional foster caregivers. Ads were also included in professional magazines.

The use of radio/cable TV was noted as a method to recruit families (paid or public services announcements) or to discuss the need for foster caregivers during local talk shows.

- Speaking Engagements: Agencies continue to talk about the need for foster caregivers/adoptive parents at such locations as churches, Rotary Clubs, and seminars. Either agency staff and/or foster caregivers presented information.
- Community Events: Agencies provide information on adoption/foster care at fairs, special community events and adoption mixers.
- Internet: The use of the Internet has intensified as more agencies have been developing their websites to disseminate information (one agency noted that they have a video with a foster caregiver talking about her experiences). Additionally, agencies have been using the Internet to post ads about their agencies. Some agencies noted they were now using Facebook.
- Word of Mouth: During MEPA reviews it was noted that word of mouth (current foster caregivers/adoptive parents recruiting new foster caregivers/adoptive parents) was the most successful recruitment tool. Foster caregivers were also being used in tandem with agency staff to attend speaking engagements. Agencies' Recruitment Plans noted that financial incentives and bonuses were being provided to currently certified foster caregivers if they recruited new foster caregivers. However, it was noted by one agency that this was not an effective tool for them, and the recruitment information posted on their agency website was more effective.
- Advertising: Multiple methods of advertising were being used – from the traditional ad in the Yellow Pages, to displaying banners/posters outside the agency, at sports venues or at other community locations, on buses/billboards, and on yard signs. Some agencies noted that ads were being placed in theatre playbills and other event brochures.

PCSAs continue to work with foster parent associations to identify effective recruitment strategies and ensure retention of existing resource families.

MEPA Biennial Comprehensive Self-Assessment Report

PCSAs, private child placing agencies (PCPA) certified to perform the foster/adoption function and private non-custodial agencies (PNA) certified to perform the foster/adoption function are required to submit a *MEPA Biennial Comprehensive Self-Assessment Report* by March first of every even numbered year. One of the components of the self-assessment requires the agency to address the following:

- Whether its foster care and/or adoption recruitment plan includes information on efforts to diligently recruit foster caregivers and/or adoptive parents that reflect the racial and ethnic backgrounds of the population of children in foster care and available for adoption.
- Methods for targeting individuals as foster caregivers/adoptive parents where there is a disparity between the racial and/or ethnic groups of children in care and the racial/ethnic groups of foster or adoptive parents certified/approved currently.

The *MEPA Biennial Comprehensive Self-Assessment Report* is discussed during MEPA reviews of public and private agencies, which occur on a 24-month cycle. The discussion of recruitment efforts with PCSAs includes a presentation of data on children in the temporary and permanent custody of the agency by race and ethnicity as well data on foster parents/adoptive homes by race and ethnicity. OFC staff and agency staff then determine if a disparity exists between the racial and/or ethnic groups of children in care and the racial/ethnic groups of foster or adoptive parents. If a disparity exists, further discussion occurs on what recruitment efforts will be used to reduce the disparity.

MEPA reviews conducted with private agencies (agencies that have contracts with PCSAs to provide foster and/or adoptive services) include a discussion of statewide data on the number of children in the temporary and permanent custody of the PCSAs by race and ethnicity as well data on foster parents/adoptive homes by race and ethnicity licensed/certified by the agency. OFC staff and agency staff then determine if a disparity exists between the racial and/or ethnic groups of children in care and the racial/ethnic groups of foster or adoptive parents. If a disparity exists, further discussion occurs on what recruitment efforts will be used to reduce the disparity.

As noted above, child specific recruitment efforts are required when the custodial agency has yet to identify a family for the child. During MEPA Cycle 4, March 1, 2012- February 28, 2014, 793 child case records were reviewed to determine if there were families presented at the most recent matching conference, and if there were no families presented, determine whether the agency engaged in child specific recruitment efforts prior to the most recent matching conference. Failure to engage in child specific recruitment efforts would require the agency to develop a Corrective Action Plan (CAP). Four PCSAs were required to develop a CAP to address how they would come into compliance with the requirement to engage in child specific recruitment efforts prior to the most recent matching conference. Child specific recruitment efforts noted during reviews included:

- Registering children with NCALP and the U.S. Health and Human Services' AdoptUSKids Website;
- Placing the child's information on the agency's website;
- Distributing child specific recruitment flyers at adoption events;
- Conducting searches for significant adults noted in the child's case file;
- Sponsoring "Foster and Adoption Parties" designed to provide information to potential families about foster care and adoption programs and the need for resource homes;
- Profiling waiting children in newspapers and in television and radio spots; and
- Publishing agency calendars which feature harder to place youth who are available for adoption.

	Item	Description
36	State Use of Cross-Jurisdictional Resources for Permanent Placements.	Process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Assessment of Performance

In FFY 2013, Ohio had submitted a total of 556 home study requests to other states. The primary reason for requests was completion of a relative or parent home study. Many of the states Ohio most-frequently requests home studies of are likewise requesting home studies from Ohio.

The top six states Ohio received referrals from included: (1) Michigan; (2) West Virginia; (3) Kentucky; (4) Indiana; (5) Florida; and (6) Texas. The majority of referrals were from states sharing borders with Ohio.

A total of 628 incoming home study requests were received in FFY 2013. The most common home study requests were for relatives and parents. During FFY 2013, a total of 519 dispositions were made. One hundred ninety-seven were denied; 269 were approved; and 53 indicated some other disposition.

The following Table presents information by Quarter on the type and number of incoming home study requests received and the type and number of outgoing home studies requested.

	Quarter 1 October 1, 2012-December 31, 2012				Quarter 2 January 1, 2013-March 31, 2013				Quarter 3 April 1, 2013-June 30, 2013				Quarter 4 July 1, 2013- September 30, 2013			
	Numbers of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Numbers of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Numbers of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Numbers of Incoming Home Study Requests		Number of Outgoing Home Study Requests	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Parent	35	21.87%	27	20.00%	41	26.97%	21	19.09%	34	20.99%	26	16.35%	34	22.08%	24	15.79%
Relative	66	41.25%	53	39.26%	70	46.05%	58	52.73%	67	41.36%	58	36.48%	56	36.36%	58	38.16%
Public Adoption	19	11.88%	11	8.15%	22	14.47%	18	16.36%	19	11.73%	18	11.32%	23	14.94%	22	14.47%
Private Adoption	26	16.25%	31	22.96%	2	1.32%	1	0.91%	29	17.90%	38	23.90%	24	15.58%	35	23.03%
Foster	14	8.75%	10	7.41%	17	11.18%	12	10.91%	12	7.41%	19	11.95%	17	11.04%	13	8.55%
Non ICPC Study Requests	0	0.00%	3	2.22%	0	0.00%	0	0.00%	1	0.61%	0	0.00%	0	0.00%	0	0.00%
Total	160	100.00%	135	100.00%	152	100.00%	110	100.00%	162	100.00%	159	100.00%	154	100.00%	152	100.00%

To assess compliance with P.L. 109-239, requirements for completion of home studies requested/received from another State within 60 days, an examination of compliance was conducted. The following table presents findings by quarter.

	Quarter 1 October 1, 2012-December 31, 2012	Quarter 2 January 1, 2013-March 31, 2013	Quarter 3 April 1, 2013-June 30, 2013	Quarter 4 July 1,2013- September 30, 2013
Timeframe				
# studies done in 30 dys	20%	17%	10%	13%
# studies done in 30-60 dys	15%	23%	19%	12%

Further examination of these results is needed to determine what factors impacted the low level of performance.

Assessment of Strengths

- ✓ Policies are in place that require public and private agencies to actively recruit applicants as foster caregivers and/or adoptive caregivers.
- ✓ A monitoring system is in place to review agencies' recruitment plans and also whether child-specific recruitment efforts are being made.
- ✓ There is strong collaboration, and public-private partnerships are in place to support statewide recruitment initiatives.
- ✓ Multiple strategies are used to recruit applicants and increase public awareness of the need for foster and adoptive homes at both the state and local levels.

Assessment of Concerns

- ✓ While ongoing efforts are being made to recruit families that reflect the racial and ethnic diversity of children in the state for whom foster and adoptive homes are needed, agencies report being fearful that this may be perceived as being in violation of MEPA, since consideration of race or ethnicity of a child or provider should not be a factor in placement selection for the child.
- ✓ As indicated by the data, timeliness of completion of ICPC requirements is a significant area of concern.
- ✓ Compliance with the background check requirements was noted in the Title IV-E on-site report. Several activities within the CFSP and the Title IV-E PIP will address this concern.

III. Plan for Improvement

Introduction & Rationale for the Selected Interventions

As outlined in the General Information section of this plan, Ohio employed a comprehensive and collaborative process to develop its 2015 – 2019 CFSP. The goals, objectives, interventions, benchmarks and measures of progress set forth within this section of the plan were selected based upon a thorough review of the state’s data. Nine workgroups were established to assure diversity of perspectives in the planning process, and an even broader base of stakeholder feedback was incorporated through the various channels outlined in Section I. The ODJFS CQI Advisory Team provided leadership throughout the process to assure that planning was well-grounded in the principles and methods of a structured CQI process.

Prior to selecting the interventions in the plan, a variety of data were examined, including:

- State performance on federal CFRS measures
- Ohio’s National Youth in Transition Database survey results
- Cross-systems data:
 - Data from the Supreme Court of Ohio on timeliness
 - Dept. of Education
 - Dept. of Health
 - Dept. of Mental Health and Addiction Services
- Stakeholder survey & focus group data:
 - Kinship caregiver survey (conducted through the Supreme Court of Ohio Subcommittee on Responding to Child Abuse, Neglect & Dependency)
 - Partners for Ohio’s Families stakeholder survey & focus group data collected by the Midwest Child Welfare Implementation Center
- Case review data from Ohio’s CPOE Stage 8 and Stage 9 cycles:
 - Statewide percentages on each item
 - Trends for items rated as a “Strength”
 - Trends for items rated as an “Area Needing Improvement.”
- Statewide Automated Child Welfare Information System (SACWIS) Data, e.g.:
 - Statewide screening and pathway assignment data
 - Data on caseworker visits with families
 - Assessment data on risk and safety concerns
- Program evaluation data:
 - Differential Response
 - ProtectOHIO
 - PCSAO Kinship Navigator Program

Examination of the data revealed both practice strengths and opportunities for improvement, as detailed in the Assessment of Performance section of this plan. Broadly, the areas of strength in Ohio’s practice, as evidenced by the data, include:

- Implementation of Differential Response and the application of the Alternative Response pathway;

- Use of Family Team Meetings;
- Child-focused recruitment efforts through the Wendy's Wonderful Kids initiative;
- Implementation of the *Safe and Together* model for working with families impacted by domestic violence;
- Maintaining children's connections with family and community while they are placed in out-of-home care;
- Placement of sibling groups together and placement with relative caregivers; and
- Collaboration among local and state partners.

Based on the data, aspects of practice and/or outcomes targeted for improvement include:

- Risk and safety assessment skills;
- Quality engagement of families in the assessment and case planning processes;
- Frequency and quality of visits between caseworkers and families;
- Effective services and treatment options for families struggling with substance abuse, particularly opiate addiction;
- Safety of children while placed in out-of-home care;
- Recurrence of maltreatment; and
- Re-entry of children into care.

In crafting the final plan, the CQI Advisory Team sought to include interventions that would build on the identified strengths in Ohio's practice while effectively addressing performance gaps or concerns. Some of the selected interventions seek to expand upon successful practices with demonstrated positive outcomes. Other interventions provide a targeted focus designed to strengthen practice in key areas. The core of the plan is a comprehensive approach to improving Ohio's statewide CQI system. All of the other improvement efforts contained in the plan flow from this central CQI focus.

The chart on the following pages details the selected goals, objectives, interventions, benchmarks and measures of progress for Ohio's 2015 – 2019 CFSP. Several of the strategies contained within the plan impact multiple objectives and/or goals. These interventions were selected because they are particularly powerful "leverage points" for change. They are cross-referenced throughout the plan to clearly delineate their potential impact on multiple areas of practice and outcomes for children and families.

Goals, Objectives, Interventions, Benchmarks & Measures of Progress

Goal 1: Ohio will strengthen its child welfare statewide Continuous Quality Improvement (CQI) system to drive practice improvement resulting in better outcomes for the safety, permanency and well-being of Ohio’s children and families.

Measures:

- 1.) Development of a CQI Action Plan to track specific issues, identify action steps and anticipated results, and to document the actual results of the action steps and lessons-learned over time.
- 2.) Improved performance on targeted case review items and data indicators to be determined by Ohio’s CQI Advisory Team.

Objective 1: Further develop Ohio’s statewide CQI infrastructure.	Interventions	Benchmarks	Timeframe
	1.) Develop a written CQI Framework to include a description of Ohio’s overarching CQI process and detailed CQI recommendations.	Gather existing CQI policies and procedures of local child welfare public and private agency partners to synthesize commonalities and strengths in CQI methods currently utilized across the state.	Year 1
		Ohio’s CQI Advisory Team will formalize its recommendations based on CQI best practices, Children’s Bureau recommendations, the recommendations of national child welfare organizations such as the National Association of Public Child Welfare Administrators, and local CQI methods.	Year 1
		CQI Advisory Team will develop a draft framework document.	Year 1
		Vet CQI recommendations through stakeholder feedback channels, such as the Partners for Ohio’s Families Advisory Board and Regional Technical Assistance Teams.	Year 2
		Based on feedback received, finalize and publicly release written CQI Framework.	Year 2

	2.) Establish a mechanism for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources.	Gather stakeholder feedback from county and private agency partners about preferred mechanisms for information-sharing.	Year 1
		Explore viable options and resources needed to create a formalized structure for CQI information-sharing.	Year 2
		Implement best solution/option identified that matches stakeholder needs.	Years 3-5
	3.) Establish CQI Coaching for ODJFS and county Public Children Services Agencies (PCSAs) through the Ohio Child Welfare Training Program (OCWTP).	Collaborate with OCWTP to develop CQI Coaching goals, objectives and activities that are aligned with Ohio's CQI Framework.	Year 3
		Collaborate with OCWTP to identify qualified CQI Coaches.	Year 3
		Implement CQI Coaching program and evaluate the impact of the program through ongoing participant feedback.	Years 4-5
	4.) Develop and pilot test a multi-county/regional Peer Review process.	Gather stakeholder feedback to inform the development of Peer Review recommendations and standards.	Year 1
		CQI Advisory Team will develop Peer Review recommendations and standards.	Year 2
		Request county volunteers to pilot multi-county Peer Review of cases and provide feedback about the process.	Year 3
		Establish final recommendations regarding the ongoing implementation of regional/multi-county Peer Review.	Year 4

Objective 2: Increase accessibility	Interventions	Benchmarks	Timeframe
of SACWIS data and improve data integrity to support CQI activities.	1.) Update standardized data reports for new federal CFSR measures and develop user friendly reports on state and county performance on critical child and family outcomes to be shared regularly with stakeholders.	Modify existing CFSR report modules in the Business Intelligence Channel (BIC)/Results Oriented Management (ROM) to reflect new federal measures.	Years 1-2
		CQI Advisory Team will identify five to ten critical items to be tracked and shared with stakeholders on a regular basis.	Year 2
		Provide counties with multiple options for reviewing/receiving performance reports based upon user preferences/needs.	Years 1-5
		Implement strategies to increase awareness of data trends, performance indicators and data integrity priorities in collaboration with stakeholders and state CQI, Monitoring, Policy and SACWIS staff.	Years 1-5
	2.) Collaborate with the Ohio Child Welfare Training Program (OCWTP) to integrate SACWIS into identified OCWTP trainings to improve data entry and integrity. Please see Training Plan (pp. 3-4, & 5-6)	OCWTP will develop a set of self-instructional tools to train staff on SACWIS, including: <ul style="list-style-type: none"> • Online modules, using detailed screen shots and accompanying verbal and print instructions. • “Quick-start guides” for groups of SACWIS functions. 	Years 1-5
		OCWTP will provide SACWIS learning labs for select prioritized trainings.	Years 2-5
		SACWIS coaches will be prepared and deployed through OCWTP to assist PCSA staff in person or through web-based interface.	Years 1-5

		OCWTP trainers will be provided with information and technical assistance to help them integrate SACWIS screens into identified and prioritized, trainer-developed workshops.	Years 3-5
		ODJFS will collaborate with OCWTP to provide workshops for child welfare supervisors on SACWIS reports and how to use BIC and ROM to mine data from SACWIS to track case-related activities and generate reports to support agency CQI activities.	Years 1-5
	3.) Develop practice fidelity measures and companion reports based on Ohio's Differential Response Practice Profiles that can be used by direct services staff and their supervisors to drive practice improvement efforts.	In collaboration with the Ohio Differential Response Statewide Implementation Team and Leadership Council, identify select fidelity measures for critical practice skills from the Ohio Differential Response Practice Profiles.	Year 1
		Identify which activities/practice fidelity measures could be tracked through SACWIS (vs. field observation or case review).	Years 1-2
		Develop at least one data report to track performance on fidelity measures.	Year 3
		Track correlations between child and family outcomes and level of fidelity to the practice model.	Years 4-5
	4.) Continue SACWIS enhancements to improve data collection and timely and accurate reporting.	Implement all steps required to complete Ohio's AFCARS improvement plan.	Years 1-5
		Provide timely and accurate submissions of federal data.	Years 1-5

		Collaborate with stakeholders to develop a plan to address SACWIS federal compliance findings and address ongoing user needs.	Years 1-5
Objective 3: Further integrate CQI into Ohio’s Technical Assistance and CPOE Review Processes.	Interventions	Benchmarks	Timeframe
	1.) Integrate Ohio’s Differential Response Practice Profiles and CAPMIS (assessment model) quality review into the Child Protection Oversight and Evaluation (CPOE) review process.	Building on the work described above to identify practice fidelity measures, identify which measures would best be tracked through case reviews.	Years 1-2
		Provide training and consultation to OFC regional teams on the use of the Practice Profiles in their role as TA providers.	Year 1
		Form a workgroup to integrate identified practice fidelity measures and CAPMIS (assessment model) quality review into CPOE framework.	Years 1-2
		Pilot CAPMIS quality review and practice fidelity measures with volunteer PCSAs.	Years 2-3
		Revise new CPOE components as needed after pilot and implement statewide.	Years 3-5
	2.) Revise CPOE protocol to strengthen use of performance data.	Develop a formalized protocol for CPOE entrance conferences to promote consistent use of performance data both to identify concerns and highlight PCSA strengths and best practices.	Year 1
Develop a template for a CPOE performance report. This report would include key measures available through BIC, ROM or SACWIS (e.g. pathway assignment, worker visits, recurrence, etc.).		Year 2	

		Prepare and provide all PCSAs with a county-specific performance report on key measures during the CPOE review cycle. Include comparison data for similar counties within the performance report.	Years 3-5
3.) Create an agency self-assessment tool for PCSAs to complete as part of the CPOE process. This tool would connect to and support agencies' individual CQI or Quality Assurance processes.		Partner with stakeholders to develop the self-assessment tool, which would encompass a cohesive assessment of agency practice, including screening decisions, CAPMIS assessments, family engagement, services to families, and the quality and timelines of caseworker visits.	Years 1-2
		Pilot the agency self-assessment tool with volunteer sites.	Years 2-3
		Revise the self-assessment tool as needed after pilot testing and assess the feasibility of full statewide implementation.	Years 3-5
4.) Establish process to strengthen inter-rater reliability for CPOE reviews and Quality Improvement Plan (QIP) development.		Devise methods of assessing consistency of reviewers during CPOE and other reviews (e.g. Survey Monkey, questionnaires, etc.).	Year 1
		Strengthen CPOE Framework regarding working with agencies to develop QIPs that address concerns and establish guidelines for appropriate QIP approvals.	Year 1
		Develop a process for TAS' to regularly review CPOE framework to address inter-rater reliability or systemic concerns.	Year 1
		Technical Assistance Managers will separately review (w/ each TAS) at least one case per quarter for accuracy.	Years 1-5

	5.) Enhance OFC Regional Technical Assistance process to incorporate CQI practices.	Regional Technical Assistance Teams will regularly review data (e.g., county self-assessments, SACWIS data, CPOE and licensing site visit results) for the PCSAs and private agencies within their region.	Years 1-5
		Team members will proactively offer the counties and agencies in the region an opportunity to jointly review and discuss their data.	Years 1-5
		Per county and agency requests, the team will consult with the private agency or PCSA to develop an appropriate action plan and assess progress.	Years 1-5
Objective 4: Apply CQI principles to improve casework practice and supervision.	Interventions	Benchmarks	Timeframe
	1.) Strengthen implementation of Ohio's CAPMIS assessment and case planning model.	Evaluate CAPMIS to assess reliability and validity of the model.	Years 1-3
		Gather stakeholder feedback to better understand current utilization and barriers to the application of the CAPMIS tool set.	Years 1-2
		In collaboration with OCWTP, integrate CAPMIS, Differential Response, and SACWIS into Caseworker Core training modules. (Please see Training Plan pp. 3-4)	Years 1-2
		In collaboration with OCWTP, develop enhanced CAPMIS training curricula for experienced practitioners and supervisors. (Please see Training Plan p. 4)	Year 1

		In collaboration with OCWTP, develop an implementation plan for rollout of enhanced CAPMIS curricula as well as other coaching or training opportunities to support the use of CAPMIS. (Please see Training Plan p. 4)	Year 2
		In collaboration with OCWTP, develop a supervisory post-training survey/quality checklist to measure the effectiveness of training and to drive future curricula revisions and/or supportive components such as Guided Application to Practice sessions or Coaching.	Year 2
		As outlined above (in Objective #3), include a CAPMIS quality review tool in the CPOE framework. Through the CPOE process, Technical Assistance Specialists will work with agencies to identify needs for additional training or support for ongoing practice improvement.	Years 1- 2
	2.) Develop resources to promote fidelity to the practices detailed in Ohio’s Differential Response Practice Profiles.	Through the Differential Response Statewide Implementation Team, develop a companion tool set for caseworkers to accompany the Practice Profiles, which will include self-assessment tools to utilize in supervisory consultation.	Year 1
		Through the Differential Response Statewide Implementation Team, develop a companion tool set for supervisors to accompany the Practice Profiles, which will include supervisory assessment tools, such as a field observation checklist.	Year 1

		Through the Differential Response Statewide Implementation Team, develop a tool set for agency leaders and/or CQI staff anchored by the Practice Profiles.	Year 1
		Develop and provide web-based training to accompany the release of the above tools.	Year 1
	3.) Provide professional development resources to assist supervisors in implementing effective supervision practices.	In collaboration with OCWTP, develop and provide training, coaching and Guided Application to Practice sessions for supervisors on the facilitation of group supervision and use of a case consultation and information-sharing framework.	Years 1-5
		Integrate the current <i>Coaching in Child Welfare Supervision</i> training developed by Ohio's Differential Response consultants into the OCWTP so that it can be offered on an ongoing basis.	Year 1
	4.) Improve the quality and frequency of caseworker visits with parents and children.	Collaborate with the Public Children Services Association of Ohio on the completion of its child welfare workload study.	Year 1
		Partner with stakeholders to review the data from the child welfare workload study and examine the array of factors influencing statewide performance on the quality and frequency of caseworker visits.	Year 2
		With stakeholder input, identify prospective solutions based on the data and integrate these into Ohio's CFSP.	Year 2

		Provide data on statewide performance on caseworker visits with parents and children in a standardized data report shared regularly with stakeholders (as described in Objective #2 above).	Year 2
		Collaborate with OCWTP to expand use of <i>Engaging Families in Planned and Purposeful Visitation</i> training.	Years 1-2
Objective 5: Implement innovative and evidence-based or evidence-informed child welfare practices to improve safety, permanency and well-being outcomes for children and families.	Interventions	Benchmarks	Timeframe
	1.) Strengthen Ohio’s implementation of Differential Response and expand use of the Alternative Response pathway statewide where appropriate.	Develop a data report that PCSAs and ODJFS can run to track categories for pathway assignment decisions.	Year 1
		Through stakeholder input and data analysis, identify barriers impacting Alternative Response pathway assignment.	Years 1- 2
		Utilize DR Sustainability Consultation and other technical assistance opportunities to discuss screening and pathway assignment.	Years 1-5
		Develop resources to promote adherence to the practices detailed in Ohio’s Differential Response Practice Profiles (as detailed in Objective 4, #2 above).	Year 1
	2.) Strengthen and expand implementation of the <i>Safe & Together</i> model for working with families impacted by domestic violence.	Continue to work with Ohio Intimate Partner Violence (IPV) Collaborative partners to train additional counties in the <i>Safe and Together</i> model. Expand implementation from the current 34 counties and provide the opportunity for all Ohio counties to be trained.	Years 1-3

		Provide “refresher” training options for counties that have already had initial training in the model but may have new staff that needs training.	Years 1-3
		Provide advanced training and technical assistance opportunities to strengthen implementation of <i>Safe and Together</i> in communities across the state.	Years 1-3
	3.) Expand implementation of Casey Family Programs’ Permanency Roundtable model.	Complete pilot implementation of Permanency Roundtables and Youth-Centered Roundtables with 5 pilot sites.	Year 1
		Evaluate Permanency Roundtable Pilot in partnership with Casey Family Programs.	Years 1-2
		Partner with Casey Family Programs and OCWTP to expand implementation of Permanency Roundtables to additional cohorts of counties. (Please see Training Plan p.5)	Years 2-5
	4.) Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTMs.	In partnership with ProtectOHIO counties, explore the feasibility of regionalization of FTM facilitation services to allow more counties to implement FTMs with a high degree of model fidelity.	Years 1-2
		In collaboration with OCWTP, expand training on the FTM model.	Years 3-4
		Provide technical assistance to support new counties in implementing FTMs effectively.	Years 3-5

	5.) Implement parent partner programming as a strategy to strengthen family engagement and improve permanency outcomes.	In partnership with Casey Family Programs, provide planning grants to counties interested in implementing a Parent Partner program. Planning grants will provide counties an opportunity to do intensive planning and convene family focus groups to inform the development of their program models.	Year 1
		Pending availability of resources, provide implementation awards to each of the planning grant sites to pilot their Parent Partner program.	Years 2-3
		Pending the outcomes of the pilot and resource availability, expand implementation of Parent Partner programming to new county cohorts.	Years 4-5
	6.) Continue implementation of the Wendy's Wonderful Kids (WWK) model for child-specific recruitment efforts.	Provide training for caseworkers and administrators on the WWK model to foster increased support among practitioners and agency leaders.	Years 1-5
		Explore possible expansion of WWK work plan to include recruitment efforts on behalf of children under age 5 who are at-risk of lingering in care.	Year 1
		Explore possible expansion of work plan to include recruitment efforts on behalf of youth with a permanency goal of "Planned Permanent Living Arrangement."	Year 1

	7.) Through Ohio Children’s Trust Fund, continue to support implementation of evidence-based prevention strategies.	On an annual basis, convene a workgroup, including research partners, parent representatives, and evidence-based program providers to review and make recommendations regarding evidence-based prevention programs being implemented across the state as well as new programming.	Years 1-5
		Provide training and technical assistance to county partners regarding the implementation of evidence-based prevention programming.	Years 1-5
		On a semi-annual basis, conduct peer review groups to assess model fidelity of evidence-based programs supported by the Ohio Children’s Trust Fund	Years 1-5

Goal 2: Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.

Measures:

- 1.) Percentage of all children who were the subject of a screened-in report of child maltreatment during a 12-month period (regardless of disposition type) who are the subject of an additional screened-in report within 12 months of the initial report.*
- 2.) The rate of victimization per day of all children in agency custody during a 12-month period. *
- 3.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate timely investigations of reports of maltreatment.
- 4.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to provide services to the family to prevent children’s entry into agency custody or re-entry after a reunification.
- 5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care.

*Please note that Ohio plans to set target goals for this measure during year one following finalization of the Round 3 CFSR national standards. As part of the state’s CQI plan, statewide performance on these measures will be analyzed and reported to counties on a quarterly basis.

Objective 1: Improve screening and pathway assignment practices to assure accuracy in decision-making and to support high-quality assessments.	Interventions	Benchmarks	Timeframe
	1.) Enhance existing statewide screening guidelines to include sample screening questions and Differential Response pathway assignment examples. (Please note: this would be an augmentation of the current state screening guidelines with additional supporting material, not a revision to those guidelines.)	Convene a workgroup with balanced representation from OFC and a diverse subset of PCSAs.	Year 1
		Report on workgroup progress and gather stakeholder input through established feedback channels.	Year 1
		Finalize new sample screening questions and pathway assignment examples and integrate into the state screening guidelines materials.	Year 2
		Disseminate to counties statewide.	Year 2

Goal 2: Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.

	2.) Develop and implement specialized training for screeners.	Develop brief online tutorials with content specifically designed for screeners.	Years 1- 2
		In collaboration with OCWTP, develop an advanced training curriculum to complement revised statewide screening guidelines to include the following content: <ul style="list-style-type: none"> • Assessment of safety at screening; • The “who, what, why, when & how” of report documentation; • Identifying family strengths; • Beginning the family search and engagement process; and • Identifying domestic violence and human trafficking. • Learning Lab regarding entering information into SACWIS. 	Year 3
		Create training implementation plan to include pilot testing, evaluation of training effectiveness, and revision of materials.	Year 3
		Statewide implementation of finalized training.	Year 4
		Ongoing evaluation of training effectiveness.	Years 4-5
	3.) Provide ongoing peer support and technical assistance for screeners and screening decision makers.	Offer quarterly conference call or webinar opportunities for screeners and screening decision makers.	Year 2

Goal 2: Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.

		Offer semi-annual opportunities for face-to-face learning and peer support for screeners through Guided Application to Practice (GAP) sessions.	Years 2-3
Objective 2: Improve casework practice to ensure safe environments for children either at home or in out-of-home care.	Interventions	Benchmarks	Timeframe
	1.) Strengthen caseworker assessment skills and use of the CAPMIS Assessment model.	Please see Goal 1: Objective 4, Intervention #1 (p. 122)	Years 1-5 (See Goal 1 for further detail).
	2.) Improve the quality and timeliness of initial face-to-face contacts with children and families.	Revise CPOE framework to include a monitoring requirement related to the quality and timeliness of face-to-face contacts within Safety Outcome 1.	Year 1
		Through CPOE and regional teams provide technical assistance to identify barriers impacting quality and timeliness of initial contacts and work with agencies to develop Quality Improvement Plans on this item as needed.	Years 1-5
	3.) Promote fidelity to the practices detailed in Ohio’s Differential Response Practice Profiles.	Please see Goal 1: Objective 4, Intervention #2 (p. 123)	Year 1
	4.) Improve the quality and frequency of ongoing caseworker visits with children and families.	Please see Goal 1: Objective 4, Intervention #4 (p. 124)	Years 1-2
5.) Develop and implement a standardized process for matching children with out-of-home care providers.	Gather data on current substitute care placement matching processes of public and private agencies.	Year 1	

Goal 2: Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.

		Partner with stakeholders to identify a level-of-care placement assessment model.	Year 1
		Conduct and evaluate a pilot of the identified model.	Years 1-2
		Provide recommendations of the pilot evaluation to ODJFS leadership and the Ohio General Assembly, as required by statutory authorization for the pilot.	Year 2
Objective 3: Enhance systemic capacity to track the safety of children in out-of-home care.	Interventions	Benchmarks	Timeframe
	1.) Develop a standard means to document allegations of out-of-home care maltreatment and decrease data entry errors in recording incidents of child maltreatment in substitute care.	Provide technical assistance webinar on documentation of allegations where an out-of-home care provider is the alleged perpetrator.	Year 1
		Develop a SACWIS Knowledge Base article providing step-by-step instruction on documentation of allegations where an out-of-home care provider is the alleged perpetrator.	Year 1
	2.) Provide timely technical assistance to public and private agencies on responding to incidents of child maltreatment where an out-of-home care provider is the alleged perpetrator.	Develop SACWIS notifications for Licensing Specialists for all allegations of child abuse or neglect by an out-of-home care provider, whether or not the referral is screened in for assessment/investigation.	Years 1-2
		Develop SACWIS notifications for Licensing Specialists of the disposition of all reports of child abuse or neglect by an out-of-home care provider.	Years 1-2

Goal 2: Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.

		Develop a data report to track provider trends concerning incidents of child abuse or neglect.	Years 1-2
	3.) Ensure that central registry and criminal background checks are completed for all licensed out-of-home care providers and residential facility staffs.	Successfully complete all activities detailed in Ohio's Title IV-E Program Improvement Plan when finalized and approved.	Years 1-3

Goal 3: Families will have enhanced capacity to provide for their children’s needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to assure safety.

Measures:

- 1.) **Timely Reunification:** Percentage of all children who enter agency custody within a 12-month period who are subsequently discharged to reunification, relative placement, or guardianship within 12 months.*
- 2.) **Re-entry:** Percentage of the above population that re-enters agency custody within 12 months of their discharge.*
- 3.) **At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate concerted efforts to assess and address service needs to prevent children’s entry into agency custody or re-entry after a reunification.**
- 4.) **At a minimum, 95% of cases reviewed will demonstrate child and family involvement in case planning.**

*Please note that Ohio plans to set target goals for this measure during year one following finalization of the Round 3 CFSR outcomes. As part of the state’s CQI plan, statewide performance on these measures will be analyzed and reported to counties on a quarterly basis.

Objective 1: Promote safety-focused engagement and transparent partnering with families to assure safety, permanency and well-being.	Interventions	Benchmarks	Timeframe
	1.) Strengthen Ohio’s implementation of Differential Response and expand use of the Alternative Response pathway statewide.	Please see Goal 1, Objective 5, Intervention #1 (p. 125)	Years 1-5 (See Goal 1 for further detail)
	2.) Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTMs.	Please see Goal 1, Objective 5, Intervention #4 (p. 126)	Years 1-5 (See Goal 1 for further detail)
	3.) Strengthen and expand implementation of the <i>Safe & Together</i> model for working with families impacted by domestic violence.	Please see Goal 1, Objective 5, Intervention #2 (p. 125)	Years 1-5 (See Goal 1 for further detail)

Goal 3: Families will have enhanced capacity to provide for their children’s needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to assure safety.

	4.) Implement parent partner programming as a strategy to strengthen family engagement and improve permanency outcomes.	Please see Goal 1, Objective 5, Intervention #5 (p. 127)	Years 1-5 (See Goal 1 for further detail)
Objective 2: Improve casework practice to assure that parents and children are involved in the development and ongoing review of case plans.	Interventions	Benchmarks	Timeframe
	1.) Strengthen implementation of the CAPMIS assessment model and case planning tools as well as the Alternative Response Family Service Plan.	Please see Goal 1: Objective 4, Intervention #1 (p. 122)	(See Goal 1 for further detail)
	2.) Build skills in effective Family Search and Engagement practices. (Please see Training Plan p.5)	Assess statewide training needs in relation to Family Search and Engagement.	Year 1
		Collaborate with OCWTP to develop an in-class training based on the current distance learning curriculum: <i>Family Search and Engagement: an Overview</i> .	Year 2
		Launch the distance learning version of <i>Family Search and Engagement: an Overview</i> through E-Track, allowing OCWTP to track utilization of the course.	Year 1
OCWTP will identify and work with trainers to develop additional Family Search and Engagement trainings that help workers develop critical skills.		Years 2-5	

Goal 3: Families will have enhanced capacity to provide for their children’s needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to assure safety.

	3.) Build skills to support increased engagement of fathers and paternal relatives.	Form a workgroup to identify skills, values and supports needed by workers and agencies to engage fathers and paternal relatives. (Workgroup will include the Ohio Commission on Fatherhood and their grantees).	Year 2
		Develop and disseminate Best Practice Guidance on working with fathers, paternal and maternal relatives.	Year 2
		Seek venues for focused dialogue with agencies and workers about implementation of strategies and techniques to engage fathers and paternal relatives recommended by the workgroup.	Years 2-3
	4.) Improve the quality and frequency of ongoing caseworker visits with children and families.	Please see Goal 1: Objective 4, Intervention #4 (p. 124)	(See Goal 1 for further detail)
	5.) Promote fidelity to the practices detailed in Ohio’s Differential Response Practice Profiles.	Please see Goal 1: Objective 4, Intervention #2 (p. 123)	(See Goal 1 for further detail)
Objective 3: Enhance systemic capacity to address service array and effectiveness.	Interventions	Benchmarks	Timeframe
	1.) Complete statewide needs assessment to identify availability of needed services and service gaps.	Develop statewide needs assessment protocol, which will utilize multiple sources of data to assess service needs and identify gaps in available services for Ohio’s child welfare population.	Year 1
		Complete needs assessment in accordance with approved protocol.	Years 2-3

Goal 3: Families will have enhanced capacity to provide for their children’s needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to assure safety.

	2.) Increase use of data to inform program planning and implementation.	Enhance data fields in SACWIS to allow improved documentation of educational, health care, and behavioral health needs and services as described in Ohio’s AFCARS review. Once these enhancements are complete, review the Med/Ed Form to ensure that data is populating correctly on the form.	Years 1-3
		Conduct cross-system data analysis to identify educational, health care, and behavioral health care needs, service utilization, and gaps in programming for families in the child welfare system. (Please see Goal 5, Objectives 4 & 7)	Years 1-3
		Work with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to jointly develop and evaluate programming designed to treat substance abuse within the child welfare population: child, youth and adult.	Years 1-5
Objective 4: Apply CQI principles to address child removals and timely reunification and to reduce re-entry of children into agency custody.	Interventions	Benchmarks	Timeframe
	1.) Examine child removal and placement data to analyze statewide and county trends.	Complete a comparative analysis of counties’ child removal rates.	Year 2
		Complete a comparative analysis of days in placement/length of stay across counties.	Year 2
Share data analysis with stakeholders and gather their feedback to support interpretation of the data.		Years 2-5	

Goal 3: Families will have enhanced capacity to provide for their children’s needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to assure safety.

	2.) Examine data of children who entered agency custody in a 12-month period and were discharged within 12 months to reunification, living with a relative, or guardianship and then re-entered agency custody within 12 months of their discharge to determine root causes.	Conduct JAD (joint application design) sessions to develop a data report to track this item. Through JAD sessions, the requirements for the report will be identified in collaboration with stakeholders.	Year 1
		Complete development and testing of the report.	Year 1
		Include data of two comparison groups in the analysis: (1) Those discharged within 12 months to a “Planned Permanent Living Arrangement” and (2) those still in care after 12 months.	Year 2
		Share data analysis with stakeholders and gather their feedback to support interpretation of the data.	Years 2-5
	3.) Evaluate completion of the CAPMIS Reunification Assessment tools, including a qualitative analysis of the content and application of the tool to the decision-making process.	Please see Goal 1, Objective 4, Intervention 1 (p. 122): Strengthen Implementation of Ohio’s CAPMIS assessment and case planning model.	Years 1-5 (Please see Goal 1 for further detail)

Goal 4: Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

Measures:

- 1.) **Placement Stability:** Of all children who enter agency custody in a 12-month period, what is the rate of placement moves per day of children in care?*
- 2.) **Length of Time to Permanency:** What is the rate per 100 children in agency custody who reach permanency within 12 months? *
Analysis will be conducted of the length of time to permanency (25th percentile, median, and 75th percentile) for:
 - Children entering care for the first time
 - Children who have entered care more than one time
 - All children in care by age
- 3.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will include appropriate permanency goals for each child in care.
- 4.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to achieve reunification, guardianship, adoption or other planned permanent living arrangement.
- 5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children’s relationship with these close family members.
- 6.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address the needs of children, parents and foster parents.

*Please note that Ohio plans to set target measures during year one following finalization of the Round 3 CFSR outcomes. As part of the state’s CQI plan, statewide performance on these measures will be analyzed and reported to counties on a quarterly basis.

Objective 1: Increase quality and frequency of visitation between parents and children and sibling groups while children are placed in out-of-home care.	Interventions	Benchmarks	Timeframe
	1.) Provide technical assistance to PCSAs to support implementation of best practices for visitation.	Provide technical assistance to PCSAs regarding policy requirements for visitation, accurate documentation of visits in SACWIS, and information about successful program models or practices implemented by other PCSAs.	Years 1-5

Goal 4: Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

		Develop an agency checklist/ tool to support quality visitation practices.	Year 2	
		Complete child care data system interface to enhance search capabilities to locate non-custodial parents.	Years 1-3	
	2.) Collaborate with OCWTP to provide training for foster parents and caseworkers on the importance of encouraging the parent/child relationship and the necessity of participating in the case plan goal of reunification and “mentoring” biological parents in the process.		Collaborate with OCWTP to strengthen these elements within the foster parent pre-service training curriculum.	Years 1-2
			Collaborate with OCWTP to expand use of the Fundamentals of Fostering course on <i>Working with Birth Parents</i> and other specialized training curricula that support quality visitation between parents and children.	Years 1-5
Objective2: Improve services and supports for kinship caregivers to promote increased placement stability and permanency.	Interventions	Benchmarks	Timeframe	
	1.) Seek statutory revisions as recommended by the Supreme Court of Ohio’s Subcommittee on Responding to Child Abuse, Neglect and Dependency to address barriers for kinship caregivers and promote consistency among courts with jurisdiction over kinship caregiver relationships.		Partner with the Subcommittee to conduct educational sessions for stakeholders on the proposed statutory recommendations and gather stakeholder feedback.	Years 1-2
			Upon enactment of statutory changes related to kinship care, review and update Ohio Administrative Code as needed.	Years 2-5
2.) Partner with the Subcommittee to develop legal informational resources for kinship caregivers.		Develop a brochure that describes the different legal relationships available to kinship caregivers in Ohio, with information specific to each relationship:	Year 1	

Goal 4: Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

		<ul style="list-style-type: none"> • How it is formed and overseen. • The court of jurisdiction. • Resources available to caregivers. 	
		Develop informational narratives that describe the recent changes to statutes that govern powers of attorney and caregiver authorization affidavits. These statutory revisions offer grandparents a less formal option than legal custody or licensed foster care and allow for more permanency in the relationship.	Year 1
		Collaborate with the Ohio Family Care Association on the development of a caregiver rights brochure and integrate this with other materials developed through the Subcommittee.	Year 1
	3.) Review current data regarding kinship and other relative placements to identify trends.	Review ProtectOHIO kinship caregiver survey findings gathered through Ohio’s Title IV-E Waiver demonstration project.	Year 1
		Establish a workgroup to explore development of an agreed upon statewide kinship homestudy.	Year 2
		Conduct a placement pattern analysis to identify trends and correlations with re-entry and length of stay rates.	Year 3
	4.) Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTMs.	Please see Goal 1, Objective 5, Intervention #4 (p. 126)	Years 1-5 (See Goal 1 for further detail)

Goal 4: Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

Objective 3: Achieve timely, legal permanency for children.	Interventions	Benchmarks	Timeframe
	1.) Continue to work with the Supreme Court of Ohio to improve permanency decision timeframes, including appellate decisions.	Partner with the Supreme Court of Ohio to offer four Caseflow Management courses for Dependency docket courts.	Years 1-2
		Provide applicable CPOE data to the Supreme Court to integrate within the Caseflow Management courses.	Years 1-2
		Study the timeliness of appellate decisions for termination of parental rights cases in all districts.	Years 2-3
		Report findings of timeliness study to stakeholders and present information on preferred practices.	Years 2-3
		Develop a dashboard report of core performance measures to be distributed quarterly to courts and PCSA directors (e.g., number of children in custody, length of stay, and number of children whose cases are beyond time limits).	Year 1
	2.) Expand implementation of Casey Family Programs' Permanency Roundtable and Youth-Centered Roundtable model.	Please see Goal 1, Objective 5, Intervention #3, (p. 126)	Years 1-5 (Please see Goal 1 for further detail.)
	3.) Continue implementation of the Wendy's Wonderful Kids model for child-specific recruitment efforts.	Please see Goal 1, Objective 5, Intervention #6, (p. 127)	

Goal 4: Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

	4.) Enhance CPOE protocol to utilize data to address identified issues and highlight best practices.	Please see Goal 1, Objective 3 (p. 120)	Year 1
		Survey agencies for input regarding local practices that impact timely adoptions and highlight those who are successful in finalizing adoptions.	Year 2
	5.) Build skills in effective Family Search and Engagement practices. (Please see Training Plan p.5 and Goal 3, Objective 2, Intervention #2, p. 135)	Please see Goal 3, Objective 2, Intervention #2 (p. 135)	Years 1-5 (Please see Goal 3 for further detail.)
Objective 4: Improve outcomes for youth exiting foster care and transitioning to adulthood.	Interventions	Benchmarks	Timeframe
	1.) Develop a process to facilitate information-sharing about effective practices and services for transitioning youth with public children services agencies, private child placing agencies, and private non-custodial agencies.	Develop a survey for public and private agencies to report information about effective practices, services and supports they provide for transitioning youth as well as any barriers experienced in serving this population.	Year 1
		Create county profiles utilizing SACWIS information to report on services provided to transitioning youth.	Year 2
		Utilize regional stakeholder meetings to share survey and SACWIS data on service provision, to gather feedback to assist in the interpretation of the data, to highlight best practices, and to discuss challenges or barriers to effective service provision.	Years 1-2

Goal 4: Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

	2.) Increase the access of youth to Independent Living services.	Consider revision of Ohio Administrative Code Independent Living rules to lower the age to 12 for agencies to provide Independent Living services and to require agencies to complete the youth’s Transition Plan when he/she reaches age 17. Independent Living services for early adolescents should focus on development of “soft skills” (e.g., cooking, how to do laundry).	Year 2
		Promote use of the Youth-developed Transition Plan, which has been piloted through the Supreme Court Ohio, and retention of youths’ personal documents through the Ohio Benefit Bank.	Years 2-3
		Review program data and the evaluation findings on <i>Connecting the Dots</i> prepared by the Ohio State University and determine the feasibility of continuing or expanding the <i>Connecting the Dots</i> program.	Years 1-2
		Continue support for the Ohio Youth Advisory Board.	Years 1-5
	3.) Increase staff and caregiver awareness of Independent Living and Transitional Youth service and program needs.	Develop and disseminate Best Practice Guidance on working with transitioning youth for caseworkers and caregivers. Guidance for workers should include information about topics to be discussed with youth receiving independent living services during regular visits.	Year 2

Goal 4: Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

	Review current OFC website and other relevant State of Ohio department websites to determine if links should be added to access Independent Living Services and Transitional Youth Services information.	Year 2
	Collaborate with OCWTP to expand use of specialized trainings (e.g., <i>Positive Youth Development, Maintaining Permanent Connections, and Transition Planning</i>) for workers and caregivers on working with Independent Living Youth and Transitional Youth.	Years 1-5
	Partner with Lighthouse Youth Services on federal planning grant activities to research risk factors that place youth exiting foster care at greatest risk of homelessness and develop an intervention model to address these risk factors effectively.	Years 1-2

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

Measures:

- 1.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate diligent efforts to meet children’s educational needs.
- 2.) At a minimum, 95% of cases reviewed will demonstrate diligent efforts to address children’s health needs.
- 3.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to address children’s behavioral health needs.
- 4.) At a minimum, 95% of cases reviewed will demonstrate adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody.

Objective 1: Work collaboratively with partner agencies to address non-academic barriers to student success.	Interventions	Benchmarks	Timeframe
	1.) Assess state and local capacity to address non-academic barriers to student success.	Through OhioMHAS’ Safe Schools/Healthy Students grant, conduct a statewide assessment of available school and community-based programming. This information will be incorporated into Ohio’s statewide child welfare system needs assessment.	Year 1
		Identify gaps in needed services targeted to students and family members and develop strategies to address them.	Years 2-3
	2.) Promote consistent use of comprehensive Early Childhood Assessments and application of social-emotional development standards developed by Ohio’s Early Learning Challenge grant.	Increase the number of early childhood learning centers that implement the additional program standards associated with Ohio’s Tiered Quality Rating and Improvement System.	Years 1-5
		Implement statewide use of a formative assessment for children ages 36-72 months.	Year 3

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

	3.) Increase awareness of non-academic barriers to student success and establish mechanisms to address them.	In partnership with ODE, jointly distribute information regarding federal requirements to coordinate efforts to ensure educational stability of students in foster care.	Year 1
		Provide information to PCSAs re: potential establishment of regionally- based educational surrogates across counties.	Years 1, 3 & 5
		Provide PCSAs with information regarding availability of IEP services for eligible children through Ohio’s Medicaid School Program.	Years 1, 3 & 5
		Provide PCSA staff and parent advocates with information re: Ohio’s Positive Behavior Interventions and Supports program.	Years 1, 3 & 5
		Provide information to school personnel regarding the unique needs of foster children.	Year 2
		Promote establishment of positive school climates and expanded models of school-based behavioral health services through implementation of OhioMHAS’ Safe Schools/Healthy Students grant.	Years 2, 3 & 4
		Promote use of Mental Health Networks for School Success (where available).	Years 2 & 4

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

	4.) Promote use of parent advocates to increase family participation in educational planning for their children.	Continue support of Ohio’s Parent Advocacy Connection program and collect data regarding education-related service utilization.	Years 1-3
		Partner with Ohio’s Primary Parent Workgroup to promote use of educational advocates for families in need.	Years 2-5
Objective 2: Increase workforce capacity to address the educational needs of foster children.	Interventions	Benchmarks	Timeframe
	1.) Increase child welfare and school personnel’s awareness of educational issues impacting students involved in the child welfare system.	Provide information to school personnel about the unique needs of foster children, including: the impact of child abuse and neglect on development, placement instability, and ways to promote positive school transitions.	Years 2 & 4
		Provide information to PCSA personnel regarding opportunities to address educational issues (e.g., opportunities for credit recovery, Positive Behavioral Interventions and Supports, supplemental supports and services).	Years 2 & 4
	2.) Leverage programming targeted to older students transitioning from care.	Promote use of Wrap-Around service coordination for youth and young adults in transition.	Years 1-3
		Provide information to PCSAs regarding potential partnerships with Opportunities for Ohioans with Disabilities, the Ohio Department of Education (Office of Exceptional Students, the Career Information System), WIA (The Ohio	Years 1-5

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

		Apprenticeships Program), the Board of Regents (Ohio Reach) and other programming for youth aging out of care (ETVs, Chafee).	
Objective 3: Increase awareness of best health practices to facilitate informed decision-making.	Interventions	Benchmarks	Timeframe
	1.) Increase awareness of child welfare staff regarding recommended timelines for health screenings and assessments.	Distribute information to PCSAs re: Ohio’s “Bright Spot” initiative.	Year 1
		Work with the Ohio chapter of the American Academy of Pediatrics to develop checklists and practice tools for PCSAs, caregivers and providers.	Year 3
	2.) Increase health care professionals’ knowledge of patient engagement techniques.	Through <i>Ohio Minds Matter</i> , provide training to health care professionals on ways to effectively engage patients as partners and how to broach difficult topics.	Years 1-2
	3.) Promote youth self-advocacy in regard to participation in health care decisions.	Provide training to youth on health issues via implementation of the Personal Responsibility Education Program (PREP).	Years 1-2
Provide information to youth regarding self-advocacy via implementation of ENGAGE.		Years 1-3	
Objective 4: Increase access to health care services.	Interventions	Benchmarks	Timeframe
	1.) Monitor health care service utilization by children in custody of a PCSA.	Conduct cross system data analyses annually to determine level of health care service utilization, and emerging needs. (Please see Goal 3, Objective 2, p. 137).	Years 1-5

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

	2.) Promote Medicaid enrollment for eligible individuals.	Work with the Ohio Department of Medicaid to develop marketing strategies to increase initial enrollment and re-determined eligibility for coverage.	Years 1-5
		Work with PCSAs to facilitate youth enrollment in a Medicaid Managed Care plan prior to emancipation from care.	Years 1-5
	3.) Work with the Ohio Department of Health (ODH) and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure health concerns are addressed timely.	Promote coordinated care of young people with multiple developmental needs living in Appalachia via the IPAC (Integrating Professionals for Appalachian Children) program.	Years 1-2
		Promote use of Wrap-Around service coordination for youth and young adults in transition via implementation of the ENGAGE project.	Years 1-3
	4.) Increase availability of health care services, especially in rural and under-served areas of the state.	Collaborate with ODH and OhioMHAS to increase use of telemedicine.	Years 4-5
		Collaborate with ODH to promote use of Advance Practice Nurses and Physician Assistants.	Years 3-5
		Partner with ODH and OhioMHAS to promote the use of loan repayment programs which encourage providers to work in under-served areas of the state.	Years 1-5

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

Objective 5: Increase workforce capacity to effectively address the issue of trauma within the child welfare population.	Interventions	Benchmarks	Timeframe
	1.) Work with OhioMHAS, the Ohio Association of County Behavioral Health Authorities (OACBHA), the Ohio Council of Behavioral Health and Family Services Providers, and higher education to improve identification and dissemination of effective trauma-informed practices.	Convene a statewide symposium to increase awareness of trauma.	Year 1
		Establish regional technical assistance pilot areas to facilitate development of collaborative trauma response/interventions.	Years 1-3
		Provide guidance to PCSA administrators regarding the development of effective trauma-informed policies and practices to reduce and address issues of secondary trauma experienced by child welfare workers.	Years 4-5
	2.) Work with OCWTP and the National Child Traumatic Stress Network to provide training to PCSA staff on implementation of trauma-informed client engagement strategies and related case plan services.	(Please see Training Plan, p. 6 and “Training Offerings” Attachment)	Years 1-5
Objective 6: Improve monitoring and oversight of psychotropic medication use for children placed in substitute care.	Interventions	Benchmarks	Timeframe
	1.) Continue implementation of the <i>Ohio Minds Matter</i> Initiative.	Work with BEACON and the Clinical Team to disseminate information on prescribing guidelines and use of peer consultation.	Years 1-2
		Work with the Ohio Department of Medicaid to analyze prescribing patterns within the child welfare population and to disseminate this information to local partners.	Years 1-2

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

		Facilitate development of effective cross-system collaborations specifically designed to address this issue at the local level via the <i>Minds Matter</i> pilot sites.	Years 1-2
	2.) Disseminate best practice information to PCSA staff, foster parents, caregivers, residential and group home staff, and other providers and team members.	Work with PCSAO Behavioral Health Leadership Group to provide guidance to PCSA staff regarding use of the Psychotropic Toolkit for Child Welfare.	Years 1, 3 & 5
		Promote use of the <i>Ohio Minds Matter</i> website.	Years 1-5
Objective 7: Enhance Ohio's response to the substance abuse within families served by the child welfare system.	Interventions	Benchmarks	Timeframe
	1.) Monitor substance abuse service utilization by families involved with Ohio's child welfare system.	Conduct cross system data analyses annually to determine level of substance abuse related child maltreatment, service utilization, and emerging needs. (Please see Goal 3, Objective 2, p. 137).	Years 1-5
	2.) Work with OCWTP, OhioMHAS, and providers to develop training for child welfare personnel regarding addiction, family dynamics, and child safety. (Please see Training Plan pp. 4-5)	Identify individuals and organizations that could help OCWTP access resources and subject matter experts from throughout Ohio and identify relevant training curricula on substance abuse intervention and collaboration between substance abuse and child welfare agencies.	Year 1
		Recruit and prepare trainers from the substance abuse field and PCSA staff proficient in working with families affected by substance abuse to pilot selected cross-systems training curricula.	Years 1-2

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

		Offer a continuum of learning opportunities such as learning labs, Guided Application to Practice sessions, coaching, desk aides, etc. that support skill development related to substance abuse.	Years 1-2
		Integrate substance abuse information and learning opportunities into existing venues, newsletters and other communications.	Years 1-5
	3.) Partner with OhioMHAS, the Governor’s Cabinet Opiate Action Team, and the Supreme Court of Ohio to comprehensively address the growing problem of addiction, including, but not limited to opioid dependence.	Facilitate effective treatment of pregnant women who are addicted and their children through implementation of the Maternal Opiate Medical Support (MOMS) initiative.	Years 1-2
		Partner with the Supreme Court of Ohio, OhioMHAS and local partners to establish and develop effective Family Treatment Courts.	Years 1-5
Objective 8: Enhance service coordination and delivery models to promote holistic responses to behavioral health needs.	Interventions	Benchmarks	Timeframe
	1.) Work with ODH and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure behavioral health concerns are addressed timely.	Promote coordinated care of young people with multiple developmental needs living in Appalachia via implementation of IPAC programming.	Years 1-2
		Promote use of Wrap-Around service coordination for youth and young adults in transition through implementation of the ENGAGE project.	Years 1-3

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

		Continue to provide flexible funding to local partners to support needed non-clinical services and supports (e.g., Family Centered Services and Supports).	Years 1-3
		Continue to support and promote the use of parent advocates to increase family involvement in identifying issues and needed services.	Years 1-3
	2.) Increase youth participation in behavioral health care decisions.	Utilize ENGAGE’s Youth Advisory Council to encourage young consumers to take personal responsibility for their behavioral health care.	Years 1-3
		Provide information to foster youth regarding behavioral health and how to effectively participate in one’s own treatment.	Years 2 & 4

Staff Training, Technical Assistance and Evaluation

Staff development, technical assistance and training activities in support of the goals and objectives of this plan are identified and embedded throughout the plan. (Please see the chart included on the previous pages.) These training and professional development activities are further detailed in the attached 2015 – 2019 Staff Development and Training Plan.

Ohio has a strong tradition of participation in research and evaluation activities, which will continue through this 2015 - 2019 CFSP cycle. Several evaluation projects are planned or continuing, which are directly connected to the interventions included in Ohio's five-year strategic plan. These evaluation activities include:

- ProtectOHIO Title IV-E Waiver Demonstration with the Human Services Research Institute;
- Permanency Roundtable pilot evaluation in partnership with Casey Family Programs;
- CAPMIS evaluation (evaluator to be determined); and
- Level of Care Assessment Tool pilot (evaluation plan to be determined pending statutory authorization).

In addition to the above evaluation activities, the statewide training and professional development plan includes a strong focus on assessing and evaluating the impact of training. The Ohio Child Welfare Training Program has launched a Transfer of Learning initiative to establish a structured process for assessing the application of knowledge learned in training to practice. Furthermore, Ohio has planned significant work to create practice fidelity measures aligned with its Differential Response practice model, as detailed within the goals and objectives of this CFSP. The development and tracking of these measures will be a critical step in evaluating the state's progress throughout the next five years.

Implementation Supports

Ohio has developed a thorough working knowledge of implementation science through its partnership with the National Implementation Research Network (NIRN). ODJFS has worked with NIRN to apply the principles and methods of implementation science to the state's rollout of its Differential Response practice model. Through this process, the state has examined the essential drivers of implementation quality defined by NIRN: staffing/staff selection, training, coaching, performance assessment, facilitative administration, data systems to support decision-making, systems intervention, and leadership. The interventions within the CFSP were selected with this critical framework in mind, and the required implementation supports are embedded seamlessly throughout the plan. These include (but are not limited to):

- A range of training, technical assistance and coaching interventions designed to support the goals and objectives of the plan;
- A variety of data tools and information resources;
- CQI tools to support staff performance improvement;
- Resources to address the unique needs of supervisory staff and administration; and
- A variety of interventions designed to address systemic barriers and enhance inter-systems collaboration and supports.

IV. Services

Child and Family Services Continuum

Ohio's publicly-funded child welfare services continuum includes robust programming to support the following essential functions:

Child Abuse and Neglect Prevention

The Ohio Children's Trust Fund (OCTF) is on the forefront of prevention activities throughout the state. The OCTF is Ohio's solely dedicated public funding source for child abuse and neglect prevention. OCTF establishes guidelines for prevention program development, provides access to up-to-date prevention curricula, and produces educational and public awareness materials. As the administrator of Ohio's federal Community-Based Child Abuse and Neglect Prevention grant, OCTF supports statewide projects designed to strengthen families and prevent child abuse and neglect, and funds primary and secondary prevention strategies that are conducted at the local level. With this support, PCSAs across the state and their local partners implement a variety of evidence-based and evidence-informed child abuse and neglect prevention programs in their communities.

Child Maltreatment Assessment & Intervention

Ohio has implemented a statewide Differential Response (DR) child protection system that provides two pathways (Traditional Response and Alternative Response) to assess and respond to the unique safety concerns, risks and protective capacities of each family who is the subject of an accepted report of child maltreatment. In some instances, a traditional child protection response is needed in order to determine whether abuse or neglect has occurred and to ensure child safety and well-being. However, for many other families, an alternative approach may be more appropriate. Ohio's Alternative Response (AR) pathway is a formal child protection response that allows PCSAs to assess and address the needs of the child and family without requiring a determination that maltreatment has occurred. Regardless of the initial response to reported maltreatment, the same quality methods and principles of child protective services apply across both pathways of Ohio's DR system.

Ohio's AR pathway has demonstrated positive outcomes for children and families. A rigorous eighteen-month pilot followed by a three-year extended evaluation provided evidence that the AR approach has resulted in stronger family engagement, a reduction in subsequent child welfare referrals, and a modest but statistically significant decrease in out-of-home placements of children. Regardless of whether a family is served via the AR or traditional pathway, PCSAs strive to provide families with the array of services and supports needed to safely maintain children in their own homes.

Child Placement and Family Reunification

Ohio values keeping children with family and those with whom he or she has a connection. Consideration of relative resources begins with the agency's first involvement with the family, as caseworkers encourage family members to work together to assure the child's safety. When a child is not able to safely remain in their own home, PCSAs work with the family to explore relative options. To facilitate possible family placements, PCSAs notify relatives within thirty

days of a child's removal so that they may be considered as a resource and assess their capacity care for the child as soon as possible. In addition, PCSAs prioritize placement with relatives who are willing and able to assume custody of the child and his or her siblings.

When a relative is not able to assume legal custody, the PCSA petitions the court for temporary custody so that it can oversee placement. PCSAs work to ensure the child's needs are met in the in the least restrictive setting. These placements represent a continuum of care and include: those with relatives or non-relative kin, licensed family foster homes, and licensed children's residential centers. The PCSA retains custody until the child can be returned home safely, or another permanent placement option can be made.

To ensure the continuity of children's relationships and community connections, Ohio has made significant investments to strengthen family engagement and kinship supports over the past several years. Through the state's Title IV-E Waiver Demonstration Project, ProtectOHIO, two primary strategies have been implemented with successful outcomes: Family Team Meetings and enhanced kinship supports. In addition, the state has increased its focus on implementing effective family search and engagement practices.

Efforts to Secure Permanent Homes for Children

Ohio's Permanency Roundtable Advisory Group has defined permanency as "having a relationship with at least one adult that is characterized by these five points: parenting, life-long intent, belonging, status, and unconditional commitment." The "Gold Standard" is achieving legal permanency for each child or youth in one of the following ways: reunification, adoption, legal custody or guardianship. When children are not able to be safely reunified with their parents, services are provided to promote and support adoption, legal custody, guardianship or other permanent living arrangements for children. PCSAs recruit prospective adoptive parents, conduct home studies to assess the capacity of prospective caregivers, hold matching conferences for children awaiting permanent homes, and provide post-adoption services and supports. To specifically address the needs of children who have been awaiting permanency for an extensive period of time, Ohio has partnered with the Dave Thomas Foundation for Adoption to implement the Wendy's Wonderful Kids (WWK) model of child-focused recruitment. Through this statewide effort, WWK recruiters work to match and place children, ages 9-17, who have been awaiting permanency for more than two years. In addition, Ohio also promotes relative options as a means of achieving permanency for children in care. Ohio's statewide Kinship Permanency Incentive (KPI) program provides financial support to kinship caregivers who make the commitment to obtain legal custody or guardianship of the children in their care.

Preparation and Support of Youth Transitioning from Care

PCSAs provide independent living services for all youth in their care who are 16 years of age and older. Agencies work with these youth to develop tailored independent living plans designed to further their personal development and promote successful transition to adulthood. Agencies also provide a variety of services to assist transitioning youth. These include, but are not limited to:

- Support to develop daily living skills;
- Assistance in obtaining a high school diploma or general equivalency diploma (GED);
- Assistance in preparation for post-secondary education and training;
- Assistance with career exploration, vocational training, job placement and retention;

- Preventative health activities (smoking avoidance, nutritional education, and prevention);
- Counseling to address financial, housing, employment, education and self-esteem concerns;
- Development of positive relationships and support systems; and
- Drug and alcohol abuse prevention and treatment.

To facilitate service delivery to this population, Ohio's Chafee Foster Care Independence Program is allocated to the state's 88 counties.

If requested, PCSAs also provide services to former foster youth under the age of 21 who emancipated from agency custody. Independent living services available to these young adults include, but are not limited to: academic support, post-secondary educational support, career preparation, financial assistance with room and board, mentoring, budgeting and financial management assistance.

Service Coordination across Systems

Ohio Family and Children First

Ohio Family and Children First (OFCF) is a partnership of state and local government, communities and families that enhances child and family well-being by building community capacity, coordinating systems and services, and engaging families. OFCF's vision is for every child and family to thrive and succeed within healthy communities.

Established in 1993, Ohio Family and Children First (OFCF) was designed to streamline and coordinate government services for children and families. The OFCF Cabinet Council is comprised of the following Ohio Departments: Aging, Mental Health and Addiction Services; Developmental Disabilities; Education; Health; Job and Family Services; Rehabilitation and Correction; Youth Services; the Rehabilitation Services Commission; and the Office of Budget and Management. Locally, the commissioners establish the 88 county Family and Children First Councils (FCFCs) comprised of the county directors affiliated with the state departments identified above. ORC 121.37(C) requires each county to develop a county service coordination mechanism through the FCFC. This mechanism serves as the guiding document for coordination of services in the county. Through this process, the FCFCs are mandated to: share accountability, engage and empower families, build community capacity, and coordinate systems and services.

The purpose of FCFC service coordination is to provide a venue for families whose needs may not have been adequately addressed in traditional agency systems. The local service coordination process provides access to existing services and supports, both formal and informal, for families with multiple, cross-system needs. The FCFC service coordination mechanism is not intended to override agency systems, but to supplement and enhance what currently exists.

The success of FCFC service coordination efforts depends on integrating key components into this process. FCFCs use the following components to improve the service coordination process and increase the effectiveness of service delivery:

- Services are delivered using a family-centered approach.

- Services are responsive to the cultural, racial and ethnic differences of the population being served.
- Service outcomes are evaluated.
- Available funding resources are fully utilized or integrated.
- Wraparound services and community supports are utilized.
- Specialized treatment for difficult-to-serve populations and evidence-based treatment services are encouraged.
- Duplicative efforts among agencies are reduced or eliminated.
- Families are fully involved in decision-making for their children and are provided with family advocacy options.

Families receiving services through the FCFCs are required to have an Individualized Family Service Plan developed. Required components of this plan are codified in ORC 121.37. and include the following:

- Designation of service responsibilities among the various agencies that provide services to children and their families, including those who are abused, neglected, unruly or delinquent children and under the jurisdiction of the juvenile court, and children whose parents or custodians are voluntarily seeking services.
- Description of the method by which efforts to address gaps in services are selected and prioritized.
- Assurance that services to be provided are responsive to the strengths and needs of the family.
- Inclusion of all appropriate services and supports.
- Time lines and description of monitoring methods to ensure achievement of plan goals.
- Assurance that services and supports be provided in the least restrictive environment as possible.
- Establishment of a dispute resolution process.

Ohio Benefits Site

On October 1, 2013, Ohio launched a new system designed to assist residents who wish to obtain health care coverage through Medicaid. *Ohio Benefits* is a simplified, self-service website that makes it easier for Ohioans to learn what type of assistance may be available to them. Through the new *Benefits* portal, individuals receive immediate notice as to whether they qualify for Medicaid coverage. Those who do not qualify are immediately directed to other opportunities for coverage through the federal health insurance exchange.

Over the next two years, *Ohio Benefits* will become the primary resource for those seeking to enroll in other assistance programs. In 2015, eligibility determination for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and other programs will also be included on the *Ohio Benefits* site.

Health Care Services

ODJFS, OFC monitors compliance with state mandates designed to ensure youth in the child welfare system (foster children and those receiving in-home services) acquire timely health assessments and needed follow-up treatment. To fulfill this responsibility, OFC has established a collaborative oversight and coordination plan with partners from the Ohio Department of Medicaid (ODM), the Ohio Department of Health (ODH), health care providers, and consumers

to evaluate the provision of health care services. In addition, these partners continue to work together to jointly address the ongoing health care needs of these children through program development and revisions to OAC rules. Please see the attached *Health Care Oversight and Coordination Plan* for additional information regarding these collaborative efforts.

Service Description: Title IV-B, Subpart 2

Family Preservation

Family preservation funds support a wide variety of programs designed to help children remain safely in their own homes or to safely return to their families if they have been removed. Family Preservation Services are provided throughout the life of the case (i.e., during the assessment/investigation process, during the safety planning process, when an order of protective supervision is issued by the court, or at any time a case is open for services).

Programs and services provided include:

- Placement prevention services (e.g., intensive family preservation programs designed to help children at risk of foster care placement remain safely with their families);
- Programs designed to improve parenting (e.g., increase knowledge of child development and appropriate discipline techniques, enhance personal coping mechanisms, develop budgeting skills, and increase knowledge of health and nutrition);
- Infant Safe Haven programs;
- Alternative Response services to prevent removal of children into foster care;
- Respite care of children to provide temporary relief for parents and other caregivers (including foster parents); and
- Aftercare services following family reunification to promote stability.

These dollars are also used to support counties' efforts to preserve families in crisis. ODJFS issues the emergency services assistance allocation (ESAA) as two separate allocations to reimburse PCSAs for direct and administrative costs associated with providing emergency support to children and families. ODJFS communicates the grant availability and liquidation period for these allocations through the county finance information system (CFIS). Funds must be expended by the grant availability period and reported no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the county agency. The methodology used to distribute available funds is as follows:

- 40% of statewide funding is distributed evenly among all PCSAs; and
- 60% of statewide funding is distributed to PCSAs based on the number of children below the federal poverty level in each county as compared to the statewide total number of children below the federal poverty level, utilizing the most recent available U.S. Census Bureau figures.

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. PCSAs are required to use eligible state funding or provide local funds at a 25% match rate for the nonfederal share.

Family Support

Family support services are intended to help families provide safe and nurturing environments for their children. The Cabinet's Family-Centered Services and Supports (FCSS) project reflects the state's cross-system commitment to implementing a coordinated continuum of services and supports for children, ages 0-21, with multi-system needs and their families. This initiative is jointly funded by ODJFS (Title IV-B dollars) and state funds from the Ohio Departments of Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars are appropriated to local FCFCs to provide non-clinical, family-centered services and supports. Use continues to require identification of needs on an individualized service coordination plan which must be jointly developed with the family.

The most requested services and supports to date include: service coordination, respite care, social supports, non-clinical in-home visits, structured activities to improve family functioning, and transportation. On average, **95.5% of the children served with FCSS funds remained in their homes**, thereby decreasing the use of substitute care and institutionalization.

Time-Limited Family Reunification

Time-limited family reunification services are provided to a child and his or her caregivers to facilitate a safe and timely return home following placement in a substitute care setting. Use of these funds is restricted to the 15-month period that begins on the date that the child is considered to have entered foster care. Time-Limited Family Reunification Services include:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Assistance to address domestic violence;
- Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries;
- Programs designed to provide follow up care to families to whom a child has been returned after a foster care placement; and
- Transportation to or from any of the services and activities described above.

ODJFS issues the Emergency Services Assistance Allocations (ESAA) for Family Reunification funded under federal Title IV-B, subpart 2 to PCSAs for the purpose of reunification of the family unit in crisis. The ESAA for Family Reunification allocation reimburses PCSAs for the direct and administrative costs of providing emergency support services for children and/or families in order to facilitate safe and timely family reunification. ODJFS communicates the grant availability and liquidation period for these allocations through the CFIS. Funds must be expended within the grant availability period and reported no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the county agency.

The methodology used to distribute available funds is as follows:

- 40% of statewide funding is distributed evenly among all PCSAs; and
- 60% of statewide funding is distributed to PCSAs based upon the number of children below the federal poverty level in each county as compared to the statewide total number of children below the federal poverty level, utilizing the most recent available U.S. Census Bureau figures.

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. PCSAs are required to use eligible state funding or provide local funds at a 25% match rate for the nonfederal share.

Adoption Promotion and Support

Ohio offers a program known as Post Adoption Special Services Subsidy (PASSS). PASSS is available to all (i.e., international, private attorney, public or private agency) adoptive families in Ohio, with the exception of stepparent adoptions. PASSS provides funding to families for the reasonable costs of allowable services to address the child's physical, emotional or developmental handicap. The child's qualifying condition may have existed before the adoption petition was filed or developed after the adoption petition was finalized if attributed to factors in the child's pre-adoption or biological family's background or medical history.

The amount of PASSS funding is negotiated after adoption finalization. Limitations include eligibility criteria and availability of state funding. PASSS is a payment source of last resort to be utilized when other sources have been exhausted or are not available to meet the needs of the child. PASSS provides assistance when the amount of funding needed exceeds the adoptive family's private resources. PASSS is capped at \$10,000 per fiscal year; however, families may request an additional \$5,000 per child, per fiscal year under extraordinary circumstances. Applications for assistance are assessed by a review committee. PASSS funding requests can be approved in whole or in part, based on the needs of the child and the circumstances of the adoptive family.

Service Category Percentages and Rational

Ohio expends Title IV-B Subpart 2 funds as follows:

- Family preservation = 23.33%;
- Community-based family support = 24.44%;
- Time-limited family reunification = 20.41%; and
- Adoption promotion and support services = 21.82%.

All categories are designed to assist families and children either through county allocation or statewide programing. Percentages allocated to each category are based on historical spending patterns for various services. As such, the services provided and spending patterns change over time depending on local needs and priorities. Adjustments are made to each category to in order to effectively respond to the needs of the community agencies and families we serve.

Assessment of Strengths and Gaps in Services

Refer to the Systemic Factor - Services Array for information on the strengths and gaps in services.

Service Decision-Making Process for Family Support Services

To better address issues regarding mental health services identified in the first round of the federal Child and Family Services Review, the Ohio Family and Children First Cabinet designed the *Access to Better Care* initiative (now known as *Family-Centered Services and Supports, FCSS*). This project was designed to improve access to behavioral health care and prevent out-of-home placements, when appropriate, through the provision of community-based services and supports. Because all child-serving agencies are mandated members of FCFCs and cross-

system collaboration is essential to meeting the complex needs of the families served, the Cabinet chose the councils as the administrative entity for this work at the local level.

Respect of the family's involvement in choosing appropriate services and providers is an essential component of the FCSS program. Special attention is given to issues related to racial/ethnic/cultural identity and to gender. Emphasis is placed on early intervention, prevention of unnecessary out-of-home placements, and keeping children and communities safe by supporting families. As such, services and supports are provided in the least restrictive environment possible, and as close to the family's home as possible.

ORC 121.37 requires the FCFCs to establish a family plan for dealing with short-term crisis situations and safety concerns. This plan facilitates understanding among team members that family crises are a possibility and should not be considered a failure if they occur. Developed when everyone is calm, the family plan helps facilitate appropriate responses to crises. The identified strategies support the child and family during challenging times, ensuring safety and facilitating family preservation whenever possible. In addition to the development of comprehensive service plans, a portion of the FCSS dollars is allocated to the Ohio Chapter of the National Alliance on Mental Illness (NAMI) to support the Parent Advocacy Connection (PAC) program. PAC provides support and education for parents of multi-need children being served by local Family and Children First Councils, and assists them in navigating the multiple systems necessary to secure help for their children.

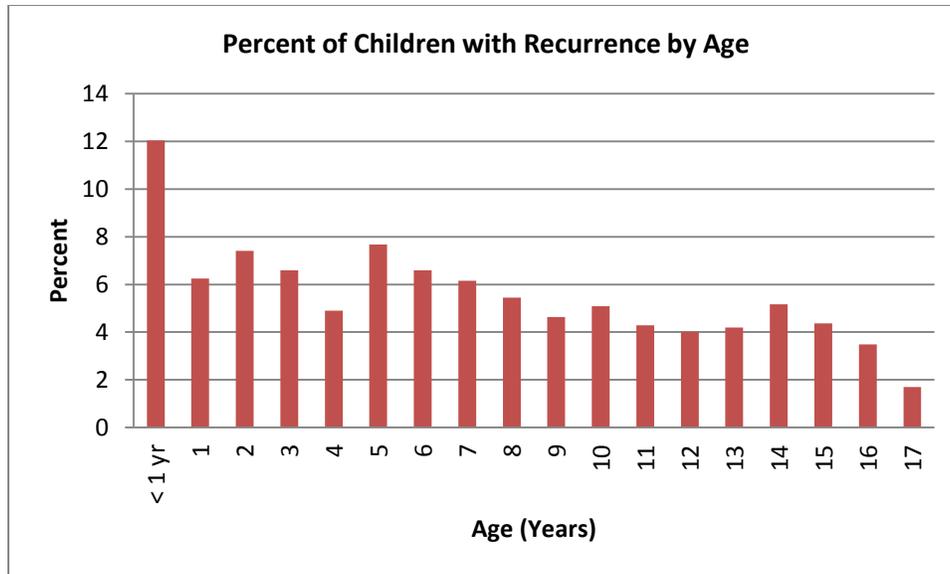
Populations at Greatest Risk of Maltreatment

Child welfare organizations must determine the children and families at greatest risk of adverse outcomes and be nimble to adjust to the changing demands of these groups over time. The ability to detect these groups is crucial to organizational success. OFC utilizes various methods to identify at risk groups, including: data analysis based on known risk factors; conversations with PCSA leaders and stakeholders; and systematic profiling.

Data Analysis Based on Known Risk Factors

OFC regularly conducts data analyses of the child welfare population by risk factors identified in the literature as contributing to poor outcomes for children. These include risk factors such as child vulnerability, repeat maltreatment, length of stay in care and permanency status. As detailed in Section II: Assessment of Performance, OFC has conducted significant analysis surrounding the state's performance with regard to the recurrence of child maltreatment. This analysis included an examination of the likelihood of maltreatment recurrence by age. As illustrated in the graph below, of children who have a recurrent episode, 12% are under one year of age, and half are under the age of six years. (Please Note: This does not mean that 12% of the abused kids under 1 year-old have recurrence.)

This analysis suggests that child welfare professionals should have heightened sensitivity when responding to initial abuse and neglect reports and working with families whose children are less than 6 years-old, and most especially, those whose children are under one year of age.



At the other end of the spectrum, OFC has also examined the case plan goals and length of stay for older youth in care. Youth who have experienced extended time in care and/or who leave care without legal permanency have a marked likelihood of future contact with mental health, criminal courts, and/or becoming homeless.

The following table shows the number of 17 year-olds currently in care by custody type and case plan goal:

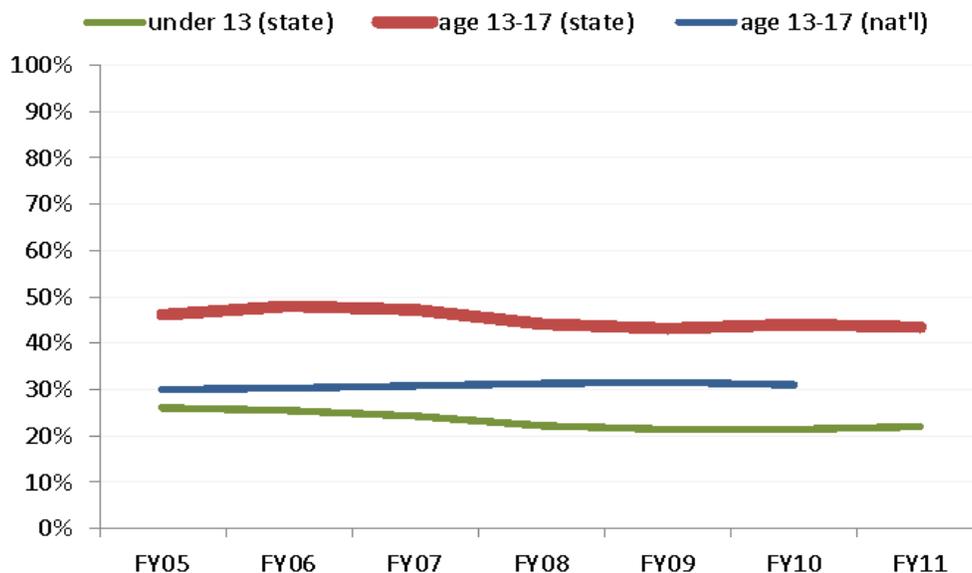
	Independent Living	Placement of child(ren) in a planned, permanent living arrangement,	Independent Living/Emancipation	Adoption	Total
Agency Authority	0	0	0	0	0
Officer Acceptance	0	0	0	0	0
Court Custody	0	0	0	0	0
VAC 1st 30 day Extension	0	0	0	0	0
VAC 2nd 30 day Extension	0	0	0	0	0
Emergency Custody to Agency	0	0	2	0	2
Ex-parte	0	1	0	0	1
Initial VAC	0	0	0	0	0
Temporary Custody/Placement and Care	2	14	24	0	40
Temporary Court Order	0	1	5	0	6
Temporary Custody 1st Extension	0	4	5	0	9
Temporary Custody 2nd Extension	1	1	3	1	6
PPLA	13	230	49	1	293
Permanent Surrender	0	0	1	11	12
Permanent Custody	11	0	9	174	194
Total	27	251	98	187	563

OFC has also partnered with Casey Family Programs to conduct a review of the state's data and host regional forums to discuss the results with stakeholders, highlight best practices, and better understand barriers. The results of this data analysis reflected that:

- Approximately one-quarter of the state’s youth in custody have been in care for two years or more (referred to as “long stayers”).
- Almost 7% of the youth in custody had been in care for at least five years (half of these long stayers live in the major metropolitan counties of Cuyahoga, Franklin, and Hamilton).
- Youth who have been in care for more than five years entered care for somewhat different reasons, with neglect the most prominent removal reason for longstayers.
- Most (65%) of these longstayers were in non-relative foster care, and another 25% were in congregate care settings, compared to 13% of all children in care for less than five years.
- Nearly half (44%) of all older youth (ages 13-17) in care have been in care before (referred to as “reentries”). Almost 40% of those youth had been in and out of care three or more times, and 42% were first placed in care prior to age 5. This is higher than older youth nationally, and data show that those youth are more likely than first-time entries to age out of care without a permanent family.

Percent of Children In Care Who Are Re-Entries, by age

43.5% of all older youth in care have been in care before. This is higher than younger children in OH, and higher than older youth nationally.



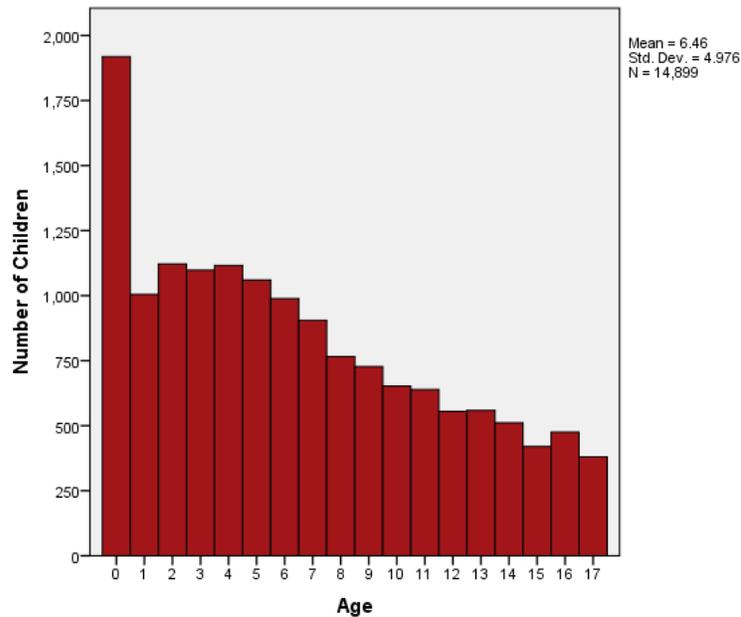
Overall, Ohio has done well in ensuring that children grow up in families (kin and paid foster care), relying on group/residential care at a lower rate than other states.

PCSA and Stakeholder Discussions

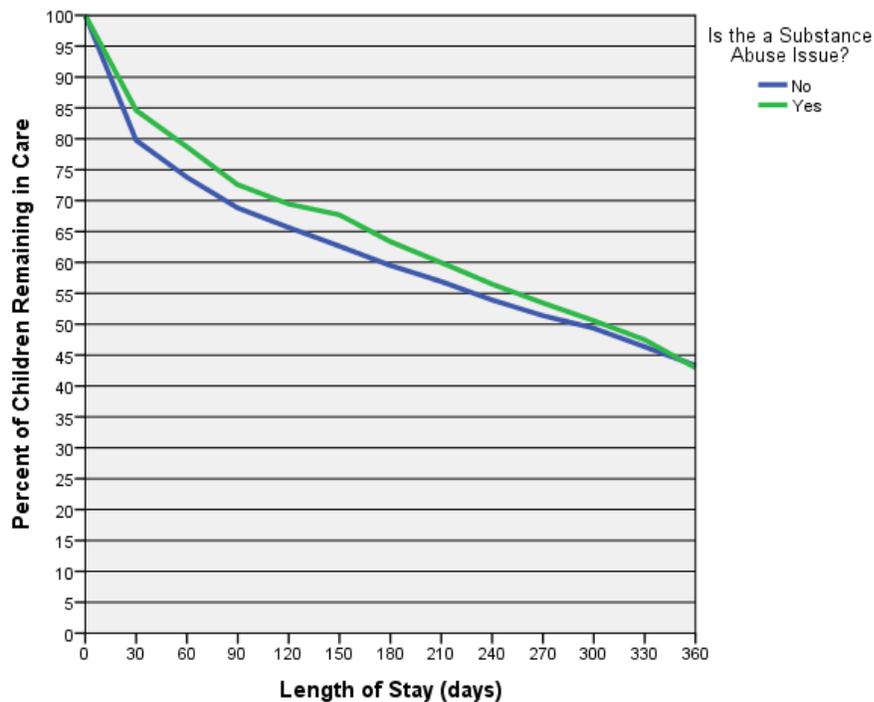
PCSA staff frequently cite the growing problem of substance abuse, particularly opiate addiction, as having a significant and detrimental impact on their work. This issue, compared to all others, is changing the face of child welfare. The table and graph below show the number and percent of children removed from their homes in the last calendar year whose parents exhibited problems with substance abuse. While the largest proportion of children placed is under the age of 1 year, nearly half of the children are under 6 years of age.

**Age of Children Who Have Substance Abusing
Caretakers**

	Frequency	Percent	Cumulative Percent
Age 0	1919	12.9	12.9
1	1005	6.7	19.6
2	1122	7.5	27.2
3	1098	7.4	34.5
4	1116	7.5	42.0
5	1060	7.1	49.1
6	989	6.6	55.8
7	905	6.1	61.8
8	766	5.1	67.0
9	727	4.9	71.9
10	653	4.4	76.2
11	639	4.3	80.5
12	555	3.7	84.3
13	559	3.8	88.0
14	511	3.4	91.4
15	420	2.8	94.3
16	475	3.2	97.4
17	380	2.6	100.0
Total	14899	100.0	



PSCA leaders requested analysis on whether children with substance abusing parents stay in foster care for a longer period of time than other children in care. As shown in the graph below, children with substance abusing parents do experience slightly longer stays in foster care - about 30 days longer in care than children with no substance abusing parent.



At this time, this analysis is continuing to elucidate the rates children returning to placement following discharge. PCSA leaders have expressed that these children are more likely to re-enter care.

Although PCSA staff are keenly aware of substance abuse generally, many state that the use of heroin among parents is an epidemic. Specific narcotics, like heroin and cocaine, are not available in SACWIS as discrete, selectable categories. However, caseworkers readily mention these substances in the case narratives. This prompted a text-mining analysis of millions of case narratives for the critical words “heroin,” “cocaine,” and “methadone.” The table below shows the number and percent of screened-in cases that had at least one of these words in the case narratives. The greatest increase between 2010 and 2013 was the word “heroin”. In 2010, 4.9% of the screened-in cases had “heroin” mentioned in their case narratives. By 2013, this percentage had increased to 8.9% - nearly doubling over this period of time.

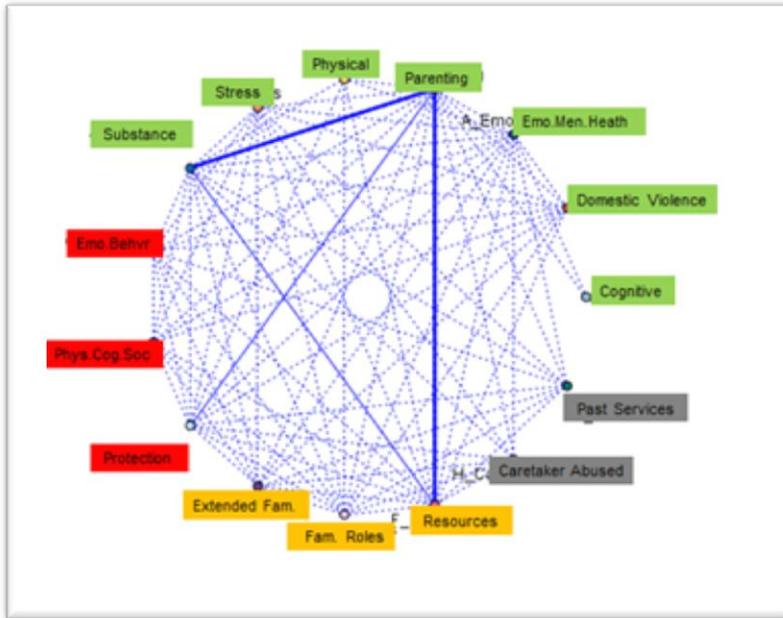
Number of Cases				
	Cases Screened-In	Cocaine	Heroin	Methadone
2010	75,430	10,930	3,726	1,251
% Screened-In		(14.5%)	(4.9%)	(1.7%)
2011	76,327	11,295	4,604	1,352
% Screened-In		(14.8%)	(6.0%)	(1.8%)
2012	75,358	10,575	5,641	1,335
% Screened-In		(14.0%)	(7.5%)	(1.8%)
2013	76,283	10,457	6,827	1,305
% Screened-In		(13.7%)	(8.9%)	(1.7%)

Case Profiling

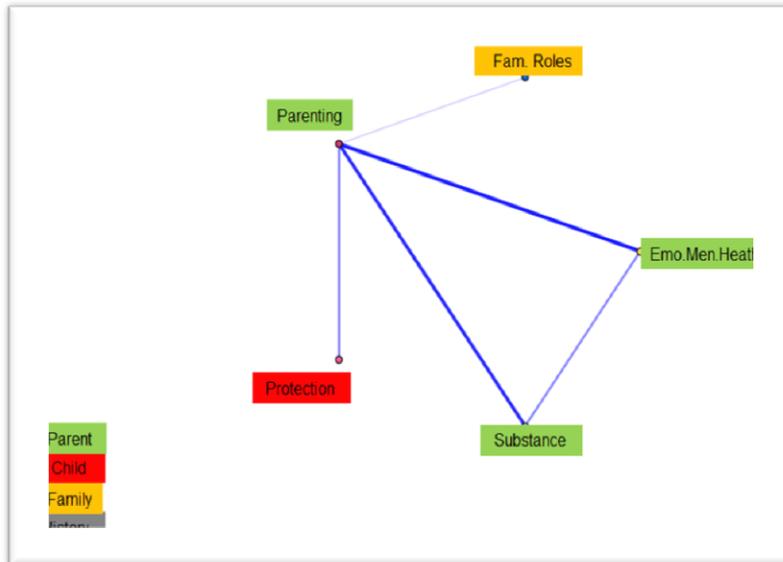
Many families are absorbed in perpetual family crises and experience a wide array of problematic conditions. To determine the best way of assisting them, OFC is conducting analyses to create “case profiles.” A profile specifies the number of families/children/parents with specific types of problems that are affecting child safety, permanency, and well-being. For instance, this analysis will identify the numbers of families/children/parents exposed to risk factors such as domestic violence, substance abuse disorders, or sexual or physical abuse and identify highly correlated risk factors. This work is currently in development and will be a significant component of a statewide needs assessment completed as part of Ohio’s five-year strategic plan.

The profiles are generated from **case** data, **person** data, and **assessment** data in SACWIS. Case data identify global features of cases, like domestic violence, homelessness, environmental neglect, parent death, etc. Person data contain demographic information, the person’s role on the case, flags denoting physical or mental illness, previous incarcerations, etc. Assessment data are crucial in understanding the scope and magnitude of the challenges affecting parents, children, and families. Assessment data are captured throughout the life of the case, at intervals established by policy. Although no case is scored on every assessment, policy stipulates and SACWIS requires the use of the appropriate assessment at specific times. The following is a list of various case activities that include assessment data used in profiling: Safety Assessment, Safety Plan, Family Assessment, AR Family Assessment, Ongoing Case Assessment, AR Ongoing Case Assessment, AR Family Services Plan, Case Plan, AR Family Service Plan Review, Case Review, Semiannual Administrative Review, Reunification Assessment, and Risk Re-assessment Scale of Abuse/Neglect.

The diagram on the following page shows one method of creating these profiles. On the circumference of the circle are risk factors, also known as “concerns”. These risk factors are obtained from safety assessments, risk assessments, family assessments, and text mining case narratives. Risk factors in green indicate parent level contributors. Risk factors in yellow indicate family level contributors; red risk factors are child level contributors; and gray risk factors are historical contributors. Each pair of risk factors is connected by a blue line. Sometimes the line is faded or dashed. Other times, the connecting line is bold. As the number of families with each pair of risk factors increases, the line becomes bold. In this diagram, one can see that many families are struggling with substance abuse, parenting skills, and resource deficiencies. Thus, one case profile (Profile I) would consist of a cluster of these three conditions.



The second example profile shown below consists of relationships between and among risk factors when domestic violence is a case component. With this profile, it is easy to see the fragmented and varied psychosocial components that are correlated with the presence of domestic violence and impacting child safety. The service dosage for this profile, compared to the previous, would require extensive services with vigilant child protection monitoring.



Lastly, to create an informative service perspective, we are synthesizing two large data systems: The first is obtained from the service modules in SACWIS. These modules report on the number of services delivered in following large categories²: adoption assistance, case management, child care, communication, counseling, diagnostic, education and training,

² Granular services within these large categories can be repackaged into specialty categories if needed.

emergency services, employment, financial support, foster care, miscellaneous services, home-related needs, independent living, legal, managed care, mental health, placement, and resource development.

The second large data system is the claims file from Medicaid. The claims file provides data on 30 service categories. These categories include: outpatient treatment (primarily individual), psychotropic medication, screening, assessment, and evaluation, medication management, family therapy/family education and training, psychosocial rehabilitation, substance use outpatient, psychological testing, initial service planning, case management, group therapy, targeted case management, behavior management consultation and training, residential treatment/therapeutic group homes, crisis intervention and stabilization (non-ER), inpatient psychiatric treatment, partial hospitalization/day treatment, mental health consultation, substance use screening and assessment, wraparound, therapeutic behavioral support, therapeutic foster care, substance use inpatient, respite, supported housing, transportation, emergency room, peer services, home-based services, activity therapies, and multisystemic therapy.

By synthesizing data from these two systems, OFC will obtain a wealth of information about how services are being used for each case profile. These learnings will provide enormous guidance in developing or reshaping services needed to meet the needs of Ohio's child welfare population.

Services for Children Under the Age of Five

As noted above and within the Assessment of Performance section, ODJFS conducts extensive data analyses regarding the child welfare population, including identifying those children who are particularly vulnerable to maltreatment. This includes, but is not limited to, young children under the age of five.

Ohio's statewide child welfare training highlights the inherent vulnerabilities of this population. To better prepare child welfare caseworkers and foster caregivers for addressing the unique needs of young children, the OCWTP has developed several specialized trainings. Some examples of available sessions include:

- *Social and Emotional Development and Trauma in Young Children;*
- *Development of Infants and Toddlers and the Impact of Abuse and Neglect;* and
- *Engaging Families in Planned and Purposeful Visitation.*

Ohio's CAPMIS toolset also incorporates the vulnerability of young children in its safety and family assessment components. These statewide tools underscore the vulnerability of young children during caseworkers' assessment of risk and safety concerns.

Providing permanency for young children under the age of five is also a priority of Ohio's CFSP. Implementing use of risk assessments at case reviews is one method of ensuring safety while preparing for reunification. For young children who cannot be reunited with their families, ODJFS has established partnerships with private industry to improve matching rates for waiting children. As previously noted, Wendy's Wonderful Kids (WWK) conducts targeted recruitment activities for children in PCSA custody awaiting permanency. To date, efforts have focused on older children and those with special needs. ODJFS will explore the possible expansion of its work with the Dave Thomas Foundation for Adoption to include targeted recruitment efforts to children under age 5 who are at-risk of lingering in care.

The attached Healthcare Oversight and Coordination Plan includes further detail regarding statewide efforts to provide age and developmentally-appropriate services to young children in Ohio's child welfare system. In addition to assessment timelines and monitoring requirements, the plan features: Ohio's efforts to address medication use by young children; Early Childhood Mental Health Consultation; the Early Childhood Mental Health-Child Welfare Demonstration projects; Ohio's Fetal Alcohol Spectrum Disorders State Systems' Initiative; projects to improve care coordination across systems; and BEACON, a public-private partnership designed to improve health outcomes and reduce costs.

Services for Children Adopted from Other Counties

ODJFS continues to comply with the Intercountry Adoption Act of 2000 by providing oversight to international adoption agencies and extending post-adoption services to families with children adopted from other countries. In May 2008, ODJFS released Procedure Letter No.143 *Intercountry Adoption Data Collection Pursuant to the Title IV-B State Plan* which requires PCSAs, PCPAs and PNAs to report the following information to ODJFS:

- The identification of a child who was adopted from another country and entered agency custody as a result of a disruption of the adoptive placement or a dissolution of the adoption (42 USC 622[b] [12]);
- A description of the permanency plan for the child, including reasons for the disruption/dissolution and the steps taken to achieve permanency after the disruption/dissolution occurred;
- The identification of the PCSA, PCPA or PNA which approved the adoptive placement or finalized the adoption; and
- A description of the activities undertaken by the PCSA, PCPA, PNA or any other agency on the child's behalf, including the provision of adoption and post-adoption services.

During the next five years, ODJFS plans to complete the following activities to enhance services for children adopted from other countries:

- Provide training on inter-country adoptions.
- Develop an International Adoption Agency stakeholder group in SFY 2015 for the purpose of gathering information regarding the needs and availability of services to children adopted abroad.
- Utilize stakeholder group feedback to develop a plan to address identified service needs in collaboration with other state agencies.

V. Consultation and Coordination with Tribal Representatives

Demographic Data

There are no federally recognized tribes within the state of Ohio. The most recent data from the U.S. Census Bureau estimates that 0.3% of Ohio's state population is of American Indian or Alaskan Native heritage alone. Another 2% identify as 'two or more races,' which may include individuals of Native American ancestry. In federal fiscal year 2013, there were 139 children identified as 'Native American' in the custody of child welfare agencies across Ohio. Of those children in custody, 'Native American' was the only race identified for 31 of the children. (The remaining 108 children had at least one other race identified.)

As of the writing of this plan, there are 83 children of Native American heritage currently in the custody of public children services agencies in Ohio. Franklin County has the highest number of Native American children in custody (26 as of the writing of this plan), followed by Cuyahoga (10 children). The remaining children of Native American heritage are in the custody of 19 other agencies across the state.

Compliance with ICWA

ICWA State Standards Update

The Administrative Code rules that undergird Ohio's compliance with the Indian Child Welfare Act of 1978 (ICWA) were updated, effective February 1, 2014. Public Children Services Agencies (PCSAs), Private Child Placing Agencies (PCPAs), and Private Non-custodial Agencies (PNAs) are required to comply with ICWA as detailed through Administrative Code rules: 5101:2-53-01, 2-53-03, and 2-53-05 through 5101:2-53-08. These administrative code provisions:

- Ensure consistency between state and federal ICWA definitions.
- Require that agencies determine whether the child or his /her family are members of a tribe, and eligible for Indian services.
- Detail the actions agencies must take when initiating a court action for custody of a child who is/may be eligible for tribal membership, regardless of whether a specific tribe has been identified.
- Specify agency responsibilities when accepting a voluntary placement agreement for a child of Indian heritage from a parent, guardian or Indian custodian, including tribal notification requirements.
- Specify agency requirements when conducting an emergency removal or taking involuntary custody of a child of Indian heritage, including notification requirements.
- Outline the rights of parents of Indian children and agency responsibilities associated with the permanent surrender of a child of Indian heritage.
- Provide detailed criteria regarding the preferred placement settings and factors agencies must consider when selecting a temporary or permanent placement for a child of Indian heritage.

Data on State Compliance with ICWA

Compliance with ICWA is assessed through Ohio's Child Protection Oversight and Evaluation (CPOE) case review process. Overall, the vast majority of Ohio's counties have demonstrated compliance with ICWA requirements. Through CPOE Stage 8 (the last complete CPOE cycle) and CPOE Stage 9 (the current cycle), a total of five out of Ohio's eighty-eight counties have been required to complete Quality Improvement Plans (QIPs) due to non-compliance with ICWA requirements. The concerns identified through case reviews in these five counties, which resulted in the development of QIPs, include:

- Insufficient inquiry regarding children's Native American heritage, and
- Failure to contact the U.S. Bureau of Indian Affairs in a timely manner regarding a child who may be eligible for tribal membership. (In this instance, the county contacted the Bureau of Indian Affairs outside of prescribed timelines.)

As of the writing of this report, PCSAs with required QIPs have implemented their QIPs and have engaged in one or more of the following activities:

- Developed and implemented a form to use with parents at the intake stage of a case to document any knowledge of the parents' Native American heritage. When a case is transferred to Family Intervention, the form is again review with parents. In the event a child is placed in a substitute care setting, the form is reviewed with any relatives with whom the agency has contact.
- Updated the agency's ICWA policy.
- Updated parent notification letters and grandparent notification letters to include an ICWA statement.
- Updated the agency's placement form to include Native American heritage questions. Parents and workers both sign-off on the completed form.
- Completed ICWA training through OCWTP.

Strategies to Improve ICWA Compliance

The Office of Families and Children is in the process of reviewing and updating its CPOE Framework in preparation for Stage 10. Currently, ICWA compliance is assessed as part of Item 14 on the case review tool – Preserving Family Connections. Changes have been proposed to separate the elements of the case review tool pertaining to tribal membership into a distinct category in order to provide greater clarity regarding ICWA compliance. These proposed changes will be reviewed alongside the new federal CFSR case review tool as the state proceeds with planning for CPOE Stage 10.

Over the next five years, ODJFS will seek to improve ICWA compliance through:

- ✓ Updated policy guidance;
- ✓ Revision of Administrative Code rules (as needed);
- ✓ Provision of education on ICWA through statewide video conferences and/or conference workshops; and
- ✓ Provision of ongoing and case-specific technical assistance.

In addition, ODJFS will share promising practices and educational resources gathered through its participation on the State Indian Child Welfare Managers Workgroup. Furthermore, the Ohio

Child Welfare Training Program will continue to provide PCSA staff with access to the National Indian Child Welfare Association's (NICWA) online training course on ICWA.

Consultation and Collaboration on the CFSP

Although there are no federally-recognized tribes located within Ohio, ODJFS is developing partnerships with tribal representatives within the state and will continue to build on these partnerships through the 2015-2019 CFSP cycle. ODJFS has reached out to the Native American Indian Center of Central Ohio (NAICCO), a 501(c)(3) non-profit dedicated to improving the lives of American Indian and Alaskan Native (AI/AN) people throughout Ohio. NAICCO's mission is "to serve, protect, and promote AI/AN interests, concerns, needs, and services; and to advocate for the preservation and revitalization of AI/AN identities, cultures, values, rights, traditions, belief systems, spirituality, and wellness."

ODJFS first began its collaboration with NAICCO through the implementation of a three-year Circles of Care grant awarded to the organization in 2011 by the Substance Abuse and Mental Health Services Administration (SAMHSA). Through its work on the Circles of Care initiative, NAICCO has established itself as a statewide leader by working to:

- Integrate AI/AN culture into the helping professions;
- Increase understanding among helping professionals of the impact of cultural, social and historical factors in the lives of individuals of AI/AN heritage; and
- Develop of an effective systemic approach to delivering culturally appropriate and responsive services to AI/AN people.

The Office of Families and Children (OFC) values NAICCO's expertise and partnership. OFC staff reached out to NAICCO during the development of Ohio's CFSP to initiate consultation with the organization with a specific focus on the responsiveness of Ohio's child welfare system to children and families of AI/AN heritage. As Ohio moves forward with implementation of its CFSP, ODJFS will continue to seek NAICCO's feedback, as well as the feedback of other prospective tribal representatives that the organization may recommend, to inform continuous planning and improvement efforts.

Consultation and Collaboration on the Chafee Foster Care Independence Program

Please see section VI: Chafee Foster Care Independence Program.

VI. Chafee Foster Care Independence Program (CFCIP)

Agency Administering CFCIP

The Ohio Department of Job and Family Services is the agency responsible for supervising the Chafee Foster Care Independence Program (CFCIP) in Ohio. ODJFS offers funding allocations to PCSAs for eligible youth in their custody. CFCIP funds are administered through local PCSAs with oversight performed through onsite reviews conducted by state staff during the Child Protection Oversight and Evaluation (CPOE) process. Ohio's 88 county PCSAs provide independent living services to children in foster care who are between the ages of 16 and 18 to help them successfully transition into adulthood and become self-sufficient. These services include: life-skills development training, education and vocational training, preventive health activities, financial assistance, housing, employment and education assistance, self-esteem counseling, and assistance with developing positive relationships and support systems. PCSAs also may use a portion of their independent living allocations to help young adults ages 18 to 21, who formerly were in foster care, with rent and other costs.

Description of Program Design and Delivery

CFCIP allocations are passed to the states, and as a state-supervised, county-administered child welfare system, Ohio passes 100% of the allocation to its 88 counties. Youth who are in the custody of a public or private child-serving agency, and who are 16 years of age or older, are required to receive CFCIP services.

CFCIP Program Components

Statewide Scope:

As prescribed by Ohio Administrative Code 5101:2-42-19, independent living (IL) services are provided to each youth in the custody of a public children services agency or private child placing agency (custodial agency) who has attained the age of sixteen. IL services aim to prepare older youth in care for the transition from agency custody to self-sufficiency. IL services may also be provided to younger youth in the event the custodial agency deems services to be appropriate. When determining the appropriateness of independent living services for youth under sixteen years of age, the custodial agency must consider the likelihood the youth will remain in the agency's custody until the youth's eighteenth birthday.

OAC also specifies requirements for the provision of services to young adults between the ages of eighteen and twenty-one who have emancipated from foster care, when such services are requested.

Independent Living Assessment:

Independent living services begin with an independent living assessment. Custodial agencies are required to conduct a life skills assessment on each youth in agency custody, who has reached age sixteen. The assessment (e.g., Daniel Memorial, Ansell-Casey Life Skills Assessment) is completed no later than sixty days after the youth's sixteenth birthday or sixty days after the youth enters agency custody, whichever is first. The IL assessment drives the planning and establishment of IL services. The IL assessment must involve input from the youth, the youth's caregiver, and the youth's case manager.

Independent Living Plans & Services:

Agencies ensure that assessed needs are captured in IL service planning. The custodial agency is responsible for the development of a written independent living plan. The plan is to be completed within thirty days of the youth's IL assessment and must include input from the youth, the youth's case manager, the caregiver, and significant others in the youth's life. The independent living plan must document the strengths, limitations, and resources of the youth and outline all services to be provided to and on behalf of the emancipating youth. These services may include, but are not limited to:

- Academic support, including: academic counseling; preparation for a GED; tutoring; help with homework; study skills training; literacy training; and help accessing educational resources.
- Post-secondary educational support, including: classes for test preparation; college counseling; information about financial aid and scholarships; help completing college or loan applications; and tutoring while attending college.
- Career preparation, including: vocational and career assessment, career exploration and planning; help in matching interests and abilities with vocational goals; job seeking and job placement support such as help in identifying potential employers, writing resumes, completing job applications, and developing interview skills; job shadowing; receiving job referrals and using career resource libraries; understanding employee benefits coverage; securing work permits; retention support and job coaching; learning how to work with employers and other employees; understanding workplace values such as timeliness and appearance; and understanding authority and customer relationships.
- Employment programs or vocational training, including: participation in an apprenticeship, internship, or summer employment program; participation in vocational or trade programs and the receipt of training in occupational classes for such skills as cosmetology, auto mechanics, building trades, nursing, computer science, and other current or emerging employment sectors.
- Budget and financial management skills, including: living within a budget; opening and using a checking or savings account; balancing a checkbook; developing consumer awareness and smart shopping skills; accessing information about credit, loans and taxes; and filling out tax forms.
- Housing, education and home management training, including: assistance or training in locating and maintaining housing; filling out a rental application and acquiring a lease; handling security deposits and utilities; understanding practices for keeping a healthy and safe home; understanding tenants' rights and responsibilities and handling landlord complaints; and instruction in food preparation, laundry, housekeeping, living cooperatively, meal planning, grocery shopping and basic maintenance and repairs.
- Health education and risk prevention, including: hygiene, nutrition, fitness and first aid information; medical and dental care benefits, health care resources and insurance; maintaining personal medical records; sex education, abstinence education, HIV prevention, education and information about sexual development and sexuality, pregnancy prevention and family planning, and sexually transmitted infections;

substance abuse prevention and intervention, including education and information about the effects and consequences of substance use (alcohol, drugs, tobacco) and substance avoidance and intervention.

- Family support and healthy marriage education, including: education and information about safe and stable families, healthy marriages, spousal communication, parenting, responsible fatherhood, childcare skills, teen parenting and domestic and family violence prevention.
- Mentoring: including being matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis. Mentoring can be short-term, but may also support the development of a long-term relationship.
- Supervised independent living: including a youth who is living independently under a supervised arrangement paid for or provided by the agency.
- Room and board financial assistance: including help with rent deposits, utilities, and other household start-up expenses. Agencies are prohibited from using the CFCIP allocation or TANF funds for room and board for youth under the age of eighteen and young adults that have reached their twenty first birthday.

Periodic Review of IL Plans:

IL Plans are reviewed periodically to ensure that services are active and effective. The IL plan is reviewed at least every ninety days until the agency's custody is terminated. The reviews are documented through readiness reviews and semi-annual case plan reviews in SACWIS. A copy of the plan and any subsequent updates is provided to the youth and caregiver within thirty days of the development of the plan or the update as applicable.

Credit Reporting:

Credit reporting is a condition of the IL plan. Custodial PCSAs and PCPAs in Ohio must ensure that youth ages sixteen or older in agency custody receive on an annual basis copies of all three of their consumer credit reports.

Tracking of CFCIP-Related Activities:

CFCIP-related activities are entered into SACWIS. PCSAs ensure the following information is entered into SACWIS (or within the case record for private agencies) by the youth's seventeenth birthday:

- IL services provided to the youth;
- Youth characteristics, including education levels, tribal membership, delinquency adjudication(s), and special education needs;
- Basic demographics of the youth including sex and race; and
- The dates the IL assessment and IL plan were completed and dates when the IL plans were reviewed by the custodial agency.

Transition Planning:

CFCIP activities must involve a final transition plan. At least ninety days prior to the youth's emancipation from custody, the PCSA or PCPA shall work with the youth to develop a final transition plan. The plan is youth-driven and as detailed as the youth chooses.

Contact information is captured as part of the IL Plan. Contact information pertinent to the youth following foster care, is contained in the youth’s IL plan. Such information shall include the names, addresses and phone numbers of significant others, such as former foster parents, friends, mentors, child's attorney, GAL/CASA and extended family members.

**Ohio Plan to Strengthen CFCIP Services
2015-2019**

- 1. Promote use of the Youth-Developed Transition Plan, which has been piloted successfully through the Supreme Court Ohio.**
- 2. Create a statewide template to capture the Transitional Plan for youth emancipating from care in Ohio.**
- 3. Explore development of a statewide curriculum for IL practitioners which encompasses best practices identified by the Ohio IL Coordinators Association.**
- 4. Continue to host statewide and regional forums with CFCIP stakeholders, to include current and former foster care youth.**
- 5. Continue support for the Ohio Youth Advisory Board (OYAB).**
- 6. Continue to host and support statewide training venues that promote CFCIP services, e.g., OhioReach, Connecting the Dots from Foster Care to Employment and Education, and OCWTP training.**
- 7. Promote the uniform application of CFCIP programming across jurisdictions (e.g., regions and counties).**
- 8. Support special initiatives (e.g., Lighthouse Youth At Risk of Homelessness Planning Grant, Summit County’s “Purple Umbrella” Project) aimed at improving outcomes for children emancipating from foster care.**
- 9. Continue to collaborate with other funding sources and statewide initiatives aimed at improving outcomes for youth in transition (e.g., ENGAGE).**
- 10. Incorporate pre- and post-testing through the Connecting the Dots (CTD) pilot sites for youth who enroll and obtain services through the CTD.**

Involvement of Youth and Young Adults in the Development of the Plan for CFCIP

OFC highly values the voice of the youth and young adults served by the child welfare system statewide. Demonstrating this commitment to the inclusion of the youth perspective in planning and implementation efforts, OFC has hired two former foster youth to serve as Program Coordinators for the Connecting the Dots from Foster Care to Employment and Education initiative (CTD). The CTD Program Coordinators were closely involved in the development of the 2015-2019 CFCIP Plan. In addition, ODJFS has an ongoing relationship with the Ohio Youth Advisory Board (OYAB), a statewide organization of young people ages 14-24 who have experienced foster care. ODJFS staff regularly attend meetings of the OYAB. Feedback and recommendations from the OYAB have been incorporated into the development of the CFCIP Plan as well as the broader goals of the entire CFSP.

Involvement of Stakeholders in Analysis of NYTD Data & Program Planning

ODJFS OFC engages stakeholders in the analysis of NYTD data through a variety of venues, including:

- OYAB meetings;
- Ohio IL Coordinators' meetings;
- Connecting the Dots Annual Conference and pilot site meetings;
- OhioReach Conferences;
- Title IV-E Court Roundtables;
- Statewide webinars on NYTD; and
- SACWIS User Group Meetings.

Ohio's information is entered into NYTD through a series of surveys housed in SACWIS by ODJFS and completed by youth through the PCSAs. Each PCSA must make certain that youth who have emancipated from the agency's care are participating in baseline and follow-up surveys so that service outcomes may be tracked, regardless of foster care status or whether the youth received independent living services from the PCSA.

ODJFS reviews and provides monthly statistical reports to county partners engaged in locating and assisting youth in completing NYTD surveys. ODJFS also solicits the assistance of the Ohio Independent Living Association at the start of each cohort period.

Notices regarding the level of participation at the county and state levels are provided on a yearly basis. This process aligns with the federal requirement for utilizing the NYTD data collection system and helps ensure that the required level of survey participation is met. ODJFS has been tracking services provided to youth in NYTD's base population via a new follow-up survey. To date, ODJFS shows the minimum participation rates have been met for both cohorts.

State Plan to Collect High-Quality Data through NYTD over the Next Five Years

ODJFS has planned the following activities and supports to assure continued collection of high-quality data through NYTD:

- Host SACWIS NYTD statewide calls and/or webinars at least annually.

- Provide ongoing technical assistance to SACWIS users with access to the NYTD Statistical Report. This report allows users to identify youth in the current NYTD survey population as well as the population for the upcoming federal fiscal year. In addition, the NYTD Statistical Report generates outcomes and data elements for each geographical designation as well as statewide statistics.
- Maintain support for SACWIS users to generate NYTD letters within the SACWIS application. This letter provides the log-in information for each youth and guidance for logging into the survey.
- Create tools to enhance user understanding and promote follow-through on NYTD survey completion. An example of such tools would be the flowcharts provided to assist counties in identifying the youth in each population (cohort and federal fiscal year) to be surveyed and the time frames in which the youth should be surveyed.
- Assure that data expectations are communicated from the state level NYTD/SACWIS point person to each county Independent Living Coordinator. County Independent Living Coordinators are made aware of NYTD updates or concerns via email, SACWIS user group meetings, and/or webinars.

Serving Youth Across the State

Services Provided within all Political Subdivisions of the State

As noted above, Ohio Administrative Code requires that independent living (IL) services are provided to each youth in the custody of a PCSA or PCPA who has attained the age of sixteen. OAC also specifies requirements for the provision of services to young adults between the ages of eighteen and twenty-one who have emancipated from foster care, when such services are requested. Services are based on an evaluation conducted by the PCSA and a mutually agreed upon written plan involving the youth/young adult. The plan outlines the responsibilities of both the young adult and the custodial agency. The PCSA must explore and coordinate services with other community resources.

PCSAs statewide must make available the following independent living services to youth and young adults up to age twenty-one:

- Academic support,
- Post-secondary educational support,
- Career preparation,
- Employment programs or vocational training,
- Budget and financial management,
- Housing, education and home management,
- Health education and risk prevention,
- Mentoring,
- Supervised independent living,
- Room and board financial assistance (young adults ages 18-21 only),
- Education financial assistance, and
- Other financial assistance, including payments made or provided by the county agency to help the youth live independently.

Individuals returning to a PCSA for post-emancipation services can be verified via SACWIS with a letter of wardship provided upon request.

Regional Variation in Services

As noted above, within Ohio's state-supervised, county-administered structure, all PCSAs statewide are responsible for the provision of case management and independent living services for older youth in care. There are variations across counties and regions in how services may be structured and delivered.

OFC's Transitional Youth Coordinators facilitate regional meetings with stakeholders throughout the state. During these sessions, there are discussions regarding the resources available within each region. These meetings provide an opportunity for neighboring counties to learn from and network with one another.

Included in Ohio's strategic plan for the next five years are several activities to strengthen statewide data collection and regional/county analysis of services and outcomes for transitioning youth. These activities, which are outlined in the Plan for Improvement section, include:

- A statewide survey for public and private agencies to report information about effective practices, services and supports they provide for transitioning youth as well as any barriers experienced in serving this population;
- Creation of county profiles utilizing SACWIS information to report on services provided to transitioning youth; and
- Use of regional stakeholder meetings as a venue to share survey and SACWIS data on service provision for transitioning youth, to gather feedback to assist in the interpretation of the data, to highlight best practices, and to discuss challenges or barriers to effective service provision.

Serving Youth at Various Ages and Stages of Achieving Independence

As noted above, Ohio Administrative Code (OAC) rules address the services and the time frames for services to be provided to youth ages sixteen to twenty-one. The provision of services is monitored through the Child Protective Oversight Evaluation (CPOE) process. Under OAC 5101:2-42-19 *Requirements for Provision of Independent Living Services to Youth in Custody*, each of the 88 counties is responsible for administering independent living services.

Youth Under Age Sixteen:

Some counties are providing soft independent living skills to youth as young as age 12 or Independent Living Services if deemed appropriate. It depends upon the youth's placement, resources and the likelihood they will remain in care for an extended amount of time.

Youth Ages Sixteen to Eighteen:

Once a youth turns age sixteen, a life skills assessment is to be administered. Following the assessment, an independent living (IL) plan is developed with the youth. The IL plan and service delivery are then reviewed every ninety days. Ohio outlines but does not limit the services that should be offered to each youth. When a youth turns age 18, there is the option to emancipate from agency custody. At least ninety days prior to emancipation, the youth and his/her caseworker should complete a transition plan. OAC specifies documents that should be provided to the youth by the PCSA such as a birth certificate.

Youth in this age group within select counties are also eligible for a program entitled, *Connecting the Dots from Foster Care to Employment and Independent Living*. This pilot

program is a grant-funded collaboration between workforce development and child welfare. Eight counties are part of this pilot project: Clinton, Cuyahoga, Greene, Hamilton, Lake, Montgomery, Preble, and Summit. Services provided to enrolled youth include job preparation and employment opportunities, mentoring, educational support, healthy relationship and pregnancy prevention education.

Depending upon the youth's individualized needs and the resources available, youth can be placed into an independent living environment (his/her own apartment) through OAC 5101:2-19.1, *Requirements for Independent Living Arrangements for Independent Living*.

Youth Ages Eighteen to Twenty in Foster Care:

Youth that remain in foster care are eligible for the same services as those in the sixteen to eighteen age group. A youth that is diagnosed with a developmental disability may remain in care until the age of twenty-one. Child welfare staff work with other community partners to ensure a smooth continuation of services for this population.

Former Foster Youth Ages Eighteen to Twenty:

When a youth turns age 18, there is the option to emancipate from agency custody. As noted above, OAC 5101:2-42-19.2, *Requirements for Provision of Independent Living Services to Young Adults Who Have Emancipated*, requires county child welfare agencies to provide post-emancipation services to youth ages eighteen to twenty-one. The services include but are not limited to: academic support, post-secondary educational support, career preparation, employment programs or vocational training, budget and finance management, housing and home management education, health education, mentoring, supervised independent living, room and board assistance and other financial assistance.

Youth may also apply for the Education and Training Vouchers (ETV) Program to assist with secondary education. Furthermore, eligible youth within the eight pilot counties (noted above) may be enrolled in the *Connecting the Dots* (CTD) program to assist the youth in finding employment.

Youth Above Age Sixteen that have Exited Care to Adoption or Kinship Guardianship:

Youth who have left foster care for kinship guardianship or adoption after the age of sixteen may no longer be under the purview of a PCSA. However, the adoptive family may be receiving an adoption subsidy as well as PASSS funds. Kinship guardians may be eligible for kinship care funds. If the youth was adopted after his or her sixteenth birthday, he/she could still be eligible for the ETV Program to assist with post-secondary education.

Assessments and other Tools Utilized with Youth

As described above, when a youth turns age sixteen, a life skills assessment is completed. Each PCSA determines which life skills assessment tool it will utilize to meet this requirement. The Daniel Memorial and the Casey Life Skills Assessment are the most-utilized tools across the state. PCSAs also have the option to develop their own life skills assessment tool. Sometimes this is necessary in order to meet the developmental needs of a youth. For those youth who are developmentally delayed and/or unable to complete a life skills assessment, PCSAs are encouraged to work with their local DD program as well as the local school system, which should be providing appropriate services through an Individual Educational Plan (IEP).

Some Ohio counties also utilize various level-of-care assessment tools and/or functional assessments to inform the selection of appropriate placement settings and services for youth.

The Child and Adolescent Needs & Strengths (CANS) Assessment model is one such example. As part of the five-year CFSP, OFC is planning a formalized level-of-care assessment tool pilot.

Statutory and Administrative Barriers

As a state-supervised and county-administered child welfare system, there is significant latitude in Ohio for each county to develop its own practices and procedures for serving transitioning youth as long as they meet the requirements outlined by state and federal laws. Service delivery methods greatly vary under this structure. OYAB and other stakeholders have expressed a desire for Ohio to utilize a standardized independent living curriculum across the state. At the present time, all 88 counties are responsible for providing their own independent living curriculum to foster youth within the county. OFC has explored various IL curricula being utilized not only in Ohio, but across the US, and will continue to explore the option of a standardized IL curriculum.

The number of youth that are eligible to receive independent living and post-emancipation services continues to grow in Ohio. Funding sources specify what funds are available for different age groups, which at times, is a barrier for foster youth who are not functioning at a typical age level. More consideration and flexibility should be given for youth that have suffered trauma, multiple moves or long-term care.

Use of CFCIP for Room and Board

Ohio Administrative Code addresses the allowable provision of room and board assistance as an independent living service. Room and board assistance is prohibited for any youth under age eighteen or young adult beyond his or her twenty-first birthday.

Per OAC 5101:2-42.19.1, "room and board" implies lodging and meals. Room and board assistance for young adults ages eighteen to twenty-one may include: assistance with rent, payment of an initial rent deposit, utilities or utility deposits, and other household start-up expenses.

Each of the 88 counties receives an allocation of CFCIP funding, and no more than 30% may be expended for room and board. The TANF (Temporary Assistance to Needy Families) Independent Living Allocation may also be used to assist with housing challenges if the county has already exhausted its CFCIP allocation. Youth may also apply for ETV funding if enrolled in post-secondary education, which can include room and board, provided that CFCIP funds are not covering the same cost. Some private foster care networks also have housing programs for transitioning foster youth.

Please see attached CFCIP Certifications.

Extension of Title IV-E Foster Care Assistance for Youth Ages Eighteen to Twenty-One

At this time, Ohio has not extended Title IV-E Foster Care Assistance for youth beyond age eighteen.

Collaboration with other Private and Public Agencies

Public/Private Partnerships to Assist Transitioning Youth

OFC's Transitional Youth Coordinators host five regional meetings throughout the state as well as a statewide meeting involving both public and private agency partners. All public or private entities providing independent living services to foster youth ages sixteen and above are invited to attend these meetings. In addition, the Ohio Independent Living Association (OHILA) meets quarterly, and any PCSA or private entity providing independent living services to foster youth ages sixteen and above are invited to attend these meetings.

The Connecting the Dots (CTD) Initiative involves public and private partnerships in five pilot counties (see below for further detail). CTD and Ohio Reach have joined together to offer a statewide conference. The conference will be attended by youth as well as service providers. Ohio Reach focuses upon secondary education for youth, while CTD focuses upon employment.

Coordination of CFCIP with other Federal and State Programs for Youth

Ohio assures the coordination of an array of programs for transitioning youth, including:

Connecting the Dots – Connecting the Dots from Foster Care to Employment and Independent Living (CTD) is a mentoring and employment enriching collaboration with Workforce Development, County Departments of Job and Family Services, PCSAs and private stakeholders (e.g. Big Brothers/Big Sisters, local business and trade companies). CTD focuses on assisting youth aging out of foster care with job-readiness by using vocational mentors and local Workforce Investment Act (WIA) Youth resources.

Personal Responsibility Education Program (PREP) is a prevention and educational program for youth to learn about abstinence, contraception, and sexually transmitted illness. This program is focused on high risk youth ages ten to nineteen who have experienced contributing risk factors such as homelessness or foster care, or who live in geographic regions with high teen birth rates. The PREP program also provides assistance to young parents or pregnant teens younger than age twenty-one.

Youth at Risk of Homelessness (YARH) is a collaboration between ODJFS and Lighthouse Youth Services (LYS). LYS is a regionally-based organization serving transitional youth, homeless youth, and youth at risk of chronic homelessness in Hamilton County. The YARH collaboration seeks to identify youth aging out of foster care that are at greatest risk of becoming homeless and to design effective strategies to address the needs of this population.

ENGAGE - Empowering the Next Generation to Achieve their Goals through Empowerment – is a System of Care grant targeting youth and young adults in transition. This program is administered by the Ohio Department of Mental Health and Addiction Services with ODJFS is a partner. The project targets youth, ages fourteen to twenty-one who have mental illness, with or without co-occurring conditions, who are at-risk for/currently or previously involved with child welfare, juvenile justice and/or homelessness. The goal of this work is to improve access to services for this population via improved coordination of care.

Coordination with Ohio Department of Medicaid

OAC 5160:1-63.1 outlines the provision of Medicaid to individuals who have exited foster care on their eighteenth birthday but who are younger than age twenty-six, in accordance with provisions of the Patient Protection and Affordable Care Act. OFC's Transitioning Youth Coordinators are highlighting Medicaid eligibility until age twenty-six through regional and statewide meetings with stakeholders, OYAB meetings, and OHILA meetings. In addition, OYAB and ODJFS recently released the *Foster Youth Rights Handbook*, which includes an entire section dedicated to the extension of Medicaid. The handbook is to be provided to each youth age twelve and above who comes into foster care.

Through SACWIS, counties are able to obtain a list of emancipated youth and their most recent known location in order to notify them of their Medicaid eligibility. ODJFS has asked Medicaid to provide marketing materials to assist county agencies in informing former foster youth about their extended coverage.

Collaboration to Address the Risk of Human Trafficking

ODJFS participated on the Governor's Human Trafficking Task Force, which made several recommendations connected to reducing the risk of human trafficking of youth and young adults served by the child welfare system. ODJFS, in conjunction with the Ohio Child Welfare Training Program (OCWTP), developed training resources to educate foster parents and caseworkers about human trafficking. ODJFS has also implemented a new rule requiring all caseworkers to receive training on human trafficking within their first two years of employment. In addition, OYAB and ODJFS recently released the *Foster Youth Rights Handbook* which includes an entire section dedicated to human trafficking. The handbook is to be provided to each youth age twelve and above who comes into foster care.

Determining Eligibility for Benefits and Services

As noted previously, all PCSAs statewide are responsible for the provision of case management and independent living services for older youth in care. These mandated supportive services are required to be made available to youth in need of these services without regard to income, race, color, national origin, religion, social status, handicap, or sex. To support the equitable provision of services to youth, ODJFS passes the state's CFCIP allocation through to the PCSAs statewide per the allocation methodology described below.

The CFCIP allocation, issued under the "Catalog of Federal Domestic Assistance" (CFDA) number 93.674, is reimbursable to public children services agencies (PCSA) for the delivery of independent living services to eligible youth as described in rules 5101:2-42-19 and 5101-42-19.2 of the Administrative Code. The allocation consists of eighty per cent federal and twenty per cent local funds. A PCSA may move the twenty per cent local match to the state child protective allocation (SCPA) through the local certification of funds process. This allocation is issued by grant year. The grant availability and liquidation periods for this allocation are communicated by ODJFS. Funds must be expended by grant availability and reported no later than the end of the liquidation period. Each PCSA receives a minimum allocation of five thousand dollars. The methodology used to distribute additional available funds is based upon the number of children within the county fifteen years of age and older who are in substitute

care as compared to the statewide number of children in the same category as reported by the PCSA in SACWIS for the preceding state fiscal year (SFY). The PCSA shall not use more than thirty per cent of these funds for room and board of the emancipated population.

Cooperation in National Evaluations

ODJFS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Education and Training Vouchers Program (ETV)

Methods Utilized to Operate the ETV Program Efficiently

The Ohio Education and Training Voucher Program is a federally and state-funded, state-administered program designed to help former foster youth with school-related expenses. ODJFS has been the agency responsible for ETV since its inception in Ohio. ODJFS currently supports ETV at the rate of \$1,576,653 (80% of federal dollars provided to Ohio, plus an additional 20% state General Revenue Funds). Through contracted services with the Orphans Foundation of America (OFA), entitled Foster Care to Success (FC2S), ODJFS ensures that the Ohio-ETV program operates efficiently as follows:

- ODJFS promotes ETV online (www.statevoucher.org) and through community awareness activities. OFA coordinates with ODJFS on the development of materials outlining eligibility requirements and the implementation of community awareness and outreach programs directed toward qualified scholarship applicants.
- OFA (FC2S) ensures that eligibility requirements are met prior to each enrollment. Funding is limited and available on a first-come, first-served basis to eligible applicants. Students may receive up to \$5000 a year for qualified school-related expenses. Eligible individuals are those ages eighteen to twenty-one who are eligible for Chafee Independent Living Services and who exited foster care at age eighteen, or whose adoption from foster care was finalized after their sixteenth birthday. Students participating in the ETV program on their twenty-first birthday will remain eligible until their twenty-third birthday, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completing their course of study. In addition, eligible ETV applicants must:
 - Be either U.S. citizens or qualified non-citizens;
 - Own personal assets (bank account, car, home, etc.) worth less than \$10,000; and
 - Be accepted into or enrolled in a degree, certificate or other accredited program at a college, university, technical, or vocational school.
- Ohio ETV utilizes a standard application process which includes a review of in-state resources that can support students' academic goals and provide personal support and enrichment opportunities. This includes collaborating with colleges, federal programs, civic organizations, community services and independent living programs located in the area.

- Applicants must complete the standardized ETV form and submit documentation for each semester directly from the school to ETV confirming enrollment, including the cost of attendance and unmet needs. Students from Ohio attending out-of-state institutions are eligible on the same basis as students who attend in-state schools. Required entrance and exit interviews are conducted for all students.
- Awards are allotted on an annual basis to students who maintain at least a 2.0 Grade Point Average (GPA) or equivalent, demonstrate satisfactory progress toward achieving their degree or certificate, and who remain in good standing at the school. At the discretion of the program manager and the state/county coordinator, ETVs may be awarded for one semester to students whose grades fall below a 2.0 GPA.
- During enrollment, Ohio ETV insures enrollees maintain connection with needed supports through OFA. Students are enrolled in a mentoring program aimed at providing them with necessary educational assistance. In addition, eligible students are enrolled in the *Care Package Program*. Each enrollee is provided with three care packages per year containing age-appropriate necessities and extras that students want. The regularly scheduled packages are delivered as follows:
 - Fall: Back to school or within 14 days of acceptance into the ETV Program;
 - February: Valentine’s Day; and
 - Late April: Final exams.
- Ohio ETV through OFA also offers an annual intern opportunity for enrollees. Youth are recruited for the Ohio ETV’s annual summer “Public Service Intern Program for Foster Youth.” Selected students are offered a six-week internship on Capitol Hill or at a federal agency. All student expenses are paid, including a living stipend. OFA provides information for students about the potential benefits of a federal internship, including employment opportunities, school credit, etc.

Methods Employed to Assure ETV Benefits are not Duplicative of other Benefits and Do not Exceed Cost of Attendance

To avoid duplication of benefits and ensure that the total amount of ETV assistance to a youth does not exceed the total cost of attendance, ODJFS through contract with OFA, monitors the use of ETV funds to ensure:

- 1.) Program funds are used for the purposes for which they were authorized, including, but not limited to, direct payment of tuition and other educational, living, and health-related expenses to the institution or service provider;
- 2.) No student receives more than five thousand dollars (\$5,000.00) in ETV funds; and
- 3.) ETV funds are not used to supplant any other existing federal funding designated for the same purpose.

In addition, monthly reports are reviewed prior to issuance of payment to the OFA vendor. Program reports that are submitted to ODJFS’ Ohio Independent Living State Coordinator are encrypted and password protected. These reports detail:

- The number of referrals and self-referrals, the actions taken for each, and the amount and purpose of funding provided to each student;
- Administrative cost reimbursement through invoice requests; and
- Student status reports, including grades, support services offered.

A comprehensive year-end report is also submitted, which includes the results of the program and the evaluation form.

ODJFS will continue to review monthly, quarterly and/or annual reports to ensure that the intended outcomes of the ETV program are met (i.e., to provide support and guidance to youth participating in the program throughout the students' post-secondary schooling, to build on the services of the Ohio Independent Living Program, and to provide a continuum of state services that help educate and train youth to enter the workforce). Information to be compiled and reviewed will include:

- 1.) All ETV applications awarded in accordance with 42 USC Part 677, et seq. Each completed application must accompany a Student Financial Aid form, and an official transcript of the most recent school or program attended. A review of the student's budget is completed to determine financial need and plan, including verification of student expenditures prior to the issuance of a voucher package. Vouchers are then to be used only for allowable expenses such as housing, transportation, and childcare.
- 2.) The actual names of students assisted through the ETV Program listed with the actual college or vocational institution to receive payment, to be maintained on file for the duration of the CFSP period and/or in accordance with the program's retention plan;
- 3.) The percentage of participating students graduating or successfully completing the academic or vocational program;
- 4.) The number of students who, if they decide to discontinue their studies, complete the term rather than dropping out and who have a plan that identifies next steps, career goals, opportunities, and available resources as determined by the exit interview and school records;
- 5.) Post-program information regarding the students' status and information regarding employment stability; and
- 6.) The percentage of participating students pursuing graduate studies.

Methodology to Provide an Unduplicated Number of ETVs Awarded Each School Year

Sample Reporting - Unduplicated ETV Awards (July 1, 2012 to June 30, 2013)

Total Ohio ETV Applications: 892

Ineligible Applicants: 450

Funded Students: 442 (list available by name and institution)

- 215 New Students (49%)
- 227 Returning Students (51%)

In academic year 2012-13, all eligible Ohio youth who completed their applications and attended school were funded. Applications were reviewed per the ETV program plan with a goal of fully funding those with the greatest need, and students who are progressing in their course of study as well as those soon to graduate.

Annually, starting July 1, 2012, new and returning students began applying online. Eligible applicants under age twenty-one enrolled, attended and remain in good standing in post-secondary programs. Some students who are making progress towards completing a degree or certificate received funding until their 23rd birthday.

Individuals who did not meet basic program eligibility criteria or who were ruled ineligible by their county did not receive ETV funding. These applicants included those who were not in foster care, did not attend school or were not making progress, first time applicants over the age of 21 and previous recipients who were older than 23.

In fiscal/academic year 2012-13, OH ETV funding decreased by twenty percent, which caused a corresponding drop of seventeen percent in the number of students receiving assistance, though the number who applied annually increased. Many who did not complete the application the first time, reapplied and started their education within a year or two.

<i>Program Year</i>	<i>Students funded:</i>	<i>Funding amount per the contract:</i>
2011-12	533	\$1,830,255.73
2012-13	442	\$1,466,711.60

Student Demographics:

According to self-reports by the youth via the initial online application, financial information provided by the schools' financial aid offices, and the students' official transcripts:

- 628 OH ETV vouchers were awarded to 442 students.
- 373 vouchers were issued in the fall and winter semesters.
- 255 vouchers were issued in the spring and summer semesters.

Fall 2012 -373 vouchers/students:

- 183 youth started college for the first time.
- 128 students continued on from the spring/summer semesters of 2012.
- 62 students, previously funded but not enrolled in spring 2012, returned to school after stopping out for one or more semesters (Stopping out refers to students who are taking a "break" from school with no firm timeline for their return.)

Spring 2013 - 255 vouchers/students:

- 45 youth started college for the 1st time
- 24 students, previously funded but not enrolled in fall 2012, returned to school after stopping out for one or more semesters
- 186 students attended in the fall and continued in the spring

Academic Year 2012-13 - 442 Students:

- 228 new students received funding for the 1st time.
- 214 students were previously funded.

Previously Funded Students: Continuing:

- 128 students continued on from the spring/summer semesters of 2012.

- 62 students, previously funded but not enrolled in spring 2012 (previous academic year), returned to school in fall 2012 after stopping out for one or more semesters.
- 24 students, previously funded but not enrolled in fall 2012 (current year), returned to school in spring 2013 after stopping out for one or more semesters.

The majority of applications are submitted between July - September (71%).

<i>Month</i>	<i># of Applications</i>	<i>Percentage of Total</i>
July 2012	438	49%
August 2012	147	16%
September 2012	54	6%
October 2012	38	4%
November 2012	29	3%
December 2012	27	3%
January 2013	43	5%
February 2013	22	2%
March 2013	19	2%
April 2013	32	4%
May 2013	16	2%
June 2013	27	3%

Age of funded students:

<i>Age</i>	<i># of Students</i>	<i>Percentage of Total</i>
18	141	32%
19	107	24%
20	80	18%
21	71	16%
22	43	10%

Race of Ohio-ETV Students:

African-American:	248	(56%)	Latino:	13	(3%)
Asian-American:	3	(<1%)	Mixed Race:	33	(7%)
Caucasian:	142	(32%)	N/American:	3	(<1%)

Areas of Need:

Applicants are asked to rank their academic and social needs so they can be sent Academic Success information on those topics. Additionally, this information helps mentors work with students.

Health Insurance:

Often students do not think of Medicaid as insurance; therefore, they may not apply for it despite being eligible per Ohio policy. All applicants who answer NO - without health insurance - are encouraged to apply for it and advised to obtain a letter from their county JFS verifying eligibility.

Students without health insurance	148	33%
Students with health insurance	294	67%

Volunteerism and Work:

Studies show that youth who volunteer have increased self-esteem, engage with positive contacts and role models and develop workforce-transferrable skills and a better understanding of potential careers. In a competitive job market, volunteer work shows initiative and can be the experience needed to get a first job. FC2S urges students to get involved in campus and community-based activities and accurately record those experiences - tasks and skills, dates and duration, and to include this information on scholarship applications and their resumes.

Student Volunteering:

No	214	48%
Yes	228	52%

Consultation with Tribes

While there are no federally recognized tribes within the state of Ohio, CFCIP services are provided to all eligible youth statewide as required by OAC. Independent living services are required for all youth in care, beginning no later than age sixteen. Although fewer than 1% of Ohio's ETV applicants identified as Native American, this is commensurate with Ohio's statewide population demographics.

As noted in the previous section on Consultation and Collaboration with Tribal Representatives, ODJFS is developing partnerships with tribal representatives within the state. Specifically, ODJFS has reached out to the Native American Indian Center of Central Ohio (NAICCO), a 501(c)(3) non-profit dedicated to improving the lives of American Indian and Alaskan Native (AI/AN) people throughout Ohio. ODJFS has provided data to NAICCO regarding the numbers of Native American youth in care and the counties in which the youth are located. ODJFS has established a plan to consult with NAICCO on an ongoing basis through the implementation of the CFSP. NAICCO has expressed an interest in assisting OFC and county and private agency partners in providing culturally appropriate and equitable services to youth of Native American heritage.

CFCIP Program Improvement Efforts

The OYAB is a central partner in OFC's collaboration infrastructure, as noted in Section I of the CFSP. As OYAB continues to meet quarterly, OFC is committed to attending and participating in discussions. Data and information will be shared and examined with OYAB throughout the implementation of the CFSP, leading into the state's participation in Round 3 of the federal CFSR. Other avenues for collaboration and sources of data that OFC will pursue to assure youth voice in program improvement efforts include:

- Ongoing CTD program events;
- The Youth At-Risk of Homelessness Youth Advisory Board;
- The ENGAGE Youth Advisory Council;
- The Youth Empowerment Program (advocacy program for homeless youth);
- NYTD and ETV surveys completed by youth; and
- Ohio Reach's campus liaisons, which will enable emancipated foster youth to have an impact on the CFCIP.

CFCIP Training

Custodial agencies currently provide independent living services training opportunities to foster caregivers caring for adolescents. As noted in the Plan for Improvement section, OFC will collaborate with OCWTP to expand use of specialized trainings for workers and caregivers on working with Independent Living Youth and Transitional Youth. Examples of these curricula include: *Positive Youth Development*, *Maintaining Permanent Connections*, and *Transition Planning*.

In addition, OCWTP continues to offer the “Challenges Faced by Aging Out Youth” workshop for foster caregivers and caseworkers. This workshop explores barriers and resources related to emancipating foster youth during their journey into young adulthood, including:

- Federal requirements regarding essential elements to be covered in the development of a 90-day transition plan as outlined in the Fostering Connections to Success and Increasing Adoptions Act of 2008;
- Federal, state, regional and local resources to support the success of foster care teens and young adults related to health, higher education, employment and legal needs, including Chafee funds, WIA funds, and existing state/local initiatives; and
- Foster Club’s Permanency Pact as a tool to help young people identify supportive connections.

VII. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

State Standards

Ohio Administrative Code (OAC) 5101:2-42-65 *Caseworker visits and contacts with children in substitute care*, describes statewide standards for the content and frequency of caseworker visits for children in foster care by PCSAs or PCPAs that hold custody of a child. The purpose of caseworker visits with the child is to ensure the child's safety and well-being and to assess whether the placement and services continue to meet the child's needs in accordance with the case plan.

The minimum frequency of visits shall be as follows, with individual time for the child as appropriate to his or her ability to communicate:

- For a child placed in an approved relative or non-relative home or in a certified foster home or group home:
 - One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
 - One face-to-face visit with the child and the substitute caregiver within the substitute care setting during the first four weeks of placement, not including the visit during the first week of placement.
 - Monthly face-to-face visits with the child and substitute caregiver within the substitute care setting.
 - In a foster home which has two foster caregivers on the certificate, assure that each caregiver receives at least one of the face-to-face visits in each two-month period. If a caregiver is out of the home for the entire two month period (e.g. military leave or extended hospital stay) the caregiver is exempt from the visits for that time period.
- For a child placed in a certified treatment or medically fragile foster home in which the foster caregiver is providing care for a child for whom a special, exceptional, or intensive needs difficulty of care payment is made:
 - One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
 - One contact each week with the caregiver to monitor the child's progress.
 - One face-to-face visit with the substitute caregiver and child every two weeks within the treatment or medically fragile foster home, with each substitute caregiver receiving one face-to-face visit in a two month period when there are two licensed substitute caregivers for the home.
- For a child placed in a certified children's residential center (CRC):
 - One contact with the CRC within ten days of placement.
 - Monthly face-to-face visits with the child, within the CRC.

- For a child who is sixteen years of age or older and placed in a certified independent living arrangement in which he or she is fully responsible for his or her individual living environment:
 - One face-to-face visit with the child within the living environment within seven days of placement.
 - Monthly face-to-face visits with the child, within the living environment.

Contacts and visits for children in the custody of a PCSA or PCPA shall be documented in the child's case record and address the following:

- The child's safety and well-being within the substitute care setting. In assessing the child's safety and well-being, the caseworker shall consider the following through observation and information obtained during the contact or visit:
 - The child's current behavior, emotional functioning and current social functioning within the substitute care setting, and any other settings/activities in which he or she is involved.
 - The child's current vulnerability.
 - The protective capacities of the child's caregiver(s).
 - Any new information regarding the child, the substitute care setting, and impact on the substitute caregiver's willingness or ability to care for the child including but not limited to:
 - Changes in marital status.
 - Significant changes in the health status of a household member.
 - Placement of additional children.
 - Birth of a child.
 - Death of a child or household member.
 - A criminal charge, conviction or arrest of any household member.
 - Addition or removal of temporary or permanent household members.
 - Family's relocation.
 - Child's daily activities.
 - A change in the caregiver's employment or other financial hardships.
 - Any supportive services needs for the child or caregiver to assure the child's safety and well-being.
 - The child's progress toward any goals in the case plan as applicable from information obtained from the child and caregiver.
 - Permanency planning in accordance with the child's case plan.
- For a child who is placed through the "Interstate Compact for the Placement of Children" into a substitute care setting outside of Ohio the PCSA or PCPA shall:
 - Request the out-of-state children services agency (CSA) to provide needed supervision and services to the child as identified in the child's case plan and to submit written supervisory reports on a monthly basis.
 - Contact the substitute care placement setting within ten days of the child's placement and at least every other month thereafter.
 - Conduct monthly face-to-face visits with the child within the substitute care setting. The PCSA or PCPA may request the supervising CSA in the other state to conduct these visits.

The PCSA or PCPA may delegate another caseworker or supervisor employed or contracted by the PCSA or PCPA to conduct one or more of the required visits on behalf of the assigned caseworker. Additionally, the PCSA or PCPA, as part of a managed care agreement, may contract with another agency to have the managed care caseworker assume responsibility for the child's case and caseworker visits.

Use of Monthly Caseworker Visit Grant Over Next Five Years

Caseworker Visit Grants will be provided to PCSAs over the next five years to support staff salaries, travel expenses and other costs related to meeting the federal performance standards for caseworker visitation of children in substitute care. ODJFS issues caseworker visits funding in two separate allocations; one for direct services and one for administrative costs.

ODJFS communicates the grant availability and liquidation periods for these allocations through the county finance information system (CFIS). Funds must be expended by the grant availability period and reported no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the PCSA.

The following methodology is used to distribute available funds: PCSAs receive their portion of the total allocation based on the number of unduplicated children in substitute care by county divided by the total number of unduplicated children in substitute care in Ohio, based on the previous calendar year.

The caseworker visits allocation reimburses the PCSA for the direct cost of caseworker visits to children who are in the PCSA's custody. PCSAs report direct service expenditures on the JFS 02820 *Children Services Quarterly Financial Statement* and/or the JFS 02827 *Public Assistance (PA) Quarterly Financial Statement*.

The caseworker visits administrative allocation reimburses PCSAs for the administrative costs related to caseworker visits to children who are in the agency's custody. PCSAs may claim reimbursement of administrative costs for caseworker visits through the social services random moment sample (SSRMS) reconciliation/certification of funds process. Additionally, PCSAs may also request to transfer the caseworker visits administration allocation to the caseworker visits direct services. A request to transfer funds is to be made by submitting a JFS 02725 *Family Service Agencies and WIA Local Area Budget Transfer Request* prior to the end of the period of availability.

Expenditures are reimbursed with seventy-five per cent federal Title IV-B Subpart 2 funds. The PCSA must use eligible state funding or provide local funds at a twenty-five match rate for the non-federal share.

VIII. Adoption Incentive Payments

Expected Services to be Provided

Adoption Incentive Payments are provided to PCSAs that transition more children out of foster care into a permanent adoptive home than their established base line for the period. PCSAs that are eligible to receive Adoption Incentive Payments are required to reinvest adoption incentive payments to support adoption activities during the year. State adoption activities include but are not limited to, permanent placement of the child, performing a case assessment and pre-adoptive activities relating to home studies; fair hearing and appeals; rate setting; grievance procedures; negotiation and review of adoption agreements; recruitment of adoptive homes; placement of the child in the adoptive home; case reviews conducted during a specific pre-adoptive placement for children who are legally free for adoption; case management and supervision prior to a final decree of adoption; referral to services; and development of the case plan. In addition, post adoption services provided to maintain and support the stabilization of the adoption can also be provided.

Incentive payments to PCSAs are calculated in the following manner:

Establishing Baseline Calculations - OFC uses the average number of finalized adoptions over the past three years per county agency to establish each county agency's baseline (see Tables Below).

Completed adoption for children under 9					Completed adoption for children 9 and older				
Agency	2009	2010	2011	Base Line	Agency	2009	2010	2011	Base Line
Adams County	5	6	2	4	Adams County	1	1	0	1
Allen County	12	4	2	6	Allen County	2	3	3	3
Ashland County	1	3	12	5	Ashland County	0	2	1	1
Ashtabula County	15	12	6	11	Ashtabula County	3	5	2	3
Athens County	10	10	16	12	Athens County	8	4	6	6
Belmont County	3	5	7	5	Belmont County	0	0	0	1
Brown County	6	9	3	6	Brown County	3	4	0	2
Butler County	29	44	44	39	Butler County	10	10	13	11
Carroll County	1	1	0	1	Champaign County	0	1	2	1
Champaign County	3	4	0	2	Clark County	7	3	3	4
Clark County	21	27	19	22	Clermont County	6	14	14	11
Clermont County	29	36	29	31	Clinton County	7	1	1	3
Clinton County	9	2	2	4	Columbiana County	3	6	1	3
Columbiana County	1	8	5	5	Coshocton County	1	0	1	1
Coshocton County	1	0	1	1	Crawford County	2	1	1	1
Crawford County	7	8	2	6	Cuyahoga County	69	57	25	50
Cuyahoga County	157	147	131	145	Darke County	2	0	2	1
Darke County	2	0	2	1	Defiance County	5	0	6	4
Defiance County	2	2	5	3	Delaware County	1	1	2	1
Delaware County	3	3	3	3	Erie County	1	2	1	1
Erie County	1	4	1	2	Fairfield County	6	2	3	4
Fairfield County	22	16	9	16	Fayette County	1	1	1	1
Fayette County	5	3	4	4	Franklin County	53	44	67	55
Franklin County	114	125	132	124	Fulton County	3	1	0	1
Fulton County	0	1	1	1	Gallia County	1	0	4	2
Gallia County	3	1	4	3	Geauga County	2	9	2	4
Geauga County	1	3	3	2	Greene County	8	8	3	6
Greene County	11	10	7	9	Guernsey County	6	1	4	4
Guernsey County	6	11	2	6	Hamilton County	30	14	23	22
Hamilton County	77	87	71	78	Hancock County	9	1	4	5
Hancock County	10	11	12	11	Hardin County	1	0	2	1
Hardin County	4	0	0	1	Harrison County	0	1	0	1
Harrison County	2	2	1	2	Henry County	1	0	0	1
Henry County	1	2	1	1	Highland County	2	0	2	1
Highland County	4	15	7	9	Hocking County	2	0	3	2
Hocking County	0	4	4	3	Huron County	2	1	3	2
Holmes County	0	1	0	1	Jackson County	0	0	3	1
Huron County	5	1	1	2	Jefferson County	0	0	4	1

Completed adoption for children under 9					Completed adoption for children 9 and older				
Agency	2009	2010	2011	Base Line	Agency	2009	2010	2011	Base Line
Jackson County	4	1	1	2	Knox County	0	0	0	1
Jefferson County	1	4	9	5	Lake County	1	0	0	1
Lake County	8	3	1	4	Lawrence County	3	2	0	2
Lawrence County	1	3	10	5	Licking County	11	13	7	10
Licking County	27	44	44	38	Logan County	1	1	1	1
Logan County	8	4	2	5	Lorain County	2	8	5	5
Lorain County	19	21	10	17	Lucas County	17	17	19	18
Lucas County	110	80	86	92	Madison County	2	0	1	1
Madison County	0	3	4	2	Mahoning County	4	8	11	8
Mahoning County	16	15	9	13	Marion County	2	1	1	1
Marion County	4	7	4	5	Medina County	4	0	0	1
Medina County	4	1	3	3	Meigs County	0	1	0	1
Meigs County	0	5	1	2	Mercer County	2	0	0	1
Mercer County	7	1	1	3	Miami County	4	2	3	3
Miami County	17	6	4	9	Monroe County	2	2	0	1
Monroe County	1	0	2	1	Montgomery County	17	14	16	16
Montgomery County	50	39	39	43	Morgan County	0	0	2	1
Morgan County	0	0	2	1	Morrow County	0	0	2	1
Morrow County	0	2	0	1	Muskingum County	3	7	0	3
Muskingum County	23	10	17	17	Noble County	0	0	0	1
Ottawa County	1	0	0	1	Ottawa County	1	0	0	1
Paulding County	1	0	0	1	Perry County	0	1	1	1
Perry County	2	1	2	2	Pickaway County	0	0	0	1
Pickaway County	2	2	1	2	Pike County	2	3	2	2
Pike County	3	2	1	2	Portage County	3	0	4	2
Portage County	5	5	4	5	Preble County	1	1	3	2
Preble County	8	8	2	6	Putnam County	0	0	0	1
Putnam County	0	1	0	1	Richland County	2	4	2	3
Richland County	15	8	7	10	Ross County	3	1	3	2
Ross County	9	0	11	7	Sandusky County	0	0	3	1
Sandusky County	0	1	3	1	Scioto County	0	2	0	1
Scioto County	2	0	3	2	Seneca County	0	1	9	3
Seneca County	19	0	4	8	Shelby County	5	2	2	3
Shelby County	2	2	0	1	Stark County	8	12	17	12
Stark County	49	52	50	50	Summit County	12	17	27	19
Summit County	65	67	54	62	Trumbull County	16	1	4	7
Trumbull County	23	28	16	22	Tuscarawas County	14	9	10	11
Tuscarawas County	25	23	13	20	Union County	2	1	0	1

On the first business day after July 31st, OFC pulls data from the Statewide Automated Child Welfare Information System (SACWIS) for each PCSA that identifies the number of finalized adoptions at the completion of the state fiscal year. This data is compared to the established baseline. Any PCSA exceeding its baseline will receive an incentive payment for each finalized adoption over the baseline amount.

For each finalized adoption PCSAs receive:

- An incentive payment for the target population (age 9 to 17) at \$6,500 per child; and
- An incentive payment for children under age 9 at \$3,250 per child.

The maximum amount of state funds to be paid for incentives is \$1.5 million.

Distribution Methodology

OFC calculates the incentive payment amounts by August 15th of each year. Incentive funds equal to the calculated incentive payment amount are allocated to PCSAs by the end of August.

Plan for Ensuring Timely Expenditure of Funds

PCSAs have until June 30 to obligate Adoption Incentive Funds and September 30 to liquidate Adoption Incentive funds each year. The ODJFS, Office of Fiscal and Monitoring Services, Bureau of County Finance and Technical Assistance provides detailed guidance on coding for State Adoption Incentives Expenditures and claiming procedures for reimbursement.

IX. Child Welfare Waiver Demonstration Activities

Introduction

On March 8, 2011, a five year extension, Phase III of Ohio's Title IV-E Waiver Demonstration Project entitled 'ProtectOHIO', was approved by the Children's Bureau, Administration for Children and Families, U. S. Department of Health and Human Services. The waiver extension was effective retroactive to October 1, 2010 and will continue through September 30, 2015.

The demonstration currently operates in 17 counties. In October 2006, Coshocton, Hardin, and Highland Counties joined the original 14 (Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland and Stark) in using Title IV-E funds flexibly in order to prevent the unnecessary removal of children from their homes and to increase permanency rates for children who are in out-of-home care. It should be noted that Vinton County (VCDJFS) also participated in the waiver from 2006-2012; however, withdrew from the project following an administrative merger with Ross and Hocking Counties in 2012. Removal of VCDJFS has had minimal impact on the fiscal and evaluation aspects of ProtectOHIO. While only 17 of Ohio's 88 public children services agencies participate in the Title IV-E Waiver Demonstration, they comprise more than one-third of Ohio's child welfare population.

To better determine the impact of the IV-E waiver, ODJFS and the ProtectOHIO Consortium narrowed the scope of ProtectOHIO activities in Phase III of the project. The following two distinct core intervention strategies were selected as a means of focusing waiver activities across all 17 demonstration sites:

- *Family Team Meetings (FTM)*, which bring together immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) to jointly plan for and make crucial decisions regarding a child in or at risk of placement.
- *Kinship Supports*, which increase attention to and support for kinship caregivers and their families, ensuring that kinship caregivers have the support they need to meet the child's physical, emotional, and financial needs. The strategy includes a set of core activities specifically related to the kinship caregiver including home assessment, needs assessment, support planning, and service referral and provision.

In addition to these core strategies, participating counties retain the option to spend flexible funds on other supportive services that prevent placement and promote permanency for children in out-of-home care.

Integration of Waiver Activities and the CFSP

ProtectOHIO Consortium

The Consortium is an essential component of Ohio's Title IV-E Waiver. Comprised of agency directors and/or upper level administrative staff of the participating counties, ODJFS, and members of the Human Services Research Institute (HRSI) evaluation team, the Consortium provides direct oversight of the project. Consortium meetings are led by county partners and

provide opportunities for the sites to share information, offer support, discuss emerging trends, and promote best practices.

As the guiding body for Ohio's Title IV-E Waiver Demonstration, the Consortium also serves as a critical component of the CFSP's collaboration infrastructure, as described in Section I. The consortium was tapped to provide input during the development of the CFSP, and it will continue to be an important partner in the ongoing assessment and implementation of Ohio's five-year child welfare plan.

ProtectOHIO Data

Data gathered on the implementation of the core waiver strategies to date informed the development of Ohio's CFSP. Findings from the 2013 ProtectOHIO Interim Evaluation report as well as related CPOE data were analyzed when selecting interventions for the CFSP. As a result, Ohio's CFSP builds on ProtectOHIO's demonstrated successes. Ohio's CFSP includes targeted activities to support high-fidelity implementation of FTMs and enhanced supports for kinship caregivers.

Coordination of Activities

Ohio's CFSP includes several activities that will be integrated with the state's Title IV-E Waiver project. These include, partnering with the ProtectOHIO demonstration sites to:

- ✓ Explore the feasibility of regionalized FTM facilitation services to allow more counties to implement FTMs with a high degree of fidelity to the model.
- ✓ Expand the availability of training on the FTM model through the Ohio Child Welfare Training Program.
- ✓ Provide technical assistance to support effective implementation of FTMs in new areas of the state.
- ✓ Review current data regarding kinship placement to identify trends, including the kinship caregiver survey findings analyzed by the ProtectOHIO research team.

In order to assure the effective coordination of these activities with the waiver demonstration project, the work plan to accomplish these CFSP benchmarks will be developed in consultation with the Consortium and its various Subcommittees. These include the ProtectOHIO Sustainability/Expansion Subcommittee, the Subcommittee on High Fidelity FTMs, and the Kinship Strategy Subcommittee - each described below.

- Sustainability/Expansion Subcommittee: The Sustainability/Expansion Subcommittee is committed to conceptualizing what an application for a waiver extension might look like for Ohio, including expanding the waiver to additional counties and/or adding a well-being component to the evaluation. The evaluation team has provided technical assistance in terms of waiver expansion, particularly in relation to how expanding to additional counties might impact the evaluation.
- High Fidelity FTM Subcommittee: A High Fidelity FTM Subcommittee has also been established and is dedicated to formulating ideas on how to increase fidelity to the FTM model across counties. A representative of the evaluation team has participated in all subcommittee meetings, and a brief survey was sent to all FTM facilitators on behalf of the subcommittee, asking facilitators to identify their strategies for meeting the various fidelity components.

- Kinship Strategy Subcommittee: The Kinship Strategy Subcommittee promotes kinship placement as best practice. This Subcommittee focuses on improved methodologies and best practices for serving kinship caregivers and the children who are in their care due to an open child welfare case, regardless of custody status or supervision orders. To enhance fidelity and service delivery, the Subcommittee developed the ProtectOHIO Kinship Strategy Practice Manual, implemented classroom kinship training in partnership with the Ohio Child Welfare Training Program, and created online tools as a resource for caseworkers in ProtectOHIO counties.

Coordination of IV-E Waiver & IV-B Programs and Services

Participation in the Title IV-E waiver demonstration maximizes counties' ability to provide services typically only funded through Title IV-B, including family preservation, family support family reunification and adoption support. The fiscal flexibility provided to the state's ProtectOHIO sites facilitates the delivery of needed services to prevent the unnecessary removal of children from their homes and increase permanency for those children who are placed in out-of-home care. Moreover, ProtectOHIO's core intervention strategies are founded on the essential components of family-driven case planning and service selection, which have been shown to result in positive child welfare outcomes.

X. Targeted Plans

Targeted Plans

Please see Appendices A through D:

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Disaster Plan
- Staff Development and Training Plan