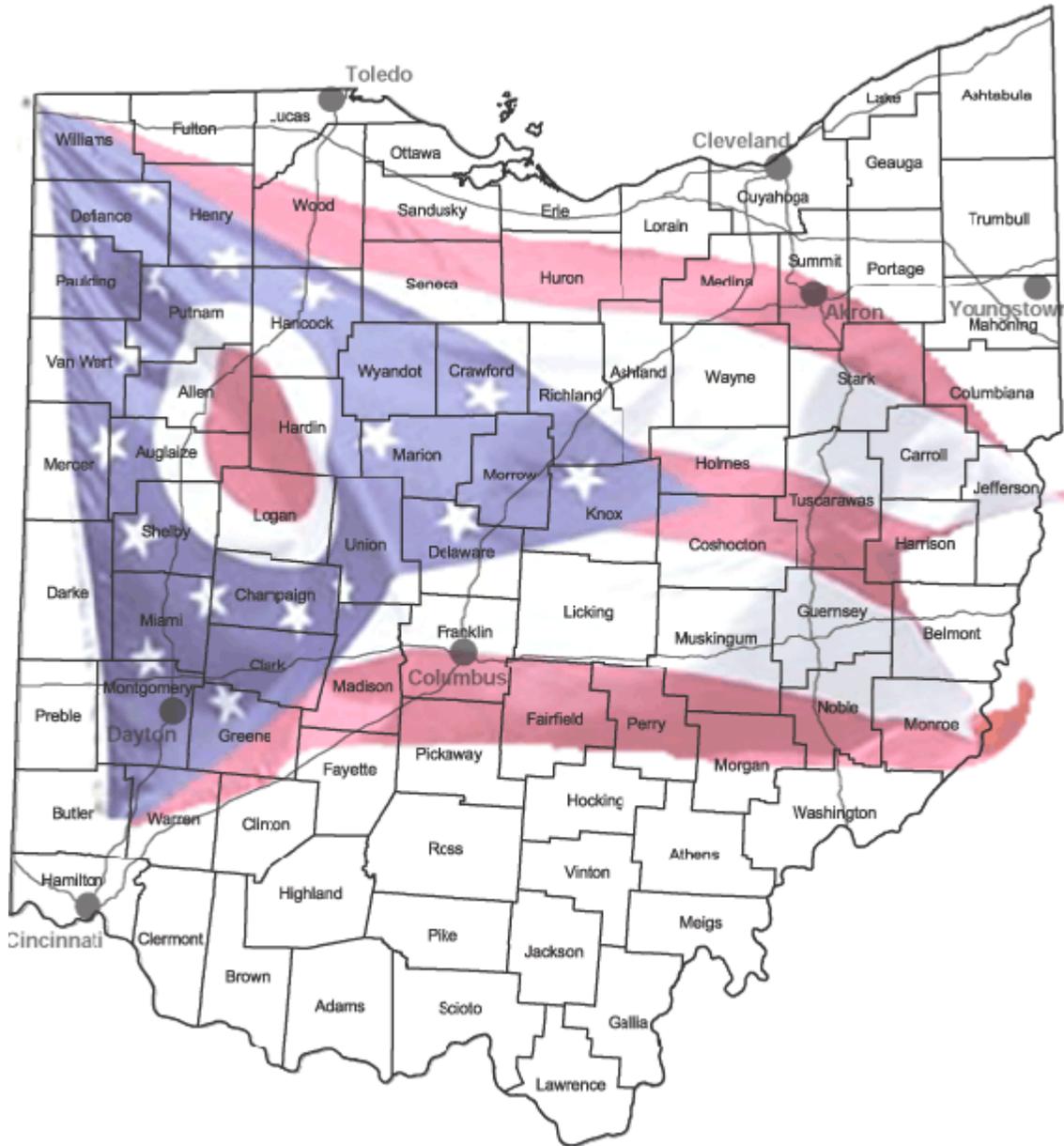


# Ohio Child and Family Services Plan Final Report (FY2005 - 2009)



Ohio Department of Job and Family Services  
Office of Families and Children  
June 30, 2009

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## **SECTION A**

### **OVERVIEW**

#### **Child and Family Service Plan (CFSP) Final Report**

The Ohio Department of Job and Family Services (ODJFS) is led by a director, who is appointed by the Governor and serves as a member of the Governor's Executive Cabinet. The Director has statutory responsibility for the supervision and administration of human services throughout the state, while much of the day-to-day operation and coordination is delegated to other areas throughout the department.

During the past year, the Office for Children and Families (OCF) merged with the Office of Family Stability which resulted in a name change to the Office of Families and Children (OFC). Within ODJFS, OFC operations is led by a deputy director and other senior administrative staff. This office has programmatic responsibility for the development and supervision of service programs to meet the needs of Ohio's children and families at risk of abuse/neglect or in need of protective services; adult protective services; and child care. OFC also oversees The Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239; The Child and Family Services Improvement Act of 2006 (P.L. 109-299); Title IV-B, subparts 1 and 2, Sections 421-425, 428, 430-438, and Title IV-E, Section 477 of the Social Security Act; Section 106 CAPTA, as amended (42 U.S.C. 5101 et seq.); the Indian Child Welfare Act of 1978 (P.L. 95-608); Chaffee Foster Care Independence Program, and the Educational and Training Voucher programs for older youth; CFS-101, Parts I, II, & III, Annual Budget Request (See Section F, Attachment) and the Annual Summary of Child and Family Services (See Section F., Attachment); Title IV-E, including section 477; Title XX; and Title XIX, in part.

The Office of Families and Children's organizational structure includes the Deputy Director's Office; three Assistant Deputy Directors; and several operational sections which includes the Bureau(s) of Family Services; Child Welfare Monitoring; Administration and Fiscal Accountability, Automated Systems; and the Bureau of Child Care and Development, County Oversight and Support, Program Policy, Operations, and Program Integration and Coordination.

ODJFS is the designated state agency responsible for administrative oversight in the operation of 88 public children services agencies (PCSAs), which are responsible for:

- Receiving and investigating reports involving any child alleged to be abused, neglected, or dependent;
- Providing protective services and emergency supportive services to allow children to remain in their own homes;
- Accepting temporary or permanent custody of children from the court;

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- Providing out-of-home care for children who cannot remain at home, while providing services to the family directed at reunification;
- Recruiting and maintaining foster and adoptive parents;
- Placing children for adoption or other permanent living arrangements; and
- Providing independent living services to assist children as they transition from being in agency custody to independence

In addition, ODJFS has considered the following factors that will have a direct bearing on the successful achievement of any strategy, and ultimately the goals established:

- Ohio's 88 PCSAs differences in population size, demographics, community values and norms
- Fiscal and human resources are established at the state and local level
- Services identified for families and children involved with PCSAs may be provided by other community agencies, including services offered by state or local agencies, e.g., mental health, alcohol and drug addiction, mental retardation and developmental disabilities, and educational services. In addition, programmatic support is available through domestic violence shelters, child care programs, public assistance, child support enforcement, the judicial system, and both juvenile/adult probation departments and law enforcement agencies. The majority of the services are provided at the local level.
- Ohio court programs may be configured differently (e.g., combined juvenile and probate courts, separate juvenile courts) and may have diverse procedures for handling PCSA and private child placing agency (PCPA) legal actions.

Since the last APSR, much work has been done to establish a collaborative approach amongst several entities focusing on five (5) themes. These themes are:

- 1) Reduce the number of children entering care.
- 2) Ensure the safety of children in foster care and shorten the length of stay for children who must be placed in out of home settings.
- 3) Reduce the number of children re-entering foster care.
- 4) Ensure youth will successfully transition to Adulthood.
- 5) Focus on community partners sharing the responsibility for Ohio's children and families.

Collaborative partners that have joined this effort include Ohio's 88 county PCSAs, Ohio Family and children First Council, Supreme Court of Ohio, National Governor's Association, Advocacy Groups, Institute for Human Services and the Regional Training Centers, National Center for Adoption Law and Policy – Capital University Law School

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and ODJFS. These groups all have a focus on children and families and are an integral part of planning how Ohio can work to improve performance on key outcomes.

This effort was initiated in order to combine resources to address the results of the Child and Family Services Review (CFSR) through development of the Program Improvement Plan (PIP) and the Child and Family Service Plan 2010-2014. Ohio successfully achieved all PIP goals that resulted from Round 1 of the CFSR. Round 2 of the Ohio CFSR was conducted the week of August 18, 2008. The period under review was from April 1, 2007 to August 22, 2008. Round 2 of the CFSR is intended to serve as a basis for continued planning in areas in which the State still needs to improve. The following is a high-level summary of the findings from Ohio's CFSR review:

\* Ohio did not achieve substantial conformity with any of the safety, permanency or well-being outcomes.

\* Ohio is in substantial conformity with four (4) or the seven (7) systemic factors. These systemic factors include Ohio's Statewide Information System, Assurance (QA) System, Training and Agency Responsiveness to the Community.

\* Ohio is not in substantial conformity with the systemic factors of Case Review System; Service Array; and Foster and Adoptive Parent Licensing, Recruitment, and Retention.

Included in the body of this report, is a description of the specific accomplishments and progress made toward meeting the goals and objectives outlined in Ohio's Child and Family Services Plan. Since Ohio has not risen to the level of substantial compliance with any of the safety, permanency or well-being outcomes, work that has been initiated on all outcomes will continue in the next five (5) year plan.

### **House Bill 7 – Supporting Adoptions, Reducing Barriers**

During the past fiscal year, this significant piece of Ohio child welfare legislation was passed. The following highlights some of the key changes to Ohio law:

#### Permanency for Children

- Establishes Child-Centered Recruitment Task Force at ODJFS to create a uniform child-centered recruitment model for finding adoptive families for children in the public system waiting for permanent families
- Allows a PCSA with custody of a child living in Ohio to request the Court by-pass reasonable efforts if the parent(s) had parental rights of a sibling of that child, involuntarily terminated in another state; permits parent to rebut a court determination with clear and convincing evidence
- If the custody category of Planned Permanent Living Arrangement is to be used due to child's placement in residential/institutional care, the expectation must be for now and the foreseeable future beyond dispositional date
- Simplifies motion for Permanent Custody and clarifies circumstances when there is no other alternative but to grant permanent custody; reinforces state and federal

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legislative intent that no child shall remain in temporary custody for more than two years by design

- Requires court to consider parents' ability to meet the needs of all other children in the home when deciding to issue a support order when parents voluntarily place a child into temporary custody

### Promote Adoption as a Positive Option

- PCSA caseworker and supervisor mandatory training curriculum expanded to include educating pregnant or parenting persons on their caseloads about adoption as an option for unintended pregnancies

### Streamline Adoption Process and Procedures, Reduce Barriers

- Requires ODJFS adopt rules to align foster care certification and adoption approval processes
- Allows time a child has been placed in the adoptive home to count toward the six month waiting period before a final decree or interlocutory order is issued
- Makes it easier for legal guardian or custodian of a child to approach the court and request a finalization of adoption
- Clarifies adoption assessor providing placement or post-placement services must make "monthly" home visits in a prospective adoptive home until final decree of adoption

These changes are significant to note and may positively impact Ohio's ability to reach compliance with several of the CFSR outcomes.

Since the last progress report, Ohio has continued to work towards improving in areas identified during the 2007 Foster Care Maintenance federal review in preparation for the upcoming review scheduled for 2010. Ohio's central office continues to provide on-going technical assistance to agencies in determining eligibility and claiming for Federal Financial Participation.

In March 2009, the Bureau of Family Services policy staff conducted training for Title IV-E agency staff that are new to IV-E. Participants included agency directors, case managers, supervisors and IV-E specialist. Individual county training sessions have also been held on-site at county agencies as well as at the central office.

The Bureau of Family Services has provided numerous training on Title IV-E foster care maintenance eligibility. On March 31 and April 3, 2009, a statewide Title IV-E meeting was held by video conference with more than 195 participants from the PCSA agencies, Title IV-E courts, private agencies, and staff from the Public Children Services Association of Ohio. The topics presented included: preparation for the 2010 federal review, review of the federal review guide instrument, foster care maintenance case record requirements, and policy rule updates.

Ohio Title IV-E Foster Care Maintenance Policy staff have also been collaborating with State Title IV-A, IV-D and Medicaid staff to provide enhanced services to agencies we

serve.

Ohio has begun preparation for the next Title IV-E foster care eligibility review scheduled for July 19, 2010. The preparation includes two preliminary reviews of cases from across the state. Title IV-E policy staff will continue to conduct training for Title IV-E workers and hold statewide meetings regarding policy updates.

## **SECTION B**

### **Program Service Description**

This section provides a discussion of Ohio's Social Security Act Title IV programs and services including: Title IV-B, Subparts 1 and 2; CFCIP, ETV and CAPTA. Although not included as formalized components of Ohio's CFSP, Title XX and Title XIX of the Social Security Act, program and service supports to Ohio's child protective services system, are also identified in this section.

#### **Title IV-B, Subpart 1 Child Welfare Services**

The Title IV-B, Subpart 1 program provides a broad base of direct and indirect child protective services, including adoption, foster care, protective services, staff development and training. These services cannot be denied solely on the basis of financial need, legal residence, social status, or religion and the determination of service need is the responsibility of the PCSA.

The Ohio Department of Job and Family Services (ODJFS) views training as an important support for effective child welfare practice, and continues its leadership role in providing training to public child welfare agency staff. Recognizing the critical need for consistent, high quality and standardized training for child welfare professionals, ODJFS and Ohio's public children services executive directors continue to support the Ohio Child Welfare Training Program.

#### **The Ohio Child Welfare Training Program**

The mission of the Ohio Child Welfare Training Program (OCWTP) is to:

- Promote the delivery of high quality, culturally responsive, family-centered services to children who have experienced or are at risk of abuse, neglect, or dependency, and their families;
- Provide competency-based training primarily to the public agency professionals, caregivers, and adoptive parents who serve them;
- Collaborate with other service providers to promote the delivery of competency-based training; and
- Advocate for public and practice standards that reflects best child welfare practice.

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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 Institute for Human Services (IHS), and representatives from public and private agencies. Priorities and focus are set each year during an implementation and strategic planning retreat.

The OCWTP offers over 4,000 workshops to approximately 70,000 training participants each year.

CY YEAR	# of Workshops	# of Training Days	# of Participants
2006	4,699	4,120	70,588
2005	4,867	4,147	79,511
2004	4,267	3,841	69,836
2003	2,519	2,916	37,655

The increase in the number of workshops, training days, and attendees between CY2003 and CY2004 reflects the fact that in 2004 the OCWTP was legislatively mandated to begin training foster caregivers. This is discussed in more detail later.

The OCWTP is a model program with seven essential elements:

### **Universe of Competencies**

A comprehensive listing of all the knowledge and skills required for staff to do their jobs drives the OCWTP competency-based training system. This list of competencies is the criteria used to assess individual training needs, and also guides the development of all training courses and curriculum content. The universe of competencies guides' curricula development, ensuring course content areas represent the content staff need to do their jobs, and includes only training essential to job performance.

### **Cultural Competence**

The OCWTP develops and provides culturally responsive curricula, maintains a pool of trainers that is culturally diverse, and values the importance of integrating cultural concepts into all training opportunities. The OCWTP defines cultural competence as, "... the understanding of how values, beliefs, attitudes, and traditions influence one's own and other people's behaviors; and the understanding of the content and dynamics of specific cultures, and the ability to use this knowledge to work productively with persons."

### **Individual Training Needs Assessment (ITNA) Instrument**

The Individual Training Needs Assessment (ITNA) instrument identifies each worker's training needs. Completed jointly with one's supervisor, the training needs assessment is performed at least every two years and provides the RTCs with the information needed to schedule training that meets each worker's highest priority training needs in that Region.

### **Certification of Competent Trainers**

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.

### **Statewide System for the Delivery of Training**

The eight Regional Training Centers 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 ITNA data and other assessments of staff in the region. Quarterly training calendars publicize training activities throughout the region.

### **Transfer of Learning**

"Transfer of learning" refers to the utilization of knowledge and skills learned by trainees in training and used back on their jobs. Research suggests that without system-wide strategies that promote transfer, much of what is learned in training will never be used in the work place. Strategies to promote transfer are incorporated into activities that prepare the worker to attend training; that occur during the training itself, and that support the worker in utilizing new skills on their jobs after training.

### **Computerized System for Administration, Monitoring, and Quality Control**

The OCWTP uses a computerized software program, Train Track TM, for the administration and tracking of comprehensive, competency-based in-service training. The system maintains training records for staff, tracks trainer performance, and generates reports necessary for training program administration and monitoring. This helps to assure accountability and high quality training.

### **Updated Information on the OCWTP since the First CFSR**

Since the first Child and Family Services Review, the OCWTP has many new and/or expanded program initiatives and has taken steps to greatly enhance the technology and other supports for the statewide training system. The changes are summarized below under:

- New and/or Expanded Program Initiatives
- Technology and Other Training System Supports.

Also included in this report is an update of OCWTP activities that support Ohio' Program Improvement Plan, and areas where the OCWTP could be of further assistance to children services agencies.

## ***New and/or Expanded Program Initiatives***

### **1. Evidence-Based Practice**

As one of the first steps toward embracing the ongoing and emendatory process of evidence-based practice (EBP), in 2005 an OCWTP work team was created to educate the training system – stakeholders, trainers, curricula writers, and evaluators - about EBP; to make recommendations for necessary policy and program changes; to collaborate with the members of the Research Collaborative; and to develop EBP resources for trainers, Regional Training Centers, and county child welfare agencies. In 2007, the OCWTP Steering Committee approved the following EBP definition:

Evidence-Based Practice is the "...**conscientious, explicit, and judicious** use of current best evidence..." (Sacket, et al., 2000) in making clinical practice and policy decisions.

- **Conscientious** means practitioners always maintain awareness of their moral obligation to consider all available evidence and guard against bias and duplicity;
- **Explicit** means practitioners and policy makers are clear about the reliability, validity, and applicability of evidence used in decision-making, and can clearly justify their decisions; and,
- **Judicious** means practitioners use practical reasoning and clinical expertise to assess children and families' unique characteristics, preferences, and circumstances when making case recommendations.

The Evidence-Based Work Team also:

- Added EBP information to the OCWTP website that includes: the definition and basic tenants of EBP, a glossary of EBP terms, and a listing of EBP web resources.
- Published a Common Ground newsletter (the OCWTP newsletter primarily for trainers) devoted to EBP, which included an overview of Ohio's two child welfare research collaborative; a listing of EBP resources for trainers, and a summary of the rapid assessment findings on re-entry issues.
- Presented to the OCWTP Steering Committee findings from the University of South Florida review of *Implementation Research: A Synthesis of the Literature*, 2005.
- In 2008 implemented a trainer quality assurance project, which included an explicit expectation that trainers use available research in their content in their workshops. The state training coordinator (currently the Institute for Human Services) developed a protocol for reviewing trainer's workshop outlines to determine the degree to which trainers used research in the development of their workshops. IHS also added a question to the participant workshop evaluation, regarding whether the trainer discussed research pertinent to the workshop content. IHS also implemented a system for working with every trainer to ensure their workshops met these expectations. This work should be concluded in December, 2009.

### **2. The Child Welfare Research Collaborative**

As public children services agencies continue to improve practice to achieve desired

outcomes, county agencies do not have the time or expertise to identify and determine child welfare best practices. In response to this need, a group comprised of university social work departments, ODJFS, PCSAs, IHS, OCWTP, and PCSAO came together in 2005 to form the Research Collaborative to promote evidence-based research to improve child welfare practice. The initial focus was on the CFSR child welfare outcome indicators Ohio failed to meet. Using funds donated by county agencies, the Research Collaborative completed research on why foster children who are reunified with their parents sometimes return to foster care. A second research project is looking at ways of differentiating and processing child abuse cases at intake.

In July 2007, the Ohio State University, at the request of the Research Collaborative, completed a rapid evidence assessment on child welfare intake screening. After reading the report, the Research Collaborative developed recommendations for Ohio's child welfare system. One recommendation was to develop screening standards and tools for screeners. To implement that recommendation, PCSAO convened the Screening Standards task force. This group developed updated standards and screening questions for each type of child maltreatment (physical abuse, neglect, sexual abuse, emotional maltreatment, dependency, and family in need of services). The standards and screening questions are currently being reviewed by Ohio public children services agency staff. Additionally, a one-day training entitled "Screening: The First Step in Child Protection" has been developed that incorporates the draft recommendations of the task force.

### **3. Cultural Competence Task Force**

IHS created the Cultural Competence Task Force to address, in part, the cultural issues impacting the OCWTP and the child welfare system. To date, the Cultural Competence Task Force has:

- Completed a major review and edit of revised Caseworker and Supervisor/Manager Core modules to strengthen the integration of cultural issues.
- Created information relating to cultural diversity and competence for the new OCWTP Trainer Handbook and Trainer Policies.
- Analyzed demographic data and created demographic maps specific to each of the eight RTCs so that training coordinators and trainers have a better understanding of racial, ethnic, religious, and immigrant diversity in their region. This information will be used to develop training addressing the specific needs of diverse populations.

Provided the measurements used on the OCWTP workshop evaluation surveys to assess if workshops increase participants' awareness of the role culture plays in child welfare.

- Recruited and provided technical assistance to new trainers who offer workshops with cultural content. Also provided technical assistance to trainers who had difficulty integrating relevant cultural content into their workshops. This was done upon request of the trainer, or regional training center staff who had determined trainers needed assistance.

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- Organized the 2007 Trainer Event with the theme of *Diversity Among Us*. Over 135 trainers and OCWTP stakeholders heard Dr. Ruth McRoy's keynote address on *Disproportionality in Child Welfare*. Variations on the diversity theme continued in the afternoon sessions, which included: *Ethics & Cultural Awareness*, *Making MEPA Work*, *Training in a Diverse Environment*, *Training with the Immigrant and Refugee in Mind*, *When Values Collide*, and *Avoiding Cultural Faux Pas in Your Training*.
- In 2007, the Cultural Competence Task Force helped recruit qualified Muslim trainers for workshops on serving Muslim families in the context of child welfare and developed an OCWTP workshop on casework with immigrants and refugee children and families.

The Cultural Competence Task Force, with input from key stakeholders, is revising the current four day OCWTP Culture and Diversity curriculum.

### **4. University Partnership Program (UPP)**

The UPP is a partnership comprised of ODJFS, PCSAO, the OCWTP, and eight of Ohio's public universities – Akron, Cincinnati, Cleveland State, Ohio University, the Ohio State University Toledo, Wright State and Youngstown State University. Youngstown State joined the program in state fiscal year 2009. In exchange for tuition assistance, UPP students take specialized child welfare courses (based on the OCWTP Caseworker Core curricula); complete an internship at a county children services agency, and then work for a county agency. Since its inception in 2002 through the 2007-2008 school year, the UPP has graduated 221 undergraduates, and 16 MSWs. Of those, 157 graduates of undergraduate programs, and 10 graduates of MSW programs were hired by public children services agencies in Ohio. In addition, the OCWTP provides Core content training for sixteen University Partnership instructors who use Caseworker Core competencies in university classrooms.

- ODJFS will change the university and student contracts to allow a year to find employment rather than 6 months
- IHS provided instructors with updates to OCWTP's caseworker core workshops, which will be integrated into the University Child Welfare I and II classes
- OCWTP collaborated with Ohio State University to develop evaluation measures and conduct program evaluations of the UPP program for academic years 2007-2008 and 2008 – 2009.
- A work team of UPP instructors began work on increasing the degree of consistency among the universities in regards to the CW I and II classes.
- UPP campus coordinators adapted a field instruction curriculum from the state of Kansas for use with UPP field students, to increase consistency of field experiences among the 8 UPP universities.

### **5. Revised Core**

The OCWTP Core Curricula is standardized so that new staff throughout Ohio – both

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caseworkers and supervisors/managers - receive consistent foundation-level training. Core workshops provide training in the fundamental knowledge and skills necessary for child welfare casework practice and supervision. In October 2007, OCWTP completed an extensive revision to both Caseworker and Supervisor Core; the revisions are summarized below.

**Caseworker Core:** modifications to training for new caseworkers since the previous CFSR:

- Curricula content has been updated and training delivery methods revised.
- Core has been changed from five Core Modules that included 15 days of training to eight Core Modules that include 17 days of training, with fewer three-day training sessions.
- Pre-training readiness activities now precede four Core Modules.
- Skill-building sessions, called Learning Labs, are now offered following three Core Modules – *Engaging Families, Assessment, and Investigative Processes*. Learning Labs allow caseworkers to practice applying the knowledge and skills learned during the Core Modules.
- Enhanced content on CFSR-related subject matters was added.

The revised Caseworker Core Modules are:

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

Pre-Training: Child Welfare Values and Principles Put into Action

Post-Training Assignment: Assessing Factors Correlated with Maltreatment

**Module 2: Engaging Families in Family-Centered Child Protective Services (6 hours)**

Learning Lab: Engagement Skills (3 hours)

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

Pre-Training: Legal Aspects of Child Protective Services

**Module 4: Assessment in Family-Centered Child Protective Services (12 hours)**

Learning Lab: Interviewing Skills for Assessment (6 hours)

**Module 5: Investigative Processes in Family-Centered Child Protective Services (6 hours)**

Learning Lab: Interviewing Skills for Investigations (6 hours)

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

Pre-Training: Case Planning in Child Welfare

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

Pre-Training: Child Development

Post-Training: Using Tools to Assess Development

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

Although all Caseworker Core Modules were revised with knowledge of Ohio's PIP, Module 8 in particular addressed many PIP issues, including: finding fathers, putative fathers, and father's relatives for relative placements; ICWA when placing children; pre-placement decision-making meetings with families; 12-month permanency hearings; caseworker's role to promote attachment; caseworker's attitude toward parental involvement; visitation with non-custodial parents; documentation of reasons why extended family not visiting; using family visits to model parenting; kinship issues; and, services upon reunification to prevent recurrence of maltreatment.

As of 2006, Ohio law increased new caseworker mandated training to 102 hours of training during the first year of employment. The ongoing training requirement remains at 36 hours each year. In addition, workers are also required to receive 12 hours of domestic violence training within two years of hire.

Caseworker Core module revisions included adding language specific to CAPMIS and Alternative Response.

Field tests of revised Caseworker Core workshops were conducted in FY 2007-2008. Specific evaluation was conducted of the workshops, and informed the final revisions of the curriculum in July 2008. We trained approximately 45 Caseworker Core trainers and University Partnership Program course instructors in the final revisions.

The curricula were placed on I-Backup, a data sharing service, for easy access by OCWTP trainers and University Partnership Program course instructors.

Two workshops that provided an overview of revisions to Caseworker Core were provided to PCSA direct service supervisors.

**Supervisor Core:** modifications to training for new supervisors/managers since the previous CFSR:

Revisions were made to the Supervisory Core Curricula in 2007 and field tested in 2007 - 2009 Evaluation data was completed and informed the next set of revisions, which are currently being written. Substantive changes were made to the organization and content of the curricula, Expanded content outlines of the revised curricula will be completed in June 2009. Following is a list of the revised workshops:

- SC1 Casework Leadership in Child Welfare
- SC3 Communication, Supervision
- SC2 Conflict and Change
- SC4 Improving Individual Staff Performance
- SC5 Professional Development of Staff

SC6 Collaboration and Team Work

### **6. Orientation and Readiness**

The OCWTP has developed competencies and content outlines for new employee orientation and new caseworker, supervisor, and manager readiness training. *Orientation* is designed to help orient new staff *to the field of child welfare and to their agency*. The *readiness* courses are designed to help orient new caseworkers, supervisors, and managers *to their new jobs*. Effective orientation and readiness training is one means to assure new caseworkers and new supervisors acquire pre-requisite awareness and knowledge they can build on when they attend Core training. The next step is to develop orientation and readiness as asynchronous online courses. This will allow counties to access the courses when they need them. In 2008 plans for an asynchronous online orientation program were deferred due to delays in implementing E-Track (OCWTP's new learning management system) which will allow web-based dissemination of training materials. As an interim step until E-track is operational, this deliverable was modified to compile and disseminate prioritized orientation materials to counties to support the development of in-house employee orientation programs.

### **7. Training on the Comprehensive Assessment Planning Model – Interim Solution (CAPMIS)**

CAPMIS is a comprehensive assessment and decision-making model to guide child welfare workers in making accurate and effective decisions throughout the life of a case to promote safety, permanence, and well being; CAPMIS interfaces with the new SACWIS. CAPMIS training is provided through the OCWTP regional training centers by OCWTP approved trainers.

During the “roll out” of SACWIS, a three-day workshop on CAPMIS was developed by ODJFS staff. The OCWTP trained trainers and scheduled workshops for all of Ohio's child welfare caseworkers and supervisors. This initial training was completed in 2008. Upon completion of the initial training it was determined that the workshop could be revised to a two day workshop. These revisions were made, and the workshop is routinely offered for new PCSA caseworkers and supervisors.

Focus groups around the state were conducted to determine additional CAPMIS training needs beyond the initial two-day workshop. Supervisors and workers asked for a variety of learning opportunities based on specific needs. The OCWTP is creating a CAPMIS “Tool Kit” which will provide training content and application exercises on all areas of risk assessment with a variety of alternative delivery methods. These will include classroom training, self-study, distance learning, coaching and mentoring plans, and resource linkage. The three modules are: Clinical and Formal Assessment of Risk to Ensure the Child's Safety, Coaching/Supervising the Assessment of Risk, and SACWIS Documentation of Risk Assessment. It is hoped that the innovative approach will not only address learning needs but also bring training opportunities to staff without

extensive travel and expense to them. Pilot programs will begin in June 2009.

### **8. CAPTA**

The OCWTP spearheaded a CAPTA Ad Hoc Work Group that was instrumental in writing guidelines on protecting parents' rights during investigations, and in writing the document: *Guidelines For Implementing CAPTA 2003 Amendments on Conducting Child Abuse and Neglect Investigations*, explaining revisions in the Ohio Administrative Code regarding investigations of child maltreatment. A copy of these guidelines is attached. The Work Group also helped oversee the publication of the *Guidelines* in the *APSAC Advisor*, publication of the American Professional Association on the Abuse of Children.

In 2005, the OCWTP developed a ½ day workshop on CAPTA requirements regarding parent's rights, and parents' Constitutional rights during child maltreatment investigations. This workshop was offered throughout the state; most of Ohio's child welfare caseworkers and supervisors attended the workshop. It continues to be offered to new workers throughout the state.

In 2006 – 2007 the OCWTP collaborated with the National Center on Adoption Law and Policy to develop a workshop, "Caseworkers and Parents': Legal Rights and Responsibilities" on parent's rights after investigation, through placement of children in substitute care. This workshop was offered throughout the state; most of Ohio's child welfare caseworkers attended the workshop. In 2009, this workshop was revised to include a skill building component. Field tests were conducted and evaluation data collected to inform refinements of the curricula.

In 2007 – 2008, the CAPTA Ad Hoc Work Group met to discuss emerging practice dilemmas and misconceptions about protecting parents' rights during investigations. The group made revisions to the guidance paper, re-named the paper "Protecting Parents' Constitutional Rights During Child Abuse and Neglect Investigations and Assessments", and developed a new guidance paper, " Misconceptions and Facts about CAPTA and Parents' Rights". These papers were presented to PCSA directors at their spring 2008 quarterly meeting; they were placed on the OCWTP website, and were integrated into parents' rights workshops. The papers were placed in the resource section of the OCWTP website.

### **9. Foster and Adoptive Parent Training**

In 2004, the OCWTP was legislatively mandated to assume responsibility for training foster parents. This new training population almost doubled the number of participants served by the OCWTP. By law, all new family foster caregivers are mandated to complete both pre-service and ongoing training requirements. Each caregiver must complete training commensurate with the level of fostering they provide:

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Level of Fostering	Annual Training Hours Required
Infant-Only Foster Care	12
Family Foster Care	20
Specialized Foster Care	30

The in-service or continuing training topics must reflect the training needs of each foster caregiver, as identified by his or her recommending agency. In 2006, the OCWTP completed five of nine curricula planned for the *Foster Care Fundamentals* training series for caregivers. The completed courses address: crisis de-escalation; discipline; working with primary families; attachment; and the effects of fostering on the caregiving family. The four remaining curricula will address child development, caring for children who have been sexually abused, cultural issues in placement, and the foster caregiver's role on the child welfare team.

Also in 2006, for the first time, online courses were offered to foster parents through Foster Parent College, a collection of self-directed courses on a range of topics important to caregivers. Initially, the OCWTP purchased 125 training units that were distributed to the RTCs for foster parents. Feedback from foster parents who participated in the online courses revealed that foster parents were glad to have an opportunity to learn important information in a timely manner without having to leave their own homes. The RTCs have purchased additional slots for foster parents to take Foster Parent College online courses.

In 2006 the pre-service curriculum was revised and updated to comply with new Ohio Administrative Code increasing pre-service training from 24 to 36 hours of training.

In 2007 – 2009 OCWTP further expanded the Foster Care Fundamentals training series by developing, piloting, and fully implementing workshops on fostering children who have been sexually abused; infant and toddler development and the effects of abuse and neglect; preschool and school-aged development and the effects of abuse and neglect; and adolescent development and the effects of abuse and neglect. Additionally, a learning lab, "Discipline in Foster Care: Managing Our Behaviors to Manage Theirs," was developed for foster and adoptive parents.

### 10. New or Revised Curricula for Ohio's Foster and Adoption Professionals

Foster and Adoption Assessor training is required for all social workers providing adoption services and for social workers who complete foster care home studies. Individuals who conduct adoptive/foster family assessments, counsel birth families regarding permanency decisions for their children, or supervise adoptive placements must complete the six-day Tier I Foster and Adoption Assessor Training within 12 months of taking the first Assessor course; and complete Tier II Assessor training within three years of completing Tier I. Recent revisions and developments in foster and adoption professional training includes:

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- Developed *Alphabet Soup: Legal Considerations in Placement Decision-Making*, a workshop about the Multi-Ethnic Placement Act, the Indian Child Welfare Act, and the Adoption and Safe Families Act.
- Revised *Cultural Issues in Permanency Planning and Family and Child Assessments*.
- Created a new learning lab to help Assessors practice using the Casey Family Program's family assessment online tools.
- Developed post-training skill-building assignments for the Assessor Training Series. The assignments are designed to help staff apply what they learn in training when they return to work and to provide the supervisor with easy-to-use tools for coaching some of the essential skills Adoption Assessors use.
- Developed a pocket tool called *The Family Interview Guide*. The Guide includes suggested interview questions, along with signposts of a family's functioning within each assessment category, to help new Assessors learn how to assess a family's readiness to foster or adopt.
- This guide is integrated into Adoption Assessor training.
- Offered an online course available through the National Indian Child Welfare Association to foster and adoption professional across the state. In addition to outlining the Indian Child Welfare Act, the course provides an overview of Native American and Alaskan Native cultures and provides information to support best practice and appropriate documentation. Evaluation data shows that the course is a valuable training for Ohio child welfare professionals involved in the placement of Indian children, and is now available when the need arises.
- Revised *Services for Birth Parents*, one of the required Assessor workshops, to incorporate additional information on working with birth fathers, as well as birth parents whose rights are being terminated by the court.
- Developed "Assessor Refresher" a workshop for adoption assessors who have completed Tier I and Tier II. This workshop provides updated information on all aspects of adoption practice. The workshop is updated each time one of the Tier I or Tier II workshops is updated.
- Developed, piloted and implemented revisions to the Tier II Adoption Assessor workshop, "Openness in Adoption." The revision incorporates information from longitudinal studies on openness in adoption, and expands information on practice strategies in assessing, planning, and supporting openness in adoption.
- Revised and piloted "Pre-Finalization Services", an adoption Assessor Tier I workshop.
- Placed adoption assessor handouts in the resources section of the OCWTP website.

### ***Technology and Other Training System Supports***

#### **1. Updated OCWTP Website**

In 2007, the OCWTP website was extensively revamped to be more user-friendly and to:

- Provide more information to trainers (their roles and responsibilities, trainer policies and procedures, resources, important web links, all issues of Common Ground, etc.).
- Provide more information to trainees (staff training requirements, overview of training Modules, PDF versions of skill building materials, checklists, tool kits, etc., used in training workshops, and links to all eight RTC training calendars).
- Allow each of the eight RTCs to update their sections of the website.
- In 2008 – 2009 the website was revamped to a more attractive, user friendly format. Additional workshop handouts, papers, and other information for trainers and participants were made available via the website; web links on a variety of topics related to child welfare were added for staff at PCSAs. Three of the eight Regional Training Center web pages on the OCWTP website were updated and improved.

The website is also used to provide updates on the development and implementation the new Learning Management System, discussed below. The OCWTP website is [www.ocwtp.com](http://www.ocwtp.com).

### **2. Learning Management System**

The OCWTP is gearing up for a projected 2009/2010 rollout of its first ever online learning management system, (branded as E-Track). E-track will replace the currently statewide automated system (Train-Track) and will allow:

- OCWTP trainees instant access to their individual training records and be able to: search and register for training; launch OCWTP-specific online learning modules; complete online individual training needs assessments with their supervisor; access lists of available learning interventions and resources to meet their needs; complete online training evaluations; and, receive digital certificates after completion of training.
- OCWTP trainers instant access to their calendar of currently contracted trainings; and the ability to: view their own individual trainer development plans and search and register for online and classroom trainer development workshops.
- RTCs the ability to: gather instant aggregate training needs data to track trends and plan future training; create, edit, populate, and track learning interventions online; and to instantly access trainers who are available and approved to train a specific workshop.
- The state training coordinator the ability to develop and launch online learning modules and blended learning; to specifically monitor the ongoing development of its vast trainer pool; to track overall training trends within counties, regions, or across the state; to collect evaluation data specific to individual workshops; and, to streamline the release and delivery of pre- and post training resources.

In 2007 – 2009, the OCWTP conducted the following activities to prepare for implementing E-Track.

- Convened a work team of RTC, IHS and ODJFS staff which met at least bi-monthly and frequently weekly to develop the Ohio specific aspects of the learning management system, i.e. E-Track
- Identified data to be entered into E-Track
- Initiated research about internet accessibility for foster caregivers
- Designed classification tables for search functions; finalized training data such as workshop numbering system and competencies for entry into E-Track
- Held an OCWTP steering committee retreat to discuss E-Track use and development of multi-part course development and Individual Training Needs Assessment dilemmas regarding E-Track
- Loaded competency, classification, and standardized learning data into E-Track and the OCWTP trainer population information
- Worked collaboratively with computer programmers at ODJFS and consultants from the LMS developer for the installation of E-Track at ODJFS
- Worked with the LMS developer to design Ohio specific screens and priority reports

### 3. Evaluation

The OCWTP has collected workshop satisfaction data since 1987. For the 4,120 workshops offered in 2006, the average workshop evaluation score was 4.69 on a five-point scale. While the OCWTP continues to collect and analyze data on every workshop and trainer, evaluation activities have greatly expanded in four areas:

- Collecting data to inform the revision of Caseworker and Supervisor/Manager Core. Activities included:
  - o Conducting pre-and post testing and focus group sessions in 23 Caseworker Core and Supervisor/Manager Core workshops; and,
  - o Collecting demographic data on several hundred training participants to help analyze pre- and post test results.

Many of these activities will continue into the future.

- In 2002, the OCWTP adopted a rigorous evaluation framework to measure the knowledge and skills learned as a result of attending training, and then assess the application of the knowledge or skills on the job. The OCWTP has been developing a comprehensive evaluation methodology, including field testing instruments and processes necessary to establish a “chain of evidence” - measuring learning from a workshop and then assess the transfer of learning in the workplace.
- Develop instruments and processes to evaluate online learning.
- Preparing to maximize the capabilities of the new LMS. This requires:
  - o Retooling and field testing evaluation surveys. The LMS allows the OCWTP to collect evaluation data on individual workshops (now the OCWTP uses only two different evaluation forms for all 5,000 + workshops.) Evaluation surveys are being developed for specific workshops. For example, each Caseworker and Supervisor Core workshop and each Adoption Assessor workshop will have an individual evaluation survey that includes the learning objectives for that workshop.

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- Although about half of all evaluation surveys will continue to be completed hard copy after the workshop after the LMS is in place, about 2,000 workshops will be evaluated back in the agency using online surveys launched through the LMS. OCWTP has been reviewing the research on response rates and quality of comments when a system moves from a paper based evaluation system to an online evaluation system.
- Identifying the data, analysis and report capabilities of the new LMS.

The OCWTP routinely collects feedback from county and state child welfare professionals, PCSAO representatives, the OCWTP Steering Committee, and university-based researchers on evaluation methodologies to ensure we strike the right balance between what is required in field-based evaluation research and what is feasible and practical in a statewide training system serving 88 county agencies.

In 2007, the OCWTP evaluation methodology was further refined to accomplish two objectives – to measure the transfer of learning for specific standardized workshops and to maximize the data collection and reporting features of E-Track. Training evaluation activities will change dramatically with E-Track.

### Measuring Transfer of Learning

The OCWTP will measure the transfer of learning from specific standardized workshops to the agency using a three-step process that establishes a chain of evidence. The standardized workshops are the eight Caseworker Core workshops, the six Supervisor Core workshops, and the 10 Adoption Assessor workshops.

The first step in establishing the chain of evidence will be collecting trainees' perceptions of their own learning as a result of attending the workshop. This will require 24 different E-Track evaluation surveys, each including specific content questions tailored to individual Core and Assessor workshops. During 2007 – 2009, we completed the development of content specific questions for these evaluations.

The second step will be to implement objective measures of learning that occurred through pre-and post workshop testing. In 2007 – 2009, the OCWTP began piloting the use of an online survey data collection program, SurveyGizmo, to collect pre-post test data from trainees.

### Maximizing the Features of E-Track

E-Track allows the OCWTP to collect evaluation data specific to each individual workshop. In addition to the specific evaluation surveys discussed above, through E-Track, the OCWTP will be able to collect evaluation data specific to various workshops and participants. In 2009, we wrote draft questions for the new workshop evaluation process. We improved the questions related to trainer skill and developed content-specific questions for each of the eight Caseworker Core workshops, six Supervisor/Manager Core workshops, and six Adoption Assessor workshops.

### 4. Trainer Development

The OCWTP maintains an active trainer pool of over 260 trainers. After a rigorous interview and approval process, trainers are required to attend “Training of Trainers – Presentation Skills” and “Training of Trainers – Culture and Diversity”. Additionally, “Training of Trainers – Transfer of Learning” and “Training of Trainers – Curriculum Development” are offered three times a year for trainers to attend at their discretion. State Coordinator and Regional Training Center Staff provide trainers with consultation and technical assistance as needed.

In the last five years, trainers were prepared to train revisions to Caseworker and Supervisor/Manager Core workshops, revisions to adoption assessor workshops, and new foster caregiver workshops; trainers of the standardized sexual abuse series were provided with updated information on statistics, research, and best practice in the field. In 2006, the OCWTP created and began using the Trainer Listserv – regular email updates to all trainers on initiatives, policies, procedures, research, etc. These communications and the OCWTP newsletter, *Common Ground*, provide trainers with information on training technology, training system policies and procedures, and child welfare issues including trends, practice standards and dilemmas. A trainer conference was held each year to provide trainers with information on specific topic areas and training methods, and to show appreciation for their contributions to the OCWP.

In 2008, we began a comprehensive review of each trainer’s information and workshop outlines in preparation for entering trainer data into E-Track, and workshop outlines into a separate, secure data base. We used this review as an opportunity to further promote the OCWTP’ goal of providing culturally relevant, evidence-based training. On an as-needed basis, we helped trainers revise their workshops to include culturally relevant information and information on research relevant to their topic area.

### 5. New Technologies

The training program has invested in several new technologies to both support learning during training and to help improve the efficiency of OCWTP operations. These new technologies include:

**Classroom Performance System** - The OCWTP uses the Classroom Performance System (CPS) in training workshops, during OCWTP monthly Steering Committee meetings, and during strategic planning sessions. With CPS, each training participant or OCWTP committee member has a wireless response pad to respond to questions that are embedded in a PowerPoint presentation; responses are automatically gathered and recorded and data is instantly available. CPS is easy to learn, ensures 100% participation, collects instant response data, and creates an interactive environment that helps ensure participants are engaged in discussion and actively learning. Feedback from Caseworker Core training participants on the use of CPS in Core training has been very positive. In 2008, CPS will be incorporated into the Supervisor/Manager Core Modules.

**SurveyMonkey** This online survey program that has been used by the OCWTP in a myriad of ways, including: to collect feedback data from training participants after a workshop when they are back in their agencies; to evaluate online courses; to collect data from OCWTP Steering Committee members on strategic planning agenda items and draft policies and procedures; and, to collect culture and diversity information from OCWTP trainers.

**Go-To-Meeting** – A 2007 investment by the OCWTP, Go-To-Meeting is an online meeting and collaboration tool beginning to be used:

- In place of monthly face-to-face meetings that require participation by RTC staff, and others, from around the state. Using Go-To-Meeting saves travel time and reduces costs while still achieving results.
- To train trainers across the state on new workshop content, and on how to use the Classroom Performance System in workshops.

**Bridge line** – A conference call phone system for conducting meetings or workshops. Voice quality is excellent and up to 50 participants can be on the phone at a time. We use the bridge line routinely to conduct work team and other meetings. This is a time and energy saver for all those involved.

In 2007 – 2009, the OCWTP used Go-To-Meeting in combination with the line, for several committee meetings, training of trainers, and for one on-line course for caseworkers. This has been helpful in reducing travel cost and time, and has proven a very efficient and effective method for conducting some meetings and workshops.

**Distance Learning** - There are dozens of different distance technologies designed for various purposes with advantages and disadvantages. Some are low tech yet effective; others are high tech and sophisticated but time consuming and expensive. We intend to utilize technologies that are easy to use, are the best choice for the intended purpose, and that deliver the best results at the lowest cost. In 2008-2009, we conducted a research assessment to determine which distance learning strategies are most appropriate for the content to be trained. This assessment will be completed in June 2009 and will inform our ongoing developmental activities in distance learning technology.

### **6. Responding to Emerging Needs in PCSAs**

With the downturn in the economy, many Ohio PCSAs have implemented staff layoffs, hiring freezes, and travel restrictions. The OCWTP State Steering Committee met in January 2009 to discuss this issue and to plan our response. We recognize that we have a unique opportunity to fully implement several training strategies and initiatives that had been developed previously but were only partially implemented. The following strategies were implemented on a small scale between January and May 2009, and will be further implemented in the future.

- In-county coaching on leadership development for supervisors and managers
- In-county coaching on casework skill development for caseworkers
- Training in county PCSAs rather than at the regional training centers
- Conducting in-county post-training consultation groups
- Training via Go-to-Meeting and bridge line
- Implementing several self-administered on-line training modules
- Adjusting standardized, required workshops for smaller training groups

### **Strengths**

Ohio is structured as a state supervised and county administered system. The core and ongoing training program is provided through the state administered Ohio Child Welfare Training Program, which has been in operation since 1986. This has provided consistency of training for core and ongoing training on behalf of caseworkers, supervisors, foster and adoptive parents, along with other participants.

The required use of the Individualized Training Needs Assessment also provides a standardized method of assessing on-going staff needs. Additionally, trainers use by the OCWTP must be approved by the program for the respective workshops they train. With the implementation of E-Track in 2010, caseworkers, supervisors, administrators and foster caregivers will be able to track training records, register and confirm upcoming training and in the near future participate in online learning.

The OCWTP continues to offer an Investigate Mentoring Program for Ohio prosecutors, law enforcement officers and child welfare professionals.

Other states and Canadian provinces continue to model their child welfare training program after Ohio's training program. The following state and provinces have developed their training system based upon the OCWTP model: Pennsylvania; Arizona; Alaska; Nevada; New Hampshire; Virginia; Oklahoma; select counties in California; New Mexico; Minnesota; Indiana; Wisconsin; Manitoba, Ontario, New Brunswick, Newfoundland and Quebec, Canada; Buffalo, New York; and the Cayman Islands. As a result of other state and provinces use of the OCWTP model as the basis for their training system, Ohio's training leadership program continues to benefit from other state utilization and enhancement of Ohio's current curriculum.

### **Title IV-B, Subpart 2**

#### **Promoting Safe and Stable Families Program**

The Title IV-B, Subpart 2 program provides family preservation and family support services. OFC's program instructions for family preservation activities presently funded under Title IV-B, Subpart 2, allow "family preservation activities" to include services in support of maintaining adoptive placements and services in support of time-limited reunification goals. The program's aim is assuring the safety of the child; promoting healthy child development; assisting children and families to resolve crises; preventing

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unnecessary out-of-home placement of children; helping children already in out-of-home care to be returned to and maintained with their families; and prevention activities designed to alleviate stress and promote parental competencies and behavior that will increase the ability of families to successfully nurture their children.

Throughout this reporting period, Ohio has invested over 14 million Title IV-B, part 2 dollars to jointly fund needed family support programs through the *Access to Better Care* initiative. These programs were designed in partnership with the Ohio Departments of Alcohol and Drug Addiction Services, Youth Services, and Mental Health. *Access to Better Care* is described in the collaboration section.

### **Post Adoption Special Services Subsidy (PASSS)**

The Post Adoption Special Services Subsidy (PASSS) Program is a unique subsidy program designed to assist Ohio families after the finalization of their adoption. This program is available to all adoptive families, with the exception of stepparent adoptions, regardless of the type of adoption (public or private agency, attorney, international).

Since its implementation in 1992, the PASSS program has been allocated \$3.7 million each SFY for post adoption services for adoptive families. During SFYs 2005 - 2009, the PASSS program was funded through either a combination of Title IV-B (subpart II) and General Revenue Funds (GRF) or GRF funds only. For SFY 2008 and 2009, the total allocation was GRF due to availability of those funds which allowed for additional Title IV-B money to be passed directly to the counties.

PASSS funds are dispensed on a first-come, first-served basis and are dependent upon the availability of funds. Families may receive up to \$10,000 in PASSS funds per child, per state fiscal year (SFY). In the event of extraordinary circumstances, families may receive up to an additional \$5,000 per child, per SFY.

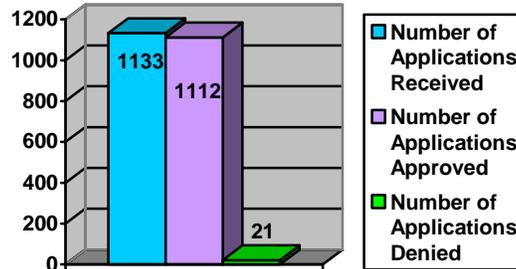
In order to qualify for PASSS, the following criteria must be met:

- The child must have a special need consisting of a physical, developmental, mental or emotional condition;
- The child's special need must have existed before the adoption was finalized or can be attributed to a pre-adoptive condition;
- The child must be under 18 years of age (or less than 21 years of age if mentally or physically handicapped);
- The family has explored other sources of assistance, but the sources are inadequate or are not available to meet the needs of the child.

During SFY 2008, over 1100 applications for PASSS were received and \$3.7 million was provided to families. Twenty-one applications were denied due to various reasons: the service requested was not covered under the PASSS program or was not

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appropriate to meet the child's special needs, the services were within the economic resources of the family, the application was incomplete or the child returned to agency custody.



The following is a look at some specific information regarding the children that received PASSS assistance for SFY 2005, 2006 and 2007. Due to administrative changes that occurred at the state level, detailed information for SFY 2008 and 2009 is incomplete. It is noted that the statistics reveal a trend that the numbers are evenly distributed over three years without any significant/remarkable deviation.

### Special Needs of Children

Adoptive families sought funds to address many identified "special needs". The largest average number of children were diagnosed with Attention Deficit Hyperactivity Disorder, followed by Reactive Attachment Disorder; Mood Disorder (Bi-Polar/Depression); and Severe Behavioral/Emotional Disorder.

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<b>Number of Special Needs* of Children supported by PASSS funding</b>				
<b>Type of Special Needs</b>	<b>SFY 2005</b>	<b>SFY 2006</b>	<b>SFY 2007</b>	<b>3 Year Average</b>
	<b>Number*</b>	<b>Number*</b>	<b>Number*</b>	<b>Number*</b>
Asperser's Disorder	12	19	22	18
Attention Deficit and Disruptive Behavior Disorder	246	324	353	308
Autistic Disorder	8	22	27	19
Cerebral Palsy	25	24	22	24
Developmentally Handicapped	47	93	138	93
Fetal Alcohol Syndrome	23	38	37	33
Learning Disabled	17	38	39	31
Mood Disorder (Bi-Polar/Depression)	107	172	191	157
Mentally Retarded	21	25	19	22
Obsessive Compulsive Disorder	19	18	23	20
Oppositional Defiance Disorder	84	119	115	106
Pervasive Developmental Disorder	14	23	13	17
Post Traumatic Disorder	68	110	106	95
Reactive Attachment Disorder	203	292	288	261
Severe Behavioral/Emotional Disorder	92	166	181	146
Substance Abuse	12	13	6	10
Other Services	37	21	22	27
<b>Total</b>	<b>1035</b>	<b>1517</b>	<b>1602</b>	<b>1385</b>
<i>*Some children had multiple special needs</i>				

### Type of Services Provided

Many services were provided to address the "special needs" of children, and they primarily included medical services and psychological services. Of all Medical Services provided to these children, Occupational Therapy was the largest expenditure approved.

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<b>PASSS Medical Services Provided by Year 2005-2007</b>				
	<b>SFY 2005</b>	<b>SFY 2006</b>	<b>SFY 2007</b>	<b>3 Year</b>
<b>Type of Medical Services</b>	<b>Cost \$</b>	<b>Cost \$</b>	<b>Cost \$</b>	<b>Average</b>
Medical Equipment	\$75,193	\$80,664	\$103,360	\$86,406
Medical Respite	\$32,805	\$16,675	\$23,720	\$24,400
Occupation Therapy	\$72,055	\$131,680	\$114,202	\$105,979
Physical Therapy	\$17,903	\$15,258	\$14,573	\$15,911
Speech Therapy	\$88,756	\$93,611	\$85,558	\$89,308
Surgery	\$14,083	\$11,500	\$10,885	\$12,156
Other Services	\$61,830	\$65,161	\$59,095	\$62,029
<b>Total Medical Services</b>	<b>\$362,626</b>	<b>\$414,549</b>	<b>\$411,393</b>	<b>\$396,189</b>

Among many Psychological Services provided, Residential Treatment was the largest expenditure followed by Mental Health Respite, Reactive Attachment Therapy, and Psychological Counseling.

### PASSS Psychological Services Provided by Year 2005-2007

	<b>SFY 2005</b>	<b>SFY 2006</b>	<b>SFY 2007</b>	<b>3 Year</b>
<b>Type of Psychological Services</b>	<b>Cost \$</b>	<b>Cost \$</b>	<b>Cost \$</b>	<b>Cost \$</b>
Biofeedback/Neurological Feedback	\$98,238	\$59,906	\$90,384	\$82,843
Mental Health Respite	\$492,534	\$689,861	\$803,531	\$661,975
Psychiatric Counseling	\$126,407	\$160,693	\$162,500	\$149,867
Psychological Counseling	\$403,362	\$520,309	\$558,914	\$494,195
Reactive Attachment Therapy	\$570,487	\$622,175	\$766,888	\$653,183
Reactive Attachment Therapy Assessment	\$22,944	\$62,181	\$65,246	\$50,124
Reactive Attachment Therapy Follow-up	\$189,490	\$233,013	\$194,452	\$205,652
Residential Treatment	\$710,270	\$1,125,074	\$1,168,241	\$1,001,195
Substance Abuse Counseling	\$2,500	\$608	\$9,833	\$4,314
Other Services	\$70,218	\$69,937	\$128,633	\$89,596
<b>Total Psychological Services</b>	<b>\$2,686,449</b>	<b>\$3,543,757</b>	<b>\$3,948,622</b>	<b>\$3,392,943</b>
<b>Medical and Psychological Services Total</b>	<b>\$3,049,074</b>	<b>\$3,958,306</b>	<b>\$4,360,015</b>	<b>\$3,789,132</b>

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### Socio-Demographic Characteristics of Children/Families Who Applied for PASSS Assistance

The table below provides a brief description of the socio-demographic characters of adoptive families and adoptees who applied for PASSS assistance. Male children were the majority among approved applicants.

<b>Gender of Children Applied for Assistance</b>	
<b>Gender</b>	<b>3 Year Average Approved Applicants Children</b>
Male	428
Female	304
<b>Total</b>	<b>732</b>

Children between the ages of 12 and 15 represented the largest group that received assistance followed by 8 -11 year olds and 4 - 7 year olds.

<b>Age of Children Applied for Assistance</b>	
<b>Age Range</b>	<b>3 Year Average Approved Applicants Children</b>
0 – 3 Years	32
4 – 7 Years	127
8 – 11 Years	206
12 – 15 Years	252
16 – 19 Years	113
20 Years And Above	2
N/ A	0
<b>Total</b>	<b>733</b>

A majority of the children who received PASSS funds were adopted through public agencies and international adoptions.

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<b>Type of Adoption</b>	
Type of Adoption	<b>3 Year Average</b>
	<b>Approved Applicants</b>
	<b>Children</b>
Attorney	52
International	127
Private	67
Public	482
Relative	0
Attorney/Relative	0
Private/Relative	0
Public/Relative	0
N/A	5
<b>Total</b>	<b>733</b>

In 2008, the rules which govern the PASSS program, Ohio Administrative Code 5101:2-44-13 and 5101:2-44-13.1 were revised. Revisions to the rules included:

- A requirement that a treatment plan be submitted to the agency within 30 days of a child's initial visit to the provider.
- All therapeutic interventions provided with PASSS funds must be administered by an Ohio independent licensed provider licensed in psychology, psychiatry, social work or counseling who is expected to adhere to the code of ethics of the licensing body.
- Providers of residential treatment and therapeutic foster care must be licensed by ODJFS, ODMH or a similar entity if in another state.
- An increase in the amount of respite that could be approved per child, per state fiscal year. Families may now receive up to \$4,800 per child per SFY for mental health respite and up to \$4,800 per child per SFY for medical respite
- The introduction of a new form, JFS 01052 "Credentials for Providers of PASSS Funded Therapeutic Services and Memorandum of Understanding." This form requires providers of services approved with PASSS funds to identify their credentials, licensing board, professional experience and type of therapy they will be providing. This form also requires the provider to indicate that the therapeutic interventions they will be providing comply with all treatment aspects contained in OAC Chapter 5122.

The revisions to these rules have ensured that the PASSS program continue to provide safe and effective treatments for children and families. Each year the number of families requesting funds under this program increases and the total \$3.7 million allotment is expended. The PASSS program continues to be a valuable component in Ohio's efforts to maintain stability and permanency for adoptive children and families.

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### Foster Care

Ohio's continued effort to reduce the number of children in foster care is demonstrated through the decline in the number of children in agency custody over the past three years. Some of the policies and/or practices that have impacted the decline in Ohio include:

- The establishment of a statewide Kinship Permanency Incentive program in 2006 that has provided incentive dollars to caregivers who assume legal custody of relative or kin children who are unable to remain in their own home. Nearly 6000 children are receiving KPI funds.
- The implementation of comprehensive assessment of families at the intake process and throughout the life, as well as, safety planning that help more children remain with their families or relatives.
- Some agencies which are part of the Protect Ohio IV-E waiver have been able to provide more front end, in-home services to families to prevent children from coming into care.
- Foster to adopt initiatives to encourage commitment and stability for children in foster care.

Below is a chart depicting the decrease in the number of youth in care over the past three years.

YEAR	# of children in substitute care
2007	27,409
2008	25,383
2009	18,954

\*\*Up to March 31, 2009

Ohio is seeing encouraging trends of more stable foster care placements based on counties' efforts to promote stability beginning with the selection of foster placements for children and efforts to reduce the number of children in foster care. County agencies are encouraging their caseworkers to conduct better assessments of families and children at the beginning of a placement episode so that the placement has a better chance of being successful; hence less movement of children and increased stability. The chart below depicts the stability of placements in Ohio is increasing.

<b>Placement Stability (FFY 2007-FFY 2009)</b>			
Placement Stability	FFY 2007	FFY 2008	FFY 2009**
	CHILDREN	CHILDREN	CHILDREN
Children Checked for Placement Stability	13152	11289	10348
Children in Stable Placements	11148	9767	8981
Rate	84.80%	86.50%	86.80%

\*\* Up to March 31, 2009

It is Ohio's goal to continue to reduce the number of children in out of home care by advocating for reunification efforts that assist in the return of a child back home or by locating a relative who is able to provide ongoing care. The guidelines pertaining to the

expansion of eligible relative caregivers, will allow for more kinship/relative providers support from those who obtain legal custody, and will lead to fewer children in public agency care.

### **Training**

Ohio has focused its efforts to increase training for resource families and has provided ongoing training by contracting with the Ohio Family Care Association (OFCA). In 2005, more than 379 individuals were trained at conference events. On June 22-25, 2005 a conference for resource families was held, followed by an independent living conference for teens and their foster and adoptive parents held on August 12 – 13, 2005. The topics for the resource conference included effects of fostering on the core family, allegations, matching, mental health, adoption services/supports, kinship, attachment, mentoring, anger management, the transition process and various other topics. Overall evaluations of each conference were positive.

In 2006, Ohio Department of Job and Family Services contracted with the Ohio Family Care Association (OFCA), for training resource families. On June 22-24, 2006 a conference for resource families was held. More than 300 individuals have been trained at the conference event. The training and support provided to the resource parents impacts their ability to respond most effectively to the needs of children and to cope effectively with the stresses of providing care. The workshops and plenary sessions presented opportunities for participants to improve the placement stability by enhancing caregiver's ability to understand and respond to children's needs. This conference also addressed the need to improve services to retain resource families by building skills and coping mechanisms, promoting permanency by educating caregivers about reunification, adoption, guardianship and relative placements.

On May 22, 2008, nationally renowned family preservation experts Donald Lee Koenig and Patti Renfro of Washington State shared Catholic Social Services' cutting-edge Family Search and Engagement (FSE) techniques with Ohio's child welfare leaders and agency staff. FSE is both a philosophy and a set of practices designed to help child welfare workers locate, engage, connect, and support kinship resources for children in the child welfare system and for those youth transitioning/emancipating from care. It is modeled after search processes used by international disaster relief organizations to reconnect families torn apart by war and other disasters. The process requires a search to be completed on any and every member of the biological family, mentors, teachers and other influential people that have been involved at some point in a child's life. The morning workshop session provided an overview of FSE philosophy and practice while the afternoon workshop session featured a practicum that was open to agency caseworkers, staff development personal and administrators overseeing the practitioners. The practicum involved hands-on case mining and live Internet searches on active cases, as well as a demonstration of FSE techniques.

Approximately 100 participants from all over the state came to participate in this training and more than 75% of the participants remained for the hands-on session. Each participant completed an evaluation and these comments were scored for an overall

satisfaction rating of 4.4 out of a score of 5. Many documented comments were very favorable and a majority of the participants can see using this information to assist them at work.

### **Kinship**

Since SFY 2000, ODJFS has collaborated with the Statewide Kinship Care Advisory Board and the Statewide Grandparents/Kinship Coalition (OGKC). The Kinship Care Advisory Board is comprised of representatives from public and private child caring agencies, ODJFS, Area Agencies on Aging, Ohio Family and Children First, Legal Aid, and kinship caregivers. The Advisory Board meets quarterly to discuss and evaluate Ohio's kinship care program and provide recommendations and feedback to the Director of ODJFS.

OGKC is an organization for grandparents and agency representatives to support grandparents and other kin who are raising children. This organization brings kinship caregivers and agencies together for the purpose of sharing information and resources as well as advocating for all kinship caregivers. OGKC meets every other month and ODJFS works with the organization by providing regular updates and technical assistance on Ohio's services for kinship caregivers.

ODJFS also published a statewide resource guide for kinship families. The *Ohio Resource Guide: For Relatives Caring for Children* provides information about the availability of programs for kinship providers through local agencies. This resource guide was updated by ODJFS in March 2007 and released to the public.

### **Kinship Permanency Incentive (KPI)**

Ohio's Kinship Permanency Incentive (KPI) program, authorized by Amended House Bill 66, became effective January 2006. This program, supported with \$10 million from Temporary Assistance for Needy Families (TANF) for each year of the biennium, was designed to promote a permanent commitment by kinship caregivers for minor children who are unable to safely remain in their own homes. The KPI program provides time-limited incentive payments to eligible caregivers who accept legal custody or legal guardianship of kin children on or after July 1, 2005. This program provides for eligible families to receive an initial payment of \$1,000 per child to defray the initial costs associated with assuming the child's care. Families continuing to meet eligibility requirements may receive additional \$500 payments at six month intervals within a thirty-six month period, up to a maximum of \$3500. Participation in this program does not preclude these families from receiving Child Only TANF benefits or funds for the Early Learning Initiative (ELI).

In response to the first annual KPI report, ODJFS looked at how the program could be expanded even further. Program staff put forth proposed language in Am. Sub. HB 119, to allow the program to be expanded to more families. The following is a brief description of the revisions which became enacted in July 2007 as a result of statutory

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changes from Ohio's 2008 & 2009 Biennial Budget (HB 119):

- Removal of the requirement that the child must be adjudicated by the juvenile court as being abused, neglected, dependent, or unruly.
- Removal of the best interest language as part of the requirement for the court order awarding legal custody or guardianship to the kinship caregiver.
- Removal of the requirement that the child must be determined as "special needs".
- Amending the guidelines governing the gross income of the caregiver's family, including the child, from 200% of the federal poverty guidelines to 300%.

### **KPI Applications (Initial Approval)**

	<b>SFY 2007</b>	<b>SFY 2008</b>
Applications	2,164	3,580
Approved	1,842	3,245
Denied	312	330

### **KPI Reimbursements**

	<b>SFY 2007</b>	<b>SFY 2008</b>
July	\$118,000	\$310,500
August	\$280,500	\$406,000
September	\$139,500	\$416,500
October	\$208,500	\$559,000
November	\$199,500	\$331,500
December	\$244,000	\$405,000
January	\$168,000	\$525,000
February	\$89,500	\$631,000
March	\$352,000	\$500,500
April	\$244,500	\$633,500
May	\$256,000	\$441,000
June	\$340,000	\$632,000
<b>TOTAL</b>	<b>\$2,640,000</b>	<b>\$5,791,500</b>

#### Activities:

In December 2005, ODJFS staff held a video conference designed to assist county agencies in implementing the newly developed KPI program. Discussed were the eligibility criteria, administration procedure and application process for the program.

In January 2006, ODJFS staff and SARK contract staff (web developers) developed the KPI web tool. The tool is used for program administration, reporting/evaluation requirements, and county reimbursements of KPI funds. The web tool went live on January 24, 2006.

In February 2006, ODJFS staff and SARK contract staff held a video conference to

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assist county agencies in understanding the KPI web-based reporting tool. Information on data entry, reports and financials were provided.

In April 2007, ODJFS staff held a video conference refresher on program administration for county agencies. Also discussed was the KPI year end report, web tool issues and upcoming legislation changes.

In August 2007, ODJFS staff held a video conference that was designed to assist county agencies in understanding the newly revised eligibility, administration and application process for the KPI program. Also discussed were the changes made to the forms, web tool issues and the updated program brochures and posters.

### **Time-Limited Reunification**

Ohio established a goal to increase the percentage of reunifications, guardianships, or permanent placements with relatives within 12 months of entry into foster care. Ohio implemented all of the following steps to achieve an increase in reunifications.

- Developed a parental rights brochure to provide to parents at the time of initial agency contact, to educate them about the child welfare process and their rights;
- Developed learning competencies within the Ohio Child Welfare Training Program (OCWTP), to help caseworkers identify, assess, and involve kinship caregivers in the case planning and placement process;
- Provided county-specific focused technical assistance, and.

Counties were given assistance and utilized the following strategies:

- (1) conducting team meetings to monitor progress and to initiate improvement efforts;
- (2) developing a tracking system to monitor 12-month reunification time frames;
- (3) studying reasons for court continuances; and (4) expanded resources to relative caregivers.

The chart below depicts reunification rates for children that have been placed in a substitute care setting and reunified with parents, guardians or custodians within 12 months of entering foster care. The combination of parents having more pressing needs and children being placed in more stable homes, whether relative or foster care may explain the changes that have been occurring within child welfare. The number of children taken into care has been decreasing but those that enter care may have parents with more substantial issues that take longer to stabilize (like substance abuse, mental health or judicial concerns). In addition placements are being evaluated as the first placement being the best placement for the child.

<b>Reunification Indicator (FFY 2007-FFY 2009)</b>			
<b>Reunification</b>	<b>FFY 2007</b>	<b>FFY 2008</b>	<b>FFY 2009**</b>
	<b>CHILDREN</b>	<b>CHILDREN</b>	<b>CHILDREN</b>
Reunified Within 12 Months	5600	4177	3856
All Reunifications	7467	5917	5643
Reunification Rate	75.00%	70.60%	68.30%

\*\* Up to March 31, 2009

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## OUTCOMES AND GOALS (CFSP F2005 – FY2009)

### Outcome 1: Safety

**Goal 1:** *Children are protected from abuse and neglect and safely maintained in their home, whenever possible.*

**Objective 1.1:** *Improve the timeliness of initiating investigations of non-emergency reports of child abuse and neglect.*

Data from Round 1 of the Child and Family Services Review (CFSR) and subsequent Program Improvement Plan (PIP) indicated that significant improvement in the timely initiation of non-emergency reports of child abuse and neglect was needed in order for Ohio to be found in substantial conformity with this CFSR outcome measure.

#### **2009 Update**

The Ohio Administrative Code (OAC) rules governing assessment/investigation were implemented between August 2006 and December 2008 concurrently with the rollout of SACWIS. The revised rules were designed to focus on child safety, and standardize the screening process throughout Ohio, while supporting the design of the SACWIS. In the past year, ODJFS provided technical assistance to PCSAs regarding the rules.

The simultaneous implementation of multiple statewide initiatives including a new assessment, service planning and case review protocol; the Statewide Automated Child Welfare Information System (SACWIS); screening guidelines; and revised rule requirements has been challenging. During the past year, the CPS policy staff continued to monitor the CAPMIS Mailbox daily and provide responses to PCSA questions related to CAPMIS and OAC rules within one business day; and have also responded to inquiries submitted for the bi-weekly SACWIS teleconferences with county representatives. Additionally, the ODJFS field office staffs have provided ongoing technical assistance to PCSAs via the CPOE on-site review process, and the Office of Families and Children Helpdesk is available Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. to respond to screening, CAPMIS, SACWIS and rule questions posed by Ohio's child welfare practitioners and customers.

#### **Five Year Update (2004 – 2009)**

The Family Assessment and Planning Model (FAPM) was being piloted in four Ohio counties at the time the 2004 – 2009 CFSP was written. As a result of the pilot and in an effort to improve the assessment/investigation process, FAPM was revised and renamed. The Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS) was developed using information from the FAPM pilot, county agencies' input, and expert consultation from the National Resource Center on Child Maltreatment, Child Welfare Institute and the Children's Research Center.

New statewide policy (OAC rule) was implemented as a component of the CAPMIS

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protocol which requires PCSAs complete the safety assessment within four working days from acceptance of the child abuse or neglect (CA/N) report. Additional rule requirements include: a mandate to conduct face-to-face interviews with each alleged child victim and at least one caregiver in order to complete the safety assessment; and a mandate to attempt a second contact with the family within the four day period if the first attempt at contact was unsuccessful. These requirements support a focus on safety and were designed to ensure that agencies conducted initiation activities (e.g., attempts to contact the child and family) quickly.

In conjunction with the CAPMIS pilot, which began in May 2005, Ohio developed and piloted Screening Guidelines. The new guidelines are a desk reference to assist PCSAs with categorizing reports, and are based on the child maltreatment definitions found in the Ohio Revised Code (ORC). Increased consistency among PCSAs in categorizing reports has the additional outcomes of improving the accuracy of statewide CA/N data; and narrowing the focus of PCSA intervention, which in turn, allows for the effective utilization of limited resources without compromising child safety.

The Screening Guidelines were distributed to PCSA caseworkers and supervisors during the statewide CAPMIS implementation training. All 88 PCSAs completed the required CAPMIS training which was required for caseworkers and casework supervisors. The Screening Guidelines are also published in the Child Protective Services Worker Manual available for viewing or downloading on the ODJFS e-Manuals website. The screening categories in the guidelines are the only options available for report assignment in SACWIS. Subsequently, this has increased consistency among counties as they have a limited number of options when categorizing a referral. Technical assistance regarding application of the screening categories with a focus on safety is an ongoing activity with the implementation of the Screening Guidelines and SACWIS.

OAC rules were amended and became effective at the same time an agency implemented SACWIS. These new rules require a screening decision of whether or not information from a referent meets the criteria for acceptance as a report of alleged child abuse or neglect be made within four hours from receipt of the referral. The four hour timeframe to screen referrals had the potential to positively impact initiation of investigations of reports of child maltreatment by ensuring that intakes did not sit in a "pending" status awaiting a screening decision; and consequently, decreasing the time period between receipt of the report information and initiating contact with the family.

ODJFS provides technical assistance and support to all PCSAs not meeting the national standards for timely initiation of investigations. County agencies develop and monitor quality improvement plans based on the results of CPOE on-site reviews. Some of the contributors identified as impacting the timeliness of initiating investigations include: high caseloads; high caseworker turnover rates; geographically large counties (i.e., ability of caseworkers to travel to all areas of the county within prescribed timeframes); and language barriers, especially the lack of bilingual Spanish speaking caseworkers.

### ***Objective 1.2: Reduce incidents of repeat maltreatment.***

The statewide data indicator for repeat maltreatment at the time of the CFSR was 8.59%. By the time this baseline was established for the PIP, Ohio had improved performance to 8.2%. PCSA interpretation of state screening policy creates variation in how the agencies respond to reports of child maltreatment on open (ongoing) cases.

#### ***2009 Update***

In the past year, ODJFS has continued to provide technical assistance to PCSAs regarding CAPMIS, specifically the assessment of safety and risk. Bi-weekly statewide county teleconferences have occurred throughout the past year and provided PCSAs the opportunity to receive technical assistance related to SACWIS, CAPMIS, OAC rules and their interrelatedness.

Variation and inconsistency in screening practices is believed to contribute to repeat maltreatment, as the criteria for determining a subsequent report varies from county to county. The state has attempted to alleviate discrepancies in screening by developing Screening Guidelines for use by Ohio's 88 PCSAs and aligning the OAC rules to support those guidelines. ODFJS' work on screening policy and procedures over the past several years has created discussion and a general agreement by the field that the screening function is extremely important and should be more consistent statewide. As screening decisions impact the repeat maltreatment measure, the screening guidelines have the potential to impact this measure as well.

In July 2008, Ohio began a 10 county pilot of an Alternative Response (AR) model in collaboration with the Supreme Court of Ohio. AR, also known as Differential Response, has been shown to reduce the incidence of repeat maltreatment in other states that have implemented similar policies and procedures through front loading of services for low to moderate risk families. Since its inception, AR pilot agencies have worked diligently with their local stakeholders and service providers to support the families being served through AR. The AR pilot was implemented at a time when Ohio budgetary conditions necessitate allocation of services to those most in need, and do not support an expansion of social services. The pilot evaluation is scheduled to conclude on September 30, 2009 with a final report due early 2010.

Statewide implementation of CAPMIS concluded in December 2008 with Cuyahoga County, and is expected to reduce the occurrence of repeat child maltreatment in Ohio. The actuarial risk assessment component of CAPMIS better informs caseworkers as to which families are in need of ongoing intervention services, while the strengths needs assessment component assists in identifying which services will best meet their needs. The AR model also includes the CAPMIS safety and family assessment tools as part of that pilot.

#### ***Five Year Update (2004 – 2009)***

The challenges that have been identified as contributors to repeat incidences of child

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maltreatment in Ohio include: variation in screening practices among Ohio's 88 PCSAs; availability of resources; high caseworker turnover resulting in delivery of child welfare services by casework staff with little experience; challenges regarding the engagement of families; limited transportation resources; assessment skills of inexperienced casework staff; insufficient or inappropriate services provided to address identified needs (combination of assessment and service availability issues).

The CAPMIS pilot began in May 2005. Adding the actuarial risk assessment and risk reassessment processes to FAPM to create CAPMIS was intended to provide more valid and reliable identification of children and families at high risk of re-maltreatment, thus allowing agencies to more effectively and efficiently allocate their staff resources to serving and assisting those families. The CAPMIS protocol promotes a thorough family assessment; the identification of families in need of ongoing services and the prioritization of service needs.

The screening guidelines mentioned previously, including the category definitions outlined in OAC rules, has helped to increase consistency among PCSAs in categorizing and recording referrals of CA/N in SACWIS. An Ongoing Case Assessment/Investigation Tool (OCAIT), designed specifically to respond to child abuse and/or neglect reports received on an open protective services case, is part of the CAPMIS protocol. Because the entire CAPMIS toolset is built into SACWIS, and categorization of report information is supported by the system functionality, consistency in how PCSAs document new reports on open cases is expected to increase over time. Caseworkers cannot access or complete an OCAIT without screening in a new report of child abuse and/or neglect.

ODJFS provided statewide overviews on the Screening Guidelines in 2007. Additionally, ODJFS arranged for the American Bar Association, Center on Children and the Law to conduct regional overviews throughout Ohio on parental rights and the duty to protect in relation to screening, responding to CA/N reports, and the assessment/investigation process. All 88 PCSAs were invited to attend the regional overviews. Staff from 86 out of the 88 counties attended the overviews.

During the past five years, ODJFS has provided technical assistance and support to PCSAs that did not meet the national standards for repeat maltreatment through development and monitoring of quality improvement plans in response to the counties' CPOE on-site reviews.

### ***Objective 1.3: Improve the assessment of risk of harm to children through the use of new assessment tools.***

Although the two (2) CFSR items assessed for Safety Outcome 2 were individually rated as strengths; the number of cases in which both items was rated a strength was insufficient to meet the 90 percent requirement for substantial conformity.

### **2009 Update**

Ohio's CAPMIS protocol provides a structured process for evaluating safety and risk focusing on the strengths and protective capacities of the family system. Many PCSAs report that CAPMIS is helpful with prompting assessment factors and recording assessment data, and as a toolset, the model maintains a focus on safety and risk throughout the life of a child protective services case. There continue to be many technical assistance questions being posed by caseworkers and supervisors through multiple venues. There also is some inconsistency between documentation, analysis and final case decisions. These two factors suggest that the principles and key tenets of CAPMIS are not fully understood or being applied as designed by some. There have also been concerns noted regarding the assessment of safety and risk in open ongoing services cases.

To address these concerns, additional training and technical assistance has been identified as a strategy to help Ohio improve in this area. ODJFS is working with the Ohio Child Welfare Training Program (OCWTP) to develop, implement and support and technical assistance materials for PCSAs. The OCWTP has proposed an innovative self-guided or trainer facilitated "training toolkit" that agencies can customize to fit their needs.

Other planned activities include the continued availability of the CAPMIS mailbox; and continuation of the bi-weekly state/county teleconferences which provide an opportunity for PCSAs to dialogue with the state and other counties, regarding questions related to safety, risk, OAC rules, CAPMIS, and SACWIS. ODJFS is also planning to conduct statewide regional forums on CAPMIS for supervisors, with a focus on model application and qualitative oversight of it from a supervisory perspective.

The concurrent implementation of CAPMIS and SACWIS challenged the capacity of local agencies to successfully implement both initiatives at once. The areas needing improvement include the sufficient assessment of safety and risk for all children in the home, serving high risk cases and providing services to address identified risk. OFC will continue to provide technical assistance to PCSAs regarding CAPMIS in order to bolster its application and impact positive children and families as intended.

### **Five Year Update (2004 – 2009)**

Safety of children is the first priority of Ohio's child protection system. CAPMIS, designed, piloted and implemented over the five year period of this CFSP, provides PCSA staff with a structured process to support and document critical decisions regarding child safety and risk and to improve the delivery of services to the children and families they serve. The assessment of safety and risk are critical functions of direct providers of child welfare services at the local level, and utilization of CAPMIS is expected to have a positive impact on safety and risk management of cases being served by the PCSAs.

The CAPMIS toolset focuses on case specific assessments and decisions, and was designed to improve the provision of child protective services to Ohio's children and

families. The actuarial risk assessment and risk re-assessment scales provide workers with efficient and effective approaches for identifying and serving children and families at higher risk of repeat maltreatment. The CAPMIS Family Assessment includes a safety reassessment, a summary of child harm, a clinical assessment of the family's strengths and needs, an actuarial risk assessment, a case analysis, and a recommendation regarding service planning. The tool supports a more thorough clinical focus on the underlying conditions that often manifest as contributors to child maltreatment. The PCSA integrates services designed to address the underlying conditions in the case plan. After completion of the case plan, the Case Review is required every 90 days and prompts the reexamination of safety; a review of case plan services to ensure services are provided to families and to monitor progress toward addressing the identified concerns; a risk reassessment; and a strengths/needs update. The Reunification Assessment assists workers with assessing reunification readiness and services needed to support reunification in order to reduce the likelihood of foster care re-entry.

Greene, Hancock, Lorain and Muskingum counties began the CAPMIS pilot on May 1, 2005. The pilot included application of both the CAPMIS tools and the Screening Guidelines, and continued through June 2006. An evaluation of the pilot, conducted by The Ohio State University School of Social Work, was completed in April, 2008.

Key findings from the evaluation included information regarding the utility of an assessment tool that combines the actuarial and clinical risk assessment processes. The evaluation found that both the risk contributors (clinical), as individual items and summed scales, and the Abuse and Neglect scales (actuarial) were somewhat predictive of the decision to substantiate or open a case and/or recurrence. Caseworkers indicated during the evaluation that the Abuse and Neglect scales are redundant given the caseworkers have just assessed the children, adults, and family using the risk contributors. Additional training was recommended to help workers and supervisors understand the utility of using both the risk contributors and Abuse and Neglect scales when conducting the assessment and making case decisions.

A similar issue was found with respect to the Safety Factors listed on the Safety Assessment, where the contribution of Safety Factors or Risk Contributors to a Safety Response or a level of risk or case decision, respectively, is not systematically determined, but is left up to the subjective interpretation of each caseworker. It was noted that this further emphasizes the issues associated with a county-based system; 88 counties with 100 caseworkers each means there are probably 8,800 different ways to use the Safety Factors and risk contributors for making or supporting decisions.

Although the Safety Factors and risks (both risk contributors and Abuse and Neglect scale items) were correlated with a family's needs, concerns were raised as to whether the information gathered via the assessment is specific enough to document their needs a consistent manner. The evaluation team recommended that an additional tool (e.g., rapid assessment instrument) is completed when a case is transferred to ongoing services and then as a part of the Case Review. This tool's major purpose would be to

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identify family needs so that service planning could be based on these needs and that services could be adjusted throughout the case.

ODJFS provides ongoing technical assistance on CAPMIS through a variety of means. The CAPMIS mailbox established in February 2006 to allow PCSAs to send their questions and comments directly to policy staff is still being utilized by the PCSAs. State policy staff monitor and respond to CAPMIS mailbox questions on a daily basis, and have compiled all the questions and responses generated through both the mailbox and implementation training sessions into a single comprehensive "CAPMIS Q and A" document that was disseminated to all 88 PCSAs. The document is also available electronically on the SACWIS Knowledge Base website.

All PCSAs have completed training on the CAPMIS model. As of December 2008, all 88 PCSAs are using CAPMIS as the model when intervening into the lives of children and families. In 2007 four regional training sessions were held throughout the state to train county PCSA staff on the CAPMIS implementation training curriculum content. The sessions were based on the train the trainer conceptual paradigm. County PCSA trainers or other CAPMIS experts within each PCSA were provided the "training on content" and accompanying training materials in order for them to provide CAPMIS training for newly hired PCSA employees. Ongoing CAPMIS implementation training workshops also continue to be offered through OCWTP Regional Training Centers. The OCWTP has revised the initial three day CAPMIS training in order to pare it down to two day training.

ODJFS also provided supervisor focused technical assistance via a CAPMIS Supervisory Overview video conference in March 2007 with representatives from the pilot PCSAs serving as the panel. All 88 county PCSAs were invited to share in the discussion on a variety of topics, including what to expect when implementing the CAPMIS toolset and how internal business processes may change as a result.

As a supplement to the implementation training sessions on CAPMIS, a training workshop entitled, "Strengthening CAPMIS Implementation through Supervision" was offered to all PCSA supervisors in June and July 2007. The sessions were designed to bolster child welfare supervisors' knowledge relative to application of the model.

Two CAPMIS Application Process Sessions (CAPS) took place during the spring and summer of 2007. Technical assistance materials for use during future CAPS meetings are under development by the OCWTP vendor. The materials will provide more in-depth information on the key constructs of CAPMIS and will be utilized to frame topical discussions on concepts and components of the protocol that agencies are struggling to apply as designed.

Given that Ohio is a county administered, state supervised child protection system, activities completed to improve the assessment of risk of harm to children through the use of new assessment tools are directed to the county PCSAs providing direct services to children and families. Technical assistance strategies, such as those identified

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above, will continue in order to ensure PCSA staff fully understand and implement the CAPMIS constructs. There are no planned changes to these strategies for the upcoming year.

### Outcome 2: Permanency

**Goal 2:** *Children live in permanent and stable situations where the continuity of family relations and connections is preserved.*

**Objective 2.1:** *Reduce the number of children re-entering foster care within 12 months.*

The child and family service review state data profile indicated that Ohio met this outcome indicator only 13.7 percent of the time – well above the national standard of 8.6 percent. The PIP baseline of 13.1 percent showed that Ohio had made insignificant improvement on this indicator in the 18 months following the on-site review.

#### 2009 Update

As noted previously, CAPMIS statewide implementation was completed in December 2008. The CAPMIS protocol supports the philosophy that the removal of a child from his/her own home is based on active safety threats present in the removal home and the parents' inability to protect the child from these safety threats. The ongoing assessment of child safety, supported in CAPMIS through the 90 case review process, promotes awareness to changes in the family's dynamics. The Case Review contains a reassessment of both safety and risk, while focusing on the provision of services and the success for the past three month period. For children in out-of-home placement, the tool requires the caseworker focus on the active safety threats that resulted in the child's removal and reassess if the safety threats are still active. Additionally, the Case Review is directly linked to service provision the family receives through the case plan. The caseworker is required to review the case plan concerns along with the services identified for other case plan members, and must assess if the services are being effective in achieving the case plan objectives.

Additionally, the Reunification Assessment is an integral tool of CAPMIS that is designed to re-examine the safety and risk of a family system while assisting the caseworker in assessing "reunification readiness" of all family members prior to reunification. The Reunification Assessment is required to be completed prior to a child being reunified with his or her family if the child has been placed outside of the family for 30 days or more. This tool prompts the caseworker to address the changes in family dynamics impacted by reunification of the child, while identifying the family's service needs once reunification occurs. Ultimately, this tool supports the caseworker's decision to reunify the child and reduce the likelihood the child will re-enter foster care; or provides a rationale as to why reunification is not recommended and the need for an alternative permanency plan.

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The rate of children re-entering foster care continues to be a challenge for Ohio. There are concerns that deficits exist regarding the ongoing assessment of safety and risk in open ongoing cases. ODJFS intends to continue to provide technical assistance to PCSAs regarding the application of CAPMIS, now that statewide implementation has been achieved. Lastly, the concurrent implementation of CAPMIS and SACWIS appears to have contributed to challenges with implementing both as intended. The changes at the local level as a result of Ohio's systemic change in implementing both the CAPMIS and SACWIS initiatives simultaneously has challenged the capacity of the local authorities to successfully implement both initiatives.

### **Five Year Update (2004 – 2009)**

In 2004, Ohio developed and began implementing the CAPMIS and piloted the model from May 2005 through June 2006. Mandatory statewide training for all PCSA casework and supervisory staff of CAPMIS began in fall 2006 and ended in summer 2008. The OAC rules regarding screening, assessment/investigations, ongoing assessments, case reviews, and service provision were amended in 2006 to support statewide implementation of CAPMIS, which is also integrated into SACWIS. These rules require the completion of the CAPMIS tool set throughout the continuum of a case.

Along with the CAPMIS implementation training, ODJFS developed and provided technical assistance activities to support PCSAs through the implementation phase. ODJFS issued the Child Protective Services Worker Manual and CAPMIS Field Guides in 2006. These were distributed to all CAPMIS training participants and subsequently have been made available on-line. Regional forums regarding CAPMIS were also held during 2006-2007. A CAPMIS question and answer guide was developed in order to assist county PCSAs with applying CAPMIS policies both in general, and in specific case scenarios. This document was updated and disseminated to all PCSAs bi-monthly from 2006 to 2008 and serves not only as a method to provide technical assistance, but also as an avenue to gauge future training needs as well as deficits in Administrative Code or child protective services policies. Additionally, a CAPMIS Mailbox was established in 2006 by ODJFS to provide regular assistance to PCSAs regarding the application of CAPMIS. The mailbox was, and continues to be, monitored daily in order to provide responses to inquiries received by county agencies.

Lastly, ODJFS provided technical assistance and support to PCSAs that did not meet the national standards for foster care re-entry. Quality Improvement Plans (QIPs) were designed to improve child welfare practice through county specific strategies.

### **Outcome 3: Child and Family Well-Being**

**Goal 3:** *Families have the enhanced capacities to provide for their children's physical, behavioral and educational needs.*

**Objective 3.1** *Increase parent, child, and caregiver participation in case planning.*

The CFSR found that Ohio does not involve parents or children in the case planning process when it is appropriate to do so. According to Ohio's Statewide Assessment, it was anecdotally reported by parents and foster parents that they are not involved in the development of the case plan and that case planning is a cookie cutter approach. In addition, the Statewide Assessment indicated that parents have reported they are afraid to use the court process to dispute the contents of the case plan; that court appointed attorneys are not helpful; and that the PCSA is not responsive to their input.

### **2009 Update**

ODJFS has been working on multiple initiatives related to family engagement and involvement in service planning over the past year. OAC rules addressing PCSA requirements for content and frequency of face-to-face home visits; and family involvement in case plan development and review have been revised for clarity.

The case plan document, which is shared with the family during development and provided to them after completion, was translated into Spanish in September 2008. ODJFS has been involved in an ongoing effort to provide any forms and informational pamphlets provided to clients or the general public in Spanish and Somali as those are primary languages for many, particularly in the larger or metro counties in Ohio.

On July 1, 2008 an Alternative Response (AR) case management pilot was implemented in 10 Ohio counties. The foundation of AR is family engagement, building and maintaining constructive relationships between families and service providers. This case management protocol allows PCSAs to be less authoritative (no labeling or blaming), which helps families develop trust and increases their comfort level in engaging with the agency to develop case plans. The AR Design Team (now the Leadership Council) developed tools for the pilot that are considered more family friendly.

The AR Family Service Plan and AR Family Service Plan Review are used in place of the CAPMIS case plan and case review tools; and new policy was also developed in June 2008 to support the practice of AR:

- Ohio Administrative rule 5101:9-14-03, Implementation of pilot protocols for public children services agencies participating in the alternative response pilot program.
- Ohio Administrative rule 5101:9-14-04, PCSA requirements for alternative response to child abuse and/or neglect.

### **Five Year Update (2004 – 2009)**

All OAC rules were revised in 2006 to support the statewide roll-out of CAPMIS and SACWIS. The CAPMIS case planning rules increased the requirements for caseworker contacts with the child and the child's parent, adding a requirement for additional attempts to see the child and family if initial attempts were unsuccessful. The revised

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rules also clarified that the focus of the caseworker's visits with the child and child's parents was to monitor services and determine if the services being provided were addressing the family's needs. The CAPMIS Case Plan tool includes a narrative field on the signature page where the worker must document how the family participated in the case plan development. The signature of the parent, guardian or custodian provides visible documentation that the case plan and participation is mutually agreed upon; or if that is not the case, the caseworker is able to document the reasons why someone did not participate, did not agree, or refused to sign the document.

With the implementation of CAPMIS, case plan reviews occur more frequently (i.e., every 90 days). Each agency has the ability to determine through internal procedures whether the Case Review will be completed with the family or between the caseworker and supervisor only. Some PCSAs use the services review section of the Case Review as the foundation for discussions during homes visits. This enhances the dialogue between the worker and parents regarding: progress in achieving case plan objectives, services being provided; and the effectiveness of services.

The OCWTP revised the Core training curricula mandated for all new caseworkers. Module II focuses on engaging families in family-centered child protective services. This workshop introduces the key concepts of engagement and rapport building between the child welfare caseworker and the family being served. Module VI focuses on case planning and family-centered casework. This workshop stresses the importance of joint case planning by the worker and the family to assure timely, high quality, culturally relevant services to families. New caseworkers learn how to engage and involve families in the service planning and delivery process, rather than relying solely on the prescribed authority.

Findings from the CPOE Stage 6 case record review (10/1/2005 through 12/31/2007) are outlined in the chart below. This data is not being collected for CPOE Stage 7.

<b>FAMILY ENGAGEMENT IN CASE PLANNING (CPOE STAGE 6)</b>		
In-home Supportive Services	PCSA made face to face contact with each parent, guardian, or custodian listed on the case plan no less than monthly to monitor case plan objectives.	65.9%
Protective Supervision	PCSA made face to face contact with each parent, guardian, or custodian listed on the case plan no less than monthly to monitor case plan objectives.	62.4%
Substitute Care	PCSA made face to face contact with each parent, guardian, or custodian listed on the case plan no less than monthly to monitor case plan objectives.	60%

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### **Objective 3.2      *Increase worker visits with all parties listed on the case plan.***

The CFSR reviewed both caseworker visits with the child and with the parents and found that Ohio does provide sufficient, frequent and quality visits with children. However, the CFSR indicated that caseworker visits with parents were not sufficiently frequent or of sufficient quality to promote the safety and well-being of the children or enhance attainment of permanency.

#### **2009 Update**

CPOE Stage 7 began in 2008 and will conclude in 2010. The case record reviews focused on the various visitation and caseworker contact requirements for different phases of the case (e.g., assessment/investigation, substitute care). To date, 52 CPOE Stage 7 reviews have been conducted to review compliance with selected visitation requirements. The findings related to worker visits with families and children receiving ongoing services are depicted in the chart below:

In-home Supportive Services	PCSA made face to face contact with each parent, guardian or custodian participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.	<b>72.33%</b>
	PCSA made face to face contact with each child participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.	<b>77.02%</b>
Protective Supervision	PCSA made face-to-face contact with each parent, guardian or custodian participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.	<b>71.39%</b>
	PCSA made face-to-face contact with each child participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.	<b>85.07%</b>
Substitute Care	PCSA made face-to-face contact with each parent, guardian, custodian or, if applicable, pre-finalized adoptive parent participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.	<b>56.46%</b>

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	Face-to-face visits with the child occurred each month either in the office or substitute care setting, with at least one face-to-face visit within each six month period in the substitute care setting.	<b>81.21%</b>
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With approximately 60% (52) of the PCSA reviews completed, Ohio has shown improvement in completing caseworker visits with parents, guardians and custodians for in-home and protective supervision cases over what was reported in CPOE Stage 6 (65.9% for in-home cases; 62.4% for protective supervision cases). Completion of visits for substitute care cases has decreased from the 60% reported in Stage 6.

Data on completion of visits with children is also being collected in CPOE Stage 7. Although there is no comparison data from CPOE Stage 6, it should be noted that caseworkers are completing the visits with children who remain in their own homes with court involvement (typically, moderate and high risk cases) at a significantly higher percentage other case categories.

### **Five Year Update (2004 – 2009)**

An outcome based home visit tool, the “Task List”, was developed for use by caseworkers during home visits with the family. The “Task List” enables caseworkers to break down the broad case plan objectives into smaller, more easily managed activities; serves as a means to document tasks that are to be completed (by the family or the worker) between home visits; and helps track progress towards meeting the case plan objectives. This, in turn, makes the case plan document more user-friendly and less overwhelming for families to understand. The “Task List” is available to PCSAs through the *Child Protection Services Worker Manual and CAPMIS Field Guides* and on the e-Manuals website.

Information regarding engaging families and conducting outcome focused home visits was added to Caseworker Core training developed and provided through the OCWTP.

<b>Outcome 4:</b>	<b>Systemic</b>
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<b>Goal 4:</b>	<b><i>The Ohio Department of Job and Family Services will work with state and local child serving agencies to provide and support services and program that ensure the safety, permanency, and well-being of children and families.</i></b>
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**Objective 4.2      Develop, implement and monitor compliance of the Multi-ethnic Placement Act (MEPA)**

### **Strategy Update:**

In April 1999, the HHS Administration for Children and Families (ACF) provided the HHS Office of Civil Rights (OCR) information regarding allegations contained in a

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Cincinnati, Ohio, newspaper report and in a complaint filed in John Doe v. Hamilton County Department of Human Services (DHS). This complaint alleged that Hamilton County DHS was individually and systematically violating Title VI, MEPA and/or Section 1808. Consequently, OCR commenced an investigation.

In October, 2003, as a result of that investigation, OCR issued a letter of findings concluding the Hamilton County DJFS committed numerous violations of Title VI and MEPA individual cases. The letter also concluded that the ODJFS committed systemic violations in two Ohio Administrative Code Rules that were subsequently amended in 1999 and found to be in compliance. In November 2003, the ACF issued a letter incorporating the findings of the OCR and citing the ODJFS for failure to supervise and ensure that all of its agencies adhere to the anti-discrimination provisions of the Ohio Title IV-E State Plan and MEPA. The letter assessed a penalty against ODJFS for two percent of the quarterly IV-E budget, approximately \$1.8 million.

The ODJFS has negotiated with OCR and ACF a corrective action plan. Pursuant to the MEPA Corrective Action and Resolution Plan (CARP) Oversight and Site Plan dated August 27, 2004, as negotiated with ACF and OCR. The ODJFS, Office for Families and Children (OFC) has implemented MEPA site visits to public and private children services agencies throughout the state of Ohio to assist agencies in maintaining compliance with the Multiethnic Placement Act (MEPA), Title VI of the Civil Rights Act of 1964, as it pertains to the adoption and foster care process (Title VI). Initial on site visits for all 88 county public children service agencies (PCSAs) commenced in January 2005 and were completed by December 31, 2006. On-site visits to the Hamilton County DJFS are conducted on a monthly basis, and on-site visits to Cuyahoga and Franklin county PCSAs are conducted on a bi-monthly basis. After the first site visit, on-site visits to the remaining 85 PCSAs (not including Hamilton, Cuyahoga, and Franklin Counties) occur on an ongoing basis, at least once every two years. Private child placing agencies (PCPAs) and private non-custodial agencies (PNAs) who are certified by ODJFS and contract with PCSAs are visited. Those on-site visits occur on an ongoing basis, at least once every two years, and are conducted in concert with the private agency's recertification process.

In addition, ODJFS staff make periodic unannounced on-site visits to agencies at any time. The purpose of an unannounced visit is to spot check continued compliance with the OAC rules.

Due to extenuating circumstances resulting from current economic conditions, ODJFS has been challenged with completing the second round of site visits to the PCSAs, which were scheduled to occur January 1, 2007 through December 31, 2008. Therefore, ODJFS is requesting a six month extension to initiate the MEPA on-site visits to the PCSAs and to amend the CARP Oversight and Site Visit plan with ACF and OCR. ODJFS has developed an aggressive action plan for initiating the remaining on-site visits by June 30, 2009. ODJFS is on schedule with the action plan, and currently (as of May 2009) have initiated 84 of 85 site visits of PCSAs. In fact, we are ahead of schedule and are on track for completing these by the end of May, one month ahead of

schedule.

### ODJFS External MEPA Monitor

ODJFS has an External MEPA Monitor in place from January 2005 through September 2010 to monitor ODJFS' compliance with MEPA, with Title VI, as it pertains to adoption and foster care placements and with the CARP.

The Monitor conducts ongoing reviews and evaluations of ODJFS' implementation of its oversight plan; attend a sample of placement meetings conducted by PCSAs, PCPAs and PNAs throughout Ohio; conduct interviews of focus groups with PCSAs, PCPAs, and PNAs foster and adoption staff, review and comment upon any proposed amendments to ODJFS's administrative rules, policy directives, training materials, etc. That pertain to adoption and foster care; make site visits to ODJFS or the offices of any PCSA, PCPA, or PNA; accompany ODJFS staff when site-visits are conducted under this Oversight Plan; and provide oversight and evaluation pursuant to the CARP.

ODJFS staff meet with the External MEPA Monitor once a month to discuss the compliance by ODJFS with Title VI, MEPA and the terms of the CARP (including OAC rules), the compliance level of public and private agencies with whom the Monitor has had contact during the reporting period, and discussions on any complaints and ODJFS' response to the complaints during the reporting period.

### Hamilton County DJFS Plan Monitor

Currently, Hamilton County DJFS has a Plan Monitor in place to monitor the compliance with MEPA, Title VI as it pertains to adoption and foster care placement, and all provisions of the CARP which pertain to the policies, practices and procedures of PCSAs.

In addition, ODJFS meet quarterly with the Hamilton County DJFS Plan Monitor to discuss the compliance by HCDJFS with MEPA and Title VI, the terms of the CARP (including OAC rules).

Subsequently, to execute the statewide CARP, Ohio has engaged in an improvement plan, which in part aims to increase the number of African American families in Ohio's pool of available foster and or adoptive resources. According to the requirement of MEPA, all states in receipt of federal funding albeit direct or indirectly, must have in place a process for ensuring the diligent recruitment of families that reflect the racial and ethnic background of children in need of foster and or adoptive homes.

Strategies for ensuring compliance with Federal Diligent Recruitment Standards and the MEPA Corrective Action Plan include:

- Increasing the number of African-American parents who apply and ultimately adopt until the overall pool of family resources reflects the ethnic and racial diversity of children for whom foster and adoptive homes are needed.

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- Implementing procedures to better assure child and family information in SACWIS is accurate and up-to-date.
- Providing market analysis information to PCSAs to assist them in driving effective recruitment campaigns.
- Implementing a Comprehensive Recruitment Plan.
- Utilizing available funds to assist PCSAs in their recruitment and retention efforts.
- Promoting best practices relative to recruiting and retaining African-American families.
- Offering training and technical assistance to PCSAs, their network and mental health providers serving adoptive families.
- Reviewing all rules to ensure compliance with MEPA.
- Providing ongoing oversight to PCSAs, PCPAs, and PNAs to assess and ensure MEPA compliance.
- Providing access for metro counties to all PCSA home studies.
- Establishing and maintaining a system for organizing files for all children in the permanent or temporary custody of an agency and for all families seeking to become foster/adoptive parents.
- Partnering with PCSAs and private agencies to target recruitment efforts to address the diverse needs of children in foster care and awaiting adoption.
- Assuring that Ohio's Recruitment Response Team (RRT) meets all performance requirements as specified by AdoptUSKids agreement and that information gathered by the RRT is shared with public and private agencies to continuously improve and private agency responses to families.

## **COLLABORATION**

ODJFS has continued to work with sister agencies and community partners to jointly identify and address service delivery needs for the past several years. Multi-systemic efforts specifically designed to remedy program limitations identified in the Child and Family Services Review are highlighted below.

## **EDUCATION**

The CFSR found Ohio needing improvement in the provision of educational services for children in the child welfare system. Key issues identified pertained to cases in which children demonstrated school-related behavioral problems, developmental delays, learning disabilities, and/or academic performance not commensurate with ability. Specific factors of non-compliance included:

- Transitional educational placements;
- Difficulty transferring Individualized Services Plans between school districts;
- Inconsistent coordination of screenings, diagnoses and treatment interventions; and
- Limited service capacity.

Several collaborative projects have been initiated to improve educational outcomes for Ohio's children. Some of these are specifically described in the section below. Partners in these projects include:

- The Ohio Department of Education;
- The Ohio Department of Mental Health; and
- The Ohio Fetal Alcohol Spectrum Disorder Steering Committee.

### **Ohio's School Climate Guidelines:**

The ODE published and disseminated *Ohio's School Climate Guidelines* to identify comprehensive goals and objectives necessary for the establishment of school environments conducive to students' academic success. The guidelines included:

- Professional staff development that addressed issues of child development, brain development, school safety, and identification on non-academic barriers to learning;
- Core standards which aligned curricula, student supports, professional development, policies and resources for consistent implementation;
- Improved community connections, including family support activities and adult educational opportunities;
- Continuous quality improvement through on-going assessment and evaluation;

- Resource assessments to identify existing programs that supported safe and supportive learning environments, including the provision of comprehensive services to students and staff;
- Establishment of safety plans and crisis response teams;
- Methods to increase students' sense of "belonging" in the classroom in order to encourage classroom participation, positive interactions, and good study habits;
- Increased engagement with parents and family members;
- Youth involvement in forming school policies and procedures; and
- Nutritional programming.

### **Shared Agenda:**

ODMH and ODE jointly implemented *Shared Agenda*, a project designed to improve behavioral and academic outcomes for children and youth by removing non-cognitive barriers to learning. *Shared Agenda* project components included school-based mental health services and behavioral health awareness activities targeted to students and school personnel.

Highlights of the Shared Agenda project include:

- The Eliminating Barriers Initiative- a federally funded project to address the stigma of mental illness among students in a school-based setting.
- The establishment of a legislatively commissioned Educator Standards Board.
- Development of Initiative Goals and Objectives:
  - a. Guiding Principles:
    1. Mental health is crucial to school success;
    2. There are shared opportunities for improvement.
  - b. Goals and Objectives:
    1. A common understanding among education, mental health, families and other stakeholders of key concepts related to mental health and school success;
    2. Implementation of evidence-based practices that support the critical links between mental health and school success;
    3. Enhanced funding at state and local levels; and
    4. Expanded capacity of school-based mental health programming through provision of training and professional development.

Ohio was nationally recognized for this effort to improve children's mental health and academic success by increasing collaboration among education, mental health, and family-serving organizations.

### **Ohio Mental Health Network for School Success:**

Since 2001, the Ohio Mental Health Network for School Success (OMHNSS) has been implemented to help school districts, community-based agencies and families work together to achieve improved academic and mental health outcomes for all children. OMHNSS consists of action networks spearheaded by affiliate organizations in six

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regions of the state. OMHNSS is convened under the joint university leadership of The Ohio State University Center for Learning Excellence (CLEX) and the Miami University Center for School-Based Mental Health Programs (CSBMHP).

The mission of Ohio's Shared Agenda Initiative is to:

- Promote awareness of students' mental health needs, and the critical links between mental health and academic success.
- Promote policies needed to establish and implement effective practices.
- Build capacity systems for enhanced collaboration and school-based services within the mental health and education systems.
- Build and sustain strong regional networks to promote mental health, education, and family collaborations statewide.

### **Senate Bill 2:**

In SFY05, Ohio enacted legislation which required college students majoring in education to be trained on indicators of behavioral health problems. In response to SB 2, the State Board of Education also developed *The Ohio Standards for the Teaching Profession*. The Standards were designed to guide educators' professional development and efforts to improve their teaching effectiveness. The seven standards are listed below; specific elements associated with addressing unique special student needs are delineated by category:

- Teachers understand student learning and development, and respect the diversity of the students they teach.
  - Teachers recognize characteristics of gifted students, students with disabilities and at-risk students in order to assist in appropriate identification, instruction, and intervention.
- Teachers know and understand the content area for which they have instructional responsibility.
- Teachers understand and use varied assessments to inform instruction, evaluate, and ensure student learning.
  - Teachers are knowledgeable about assessment types, their purposes, and the data they generate.
  - Teachers analyze data to monitor student progress and learning and to plan, differentiate and modify instruction.
  - Teachers collaborate and communicate student progress with students, parents, and colleagues.
  - Teachers involve learners in self-assessment and goal setting to address gaps between potential and performance.
- Teachers plan and deliver effective instruction that advances the learning of each individual student.
  - Teachers create and select activities to support the learning needs of all students, including students identified as gifted, students with disabilities, and at-risk students.
- Teachers create learning environments that promote high levels of learning and achievement for all students.
  - Teachers create an environment that is physically and emotionally safe.
  - Teachers maintain an environment that is conducive to learning for all students.

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- Teachers collaborate and communicate with students, parents, other instructors, administrators and the community to support student learning.
  - Teachers share responsibility with parents and caregivers to support student learning, emotional and physical development and mental health.
  - Teachers collaborate effectively with the local community and community agencies, when and where appropriate, to promote a positive environment for student learning.
- Teachers assume responsibility for professional growth, performance and involvement as individuals and as members of the learning community.

### **FASD Resources for Educators:**

With the goal of better serving those affected by Fetal Alcohol Spectrum Disorders (FASD), the statewide steering committee embarked on several educational outreach efforts. This work includes both traditional training opportunities as well as web-based resources. Topics include:

- Educating Preschool Children with FASD
- Strategies for Educating Children with FASD
- Strategies for School Staff

These trainings provide guidance to help teachers and school personnel:

- Organize the physical space so that is conducive to learning;
- Reinforce routines and assist with transitions;
- Make needed accommodations for learning; and
- Promote social development and improve student behavior.

Some local programs, such as Double Arc in Lucas County, also provide on-site consultation and strategy development to assist school personnel in working with FASD-challenged students. In addition, Double ARC provides Student Centered Intervention Model training to new or existing school intervention teams.

### **Ohio's Statewide System of School Improvement Support:**

Ohio has developed a comprehensive Statewide System of School Improvement Support through which it partners with districts to improve school processes associated with: needs assessment and goal setting, planning, implementation, and evaluation. The Statewide System for School Improvement Support utilizes collaborative of State Support Team (SST) and district leader partnerships to examine student achievement, demographic, perception and school process data over a period of years to identify gaps and prioritize goals. *District Partnership Agreements* are then developed to outline goals, intended outcomes, action steps, timelines, and evidence of implementation and achievement in the areas of:

- School improvement;
- Literacy;
- Special education compliance;
- Early learning; and
- School readiness services.

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Ohio's Statewide System of School Improvement Support is comprehensive. While support is provided to all districts, more intensive programming is targeted toward districts in Improvement Status or those with buildings in School Improvement Status. Support for improvement becomes more intensive if performance is low.

Accomplishments during this reporting period:

- The average of all students' scores on state tests has increased by more than 19 points, from 73.7 to 92.9.
- Over 96% of school districts improved their performance index scores in 2007.
- More than 200 districts moved up at least one state designation. Eight of 10 districts are rated as "Excellent" or "Effective". Ohio no longer has any district in "Academic Emergency", and only seven districts remain in "Academic Watch".
- Individual schools also continue to improve: 88% of schools are rated in the top three categories, compared to 85 % the previous year.
- Graduation rates have continued to rise for the past eight years.

### **Comprehensive System of Learning Supports:**

In June 2007, the Ohio State Board of Education adopted *Guidelines for a Comprehensive System of Learning Supports*. The Guidelines work in tandem with the School Improvement process.

These supports are designed to facilitate equal student access to opportunities for success at school and in life by addressing barriers to learning and teaching. The resources, strategies, and practices are designed to foster physical, social, emotional, and intellectual student development. The goals of this initiative are to:

- Re-engage students in learning;
- Reduce teacher and student dropout rates;
- Increase student achievement and narrow the gaps among subgroups;
- Reduce student and teacher absences; and
- Reduce out of school suspensions and expulsions.

The ODE has targeted the following nonacademic barriers to learning for this initiative: student mobility; absences; retention; and behavior, particularly incidents associated with out of school suspensions and expulsion. As students enter middle and high school, additional indicators include being overage for the grade level and under-credited. To be most effective, the ODE has recommended these supports be woven into a comprehensive, multifaceted system of classroom, school, and community-based interventions.

### **Supplemental Educational Services (SES) – Parents:**

Students from low-income families who attend a Title I served school in School Improvement Year 2 or higher (including corrective action or restructuring) are eligible for the Supplemental Educational Services (SES). Priority is given to the lowest achieving eligible students.

Parents work with teachers and school administrators to identify their child's needs and how these needs can be met with supplemental assistance in the areas of reading, language arts and math. SES can take place before or after school, and/or on weekends. To assist parents in selecting an SES provider that best meets their child's needs and to ensure these services are aligned with Ohio's Academic Content Standards, the ODE has developed a list of state-approved providers by school district. School districts are required to notify parents of the list's availability.

### **MENTAL HEALTH**

In regard to mental health services, Round 1 of the CFSR found that Ohio had not been consistently effective in meeting children's behavioral health needs. Key problems identified were:

- Some children had behavioral health care needs, but were not receiving services to address those needs;
- Mental health services were delayed for some children; and
- The services were provided too infrequently to be effective.

#### **Access to Better Care (ABC):**

In the fall of 2003, the Public Children's Services Association of Ohio (PCSAO) established the *Behavioral Health Care Policy and Budget Initiative* (now known as *Access to Better Care-ABC*). This project was designed to develop collaborative strategies for addressing gaps in mental health and substance abuse services experienced by Ohio's children and families. Partners include: the Office of the Governor; the Ohio Departments of Mental Health, Alcohol and Drug Addiction Services, Job and Family Services (Offices of Ohio Health Plans, Children and Families, Fiscal Services and the Director), Youth Services, Mental Retardation and Developmental Disabilities; Education, and Health; the Ohio Children's Trust Fund; Ohio Family and Children First; the Ohio Federation for Children's Mental Health; Ohio Citizens for the Prevention and Treatment of Chemical Dependency; the Ohio Association of County Behavioral Health Authorities; Public Children's Services Association of Ohio; parents; and service providers.

The goals of ABC are to:

- Improve access to prevention, early intervention and treatment services;
- Promote community-based, family-centered solutions;
- Strengthen and support parent involvement;
- Implement evidence-based programming;
- Increase collaboration and accountability among child serving agencies; and
- Align and redirect resources to cost-effectively increase capacity.

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Throughout this reporting period, ABC has implemented both statewide and pilot projects to better address the needs of children with intense behavioral health problems as well as preventive programming for at-risk families. The following links provide specific program descriptions and locations:

<http://www.ohiofcf.org/documents/features/fundingfactsheet032206.pdf>

<http://www.ohiofcf.org/documents/features/ABCmap.pdf>

In SFY08 and SFY09, funds were added to:

- Establish and certify intensive home-based mental health services;
- Build early childhood treatment capacity; and
- Expand the use of evidence-based behavioral healthcare treatment for youth in the juvenile justice system.

From its inception, ABC partners have worked together to jointly determine service needs and funding issues across multiple systems. Specifically, this work has included:

- A multi-system needs assessment based on 41 identified services for the following population groups:
  - Children in custody;
  - Children in secure, residential treatment;
  - Children not in custody, but with identified needs;
  - Children exhibiting early signs of illness; and
  - Children at risk.
- Analyses of placement trends and expenditures for services across levels of care.
- Establishment of an inter-system glossary to improve communication across disciplines.
- Identification of three areas of targeted program development:
  - Prevention and Early Intervention for Children, Youth and their Families;
  - Early Screening, Assessment and Treatment for Behavioral Health Care Needs of Children and Youth 0-18; and
  - Treatment of Multi-need Children, Adolescents, and Families.

Because ABC promotes establishment of community alternatives to placement, this initiative continues to be the primary vehicle by which Ohio addresses federal Child and Family Services Review findings associated with the child well-being indicators of mental health services and service array.

### **Families and Systems Teams (FA\$T):**

On September 1, 2004, the Families and Systems Teams (FA\$T) project was launched

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as the initial ABC project. To goal of FAST was, and continues to be, enhanced local behavioral health care service capacity and improved parental advocacy efforts. To date, the ODJFS, ODMH, ODADAS, and ODYS have invested over \$ 17 million in FAST. Since its inception, over 5,000 children with diagnosed behavioral conditions and their families have benefited significantly from these individualized family supportive services. Parent and family life education, respite care, peer support, and summer programming have been the most frequently used services.

An extensive evaluation of FAST was designed by a workgroup comprised of representatives from ODJFS, ODADAS, ODMH, Ohio Children and Family First, the Ohio Association of County Behavioral Health Authorities, the Ohio Association for the Prevention and Treatment of Chemical Dependency, the Public Children's Services Association of Ohio, the Center for Innovative Practice, the Ohio Federation for Children's Mental Health, the Ohio Family Care Association, and the Ohio Council for the Prevention and Treatment of Chemical Dependency. Below is a summary of the findings:

- Risk of placement included: child abuse/dependency/neglect (30%); functioning levels requiring in-patient mental health treatment (24%); crisis stabilization (22%); criminal activity (20%); residential school needs (6%); and AOD abuse levels requiring in-patient treatment (2%).
  - Youth reported a significant decrease in problem severity levels.
  - **Overall, 74% of the FAST youth were at-risk of placement if FAST services had not been available.**
  - **Approximately 13% of the FAST population were at-risk of custody relinquishment in order to receive appropriate behavioral health care.**
  - Service providers indicated FAST nurtured multi-system collaboration.
- The "Top 3" issues reported by these families at the time of enrollment in FAST included: being blamed for their children's problems by mental health professionals (32%); not having access to someone who was able to answer their questions and concerns about medications (20%); and not knowing anyone that could help them deal with the stigma of behavioral health problems (16%).
  - Parent advocate focus groups indicated FAST empowered families by helping them be part of the decision-making process and providing trustworthy support/resources.

- Parent advocate focus groups indicated FA\$T was beneficial to them by increasing family-supportive services, reducing family stress, and utilizing programs for children.
- Parents reported significant increases in hopefulness and satisfaction with services, as well as a significant decrease in problem severity levels.
- Service provider/program administrator focus groups indicated FA\$T empowered families by emphasizing a family-centered approach to Ohio's behavioral healthcare system, and a positive environment for engaging families.
- Child welfare staff and parent advocates expressed particular satisfaction with services provided to families in which the parents have limited cognitive abilities.

### **Early Childhood Mental Health**

Ohio implemented the Early Childhood Mental Health Consultation (ECMHC) Program in 2000. ECMHC became a critical component of Ohio's Access to Better Care Initiative (ABC) in 2005. The goals of this program are to increase the knowledge, awareness, resources and skills necessary for communities to effectively meet the behavioral health needs of young children and their families. Building protective factors in young children, increasing the skills of parents, and developing competencies of early childhood providers are the program's objectives. ECMHC focuses on improving outcomes for children from birth to six years old who: are at risk for abuse/ neglect, and/or demonstrate poor social skills, or delayed emotional development.

ECMHC services and activities include:

- Clinical consultation to early childhood programs;
- Training on problem identification, referral processes, classroom management strategies, the impact of maternal depression, and implications of parental substance abuse, domestic violence, and other stressors on young children's well being; and
- Guidance to parents, other family members (e.g., grandparents, kinship caregivers, foster parents) to enhance their abilities to create nurturing environments for their young children.

In SFY06, interested programs were required to demonstrate community collaboration among the Board, providers, the early childhood community and parents to receive funding. In addition, grantees had to consider the following criteria when selecting the local projects:

- Areas with high percentages of substantiated child abuse/ neglect cases;
- Low-performing child care centers as evidenced by ODJFS licensing standards;
- Schools designated as academic emergency or academic watch; and/or

- Early Learning Initiative grantees.

Ohio's Early Childhood Mental Health progress has been nationally recognized by: the National Technical Assistance Center for Children's Mental Health, the Center for Child Health and Mental Health Policy at Georgetown University Child Development Center, and the Zero to Three Association for Early Childhood Programs.

### **Childhood Trauma Initiative:**

In May 2005, the Ohio Department of Mental Health convened the Childhood Trauma Task Force, bringing together state and local representatives of Ohio's child-serving systems, trauma survivors/consumers, and family members. The Task force was charged with development of a strategic plan toward promotion of trauma-informed care throughout the state.

The project goals are to:

- Increase awareness of the impacts of childhood trauma;
- Have all child-serving systems consistently use trauma-focused screening and assessment tools;
- Improve consistency of trauma-informed care through training; and
- Enhance service delivery and resource allocation via the use of multi-systemic data.

During this reporting period, ODJFS has partnered with ODMH and other Task Force members to train local child welfare staff on the long-term consequences of childhood trauma and innovative treatment resources.

### **Ohio's Fetal Alcohol Spectrum Disorders (FASD) State Systems Initiative:**

In 2003, a statewide initiative was established to improve services for individuals affected by pre-natal alcohol exposure, and to develop FASD prevention activities. Project leads of this initiative continue to be the Ohio Departments of Alcohol and Drug Addiction Services, Health, and Mental Retardation and Developmental Disabilities. Steering Committee partners include the Ohio Departments of Job and Family Services (Offices of Families and Children, and Medicaid), Mental Health, Youth Services, Education, Rehabilitation and Corrections, and Aging; Ohio Family and Children First; kinship care providers, adoptive and foster parents; service providers; The Ohio State University; and Wright State University.

In contrast to approaches that focus on establishing new community-based programs with limited reach, Ohio's effort is designed to maximize and augment the existing resources available in state agencies, genetics centers, local health departments and professional associations, including those that influence the practice of obstetrics-gynecology, pediatrics, and general medicine. With its mission to improve efficiency, the Steering Committee developed multi-year strategic, implementation and evaluation plans to better address the needs of Ohio citizens impacted by FASD.

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The strategic plan goals of the FASD project are to:

- Increase the availability of services for those already affected by FASD and their caregivers;
- Increase awareness about the risks associated with alcohol use during pregnancy;
- Provide training to agencies, organizations and professionals who serve children and families with, or at risk of, FASD;
- Adopt appropriate FASD assessment protocols, and increase access to screening; and
- Implement a data system which tracks FASD risk factors, prevalence, and incidence in Ohio, and measures progress toward reaching project goals.

Accomplishments during this reporting period include:

- All participating state agencies have developed department-specific strategic plans for addressing FASD within their system of care, including training of state and county staff, providers, and constituents.
- A statewide Parent Network has been established.
- A statewide needs assessment has been completed among the participating state agencies.
- A capacity inventory of diagnosing physicians was completed, and educational packets were provided to all participating physicians.
- Awareness surveys have been conducted of community residents and college students.
- 2 statewide conferences have been held in addition to numerous training sessions targeting service providers.
- 10 regional summits have been conducted for boards, providers and other professionals.
- A website has been established ([www.notasingledrop.org](http://www.notasingledrop.org)) to highlight the State's strategic planning efforts; distribute educational materials; and provide resources to parents, teachers, and clinicians -including diagnostic tools and best practice interventions.
- A social marketing team facilitated by the Center for Excellence (comprised of communications staff from state agencies, the Ohio Resource Network, WBNS Television, Ohio News Network Radio and Parent Magazine) has been established to design and implement statewide prevention campaigns and multi-media materials.

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- FASD Generalist Training and topic specific learning modules have been developed for both web and face to face implementation.
- Educational packets have been developed for physicians and women's treatment programs.
- Legislative advocacy information has been completed.
- A strategies document was developed to assist educators in teaching approaches.
- Ohio geneticists and developmental pediatricians were surveyed to determine levels of education, diagnosis, and prevalence of FASD within their practices.
- Improved data collection efforts have been explored in partnership with genetic centers, hospitals, and state agencies.

### **484/ORC 340.14:**

484 is a collaborative project between the Ohio Departments of Job and Family Services and Alcohol and Drug Addiction Services to prioritize substance abuse services for families in the child welfare system. The project is named for Amended Substitute House Bill 484 (Revised Code 340.14), Ohio's response to the federal Adoption and Safe Families Act. ORC 340.14 charges the two Departments with joint development of effective treatment services necessary for timely family reunifications. Signed on December 17, 1998, this law exceeds federal standards by specifying that child abuse or neglect associated with parental substance abuse may be grounds for termination of custodial rights. Since SFY99, the Ohio General Assembly has allocated \$4 million annually to ODADAS to support programming targeted to this population.

Accomplishments during this reporting period include:

- County boards steadily demonstrated improvement in service delivery to the child welfare population. In addition to 484 state level allocations, fiscal analyses indicated local contributions totaling \$1,973,580.00 were also committed to these programs in SFY07.
- Reports indicated a substantial increase in utilization of assessment, case management, counseling, and intensive outpatient services by 484 clients.
- ODADAS and ODJFS continued to offer joint technical assistance to support local H.B. 484 implementation, address barriers to effective service delivery and highlight successful efforts.
- ODADAS and ODJFS continued to co-sponsor workshops regarding the confidentiality of alcohol and other drug records and child welfare practice.

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- ODADAS and ODJFS continued to work in partnership with members of the Methamphetamine Advisory Committee to collectively address problems associated with this drug.
- ODJFS and ODADAS conducted surveys to obtain needed information regarding local capacity. Some of these included: PCSA perspectives regarding the impact of Methamphetamine on local communities, a multi-systemic survey of FASD needs and related capacity issues, and adolescent treatment gaps analyses.
- The Departments provided training opportunities to local partners regarding issue specific topics to improve symptom recognition and referral. Some of these included FASD, adolescent substance abuse, drug endangered children, and methamphetamine abuse.

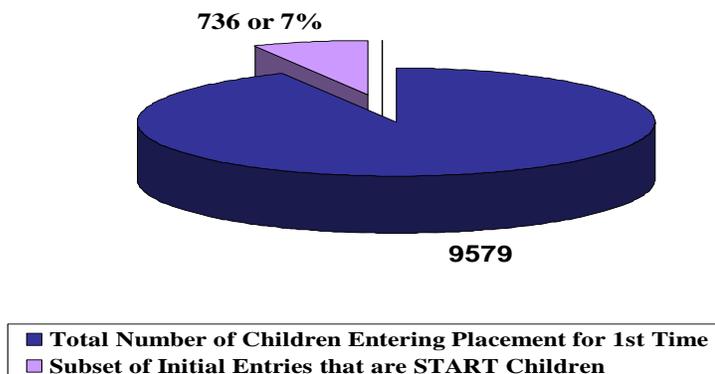
### **START (Sobriety, Treatment and Recovery Teams):**

Nationally recognized, Ohio's START program continues to operate out of the Cuyahoga County Department of Children and Family Services (CDCFS). Developed in 1997 with support from the Annie E. Casey Foundation, START provides specialized interventions to families referred to the child welfare system who have confirmed chemical dependency problems. Participation in the program is based upon either a mother's positive toxicology screen during the second or third trimester of pregnancy or at the time of delivery, or an infant's positive toxicology at birth. Because assessment services have been expanded, women in the START program no longer wait for treatment. Cuyahoga CDCFS now operates two on-site assessment units (located in both the Eastern and Western parts of the county). At these sites, assessments can be completed on a walk-in basis and the women are offered same day appointments. In addition, partnerships among Cuyahoga CDCFS, the local ADAS Board, and AOD Providers have facilitated immediate access to off-site assessments and treatment for START clients.

The number of Cuyahoga County children referred to START who were born drug exposed rose over 21% in 2007, from 513 to 620. The numbers of children from Cuyahoga County entering placement for the first time well as the subset of children from the START program are reflected in the chart below:



**Number of Children Entering Out-of-Home Care  
2000-2005**



The average age of the mother at the time of referral to the START program is 27.8 years. 33% of these women have documented childhood histories of abuse and neglect (based on Cuyahoga CDCFS data).

The goal of the START program is family reunification whenever possible. Successful completion of the program requires the client complete a substance abuse assessment, demonstrate substantial compliance with treatment recommendations, maintain six months of uninterrupted sobriety, and follow all case plan requirements. Prior to discharge, risks to the child must be reduced to “low” or “no risk” based on the Cuyahoga County risk assessment model, and a family team meeting must be completed to ensure the family is linked to community resources.

Evaluation results of START indicate:

- While there have been increased reports of children born drug-exposed to Cuyahoga County Department of Children and Family Services, the agency’s custody rates have decreased continuously over the past several years. This has been attributed to improved safety planning, increased use of wrap-around services, and greater access to services which allow women to enter into treatment with their children.
- Cuyahoga County data indicate children involved in the START program who could not be reunified with their parent are more quickly adopted than the other children in the agency’s custody who are awaiting permanent alternative placements.

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### AMETHYST

In 1984, a group of recovering women in Columbus founded Amethyst to provide long-term sober support and safe, affordable housing to women who were challenged by addictions. With increased public funding, Amethyst expanded services to address trauma as it relates to addiction and relapse.

By 1992, operational support included six renewable grants including HUD Shelter Plus Care funding resulting in Amethyst becoming the largest treatment program in Ohio that provided permanent housing and long-term substance abuse treatment. Amethyst currently operates 90 permanent and 10 transitional housing units which have the capacity to provide services and housing to over 150 women and 100 children. In addition, approximately 150 women also receive non-residential assessment, referral and relapse prevention services each year.

### Amethyst Client Characteristics and Program Outcomes through SFY05:

<b>CHARACTERISTICS</b> of Women in Long-Term Treatment & Permanent Supportive Housing	<b>SFY2005</b> N=134 women	<b>SFY2004</b> N=137 women	<b>SFY2003</b> N=145 women
Homeless	100%	100%	100%
Alcohol and Drug Addiction	100%	100%	100%
Co-existing Mental Health Issues	84%	71%	89%
History of Trauma	94%	99%	91%
<b>OUTCOMES</b>			
Average Length of Stay Among All Participants	23 months	22 months	22 months
Average Length of Stay Among Families	30 months	28 months	26 months
Maintained sobriety (no relapses)	92%	94%	94%
Participated in education, employment training or training	66%	72%	72%
Is engaged in volunteer work	35%	36%	54%
Is employed	19%	14%	16%
Of those working, those gaining employment for 6 or more months	96%	94%	82%
Had no new contacts with criminal justice	100%	99%	99%
Are in the process of reunification with their children	26 women with 46 children	Not available	Not available

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Children living with their mothers at Amethyst	83 children	78 children	87 children
Mother reunified with their children	11 women with 14 children	20 women with 34 children	19 women with 26 children
Drug free babies born	3 babies	4 babies	4 babies

### **Statewide Adolescent Coordination Project (SAC):**

On August 1, 2005, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), was awarded a three year, \$1.2 million grant from the federal Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. The purpose of the project was to build Ohio's capacity for the provision of effective, accessible, affordable, and culturally-competent substance abuse treatment for youth and their families.

The project goals were to:

- Establish a single point of coordination for adolescent substance abuse service.
- Improve the continuum of care.
- Increase coordination of funding and reduce fiscal and regulatory barriers to system improvement;
- Provide training in evidence-based practices; and
- Strengthen program and professional licensure standards for adolescent services.

ODADAS also established a website dedicated to adolescent substance abuse prevention and treatment information as part of implementing the objectives of this grant.

### **Transformation State Incentive Grant (TSIG):**

In October 2005, Ohio received one of nine federal Mental Health Transformation State Incentive Grants (TSIG) to develop needed infrastructure for mental health service delivery improvements. This project was designed in response to the *President's New Freedom Commission Report on Mental Health*. TSIG targets fragmentation in the delivery of behavioral health and client-supportive services through improved multi-disciplinary collaboration, innovative funding strategies, and increased consumer involvement in treatment decisions and policy development. The funds total \$12 million over a five year period.

Accomplishments during this reporting period include:

- The Governor convened a Cabinet level committee to examine and improve the delivery of behavioral health care across governmental divisions (e.g. health care, criminal justice, education, employment). Serving on this committee are the directors of the Ohio Departments of: Mental Health, Alcohol and Drug Addiction Services, Health, Job and Family Services, Mental Retardation and

Developmental Disabilities, Youth Services, Rehabilitation and Corrections, Development, and Aging; the Superintendent of Education; Justice Stratton of the Supreme Court of Ohio; representatives of the Rehabilitation Services Commission, the Governor's Office of Faith-Based Initiatives, and youth consumers.

- The Ohio Department of Mental Health established a Strategic Advisory Committee of system representatives to guide project activities effecting publicly-funded services. Representatives include: the National Alliance on Mental Illness Ohio; Ohio Advocates for Mental Health; the Ohio Association of County Behavioral Health Authorities; Ohio's Clinical Quality Council; the Ohio Community Support Planning Council; the Ohio Council of Behavioral Health Care Providers; and the Ohio Federation of Families for Children's Mental Health.
- Content Working Groups have been established to address inter-agency issues associated with the provision of mental health care and support services. These are:
  - Ohio Family and Children First/ Access to Better Care;
  - Children's trauma;
  - Adult trauma;
  - Mental illness and the court system;
  - Offender re-entry;
  - Housing and homelessness;
  - Mental health and older Ohioans;
  - Employment;
  - Prevention; and
  - Cultural competence.

Public testimony about Ohio's implementation strategies of the President's New Freedom Commission's goals and recommendations can be reviewed on the following site:

<http://www.anewdayohio.org/downloads/public%20testimony%20document.pdf>

### **Shared Prevention Framework:**

In December 2005, the Ohio Department of Alcohol and Drug Addiction Services released the *Shared Prevention Framework* on behalf of the Inter-agency Prevention Partnership. This document represented months of effort to develop common vision, mission, definition, theoretical framework and strategies for prevention programming among the state agencies.

The goals of this initiative were to:

- Enhance inter-system collaboration;
- Maximize resources through joint program planning, service delivery, and funding; and
- Improve outcomes of services rendered.

Participating agencies in this process included: the Ohio Departments of Alcohol and Drug Addiction Services, Job and Family Services, Health, Mental Health, Mental Retardation and Developmental Disabilities; Youth Services, Public Safety and Education; Ohio Family and Children First; the Ohio Attorney General's Office; and the Ohio Office of Criminal Justice Services. The work was facilitated by the Pacific Institute for Research and Evaluation.

### **Ohio Children's Trust Fund**

The Ohio Children's Trust Fund (OCTF) was created in 1984 and is Ohio's sole dedicated public funding source for the primary and secondary prevention of child abuse and neglect. The OCTF is supervised by a board of fifteen members, and the Ohio Department of Job and Family Services (ODJFS) serves as the administrative agent to the Board. The OCTF is governed by Ohio Revised Code Sections 3109.13 to 3109.18.

The OCTF annual budget includes State Special Revenue (SSR) dollars and federal Community Based Child Abuse Prevention (CBCAP) dollars. SSR is generated from fees on copies of birth certificates, death certificates and divorce decrees/dissolutions. Between SFY 2006 and SFY 2008, this revenue stream has decreased from \$4.45 million to \$4.02 million. With regards to the CBCAP dollars, the OCTF received \$1.18 million in FFY 2007, \$1.29 million in FFY 2008 and \$1.14 million is estimated for FFY 2009.

The OCTF invests in local prevention programming via distribution of "county allocations" (88 counties in total), financial support for start up costs for Child Advocacy Centers, and ongoing financial support for primary prevention programs operated by Child Advocacy Centers. Remaining dollars, and federal CBCAP dollars, are used to fund discretionary statewide prevention programs.

### *OCTF Organizational Changes*

Between 2004 and 2009, the OCTF underwent a series of organizational changes, including transition of Executive Directors and reorganization of CTF staff. For a period of about 1.5 years, the CTF did not operate with a full time Executive Director. Detailed program history for years 2004 – 2008 is unavailable.

### *County Allocations*

Approximately \$3.8 million a year is invested in local prevention programming. Between 2004 and 2008, the following services were funded:

- Parenting classes
- Parent support groups
- Parent life skills training
- Home visitation
- Information and Referral
- Case Management/Service Coordination

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- Respite Care
- Crisis Stabilization
- Parent-Child Family Life Education
- Family Strengthening Activity
- Mentors
- Child development screening
- Child safety training
- Youth life skills training
- Awareness materials
- Awareness activity
- Parenting supplies
- Training

### *Discretionary Statewide Contracts*

Parents Anonymous – Catholic Social Services: Parents anonymous gives education and support to incarcerated parents to maintain their role and improve their functioning as a parent, despite incarceration. Due to incarceration, the target audience does not have the opportunity to participate in community-based parenting services. Research has demonstrated that a great number of inmates were abused and/or neglected themselves as children. Without corrective education and support, they are at higher risk of being abusive and/or neglectful parents to their own children. The contract provided for parenting classes and support groups to 1,466 parents incarcerated in Ohio correctional facilities and classes and support groups are held on a weekly basis.

Center for Effective Discipline: This grant provided twenty mini-grants of \$250.00 each to Ohio non-profit organizations, churches, schools and family & Children First Agencies to promote positive discipline of children.

Ohio Department of Health: This grant targeted parents of children birth to five to receive education and support regarding the healthy development of their children using the “Parents as Teachers” (PAT) curriculum and also targets children age three who are exiting the Help Me Grow Program without formal services or support in place and do not have a sibling under age three receiving services through Help Me Grow. The contract provided for eight educational sessions held at 12 sites. Each county designed a model that best accommodated its community.

Mental Health America: This grant allowed Mental Health America to develop and mail the “Spanish ParenTalk newsletter to the Latino community, an underserved population in Ohio due, to a large extent, the language barrier. The ParenTalk newsletter which is also printed in English provided newborn parents with parenting and resource information.

Clark County Prosecutor’s Office & Children’s Protections Center of Ross County: These grants provided sexual abuse prevention by utilizing the “Stewards of Children” curriculum. The curriculum is designed for adults who works, lives with, or in any way interacts with children. It raises awareness about the prevalence of child sexual abuse

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to empower adults to develop personal responsibility to keep the community safe.

Warren County Prosecutor's Office: Children's Advocacy Center:

This contract provided the start-up funds for a Child Advocacy Center in Warren County.

The ACT Out Ensemble:

This contract allowed for 16 one-hour presentations demonstrating situations of interpersonal violence and child abuse and facilitate an educational dialogue between the presenters and audience members at \$600 per presentation. (\$9,600)

### *April Prevention Month*

Between 2004 and 2009, the CTF primarily sponsored the following activities:

- Blue Ribbon Awards and Luncheon
- Co-sponsoring the annual prevention conference with Prevent Child Abuse Ohio
- Hosting a calendar drawing context
- Releasing media packet including Governor's proclamation

Beginning in April of 2009, the Trust Fund sponsored a statewide awareness campaign with the message, "Strong Communities, Healthy Families, Safe Children." Our message was intended to reinforce that every member of the community has a responsibility to ensure that children grow up safe, healthy and happy.

The month was kicked off by the Governor issuing an official proclamation declaring April Child Abuse and Neglect Prevention Month in Ohio. Similar resolutions followed from the Ohio House and Senate. The Trust Fund sponsored its message on large displays in state buildings, including the Governor's Office and the Statehouse. The displays included bookmarks for distribution that included information on how an individual can take action and get involved in the prevention of child abuse.

Ohio's statewide prevention theme "Strong Communities, Healthy Families, Safe Children" is, by design, a message intended to promote personal action to prevent child maltreatment. The Trust Fund distributed additional educational and awareness materials (such as the Blue Ribbon pin) too many of our county agents. These awareness materials included suggested activities Ohioans can do in the course of their everyday lives to promote strong families and prevent child abuse and neglect. In addition the Ohio Children's Trust Fund issued \$2,000 allocations (state funds) to each public children's service agency to assist in their April recognition efforts.

The OCTF plans to use the "Strong Communities, Healthy Families, Safe Children" theme for April of 2010, including statewide displays, and awareness material distribution.

### *Federal CBCAP dollars*

Federal CBCAP dollars funded the Early Childhood Mental Health Initiative through the Ohio Department of Mental Health. The Early Childhood Mental Health (ECMH)

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initiative supports evidence-based training to equip parents and caregivers of young children with knowledge and skills that enable them to help their children develop into mentally healthy individuals. Parents and teachers effectively nurturing, supporting and connecting to activities for young children, especially those experiencing social or emotional difficulty, can help to mitigate future problems. In addition to parent education activities, the ECMH program works to identify and support families experiencing the effect of maternal depression through screening and referral to effective services.

The goal of the program is to increase knowledge, awareness, resources and skills necessary for communities to meet the behavioral health needs of young children and their families, targeting especially those at risk for abuse and neglect as well as poor social and emotional health by building protective factors in young children and increasing competencies and skills of parents and early childhood providers.

### Collaborations and Partnerships

The OCTF and ECMH worked collaboratively with the early childcare community in order to ensure success of the ECMH initiative. Regional meetings were held quarterly in order to bring all Early Childhood Mental Health consultants, and interested parties together and to encourage cross system collaboration. There were a total of 300 participants for the partnership meetings. In attendance were representatives from the Ohio Child Care Resource and Referral Agencies (OCCRRA), representatives from Step Up to Quality (Ohio's childcare quality initiative), and representatives from the Healthy Child Care Ohio Nurses and Infant / Toddler specialists.

### Performance Measures

The following report provides a summary of the data collected from the Early Childhood Mental Health Consultation Program evaluation for the fourth quarter reporting period and included cases that were closed between April 1, 2008 and June 30, 2008.

Over 159 Early Childhood Mental Health Specialists provided consultation services as part of this program during the year. All 50 of Ohio's Mental Health Boards submitted data for this report.

### Numbers Served: Early Childhood Mental Health Consultation

- A total of **943** programs/sites received consultation services
- **1638** classrooms received consultation services
- Over **3476** early childhood providers received consultation services
- A total of **5751** families received consultation services
- The ECMH program reached a total of **16,547** children in group settings receiving consultation services
- A total of **3988** individual children received consultation services

### Programs/ Sites receiving consultation services

- Childcare Centers – 326
- Head Start and Early Head Start – 190

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- Help Me Grow Programs – 48
- Public and Private Preschools – 147
- Family Childcare Homes – 9
- Public Children’s Services Agencies – 48
- Other – 175

### **Meeting Unmet Needs**

The Early Childhood Mental Health (ECMH) program provides early mental health intervention at a time when communities across Ohio are struggling to provide mental health services. A survey across the state revealed that mental health services are among the first to be cut or eliminated during difficult economic times. The purpose of the ECMH program was to implement an evidence-based practice in Ohio through increasing availability and penetration of early childhood mental health treatment. This program sought to support and enhance a significant public investment in the health and education of Ohio’s youngest children and their families.

The target population of this initiative was children birth to age seven and their families identified through ECMH consultation services as being in need of further assessment, diagnosis and treatment beyond those services available through ECMH consultation.

The expected outcomes of this project included:

- Demonstrated effective treatment and support interventions for the target populations that is culturally competent.
- Enhanced local system of care for young children and their families.
- Implemented best practices and evidence-based treatment approaches that offer a model for other providers of ECMHT services; that reduce the number of children removed from early care and educational settings due to behavioral health concerns; and that increase access to ECMHT. For those young children served increases in protective factors and decreases in behavioral concerns are anticipated. Parent satisfaction with services is also expected.

Participants reported 356 children and their families have received ECMH treatment services from the beginning of grant activities through June 30, 2008.

In addition to the outcomes generated by the different tools in use, parent surveys and satisfaction surveys were also reported. The Trust Fund also worked with ODMH on the development of an evaluation tool to be used in tracking outcomes for groups vs. individual therapy.

### **Description of Individuals and Families Served**

The data collected for the 4<sup>th</sup> quarter of FY 08 included the following demographics:

- The racial makeup of the classrooms included 72.45% white, 17.5% Black or African American, 3.4% multiple racial heritage, 1.3% Asian, and others accounting for less than 1% each. Race was not available for 4.8% of the

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respondents. The gender represented in the classrooms was 47.3% female and 52.7% male.

- BCHFS received child focused outcomes data from 38 different sites representing 1406 children. Of the 1406 children a total of 524 had a disability status which included 132 parent disabilities, 274 client-child disabilities, and 118 having another child in the family with a disability.
- The racial makeup of the children served included 87.9% white, 21.7% Black or African American, 9.2% race not available, 5.8% multiple racial heritage, and others accounting for less than 1% each. The gender represented was 65.3% male and 34.7% female. 88.9% of the children were not Hispanic or Latino, 8.1% were Hispanic or Latino, and 7.4% did not have ethnicity information available.

SFY 2009 was the last year of the Ohio Children's Trust Fund's partnership with the Ohio Department of Mental Health for the Early Childhood Mental health program. While the Trust Fund recognizes the benefit and importance of early intervention with children's mental health, the decision was made by the Trust Fund Board to seek agreements directly between prevention entities and the Trust Fund.

### **SFY 2008 – SFY 2009**

With administration changes in SFY 2008, a new CTF board was appointed and a new Executive Director and staff were hired. The new CTF Board initiated the following activities to revitalize the OCTF:

- Updated bylaws
- Completed strategic planning
- Overhauled application processes for grantees
- Required evidence based or promising practices programs
- Required logic modeling and identification of outcome measures for all grantees
- Funded statewide implementation of the Darkness to Light sexual abuse prevention program
- Funded statewide implementation of the Incredible Years program

SFYs 2009 – 2014 will see further implementation of the OCTF Strategic Plan and alignment of grantee processes. The CTF is contracting with The Ohio State University on the development of a statewide needs assessment and logic model and evaluation components which will be used to guide prevention programming in Ohio.

### **Program Support**

#### **STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM (SACWIS)**

The Ohio SACWIS project completed implementation of the case management modules for all 88 counties in January 2009. Currently, there are 14 Ohio counties live with the financial module of SACWIS. During the past fiscal year, 3 metro counties and 2 smaller counties implemented the financial module. As a result of some of the challenges experienced with this module, additional roll-outs have been halted in order to enhance the system to make it more user-friendly and increase the likelihood of a successful roll-out to future counties. During the first quarter of 2009, the SACWIS team scheduled meetings and received feedback from 12 of the 14 financially live counties to assess reimbursement targets, outstanding help desk tickets, cash flow, ancillary systems, reporting needs and ongoing support needs. This information will be used in preparation for moving forward with needed enhancements and eventual roll-out.

Along with completing the financial roll-out, a second major activity is to implement the Ohio SACWIS system for private agencies in Ohio that are primarily responsible for managing and recommending for certification or approval foster and adoptive parents. This initiative is in the preliminary planning phase. ODJFS has established the Private Agency Council which includes state leadership, licensing and policy staff as well as a cross-representation from the private agency community. These meetings are used primarily to focus on SACWIS functionality as it pertains to the needs of private agencies. Other items discussed are federal guidelines for implementation of private agencies, existing policies and procedures and project updates.

During this past fiscal year, the SACWIS vendor rolled off the project and all project work including maintenance and support of the application transitioned to ODJFS staff. This transition has proven to be quite a challenge as there continues to be many areas of the application that need improvements especially in the financial module. ODJFS leadership and the SACWIS project meet regularly to ensure proper prioritization of all outstanding work is reviewed and modified as necessary while always taking into consideration our limited resources.

The SACWIS project remains committed to supporting county users as a top priority. The project has been extremely resourceful with the methods used to provide the most effective support to its users. In addition to on-site support always being available to counties, the SACWIS project has hosted three (3) statewide calls since September 2007 that are held bi-weekly. This is a chance for all users of SACWIS to come together via conference call and ask questions of the state team. The calls are separated by module with one call focusing on the intake/case module, one reviewing the provider module and the third concentrating on the finance module. Agendas and minutes are completed and posted to the knowledge base for all users to access. A state team of SACWIS business analysts and applicable policy staff participate in order to ensure thorough and accurate responses are provided.

Other ways that the team supports counties are through the statewide user group meetings held every other month, Partnership Forums, knowledge base articles and SACWIS help desk support. Webinars are scheduled regularly with counties to walk through specific areas of the application using their data. All of these methods combined have proven to be beneficial to counties.

Ohio is a state supervised county administered state. The implementation of SACWIS statewide has impacted the way this state conducts business in many ways. The changes that SACWIS has brought to data collection/reporting, monitoring for policy compliance, and revising existing and implementing new policies are evolving and will continue to evolve in the next 5 year plan period.

### **Quality Assurance System**

Ohio operates a quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Over the past 20 years, Ohio's statewide child welfare quality assurance system entitled Child Protection Oversight and Evaluation (CPOE) has continued to grow and mature. The system currently meets or exceeds federal requirements and evaluates the quality of services, identifies service delivery system strengths/needs, provides relevant reports, and evaluates program improvement measures. CPOE is based on CFSR outcomes and provides a platform for ODJFS and each PCSA to collaboratively evaluate service quality, share information, and develop improvement strategies.

On-site CPOE reviews occur in each PCSA every 24 months and consist of multiple methods including: case reviews, regular data reporting, staff discussions/technical assistance, and ongoing monitoring/feedback. Primary child welfare functions such as: assessment/investigations, in-home supportive services (no court order), court-ordered protective supervision, substitute care, and adoption are assessed to determine compliance with applicable rules and local progress in achieving national standards. PCSAs commonly include caseworkers/supervisors in the on-site CPOE review process as a learning experience/training opportunity, share reviews/progress with multiple stakeholders including courts/service providers/advocates, and compare local results with peer agencies and the state as a whole.

CPOE Stage 6 commenced on 10/1/2005 and concluded on 12/31/2007. During CPOE Stage 6, six Outcome Indicators were reviewed for compliance with the National Standards. Point-in-time PCSA results were reviewed (typically 6 and 12 month time periods) to compare local and state practice, as well as factors contributing to non-conformity. For those agencies that did not achieve one or more of the national standards, specific case sample lists were pulled for cases identified as contributing to an agency's non-conformity for particular measurement indicators. Case record reviews (up to 10 cases per county per indicator) were conducted and discussed with county

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staff. Common trends were noted and agency staff provided county specific information to augment case record reviews. Discussions provided rich information and insight to assist county and state staff in understanding performance barriers and in turn, developing practical and sound improvement strategies.

Statewide results for the CPOE Stage 6 Outcome Indicator portion of the review are summarized below:

Outcome Indicator	National Standard	Stage 6 10/1/2005 to 12/31/07
		Statewide Median
Recurrence of substantiated/indicated child abuse/neglect within six months	6.1% or lower	5.27%
Child abuse/neglect in foster care	0.57% or lower	0.00%
Stability of foster care placements	86.7% or higher	90.2%
Foster care re-entries	8.6% or lower	9%
Length of time to achieve reunification	76.2% or higher	82.25%
Length of time to achieve adoption	32% or higher	32.26%

Based upon review findings and discussions with PCSA's, county specific Quality Improvement Plans (QIP) were implemented to improve performance. As a result of QIP activities, improvements were achieved in the following measurement indicators: abuse and neglect in foster care, stability of foster care placements, foster care re-entries, length of time to achieve reunification and length of time to achieve adoption. As part of the QIP process, PCSAs not achieving 90% compliance with particular review rule elements also developed specific QIP strategies.

CPOE Stage 6 also included an intensive compliance review for specific rule elements function areas: assessment/investigation, in-home supportive services, protective supervision, substitute care, and adoption practice. A maximum of 32 random cases (depending upon county size) for each function area were reviewed to assess agency compliance. This means in larger counties, approximately 220 (or more) cases may be reviewed. It should be noted, each CPOE review cycle builds upon itself and performance is reviewed and compared over time. New elements are incorporated or modified depending upon rule changes, systemic initiatives, or prior learning/review results. A statewide comparison of common OAC review compliance elements covered in both CPOE Stages 5 and CPOE Stage 6, reveal slight improvement for compliance in assessment/investigation, in-home supportive services, protective supervision, and substitute care practice elements.

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<b>CPOE CASE RECORD REVIEW FOR RULE COMPLIANCE BY FUNCTIONAL AREA</b>		
<b>PROGRAM AREAS</b>	<b>CPOE STAGE 5</b>	<b>CPOE STAGE 6</b>
Assessment/Investigation	85%	87.4%
In-home Supportive Services	79%	82.3%
Protective Supervision	71%	77.5%
Substitute Care	79%	82.9%
Adoption	78%	76.2%

While SACWIS promises future access to improved statewide evaluation data, Ohio is currently making the transition from a paper/hard copy record system to a statewide electronic child welfare data environment. Standardized data entry capturing critical practice/service variables will enable Ohio to analyze trends and provide timely (and actionable) information to PCSAs. However, at this time, counties are struggling with day to day transition/practice issues and several counties have not yet implemented SACWIS.

CPOE Stage 7 commenced in 2008 and will conclude in 2010. CPOE Stage 7 monitoring and quality assurance activities were modified to take into account the monumental changes SACWIS presented to counties and the state as a whole. CPOE Stage 7 focused on three areas: (1) review of state and county performance with the Child and Family Services Review (CFSR) Safety and Permanency Measures; (2) case record review compliance with PCSA visits with children and families in the five monitoring universes (Assessment/Investigation, In-Home Services, Protective Supervision, Substitute Care, Adoption); and (3) review and provision of technical assistance on implementation of the Comprehensive Assessment and Planning Model Interim Solution (CAPMIS) with special attention on safety assessments, safety plans, case reviews, family assessments, and reunification assessments.

Forty-one CPOE Stage 7 reviews have been conducted. During this Stage significant changes have occurred at the county level that are impacting county practices. This includes staff layoffs, inability to hire persons to fill vacant positions and significant reductions in funding to support child welfare programs and services.

### CFSR Measures- County Compliance for all 88 counties

The following table presents information on the number of counties that were in substantial conformity with the CFSR Safety and Permanency Measures.

<b>Federal Measure</b>	<b>Federal Performance Expectation</b>	<b>Ohio's Performance</b>	<b>Number of Counties Met Federal Performance Expectation</b>

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Federal Measure	Federal Performance Expectation	Ohio's Performance	Number of Counties Met Federal Performance Expectation
<b>Safety Measures for April 1, 2007 to March 31, 2008</b>			
Absence of maltreatment recurrence	94.6 or higher	92.7%	39
Absence of child abuse and neglect in foster care	99.68 or higher	99.51%	County data fluctuates too much to accurately report on this

Federal Measure	Federal Performance Expectation	Ohio's Performance	Number of Counties Met Federal Performance Expectation
<b>Permanency Measures for FFY 2007 (October 1, 2006 to September 30, 2007)</b>			
<b>Timeliness and Permanency of Reunification</b>			
<b>Timeliness of Reunification</b>			
<b>C1-1:</b> Exits to reunification in less than 12 months	75.2% or higher	71.1%	47 out of 87 applicable counties
<b>C1-2:</b> Exits to reunification, median length of stay	5.4 months or lower	7.3 months	38 out of 87 applicable counties
<b>C1-3:</b> Entry cohort reunification in less than 12 months	48.4% or higher	51.6%	43 out of 87 applicable counties
<b>Permanency of Reunification</b>			
<b>C1-4:</b> Re-entries to foster care in less than 12 months	9.9% or lower	15.9%	29 out of 84 applicable counties
<b>Timeliness of Adoptions</b>			
<b>Timeliness of Adoption</b>			
<b>C2-1:</b> Exits to adoption in less than 24 months	36.6% or higher	37.4%	37 out of 74 applicable counties
<b>C2-2:</b> Exits to adoption, median length of stay	27.3 or lower	30.2 months	35 out of 74 applicable counties
<b>Progress Toward Adoption for Children in Foster Care for 17 Months or Longer</b>			
<b>C2-3:</b> Children in care 17+	22.7% or	18.3%	26 out of 87

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Federal Measure	Federal Performance Expectation	Ohio's Performance	Number of Counties Met Federal Performance Expectation
months, adopted by the end of the year	higher		applicable counties
<b>C2-4:</b> Children in care 17+ months of achieving legal freedom within 6 months	10.9% or higher	9.4%	30 out of 85 applicable counties
<b>Progress Toward Adoption of Children who are Legally Free for Adoption</b>			
<b>C2-5:</b> Legally free children adopted in less than 12 months	53.7% or higher	45.4%	35 out of 79 applicable counties
<b>Permanency for Children and Youth in Foster Care for Long Periods of Time</b>			
<b>Achieving Permanency for Children in Foster Care for Long Periods of Time</b>			
<b>C3-1:</b> Exits to permanency prior to 18 <sup>th</sup> birthday for children in care for 24+ months	29.1% or higher	22.2%	22 out of 85 applicable counties
<b>C3-2:</b> Exits to permanency for children with termination of parental rights	98% or higher	93.3%	40 out of 72 applicable counties
<b>Growing up in Foster Care</b>			
<b>C3-3:</b> Children emancipated who were in foster care for 3 years or more	37.5% or lower	42.8%	44 out of 85 applicable counties
<b>Placement Stability</b>			
<b>Placement Stability</b>			
<b>C4-1:</b> Two or fewer placement settings for children in care less than 12 months	86% or higher	87.3%	64 out of 87 applicable counties
<b>C4-2:</b> Two or fewer placements settings for children in care for 12 to 24 months	65.4% or higher	67.2%	70 out of 88 counties
<b>C4-3:</b> Two or fewer placement settings for children in care for 24+ months	41.8% or higher	35.9%	34 out of 87 applicable counties

<b>Permanency Measures for April 1, 2007 to March 31, 2008</b>			
<b>Timeliness and Permanency of Reunification</b>			
<b>Timeliness of Reunification</b>			
<b>C1-1:</b> Exits to reunification in less than 12 months	75.2% or higher	69.1%	46 out of 85 applicable counties

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Federal Measure	Federal Performance Expectation	Ohio's Performance	Number of Counties Met Federal Performance Expectation
<b>C1-2:</b> Exits to reunification, median length of stay	5.4 months or lower	7.8 months	29 out of 85 applicable counties
<b>C1-3:</b> Entry cohort reunification in less than 12 months	48.4% or higher	44.8%	32 out of 85 applicable counties
<b>Permanency of Reunification</b>			
<b>C1-4:</b> Re-entries to foster care in less than 12 months	9.9% or lower	15.5%	27 out of 87 applicable counties
<b>Timeliness of Adoptions</b>			
<b>Timeliness of Adoption</b>			
<b>C2-1:</b> Exits to adoption in less than 24 months	36.6% or higher	34.1%	29 out of 69 applicable counties
<b>C2-2:</b> Exits to adoption, median length of stay	27.3 or lower	31.6 months	27 out of 68 applicable counties
<b>Progress Toward Adoption for Children in Foster Care for 17 Months or Longer</b>			
<b>C2-3:</b> Children in care 17+ months, adopted by the end of the year	22.7% or higher	17.2%	21 out of 86 applicable counties
<b>C2-4:</b> Children in care 17+ months of achieving legal freedom within 6 months	10.9% or higher	8.9%	27 out of 85 applicable counties
<b>Progress Toward Adoption of Children who are Legally Free for Adoption</b>			
<b>C2-5:</b> Legally free children adopted in less than 12 months	53.7% or higher	44.5%	26 out of 79 applicable counties
<b>Permanency for Children and Youth in Foster Care for Long Periods of Time</b>			
<b>Achieving Permanency for Children in Foster Care for Long Periods of Time</b>			
<b>C3-1:</b> Exits to permanency prior to 18 <sup>th</sup> birthday for children in care for 24+ months	29.1% or higher	20.3%	20 out of 85 applicable counties
<b>C3-2:</b> Exits to permanency for children with termination of parental rights	98% or higher	93.4%	41 out of 72 applicable counties
<b>Growing up in Foster Care</b>			
<b>C3-3:</b> Children emancipated who were in foster care for 3 years or	37.5% or lower	42.6%	49 out of 85 applicable

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Federal Measure	Federal Performance Expectation	Ohio's Performance	Number of Counties Met Federal Performance Expectation
more			counties
<b>Placement Stability</b>			
<b>Placement Stability</b>			
<b>C4-1:</b> Two or fewer placement settings for children in care less than 12 months	86% or higher	89.1%	76 out of 88 applicable counties
<b>C4-2:</b> Two or fewer placements settings for children in care for 12 to 24 months	65.4% or higher	68.1%	71 out of applicable counties
<b>C4-3:</b> Two or fewer placement settings for children in care for 24+ months	41.8% or higher	37.7%	44 out of 86 applicable counties

*Note: For some of the measures not all PCSAs would be included since it is not applicable (e.g., did not have children in permanent custody).*

For the reporting period of April 1, 2007-March 31, 2008 there was an increase in the level of performance for the Placement Stability measure as more counties showed improvement. However, for the measures of Timeliness and Permanency of Reunification, Timeliness of Adoptions, and Permanency for Children and Youth in Foster Care for Long Periods of Time there was a decrease in the level of performance among counties.

### Case Review: Visitation

The following table reflects key findings from the 41 CPOE Stage 7 reviews conducted as of May 21, 2009 on compliance with selected visitation requirements.

#### Assessment/investigation Case Record Review

Ohio Administrative Code Requirements	Cases	Compliance Level
For emergency reports, PCSA attempted face-to-face contact with the ACV <i>within 1 hour</i> of receipt of the report.  5101:2-34-32(E) Non-CAPMIS	<b>1,225</b>	<b>91.50%</b>
<b>OR</b> For emergency reports, PCSA attempted a face-to-face contact with the ACV <i>within 1 hour</i> from the time the referral was screened in to assess child safety and interview the ACV. 5101:2-36-03(E)(1) CAPMIS		

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<b>Ohio Administrative Code Requirements</b>	<b>Cases</b>	<b>Compliance Level</b>
5101:2-36-04(G)(1) CAPMIS		
<b>In-Home Supportive Services (no court order) Case Record Review</b>		
<b>Ohio Administrative Code Requirements</b>	<b>Cases</b>	<b>Compliance Level</b>
PCSA made face to face contact with each parent, guardian or custodian participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly. 5101:2-39-08(O) Non CAPMIS <b>OR</b> PCSA made face to face contact with each parent, guardian or custodian participating in and being provided services through the JFS 01410 <i>CAPMIS Case Plan</i> no less than monthly. <b>5101:2-38-01(R) CAPMIS</b>	<b>404</b>	<b>67.75%</b>
Contact with each parent, guardian, or custodian participating in and being provided services through the case plan was in the child's home at least once every two months. 5101:2-39-08(O) Non CAPMIS <b>5101:2-38-01(R) CAPMIS</b>	<b>404</b>	<b>85.39%</b>
PCSA made face to face contact with each child participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly. 5101:2-39-08(O) Non CAPMIS <b>OR</b> PCSA made face to face contact with each child participating in and being provided services through the JFS 01410 <i>CAPMIS Case Plan</i> no less than monthly. <b>5101:2-38-01(R) CAPMIS</b>	<b>404</b>	<b>73.27%</b>
Contact with each child participating in and being provided services through the case plan was in the child's home <i>at least once every two months</i> . <b>5101:2-39-08(O) Non CAPMIS; 5101:2-38-01(R) CAPMIS</b>	<b>404</b>	<b>85.99%</b>
<b>Court Ordered Protective Supervision Case Record Review</b>		
<b>Ohio Administrative Code Requirements</b>	<b>Cases</b>	<b>Compliance Level</b>

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<b>Ohio Administrative Code Requirements</b>	<b>Cases</b>	<b>Compliance Level</b>
<p>PCSA made face-to-face contact with each parent, guardian or custodian participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.  5101:2-39-08.1(R) Non-CAPMIS</p> <p><b><u>OR</u></b></p> <p><b>PCSA made face-to-face contact with each parent, guardian or custodian or, if applicable, pre-finalized adoptive parent participating in and being provided services through the case plan no less than monthly.</b>  <b>5101:2-38-05(R) CAPMIS</b></p>	<b>488</b>	<b>69.98%</b>
<p>Contact with each parent, guardian, or custodian participating in and being provided services through the case plan was in the child's home at least once every two months.  5101:2-39-08.1(R) Non CAPMIS</p> <p><b><u>OR</u></b></p> <p>Contact with each parent, guardian, custodian or, if applicable, pre-finalized adoptive parent participating in and being provided services through the case plan was in the child's home at least once every two months.  <b>5101:2-38-05(R) CAPMIS</b></p>	<b>488</b>	<b>79.69%</b>
<p>PCSA made face-to-face contact with each child participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.  5101:2-39-08.1(R) Non CAPMIS</p> <p><b><u>OR</u></b></p> <p>PCSA made face-to-face contact with each child receiving services through the case plan no less than monthly.  <b>5101:2-38-05(R) CAPMIS</b></p>	<b>488</b>	<b>81.82%</b>
<p>Contact with each child participating in and being provided services through the case plan was in</p>	<b>488</b>	<b>90.28%</b>

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<b>Ohio Administrative Code Requirements</b>	<b>Cases</b>	<b>Compliance Level</b>
the child's home at least once every two months.  5101:2-39-08.1 (R) Non CAPMIS <b>5101:2-38-05 (R) CAPMIS</b>		
<b>Substitute Care Case Record Review</b>		
<b>Ohio Administrative Code Requirements</b>	<b>Cases</b>	<b>Compliance Level</b>
PCSA made face-to-face contact with each parent, guardian, custodian or, if applicable, pre-finalized adoptive parent participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.  5101:2-39-08.1 (S)(T) Non-CAPMIS  <b><u>OR</u></b>  PCSA made face-to-face contact with each parent, guardian, custodian or, if applicable, pre-finalized adoptive parent participating in and being provided services through the case plan no less than monthly.  <b>5101:2-38-05 (S) (T) CAPMIS</b>	<b>575</b>	<b>54.78%</b>
At least one face-to-face visit with the child occurred in the substitute care setting <i>during the first week of placement</i> (not including the first day of placement).  5101:2-42-65 (B)(1) effective 9/14/2006 5101:2-42-65(C)(1)(a) effective 2/17/2008	<b>575</b>	<b>83.57%</b>
At least one face-to-face visit with the substitute caregiver occurred in the substitute care setting <i>during the first week of placement</i> (not including the first day of placement).  5101:2-42-65 (B)(1) effective 9/14/2006 5101:2-42-65(C)(1)(a) effective 2/17/2008	<b>575</b>	<b>81.73%</b>
Face-to-face visits with the child occurred each month either in the office or substitute care setting, with at least one face-to-face visit within each six month period in the substitute care setting.  5101:2-42-65(B)(3) effective 9/14/2006  <b><u>OR</u></b>	<b>575</b>	<b>80.14%</b>

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Ohio Administrative Code Requirements	Cases	Compliance Level
Face-to-face visits with the child occurred <i>each month in the substitute care setting</i> . 5101:2-42-65(B)(3) effective 2/17/2008		
Face-to-face visits with the substitute caregiver occurred each month either in the office or substitute care setting with at least one face-to-face visit with the substitute caregiver within each six month period in the substitute care setting. 5101:2-42-65(B)(3) effective 9/14/2006 <b>OR</b> Face-to-face visits with the substitute caregiver occurred each month in the substitute care setting. <b>5101:2-42-65(B) (3) effective 2/17/2008</b>	<b>575</b>	<b>76.54%</b>
PCSA contacted the CRC within ten days after placement. 5101:2-42-65(D)(1) effective 9/14/2006 5101:2-42-65(C)(3)(a) effective 2/17/2008	<b>556</b>	<b>84.62%</b>
During ten day contact with the CRC the PCSA discussed and assessed the child's adjustment to placement and determined the need for continued substitute care placement. 5101:2-42-65(D)(1) effective 9/14/2006 <b>OR</b> During ten day contact with the CRC the PCSA ensured the child's safety and well-being and assessed whether the placement and services continued to meet the child's needs in accordance with the case plan. 5101:2-42-65(C)(3)(a) effective 2/17/2008	<b>512</b>	<b>88.24%</b>
<b>Adoption Case Record Review Summary</b>		
The assessor conducted each subsequent home visit with the child within 30 days of the assessor's last face-to-face home visit. 5101:2-48-17(B)(1)	<b>246</b>	<b>58.59%</b>
The assessor conducted each subsequent home visit with the adoptive parent(s) within 30 days of the assessor's last face-to-face home visit. 5101:2-48-17(B)(1)	<b>246</b>	<b>50.00%</b>

*Please Note: Within the body of this report there are other visitation statistics. They can*

*not be compared to those presented above because CPOE reviews only look at a random sample of cases which may or may not reflect the practices of the entire universe of cases. Additionally, the CPOE period under review differs from the other points of time data reported elsewhere in the report.*

It is anticipated SACWIS will change the face of future monitoring efforts. As county specific data will be accessible online, eventually less on-site record review time may be needed to assess rule compliance and county performance. Future on-site activities will likely incorporate CFSR Round 2 methods (such as interviews/focus groups with key stakeholders/families and electronic reporting functionality) as well as individual case review and targeted improvement initiatives.

As previously mentioned, Ohio's PCSAs implement individualized quality improvement programs. Larger agencies are quite sophisticated and have access to critical service data that may someday be accessible statewide (after SACWIS is fully operational). These agencies also facilitate child/family and service provider focus groups, implement regular surveys, and access evaluation/service data from contracted service providers. CPOE discussions incorporate feedback from multiple sources when determining factors contributing to non-conformity (as well as conformity). Often, these trends are eventually shared with other agencies (during QIP development) or as part of the ongoing collaboration with PCSA Directors. At times, QIP strategies, as well as promising practices from national research findings, are grouped by outcome measure and shared with PCSAs.

It is important to note, interim activities (development and monitoring of the agency's QIP, technical assistance, agency self assessments, county policy reviews, and other required reviews, such as MEPA, are also conducted between review cycles. Additionally, CPOE monitoring staff collaborate with PCSA's to conduct child fatality (and special administrative reviews upon request/approval) reviews. The process provides opportunities to review local service delivery, outcome performance, and service needs over the life of a case. Improvement recommendations are noted and in some cases, have resulted in local and/or statewide practice/rule modifications.

### **Utilization of Quality Assurance Reviews**

CPOE reports are public documents and are formally distributed to the PCSA executive director, county juvenile judge, and county commissioners and/or children services board president. Inclusion of the juvenile court and commissioners in the routine distribution of CPOE Stage 6 and CPOE Stage 7 reports has led to greater participation from PCSA leadership, as well as community partners, in the quality improvement process. Many PCSAs and community partners expressed a greater understanding of the interdependencies of roles/tasks. Some PCSAs have utilized CPOE results to support levy requests, increase and/or modify staffing levels, develop staff performance objectives, increase training resources, modify agency policies, strengthen provider service contracts, implement practice changes, develop intersystem collaboratives, and obtain grant funding. Some PCSAs publish results in local media outlets to increase

public education and accountability.

Many PCSAs include staff representatives (management and front line staff) from all areas of the organization (assessment investigations, voluntary, protective, substitute care, adoption, and quality improvement sections) in the CPOE review process. The diverse representation assists staff in reviewing the interdependencies and long term outcomes of their work. While staff in some agencies have very targeted responsibilities (such as a caseload of youth in independent living or an adoption-only caseload), discussions have led staff to better understand their shared mission and mutual challenges. The discussions also assisted PCSA leadership in identifying potential changes in staff alignment and/or practices to better support services to families.

Systemic review results (regional and statewide) are also shared with PCSA directors (or designated staff) in regular PCSAO meetings. These discussions assist PCSA's in reviewing how effective the region is in meeting child welfare outcomes and compliance levels. These shared efforts create a transparent process to promote mutual learning and sharing of resources. In some counties, CPOE results and efforts are shared across service systems (mental health, education, health, and substance abuse) and with private service providers.

### **Integrated Help Desk**

The Office of Families and Children (OFC) continues to provide customer service through the OCF Help Desk and Technical Assistance Center. During the course of the past fiscal year, the OCF Help Desk and Technical Assistance Center integrated with the statewide automated child welfare information system (SACWIS) Help Desk under moving from the Bureau of Family Services to the Bureau of Automated Services. The Integrated Help Desk continues to provide information, referral, and assistance on policy questions regarding child welfare and child care development. The Help Desk also provides technical support to counties for SACWIS. The Help Desk's primary role is the prompt and accurate receipt, identification, documentation and resolution of inquiries from its customers. Inquiries may range from simple requests for information or forms, providing county technical assistance regarding state/federal rules and SACWIS functionality, to resolving complex and unique situations related to the many programs provided by OCF.

The Integrated Help Desk supports several program areas within OCF, and the role has increased over the past few years in response to diverse needs from consumers.

Various customers include:

- citizens (public)
- legislators
- State and county workers
- providers and potential providers (public and/or private)

Inquiries currently received and supported by the OCF Help Desk are classified into the

following areas:

- SACWIS
- Child Welfare
- Child Care
- Title IV-E
- Legislative
- Requests for Records
- Complaints
- Misdirected Calls

The Help Desk and Technical Assistance Center staff provides support by:

- immediately answering questions and resolving problems;
- researching a resolution to the problem and communicating the resolution to the caller;
- referring complaints to the Department's Field Offices for further investigation; or
- referring the caller back to their community agency in order to go through the agency's internal grievance procedure.

All inquiries and resolutions are monitored for quality assurance. The OCF Help Desk is available from 8:00 am – 5:00 pm, Monday through Friday, excluding State holidays.

The OCF Help Desk responded to 45208 phone calls and 6023 email inquiries during the past fiscal year to date excluding SACWIS related inquiries. The help desk averaged between 500-600 emails and 100-140 calls per week regarding SACWIS which resulted in an average of 250-300 ticket submissions per week. For 2008, there were 16980 SACWIS tickets received and for 2009, there have been 4769 tickets received to date.

### **Tribal Consultation**

#### **Indian Child Welfare Act**

Although there are no federally recognized tribes in Ohio, the state continues to provide guidelines and technical assistance to agencies regarding the Indian Child Welfare Act (ICWA). ICWA administrative code rules were updated and became effective April 20, 2008. The Ohio Administrative Code 5101:2-53-02 takes into account the administrative responsibilities for children affected by the Indian Child Welfare Act (ICWA). 5101:2-53-01 through 5101:2-53-08 are sections of the OAC designed to implement the requirements of Public Law 95-608, the Indian Child Welfare Act of 1978.

ODJFS through the Ohio Child Welfare Training Program entered into an agreement with the National Indian Child Welfare Association (NICWA) to make available the

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Association's online course to enable public children services agency staff to build their knowledge of the requirements of the Indian Child Welfare Act. This online course provides an opportunity for agency staff to participate in self-paced, interactive learning while at the same time earning continuing education credits upon successful completion. Agency staff has found the online training to be quite useful to them in the course of their day-to-day work.

ODJFS has used different venues to provide educational information on the Indian Child Welfare Act to agency staff including:

- Updating the policy guidance letter (see addendum)
- Updated administrative code rules
- Statewide video conferences
- Workshops as part of various continuing education conferences, along with online NICWA course offerings
- Provision of ongoing technical assistance to agencies on specific cases

Each PCSA was asked to designate at least one staff person to complete the online course, and serve as a point person for periodic teleconferences and meetings regarding practice issues related to the Indian Child Welfare Act. Currently, 69 individuals and 53 counties (63%) have registered to have taken the course and are the contact person for on-going training and conferences. It is a goal to reach 100% representation in Ohio.

### **Consultation with Physicians or Appropriate Medical Professionals**

Round 1 CFSR findings determined ODJFS did not adequately address the health care needs of children in foster care and those receiving in-home services. Specific issues included:

- Health screenings and services were delayed for some children;
- Some children were not receiving preventive healthcare services;
- Some children were not receiving services to meet identified health concerns; and
- Access to dental care was often delayed.

Throughout this reporting period, OFC has continued to work with the ODJFS Office of Ohio Health Plans, the Ohio Department of Health and local agencies to address the physical health care needs of children and families. Key initiatives include:

### **Ohio Medicaid Neonatal Transformation Grant:**

In 2007, Ohio was awarded a grant from the Centers for Medicare and Medicaid Services (CMS) to address issues associated with prematurity and long-term health issues resulting from low birth weight.

Through this initiative, ODJFS will support statewide partners to:

- Decrease rates and disparities of prematurity and infant mortality;
- Decrease lengths of stay in Newborn Intensive Care Units;
- Prevent neurodevelopmental disabilities;
- Prevent chronic lung disease;
- Enhance parental infant care; and
- Decrease utilization of acute pediatric health care.

Partners for this project are the Ohio Department of Health, and the University of Cincinnati's Center for Health Care Quality.

### **Assuring Better Child Development (ABCD) Screening Academy:**

Ohio has been selected by the National Academy for State Health Policy (NASHP) to participate in the Assuring Better Child Development (ABCD) Screening Academy. This project is designed to improve the delivery of early child development services to low-income children and their families by linking agencies currently working with young children.

#### **ABCD Goals:**

- Promote consistent use of evidence-based, structured assessment and screening tools;
- Improve identification, referral and treatment of children who are at risk or delayed; and
- Develop health care policies to support the use of structured developmental screening and assessment of young children.

#### **Desired ABCD outcomes:**

- All children, ages birth to six years, will have appropriate developmental screening;
- Providers will utilize evidence-based, structured developmental assessment and social-emotional screening tools;
- Families will be aware of and seek developmental screening for their young children;
- Efforts among state agencies, providers, and communities will be aligned and coordinated to better ensure identification of children at risk or delayed, appropriate referral and follow-up care; and
- Policies will support the use of structured developmental screening and assessment for young children.

Partners in this effort include: Ohio Department of Job and Family Services, Ohio Department of Health, Division of Family and Community Services (Bureau for Children with Medical Handicaps, Bureau of Early Intervention Services), Ohio Department of Mental Health, and the Center for Health Care Quality at Cincinnati Children's Hospital (University of Cincinnati).

### **Ohio Child Health Improvement Partnership Program (OCHIP):**

Ohio has also been selected as one of five states to participate in a project designed to measurably improve health care outcomes for children and families. This project model supports physicians' efforts by providing resources for health care quality improvement.

#### **OCHIP goals:**

- Improve health care for 880,000 Ohio children under the age of six via standardized screening, assessment and follow up care.
- Demonstrate improvements in multiple health conditions (e.g., asthma, ADHD, children with special healthcare needs, maternal depression, substance abuse, autism).
- Develop an enduring statewide partnership that will work collaboratively to achieve measurable and dramatic improvements in the health outcomes of Ohio's children.

OCHIP partners include: the Ohio Department of Health Division of Family and Community Services (lead agency), ODJFS, ODMH, the Ohio Association of Health Plans, the Ohio Chapter of the American Academy of Pediatrics, and the Center for Health Care Quality at Cincinnati Children's Hospital (University of Cincinnati). The National Initiative for Children's Healthcare Quality (NICHQ) and the Institute for Health Care Improvement (IHI) also support this project.

### **Children's Buy-In Program**

On April 1, 2008, Ohio began accepting applications for the Children's Buy-In (CBI) program. CBI is a state-funded health care program for certain uninsured children in families with income over 300 percent of the federal poverty level (FPL). The program was created to provide more uninsured Ohioans with access to affordable health care.

CBI services include medically necessary:

- physician office visits and immunizations;
- inpatient and outpatient hospital services;
- emergency room and urgent care services;
- prescription drugs (based on a limited formulary);
- mental health and substance abuse services;
- ancillary services, including durable medical equipment, home health care, laboratory work, radiology services and ambulance use;
- limited nursing home care; and
- case management.

### **Medicaid Expansion for Youth Aging Out of Care:**

In January 2008, ODJFS extended free Medicaid coverage to youth, up to the age of 22, who age out of foster care/public independent living services.

### **Executive Medicaid Management Administration (EMMA):**

In December 2007, Governor Strickland established the Executive Medicaid Management Administration (EMMA), an independent state office, to reduce fragmentation and duplication of Ohio's public health system. While ODJFS continues to service as the single state Medicaid agency, EMMA has been designed to coordinate implementation of Ohio's Medicaid program across state agencies.

### **Dental Care**

To increase accessibility to dental care, the Ohio Department of Health has instituted the following programs:

#### **School Programs**

- Grant Funds are awarded to local agencies to support implementation and maintenance of school-based dental sealant programs.
- Dental Fundamentals is an oral health instructional guide for teachers of grades K-6 that includes lesson plans and materials.
- The Fluoride Mouth Rinse Program (FMRP) is available to elementary schools in non-fluoridated communities and/or those that serve a majority of students from low-income families. Currently an estimated 250 schools participate in this program designed to prevent tooth decay.
- Operation T.A.C.T.I.C., (Teens Against Chewing Tobacco In the Community) is a comprehensive teaching module containing lesson plans and accompanying activities for primary, intermediate and secondary grades on the dangers of smokeless or spit tobacco.

### **Dental Options**

Dental Options (Ohio Partnership To Improve Oral health through access to Needed Services) is a program offered by the Ohio Dental Association in partnership with the Ohio Department of Health to assist Ohioans with special health care needs and/or financial barriers to obtain dental care. Eligible patients are matched with volunteer OPTIONS dentists who have agreed to reduce fees.

### **Dental Treatment Programs in Ohio**

These programs, generally operated by local health departments/health centers, hospitals and other community organizations, provide treatment services on sliding fee schedules or at reduced rates.

### **Healthy Start/Healthy Families**

Children (up to age 19) and pregnant women can obtain low cost dental care through Healthy Start/Healthy Families coverage, one of Ohio's Medicaid programs. During this reporting period, a website linkage was established between ODJFS and ODH to promote the caseworker awareness of local public dental providers.

### **Dentist Shortage Areas and Loan Repayment**

General dentists and dental hygienists become eligible to apply for repayment of school loans related to professional training by working in sites in underserved areas.

### **DISASTER PLANNING**

ODJFS drafted and implemented Administrative Code rule 5101:2-5-13.1 “Disaster plan preparedness requirements” effective August 25, 2008. The rule requires every public children services agency, private child placing agency, private non-custodial agency and residential facility draft a disaster preparedness plan within 60 days of the effective date of the rule. Required contents of the plan are outlined in the rule, a copy of which is included in the appendix of this report.

The Office of the Chief Inspector coordinates the emergency preparation efforts of the ODJFS and acts as the department’s liaison to the Emergency Management Agency (EMA). ODJFS updated the information for its business interruption plan in Fall 2008. Emergency essential employees and alternate work locations have been identified for each ODJFS office. In addition, ODJFS has published the ASAP (Agency-wide Safety/Security Plan) outlining security procedures for dealing with bomb threats; suspicious mail and suspicious persons; hostage and weapons situations; workplace and domestic violence; civil disturbances; and weather and disaster emergencies.

Hard copies of the ASAP were distributed to ODJFS employees after finalization. Staff can access the manual and other information on the department’s emergency preparedness procedures, including the department’s policies on emergency communications and emergency essential employees through the ODJFS Innerweb (<http://innerweb/oci/EmergencyPreparedness.shtml>). This information is not accessible to the general public through the ODJFS internet website. It is public record, however, and can be provided upon request.

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### **Monthly Caseworker Visits**

The PCSA is responsible for complying with provisions set forth in OAC rule 5101:2-42-65 "Caseworker visits and contacts with Children in Substitute Care". The Children and Family Service review (CFSR) conducted in 2008 enlightened Ohio in terms of compliance issues and outdated policies. As a result, The Ohio Administrative rule 5101:2-42-65 Caseworker visits with children in substitute care was revised to guide public children service agencies in meeting requirements of ACYF-CB-P1-07-08 that implemented the provisions of the Child and Family Services Improvement Act of 2006 (P.L. 109-288) which informed states' to develop requirements for the frequency and quality of caseworker visits with children in substitute care.

Ohio's policy on visitation with children in care did not include information regarding required content for the visits. Caseworkers were to review the case plan with the child and the substitute care worker but little guidance in terms of quality. The child's well being, safety and risk were always considered, yet the documentation of the agencies efforts in determining well being, safety and risk wasn't always forthcoming. The revised rule, effective June 2009, requires the PCSA to continuously assess the child's safety and well-being, and assess whether the placement and services are meeting the child's needs in accordance with the case plan during the monthly face-to-face visits with the child and the substitute caregiver within the substitute care setting.

The information below represents the number of children visited while in substitute care, each and every month while in the substitute care setting. Information for FFY 2009 will be submitted no later than December 15, 2009.

	FFY 2007	FFY 2008
Aggregate Number of Children (unduplicated) served in foster care	4,422	8,822
Number of children visited each and every calendar month that they were in foster care	27,832	25,768
Total number of visit months for children who were visited each and every month that they were in foster care	22,118	26,832
Total number of visit months in which at least one visit occurred in the child's residence	22,118	12,441
Percentage of children in foster care who were visited during each and every calendar month	17.8%	34.2%
Percentage of visits that occurred in the residence of the child	79.5%	46.4%

It should be noted that during FFY 2007, Ohio had been in the process of rolling out implementation of its new State Automated Child Welfare Information System. While a

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sizeable number of counties have converted to SACWIS, it was not fully statewide. Other counties continued to submit information into the legacy system awaiting SACWIS implementation. As a result, OCF statisticians used a point in time data run using the older legacy system, the Family and Children Services Information System (FACSIS) to recalculate its data submission. The primary database for FFY 2008 was created by merging Placement Episodes and Visits (Event 230 in FACSIS) that occurred between October 1, 2006 and September 30, 2007. The analysis revealed inconsistent and missing data in FACSIS.

It is important to consider that when using a simple percentage number of caseworker visits, the state Ohio scores much higher for FFY 2008. Using the calculation of dividing the total number of children where appropriate visits occurred by the total number of children where visits should have occurred, Ohio receives a 90% success rate on monthly caseworker visits.

The Department submitted projected goals as part of the Title IV-B state plan and set target goals to meet the 90% visitation compliance rate for children in substitute care by FFY 2011. The following table indicates Ohio's plan to meet the target to achieve 90% visitation compliance by FFY 2011.

<b>FY 2007 Baseline</b>	<b>FY 2008 Target Goal</b>	<b>FY 2009 Target Goal</b>	<b>FY 2010 Target Goal</b>	<b>FY 2011 Target Goal</b>
17.8%	50%	65%	80%	90%

The Department has been committed to working with PCSAs to ensure improvement in the quality and frequency of their visits with children in substitute care and the documentation of their efforts in SACWIS through out the life time of the child's case. There have been several trainings on OAC 5101:2-42-65 "Caseworker visits and contacts with children in substitute care" for all the public children service agencies via videoconferencing. The training provided an overview of the new visitation requirements and expectations. Another statewide training is scheduled for June 3, 2009. This training will be conducted jointly by policy and SACWIS staff. The discussion will again focus on the visitation requirements as well as documentation of caseworker visits in SACWIS

### **CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)**

Most social services programs under the Department's purview are county administered with ODJFS developing administrative rules and program guidance to provide direction to local agencies in the provision of direct services. Basic State Grant funds, as outlined in Ohio's five year plan, are used to develop programs for enhancing safety and risk assessment protocols; to improve case management; to educate the public on the role and responsibilities of the child protection system; to support citizen review boards; to enhance collaboration among public health agencies, the child protection system,

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and private community-based programs; and to develop other initiatives designed to improve the child protective services system in Ohio.

The CAPTA State report updates the program areas selected for improvement from the 14 program areas outlined in Section 106(a) of CAPTA; identifies the activities that the State intends to implement with its CAPTA State grant and any changes in activities for the next fiscal year; and describes any updates to the services and training to be provided under the CAPTA State grant.

### **Update for CAPTA Plan FY 2009**

#### ***Improving legal preparation and representation, including provisions for the appointment of an individual to represent a child in judicial proceedings.***

##### Ohio CASA/GAL Association

Section 2151.281 (G) of the Ohio Revised Code requires the appointment of a Guardian *ad litem* (GAL) "in any case involving an alleged or adjudicated abused or neglected child or an agreement for the voluntary surrender of temporary or permanent custody of a child". Additionally, this section requires the appointment of GAL for an alleged dependent child "when the court believes there is a conflict of interest between the child and the child's parents, guardian, or custodian, or the court believes that the parent of the child is not capable of representing the best interest of the child".

The Ohio CASA/GAL Association is the only state professional membership organization for Ohio's volunteer court appointed special advocates (CASA) and attorney Guardians *ad litem*, and maintains an on-going relationship with local CASA/GAL programs. CASA has knowledge of the federal and state requirements for the appointment of Guardians *ad litem* for abused, neglected and dependent children; the National CASA/GAL training curriculum; and the National CASA/GAL Association standards of practice.

CASA works closely with local communities, program directors and volunteers to establish new CASA/GAL programs; provide technical assistance regarding administrative and programmatic issues; monitor program performance with standards compliance; serve as the liaison between The National CASA Association, state-level agencies and local programs; coordinate specialty license plate sales and the distribution of license plate funds to local programs; and provide state-level representation in policy development initiatives.

Basic State Grant funds were utilized in FY 2009 to support CASA's pre-service and in-service training programs through a contract with the organization. Under the contract, CASA conducted the following training activities aimed at preparing CASA/GAL to represent abused, neglected and dependent children in judicial proceedings:

- 50 pre-service training sessions for a minimum of 500 new CASA/GAL.

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- 55 in-service training sessions for CASA/GAL.
- Four (4) topical training sessions as follows, including two (2) sessions for CASA/GAL, CASA/GAL program staff, and other community stakeholders; and two (2) CASA and public children services agency collaborative training sessions.
- The annual statewide conference for CASA/GAL volunteers, staff, attorney GAL, and other community service providers.

### ***Improving the case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.***

#### *Parent, Child and Caregiver Participation in Case Planning*

ODJFS has been working on multiple initiatives related to family engagement and involvement in service planning over the past year. OAC rules addressing PCSA requirements for content and frequency of face-to-face home visits; and family involvement in case plan development and review have been revised for clarity.

The case plan document, which is shared with the family during development and provided to them after completion, was translated into Spanish in September 2008. ODJFS has been involved in an ongoing effort to provide any forms and informational pamphlets provided to clients or the general public in Spanish and Somali as those are primary languages for many, particularly in the larger or metro counties in Ohio.

The primary program funded through Basic State Grant during the past year is the Alternative Response (AR) case management pilot, which was implemented in 10 Ohio counties beginning July 1, 2008. The foundation of AR is family engagement, building and maintaining constructive relationships between families and service providers. This case management protocol allows PCSAs to be less authoritative (no labeling or blaming), which helps families develop trust and increases their comfort level in engaging with the agency to develop case plans. The AR Design Team (now the Leadership Council) developed tools for the pilot that are considered more family friendly.

The AR Family Service Plan and AR Family Service Plan Review are used in place of the CAPMIS case plan and case review tools; and new policy was also developed in June 2008 to support the practice of AR.

#### *Worker Visits with Parent(s)*

CPOE Stage 7 case record reviews are focused on the various visitation and caseworker contact requirements for different phases of the case (e.g., assessment/investigation, substitute care). To date, 52 CPOE Stage 7 reviews have been conducted to review compliance with selected visitation requirements. The findings related to worker visits with parents, guardians or custodians of children receiving ongoing services are depicted in the chart below:

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In-home Supportive Services	PCSA made face to face contact with each parent, guardian or custodian participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.	<b>72.33%</b>
Protective Supervision	PCSA made face-to-face contact with each parent, guardian or custodian participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.	<b>71.39%</b>
Substitute Care	PCSA made face-to-face contact with each parent, guardian, custodian or, if applicable, pre-finalized adoptive parent participating in and being provided services through the JFS 01444 <i>Family Decision Making Model Part II: Case Plan</i> no less than monthly.	<b>56.46%</b>

With just less than two-thirds of the reviews completed, Ohio has shown improvement in completing caseworker visits with parents, guardians and custodians for in-home and protective supervision cases over what was reported in CPOE Stage 6 (65.9% for in-home cases; 62.4% for protective supervision cases). Completion of visits for substitute care cases has decreased from the 60% reported in Stage 6.

***Developing and delivering information to educate the public on the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect.***

### Child Abuse and Neglect Publications

ODJFS continues to publish three booklets pertaining to child abuse and neglect to be used for education and training purposes with a variety of audiences. These three manuals include "Child Abuse and Neglect Manual for the Community," Child Abuse and Neglect Manual for Educators," and "Child Abuse and Neglect Manual for Medical Professionals." These manuals provide information about defining, preventing, identifying, and reporting child abuse and neglect. All three manuals reviewed and updated during the past year.

Forms used with families (e.g., case plans) and informational pamphlets have been translated and printed in Spanish and Somali. Since English is not always the primary language of a large population in metro cities in Ohio, using the home language of the family increases communication, education, trust and understanding between a family and the PCSA.

***Enhancing the general child protective services system by developing, improving and implementing risk and safety assessment tools and protocols.***

### Safety and Risk Assessment Protocols

ODJFS continues to focus on and support the assessment of safety and risk throughout the life of a case through the application of the CAPMIS protocol. The statewide implementation of CAPMIS concluded with Cuyahoga County's roll out of SACWIS in December 2008. As all of Ohio's PCSAs are now using CAPMIS, technical assistance to PCSAs is focused on assisting the caseworkers and supervisors with applying the model as designed.

Although some counties chose to begin using CAPMIS "on paper" after training and before the agency implemented SACWIS, many experienced a delay between completion of the CAPMIS training and implementation of the model via SACWIS. This appears to have negatively impacted application of the model, as the transfer of learning and momentum for its application waned during the time between training and implementation. ODJFS continues to maintain the CAPMIS mailbox, the Helpdesk, and offer bi-weekly SACWIS/Policy teleconferences between state and county staffs. In addition, CAPMIS implementation training is still offered through the OCWTP Regional Training Centers; and the OCWTP is developing a series of self-guided or trainer facilitated training activities that agencies can customize to fit their needs. During 2007, the OCWTP adopted the tenets of CAPMIS into the curricula of the Caseworker Core training modules in order to train newly hired caseworkers on the philosophy of CAPMIS within their first year of employment. Presently the CAPMIS implementation training curriculum is being condensed in order to offer the training in two days rather than three.

### Child Welfare Program and Policy Development

CAPTA were used for current and expanded staff resources in the child protective services (CPS) program. CPS staff are responsible for the Alternative Response pilot; CAPMIS implementation support and technical assistance activities; review and revision of statewide policy pertaining to screening of reports; training and technical assistance on case planning and case plan review practices; Citizen Review Panel (Community Evaluation Team/Citizen Review Board) program activities; review of Child Protection Oversight and Evaluation report information; and management of the CASA/GAL contract for pre-service and ongoing training. Funds are made available to support staffs' learning and professional development opportunities related to assigned programs as they are identified.

***Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.***

### Citizen Review Panels

Per Ohio Revised Code, a juvenile court may appoint a referee or a Citizen Review Board (CRB) to conduct required court review hearings. If the court appoints a CRB to conduct the review hearings, the board must consist of one member representing the general public and four members who are trained or experienced in the care or placement of children and have training or experience in the fields of medicine, psychology, social work, education, or any related field.

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As one of the three citizen review panels for Ohio, Stark County Juvenile Court CRB has been supported by a contract from ODJFS since November 2007. This contract, funded by Basic State Grant, will be renewed through the next biennium (2010 – 2011).

In the SFY of 2008 Ohio also utilized two existing statewide boards to meet the requirement to maintain three citizen review panels, the Statewide Child Fatality Review Advisory Committee (SCFRAC) and the Overcoming Hurdles In Ohio Youth Advisory Board (OHIO YAB).

The SCFRAC is statutorily authorized and was established in 2002. The mission of SCFRAC is to reduce the incidence of preventable deaths in Ohio. The purpose of this committee is to review Ohio's child mortality data and child fatality review data to identify trends in child deaths; to provide expertise and consultation in analyzing and understanding the causes, trends and system responses to child fatalities in Ohio; to make recommendations in law, policy and practice to prevent child deaths in Ohio; to support child fatality reviews and recommend improvements in protocols and procedures; and to review and provide input for the annual report. The committee membership represents diverse professions, state agencies and external partners. Local boards in each county or region are mandated to review all deaths of children under eighteen years of age, from all causes.

The OHIO YAB is a statewide organization of young people, age 14-23, who have experienced foster care. With the assistance of Public Children Services Association of Ohio (PCSAO), caseworkers, directors, independent living professionals and advocates, OHIO YAB has been in operation since July 2006. Their mission is to be the knowledgeable statewide voice that influences policies and practices affecting all youth who have or will experience out of home care.

Summary reports of each team's activities follow. Copies of their reports are included as attachments to this report.

### **Statewide Child Fatality Review Advisory Committee Annual Report Summary**

- Local CFR boards reviewed 28 unique deaths to children from child abuse and neglect in 2006. These represent less than 2 percent of all 1,692 deaths reviewed.
- Two of the 28 reviews indicated that both neglect and abuse were involved.
- Eighty-two percent (23) of child abuse and neglect deaths occurred among children younger than 5 years of age.
- A greater percentage of child abuse and neglect deaths occurred among black children (50 percent) and to boys (82 percent) relative to their representation in the general population (16 percent for black children and 51 percent for boys).

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- The 28 deaths identified as child abuse and neglect were the result of several kinds of injuries to the child.
- Thirty-two percent (nine) were the result of weapons including use of a body part as a weapon.
- Other causes of death included asphyxiation, vehicular, poison and medical causes.
- The majority of the 28 child abuse and neglect deaths reviewed were violent deaths, with 17 resulting from physical abuse including 11 from abusive head trauma and shaken baby syndrome and six from other beating, battering and violent injury.
- Of the 28 deaths from child abuse and neglect, 11 (39 percent) of the children had a prior history of maltreatment.
- The person causing the death was a biological parent in 61 percent of the reviews. The mother's partner was cited in 28 percent of the reviews.
- For all 1,692 deaths reviewed from all causes, at least 86 had a prior history of child abuse and neglect, and 66 had an open case with child protective services at the time of the death.

### **Overcoming Hurdles In Ohio Youth Advisory Board Report Summary**

The Overcoming Hurdles In Ohio (OHIO) Youth Advisory Board has convened on a statewide level, adopted a name, developed a mission statement, adopted bylaws, and elected officers. They have formed regional membership groups that meet several times a year and also created a strategic plan. The main components of the OHIO Advisory Board's work are advocacy, public education, and leadership development and employment opportunities.

A few highlights of the Advisory Board's accomplishments over the past year include participating in regional legislative forums, participating in a statehouse rally to talk about youth success and highlight things that can be encouraged to contribute to youth success, participating in Ohio's child and family service review stakeholders interview, presenting budget testimony to the Health and Human Services Subcommittee of Finance to advocate for full restoration of independent living funds, partnered with Ohio State Bar Foundation in their ongoing project to create resources for recently emancipated youth, developing the OHIO Youth Advisory Board Leadership Scholarship policy to send youth to the National Independent Living Association conference, and creating a draft of a Foster Youth Rights Handbook.

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The OHIO YAB also made policy recommendations and planned future activities and goals to improve the lives of children in foster care. The policy recommendations include:

### **COURTS**

Give youth an opportunity to speak to the judge about their case. Ensure meaningful interaction with CASAs or GALs prior to them representing youth. Youth should be present whenever a move for them is being considered at court or elsewhere.

### **NORMALCY**

Foster parents need the authority to make certain decisions for foster youth, such as whether or not the youth can spend the night at a friend's house, whether they can leave the county, if they can date, etc. Foster youth need to complete driver's education prior to their reunification, or prior to aging out of foster care.

### **INDEPENDENT LIVING SKILLS**

Agencies need to give youth core opportunities to gain hands-on, real life experience paying bills, managing a checking account, obtaining housing, and accessing public transportation, etc., so they will be prepared to transition out of foster care.

### **SIBLINGS**

Keep siblings together when at all possible. Absolutely maintain strong, regular contact between siblings (and other kin) when placed apart.

### **MENTAL HEALTH**

Strongly consider a need for youth to have continuity with the same therapist especially in a new placement. Provide accessible, in-home, community based mental health services for youth in foster care. Caseworkers and foster parents should receive increased training in mental health issues. Provide support groups and group work opportunities for foster youth.

### **COMMUNICATION**

Foster youth need to be able to contact their caseworker directly. Meetings concerning the youth should include the youth, foster parent and caseworker. Meetings regarding reunification should include the youth's parent, or parents, the foster parent and the caseworker.

### **FOSTER PARENTS**

Foster parents need to participate in training and meet strict qualifications. Foster parents need to be evaluated on an ongoing basis. Foster parents should be observed interacting with youth before they become licensed.

### **Stark County Citizen Review Board Report Summary**

The Stark County Citizen Review Board completed 279 case reviews from April 1,

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2008 through December 31, 2008. As a result of the case reviews, Stark County Family Court designated a full-time staff person to manage a new program, Specialized Assessments. This individual conducts a Trauma and Loss Assessment/screening on all incoming youth adjudicated delinquent, to determine if this type of counseling should be implemented.

The Citizen Review Board identified barriers in the provision of services to children as a result of the Stark County Board of MRDD denying waivers as a result of budget constraints for adult MRDD services such as housing, case management, etc. Additionally, delays and interruptions in instituting counseling services for children continues to be a barriers as a result of waiting lists and staffing changes within the mental health agencies.

During this reporting period, the Stark County Citizen Review board chairperson participated in the Ohio Summit on Children held in Columbus. The Summit was organized by the Governor of Ohio and Chief Justice of the Supreme Court of Ohio. Attendees from Stark County also included two family court judges, the director of family court, the director of the Stark County Department of Job and Family Services, a representative from the education service center and the director of the mental health board. As result of the information garnered at the Summit, the attendees continue to meet and have identified the following activities to improve services for children and families in Stark County.

- Maintain children placed in foster care or after a change in placement, in their current school system.
- Develop a Transitional Youth Program to facilitate transitioning older youth from agency custody to independent living and investigate strategies to improve the situation for children in foster care, e.g., shorter time in care.
- Develop adequate youth mental health services in Stark County, specifically, a residential center with psychiatric services. This goal was developed in order to try to keep children in need of this service in Stark County.

Progress on each of the recommendations has been monitored by the chairperson from the CRB. To date, a committee was formed and study is in progress addressing transportation issues and options for children placed in foster care to remain in their current school system. Also, the director of a local medical foundation has applied for accreditation for an immediate stay psychiatric center and is awaiting state approval to start a pilot program for a short-term psychiatric/residential center for Stark County youth.

Additionally, the attendees, in conjunction with the Stark County Children Services Advisory and Advocacy Council, the Aultman Health Foundation and the Traumatized Child Task Force, are preparing to hold a Stark County Summit on Children. The focus of the Stark County Summit on Children is collaboration to

improve the foster care system. The keynote speaker will be Ashley Rhodes-Courter, who wrote the book "Three Little Words", a memoir, telling her experience in the foster care system. The director of the South Carolina Department of Juvenile Justice is also slated to present at the Summit.

### **Alternative Response (AR)**

The eighteen month pilot period for Ohio's Alternative Response Project (AR) began July 1, 2008. Since that time, project activities have progressed through two phases:

1. Site Readiness Activities.
2. Project Implementation and Support.

Site readiness describes the pre-implementation and immediate post-implementation activities that enable counties to "go live" with an alternative option for responding to reports of child maltreatment. Efforts during this time are focused on ensuring that there is:

- A structural framework in place at both a state and county level that can support project operations.
- Practical support in place for staff to ensure that the safety and well-being of children are ensured throughout all project activities.

Site Readiness activities encompassed:

- *Infrastructure and Accountability:* Ohio's AR is limited to reports of suspected child maltreatment that have been accepted (screened in) by the child welfare agency. After there is a decision to screen in the report, the report is assigned to either the traditional response pathway or the alternative response pathway by applying the assignment criteria established by the Design Team. Random assignment to a control or experimental group is made within reports assigned to the alternative response pathway. Because AR is designed to operate within Ohio's existing child protection system – these are accepted reports of child maltreatment where a threat of risk or harm to a child has been alleged – the overall project design must maintain the safeguards and accountability consistent with the state's child protection program, as well as meet all federally required monitoring and reporting activities.

Legislative authorization allowed a change in administrative rules but not statute. In both design and implementation, this sometimes has created conflict or need to compromise with what might be perceived as practice better suited to an alternative approach. Similarly, since this is considered a prototype period during which the specifics of program design are fluid, the temporary nature of forms precluded the full integration of AR into SACWIS. It was neither reasonable nor resource-responsible to make full system modification. Both of these project elements resulted in administrative frustrations felt most strongly at the practice level. The move to an alternative response practice required the state to:

- Develop and deploy a SACWIS Work Flow that permits project sites to capture alternative response case reporting data within SACWIS in a manner that is consistent with the principles of alternative response.
  - Initiate SACWIS mapping to ensure that Ohio alternative response data is accurately reported to the US Department of Health and Human Services in compliance with federal requirements.
  - Establish a variety of informational avenues to provide SACWIS support to pilot sites and to acclimate non-pilot counties to the appearance of the alternative response designation within the SACWIS screen.
  - Enact rules and forms specific to Alternative Response through the Ohio Administrative Code.
- *Monitoring Progress and Outcomes:* The AR evaluation is being conducted by the Institute of Applied Research (IAR). IAR is part of the AIM Team selected by Ohio to assist with the design, implementation and evaluation of AR, but it is conducting the evaluation separately from those assisting with design and implementation. IAR is evaluating:
    - The process of implementation.
    - Changes in outcomes for children, families, the agency and the community that may result from the introduction of AR.

Outcomes that will be monitored include:

- Child safety
- Family satisfaction
- Family and worker perceptions of change
- Benefits and deficits of the AR approach
- The occurrence of later reports of child abuse or neglect
- Later removal and placement of children in families offered AR
- Community stakeholder perceptions of AR
- Effects of AR on caseloads of workers
- Short-term and longer-term costs of AR to the state
- Other potential changes resulting from the introduction of this approach.

The basic design of the outcome evaluation is a field experiment. For the first fifteen months of the pilot project (July 1, 2008 – September 30, 2009), families that are determined to be appropriate for an alternative response will be randomly assigned to one of two groups: 1) those offered a family assessment, which includes greater participation in decision making by families and a broader approach to family needs or 2) those offered the traditional approach, which includes a Child Protective Service (CPS) investigation and other actions of CPS toward families. The second group is the control group composed of the “business as usual” families. Differences in activities and outcomes for these two groups will be compared to determine whether the effects of AR are positive, negative or represent no change from the traditional approach of CPS.

Project implementation and support describes the activities that provide pilot sites with the ongoing training, technical assistance, and consultation needed to effectively implement the tenets of an alternative response system. Efforts during this time are focused on ensuring the sites receive continued feedback, guidance and support as caseworkers begin incorporating the language and philosophy of AR into their daily practice.

- *Ongoing Access to Support and Skill Development Opportunity:* AIM, the Design Team and state staff spent considerable time establishing pre-service competencies. All sites participated in site-specific and/or regional training pre-implementation training that included sessions specific to workers, supervisors, and the community. The training was provided by AIM and site representatives. State policy staff participated in every session.

Post-implementation activities have been designed to provide sites with easy access to technical assistance and address immediate training needs. Currently, AIM is providing:

- In person consultation meetings of lead staff in pilots (quarterly).
- A schedule of peer-to-peer teleconferences for caseworkers.
- A schedule of peer-to-peer teleconferences for supervisor.
- A schedule of regionally organized meetings for caseworkers
- A schedule of regionally organized meetings for supervisors.
- Regular county-specific contact.
- Four days of on-site Continued Quality Assurance and Coaching.

AIM, Casey Family Programs and the Design Team have established a process for pilots to request technical assistance as events arise during the pilot process. Dependent upon the nature and cross-jurisdictional relevance of the request, response can range from a telephone call to specialty training by national experts. AIM, the Design Team, Casey Family Programs and state staff continue to identify training needs, both from the standpoint of general curricula and topic-specific competencies.

- *Lessons Learned, Preparing to Move Forward:* The project also has established a project chronicler who records qualitative documentation of the process. This is intended to extract significant implementation-related lessons and challenges that can be addressed when considering state-wide expansion.

Although the Project Implementation and Support Phase is eighteen months in length (July 2008 – December 2009), its characteristics are progressive in nature. The Project Implementation and Support Phase reflects the stage when community sites “settle in” with the new approach, develop a comfort level with the work, experience its organizational impact, encounter systemic or community challenges, and begin to realize the first initiation-to-closure outcomes of working with families with an alternative approach. During this time, ODJFS continued

work on Infrastructure, Monitoring for Model Fidelity and Outcomes and Access to Skill Development.

***Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are subject of substantiated child maltreatment reports.***

### **Pediatric Sexual Assault Nurse Examiners (P-SANE)**

As previously reported, Basic State Grant funds are used to support a network that recruits and trains medical providers in underserved Ohio communities to conduct skilled medical evaluations for sexual abuse and severe physical abuse. Using telemedicine technologies, medical experts in regional Medical Centers of Excellence then review these skilled evaluations. Telemedicine, when used together with trained local providers, is a cost-effective and efficient solution to provide expert medical care in underserved Ohio communities. Technological services also permit ongoing training, case review and mentorship among evaluators, as well as case consultation between Medical Centers of Excellence. Medical providers trained to participate in this process include both physicians and pediatric sexual assault nurses who collect evidence that is electronically conveyed to a physician for diagnosis. This program is intended to:

- Offer ready access to skilled medical diagnosis to all alleged victims of physical and sexual abuse.
- Eliminate for the need for costly and distant travel by social workers, prosecutors, and police investigators to obtain timely expert medical opinions.
- Eliminate the additional trauma upon child victims caused by redundant and unskilled physical examinations, and/or inaccurate or misleading assessments.
- Reduce the reporting and investigation of cases where medical evidence is not indicative of abuse.
- Permit state-of-the-art collection of forensic evidence.
- Provide on-going training, peer review, and mentorship opportunities for operational sites.
- Promote continuing education and ongoing quality assurance through peer review and performance standards.

Activities that have occurred over the past year include:

- The addition of a new remote site. A regional hospital lost its only child abuse physician in July 2008, making it unable to see victims of child abuse since that time. By working through the local hospital, the program was able to locate and train a local physician. The local clinic is now operational and patients are being seen. The program continues to support the physician as his backup for clinical peer review.

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- Three, 4-day didactic trainings for Ohio Pediatric Sexual Assault Nurses (PSANE). Additionally, the program offered three advanced/accelerated classes for PSANEs.
- Seven Internet-based learning sessions and case expert review sessions for all remote sites using WebEX, an internet meeting conference facility.
- Technical and clinical support to each of the sites on the same day as the request or on the next working day. Emergency calls are responded to within three hours. Support options for our sites include telephone support from expert physicians, clinical interpretation and case consultation through WebEX, email and “TeleCam.”
- Ten collaborative peer review sessions of child sexual abuse interviewing for child advocacy and medical centers. As the number of regularly participating sites has grown, the group has selected to split into two groups and have two calls per month. This permits adequate time for discussion of the cases. One participant sent these comments regarding the utility and value of the peer-review activity:

*“It is a huge asset to our multidisciplinary team. Our Assistant Prosecutor now sees it as a requirement in the defense of the interview. It contributes to centers' compliance with NCA standards that now require a Quality Assurance/Peer Review process. It helps the team with internal team development and is beginning to foster inter-team development which is wonderful and can only strengthen our work across the state. It has given all of us an appreciation for the diversity of interviewer style (while still conforming to an interview protocol) and really highlights the differences between jurisdictions which is driven by the MDT's prosecutor and each county's judicial system. We are very grateful to Mayerson Center for taking the lead on this project.”*

### **CAPTA Five Year Update (2004 – 2009)**

Basic State Grant has been effectively utilized in Ohio over the past five years to support several program development activities as well as local prevention and practice efforts.

Initially, Ohio focused use of grant dollars on the overhaul of the risk and safety assessment model, including two pilot projects with associated evaluations; and in the past two years, on support of the Alternative Response project. Child Protective Services activities and projects supported with Basic State Grant dollars have included:

- Family Assessment and Planning (FAPM)/Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS) development, pilot, evaluation, training and implementation support
- Development of tools, manuals, training materials, etc. as outlined in Ohio's CFSR Program Improvement Plan
- Community Evaluation Teams and Citizen Review Boards allocations and contracts to meet the CAPTA requirement for citizen review panels.

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- Staff development opportunities, including participation and attendance at the National CRP conferences and attendance at the annual Differential Response conferences.
- CASA/GAL training program support through ongoing contracts for pre-service and in-service training, statewide conferences and regional, collaborative sessions with PCSAs and other stakeholders.
- Caseload Analysis (financial support of this program ended in 2005).
- Child Abuse Prevention activities. Allocations to the counties to support local activities were initially provided through Basic State Grant funds and are now being provided through CBCAP funds. Basic State Grant funds have also been used to print and provide educational support materials and county allocations during the past five years.
- Financial support and assistance to the Ohio Department of Health in order to meet the increased need for Help Me Grow services as a result of the CAPTA requirement to refer all children under the age of three involved in a substantiated report of child abuse or neglect to early intervention services.
- The Pediatric Sexual Assault Nurse Examiners (P-SANE) Program.
- Alternative Response model development, training and pilot support.

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<b>OHIO COMPREHENSIVE CHILD AND FAMILY SERVICE PLAN FY 2005 - 2009</b>
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CAPTA/BASIC STATE GRANT BUDGET SUMMARY					
PROGRAM	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Personnel/Associated Costs	\$350,000	\$350,000	\$350,000	\$100,000	
FAPM Development and Implementation	\$160,000				
CAPMIS Pilot Evaluation		\$200,000	\$536,000		
CAPMIS Training and Implementation Support			\$768,000	\$25,000	
PIP Projects and Activities	\$10,000	\$5,000	\$5,000	\$5,000	
CET/CRB	\$50,000	\$50,000	\$30,000	\$48,000	\$16,000
CASA/GAL Training (Pre-/In-Service)	\$70,000	\$75,000	\$77,000	\$88,000	\$92,050
GAL Training	\$75,000				
Caseload Analysis	\$40,000				
CA/N Prevention	\$20,000				
CA/N Prevention Month – County Allocations	\$176,000	\$176,000	\$176,000	\$176,000	
CA/N Book Printing	\$10,000				
Staff Development	\$10,000	\$5,000	\$5,000	\$5,000	
Help Me Grow	\$250,000	\$135,000	\$200,000		
Differential Response		\$200,000	\$200,000	\$400,000	\$767,000
PSANE		\$109,000	\$121,000	\$125,000	\$125,000
<b>TOTAL*</b>	\$1,221,000	\$1,305,000	\$2,468,000	\$972,000	\$1,000,050

\*To the extent that total costs are higher than the award, they will be charged to surplus grant balances from previous awards.

### **Chafee Foster Care Independence Program (CFCIP)**

#### **Administrative Structure**

ODJFS is the single state agency that administers the Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program under Title IV-E of the Social Security Act, Section 477.

Most social services programs under the Department's purview are county administered with ODJFS developing administrative rules and supervising local PCSA agencies in the provision of direct services. For the Chafee Independent Living Program, Ohio passes through 100 percent of its base allocation to the local PCSAs. The funds are distributed to PCSAs based upon the number of children 15 ½ years of age and older who are in substitute care in each county, as compared to the total number of children in substitute care in the state. Each county receives a minimum of \$5,000 to operate its program. The ODJFS Office of Fiscal Services, Reports and Statistics Section continues to utilize a quarterly statistical form which all 88 county agencies complete. This form allows IL staff to collect data on the number of youth who are being served and the cost connected for the services.

#### **Activities and Services Provided**

The structure of Ohio's individual Independent Living programs prescribed by ODJFS prompts diversity among the 88 counties with regard to the components of their programs. Under current Ohio Administrative Code rules (5101:2-42-19, 5101:2-39-09, and 5101:2-39-11), PCSAs and PCPAs must, within the case plan, identify the programs and life skill services that will be provided to assist older children to prepare for transition from substitute care to independent living. While each of Ohio's local PCSAs must evaluate the need for, and provide the commensurate life skill services to youth in their custody and to those emancipated from their custody. In a broad context, ODJFS requires PCSAs and private agencies holding custody (private child placing agencies - PCPAs) to make available services to youth who are likely to remain in foster care until age 18, or who have emancipated from care.

Ohio's PCSAs have local discretion regarding the individual assessments and evaluations of youth aid in determining which youth under 16 are likely to remain in foster care until age 18. In addition, there is flexibility when agencies may begin to assess and provide services for the youth. In working with PCSAs, ODJFS staff has identified several factors such as age, presenting problems, case history, and case plans/goals as items to be examined when determining if a youth is likely to remain in foster care until 18.

Agencies are responsible for conducting life-skills assessment for each youth in substitute care who has attained the age of 16 or whom the agency feels is ready to receive IL services. The assessment establishes the need for certain services, and is based on an objective tool completed by the youth (or on the youth's behalf), with documented input from the youth, his/her caregiver, and the case manager. The assessment is to be completed no later than 90 days after the youth turns sixteen years

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old or 90 days from entering into agency custody. For emancipated young adults, agencies are directed to develop a mutually agreed upon written plan for the provision of services identified as being needed based on an evaluation of the young adult's strengths and needs. This plan is to outline the responsibility of the young adult and the agency, and is signed by the young adult and a representative of the agency as an indication that the young adult will take personal responsibility for achieving independence.

Ohio law allows for caseworkers to use concurrent planning and family group conferencing when they are working with families. This allows for the worker, the youth, and the youth's family to make decisions as a group. Subsequently, concurrent planning is encouraged for all youth in care so that should parental rights be terminated, each youth will have the opportunity for stability and permanence.

Ohio law also requires the training of foster families and agency workers on the areas of independent living issues. For those families who work with youth transitioning to adulthood, OAC rules require that training be provided relative to the needs and issues of such youth. ODJFS recognizes that working with older youths in care is different from working with children under the age of 16. Therefore, foster parents and workers have continuously been trained on how to address the specific issues of pre-teens, e.g. 14 and 15 year olds and older adolescents, while functioning as mentors and teachers for youth transitioning to adulthood. Treatment foster homes, which only accept children and youth with a very high level of need, have also been equipped to address transition issues.

For Ohio's Independent Living Program pursuant to Ohio Administrative Code (OAC) rules, PCSAs and PCPAs are required to provide services such as:

- outreach, individual and group counseling;
- education and vocational training (i.e., preparation for a General Equivalency Diploma (GED), or for higher education, job readiness, job search assistance and placement programs);counseling and instruction in basic living skills, parenting,, health care (e.g., preventative health care, substance abuse prevention, family planning, etc.);
- access to community resources;
- transportation;
- housing options (and optional "room and board" assistance for emancipated youth up to age 21);
- counseling and training on such subjects as self-esteem and self-confidence, interpersonal and social skills training and development;
- matching each youth with an adult/peer who can serve as an advocate, resource, and mentor in daily living skills;
- culture and gender specific activities; and,
- school dropout prevention programs.

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Ohio has also supplemented its federal dollars with an Independent Living Initiative under Temporary Assistance to Needy Families (TANF). This began through an executive order of the Governor for SFY 2007 (July 1, 2006 – June 30, 2007), and this initiative has been proposed to continue for the next state biennium. \$2.5 million in TANF funds were allocated to PCSAs to support the provision of Independent Living services and assistance to youth ages 16 and older who are in the agency's custody and young adults ages 18 to 21 who have emancipated from the agency's care. PCSAs received their allocation based on the following formula:

- All PCSAs received a base allotment of \$2,500;
- For SFY 2008: The remaining \$2.28 million was distributed to each PCSA that experienced any Independent Living cost in SFY '06 proportionate to the ratio that the PCSA's SFY '06 allocation represented to the statewide total reflecting the SFY '06 allocation net of the SFY '06 allocation amount provided to PCSAs that experienced no IL costs within the SFY '06 allocation;
- For SFY 2009: The remaining \$2.28 million was distributed to each PCSA that experienced any IL cost in SFY '07 proportionate to the ratio that the PCSA's SFY '07 allocation represented to the statewide total of the SFY '07 allocation net of the SFY '07 allocation amount provided to PCSAs that experienced no IL costs within the SFY '07 allocation;
- PCSAs that experienced no Independent Living costs within the SFY will only receive the base allotment.

The allocation was to be used to expand PCSAs efforts to enable youth who have, or who will, emancipate from foster care to gain the skills necessary to achieve self-sufficiency and lead productive lives in the community.

Funds available under this allocation were targeted to serve TANF purpose three, "To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidences of these pregnancies." The allocation was used on behalf of any youth eligible to receive independent living services per rules 5101:2-42-19 and 5101:2-42-19.2 of the Ohio Administrative Code - "Requirements for Independent Living Arrangements for Independent Living Youth in Custody" and "Requirements for Provision of Independent Living Services to Young Adults Who Have Emancipated," respectively.

The scope of services noted in the above-referenced OAC rules, funding from this allocation could only be used for the activities denoted below and could not be used to support PCSA staff salaries.

For youth in a PCSA's custody, the agency could purchase services, make vendor payments, and make incentive payments consistent with the youth's life skills assessment and written independent living plan developed in accordance with rule

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5101:2-42-19. With the exception of medical services, PCSAs used the allocation funding to purchase services using the service categories outlined in rule 5101:2-42-19.

PCSAs also offered incentives to eligible youth to promote successful behavioral outcomes. Such outcomes included academic achievement such as honor roll or election to student council; acts or recognition of good citizenship in the community, or the achievement of milestones that furthered the youth's accomplishment of goals/expectations outlined in the youth's written plan. Incentives were provided to youth either in the form of a cash payment and/or an instrument such as a gift card or gift certificate. The value of incentive reward was not to be disproportionately large.

Payments to vendors for room and board are not allowable for youth in the PCSA's custody. In addition, services and payments did not fall within the definition of "assistance" under TANF, or otherwise prohibited by TANF regulations.

For young adults who have emancipated from foster the allocation funding could be used to purchase services, make vendor payments, and provide incentive awards for young adults who have emancipated from foster care. Such persons must enter into a written plan developed in accordance with rule 5101:2-42-19.2 with the PCSA that held prior custody. Purchased services, vendor payments, or incentive awards had to be consistent with the aforementioned plan. In developing the plan, the PCSA placed a special emphasis on defining goals and outcomes which assisted the young adult in achieving and maintaining self-sufficiency.

Except for medical services, PCSAs could purchase services using the service categories outlined in rule 5101:2-42-19.2. PCSAs could also purchase other services, make payments to vendors, or provide incentives to the young adult to assist in furthering the young adult's achievement of self-sufficiency as outlined in the written plan.

Again, services and payments could not fall within the TANF definition of "assistance". Some allowable expenditure which a PCSA could consider on a case-by-case basis for a young adult who had emancipated included:

- Security deposits, utility deposits, and rent and utility payments for up to four months when there is a clear plan that the young adult will be able to maintain ongoing payments beyond those for which he or she has received assistance from the PCSA;
- Up to \$1000 to assist with furniture;
- Driver's education classes and driver's license fees;
- A one time payment to a vendor to purchase or help to purchase a used car to support the person's employment when there is a clear plan that the young adult will be able to maintain the costs and responsibilities associated with a car;
- A one time payment to a vendor up to \$2000 to cover the cost of repairs to a car that is used to support the person's employment, provided that such repairs are necessary to the functioning of the car and are not considered ongoing car

- maintenance (e.g. - an oil change);
- Work clothes, tools, supplies, and examination and/or permit fees needed to obtain or maintain employment;
- Payment of a membership to join a YMCA or other activity which would help a young person maintain a responsible lifestyle;
- Employment mentoring; and
- Nominal incentive awards either in the form of cash payment or gift card or gift certificate for the achievement of specific behavioral outcomes outlined in the written plan between the person and the PCSA. In light of provided independent living services, and policies, youth transitioning out of foster care remain challenged for a successful transitioning into self sufficiency.

### **MyMissionTransition.com**

As of May 20, 2009: Ohio teens have a new "virtual parent:" website. It will provide information to youth preparing to "age out" of foster care, helping them make the transition to adult independence. It is sponsored by the Public Children Services Association of Ohio (PCSAO) in conjunction with Ohio State Bar Foundation (OSBF). This was a public service project of the 2007 Fellows Class of the OSBF which was comprised of 47 volunteer attorneys and judges. Data was collected over an 18-month period and over 1,500 volunteer hours were put into the project. Youth participated in the development of the site by discussing what they thought the site ought to include. The website will offer tools and information about finance, health, citizenship, education and much more. This website can also be a communication tool to assist with the implementation of requirements for NYTD.

### **National Youth in Transition Database**

In 2008, The Foster Care Independence Act of 1999 required the Administration for Children and Families (ACF) to develop and implement a data collection system (National Youth in Transition Database or commonly known as NYTD) to perform two main functions: track the independent living services States provided to youth and develop outcome measures that may be used to assess States performance in these two areas.

The Department has revised the Independent living rules that govern the provision of independent living services, and eligibility. Specifically, OAC 5101:2-42-19 "Requirements for the provision of independent living services to youth in custody" and 5101:2-42-19.2 "Requirements for provision of independent living services to young adults who have emancipated have been revised to mirror the federal requirements for the National Youth in Transition Database (NYTD). Modifications to SACWIS are currently being addressed in order to capture the required the data as specified in the Foster Care Independence Act.

### **Service Collaboration**

PCSAs are encouraged to coordinate with other child and family serving agencies, within and among counties, to develop service systems that meet the needs of youth in care. Many county agencies have developed formal protocols related to service

provision for youth in care and those returning after emancipation. ODJFS has provided funding in 06, 07, and 08 to child welfare advocacy organizations through contracts and grant agreements to assist with the costs of registrations at conferences. The independent living conferences provided by these agencies have provided youth the opportunity to speak out on issues that effect older youth in care, training, survivor skills and resources that will assist them in transitioning, to name a few.

Some PCSAs and their local Workforce Investment Act (WIA) boards have forged strong communication links that enable them to work together in assisting youth. At the state level, ODJFS's Office for Children and Families and the Office of Workforce Development collaborate in providing guidance to local agencies to better serve youths and young adults emancipating from care. One particular area of collaboration between the two offices involves the federal initiative, New Youth Vision.

In 2003, the White House Task Force report on Disadvantaged Youth noted that at-risk youth are being left behind in our economy due to a lack of program focus, regardless of the many dollars spent on needy youth. As a result of this report, the task force recommended and implemented teams that consist of departments that work with the neediest youth across United States.

### *Ohio's New Youth Vision*

The Office of Workforce Development of the Ohio Department of Job and Family Services formed the Knowledge and Education for Youth Success (K.E.Y.S.) shared youth vision initiative. The goal of this initiative is to develop a set of priorities to drive state and local programs that serve the most at risk youth in an effort to prepare youth for success in a demand driven economy. Ohio has chosen to focus on the emerging youth workforce with the expectation that all youth will have opportunities to become economically self-sufficient as they transition to adulthood. Out-of-school youth are a critical segment of the incumbent and emerging workforce. They often lack the skills needed to obtain high-demand jobs and to fulfill employers' need for a highly-skilled workforce. This initiative fills a gap that is critical to securing Ohio's economic future.

In addition to ODJFS' internal offices, representatives from the Ohio Department of Education, the Department of Youth Services (juvenile justice), and Ohio Family and Children First initiative are also on the statewide team. The team identified four critical areas which will continue to guide implementation of the initiative. In order to help out of school youth reconnect to education and work, Ohio seeks to:

- Maximize a focus on youth, including out-of-school youth, within the larger workforce development system.
- Assist out-of-school youth in overcoming the barriers that prevent them from entering high-growth, high-demand occupations.
- Capture and share data across various systems to evaluate the outcomes of programs and policies designed to help youth enter high-demand occupations.
- Formalize an interagency approach to youth workforce development that is both visible and effective.

### **Coalition on Homelessness and Housing in Ohio (COHHIO)**

COHHIO supports a range of housing assistance services in Ohio, including homeless prevention, emergency shelters, transitional housing and permanent affordable housing with linkages to supportive services, as needed. Helping hundreds of housing organizations and homeless service providers pursue their missions, COHHIO provides public policy advocacy, training and technical assistance, research and public education. COHHIO has a Youth Empowerment Program (YEP) that helps to meet the needs of homeless children and youth. YEP will empower youth by increasing opportunities for them to take control of their situations while building self-esteem and improving their quality of life through advocacy, leadership and education. More than 60,000 children and youth are expected to experience homelessness in Ohio this year. YEP is a statewide council of homeless youth (12- 21) who have joined together to improve the lives of these children.

Through YEP, homeless youth become active community members and productive citizens by participating in community service, leadership training, and advocacy activities. These youth put their own ideas into action and are able to make significant changes to local state and national policies.

### **Statewide Youth Advisory Board**

Former and current foster youth that has an interest in sharing their voices are part of a statewide youth advisory board entitled "Overcoming Hurdles in Ohio (OHIO) Youth Advisory Board." The O.H.I.O.'s mission exists to:

- Be the knowledgeable statewide voice that influences policies and practices that effect all youth who have or will have experienced out-of-home care;
- Bring youth together on a statewide level regardless of race, sex, religion, creed, disability, sexual orientation or national origin;
- Assist youth in establishing and achieving realistic goals for their future; and
- Provide exemplary leadership and empowerment opportunities for youth who have or will have experienced out of home care.

OHIO has had several statewide meetings and has spoken to over 500 child welfare professionals since the beginning of the board. The OHIO youth advisory board has advocated for systemic changes in Ohio and have accomplished much in the past year as shown in the following:

- Advocated for specialized services for teen moms in foster care;
- Joined a strong coalition, led by Ohio Association of Child Caring Agencies, to hold the first statewide independent living conference, featuring youth-led workshops, bringing youth and adults together to positively impact foster youth services in the state of Ohio;
- Met with federal legislators to advocate for federal finance reform;
- Proactively shared their journey in foster care to more than a 1,000 child welfare professionals in the state of Ohio; and

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- Successfully advocated for the extension of Medicaid coverage until age twenty-one.
- Presented budget testimony on March 19, 2009 in the Health and Human Services subcommittee of Finance to advocate for full restoration of the Independent Living funds removed in the proposed 2010-2011 proposed budget as well as restoration of TANF to Title XX transfer funds used by county agencies to provide child protection services.
- Participated in a "Ready to Launch" advocacy day on April 28, 2009. This was a campaign geared at a budget advocacy and the issues that affect transitional youth.

ODJFS has invested Youth Workforce Investment Act funds into the OHIO youth advisory board. The officers of the group are in the process of drafting a strategic plan for use of the funds, including development of a Foster Youth Rights handbook, policy and practice input to others, leadership development and other activities leading to youth employability and self sufficiency.

### **Training**

In 2009, an initiative to develop policy recommendations for the improvement of services and opportunities to foster youth aging out of the system was presented to the Ohio General Assembly, the Ohio Governor and state executives.

- These reform efforts were initiated in 2007 by youth and advocates from county and state youth advisory boards. Four legislative forums were held across the state during 2008 to gather input and share information about issues that most concerned older youth in care and those that had emancipated. Workgroups were developed that consisted of child welfare advocacy groups such as the Ohio Independent Living Association (OHILA), Ohio Family Care Association (OFCA), Ohio Association of Child Caring Agencies (OACCA), Public Children Services Agencies Organization (PCSAO), State Youth Advisory Board, Coalition on Homelessness and Housing in Ohio (COHHIO), Foster Care Alumni of America, the Ohio Board of Regents and the Ohio Department of Job and Family Services (ODJFS). The six workgroups are higher education, Housing, Workforce, Transportation, Mentoring, and Medicaid.

On May 12, 2009, a one day training program was conducted that included the Ohio Board of Regents, Ohio independent living coordinators, The Orphans Foundation (the organization that administers the Education, Training Voucher program for the state of Ohio), all public colleges and universities in the State of Ohio and other social service professionals. This one day training provided insight to the needs of youth aging out of foster care and enrolled in higher learning, the unique barriers emancipated youth face, such as housing during breaks for holidays and summer. Colleges and universities need to understand and to gather student support liaisons that will improve student persistence, retention and program completion. The need for schools to designate one person to have lead responsibility for students from foster care is important on

many levels. Foster youth will benefit from a single individual on campus who understands how their background and early independence affects their academic success and social integration. The liaison will be responsible for providing outreach and assistance to foster youth at their institution. This would involve the planning of year round housing plans for foster youth to ensure they do not become homeless during the break periods. The liaison would also pursue the establishment of admissions, enrollment, and or financial aid procedures that allows foster youth to self -identify.

### *Independent Living Summit*

In collaboration with ODJFS, Ohio Association of Child Care Agencies, the Foster Care Alumni, Public Children Service Association (PCSAO), Ohio Family Care Association and the Young Adult Community Development (YACD) provided the opportunity for training in various areas on independent living and transitioning to adulthood. The "Ohio Independent Living Summit", held October 19, 2007 provided various workshops and speakers that demonstrated best practices, innovative concepts and skills that would assist older youth and youth that aged out of care in preparation of transitioning into a life of independence. Resources were provided to foster parents that support fostering older youth in care. The Summit proved to be highly successful with over 60 young people in attendance from various counties in Ohio.

In October 2008, this collaborative group implemented a two-day conference to educate youth and the adults who support them on best practices in independent living services with the ultimate goal of achieving better outcomes for Ohio's youth as they age out of the child welfare system. There was also a "Youth Speak-Out" event at the conference that trained the youth in public speaking and advocacy and highlighted needed policy support from members of the legislature.

### **CFSR**

To meet the requirements of involving foster care youth and emancipated youth in the Child and Family Services Review, ODJFS met with a group of youth still within agency custody and with emancipated youth to gain insight into their personal experiences with the child welfare system. The youths' feedback included recommendations to decrease the number of children waiting for permanent homes and to address disproportional trends impacting minority children served in the child welfare system. Other recommendations included identifying and recruiting permanent families that can meet each child's needs to promote stability and well-being for the children in care. Information and recommendations from the youth is included in Ohio's 2008 statewide assessment.

### **Medicaid Expansion for Emancipated Youth**

House Bill 119 of the 127<sup>th</sup> General Assembly established that youth who have aged out of foster care and meet all eligibility requirements are eligible for Medicaid until they reach age twenty-one. OAC rule 5101:2-40-03 "Former Foster Care Children: Medicaid Expansion" now supports this provision of Medicaid expansion to youth aging out of the foster care system. Previously, medical benefits ceased at age 18. With this initiative,

case managers responsible for transitioning youth to community resources have been directed to continue these youths' enrollment in the Medicaid program. Youth who are younger than age 21 years, and have already aged-out of the foster care system also qualify for this program. The expansion began January 1, 2008 and is expected to provide coverage for approximately 900 youths.

The Medicaid expansion for former foster care children includes the following provisions:

- No income or resource limits
- No face-to face interview
- Re-determination every 12 months
- Must enroll in a Managed Care Plan to get services

Based on the goals listed in Ohio's 2005 – 2009 Chafee Foster Care Independence Program Plan, the following is a description of the services that youth and young adults aged 18-21 received during the past state fiscal year.

### **GOAL: Assist Youth To Transition From Dependency To Self-Sufficiency**

1. PCSAs provided a differential assessment/evaluation method, which identifies independent living skill deficits in youth, or utilized pre- and post-test assessment tools to measure the skill attainment level of youth. Ohio Administrative Code rules direct agencies to provide these assessments for youth that are likely to remain in care until the age of 18. Services are then provided based on the outcome of the assessments.
2. Independent living services continued to be integrated into agency case plan documents. For emancipated young adults, written agreements were drawn up between the young adult and the agency to assure that both parties were working toward helping the youth become self-sufficient. Ohio Administrative Code rules require that IL services be coordinated with other services that directly impact a youth's case plan or a young adult's plan for self-sufficiency. This integration of services has included the youth's parent or guardian, the substitute caregiver, and various inter-disciplinary service providers.
3. Hands-on experience through supervised living arrangements was provided to develop and enhance the adult living skill levels of participating youth, including those who completed a transitional living experience and those who participated in either a summer emancipation camp experience or a youth retreat. Group training programs helped eligible youth acquire skills needed for independent living.
4. Computer-assisted IL skills instruction, courses on homemaker services to teach and implement effective home management skills, and laboratory experiences where youth had a daily agenda of activities to accomplish, including employment and housing searches were provided by various public and private agencies.

5. In regards to emancipated youth, OAC rules make it the responsibility of the agency that the youth emancipated from to provide services. In those cases where a young adult has emancipated and moved to another county, the county where the youth emancipated is still responsible. ODJFS currently provides technical assistance regarding agency collaboration and service provision in these instances. County PCSAs work with each other to ensure that the young adult receives services.
6. PCSAs worked to recruit specialized foster homes, offering training to prepare foster caregivers to become independent living foster caregivers.

**GOAL: Help Youth Receive The Education, Training And Services Necessary To Obtain Employment And/Or Prepare For And Enter Post-Secondary Training And Educational Institutions**

Youth and young adults were assisted by PCSA staff in completing high school, receiving their GED, or completing vocational school. Tutors in remedial education and/or computer-assisted programs provided assistance. PCSAs also assisted youth in continuing their education or obtaining job training by participating in career and vocational programs that helped identify and set personal goals. Because the majority of Ohio's counties are rural in nature, the regionalization of services is encouraged so that barriers such as unavailability or inaccessibility of services can be decreased.

PCSAs are encouraged to work together to develop service systems that will meet the needs of youth in care. An example of this collaboration can be found between the PCSA and the local Workforce Investment Act (WIA) boards. Strong working relationships have been developed between these entities in many counties. Also, ODJFS and WIA state staff provided assistance to local agencies on how they can best work together and develop good service plans for youth in care and for youth who have recently emancipated. This will continue over time as needed by local agencies.

**GOAL: Provide Personal and Emotional Support to Youth through Mentors and the Promotion of Interactions with Dedicated Adults**

All youth and returning young adults received individual and/or group counseling. PCSAs are responsible for the provision of case management services to all participating youth during and after group training sessions. PCSAs provided, or made arrangements for, counseling and/or therapy services for those youth who experienced emotional difficulties.

PCSAs provided program components where youth and their parents improved their relationships during the transition from substitute care to returning home or moving into an independent living situation. Participants and caregivers were also provided with other services and assistance designed to improve a teen's transition to independent living such as:

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1. the provision of group training experiences for parents/caregivers preparing the youth for independent living;
2. training of professional therapy/social service staff and direct caregivers in effective and engaging methods to teach youth necessary independent living skills; and
3. mentoring programs within foster care, including recruitment and development of mentor foster care givers and alternative interdependent living arrangements for appropriate youth.

The National Youth in Transition Database has also listed specific services that are to be provided to young people. Mentoring is one of the services PCSAs are to make available to young people.

**GOAL: Provide Financial, Housing, Counseling, Employment, Education and other Appropriate Support and Services to Former Foster Care Recipients Between 18 and 21 Years of Age**

Eligibility for services is addressed in OAC rules and agencies are directed to, when requested, provide a range of services and support for former foster care recipients who emancipated from the agency's custody due to attaining age 18. The agency is required to evaluate the current needs of the young adult to determine the range of services to be provided. Services and support are to complement the young adult's own efforts to achieve self-sufficiency, and are to be provided as needed up to their 21<sup>st</sup> birthday. Agencies are directed to develop a mutually agreed upon written plan for the provision of services, and are to coordinate services with community resources as available. PCSAs have discretion to provide room and board assistance.

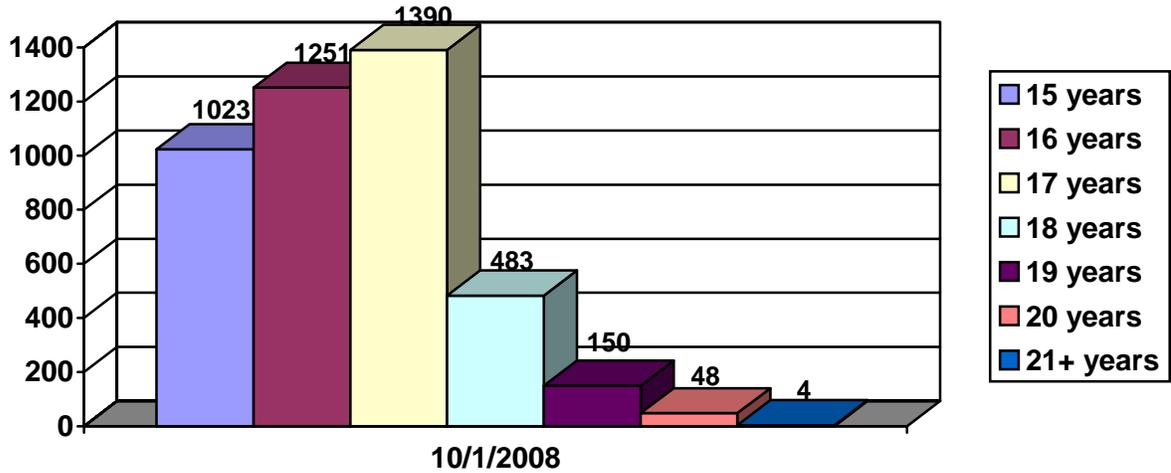
In Ohio, assistance with room and board is defined as including, but not limited to; assistance with rent, initial rent deposit, utilities, and utility deposits for youth ages 18 - 21. Ohio allows PCSAs to use no more than 30% of their IL allocations for assistance with room and board. This option has been exercised by PCSAs based on the needs of the young people they serve; yet, many counties opt not to use funds for this purpose because of the need to use all of their allocation for other services. Some counties have established programming where they provide "seed money" from these funds to get a young person on their feet and set up in their own household. Many PCSAs provided assistance with rent and utility deposits/payments, and the purchase of groceries and household items. Assistance was also provided in negotiating with landlords for manageable rent payments and safe living conditions. OAC rules state specifically that under no circumstances shall the PCSA use any of its independent living allocation for room and board for youth under the age of 18 or beyond the young adult's 21st birthday.

The information below reflects the number of youth in Ohio served by the CFCIP and Ohio's Independent Living program on 10/1/2008.

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**Youth receiving Independent Living Services By Age (Figure 1)** 10/01/08

15	1023
16	1251
17	1390
18	483
19	150
20	48
21+	4
<b>TOTAL</b>	<b>4349</b>



It is anticipated that by the end of each fiscal year the number of youth served will be higher. The data represented above reflects a snapshot of youth receiving independent living services on October 1, 2008.

**GENDER (Figure 2)** 10/01/08

FEMALE	2032
MALE	2315
Missing Data	2
<b>TOTAL</b>	<b>4349</b>

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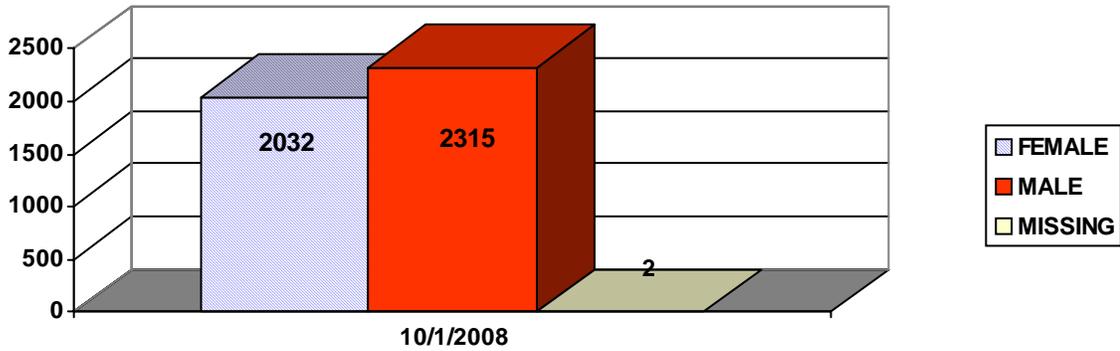
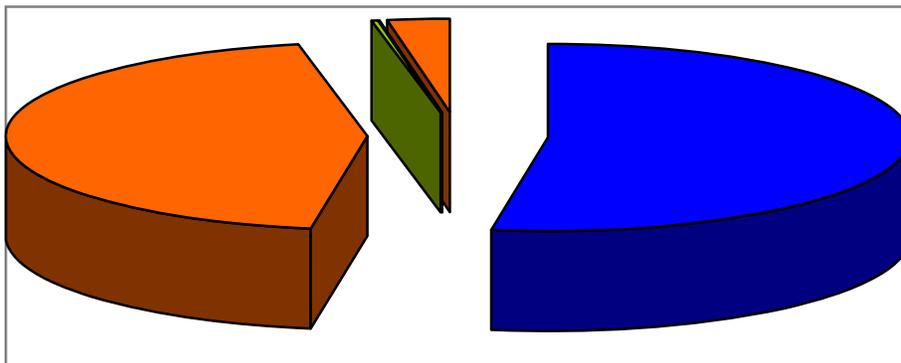


Figure 2 demonstrates that there is not a large difference in the number of females receiving independent living services compared to males receiving independent living services.

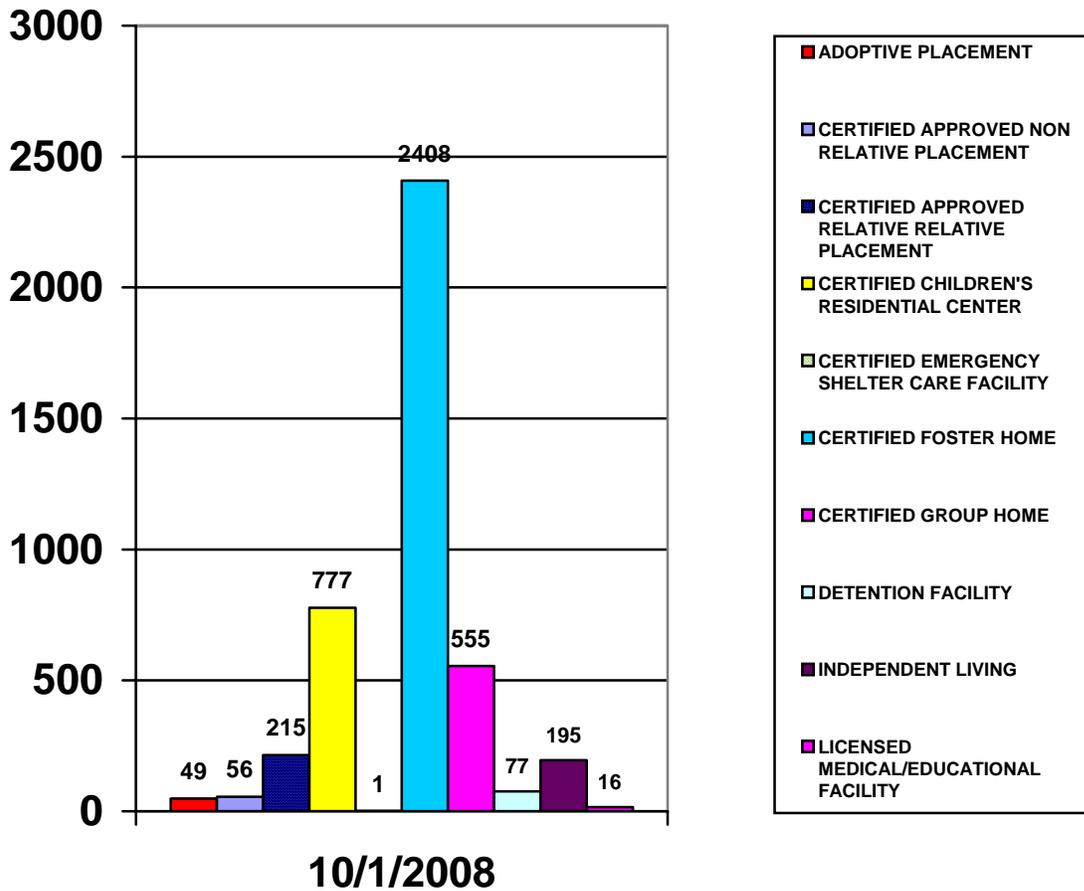
<b>RACE (Figure 3)</b>	<b>10/01/08</b>
WHITE	2252
AFRICAN AMERICAN	1916
AMERICAN INDIAN/ALASKAN	5
ASIAN	2
MULTI RACES	123
MISSING DATA	51
TOTAL	4349



■ WHITE	■ AFRICAN AMERICAN
■ AMERICAN INDIAN/ALASKAN	■ ASIAN
■ MULTI RACES	

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<b>LIVING ARRANGEMENT BY TYPE</b>		<b>10/01/08</b>
<b>(Figure 4)</b>		
ADOPTIVE PLACEMENT		49
CERTIFIED APPROVED NON RELATIVE PLACEMENT		56
CERTIFIED/APPROVED RELATIVE PLACEMENT		215
CERTIFIED CHILDREN'S RESIDENTIAL CENTER		777
CERTIFIED EMERGENCY SHELTER CARE FACILITY		1
CERTIFIED FOSTER HOME		2408
DETENTION FACILITY		77
INDEPENDENT LIVING		195
LICENSED MEDICAL/EDUCATIONAL FACILITY		16
<b>TOTAL</b>		<b>4349</b>

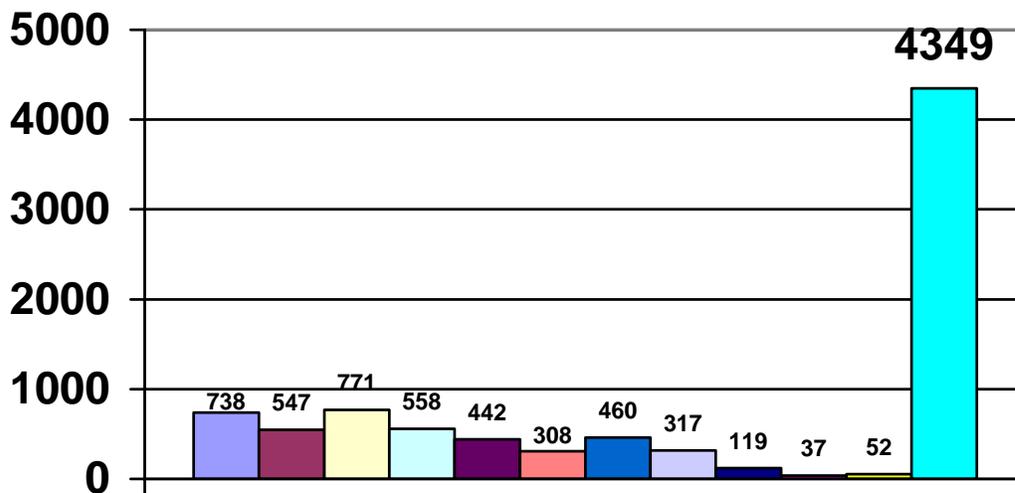


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**Figure 4** shows the living arrangements for youth 15 years of age and older and who are eligible for independent living services. Most older youth are placed in family foster homes. The second highest living arrangement for youth 15 years old or older is residential facilities. Few youth in independent living arrangements are adopted and even less are placed in a medical or educational facilities.

**LENGTH OF STAY IN PLACEMENT**  
(Figure 5) 10/01/08

LESS THAN 6 MONTHS	738
6 MONTHS – 1 YEAR	547
1 – 2 YEARS	771
2 – 3 YEARS	558
3 – 4 YEARS	442
4 – 5 YEARS	308
5 – 7 YEARS	460
7 – 10 YEARS	317
10 – 12 YEARS	119
12 – 15 YEARS	37
15+ YEARS	52
TOTAL	4,349



10/1/2008

LESS THAN 6 MONTHS	6 MONTHS – 1 YEAR	1 – 2 YEARS
2 – 3 YEARS	3 – 4 YEARS	4 – 5 YEARS
5 – 7 YEARS	7 – 10 YEARS	10 – 12 YEARS
12 – 15 YEARS	15+ YEARS	TOTAL

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The data in figure five demonstrates that many youth that enter foster care remain in care for less than 6 months. A larger number of youth age 15 or higher remain in substitute care 1-2 years. A very small population of 15 year olds and higher remained in care as of October 1, 2008.

<b>CUSTODY TYPE</b> <b>(Figure 6)</b>		<b>10/01/08</b>
OFFICER ACCEPTANCE		2
EMERGENCY CUSTODY TO AGENCY		26
PERMANENT CUSTODY		918
PERMANENT SURRENDER		35
TEMPORARY COURT ORDER		237
AGENCY AUTHORITY		12
PLAN PERM LIVING ARRANGEMENT		1725
TEMPORARY CUSTODY		1366
COURT CUSTODY		28
TOTAL		4,349

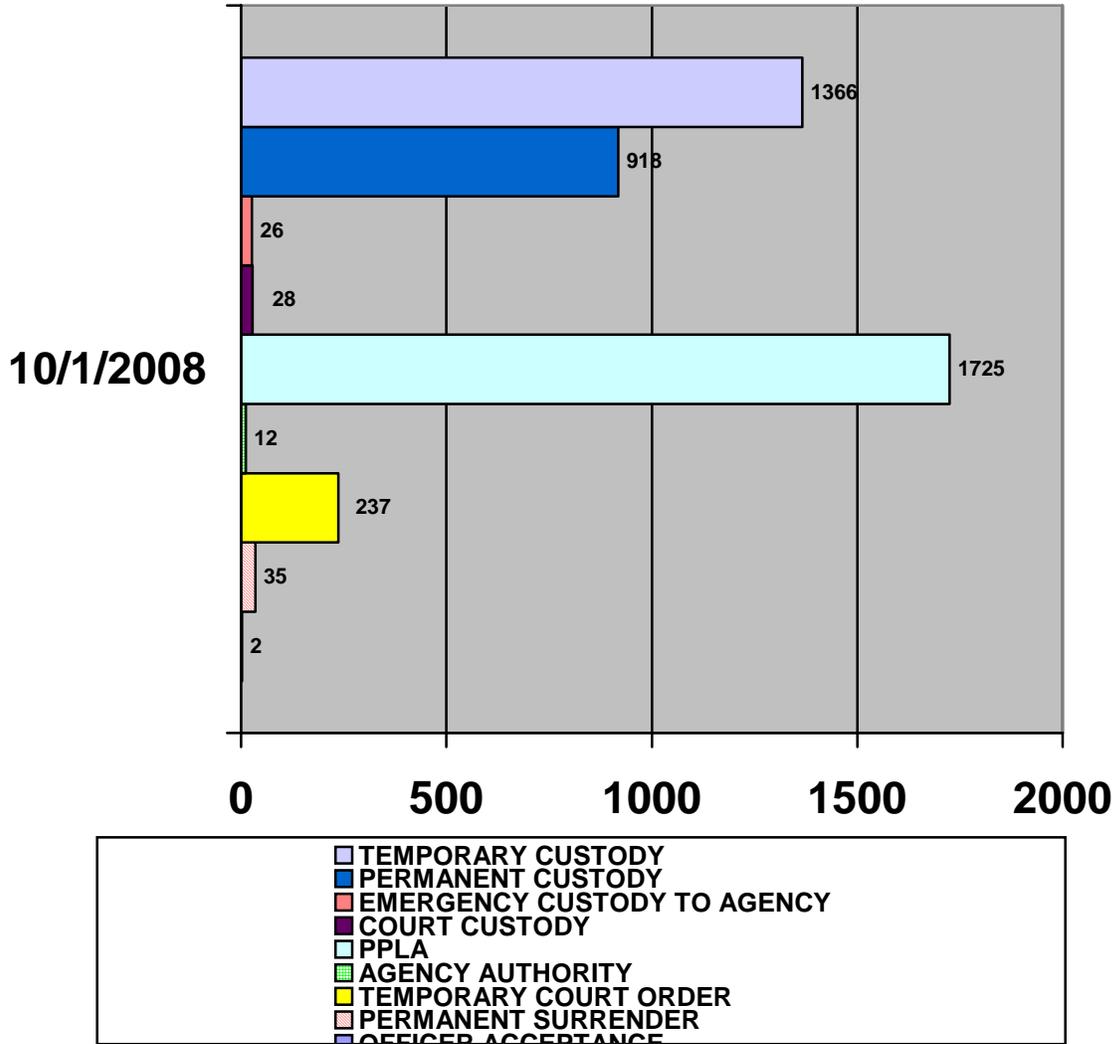


Figure 6 shows that many older youth that come into custody are placed in PPLA status. Even though the data demonstrates a high percentage of youth in PPLA status, it may be that the numbers represent one or two counties, not the state of Ohio. Agencies and courts are made aware that placing youth in PPLA status does not exclude their efforts of finding permanency for these young people. Agencies and courts are encouraged to continue to pursue permanency for youth.

10/01/08  
Title IV-E, Foster Care  
Maintenance, or  
Adoption Assistance  
Eligible  
(Figure 7)

	2685
YES	
NO	1664
TOTAL	4349

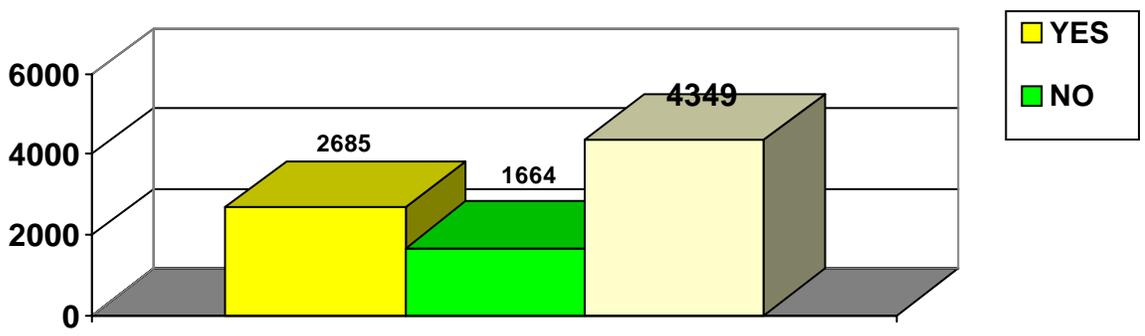


Figure 7 demonstrates that over half of the older youth in out-of-home care are eligible for foster care maintenance. This same population is eligible to receive independent living service

### **Education and Training Vouchers (ETV)**

The Education and Training Voucher Program is state administered through a sub grant agreement with the Orphan Foundation of America which markets the programs, determines eligibility, disseminates funding to students, and coordinates volunteers who provide mentoring support.

ODJFS has been working to assist youth who wish to continue their education after high school. Under the federal Education and Training Voucher Program (ETV), ODJFS has contracted with the Orphan Foundation of America (OFA) to administer a program assisting young adults in obtaining post secondary education and training. Under the contract, the foundation's responsibilities include the following:

- Verifying the eligibility of participants and institutions
- Processing applications for ETVs
- Issuing vouchers in accordance with the guidelines of federal law
- Monitoring and supporting student progress
- Utilizing volunteers to provide adjunct services to students
- Providing regular program reports to ODJFS staff
- Monitoring and reporting on the intended outcomes of the program

Up to \$5,000 per year, per youth, is available to help cover the cost of participation in post-secondary education. Aside from the traditional colleges and universities, these funds may also be used for post-secondary vocational and proprietary schools. The award money may not exceed the cost of attendance. Cost of attendance includes: tuition and fees; room and board; rental or purchase of required equipment, materials or supplies, including a computer; allowance for books, supplies, and transportation; required residential training, and special student projects. Young people may apply directly to the Orphans Foundation through Ohio's link for the state voucher program at: [www.statevoucher.org](http://www.statevoucher.org). To meet the eligibility requirements for the ETV program:

- Youth must be 17-20 years old to enter the program
- They must be in foster care, or aged out of foster care, OR they were adopted from foster care after the age of 16
- They must have a high school diploma or GED
- They must be accepted into or enrolled in an accredited college or vocational/technical training program for post-secondary education.
- To maintain eligibility they must show continued progress towards their degree or certificate

Participation is renewable until age 23 if they are enrolled by their 21<sup>st</sup> birthday.

### **Accomplishments**

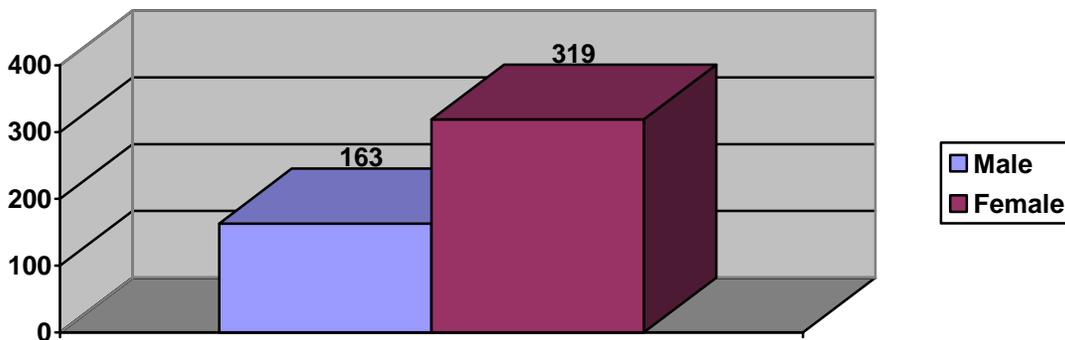
All Ohio youth who completed the application and attended school were funded. Students who applied, but were ineligible to receive funding include those who were not in foster care, did not attend school, first time applicants over the age of 21 or previous

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recipients who are older than 23. Previous/returning students who had two consecutive semesters below a 2.0 GPA did not receive additional funding. The following information pertains to funded students only.

<b>GENDER</b>	<b>07-08</b>
FEMALE	319
MALE	163
TOTAL	482

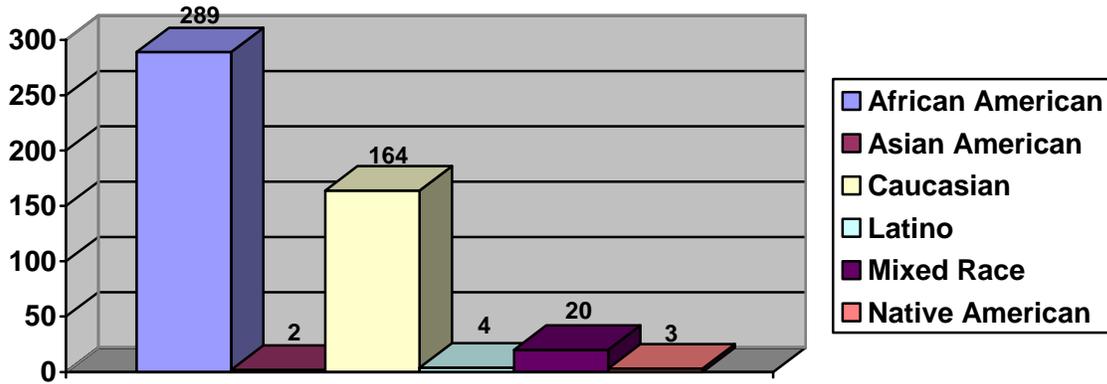
**Funded Applicants by Gender**



<b>RACE</b>	<b>07-08</b>
AFRICAN AMERICAN	289
ASIAN AMERICAN	2
CAUCASIAN	164
LATINO	4
MIXED RACE	20
NATIVE AMERICAN	3
TOTAL	482

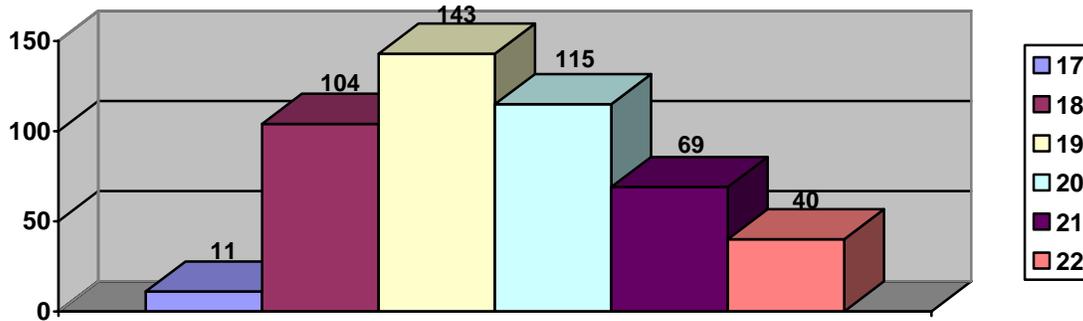
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**Funded Applicants by Race**



Age	07-08
17	11
18	104
19	143
20	115
21	69
22	40
TOTAL	482

**Funded Applicants by Age**



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### RETENTION INFORMATION

ETV Retention across school years:						
State		Year 1 2003-04	Year 2 2004-05	Year 3 2005-06	Year 4 2006-07	Year 5 2007-08
Ohio	Cohort1	262	151	89	68	39
	retention%		60%	62%	86%	66%
	Cohort2		259	103	83	57
	retention%			40%	84%	71%
	Cohort3			185	84	55
	retention%				46%	68%
	Cohort4				206	84
	retention%					41%
	Cohort5					247
Reported Graduates		0	9	18	18	33
OVERALL		262	410	377	441	482
NEW			259	185	206	247
RETURNING			151	192	235	235
RETENTION%			37%	51%	53%	49%

For each cohort "group", retention is the number of students returning from the previous year. In viewing cohort 1, for example, the second year shows that 151 of 262 returned, minus zero graduates, bringing the success rate to 151 out of 262, or 60% of the original cohort. For "Year 3" and forward, the graduate total has an impact on each cohort group, depending on which group each graduate originated from. For any given cohort, the drop-out rate is highest from the first to the second year and stabilizes after that. Also, the number of graduates increases every year, peaking in the fourth and fifth years.

For the overall retention rate, total students served in each year are separated by new (that year's cohort) and returning. The percentage of returning students, combined from all previous cohorts, is the retention rate. In the third year of the program, for example, 377 students were served, 192 of which were returning (89 from cohort 1 and 103 from cohort 2). Therefore, the retention rate was 51%. Graduates are not included in this calculation.

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Applicants are ineligible for a number of reasons, the most frequent reason a student is ineligible for funding is that they do not enroll in college or a specialized trade program. Within five days of applying, every OH ETV applicant is contacted in an effort to engage them in a discussion about their plans to register and attend school; however, many do not follow through for a variety of reasons.

In most cases those listed as dropped out or failed out were returning students (counted in an earlier cohort) who failed the previous semester(s) and were not eligible to receive additional funding. Some reported that they started school but stopped attending although this could not be verified because they did not submit documentation confirming enrollment for the semester.

High school seniors were advised to reapply after July 1, it is assumed that the majority of these youth will apply and be eligible for funding. Since they applied OH ETV has tried to keep them engaged by sending them useful and encouraging information about planning for success in post-secondary education and training.

The lack of stable housing in the first few months after leaving foster care is a major deterrent to starting school and ultimately succeeding. This is reflected in the high number of students we could not remain in contact with as well as those not attending school.

In 2009, 65 out of 483 funded students thus far have achieved between a 3.0 GPA and a 4.0 GPA. This is about 7.4% of the students funded. There are 45 girls and 20 boys. Another 20 students will be funded before the end of the ETV grant year, for an all time high of about 500 students.

### **Supportive Services**

Understanding that school funding, while important, doesn't address all the critical needs of foster youth in higher education, OFA goes beyond the parameters of its contracted OH ETV functions to serve Ohio youth in other vital ways. In academic year 2007-8, OFA's in-kind and direct assistance to Ohio youth was approximately \$250,700.00

At no additional cost to the state, OFA provides Academic Success Program support and coaching to students whose GPA has slipped below the 2.0 level. At the first sign of academic difficulty, OFA intervenes to assist students develop their study skills, increase their use of local resources, and enhance their proficiency to learn and demonstrate lessons learned. Also, to maintain high student morale and to ensure that foster youth share the same feeling of familial support that other students enjoy, OFA sends each student three personalized Care Packages during the course of the school year filled with items college students want and need. In each package is a personal note filled with well wishes for success to the student. This program is funded through corporate underwriting and product donations. Care Packages serve to include the recipients in the larger OFA family.

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InternAmerica provide internship opportunities for students in the Nation's Capitol. Based on research that demonstrates the effectiveness of the internship experience in opening doors to good careers upon graduation, annually OFA offers OH ETV students this opportunity. In the summer of 2008, six OH ETV recipients participated in the 6-week program which includes transportation, housing, a weekly stipend and workshops led by well respected leaders in areas of professional development.

In addition to administering the OH ETV Program, Orphan Foundation of America's privately funded scholarship program provides funding, care packages, mentoring, and internships to participating Ohio foster youth. OFA also supports these young people with supplemental/emergency funds when needed. The 19 Ohio Scholarship students received \$70,659 in financial assistance and nearly \$19,500 in support services during the 2007-2008 school year.

### **SECTION C**

#### **Juvenile Justice Transfers**

Ohio's juvenile offender cases are processed through the local juvenile court system. Based upon the alleged crime committed, a decision is made to either handle the case in the adult criminal justice system or through the juvenile court. Ohio's minimum age restriction is 14 years in which a transfer might occur. The transfer of youth into the adult system is determined by either a judicial waiver, statutory exclusion, or through a prosecutorial waiver.

ODJFS does not track juvenile offenders who may be tried in the adult court system. However, data is collected on the number of youth who are discharged from local PCSAs into a commitment/custodial status with the Ohio Department of Youth Services. This would follow an adjudication on a delinquent offense, which requires a secure correctional setting.

The data as shown in (Figure 1.) indicates that one youth age 13 years was committed to the Ohio Department of Youth Services from Ross County PCSA custody. The remaining 62 youth, range in age from 14-18 years. There is a marked increase of all commitments from the prior year and a decrease from the numbers reported two years ago. This year's data was extracted from the legacy system FACSIS and SACWIS since Ohio was in its implementation phase with SACWIS during the reporting period. Because of the transition to a new information system, this report may not capture the entire population of juvenile justice transfers. While collecting this data, recommendations were made for needed enhancements to SACWIS to improve the accuracy of this data.

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The following chart depicts the number of children from May 1, 2008 to April 30, 2009 who exited PCSA custody to commitment to the Ohio Department of Youth Services:

### Children Exited From PCSA Custody to Commitments to Ohio Department of Youth Services:

(From May 1, 2008 to April 30, 2009)  
By County and Age\* Distribution

County Agency	13 Years	14 Years	15 Years	16 Years	17 Years	18 Years	TOTAL
Allen				1	2		3
Athens			1				1
Cuyahoga			1	1	1		3
Delaware			1				1
Erie			1		1		2
Franklin		1	3		5		9
Guernsey			1		1		2
Huron				1	1		2
Licking				1		1	2
Lorain		2	1	2	1		6
Lucas			2	2			4
Mahoning					1		1
Montgomery		3	3	2	2	1	11
Muskingum			1		1		2
Pickaway			1				1
Preble			1				1
Richland			1		1		2
Ross	1						1
Scioto				1			1
Seneca					1		1
Shelby					1		1
Stark				1	1		2
Summit				1			1
Union					1		1
Vanwert	1						1
Wayne			1				1
<b>TOTAL</b>	<b>2</b>	<b>6</b>	<b>19</b>	<b>13</b>	<b>21</b>	<b>2</b>	<b>63</b>
* Age represents age at ruling date							

### **Inter-Country Adoptions**

Ohio continues to provide inter-country adoption services through regulatory compliance, the provision of information, and the provision of post-adoption services, such as the Post Adoption Services Subsidy (PASSS) program and Title IV-E nonrecurring adoption assistance.

Each Ohio public children services agency (PCSA), private child placing agency (PCPA) or private non-custodial agency (PNA) involved in an international adoption is mandated to be licensed and certified by ODJFS to perform adoption duties. These agencies are monitored on a bi-annual basis, including a review of the agency's policies, case records and procedures to ensure compliance with Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC).

ODJFS released Procedure Letter No. 143 "*Inter-country Adoption Data Collection Pursuant to the Title IV-B State Plan*," in May 2008, requiring PCSAs, PCPAs and PNAs to collect and report to ODJFS the following information utilizing the JFS 01670 "*Inter-Country Adoption Data Collection*" form:

- Identification of the child who was adopted from another country and entered into agency custody in FFY 2008 as a result of the disruption of a placement for adoption (42 USC 622 [b][12]).
- Identification of the child who was adopted from another country and entered into agency custody in FFY 2008 as a result of the dissolution of an adoption (42 USC 622[b][12]).
- Explanation of the permanency plan for the child, the reasons for the disruption or dissolution and the steps taken to achieve permanency after the disruption or dissolution occurred.
- Identification of the PCSA,PCPA,PNA or any other agency undertook for the child adopted from another country, including the provision of adoption and post-adoption services (42 USC 622[b][11]).

Ohio did not receive any JFS 01670, "*Inter-Country Adoption Data Collection*," forms from a PCSA, PCPA or PNA that noted as having an adoption dissolution and/or disruption.

The Ohio Department of Job and Family Services has made attempts to collect the JFS 01670, "*Inter-Country Adoption Data Collection*," form from counties in order to include in the Title IV-B Plan as required by the U.S. Department of Health and Human Services.

On May 7, 2008, Sandra T. Holt, Deputy Director, distributed Procedure Letter No. 143 to counties requesting that agencies send in the JFS 01670 to ODJFS by May 12, 2008. Subsequently, agencies must complete and submit the form to ODJFS within 10 days after the disruption of a child's adoption or 10 days after the dissolution of an adoption.

To date, ODJFS has received one (1) JFS 01670 from a PCPA in FFY 2007.

**Monthly Caseworker Visit Data**

Described in previous section. Data for FY 2009 will be submitted to the CB Regional office no later than December 15, 2009.

**Education and Training Vouchers**

Described in previous section.

**Licensing Waivers**

Data requested for FY 2009 will be submitted to the CB Regional office no later than December 15, 2009.

**Timely Home Studies Reporting and Data**

The information and data provided below addresses the Title IV-B Home study Reporting and Data requirements and encompasses data from Federal Fiscal Years 2007 and 2008. The Ohio Interstate Office derived its data by the following formula:

$$\text{Total \# of Cases} - \text{Total \# of Cases Not Requiring Extension} = \text{Total \# of Cases Requiring Extension}$$

$$\frac{\text{Total \# of cases requiring extension}}{\text{Total \# of requests}} = \% \text{ of cases requiring Extension}$$

The information on the reasons for the needed extensions was derived by reviewing twenty (20) percent of each type of home study request which required an extension (i.e., adoption, foster care, parent and relative).

I. THE FREQUENCY WITH WHICH THE STATE NEEDED THE EXTENDED 75-DAY PERIOD FOR AN INTERSTATE HOMESTUDY BEGUN ON OR BEFORE SEPTEMBER 2008 (SECTION 471(a)(26)(A)(ii) OF THE ACT)

During Federal Fiscal Year (FFY) 2007, Ohio received from forty-six (46) states, a total of 809 public agency requests for adoptive, foster care, parent and relative home studies. Of the 809 requests received, 222 or 27% required the extended 75-day period.

During FFY 2008, Ohio received from forty-five (45) states, a total of 840 public agency requests for adoptive, foster care, parent and relative home studies. Of the 840 requests received, 454 or 54% required the extended 75-day period.

During FFY 2007, Ohio sent to forty-three (43) states, a total of 485 public agency requests for adoptive, foster care, parent and relative home studies. Of the 485 requests sent, 291 or 60% required the extended 75-day period.

During FFY 2008, Ohio sent to thirty-nine (39) states, a total of 643 public agency requests for adoptive, foster care, parent and relative home studies. Of the 643 requests sent, 418 or 65% required the extended 75-day period.

### **II. THE REASONS WHY THE EXTENDED COMPLIANCE PERIOD WAS NEEDED.**

When Ohio was the receiving state as well as the sending state, the most common reasons given for the need of an extended compliance period included the following: 1) additional supportive documents were needed such as criminal background checks 2) training requirements had not been completed, and 3) the placement resource was either unresponsive or was responsive but uncooperative.

It should also be noted that during FFY 2008, in addition to reasons already stated, another reason the extended compliance period was needed was due to limited resources at the state level and the turnaround time for review and forwarding on. Effective June 1, 2009, the Ohio ICPC Office is decentralizing the functions it performs on behalf of the local public children services agencies to realize greater efficiency in interstate placement requests.

### **III. THE EXTENT TO WHICH THE EXTENDED COMPLIANCE PERIOD RESULTED IN THE RESOLUTION OF THE CIRCUMSTANCES THAT NECESSITATED THE EXTENSION.**

During FFYs 2007 and 2008, a total of 111 home study requests were completed between the 61<sup>st</sup> and 74<sup>th</sup> days when Ohio was the receiving state. During FFYs 2007 and 2008, a total of 108 home study requests were completed between the 61<sup>st</sup> and 74<sup>th</sup> days when Ohio was the sending state.

### **IV. THE ACTIONS TAKEN BY THE STATE AND ANY RELEVANT FEDERAL AGENCY TO RESOLVE THE NEED FOR AN EXTENDED COMPLIANCE PERIOD.**

During FFY 2007, the Ohio Interstate Office was 73% compliant with the completion of the home studies when Ohio was the receiving state. The Ohio Interstate Office contributes this compliance to its internal process during that time period.

During FFY 2007 and part of FFY 2008, when the Ohio Interstate Office was the receiving state, the Ohio Interstate Office mailed via overnight the home study request to the local county agency. In addition, the Ohio Interstate Office notified the local county agency via e-mail transmission that the overnight request was sent to the agency. Also contained in this e-mail transmission was a request to return the home study within thirty (30) days of receipt or at the latest, within (60) days of receipt. When the home study was not received from the local county agency within thirty (30) days, the Ohio Interstate Office sent a reminder e-mail notice to the local county agency requesting the home study.

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During FFY 2008, as previously mentioned, the Ohio Interstate Office experienced a significant loss of staff resources which resulted in Ohio not being able to maintain the same level of compliance as maintained in FFY 2007 when Ohio was the receiving state resulting in a delay in the completion of the home studies.

During FFY 2007 and FFY 2008 when Ohio was the sending state, the Ohio Interstate Office sent e-mails to the receiving state requesting the status of the home studies. Oftentimes these e-mails were prompted by the local county agency inquiring about the status of the home study request.

As Ohio moves to decentralize the functions it performs on behalf of public agencies in June, it is projected that most home study activities required by the Act will be completed within the required sixty day time period.

### **Child Welfare Demonstration Projects**

#### **ProtectOHIO**

Ohio's Title IV-E Child Welfare Waiver Demonstration, ProtectOHIO, under Section 1130 of the Social Security Act, was originally granted on February 14, 1997, and was subsequently granted a five-year extension in January 2005, retroactive to October 1, 2004. On March 6, 2009, the Children's Bureau, Administration for Children and Families, Department of Health and Human Services approved a "short-term" extension of ProtectOHIO until July 31, 2010, the date that is four months after the due date of the ProtectOHIO final evaluation report. This "short-term" extension will afford Ohio the opportunity to complete the evaluation and financial reports, and the Children's Bureau the opportunity to review the results of ProtectOHIO. All other aspects of the current Terms and Conditions, including current cost-neutrality requirements and procedures remain in effect during the period of the "short-term" extension.

The demonstration operates in the original 14 Ohio counties that participated in the initial five-year project (i.e., Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland and Stark). Hamilton County began Phase II but temporarily discontinued its participation from October 2005 to October 2007. The original 14 counties will continue to use 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. In October 2006, four additional counties joined the Waiver demonstration: Coshocton, Hardin, Highland and Vinton.

Ohio places approximately one-third of its foster care caseload under the demonstration. Since beginning operation on October 1, 1997, 10 out of the original 14 demonstration group members have reduced total aggregate placement days by more than 1,175,922 (through September 30, 2008). Since FFY 2005, the original fourteen demonstration counties have experienced placement day reductions ranging from

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2.70% to 23.80%.

ODJFS and the ProtectOHIO Consortium have selected five distinct “intervention strategies” to focus on during the waiver. Three of these strategies are identified as core “service components” for the waiver demonstration. They are Family Team Meetings, Visitation, and Kinship Supports, counties may also spend flexible IV-E funds on other interventions that prevent placement and promote permanency for children in out-of-home care. ODJFS and the Consortium have designated two other interventions: Managed Care and Enhanced Mental Health/Substance Abuse (MH/SA) Services. All counties have agreed to participate in the Family Team Meetings strategy and at least one of the other four identified strategies.

Below is a chart that depicts the strategies each county has selected to implement:

AGENCY	STRATEGY				
	FAMILY TEAM MEETINGS	KINSHIP SUPPORTS	VISITATION	ENHANCED MH/SA SERVICES	MANAGED CARE
ASHTABULA	X	X			
BELMONT	X			X	
CLARK	X		X		
CRAWFORD	X		X		
COSHOCTON	X			X	
AGENCY	STRATEGY				
	FAMILY TEAM MEETINGS	KINSHIP SUPPORTS	VISITATION	ENHANCED MH/SA SERVICES	MANAGED CARE
FAIRFIELD	X		X		
FRANKLIN	X				X
GREENE	X	X			
HAMILTON	X		X		
HARDIN	X			X	
HIGHLAND	X		X		
LORAIN	X	X		X	
MEDINA	X	X	X		
MUSKINGUM	X	X	X	X	
PORTAGE	X	X	X		
RICHLAND	X		X		
STARK	X		X		
VINTON	X		X		

### ProtectOHIO Consortium

During this reporting period, the ProtectOHIO Consortium met on July, 22<sup>nd</sup>, September, 23<sup>rd</sup>, and November 25, 2008, and January 27<sup>th</sup>, and March 24<sup>th</sup>, 2009. The focus of

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these meetings was to fine tune the goals and practice strategies for the waiver extension, identify evaluation data, share placement and fiscal data. Additional subcommittee meetings were held during this period to plan for implementation of the intervention strategies.

The Consortium is a very important component of the project. It consists of agency directors and/or upper level administrative staff of the 18 counties participating in the Waiver, ODJFS staff and members of the evaluation team. In addition to the above participants, a staff person from the Public Children Services Association of Ohio has and will continue to participate on the Consortium.

Meetings are county driven and are usually facilitated by one of the county agency directors. The meetings continue to provide an opportunity for the demonstration counties to share information and provide support, guidance and discuss emerging trends and practices with one another.

### **Budget Neutrality/Internal Savings**

For the 12 month period ending March 31, 2009, the cost neutrality control group experienced a preliminary placement day usage declining rate of negative 2.88%. Over the same period of time, the experimental group's preliminary placement day usage declining rate was negative 17.45%. The experimental group's capitation budget assumes that the cost neutrality group's usage rate for FFY '08 will be a negative 3.60%. If the cost neutrality group's final rate of growth for FFY '09 remains a negative 2.88%, then the experimental group will have been under capitated \$432,715 federal share.

For the 24 month period ending March 31, 2009, the experimental group has generated preliminary internal savings of 358,165 placement days. Since the inception of the demonstration, the experimental group, as presently composed, has generated internal savings 344,435 days. (Note: The placement day savings do not take into consideration Hamilton County days as Hamilton County has not participated in ProtectOHIO throughout the entire project)

Ohio submitted the FFY '07 and '08 Budget Cost Neutrality/Internal Savings Report in December, 2008 and March 2009, respectively, as outlined under Section 1130 of the Social Security Act. Due to data concerns as some county agencies moved into SACWIS, the FFY '07 report was delayed. We are happy to report the data has since settled, and Ohio is confident the data used for the cost neutrality reports are reflective of accurate and valid data.

On May 28, 2009, pursuant to the American Recovery and Reinvestment Act of 2009, Ohio was granted approval to pass the increase in the Federal Medical Assistance Percentage (FMAP) to Ohio's eighteen ProtectOHIO counties.

### Evaluation

ProtectOHIO evaluation results have been reported in two main documents, the *Interim Evaluation Report on Ohio's Title IV-E Waiver "ProtectOHIO"* (2007) and the *Final Comprehensive Report: Evaluation of Ohio's Title IV-E Waiver Demonstration Project "ProtectOHIO"* (2003). Summarized below are findings from the current waiver, including work presented in the Interim Evaluation Report and analyses conducted subsequently. For each type of findings, we describe how the evaluation results could be improved or expanded during a further extension of the ProtectOHIO Waiver.

1. The evaluation team has established a consistent method to analyze changes in county expenditure patterns, differentiating between spending on out-of-home care (board and maintenance) and spending on other child welfare services. These ongoing fiscal analyses through 2006 (10 years of expenditure data) indicate that the demonstration counties have decreased their spending on out-of-home placement substantially more than the comparison counties, virtually to the point of statistical certainty. In other words, after 10 years of operating under the Waiver, the demonstration group is doing better than the comparison group in reducing placement expenditures. This improvement arises from two sources: the demonstration group is doing better in reducing the number of placement days and in reducing per diem costs. This trend has been growing more apparent over time. With additional years for analysis, the fiscal study may be able to document statistically significant divergence of the two groups, and to correlate expenditure changes with patterns in the service intervention studies.
2. During the first half of the current Waiver, the evaluation has compiled extensive in-depth information on the operation and outcomes of key service interventions – family team meetings, supervised visitation, supports to kinship caregivers, and enhanced mental health/substance abuse services. The Interim Evaluation Report revealed marked consistencies in practice as well as examples of county idiosyncrasies, all of which will become factors in subsequent outcome analysis under the current Waiver evaluation. However, dramatic change occurs slowly; most of the 18 demonstration counties needed 12 to 15 months to fully implement their service strategies, including being able to serve expected numbers of families and consistently gather data. As a result, the evaluation will have, at best, three years of cases to analyze. Given that outcome analysis is strengthened by having a two-year post-closure window to observe re-entry rates, the current Waiver timeframe will limit outcome analysis data sets to little more than a year of cases from the early stages of full implementation. Having an additional five-year period to continue examination of these four key strategies will greatly increase the power of the outcome studies.
3. Three of the main ProtectOHIO strategies merit further detailed attention, in the larger context of the national child welfare field. Each has considerable potential to expand core child welfare knowledge.

- Family Team Meetings: Various types of family meetings are currently employed in child welfare agencies around the country, some closely adhering to a defined model (Family Group Conferencing, Team Decision-Making, etc.) and others loosely adopting the values and basic components of family-driven planning. The 18 ProtectOHIO counties have embraced a common approach to practice and data collection, enabling the evaluation to not only examine *outcomes* for all children in ongoing services (comparing demonstration county children to comparison county children, over time) but also to closely monitor demonstration counties' *fidelity* to the precise practice model. Findings will aid the child welfare field in understanding the benefits of the model for children and families, and will provide insights into how to assure greater adherence to proven practice methods. This work will specifically complement evaluation efforts in the Arizona and California Title IV-E Waiver demonstrations – the former relies on Child & Family Teams in its expedited reunification efforts, and the latter adopts a flexible-funding approach similar to Ohio's in two large jurisdictions which have made serious commitments to Family Group Decision Making.
- Supports for Kinship Caregivers: The recently-enacted Fostering Connections Act focuses on providing supports to kinship caregivers, beyond the guardianship subsidies piloted in several states' Title IV-E Waivers. Since 2004 when the Ohio waiver was renewed, ProtectOHIO counties have embraced a wide array of services and supports for kinship caregivers, both those providing temporary placement settings as well as those opting to take custody of the child. Evaluation activities examining the experiences of children who have spent time with kinship caregivers, supplemented by personal interviews with selected caregivers, are revealing ways in which these children have different patterns of involvement with the public child welfare system, and are yielding important insights about the role of kinship caregivers as a key adjunct to the larger child welfare system. This work will not only expand the knowledge base to enable the field to move forward with P.L.110-351, but will also complement the findings being generated by a number of state IV-E Waiver demonstrations, especially in Iowa, Tennessee and Wisconsin where a wide array of services and supports are being made available to a broadly defined group of kin caregivers.
- Enhanced Mental Health and Substance Abuse Services: Among the core child welfare challenges is assuring appropriate access to mental health and substance abuse services for children who have been abused or neglected. Under the ProtectOHIO Waiver demonstration, four Ohio counties have focused on expanding timely and appropriate access to both assessment and treatment services. These activities mirror the CWLA proposals regarding the need for expanded mental health and substance abuse services to enhance reunification efforts, and specifically to increase child welfare's capacity to address substance abuse needs through interagency partnerships and family-based treatment options. In addition, several of the Title IV-E Waiver demonstrations (one currently) have focused on expanding substance abuse treatment for custodial parents whose children are in or at risk of out-of-home care. Evaluation findings

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from one ProtectOHIO county showed more frequent and quicker service provision, and improved outcomes for children and families who received the enhanced intervention, compared to similar cases served prior to implementation of the new approach. Evaluation is ongoing in the other three ProtectOHIO sites and will be included in the final evaluation report.

4. Recent analysis of outcomes for children who were already in care at the beginning of the Waiver (1996) show that demonstration counties were more successful in moving children to stable permanent living arrangements (including return home) than they would have been without the Waiver. Similarly, demonstration counties were more successful in moving children in long-term placements into less restrictive settings (i.e. step-down). The Participant Outcomes analysis is now focusing on children entering care during the current Waiver period. Full outcomes analysis of the second Waiver is by necessity limited to cases that close no later than March 2008, in order to allow at least 18 months post-closure to observe stability of permanency exits. Extension of the Waiver will allow for more complete study of these outcomes.
5. Initial examination of child case trajectories suggests that demonstration county cases may follow a different path through the child welfare system than do cases in comparison counties. Further analysis during the current evaluation period will reveal more clearly whether children in demonstration counties are indeed safer as a result of these differences. This analysis offers a crucial perspective on Waiver impact.
6. In 2006, four new counties were added to the demonstration group. Because start-up is a complex process of learning and risk-taking and systemic change, the new counties are only recently at "full implementation", so the evaluation has very limited data to examine. Adding additional years to the Waiver would allow a fuller inclusion of the new counties into the demonstration group analyses.
7. All Ohio counties have had their county data converted into SACWIS. This new information system promises important enhancements to the data available through the prior legacy systems. Specifically, SACWIS has detailed information on services provided to children, with a link to the fiscal accounting system (as a way to document that services were paid by the county). Because SACWIS only recently became operational in all the demonstration and comparison counties, the new data fields cannot be used in the current evaluation. Having such information would greatly improve the analysis of the four service interventions; especially the study of kinship supports which explicitly examines the nature and extent of services and supports the county child welfare agency provides to kinship caregivers.
8. SACWIS implementation also poses some challenges to the current evaluation. Ohio has 88 counties, entering SACWIS at different points over more than two

years. Transitions between large data tracking systems are far from perfect; much data may be delayed in the conversion process. We are confident that all data will become available through SACWIS, but some time-lag is inevitable. Some analyses may not be possible within the current Waiver period and some may have to be conducted using smaller and somewhat older data sets, until all data is up to date. Extension of the Waiver will enable the research to proceed as originally intended, with all counties and longer time periods of complete data.

All of these further learning opportunities will benefit child welfare policy and practice nationally, pointing to specific mechanisms that seem to lead to shifts in spending patterns and better outcomes for children and families, such as shorter time in out-of-home care for children, lower rates of re-entry into care, and maintenance of child safety.

### **Work Plans and Activities**

ProtectOHIO agencies completed and submitted work plans for each strategy to be implemented by the agency. These work plans which focused on the agency activities completed and future activities planned for the reporting periods of April 1, 2008 through September 31, 2008 and October 1, 2008 through March 31, 2009 were highlighted in semi-annual reports submitted to HHS's Children's Bureau, and Region V, Chicago.

### **Summary/Next Steps**

During this reporting period, progress has been made on the evaluation of Ohio's Title IV-E Waiver Demonstration project. The Evaluation team has worked actively on each of the evaluation tasks, relying on small work groups comprised of various members of the team. Regular contacts have also been made with the demonstration counties to engage them in refining the ProtectOHIO strategies, to learn about current casework activities and data collection practices.

Ohio submitted the FFY '07 and FFY '08 Budget Cost Neutrality/Internal Savings Report in December, 2008 and March 2009, respectively, as outlined under Section 1130 of the Social Security Act. Due to data concerns as some county agencies moved into SACWIS, the FFY '07 report was delayed. We are happy to report the data has since settled, and Ohio is confident the data used for this cost neutrality report is reflective of accurate and valid data.

On March 6, 2009, the Children's Bureau, Administration for Children and Families approved a "short-term" extension of ProtectOHIO until July 31, 2010, the date that is four months after the due date of the ProtectOHIO final evaluation report.

Ohio enthusiastically supports the demonstration and the opportunities it affords our county partners to experiment, innovate and improve child welfare practice.

### **Next Steps**

1. At the time of the final evaluation report (March 2010), Ohio plans to submit a letter highlighting the sections of the report that addresses the evaluation criteria in

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accordance with Information Memorandum (IM) ACYF-CB-IM-02-06 for consideration of a five-year extension (September 30, 2014) of the ProtectOHIO Waiver

2. Conduct a two-day intensive training and discussion on ProtectOHIO strategies for front-line practitioners, supervisors and managers for Phase III ProtectOHIO Waiver period or for post-Waiver sustainability.
3. Continue working with Human Services Research Institute in performing the evaluation of ProtectOHIO Demonstration.
4. Continue staffing the ProtectOHIO Consortium meetings. The focus of these meetings is to fine tune the goals and practice strategies for the Waiver Demonstration project.
5. Intensive planning and implementation will continue under the Second "ProtectOHIO" Demonstration Waiver Project, and Ohio looks forward to being an active partner with HHS in demonstrating Title IV-E reform over the next eleven months.

All evaluation reports associated with Ohio's demonstration, such as the Phase I ProtectOHIO 5Y Evaluation Plan, the Phase II Interim Evaluation Report and Semi-annual Reports, are available at the following Web site: <http://jfs.ohio.gov/ocf/pohio.stm>

### **Foster and Adoptive Parents Recruitment**

Ohio committed to increase the recruitment of resource families to meet the needs of children in care. An expanded pool of families in which to place children provide agencies with more choices to allow for matching of skill and expertise to better meet children's needs at the first placement.

Foster and adoptive families need training and support to be able to provide appropriate services to the children in their care, Ohio enhanced and increased training for substitute care families that are going to engage particularly those with serious emotional or behavior problems. Training and educational opportunities will continue to be provided to foster families to enhance the skills to meet the needs of children as a way of preventing placement moves and retaining families.

Strategies for increasing the recruitment and retention of resource families include:

- Analysis of data of PCSAs with significant populations of children in care.
- Collecting, compiling and sharing information from other states regarding their practices around the recruitment and retention of resource families.
- Developing and disseminating a best practice resource manual.
- Providing presentations at annual workshops including the Public Children Services Association of Ohio's Annual Child Welfare Conference and the ODJFS' Annual Foster and Adoption Conference.

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- Integrating efforts to recruit and retain resource families by partnering with the Adopt US Kids initiative to promote permanency by increasing the number of available resource families for children.
- Providing and promoting public awareness materials to local agencies to supplement their efforts during May, Foster Care Recruitment Month.

### **Foster Care Month**

Each year, Ohio has acknowledged May as National Foster Care Month and the efforts of child welfare practitioners and caregivers across the state responsible for providing care to children that have been abused, neglected or is dependent. The Governor signs a resolution declaring May to be Foster Care Month.

#### Activities:

In May of 2005, the department provided trinkets with the national foster care theme printed on them, to all 88 counties. These trinkets were used as recruitment items and items of interest at county fairs, dinners celebrating foster parents, conferences and other community events.

Foster care month of 2006 ODJFS provided the PCSAs with educational booklets concerning foster care. County agencies provided local celebrations and a press release was issued from the Director of ODJFS.

In 2007, ODJFS hosted a kickoff celebration for National Foster Care Month on May 1, 2007 from 1:00 pm to 5:00 pm at the Verne Riffe Center. Reverend Darrell L. Armstrong was the keynote speaker. The program featured the Ohio Youth Advocate Board President, Adrian McLemore and Franklin counties Therapeutic Arts Program (TAP).

In 2008, ODJFS had a kickoff celebration for National Foster Care Month on May 5, 2008 from 1:00 pm to 4:00 pm at the Verne Riffe Center, 77 S. High Street, Columbus, Ohio. The program featured local musical artist and a youth panel formed from individuals from across the state discussing personal experiences of foster care, independent living and educational services for those that aged out of care. In addition a news release was published detailing all of the activities around the state to celebrate NFCM.

Public Service Announcements were prepared and were featured on various media outlets to announce this event and promote foster care and adoption. In addition, PCSAs have honored their foster parents with various activities, such as:

- A Community Breakfast for Kids
- A Foster Parent Appreciation Picnics, Lunches and Dinners
- A foster Parent Boat Ride for foster parents who work with birth families

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- A community breakfast was held to recruit foster/adoptive parents.
- Award ceremonies for selected Foster Parent(s) of the Year

For 2009, a public service announcement was prepared to recognize and celebrate May as foster care month. The PCSAs were encouraged to continue to support and provide support to their resource families. The deputy applauded agencies that were providing special activities to recognize their foster families.

### **Recruitment Events & Distribution of Materials**

Foster care and adoption agencies are required to develop and implement a comprehensive recruitment plan that identifies the agency's diligent recruitment efforts of families and that reflect the diversity of waiting children for whom foster and adoptive homes are needed (OAC 5101:2-5-13, 5101:2-48-05). These recruitment plans must be submitted to ODJFS by May 1<sup>st</sup> of each year and must comply with the Multiethnic Placement Act, 42 U.S.C.A. 1996 (B), as amended by Section 1808 of the 1996 Small Business Job Protection Act of 1996 (MEPA), and Title VI of the Civil Rights Act of 1964, as it applies to the foster care and adoption process.

These recruitment plans identify various strategies including general, targeted, diligent and child-specific recruitment. The policy requirements described above are seen in agencies' implementation of the following recruitment strategies:

- Sponsoring of "Foster and Adoption parties" designed to provide information to potential families about foster care and adoption programs and the need for foster caregivers and adoptive parents.
- Participation in Adoption Fairs.
- Family-to-Family Initiative. In 1992, the Annie E. Casey foundation began a family-to family initiative to assist states with improving child welfare outcomes. Several Ohio agencies received grant funding through the family-to family initiative and this has enhanced the agencies' ability to build community partners while working with families to maintain children safely in their homes or in a family-like setting in the child's community.
- Child-specific and general recruitment media campaigns. Profiling/featuring waiting children on television and radio spots and in newspapers.
- Agency calendars developed each year which concentrate heavily on recruitment efforts for harder to place children (i.e. older children, behavioral or physical needs). Each month, the calendar features a child who is available for adoption.
- Dissemination of flyers featuring children for whom child-specific efforts are needed; these flyers are disseminated to both public and private agencies.

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- Collaboration with community partners to promote recruitment efforts during community events. Community partners include but not limited to: schools. Churches and other service organizations. Working with fast food chains to display pictures of waiting children.
- Increased general awareness in the community about the agency, its services and the adoption process.
- Recruitment strategies also entail relationship building. Particularly when conducting child-specific recruitment, the agency worker develops a strong and positive relationship with the child, which in turn, allows the worker to discuss with the child what kind of family he/she wants. What their likes and dislikes are and what types of activities they enjoy.
- Retention or resource families are a recruitment strategy in and of itself. These families can spread the word about their experiences and can also be approached to adopt a specific child even when they are not necessarily looking to adopt another child.
- Private agencies use of federal funds received under the Rural Targeted Community Outreach Grant. This grant assists the agency in expanding its marketing approach. It has also allowed for comprehensive market research on prospective families and has afforded the agency the “luxury” of a marketing person to work with businesses on recruitment.

As mentioned earlier, recruitment plans must be submitted to ODJFS by May 1<sup>st</sup> of each year, however ODJFS has extended the due date for this fiscal year’s adoption recruitment plan to June 1, 2009. This will allow PCSAs, PCPAs, and PNAs time to incorporate the required information as specified in the amended rule which is effective on May 15, 2009.

As the recruitment plans are submitted during this period, ODJFS will conduct an annual review of public and private agencies’ annual recruitment plans to identify any area of the plan that authorize practices inconsistent with the requirements of the federal MEPA or state law. In circumstances where portions of the recruitment plan are not compliant with federal or state law, ODJFS will provide technical assistance to the agency within 60 days of receipt of the plan. The technical assistance will include, but not limited to, discussions regarding an item in the plan that need to be revised and sharing of strategies of other agencies to develop and implement their recruitment plan.

In November 2008, Governor Ted Strickland signed a proclamation announcing November as Adoption Awareness Month in Ohio. ODJFS requested the 88 Ohio counties to submit their planned activities to enable ODJFS to promote their activities on the AdoptOHIO website.

In honor of the occasion, many foster and adoptive families across Ohio finalized their

## **OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009**

adoption in local probate courts, and counties across the state had planned a variety of special events and activities.

The theme was “You don’t have to be perfect to be a perfect parent,” with special emphasis being placed on encouraging families to adopt teens out of the foster care system.

In Ohio, there are more than 3,300 children available for adoption. Of that number 1,034 are between the ages of 14 and 17.

Many local activities were scheduled throughout the month to raise awareness about adoption and to promote the permanency needs of youth placed in out-of-home care. Among many other events, several counties held recruitment events for prospective adoptive families. Some held receptions honoring adoptive families. Others planned shows, tree lightings, information fairs and media campaigns.

In May, 2008 Governor Ted Strickland signed a proclamation announcing May to be Foster Care Awareness Month in Ohio. Many Ohio Counties conducted activities to celebrate and to recruit Foster Parents.

Ohio has been an active participant with AdoptUSKids. Currently, 12 Ohio public agencies have “active” children on the AdoptUSKids website. In addition, between January 2008, and May 2009, more than 2,369 inquiries have been made by prospective families regarding Ohio’s waiting children.

### **Recruitment Training Offered to Ohio’s 88 Counties**

ODJFS began holding Quarterly MEPA technical assistance meetings in July 2007. ODJFS met on an ongoing basis with the twelve largest metropolitan counties (Butler, Cuyahoga, Franklin, Hamilton, Lake, Lorain, Lucas, Mahoning, Montgomery, Stark, Summit, and Trumbull counties) to discuss topics involving MEPA related policy and the various types of recruitment. The meeting in July 2007 evolved into a series of quarterly meetings.

During the fourth quarterly meeting, held in April 2008, county agency representatives requested technical assistance on adoption recruitment strategies. In response to their request, ODJFS contacted AdoptUSKids and the National Child Welfare Resource Center for Adoption (NCWRCA) to share their collective expertise in this area. Shari Black, of AdoptUSKids and John Levesque from NCWRCA were assigned to provide technical assistance to county agency representatives on the recruitment and retention of adoptive families. They discussed best practice strategies in recruitment and retention with an emphasis on customer service at every stage of the adoption process. Ms. Black and Mr. Levesque also addressed the use of data, focus groups, and other assessment tools as being central to an effective recruitment and retention campaign.

To further address the needs of county representatives, ODJFS contracted with Child Trends Inc., a quality assurance vendor. Child Trends surveyed stakeholders around

## **OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009**

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Ohio about their experience with the adoption process. In its survey Child Trends sought to solicit information that would assist in the development of an effective message to recruit foster and adoptive families. The survey conducted by Child Trends was completed in September 2008. Of the 192 survey respondents sixty-six percent were public agency staff, private agency staff comprised nineteen percent, sixteen percent were adoptive parents, foster parents made up thirteen percent of respondents, ten percent were prospective adoptive parents, and two percent were prospective foster parents. The survey respondents varied considerably on what should be included in a statewide adoption message. However, the data elicited through the survey showed that families did not have a positive perception of public agency adoptions. As a result families adopted children through private agencies.

The focus of the sixth quarterly meeting was developing a data driven recruitment and retention plan. During this “hands on” session, county representatives were taught how to create a data driven diligent recruitment plan. County agency representatives created an action plan to implement the strategy that would be used to meet the established goal.

At the same quarterly meeting, Child Trends presented an analysis of the Ohio Adoption Message Survey that it conducted in September 2008. As result of the information discussed during the meeting held on October 15, 2008, county agency representatives expressed an interest in developing a statewide message that could be used to recruit adoptive parents. It was suggested that work group composed of stakeholders from across Ohio be established to develop a statewide message. ODJFS, with assistance from Child Trends, would lead the work group.

ODJFS will continue its collaboration with AdoptUsKids and NCWRCA at future meetings of the twelve metropolitan counties.

In addition, ODJFS will continue to monitor agency compliance with recruitment plan during SFY 2010 by:

- Conducting and annual review of recruitment plan to identify any area of the plans that authorize practices inconsistent with the requirement of the federal or state law.
- Providing technical assistance during MEPA onsite visits to the agencies. This technical assistance will include discussions on diligent recruitment, targeted recruitment and general recruitment.
- Arranging for technical assistance to be provided by AdoptUS Kids and the NCWRA during meetings with 88 counties.
- Securing the activities that are around the state for National Adoption Month and will publicize these on the AdoptOHIO Internet site.

## **OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009**

- Hosting an event during national Adoption Month to draw attention to the children waiting for adoption in the state of Ohio.

### **The Recruitment of African American Adoptive Families Allocation**

The allocation funds under the “Recruitment of African American Adoptive Families Allocation.” The basis for this allocation is found in OAC rule 5101:2-9-57, “The Recruitment of African American Adoptive Families Allocation.” A total of \$750,000 in TANF funds was available for SFY 09 to six PCSAs identified by ODJFS as having the highest number of African American children in their custody. The following PCSAs received funds for SFY 09: Cuyahoga, Franklin, Hamilton, Lucas, Montgomery and Summit. These PCSAs will be most able to assist ODJFS in complying with the Multi-Ethnic Placement Act, as amended (MEPA) and the CFSR goals. The six PCSAs will work on increasing the number of available African American families that are approved to adopt. Calculation for the allocation is based on the number of African American children the county has in its compared to the total number of African American children in the six PCSAs.

**Purpose of Allocation:** MEPA requires the diligent recruitment of potential adoptive families that reflects the racial and ethnic diversity of children waiting to be adopted. In Ohio, effective recruitment targets African American families necessary so that the racial and ethnic diversity of potential adoptive families reflects that of children for whom adoptive home are needed. Increasing the number of available African American adoptive families is a goal of Ohio’s CFSR Program Improvement Plan.

**Use of Funds:** Funds available under the allocation are targeted to serve two-parent adoptive families, and single parent adoptive families who meet the state’s standard of need. The standard of need for a single parent family is 120percent of the state media income scaled for family size including the presence of any adopted children. There is no standard of need for two parent adoptive families. The funds can only be used to contract with an individual (personal services contractor) or another entity for purpose of producing two parent African-American approved adoptive applicants or eligible single parent African-American approved adoptive applicants or eligible single parent African-American approved adoptive applicants. Allocation funds cannot be used to cover PCSA staff time, nor the development of recruitment campaigns or the purchase of other recruitment materials, unless such campaigns or material are specifically targeted to seek the participation of two-parent adoptive families.

The funds were distributed as follows:

<b>County</b>	<b>Allocation</b>
Cuyahoga	\$330,000
Franklin	\$225,000
Hamilton	\$ 75,000
Lucas	\$ 30,000
Montgomery	\$ 60,000
Summit	\$ 30,000
Total	\$750,000

### **The Ohio Adoption Photo Listing**

ODJFS has continued to maintain the Ohio Adoption Photo Listing (OAPL) which continues to be a successful method of recruiting adoptive families. Pursuant to Ohio Revised Code (ORC) 5103.154 (A), children who are permanently committed to a public or private agency must be listed on the OAPL website within 90 days of their date of permanent custody.

OAC rule 5101:2-48-07, "*Listing and Withdrawing Children and families with the Ohio Adoption Photo Listing (OAPL)*" governs the listing of children in Ohio. This version of the rule has been effective since August 14, 2008.

The rule stipulates that each agency that assumes permanent custody of a child shall register the child with OAPL within ninety days of the date of obtaining permanent custody of a child unless:

- The child's custody is under appeal;
- The child is matched with an approved adoptive family;
- The agency is in the process of conducting an adoptive homestudy with an identified prospective family who has submitted the JFS 01691 "*Application For Child Placement,*" or JFS 01692 "*Application for Adoption of a Foster Child.*" If the homestudy is not approved, the agency shall list the child on the OAPL website.

### **Current Functioning of OAPL and Statistics**

Throughout calendar year 2008, ODJFS maintained the AdoptOHIO Website at the following URL address:<http://jfs.ohio.gov/oapl/>

The AdoptOHIO Website contains:

- Pictures and narratives of children who are legally available for adoption;
- Publications including the *Ohio Adoption Guide* and *The Subsidy Guide*;
- A calendar listing dates and description of adoption and foster care and related events occurring throughout the state of Ohio;
- The capacity for a visitor to search for children base on age, race, gender, and number of children;
- The ability for a visitor to complete an interest form on a specific child and e-mail it to the state OPAL coordinator;
- The ability for a visitor to provide comments or ask questions via e-mail.

As of May 7, 2009, two thousand two hundred twenty-three (2,223) children were listed by each PCSA. Six metropolitan counties account for 46 percent of the children registered on the website.

**Counties with 46 Percent of Children Listed on OAPL**

<b>PCSA</b>	<b>Number of Children</b>	<b>Percentage of all children listed</b>
Cuyahoga	251	15.8
Franklin	158	7.5
Hamilton	166	5.1
Montgomery	89	6.9
Stark	114	7.1
Summit	153	4.0
<b>Total</b>	<b>1,031</b>	<b>46.4</b>

In addition, eight counties had no child (ren) referred for placement on the AdoptOHIO website. Between August 8, 2008 and May 7, 2009, about 930 children were added to the AdoptOHIO website. Finally, in the same time period, 962 children have been deleted from the OAPL website site either due to finalized adoptions or due to status changes.

From the data, 822 children are Caucasian, 752 children are African American, 138 are Bi-Racial, 21 are Hispanic/Latino and 1 Asian child is registered on the website. In addition, there are 1,017 males and 721 females registered.

**Child Narrative Training to effectively recruit families on the OAPL Website**

In September 2008, the Office for Children and Families invited relevant staff from PCSAs in all 88 counties to attend a training class on the Ohio Adoption Photo Listing (OAPL). The training classes were conducted by representatives with AdoptUsKids. They provided an overview of the history of child narratives, discussed the role of child narratives in recruiting adoptive families, best practice strategies for preparing children, caregivers and others for child narratives, and how to maximize the effectiveness of child narratives.

During the training class, participants were taught to prepare child narratives that did not contain language prohibited by the Health Insurance Portability Act “HIPAA.” The class also assisted county agency staff with improving the quality of the child narratives for OAPL and the AdoptUsKids websites. Finally, the training class taught participants how to effectively respond to prospective adoptive families who visit the OAPL website. The training classes were held at different Regional Training Centers around Ohio.

**Child Centered Recruitment Task Force**

Recently, Ohio legislature passed H.B. 7. requiring ODJFS to establish a Child-Centered Recruitment Task Force. The Task Force is charged with compiling all effective procedures, models, and other relevant information regarding child-centered recruitment that PCSAs, PNAs and PCPAs currently using child-centered recruitment utilize when seeking adoptive families for children in permanent custody. After compiling the procedures, models, or other relevant information, the Task Force must create a uniform child-centered recruitment model based on the information compiled. The model must include recommendation for finding an adoptive family for children who

## **OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009**

have been in the custody of a PCSA for at least one year and children who are nine years of age or older, in the custody of PCSAs, and do not have potential adoptive families identified. Not later than December 31, 2009, the Task Force must disseminate the mode to all PCSAs, PNAs and PCPAs in Ohio. On dissemination of the uniform child-centered recruitment model, the Task Force is to cease to exist.

In January, 2009, members were appointed to the Task Force. Beginning in May, 2009, Child Trends hosted the first Task Force Meeting. The committee will continue to meet through December 2009.

AdoptUsKids, NCWRCA, and Child Trends will continue its collaboration with ODJFS as we begin to work on a statewide recruitment plan and a child centered recruitment model that can be used by all PCSAs, PCPAs and PNAs. Through the continued collaboration, ODJFS will develop these plans and will ensure compliance with all federal and state mandates.

### **MEPA OAC rules training**

In June, 2009 ODJFS will provide OAC rules training via video conference to PCSAs, PCPAs, and PNAs. The training will cover amendments to OAC rules 5101:2-48-05, "*Agency adoption and recruitment plan*," 5101:2-48-13, "*Non-discrimination for adoptive placements*," 5101:2-48-16, "*Adoption preplacement and placement procedures*," and 5101:2-48-18.1, "*Non-discrimination requirements for foster care placements*."

### **Adoption Incentive Payments**

ODJFS did not qualify to receive federal adoption incentives this year; however, ODJFS continued to provide adoption allocations to its county agencies to enhance local adoption programs.

**The AdoptOHIO Kids Incentive funds Allocation for SFY 09.** The basis for the allocation is found in rule 5101:9-6-75 of the Administrative Code - "AdoptOHIO Kids Incentive Funds." A total of \$3.86 million dollars in TANF funds was allocated for SFY'09 to PCSAs. The allocation is determined based on the following formula:

- Average number of children, ages nine and older that were served during the three previous SFYs;
- Number of permanently committed children who have been in the agency's custody on July 1, of the current SFY for 16 months or less, who are not placed in an adoptive home;
- Each PCSA will receive a minimum allocation of \$2,500.

The allocation is used to enhance adoption programs to increase the overall number of adoptions – with a special emphasis on actions that will decreased the length of time required to complete adoptions with a view to achieving, or maintaining, compliance with the Child and Family Services Review (CFSR) performance measure for timely finalizations. Funds available under the allocation were to be used for purchased services to promote the formation of a two parent or an eligible single parent adoptive family. Examples of allowable purchased services included contracts or grants for family recruitment and home studies, pre-adoptive training for parents and families, peer counseling and mentoring for pre-adoptive parents and families, and pre-finalization case management. Funds could be used to support agency recruitment campaigns and promotional activities. Grants to faith based organizations were permitted and encouraged. Funds could also be used to provide one-time incentive payments to adoptive families upon finalization.

## OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

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The following table displays the amounts of AdoptOHIO Kids Funds that each PCSA was allocated:

<b>Agency</b>	<b>Total Allocation</b>
ADAMS	2,500
ALLEN	21,103
ASHLAND	16,191
ASHTABULA	52,756
ATHENS	46,232
AUGLAIZE	2,500
BELMONT	41,058
BROWN	26,078
BUTLER	135,227
CARROLL	2,500
CHAMPAIGN	2,500
CLARK	112,194
CLERMONT	35,324
CLINTON	30,467
COLUMBIANA	22,614
COSHOCTON	2,500
CRAWFORD	29,843
CUYAHOGA	742,741
DARKE	2,500
DEFIANCE	2,500
DELAWARE	15,970
ERIE	13,795
FAIRFIELD	26,679
FAYETTE	22,534
FRANKLIN	259,657
FULTON	10,876
GALLIA	18,588
GEAUGA	23,682
GREENE	40,957
GUERNSEY	15,748
HAMILTON	257,301
HANCOCK	17,520
HARDIN	2,500
HARRISON	11,540
HENRY	11,097
HIGHLAND	10,473
HOCKING	2,710
HOLMES	2,500
HURON	13,574

## OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

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JACKSON	2,500
JEFFERSON	16,896
KNOX	2,500
LAKE	20,359
LAWRENCE	24,567
LICKING	78,674
LOGAN	21,427
LORAIN	0
LUCAS	225,450
MADISON	2,500
MAHONING	31,001
MARION	10,252
MEDINA	26,521
MEIGS	2,500
MERCER	2,500
MIAMI	71,501
MONROE	9,769
MONTGOMERY	188,409
MORGAN	2,500
MORROW	14,601
MUSKINGUM	60,995
NOBLE	0
OTTAWA	0
PAULDING	2,500
PERRY	14,863
PICKAWAY	10,252
PIKE	11,581
PORTAGE	31,172
PREBLE	28,514
PUTNAM	0
RICHLAND	24,346
ROSS	16,674
SANDUSKY	14,641
SCIOTO	23,017
SENECA	24,527
SHELBY	47,179
STARK	189,327
SUMMIT	261,411
TRUMBULL	50,440
TUSCARAWAS	136,154
UNION	10,252
VAN WERT	2,500
VINTON	2,710
WARREN	2,500
WASHINGTON	2,710

## **OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009**

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WAYNE	18,034
WILLIAMS	2,500
WOOD	15,306
WYANDOT	2,710
<b>TOTAL</b>	<b>3,868,271.00</b>

Agencies also received \$2,560,534 in Title IV-B allocations distributed based on the same formula as the AdoptOHIO Kids formula.

Round 2 of the CFSR continues to rate Item 9 – Adoption as an Area Needing Improvement (ANI) just as Round 1 of the CFSR rated this item. Ohio’s Statewide Assessment found barriers to the timely achievement of adoption for children in permanent custody include a lack of readiness planning for youth, continuing communication difficulties with the courts resulting in lengthy delays and appeals, and an insufficient number of adoptive homes.

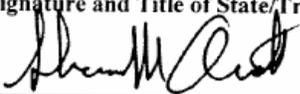
**SECTION D**

**FINANCIAL INFORMATION**

- **CFS – 101 Part I for FY 2009**
- **CFS – 101 Part I for FY 2010**
- **CFS – 101 Part II for FY 2009**
- **CFS – 101 Part II for FY 2010**
- **CFS – 101 Part III for FY 2007**

# OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**  
 Fiscal Year 2009, October 1, 2008 through September 30, 2009

1. State or Indian Tribal Organization (ITO): <b>OHIO</b>	2. EIN: <b>31-6402047</b>
3. Address: <b>Ohio Department of Job and family Services, 30 E Broad Street, 30th floor, Columbus, Ohio. 43215-3414</b>	4. Submission: [ ] New [ X ] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	<b>\$10,677,785</b>
a) Total administration (not to exceed 10% of estimated allotment)	<b>\$1,067,778</b>
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	<b>\$12,679,277</b>
a) Total Family Preservation Services	<b>\$3,200,668</b>
b) Total Family Support Services	<b>\$2,952,481</b>
c) Total Time-Limited Family Reunification Services	<b>\$2,808,720</b>
d) Total Adoption Promotion and Support Services	<b>\$2,449,480</b>
e) Total for Other Service Related Activities (e.g. planning)	<b>\$0</b>
f) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)	<b>\$1,267,928</b>
7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	<b>\$752,905</b>
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)	<b>\$0</b>
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____, PSSF \$ _____, and/or MCV _____	
b) If additional funds become available to States and ITO, specify the amount of additional funds the State or Tribes requesting: CWS <b>\$300,000</b> , PSSF \$ _____, and/or MCV _____	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	<b>\$920,446</b>
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	<b>\$4,561,875</b>
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	<b>\$1,368,562</b>
11. Estimated Education and Training Voucher (ETV) funds	<b>\$1,534,019</b>
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	<b>\$</b>
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	<b>\$</b>
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	<b>\$1,000,000</b>
d) If additional funds become available to States or Tribes, specify the amount of additional funds	<b>\$</b>
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2010.	
Signature and Title of State/Tribal Agency Official 	Signature and Title of Central Office Official

# OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

CFS-101, Part I  
 U.S. Department of Health and Human Services  
 Administration for Children and Families

Attachment L  
 OMB Approval #0980-0047  
 Approved through July 31, 2011

## CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2010, October 1, 2009 through September 30, 2010

1. State or Indian Tribal Organization (ITO): <b>OHIO</b>		2. EIN: <b>31-6402047</b>
3. Address: <b>Ohio Department of Job and Family Services, 30 E Broad Street, 30th floor, Columbus, Ohio. 43215-3414</b>		4. Submission: [ <input checked="" type="checkbox"/> ] New [ <input type="checkbox"/> ] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds		<b>\$10,677,785</b>
a) Total administration (not to exceed 10% of estimated allotment)		<b>\$1,067,778</b>
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.		<b>\$12,679,277</b>
a) Total Family Preservation Services		<b>\$3,105,396</b>
b) Total Family Support Services		<b>\$2,952,481</b>
c) Total Time-Limited Family Reunification Services		<b>\$2,717,224</b>
d) Total Adoption Promotion and Support Services		<b>\$2,636,250</b>
e) Total for Other Service Related Activities (e.g. planning)		<b>\$0</b>
f) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)		<b>\$1,267,928</b>
7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		<b>\$752,905</b>
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)		<b>\$75,290</b>
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____, PSSF \$ _____, and/or MCV _____.		
b) If additional funds become available to States and ITO, specify the amount of additional funds the State or Tribes requesting: CWS <b>\$300,000</b> , PSSF \$ _____, and/or MCV _____.		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		<b>\$920,446</b>
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		<b>\$4,561,875</b>
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		<b>\$1,368,562</b>
11. Estimated Education and Training Voucher (ETV) funds		<b>\$1,534,019</b>
12. Re-allotment of CFCIP and ETV Program Funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		\$ _____
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		\$ _____
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		<b>\$1,000,000</b>
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		\$ _____
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2010.		
Signature and Title of State/Tribal Agency Official		Signature and Title of Central Office Official
		

# OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

CFS-101 Part II: ANNUAL SUMMARY OF CHILD AND FAMILY SERVICES

Attachment C

OMG Approval #0980-0047

State or IT

For FFY October 08 to September 30, 09

Approved through October 31, 2008

SERVICES/ACTIVITIES	TITLE IV-B		(c) CAPTA*	(d) CFCIP*	(e) EVT*	(f) TITLE IV-E	(g) State Local Donated Funds	(h) NUMBER TO BE SERVED		(i) POPULATION TO BE SERVED	(j) GEOG. AREA TO BE SERVED (Include both # and type of areas to be served)
	(a)	(b)						Individuals	Families		
	I-CWS	II-PSSF									
1) Prevention & Support Services (Family Support)		2,952,481	1,000,000				77,500,000	All Eligible	All Eligible	At Risk Families	Statewide
2) Protective Services	7,426,126						1,856,532	All Eligible	All Eligible	At Risk Families	Statewide
3) Crisis Intervention (Family Preservation)		3,130,879	Included in 1				782,720	All Eligible	All Eligible	At Risk Families	Statewide
4) Time-Limited Family Reunification Services		2,673,418					668,355	All Eligible	All Eligible	All Children in Foster Care	Statewide
5) Adoption Promotion and Support Services		3,273,600					3,318,400	All Eligible	All Eligible	All Eligible Children	Statewide
6) Foster Care Maintenance: (a) Foster Family & Relative Foster Care	225,000					295,500,000	Included in 1	All Eligible	All Eligible	All Eligible Children	Statewide
(b) Group/Inst Care	included in 6A					Included in 6	included in 1	All Eligible	All Eligible	All Eligible Children	Statewide
7) Adoption Subsidy Payments	9,864					155,000,000	62,000,000	All Eligible	All Eligible	All Eligible Children	Statewide

## OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

8) Independent Living Services				4,379,253			Included in 1	All Eligible	All Eligible	All Eligible Children	
9) Education Training Vouchers					1,504,788	1,580,924	300,958	All Eligible	All Eligible	All Eligible Children	
10) Administrative Costs	1,084,638	1,336,710					650,000				
11) Staff Training	included in 2						included in 1				
12) Foster Parent Recruitment & Training	2,339,010					6,014,598	2,784,536				
13) Adoptive Parent Recruitment & Training		Included in 5				896,285	414,947				
14) Child Care Related to Employment/Training						Included in 6	included in 1	All Eligible	All Eligible	All Eligible Children	Statewide
15) Monthly Case Worker Visits		1,400,000						All Eligible	All Eligible	All Eligible Children	
16) TOTAL	11,084,638	14,767,088	1,000,000	4,379,253	1,504,788	458,991,807					

\* States Only, Indian Tribes are not required to include information on these programs

# OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

**CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services**

Attachment D  
OMG Approval #0980-0047  
Approved through July 31, 2011

State or Indian Tribal Organization ( ITO) \_\_\_\_\_  
For FFY OCTOBER 1 , 08 \_\_\_\_\_ TO SEPTEMBER 30, \_09\_\_\_\_\_

SERVICES/ACTIVITIES	TITLE IV-B			(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	
	(a) Subpart I- CWS	(b) Subpart II- PSSF	(c) Subpart II- MCV *	CAPTA*	CFCIP	ETV	TITLE IV-E	STATE, LOCAL, & DONATED FUNDS	NUMBER TO BE SERVED	POPULATION TO BE SERVED	GEOG. AREA TO BE SERVED	
									Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	Included in 2	2,952,480.00		920,446.00				62,510,545.31	All Eligible	All Eligible	At risk families	Statewide
2.) PROTECTIVE SERVICES	6,034,849.37							1,508,712.34	All Eligible	All Eligible	At risk families	Statewide
3.) CRISIS INTERVENTION (FAMILY)		3,105,396.00		included in 1				776,349.00	All Eligible	All Eligible	At risk families	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION		2,717,224.00						679,306.00	All Eligible	All Eligible	All Children in foster	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		2,636,250.00						659,062.50	All Eligible	All Eligible	All eligible children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g.									All Eligible	All Eligible	All eligible children	Statewide
7.) FOSTER CARE MAINTENANCE:	225,175.00						187,684,212.00	148,612,752.00		All Eligible	All eligible children	Statewide
(a) FOSTER FAMILY & RELATIVE FOSTER CARE									All Eligible		All eligible children	Statewide
(b) GROUP/INST CARE	included in 6A						included in 7	included in 7	All Eligible	All Eligible	All eligible children	Statewide
8.) ADOPTION SUBSIDY PMTS.	9,864.00						187,684,212.00	148,612,752.00	All Eligible	All Eligible	All eligible children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.									All Eligible	All Eligible	All eligible children	Statewide
10.) INDEPENDENT LIVING SERVICES					4,561,875.00			2,412,375.00	All Eligible	All Eligible	All eligible children	

# OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

11.) EDUCATION AND TRAINING VOUCHERS				1,534,019.00		395,231.00	All Eligible	All Eligible	All eligible children	
12.) ADMINISTRATIVE COSTS	1,067,778.50	1,267,927.00				583,926.38				
13.) STAFF & EXTERNAL PARTNERS TRAINING										
14.) FOSTER PARENT RECRUITMENT & TRAINING	3,340,118.13					3,178,047.00				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING		included in 5								
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING							All Eligible	All Eligible	All eligible children	Statewide
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING		752,905.00				188,226.25			All eligible children	
18.) TOTAL	10,677,785.00	13,432,182.00	920,446.00	4,561,875.00	1,534,019.00					

\* States Only, Indian Tribes are not required to include information on these programs

## OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

CFS-101, Part III  
 U.S. Department of Health and Human Services  
 Administration for Children and Families

Attachment D  
 OMB Approval #0980-0047  
 Approved through July 31, 2011

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2007: October 1, 2006 through September 30, 2007**

0	2. EIN: 31-6402047	3. Address: Ohio Job and Family Services, 30 E Broad Street, 30th Floor, Columbus, Ohio 43215- 3414				
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision						
Description of Funds	Estimated Expenditures	Actual Expenditures	Number served		Population served	Geographic area served
			Individuals	Families		
5. Total title IV-B, subpart 1 funds	\$11,084,638	\$11,084,638.00	All Eligible	All Eligible	All Eligible	Statewide
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	\$	\$				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f)	\$13,684,000	\$13,684,000.00	All Eligible	All Eligible	All Eligible	Statewide
a) Family Preservation Services	\$3,252,315	\$4,347,295.00				
b) Family Support Services	\$2,970,000	\$2,252,387.00				
c) Time-Limited Family Reunification Services	\$2,724,457	\$2,571,470.00				
d) Adoption Promotion and Support Services	\$3,375,000	\$3,323,225.00				
e) Other Service Related Activities (e.g. planning)	\$0	\$				
f) Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)	\$1,362,228	\$1,189,623.00				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	\$	\$3,800.00				
a) Administrative Costs (not to exceed 10% of Federal allotment)	\$	\$				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$4,502,283	\$4,502,283.00				
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$	\$				
9. Total Education and Training Voucher (ETV) funds	\$1,543,875	\$1,580,924.00				
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 20_____.						

**SECTION E**

**ASSURANCES**

**Title IV-B, subpart 1 Assurances**

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State/Tribe assures that it is operating, to the satisfaction of the Secretary:
  - A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
  - A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State/Tribe;
  - A service program designed to help children:
    1. Where safe and appropriate, return to families from which they have been removed; or
    2. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and
  - A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families.
2. The State/Tribe assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.
3. The State/Tribe assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.
4. The State/Tribe assures that not more than 10 percent of the expenditures of the State/Tribe with respect to activities funded from amounts provided under this subpart will be for administrative costs.
5. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.
6. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

**OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009**

Effective Date and State Officials Signature

I hereby certify that the State/Tribe complies with the requirements of the above assurances.

Certified by: *Andrew D. White*

Title: Deputy Director

Agency: Ohio Dept. of Job & Family Services, Office of Families & Children

Dated: June 30, 2009

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

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## OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

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### **Title IV-B, subpart 2 Assurances**

The assurances listed below are in 45 CFR 1357.15© and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five year CFSP.

1. The State/Tribe assures that after the end of each of the 1<sup>st</sup> 4 fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.
2. The State/Tribe assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:
  - Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
  - Will develop (in consultation with the entities required to be consulted pursuant to subsection 4322(b) and add to the plan a statement of the goals intended to be accomplished by the end of the 5<sup>th</sup> succeeding fiscal year.
3. The State/Tribe assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family reunification services, and adoption promotion and support services) of:
  - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
  - b. The populations which the programs will serve; and
  - c. The geographic areas in the State/Tribe in which the services will be available.
4. The State/Tribe assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State/Tribe submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State/Tribe assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds of existing services and activities which promote the purposes of subpart 2.
6. The State/Tribe will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's/Tribe's compliance with the prohibition contained in 432(a)(7)(A) of the Act.
7. The State/Tribe assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.
8. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.
9. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and

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**OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009**

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efficient.

**STATE ONLY:**

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

Certified by: *Andrea L. Holt*

Title: Deputy Director

Agency: Ohio Dept. of Job & Family Services, Office of Families & Children

Dated: June 30, 2009

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

**Child Abuse and Neglect Prevention and Treatment State Plan Assurances**

**State Chief Executive Officer's Assurance Statement for  
The Child Abuse and Neglect State Plan**

As Chief Executive Officer of the State of Ohio, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1. provisions or procedures for reporting known or suspected instances of child abuse and neglect (section 106(b)(2)(A)(i)) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended;
2. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(A)(ii) of CAPTA);
3. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii) of CAPTA);
4. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(A)(iv) of CAPTA);
5. triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(A)(v) of CAPTA);
6. procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(A)(vi) of CAPTA);
7. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(A)(vii) of CAPTA);
8. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--
  - a. individuals who are the subject of the report;
  - b. Federal, State, or local government entities, or any agent of such entities, as described in number 9 below;
  - c. child abuse citizen review panels;

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## OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

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- d. child fatality review panels;
  - e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
  - f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii) of CAPTA);
9. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix) of CAPTA);
10. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x) of CAPTA);
11. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi) of CAPTA);
12. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii) of CAPTA);
13. provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings-
- a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
  - b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii) of CAPTA);
14. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv) of CAPTA);
15. provisions, procedures, and mechanisms -
- a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
  - b. by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv) of CAPTA);

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## OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009

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16. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
  - a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child or such parent;
  - b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
  - c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
  - d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi) of CAPTA);
17. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii) of CAPTA);
18. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii) of CAPTA);
19. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix) of CAPTA);
20. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx) of CAPTA);
21. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi) of CAPTA);
22. provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii) of CAPTA);

**OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009**

- 23. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
  - a. coordination and consultation with individuals designated by and within appropriate health care facilities;
  - b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and
  - c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B) of CAPTA); and
- 24. an assurance that the programs or projects relating to child abuse and neglect carried out under part B of Title IV of the Social Security Act comply with the requirements in 106(b)(1) and (2) of CAPTA; and
- 25. authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113 of CAPTA).

Signature of Chief Executive Officer: \_\_\_\_\_

*Ted Strickland*

Date: June 24, 2009

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

**Title IV-E, Section 477 Certifications**

**Certifications for the Chafee Foster Care Independence Program**

As Chief Executive Officer/Tribal Leader of the State of Ohio, I certify that the State/Tribe has in effect and is operating a Statewide or area wide program pursuant to section 477(b) or (j)(2) relating to Foster Care Independence Program and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State/Tribe will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State/Tribe from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State/Tribe from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State/Tribe has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)]; will use training funds provided under the program of Federal payments
5. The State/Tribe will make every effort to coordinate the State/Tribal programs receiving funds provided from an allotment made to the State/Tribe with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
6. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
7. The State/Tribe has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

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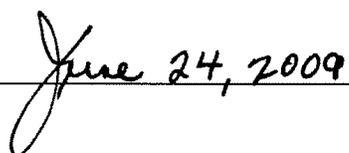
**OHIO CHILD AND FAMILY SERVICES FINAL REPORT FY2005-2009**

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**STATE ONLY:**

8. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
9. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)].

  
\_\_\_\_\_  
Signature of Chief Executive Officer or Tribal Leader

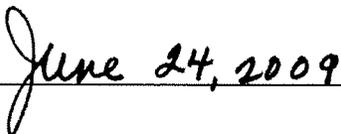
Date   
\_\_\_\_\_

**State Chief Executive Officer's Certification  
for the  
Education and Training Voucher Program  
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Ohio, I certify that the State has in effect and is operating a Statewide program relating to Chafee Foster Care Independence Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
  - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
  - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(3)(b)(J).

  
\_\_\_\_\_  
Signature of Chief Executive Officer

  
\_\_\_\_\_  
Date