2017 ANNUAL PROGRESS AND SERVICES REPORT

Office of Families and Children

June 30, 2016

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I. General Information

Ohio Department of Job and Family Services

The Ohio Department of Job and Family Services (ODJFS) supervises county offices, located throughout the state, that provide an array of vital safety net services to Ohioans in need.[1] Programs ODJFS supervises include: cash and food assistance; publicly funded child care; child support; unemployment compensation; several workforce job-training programs; adult protective services; and child welfare services. ODJFS information systems support Ohio's service delivery system. Information systems include the: County Finance Information System (CFIS); CRIS-E; Child Support Web Portal; Child Care Information Data System (CCIDS); Employer Resource Information Center (ERIC); ODJFS Benefits; OhioHereToHelp.com; OhioMeansJobs; and Statewide Automated Child Welfare Information System (SACWIS).

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

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

[1] Ohio Department of Job and Family Services Annual Report SFY 2014

Office of Families and Children (OFC)

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

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

OFC is under the direction of a deputy director; the office is comprised of five bureaus and one statutorily established board. The following information provides a synopsis of each bureau's area of responsibility.

Bureau of Automated Systems

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

Available 24 hours a day, 7 days a week, SACWIS is a web-based system used by more than 7,000 individuals (mostly child welfare caseworkers). The system contains historical and current child abuse/neglect information and flags safety hazards to alert caseworkers in their daily assessment/investigation activities. SACWIS also initiates: (1) monthly adoption subsidy payments for over 18,000 adopted children; (2) monthly reimbursement payments for Title IV-E foster care maintenance; and (3) monthly reimbursement payments for foster care training.

The bureau is also responsible for: (1) generating and transmitting monthly Medicaid eligibility information to the Medicaid Information Technology System (MITS) for approximately 28,000 children; (2) maintaining and responding to requests generated through the SACWIS and OFC Help Desks; (3) responding to ongoing data requests; and (4) transmitting federally mandated reports (Adoption Foster Care Analysis Reporting, Child and Family Services Review Performance Measures, National Child Abuse Neglect Data Systems, National Youth Transition Data).

Bureau of Child and Adult Protection

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

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

Bureau of Foster Care Licensing

The Bureau of Foster Care Licensing administers all foster care licensing functions. These include: (1) initial certification and recertification for foster homes, adoption homes, and agency functions for 8,000 foster homes and 255 public and private agencies; (2) conducting complaint and illegal operation investigations; (3) initiating enforcement actions; and (4) managing RAPBACK (Retained Applicant Fingerprint Database Information Exchange) for any foster caregiver and adult household member who is subject to a criminal records check.

This Bureau also conducts bi-annual reviews of compliance with the Multiethnic Placement Act. This review involves private child placing agencies and private non-custodial agencies who contract with public children services agencies (PCSA) for foster care and adoption services.

Bureau for Systems and Practice Advancement

The Bureau for Systems and Practice Advancement works to improve outcomes for children and families served by the child welfare system by: (1) engaging in effective communication and collaboration with other state partners (e.g., the Supreme Court of Ohio, the Ohio Department of Mental Health and Addiction Services, the Department of Youth Services, the Department of Education, the Department of Developmental Disabilities, and Medicaid); and (2) leading the effort to implement a statewide Continuous Quality Improvement (CQI) system for child welfare.

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

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

This Bureau also conducts bi-annual reviews of PCSA compliance with the Multiethnic Placement Act.

Fiscal Accountability and Title IV-E Policy

Under the oversight of the OFC Assistant Deputy Director is the Fiscal Accountability Section and the Title-IV-E Policy Section. The Fiscal Accountability Section:(1) manages all OFC budget and fiscal activities; (2) works with state and federal representatives to oversee OFC budget development; (3) oversees state, federal and grant fiscal management, reporting and fiscal forecasting; and (4) develops cost reports and audit filing processes for public and private agencies (including the establishment of federal foster care reimbursement ceilings that enable agencies to receive reimbursement for children in care.

The IV-E Policy Section: (1) develops policies and OAC rules governing the operation of programs serving Ohio's children and families through Adoption Assistance and Title IV-E Foster Care Maintenance and Adoption Assistance; (2) oversees Ohio's Title IV-E Program Improvement Plan and grant agreements with 40 Juvenile Courts to provide Title IV-E supported child welfare services on behalf of unruly and delinquent children; (3) oversees Ohio's federal Title IV-E waiver program, ProtectOHIO; and (4) coordinates various OFC administrative functions.

Justice Services/Partners for Ohio's Families

Within the Office of the Deputy Director a project manager is responsible for: (1) overseeing systemic initiatives to improve the investigation and prosecution of child abuse and neglect (e.g. development of child advocacy centers, forensic interviewing, training for guardians ad litem, first responders for minor victims of human trafficking); (2) coordinating Children's Justice Act and the Court Improvement Program (Supreme Court of Ohio) federal grants; and (3) collaborating with the Supreme Court of Ohio to improve outcomes for the families and children served by Ohio's courts. Additionally, the project manager coordinates programming to improve outcomes for the children and families who come into contact with Ohio's child welfare system by improving the manner in which OFC supports the work of its public and private child serving agencies and improving targeted measurements of internal culture and climate that are linked to outcomes for clients.

Ohio Children's Trust Fund

The Ohio Children's Trust Fund (OCTF) was established by the Ohio legislature in 1984 to support efforts designed to prevent child abuse and neglect. It does this by providing funds for primary and secondary child abuse and neglect prevention programs. These funds are distributed at both regional and statewide levels. For the regional level, funds are distributed to each Regional Child Abuse and Child Neglect Prevention Council. There are eight regional prevention councils: Northwest Ohio Regional Prevention Council; Northeast Ohio Regional Prevention Council; Central Ohio Regional Prevention Council; Great Lakes Ohio Regional Prevention Council; Western Ohio Regional Prevention Council; Eastern Ohio Regional Prevention Council; Southwest Ohio Regional Prevention Council; and Southeast Ohio Regional Prevention Council. Each child abuse and child neglect regional prevention council is led by a regional prevention coordinator, who collaborates with the appointed members of the council to ensure prevention services are provided to families. On the statewide level, funds are provided to Strengthening Families Ohio, Ohio Infant Safe Sleep Campaign, Human Trafficking Prevention, and Capital University, Family and Youth Law Center via a pilot program to provide services for at risk families. In addition to distributing funds, OCTF provides subject matter expertise and training and technical assistance, responds to public and professional inquiries, develops outreach materials, and researches literature and data.

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

Child Welfare Service Delivery

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

Collaboration

As outlined in Ohio's Child and Family Services Plan submission, the 2015-2019 CFSP was developed through a comprehensive and collaborative process centered on a Continuous Quality Improvement (CQI) framework. OFC has carried this collaborative approach forward into the implementation phase of the plan. Child welfare stakeholders and system partners have been engaged in the implementation of the plan in a variety of ways, including:

- The formation of implementation workgroups to accomplish the various goals, objectives, interventions and benchmarks within Ohio's CFSP;
- Utilization of Ohio's extensive infrastructure for collaboration to support various activities included within the plan; and
- Educational efforts and dialogue with partners and stakeholders about the Child and Family Services Review and assessment of Ohio's strengths and areas needing improvement as the state prepares for CFSR Round 3.

<u>CFSP Implementation Workgroups</u>

Implementation workgroups comprised of OFC staff and system partners have been formed to lead specific activities outlined in Ohio's CFSP, which are aligned under the five overarching goals of the CFSP:

1. Ohio will strengthen its child welfare Continuous Quality Improvement (CQI) system to drive practice improvement resulting in better outcomes for the safety, permanency and well-being of Ohio's children and families.
2. Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.
3. Families will have enhanced capacity to provide for their children's needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to ensure safety.
4. Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

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

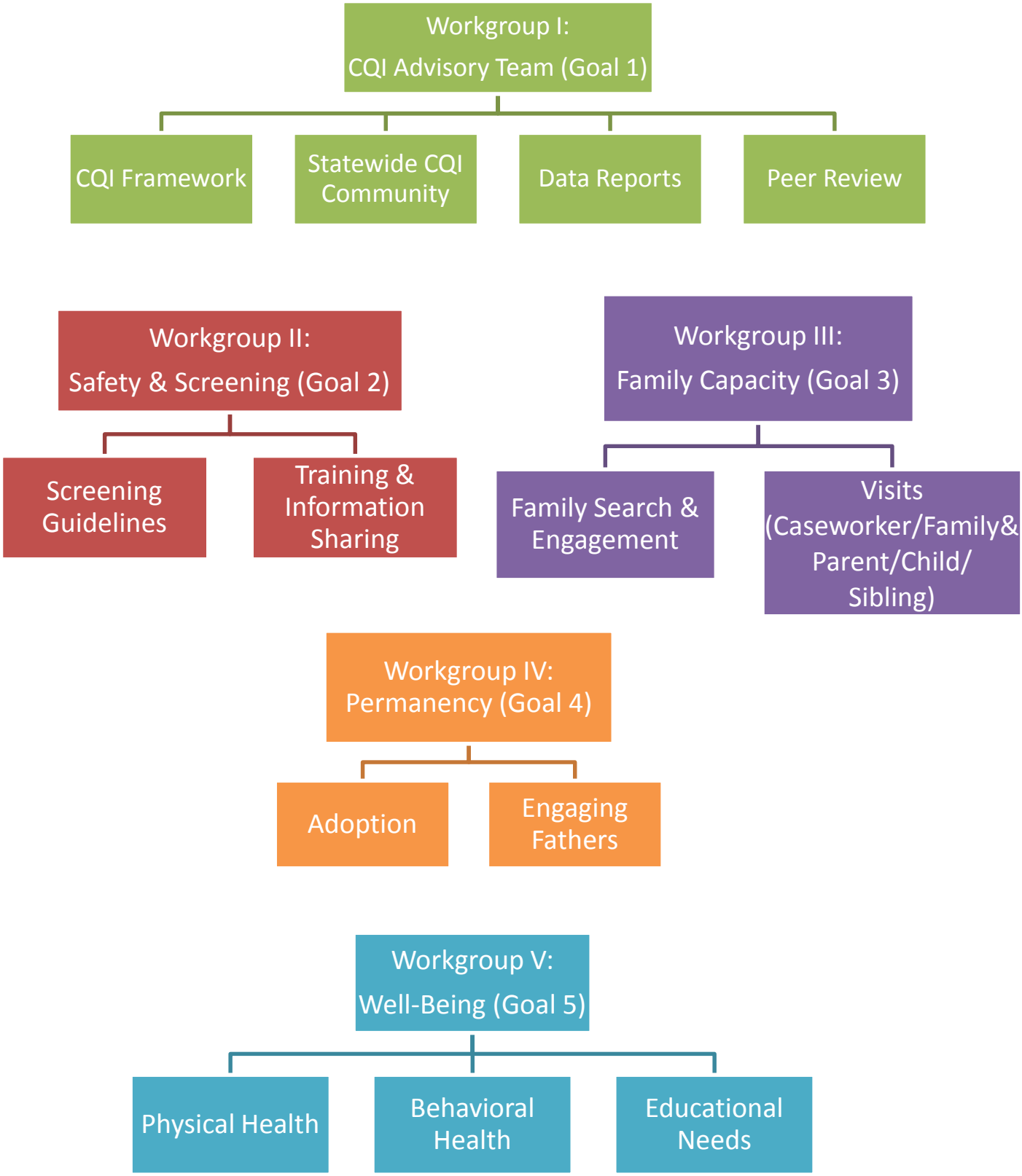
Workgroups were formed to address areas of the plan in which there were not already existing avenues for collaboration. To date, more than 120 stakeholders (in addition to OFC staff) have formally participated in CFSP implementation activities through OFC's CFSP workgroup structure, and dozens more have participated through other already established stakeholder groups such as Ohio's Differential Response Leadership Council, the Permanency Roundtable Advisory Council, the Ohio Primary Parent Partners Workgroup and the Partners for Ohio's Families Advisory Council.

Members of the CFSP Implementation Workgroups include staff from across all bureaus and program areas of the Office of Families and Children, county child welfare representatives, private agency partners, the Ohio Child Welfare Training Program, and system partners from the Supreme Court of Ohio, Ohio's Medicaid program, the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Education, and the Ohio Department of Health.

The workgroups and their subcommittees make recommendations about how particular activities are implemented as well as recommendations for needed modifications to the plan. These recommendations have been incorporated in the "Update to the Plan for Improvement and Progress Made to Improve Outcomes" section (Section III) of this Annual Progress and Services Report.

The diagram that follows depicts Ohio's CFSP Implementation Workgroup structure. For a complete list of current workgroup members, please see Appendix A.

Ohio CFSP Implementation Workgroups

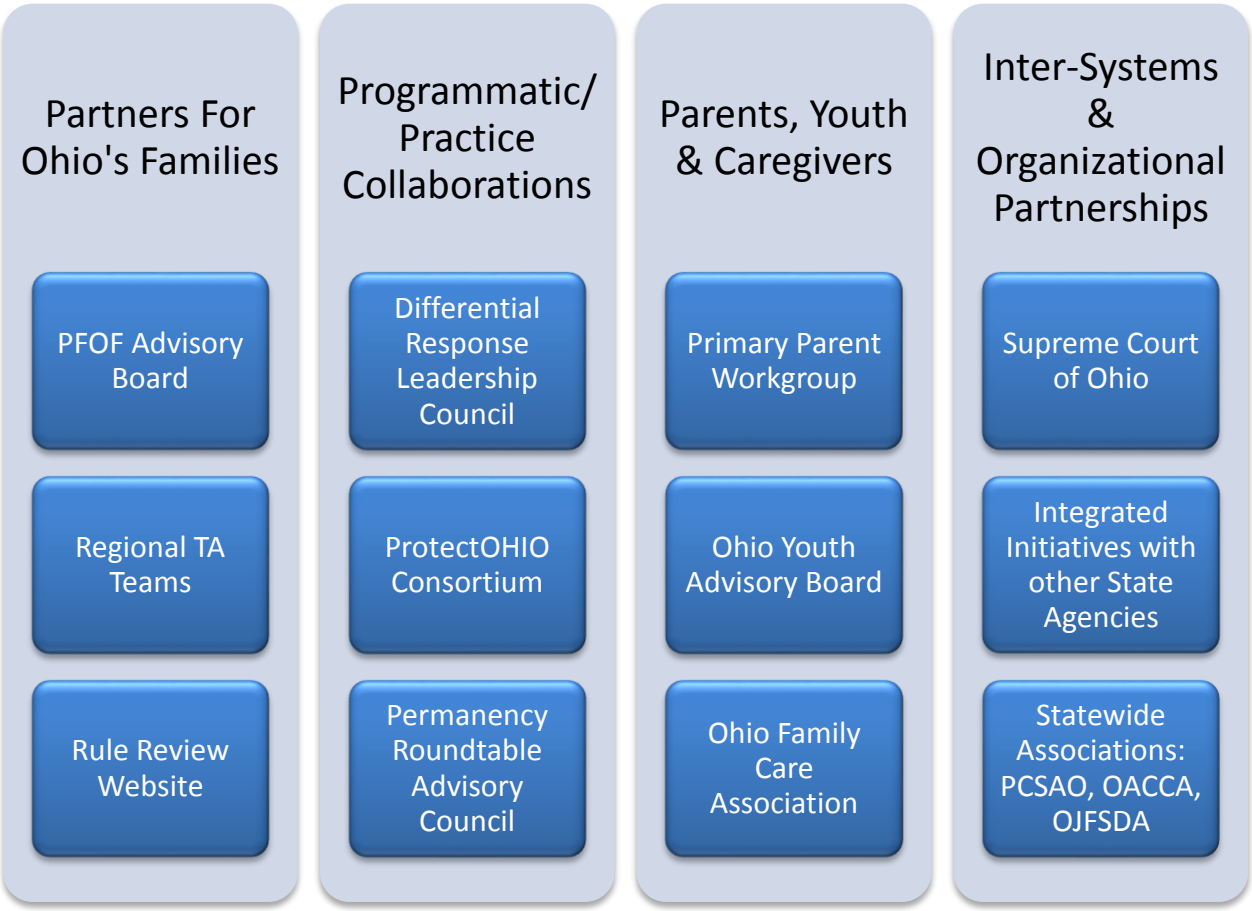


Additional Efforts to Engage Stakeholders

In addition to the CFSP Implementation Workgroups, OFC continues to engage a wide array of local and state child welfare stakeholders through a number of other channels. As noted in last year's APSR submission, Ohio has developed a strong collaboration infrastructure with multiple avenues for partnership that are well-institutionalized. These channels have provided forums to engage partners in assessing the state's progress in implementation of the CFSP and making adjustments as needed to the objectives, interventions and benchmarks contained in the plan. All recommendations for adjustments to the plan have been noted in the "Update to the Plan for Improvement and Progress Made to Improve Outcomes" section of this Annual Progress and Services Report.

Following is a graphical representation of Ohio's collaboration infrastructure and narrative descriptions of how this collaboration infrastructure informs and supports the implementation of the CFSP.

Ohio CFSP Collaboration Infrastructure



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

OFC Regional Technical Assistance Model: Through the Partners for Ohio's Families initiative, OFC established five regional technical assistance teams. These cross-program teams include Technical Assistance Specialists, Foster Care Licensing Specialists, Child Welfare Policy Developers, and SACWIS staff. Through this team structure, county public children services agencies and private child placing agencies have a consistent set of contacts within the state office – a "go to" source for the range of questions or needs that may arise in day-to-day practice. Likewise, members of the team can quickly tap one another's expertise in order to provide timely technical assistance on a wide variety of issues. Each of the five teams periodically conducts regional events for the public and private agencies and Title IV-E courts within the region. These regional meetings provide an important forum for discussion and feedback loops with OFC's local partners. The CQI Advisory Team is examining ways to leverage the existing regional team structure to enhance Ohio's statewide CQI efforts.

OFC Rule Review Website: During the Partners for Ohio's Families (PFOF) initiative, OFC and local partners completed a comprehensive rule review of all 271 child welfare rules in Ohio's Administrative Code. To provide an open forum for stakeholder input within this process, a rule review website was established where stakeholders could review rule language and provide comments or suggestions for revision. OFC has transitioned this website from the Midwest Child Welfare Implementation Center to an in-state host in order to make this valuable tool a permanent avenue for stakeholder input. The web address is: http://www.ohiorulereview.org.

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

SACWIS Enhancements: OFC's SACWIS team regularly collaborates with public children services agencies and private agencies to develop SACWIS enhancements through Joint Application Design (JAD) sessions and other forums for user feedback, including surveys, HelpDesk inquiries, and planning teams for specific projects, such as the Permanency Roundtable pilot. Feedback from users was utilized in the development of Ohio's CFSP and continues to inform implementation of SACWIS-related activities in the plan.

2. *Programmatic Collaboration with Local & State Stakeholders*

Differential Response Leadership Council: Ohio's guiding body for the implementation of Differential Response, the Leadership Council, is comprised of representatives of county public children services agencies, OFC and the Ohio Child Welfare Training program. This group was initially formed in 2007 to guide the development of Ohio's Alternative Response pilot but has continued to monitor Ohio's progress in implementing a Differential Response (DR) system, examine data related to DR implementation, make recommendations for needed policy or practice adjustments, and serve as mentors for the implementation of high-quality DR practice. The recommendations of the Leadership Council informed the development of many aspects of Ohio's CFSP, and this group continues to collaborate on the implementation of the CFSP. In particular, the Leadership Council is our primary avenue of collaboration for those activities in the plan

designed to promote high fidelity implementation of Ohio's DR practice model and activities connected to the continued growth of the Alternative Response pathway.

ProtectOHIO Consortium: Similar to Ohio's Differential Response Leadership Council, the ProtectOHIO Consortium serves as the guiding body for Ohio's Title IV-E Waiver Demonstration Project. Like the Leadership Council, this group of county representatives meets regularly with OFC staff members and serves as our primary avenue of collaboration for CFSP activities connected to Ohio's Title IV-E Waiver.

Permanency Roundtable Advisory Council: In 2015 and 2016, Ohio continued its work with Casey Family Programs to expand the use of Permanency Roundtables and Youth-Centered Roundtables within the state. In launching this pilot initiative in 2014, OFC, the Public Children Services Association of Ohio (PCSAO) and Casey Family Programs came together with interested Ohio counties to form a Permanency Roundtable Advisory Council. The Advisory Council has continued to support Ohio's PRT work and the addition of five new counties in the pilot (along with the six original pilot sites). At the quarterly council meetings all pilot agencies continue to bring successes as well as challenges to the group. The Advisory Council members work together to troubleshoot and come up with solutions for identified issues. The work of the Advisory Council is informing the implementation and evaluation of Permanency Roundtables and Youth-Centered Roundtables in Ohio – one of the key strategies included in our state CFSP.

Level of Care Pilot Design Team: Level of Care Pilot - OFC launched a Level of Care pilot at the direction of the Ohio General Assembly in 2015. OFC, eleven public children services agencies (Athens County Children Services Board, Clark County Department of Job and Family Services, Franklin County Children Services, Greene County Department of Job and Family Services, Guernsey County Children Services, Knox County Department of Job and Family Services, Madison County Department of Job and Family Services, Montgomery County Department of Job and Family Services, Morrow County Department of Job and Family Services, Stark County Department of Job and Family Services, Summit County Children Services Board) and ten private agencies (Sojourners, Oesterlen, Village Network, House of New Hope, Pathways For Children, Buckeye Ranch, Bair Foundation, SAFY, House of Samuel, Beech Brook) are working in partnership to implement and evaluate the use of the Child and Adolescent Needs and Strengths (CANS) assessment tool in matching youth, coming into foster care with the most appropriate placement based on the level of care indicated by the tool. Similar to other collaborative efforts, a pilot Design Team was formed, with representatives of all participating agencies. Formal collection of assessment data began January 1, 2016. Ohio University, the vendor evaluating Ohio's use of the tool, will collect county data for this calendar year, and a formal report is due to the department in June of 2017. The pilot is another of the key strategies included in Ohio's CFSP.

3. Collaboration with Youth, Parents & Caregivers

Ohio Youth Advisory Board: The *Overcoming Hurdles in Ohio Youth Advisory Board* (OHIO YAB) is a statewide organization of young people (aged 14-24) who have experienced foster care. OHIO YAB exists to be the knowledgeable statewide voice that influences policies and practices that affect all youth who have or will experience out-of-home care. ODJFS continues to provide funding for OHIO YAB. OHIO YAB's 2016-2017 Strategic Plan focus includes: outreach and policy, transitional housing, education, employment, independent living preparation, and increasing the youth's voice in court. OFC highly values the perspective of the Youth Advisory Board and has worked to integrate several Advisory Board recommendations into policy and programming, including several strategies targeted in the CFSP.

HOPE (Helping Ohio Parent Effectively) Primary Parent Workgroup: OFC serves as a collaborating partner with the HOPE Workgroup. The workgroup defines "primary families" as any family who has a current or previously open child welfare case. The HOPE Workgroup's mission is to build resources for child welfare-involved parents. Its vision is, "Parents helping parents reach successful outcomes." The workgroup has identified key programmatic and structural elements to promote parent engagement work in Ohio. The HOPE Workgroup continues to work closely with OFC and six Ohio counties working to implement parent partner programs – a key strategy included in Ohio's CFSP.

Ohio Family Care Association (OFCA): OFC partners with OFCA to support more effective collaboration among child welfare professionals, resource families (adoptive, kinship, foster, and respite caregivers), and birth families. Collaborative efforts with OFCA are reflected in several activities within the CFSP, including Ohio's work to implement parent partner programming (described above), efforts to improve agency practices on engaging fathers and kin, work to address barriers for kinship caregivers, and efforts to engage resource families in a mentoring or partnering capacity with birth families.

4. Inter-Systems & Organizational Collaborations

Partnership with the Supreme Court of Ohio: OFC has a rich history of collaboration with the Supreme Court of Ohio demonstrated through the state's last CFSR Program Improvement Plan and throughout the implementation of previous Child and Family Services Plans. OFC continues to partner with the Court and other system stakeholders through the Supreme Court of Ohio's Advisory Committee on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency. The recommendations of these leadership bodies were integral to the development of Ohio's CFSP, and OFC continues to partner with the Court on CFSP implementation activities. For example, the Supreme Court of Ohio has joined OFC's Continuous Quality Improvement Advisory Team. In addition, ODJFS and the Supreme Court of Ohio partner on the implementation of activities under Ohio's Children's Justice Act grant and Ohio's Court Improvement Project, and the Court was a key partner in the implementation of Ohio's Title IV-E Program Improvement Plan.

Partnership with other State Agencies: OFC has taken a robust approach to partnership with the various child and family services systems within the state of Ohio. Partners from the education, health, mental health and addiction services, and Medicaid systems directly participated in the development of Ohio's CFSP and continue to participate in implementation efforts through their contributions to the CFSP Implementation Workgroups. In addition, through the various integrated and ongoing inter-systems initiatives detailed within this APSR, these service systems continue to partner in the implementation and ongoing assessment of Ohio's 2015 – 2019 CFSP.

Statewide Associations: OFC has established strong collaborations with the Public Children Services Association of Ohio (PCSAO), the Ohio Job and Family Services Directors' Association (OJFSDA), and the Ohio Association of Child Caring Agencies (OACCA). ODJFS regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the federal Child and Family Services Review (CFSR). In addition, OACCA, PCSAO and OJFSDA participate on a number of different stakeholder leadership bodies alongside ODJFS, including the Partners for Ohio's Families Advisory Board and several of the programmatic collaborations noted above. Through these avenues, the associations are able to provide input on behalf of their membership on issues related to the implementation of the CFSP.

Partnership with Casey Family Programs: Casey Family Programs has been a strong partner to Ohio since 2007 on a number of important child welfare initiatives, including Differential Response, the Ohio Intimate Partner Violence Collaborative, and Permanency Roundtables. Casey assists Ohio in sponsoring regular convenings of the state's metro counties. These "Metro County Strategy Days" provide an opportunity for the metro counties to discuss shared challenges and promising practices. These meetings have also become an important feedback loop in Ohio's CFSR and CFSP implementation efforts. OFC regularly participates in these convenings and has utilized this venue as a forum for discussion regarding the CFSR, statewide outcomes, and implementation of the CFSP.

Collaboration with Tribes: Although there are no federally-recognized tribes located within Ohio, ODJFS continues its work to develop partnerships with tribal representatives within the state. The Native American Indian Center of Central Ohio (NAICCO), a 501(c)(3) non-profit dedicated to improving the lives of American Indian and Alaskan Native (AI/AN) people throughout Ohio, has proven to be a helpful resource to OFC as we work with counties on issues impacting families with tribal heritage in the state. OFC and NAICCO continue to discuss possible development of formalized training and technical assistance opportunities to enhance engagement of Native American families served by Ohio's child welfare system.

Alignment with CFSR Collaboration Efforts

Implementation of the CFSP is closely aligned with collaborative efforts on the federal CFSR. As noted in last year's APSR submission, joint examination with stakeholders of statewide strengths and areas in need of improvement from CFSR Round 2 informed the development of Ohio's CFSP. Each strategy included in the CFSP was designed to build upon existing strengths or to address areas of practice needing improvement, with the ultimate goal of improving Ohio's safety, permanency and well-being outcomes.

As additional information about CFSR Round 3 has become available, OFC has shared this information with child welfare partners and stakeholders. OFC has developed educational materials on the CFSR process and the new National Standards, which have been shared through a variety of platforms. Presentations have been conducted on the CFSR for executive leadership and administrators of Ohio's public children services agencies through PCSAO, Ohio's juvenile court judges and magistrates through the Supreme Court of Ohio's Judicial College, Ohio's Title IV-E Courts, the Ohio Association of Child Caring Agencies' conference, and the OFC Continuous Quality Improvement Advisory Team. Each presentation includes discussion of state strengths and areas needing improvement and emphasizes how the CFSR is inter-related with the state's CFSP implementation efforts.

Additionally, each of the three Metro County Strategy Days hosted in partnership with Casey Family Programs and PCSAO in 2015 and 2016 featured a special focus on the CFSR. The July 2015 metro meeting focused on data measures connected to improving performance in the CFSR. The November 2015 agenda included a focus on the CFSR safety measures and new CFSR reports available to counties through the Results Oriented Management (ROM) system. The March 2016 meeting included a focus on the topic of Foster Care Re-Entry as well as discussion regarding state options for the onsite review for CFSR Round 3.

OFC has also published a series of articles on the CFSR in its "First Friday" newsletter. The articles have included an overview of the CFSR process; an article detailing the connections between the CFSR, the CFSP and CQI efforts; a regular CFSR "Measure of the Month" feature; and CFSR Updates.

OFC's CQI Advisory Team is examining both state options for the CFSR onsite review – a traditional review completed with federal partners or a review process conducted by the state. As part of Ohio's CFSP

implementation efforts, the Advisory Team is making recommendations for the development of an inter-agency peer review process. The team is approaching this work with an eye toward integration of peer review into Ohio's Child Protection Oversight and Evaluation (CPOE) case review process and/or the CFSR.

Collaboration on Ohio's Title IV-E PIP

The Children's Bureau conducted a primary review of the Ohio Department of Job and Family Services' Title IV-E foster care program in September 2013. Ohio was found not in substantial compliance and developed a Program Improvement Plan (PIP) designed to correct areas of non-compliance. Ohio's PIP was approved by the Children's Bureau in September 2014. ODJFS engaged various stakeholders in the development and implementation of Ohio's Title IV-E PIP, including: the Supreme Court of Ohio, the Ohio Attorney General's Office, the Ohio Department of Mental Health and Addiction Services, local judges and magistrates, prosecutors, county public children services agencies and Title IV-E courts.

Ohio completed all activities for the four outcomes in the approved Program Improvement Plan in August 2015. The final report was submitted to ACF in September 2015. Ohio is currently preparing for the next IV-E Foster Care Maintenance Eligibility Review scheduled to begin on October 31, 2016.

Ongoing Collaboration

ODJFS plans to continue the avenues for stakeholder engagement and collaboration described above throughout the implementation of the 2015 – 2019 Child and Family Services Plan. Additional CFSP Implementation Workgroups will be formed as needed to address future components of the CFSP. OFC will also use other existing channels, as noted above, as we work with our partners on an ongoing basis to:

- Examine the state's data – both qualitative and quantitative findings gathered from case reviews, statewide administrative data, stakeholder feedback, training system data and other sources;
- Reach data-informed conclusions about strengths in practice as well as areas in need of improvement;
- Assess statewide progress on the implementation of the CFSP, including successes and barriers or challenges to implementation;
- Monitor the impact of the plan on outcomes;
- Identify other prospective solutions; and
- Make needed adjustments to the CFSP.

These activities will be detailed in each year's Annual Progress and Services Reports.

II. Update on Assessment of Performance

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

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

For this Update on the Assessment of Performance, these same data sources were reviewed using Ohio's most recent performance data.

Safety Outcomes

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

This outcome is comprised of two statewide data indicators and one case-reviewed safety item measure. The data indicators include: (1) Maltreatment in Foster Care and (2) Recurrence of Maltreatment. The safety item measure includes: (1) Timeliness of Investigations. A performance assessment of the data indicators and safety measure was conducted to: (a) determine statewide compliance; and (b) identify the Strengths and Areas Needing Improvement noted in the cases reviewed for Item 1- Timeliness of Initiating Investigations of Reports of Child Maltreatment.

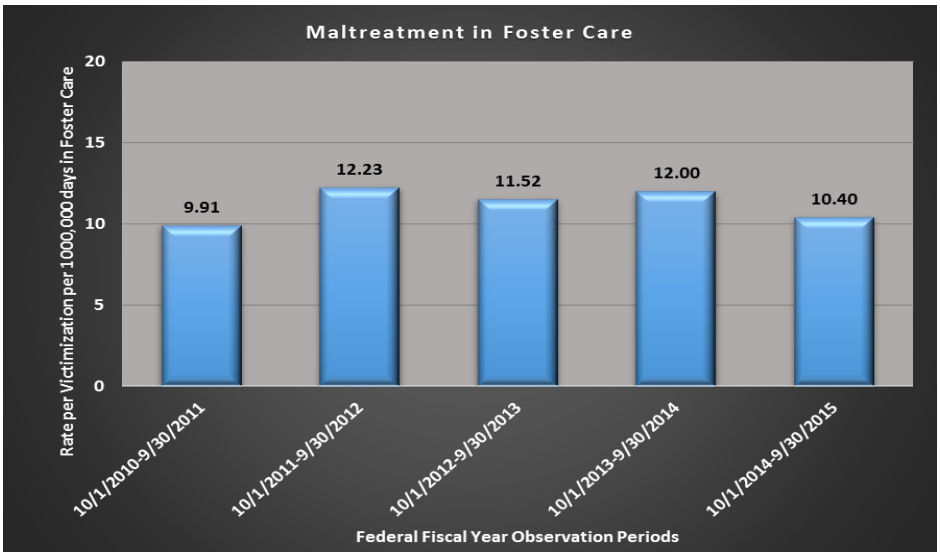
Safety Data Indicator 1

Data Indicator		Definition	National Standard	Ohio's Performance*	Ohio's Performance**
S1	**Maltreatment in Foster Care**	Of all children in foster care during a 12-month period, what is the rate of victimization per 100,000 days of foster care?	8.50 victimizations per 100,000 days	FFY 2015 Observed Performance 10.4	FFY 2013 Risk- Adjusted 16.56

**Data Source- ODJFS Results Oriented Management Report (ROM)*
***Data Source- HHS, ACF, Children's Bureau CFSR Round 3 Statewide Data Indicators-Workbook, May 2015.*

Examination of State Data

Over the past five observation periods, Ohio has not met the national standard for maltreatment of children in foster care. In the last observation period – FFY 2015 – SACWIS changes were instituted to require agencies to record the incident date, which will provide a more accurate picture of the state's performance on this measure. The following graph presents information encompassing Ohio's observed scores on this national standard for FFY 2011, FFY 2012, FFY 2013, FFY 2014 and FFY 2015.



With the addition of the incident date field in SACWIS, calendar year 2015 data run via the Results Oriented Management reporting system shows a continuing downward trend to a rate of 9.7 victimizations per 100,00 days in care. While this rate still does not meet the national standard, Ohio is encouraged by this trend and continues to work with county and private agency partners to address performance on this national standard.

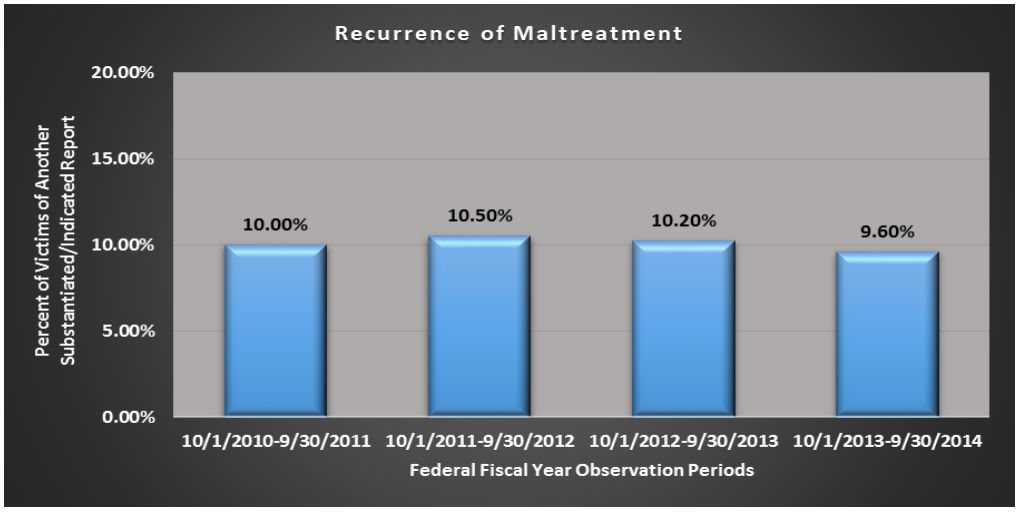
Safety Data Indicator 2

Data Indicator		Definition	National Standard	Ohio Performance*	Ohio Performance**
S2	**Recurrence of Maltreatment**	Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated or indicated report of maltreatment within 12 months of their initial report?	9.1%	FFY 2014 Observed Performance 9.6%	FFY 2012 Risk-Adjusted 13.2%

**Data Source- ODJFS Results Oriented Management Report (ROM)*
***Data Source- HHS, ACF, Children's Bureau CFSR Round 3 Statewide Data Indicators-Workbook, May 2015.*

Examination of State Data

During each of the four Federal Fiscal Year observation periods, Ohio failed to achieve the National Standard of 9.1 percent during a 12-month reporting period. Ohio's FFY 2012 risk-adjusted performance was 13.2%. However, there has been an improvement in observed performance during the last observation period. This data is shown below:



Safety Item Measure

There is one safety item measure contained in Safety Outcome 1. The following table lists the item and the evaluation criteria. This item was monitored during CPOE Stage 9 and continues to be monitored during CPOE Stage 10. Partial CPOE Stage 10 results include data from 45 counties reviewed.

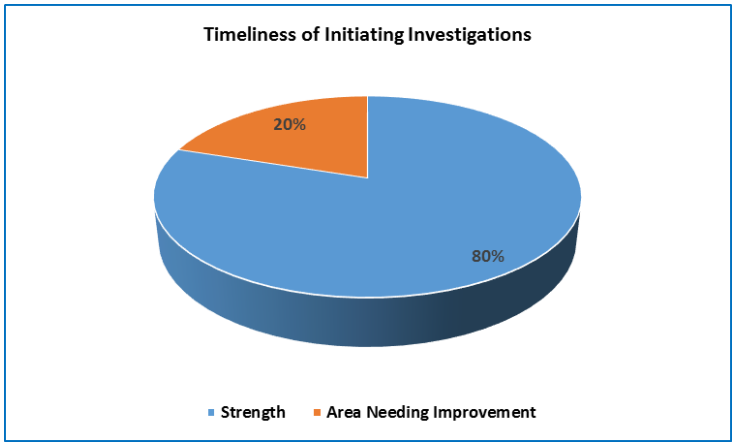
Items		Evaluation Criteria
1	**Timeliness of Initiating Investigations of Reports of Child Maltreatment**	To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child (ren) made, within the time frames established by agency policies or state statutes.

Examination of Statewide Data

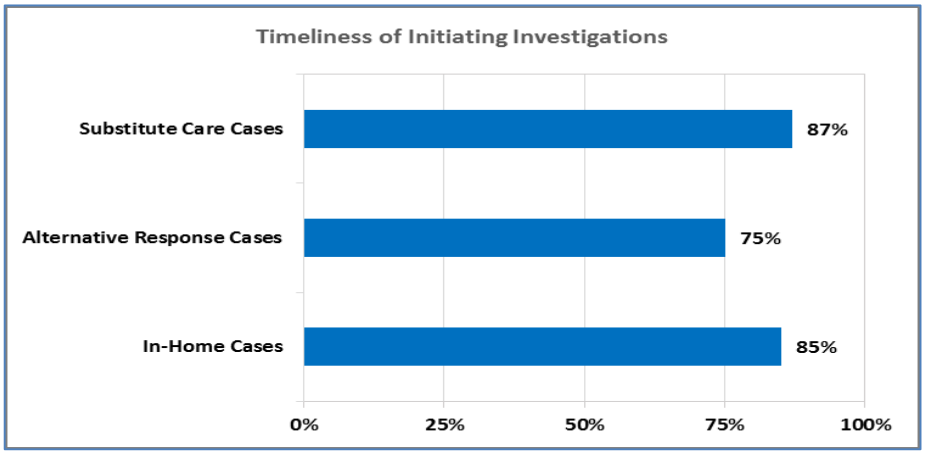
On May 9, 2016 the statewide data report entitled *Intake Initiation Requirement Met (of accepted reports)* was run for the period of April 2015-March 2016. For Traditional Investigations, of the 44,767 reports screened in 88.5 percent (39,618) met the intake initiation requirement for face-to-face contact with alleged child victims. Examination of Alternative Response screened in reports (36,629) indicated that 91.6 percent of the Assessments (33,565) met the intake initiation requirement for face-to-face contact with the child.

Examination of County Data

As noted above, one item was evaluated via CPOE case reviews to examine compliance with Safety Outcome 1. Partial results from CPOE Stage 10 indicated that Item #1 was applicable in 380 of 509 In-Home cases, Alternative Response cases and Substitute Care cases reviewed. As depicted below, of the 380 applicable cases reviewed, 80 percent of the cases (306 cases) were rated as a Strength, and 20 percent of the cases (74 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 85 percent of the In-Home cases (119 cases) were rated as a Strength, 75 percent of the Alternative Response cases (132 cases) were rated as a Strength, and 87 percent of the Substitute Care cases (55 cases) were rated as a Strength.



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

- Agencies completed timely screening decisions and case assignments.
- Cases assigned to the Alternative Response (AR) Pathway and the Traditional Response (TR) Pathway evidenced timely initiations and face-to-face contacts with the alleged child victim, parents and other household members.

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

- Agencies had late assessment/investigation initiations.
- Alleged child victims were not seen timely.
- Agencies did not meet the requirement of continued attempts to make face-to-face contact every four working days from the acceptance of the report until contact was made or until the report disposition was required.
- When some agencies selected the AR Pathway and the case was initiated with a letter to the family, the required face-to-face contact with the alleged child victim was not completed timely.
- There was confusion regarding how AR cases should be initiated.

Safety Outcome 2: Children are safety maintained in their homes whenever possible and appropriate

There are no data indicators used to determine compliance with Safety Outcome 2; instead, review of case records occurs to examine: (1) services provided to prevent removal or re-entry into foster care and (2) risk and safety assessment and management.

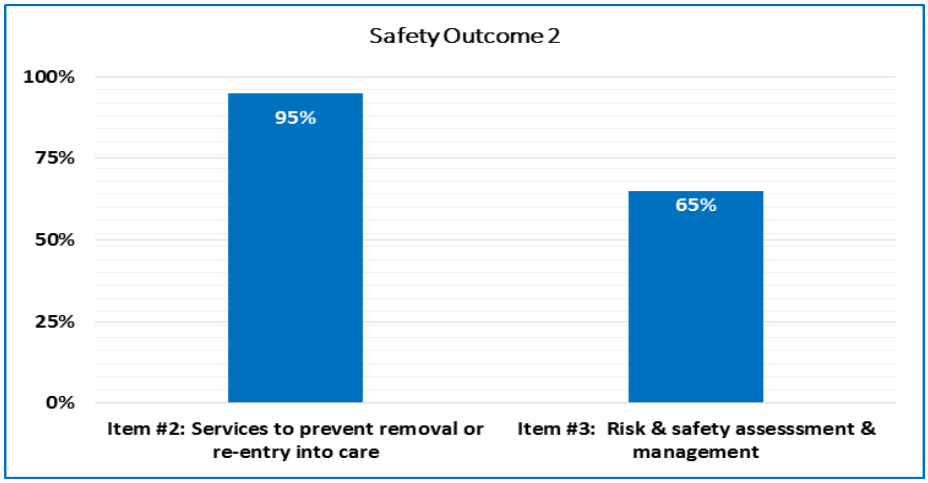
Safety Item Measures

Two safety item measures are contained in Safety Outcome 2. The following table lists the items and their evaluation criteria. These items were monitored during CPOE Stage 9 and continued to be monitored during CPOE Stage 10.

Items		Evaluation Criteria
2	**Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care**	Determine if concerted efforts were made to provide services to the family to prevent children's entry into foster care or re-entry after reunification.
3	**Risk assessment and management**	Determine if concerted efforts were made to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.

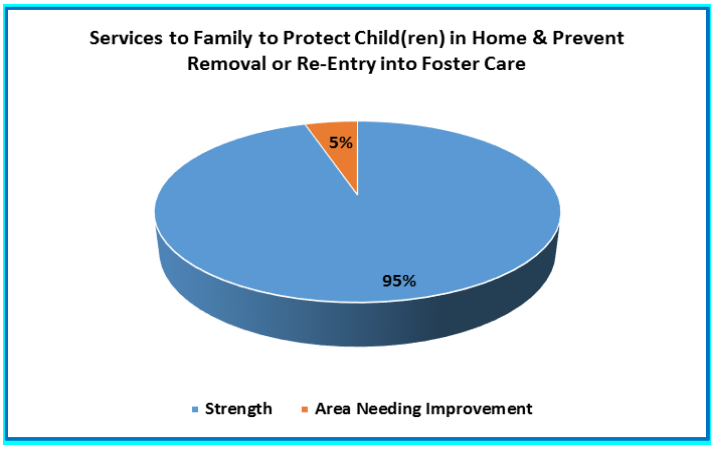
Examination of County Data

Partial results from CPOE Stage 10 indicated that item 2 met the 95 percent compliance level, while item 3 fell below the compliance level as evidence below.

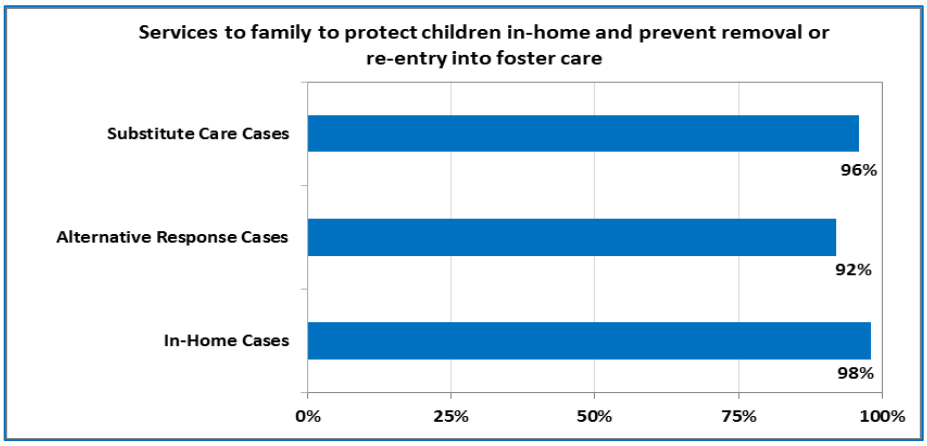


Item # 2: Services to protect child in the home and prevent removal or re-entry into foster care

Partial results from CPOE Stage 10 indicated there were 331 applicable cases for review. As depicted below, of the 331 applicable cases reviewed, 95 percent of the cases (315 cases) were rated as a Strength and 5 percent (16 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 98 percent of the In-Home cases (122 cases) were rated as a Strength; 92 percent of the Alternative Response cases (111 cases) were rated as a Strength; and 96 percent of the Substitute Care cases (82 cases) were rated as a Strength. The following graphic depicts the results for review of Item #2 by case type.



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

- Services were provided to families to increase protective capacities of parents and to reduce child vulnerability.
- Agency records contained evidence of regular communication between workers and service providers to assess and reassess the value and effectiveness of services.
- Agencies engaged family members in identification of services to assure safety and prevent removal of children from the home.
- Services were identified and provided for families which were specific to the needs presented by the families.
- Services were regularly assessed during Case Reviews and Semiannual Administrative Reviews, and modifications occurred to the Case Plan if other service needs were identified.
- When children were removed from their home without provision of services, the action was necessary to ensure safety.
- Interviews conducted with case participants indicated that services were helpful and all needs were addressed. During interviews with parents whose children were in substitute care, parents indicated they had been kept informed about all aspects of the case and felt involved in the process of reunification.
- Agencies continued to provide services six months following reunification to ensure safety.
- Developed Safety Plans in which relatives agreed to care for the child until the parents could ensure safety and participate in services.
- Excellent documentation on what services were provided and discussion of service needs with families.

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

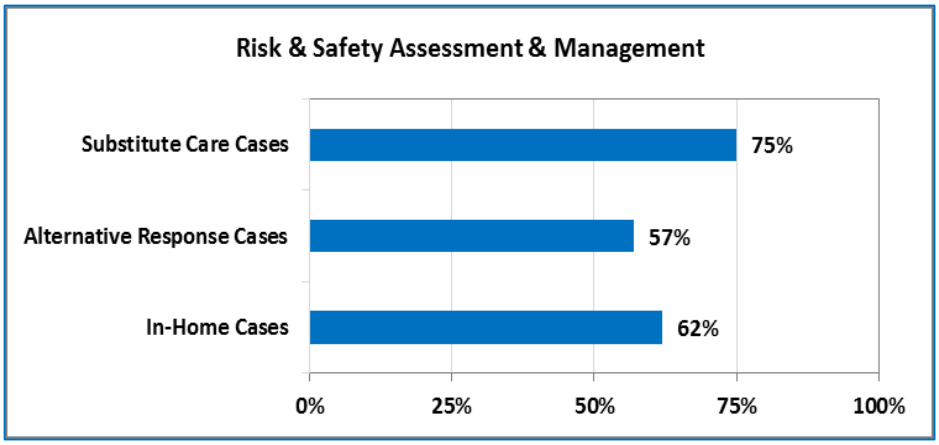
- Agencies did not follow-up with service providers to assess family progress.
- Lack of documentation that referrals to service providers occurred.
- Services were not provided to address specific issues identified in the Family Assessment.
- Service needs of fathers were not assessed, nor were services identified in case planning.

- Agencies failed to assess and address the safety and service needs of siblings of the target child in substitute care. Siblings were not included as participants in the case, nor were they found in the Family Assessment or the Case Plan.
- Failure to monitor Safety Plans.
- Gaps in documentation in SACWIS which made it difficult to confirm if concerted efforts were being made to provide services and assess the effectiveness of services. Handwritten notes could not be produced to verify efforts made to provide services and prevent entry into foster care.

Item #3: Risk assessment and safety management

Thus far, 509 applicable cases have been reviewed during CPOE Stage 10. As depicted below, of the 509 cases, 65 percent were rated as a Strength (331 cases) and 35 percent (178 cases) were rated as an Area Needing Improvement.

Further examination of In-Home, Alternative Response and Substitute Care cases revealed that 62 percent of the In-Home cases (92 cases) were rated as a Strength; 57 percent of the Alternative Response cases (103 cases) were rated as a Strength; and 75 percent of the Substitute Care cases (136 cases) were rated as a Strength. Thirty PCSAs had approved QIPs to address item #3. The following graph depicts the results for review of Item #3 by case type.



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

- Agencies assessed safety and risk during face-to-face visits, home visits, case conferences, Family Team Meetings, formal Case Reviews, and Semiannual Administrative Reviews.
- Agencies completed Safety Assessments, Family Assessments, Re-Assessments and Reunification Assessments timely and with ample detail.
- Safety Plans were developed and modified as applicable to control the threat of safety.
- During home visits and visits in substitute care settings, agencies evaluated children's safety by talking with them separately from their substitute caregivers, observing their behavior and interactions and speaking to their substitute caregivers.
- Written notifications were being sent to case participants of upcoming Semi-annual Administrative Reviews.

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

- All family members were not interviewed as part of the AR assessment activities.
- Re-Assessments of safety were not done when new issues surfaced on open cases.
- Safety Assessments or Family Assessments did not include all household members (e.g. all children in the home).
- Family Assessments did not contain sufficient information in order to arrive at case decisions.
- Safety concerns were not being addressed adequately.
- Safety Plans were not being monitored as required by rule or were not discontinued when safety threats were resolved.
- Case Reviews did not include all children in the home.
- Case Reviews and Semiannual Administrative Reviews were not being conducted or held timely.
- Reunification Assessments were not completed prior to children returning home.
- There was no evidence of risk or safety assessments being conducted for children who remained in the home while one of the siblings was placed in substitute care.
- Initial and on-going assessments were not completed in a timely manner.
- Insufficient documentation in the Safety Assessments.
- Agency did not address safety issues that were brought to their attention regarding children in foster care and residential care.
- Cases were being closed when there were still risks present in the home.

PERMANENCY OUTCOMES

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

An examination of all five permanency data indicators and three case review items which fall within Permanency Outcome 1 was conducted to assess performance.

PERMANENCY OUTCOMES AND INDICATORS					
P1	**Permanency in 12 Months for Children Entering Foster Care**	Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?	**40.5% or more**	4/1/2014-3/31/15* Observed Performance 41.1%	4/1/2011-3/31/12 Risk-Adjusted 46.8%
P2	**Permanency in 12 Months for Children in Foster Care 12 to 23 Months**	Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?	**43.6% or more**	4/1/2014-3/31/2015* Observed Performance 44.20%	4/1/2013-3/31/2014 Risk-Adjusted 44.2%
P3	**Permanency in 12 Months for Children in Foster Care 24 Months +**	Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?	**30.3% or more**	4/1/2014-3/31/2015* Observed Performance 27.68%	4/1/2013-3/31/14 Risk-Adjusted 27.0%
P4	**Re-entry to Foster Care in 12 Months**	Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	**8.3% or less**	4/1/2013-3/31/2014* Observed Performance 9.53%	4/1/2011-3/31/12 Risk-Adjusted 11.5%
P5	**Placement Stability**	Of all children who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	**4.12 moves per 1,000 days in care or less**	4/1/2014-3/31/2015** Observed Performance 3.30	4/1/2013-3/31/14 Risk-Adjusted 3.43

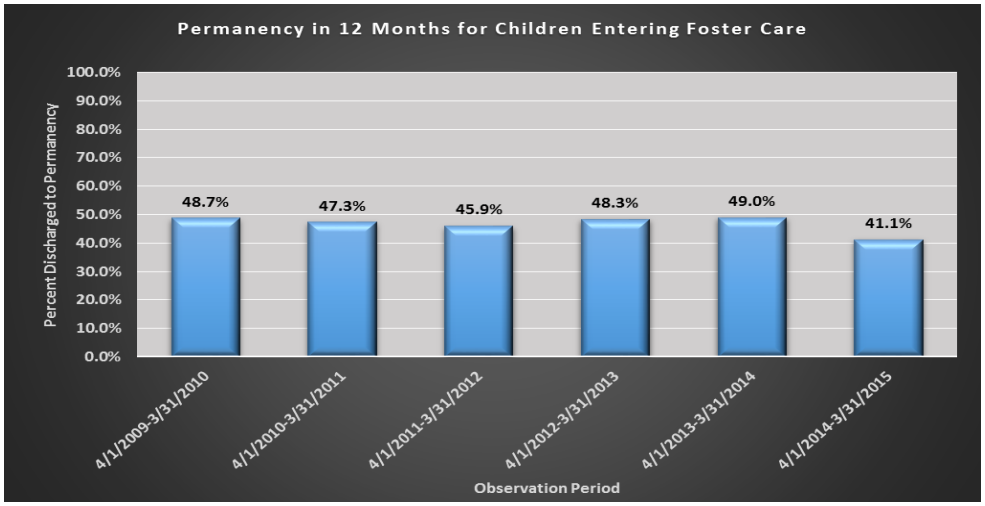
** Data Source- ODJFS calculation utilizing HHS, ACF, Children's Bureau CFSR Round 3 Statewide Data Indicators code.*
***Data Source- ODJFS Results Oriented Management Report (ROM)*

Permanency Data Indicators

Permanency in 12 Months for Children Entering Foster Care

Examination of State Data

Over the past six observation periods, Ohio has exceeded the National Standard of 40.5 percent for *Permanency in 12 Months for Children Entering Care*. However, there has been a decrease in performance during the last observation period as evidenced below.



Ohio's April 1, 2011 - March 31, 2012 risk-adjusted performance was 46.8%.

Examination of County Data

Ohio utilized the federal coding and applied the code on a county-by-county basis for the periods of April 1, 2011 - March 31, 2012 and April 1, 2013 - March 31, 2014, so that each county could review its performance on this indicator over time. For the periods of April 1, 2011 - March 31, 2012 and April 1, 2013 - March 2014, 72 percent of the counties (63) exceeded the National Standard.

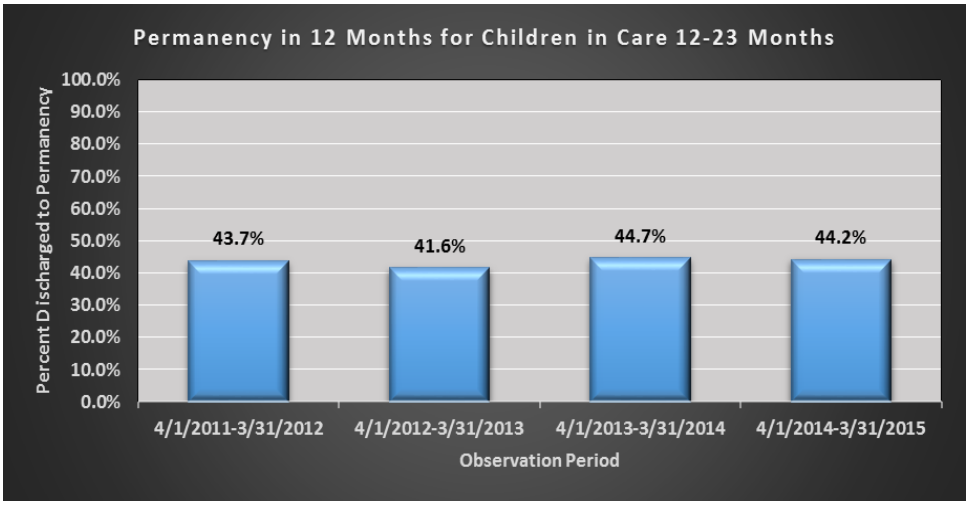
Results from CPOE reviews of PCSAs indicated the following practices made a difference in achieving permanency for children/youth:

- Use of Family Team Meetings to develop case plans and establish permanency goals.
- Frequent face-to-face and telephone contact with community service providers to assess family progress on case plan objectives.
- Reviewing and discussing the Case Plan or Family Services Plan with families during each visit.
- Establishing more frequent caseworker visits with parents.
- Provision of post-reunification services.

Permanency in 12 Months for Children in Foster Care 12 to 23 Months

Examination of State Data

In three of the last four observation periods, Ohio has achieved or exceeded the National Standard of 43.6 percent for *Permanency in 12 Months for Children in Foster Care 12 to 23 Months.* The following table reflects these results.



Ohio's 4/1/2013 - 3/31/14 risk-adjusted performance was 44.2%, thus substantiating that Ohio achieved the National Standard of 43.6%.

Examination of County Data

For the periods of April 1, 2013 - March 31, 2014 and April 1, 2014 - March 31, 2015, Ohio utilized the federal coding and applied the code on a county-by-county basis so that each county could review its performance on this indicator over time. For the period of April 1, 2013 - March 31, 2014, 55 percent (48) of the PCSAs exceeded the National Standard. During the April 1, 2014 - March 31, 2015 time period, 47 percent of the counties (40 out of the 85 applicable counties) exceeded the National Standard.

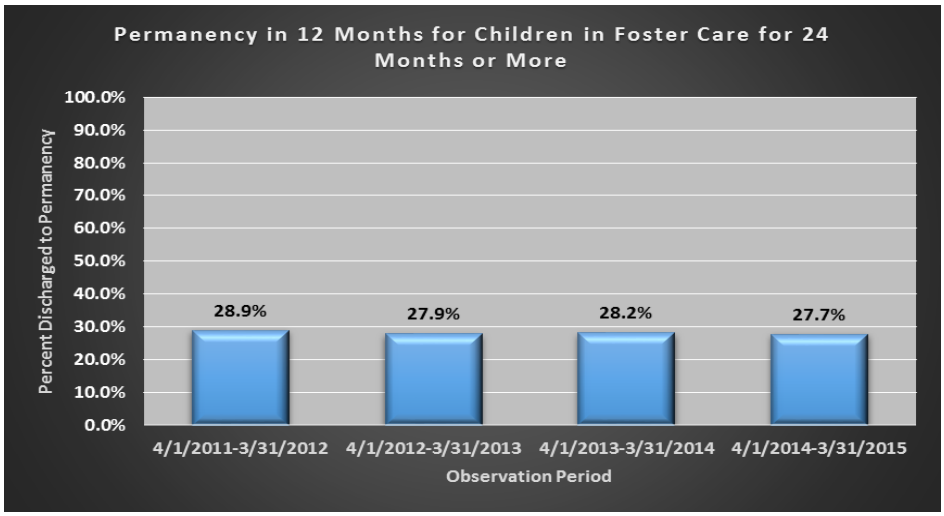
Results from CPOE reviews indicated practices which supported achieving permanency for this population group, included the following:

- Conducting Reunification Assessments prior to making recommendations to the court.
- Expanding the frequency and duration of parent/child visits as case plan progress builds safety.
- Sharing data and CPOE findings with the juvenile court judge to facilitate joint planning.
- Use of concurrent planning for substitute care cases – not waiting to begin planning for more than one possible avenue to permanency.
- Certifying applicants as foster-to-adoptive placements.
- Conducting matching conferences upon receipt of permanent custody.
- Conducting child-specific recruitment.

Permanency in 12 Months for Children in Foster Care 24 Months +

Examination of State Data

Over the past four observation periods, Ohio has not achieved the National Standard of 30.3 percent as evidenced in the following table.



Ohio's risk-adjusted performance for the period of April 1, 2013 through March 31, 2014, was at 27.0 percent.

Examination of County Data

For the periods of April 1, 2013 - March 31, 2014 and April 1, 2014 - March 31, 2015, Ohio utilized the federal coding and applied the code on a county-by-county basis so that each county could review its performance on this data indicator over time. For the period of April 1, 2013 - March 31, 2014, 49 percent of the applicable counties (84) exceeded the National Standard. For the period of April 1, 2014 - March 2015, 38 percent of the applicable counties (82) exceeded the National Standard.

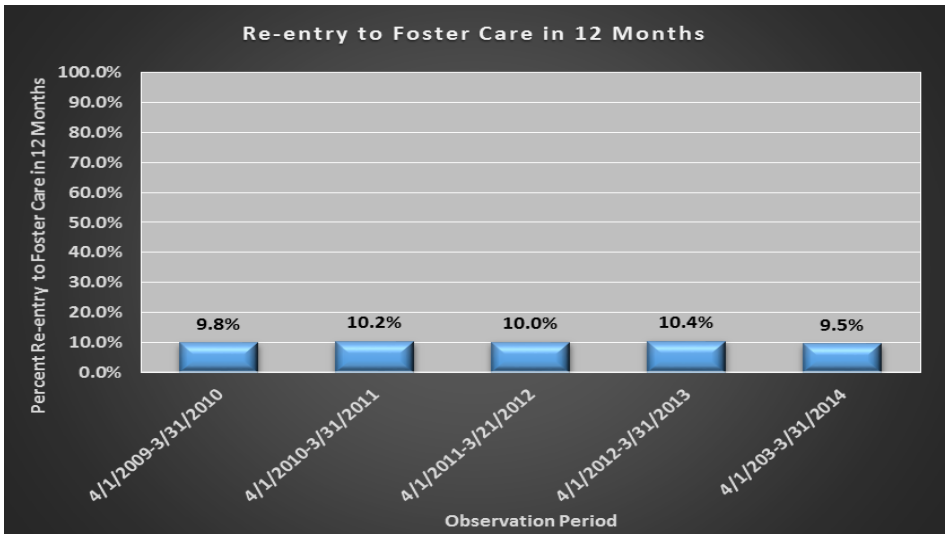
Examination of CPOE review results identified the following practices which supported achieving permanency for this population group.

- Conducting thorough case mining to identify possible adoptive placements and use of Wendy's Wonderful Kids recruiters to conduct child-specific recruitment.
- Effective coordination and communication with the placement provider, the service provider and prospective adoptive family.
- Providing needed services post-adoption to ensure the adoption does not disrupt.
- Use of Permanency Roundtables for children/youth in PPLA status to re-assess if this status continues to be an appropriate goal for the youth.

Re-entry to Foster Care in 12 Months

Examination of State Data

Over the past five observation periods, Ohio has not achieved the National Standard of 8.3 percent as evidenced in the following table.



Ohio's risk-adjusted performance for the period of April 1, 2011 through March 31, 2012, was at 11.5 percent.

Examination of County Data

Ohio utilized the federal coding and applied the code on a county-by-county basis for the periods of April 1, 2011 - March 31, 2012 and April 1, 2013 - March 31, 2014, so that each county could review its performance on this data indicator over time. For the period of April 1, 2011 - March 31, 2012, 58 percent of the counties (51) exceeded the National Standard. During the April 1, 2013 - March 31, 2014 time period, 53 percent of the counties (47) exceeded the National Standard.

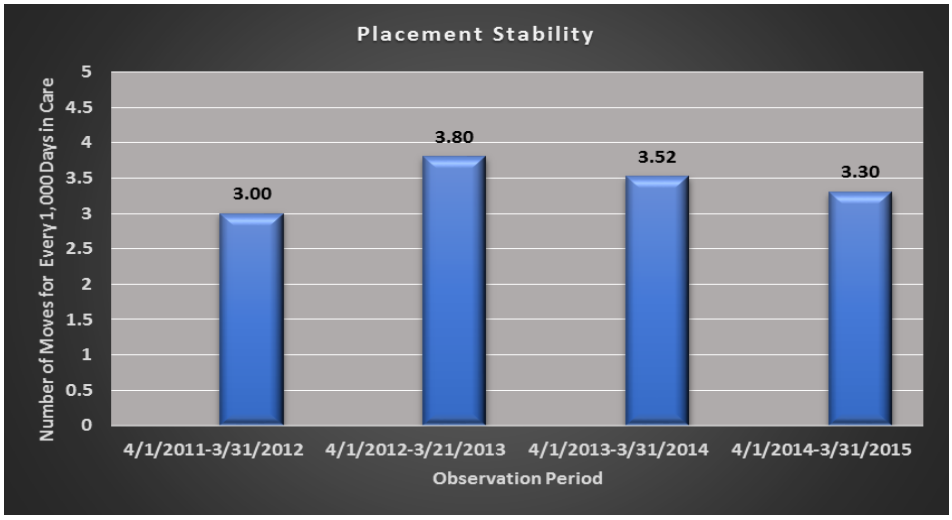
Practices identified during the CPOE reviews which resulted in children not re-entering foster care included:

- Planning overnight/extended visits between the parents and children in preparation for reunification.
- Working closely with service providers and families to ensure families are comfortable with reunification.
- Providing services to the family to support reunification and continuing to provide services following reunification to ensure re-entry did not occur.
- Engaging foster parents in providing additional support for parents and in aiding the child's transition from the foster home.

Placement Stability

Examination of State Data

During the four observation periods, the National Standard of 4.12 moves (or fewer) per 1,000 days in care was achieved. Ohio's risk-adjusted performance for the period of April 1, 2013 through March 31, 2014, was at 3.43 placement moves per 1,000 days in care.



Examination of County Data

The most effective strategies identified during CPOE reviews to ensure placement stability included:

- Visits completed consistently with the parents, children, and foster caregivers.
- Services and support provided to substitute caregivers to prevent placement disruptions.
- Diligent searches to locate both paternal and maternal relatives.
- Use of agency forms or tools to engage parents in discussions about relative placement options and record information about relatives at multiple points during the case.
- Placement of siblings together when appropriate and in the same school district of the removal home.

An additional strength identified by counties includes:

- Implementation of a pilot to evaluate a level of care assessment model which would aid in the selection of appropriate placements for children and youth.

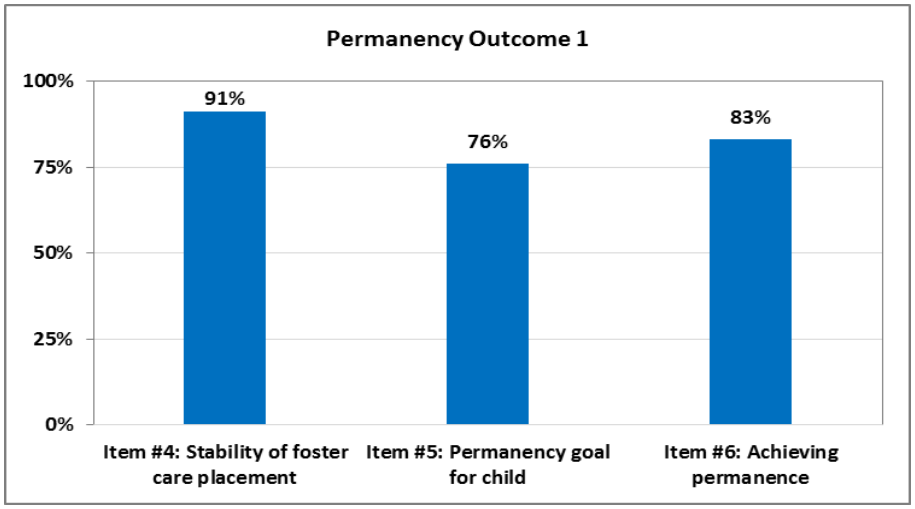
Permanency Item Measures

Three permanency item measures are contained within Permanency Outcome 1. The following table lists the items and the evaluation criteria used to assess performance. These items were monitored during CPOE Stage 9 and continue to be monitored during CPOE Stage 10. Although CPOE Stage 10 is not yet complete, the partial results reported here include data from 45 counties.

Items		Evaluation Criteria
4	**Stability of foster care placement**	Determine if the child in foster care is in a stable placement and that any changes in placement that occurred during the review period were in the best interest of the child and consistent with achieving the child's permanency goal(s).
5	**Permanency goal of child**	Determine whether appropriate permanency goals were established for the child in a timely manner.
6	**Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement**	Determine whether concerted efforts were made, or are being made, to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

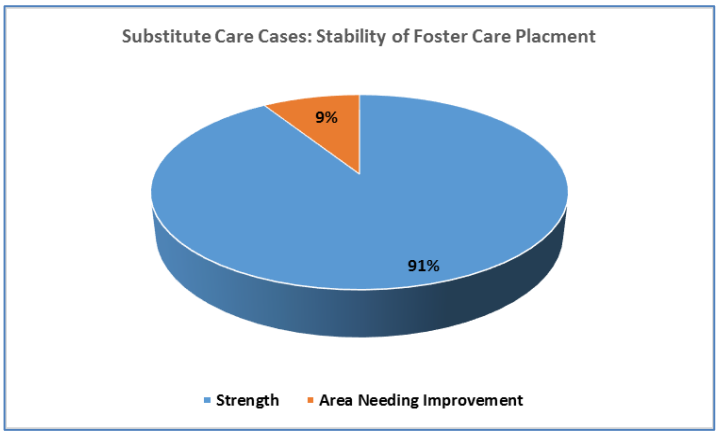
Examination of County Data

CPOE Stage 10 utilized the CFSR Round 3 on-site review instrument to assess performance on the above three items. The graph below depicts performance in addressing *Permanency Outcome 1.*



Item #4: Stability of foster care placement

As of this date, a total of 181 Substitute Care cases were identified as applicable for review of this item during CPOE Stage 10. As depicted below, 91 percent of the cases reviewed (165 cases) were rated as a Strength, and 9 percent of the cases (16 cases) were rated as an Area Needing Improvement. Four agencies had an approved QIP to address Item #4.



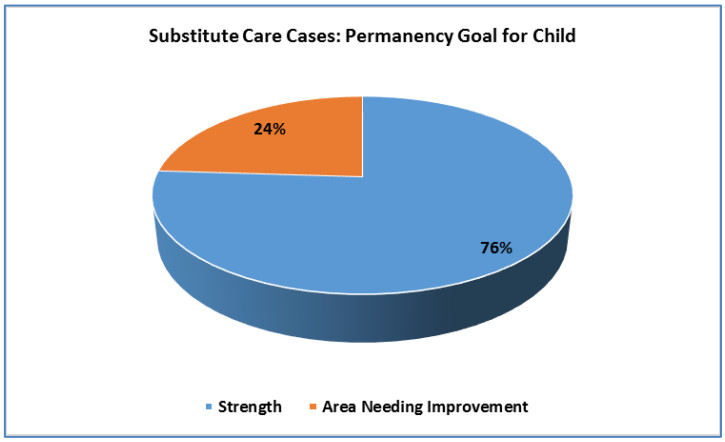
PCSAs have made concerted efforts to identify appropriate placements for the child initially by matching the child's needs with the skills, knowledge and strengths of the caregiver. As a result, children have been maintained in the same foster placement for the entire substitute care episode. Additionally,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

Changes in placement were a result of one or more of the following factors:

- Severe behavioral issues of adolescents in the placement setting.
- Insufficient information or support provided to foster caregivers resulting in foster caregivers' request for a child or all the children be removed.
- Appropriate step down from intensive to less intensive placement.

Item #5: Permanency goal for child

Thus far, 179 applicable cases have been reviewed during CPOE Stage 10 to determine whether appropriate permanency goals were established for the child in a timely manner. As depicted below, of the 179 applicable cases reviewed, 76 percent of the cases (136 cases) were rated as a Strength, and 24 percent (43 cases) were rated as an Area Needing Improvement. Twelve agencies have an approved QIP to address Item #5.



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

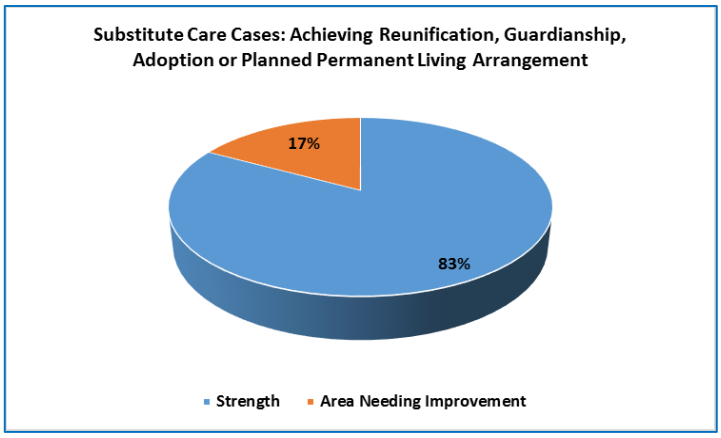
- Utilized Family Team Meetings to establish permanency goals. This open forum offered families the chance to meet with the investigators and ongoing workers and discuss the need for and availability of local services.
- Agencies were establishing concurrent Case Plan goals.
- Agencies established appropriate Case Plan goals within required time frames, which were entered into SACWIS.
- Case Plans goals were developed timely with specified services linked to Case Plan goals. When goals were changed, services were revised to reflect the new Case Plan goal. Case Plan goals were achieved within required time frames.
- Concerted efforts were made to identify families for children with a goal of adoption through extensive recruitment efforts and conducting timely matching conferences.
- Agencies were actively working with families and children/youth to achieve the established Case Plan goal.

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

- Permanency Goals were not established or changed within required timeframes.
- No compelling reasons documented for not filing for termination of parental rights.
- The Case Plan goal of adoption was not achieved in a timely manner by agencies and courts. Several of the delays cited were appeals of termination of parental rights. There were also several continuances of hearings.
- Agencies and courts did not change the permanency goal of Planned Permanent Living Arrangement (PPLA) when the child was less than 16 years of age in compliance with federal guidelines.

Item #6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement

As of this date, 181 cases were reviewed for compliance with item #6 during CPOE Stage 10. As depicted below, of the cases reviewed, 83 percent of the cases (151 cases) were rated as a Strength, and 17 percent (30 cases) were rated as an Area Needing Improvement. Eleven agencies have an approved QIP to address Item #6.



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

- Agencies worked with the court, families and other community partners to ensure children did not linger in foster care longer than necessary.
- Agencies explored concurrent planning at the inception of placement for their substitute care cases.
- Provided services to the family to support reunification and continued to provide services following reunification to ensure re-entry did not occur.
- Ensured regular visits between the biological parents and children occurred with overnight and extended visits built into their reunification efforts.
- Reunification motions and permanent custody motions were filed timely.
- Agencies held Permanency Planning meetings following the filing of permanent custody to review the appropriateness of the child's current placement and identify records needed in order to complete the Child Study Inventory and Social/Medical History form.
- Agencies addressed children's intensive treatment needs while searching for an adoptive placement.
- Utilized Wendy's Wonderful Kids recruiters to do child-specific recruitment.
- Agencies partnered with Adopt America to locate families for youth.
- Work began prior to termination of parental rights to look for a permanent placement for the child, including exploration with relatives and the current substitute caregiver of their interest in adopting the child.
- Diligent efforts were made to locate fathers, conduct relative searches, and work with parents to provide permanency for their children.

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

- Agencies did not meet the established timeframes for reunification, guardianship, adoption or other planned permanent living arrangement.
- Court continuances contributed to the lengthy period of time between the filing of the motion and receipt of permanent custody, thus delaying the ability of agencies to achieve permanency for children.
- No documentation of compelling reasons for not requesting termination of parental rights.
- Services were not provided to achieve the case plan goal of reunification.
- Lengthy negotiations of adoption subsidy agreements were a barrier to permanency.

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

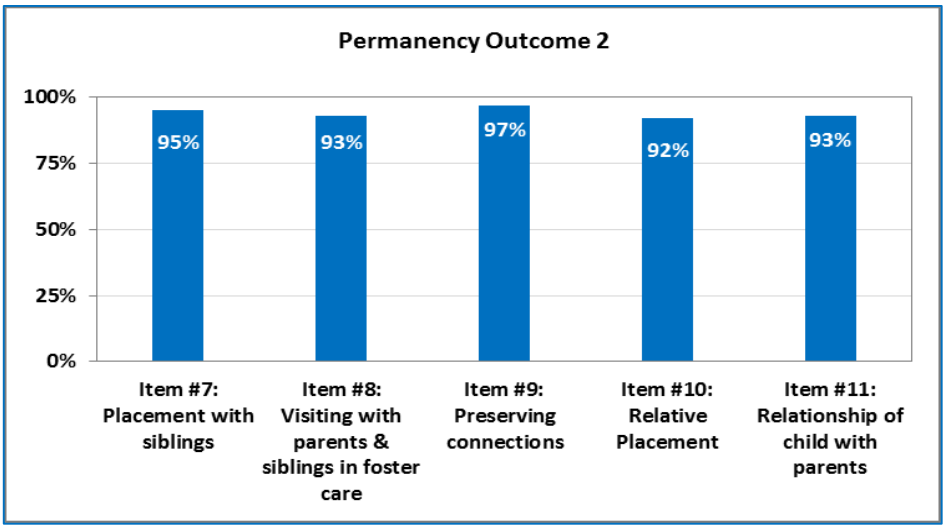
There are no data indicators used to determine compliance with this Permanency Outcome; instead, a review of case records occurs to examine the following five permanency item measures: (1) placement with siblings; (2) visiting with parents and siblings in foster care; (3) preserving connections; (4) relative placement; and (5) relationship of child in care with parents. The following table lists the items reviewed under this outcome and their evaluation criteria.

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

Permanency Item Measures

Examination of County Data

CPOE Stage 10 utilized the CFSR Round 3 on-site review instrument to assess performance on the above five items. The graph below depicts performance in addressing *Permanency Outcome 2.*



Thus far, of the 45 PCSAs reviewed to date in CPOE Stage 10, the state continues to achieve a high level of performance across all items in Permanency Outcome 2 with a minimum level of 92 percent compliance.

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

- Ensured the child's foster care placement was in close proximity to the home from which the child was removed. This helped facilitate child-parent visits.
- Provided transportation assistance, such as bus tokens.

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

WELL-BEING OUTCOMES

There are no data indicators used to determine compliance with the three Well-Being Outcomes. CPOE Stage 10 data were used to assess performance on: Well-Being Outcome 1: *Families have enhanced capacity to provide for their children's needs*; Well-Being Outcome 2: *Children receive appropriate services to meet their educational needs*; and Well-Being Outcome 3: *Children receive adequate services to meet their physical and mental health needs.*

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

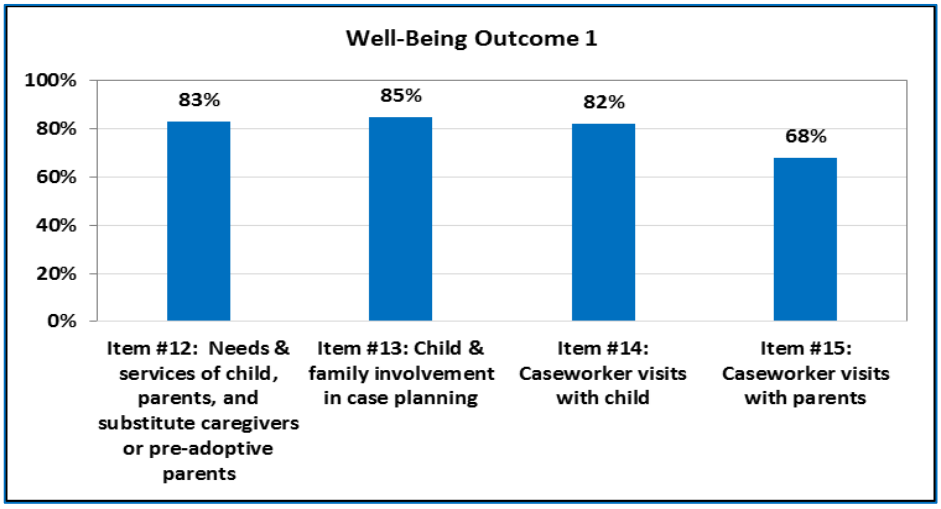
Well-Being Item Measures

The following well-being item measures constitute Well-Being Outcome 1. These items were reviewed during CPOE Stage 9 and continue to be reviewed during CPOE Stage 10.

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

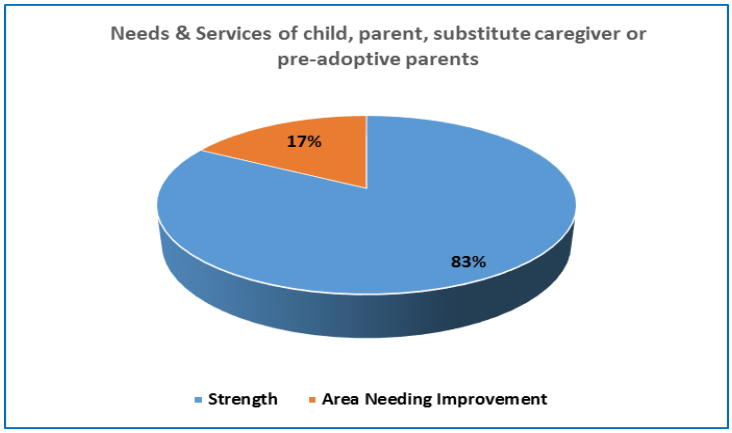
Examination of County Data

Results from CPOE Stage 10 thus far show moderate improvement over CPOE 9 results but indicate PCSAs have continued difficulty achieving *Well-Being Outcome 1.* The following graph depicts results for each item measure within *Well-Being Outcome 1.*

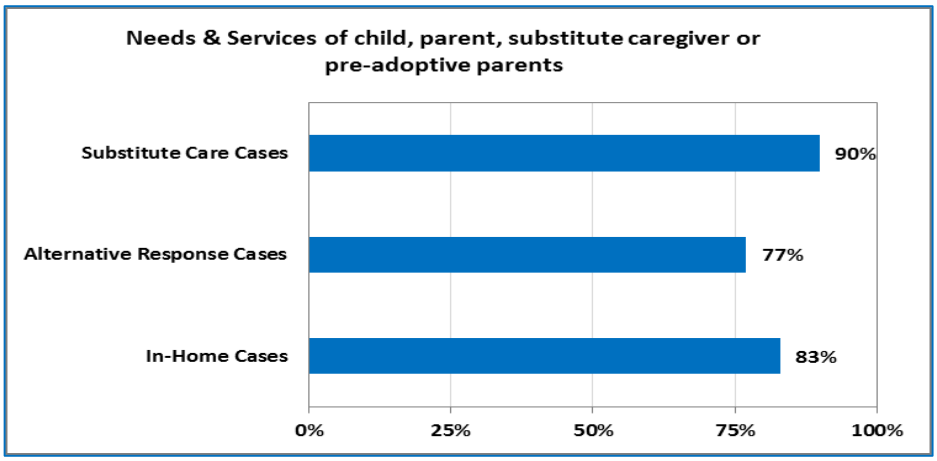


Item #12: Needs and services of child, parents, and substitute caregivers or pre-adoptive parents

CPOE Stage 10 results to date indicate that 504 cases were applicable for a review of this item. As depicted in the graph below, 83 percent of the applicable cases (420 cases) were rated as a Strength, and 17 percent (84 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute care Cases revealed that 83 percent of the In-Home cases (123 cases) were rated as a Strength; 77 percent of the Alternative Response cases (135 cases) were rated as a Strength; and 90 percent of the Substitute Care cases (162 cases) were rated as a Strength. Twenty-two agencies had approved QIPs to address Item #12. The following graphic depicts the results for review of Item #12 by case type.



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

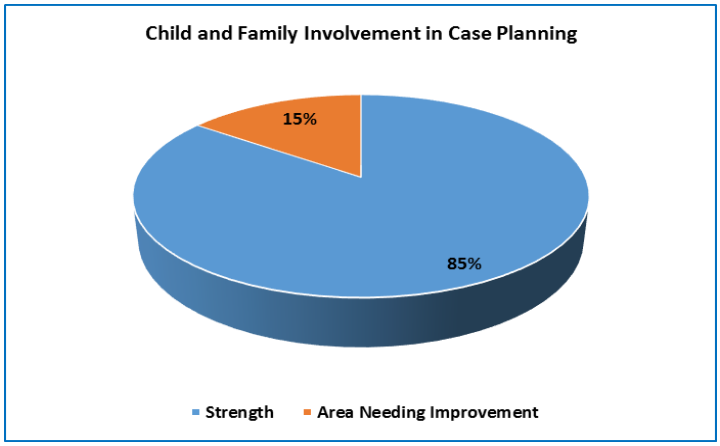
- Agencies assessed the needs of children and provided or arranged for appropriate services.
- Needs were assessed for children as part of the CAPMIS Family Assessment, Case Reviews, Semiannual Administrative Reviews, and re-assessed informally during regular visits with children. This was confirmed by several youth and foster parents interviewed during CPOE.
- Parents' needs were assessed during Family Team Meetings.
- Collaboration among community service providers helped to ensure the service needs of families and children coming to the attention of the children services agency were addressed.
- Foster caregivers' needs were assessed and services provided as reported by foster caregivers during interviews. It was noted that during home visits, workers discussed the child's needs and available services to assist caregivers.

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

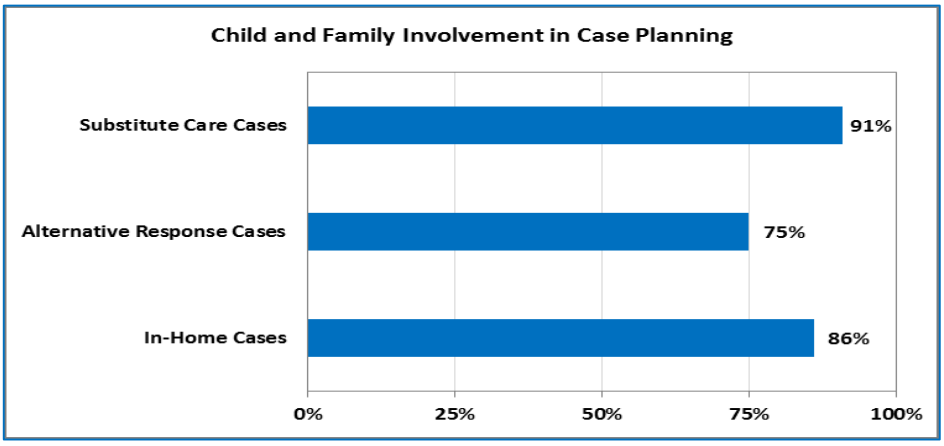
- Fathers' needs were not assessed although they were living in the home.
- Fathers' needs were assessed; however, no services were provided.
- Parents had identified service needs, and there was no follow-up by the agency.
- For in-home and alternative response cases, agencies did not assess needs of all children in the home.
- Service needs of children were identified by others rather than asking children/youth directly what their service needs were.
- No indication the agency contacted services providers to determine case progress.

Item #13: Child and family involvement in case planning

Of the 509 cases reviewed, 412 cases were applicable for review. As depicted in the graph below, (85) percent of the applicable cases (361 cases) were rated as a Strength, and 15 percent (61 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 86 percent of the In-Home cases (124 cases) were rated as a Strength; 75 percent of the Alternative Response cases (79 cases) were rated as a Strength; and 91 percent of the Substitute Care cases (148 cases) were rated as a Strength. Seventeen agencies had approved QIPs to address Item #13. The following graphic depicts the results for review of Item #13 by case type.



The following effective practices were evident in cases reviewed for this item which were rated as a Strength:

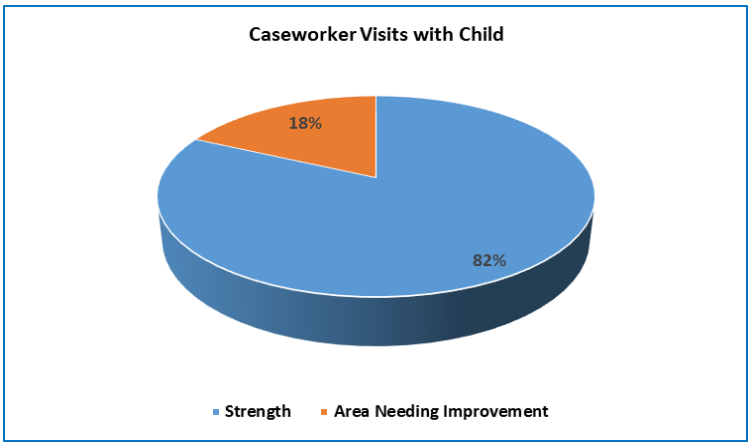
- Agencies were developing Case Plans with families during Family Team Meetings or Family Conferences.
- Case Plans were amended frequently to reflect changes as they occurred.
- Agencies invited parents with known addresses to Semiannual Administrative Reviews through letters sent to parents as well as providing verbal notifications during contacts with parents.
- Mothers, step-fathers, custodial fathers were invited to participate in case planning, Family Team Meetings and Semiannual Administrative Reviews. Interviews conducted with mothers and fathers during the CPOE review indicated they had been an active participant in development of the Case Plan during Family Team Meetings. Parents were able to provide input into the types of services needed.

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

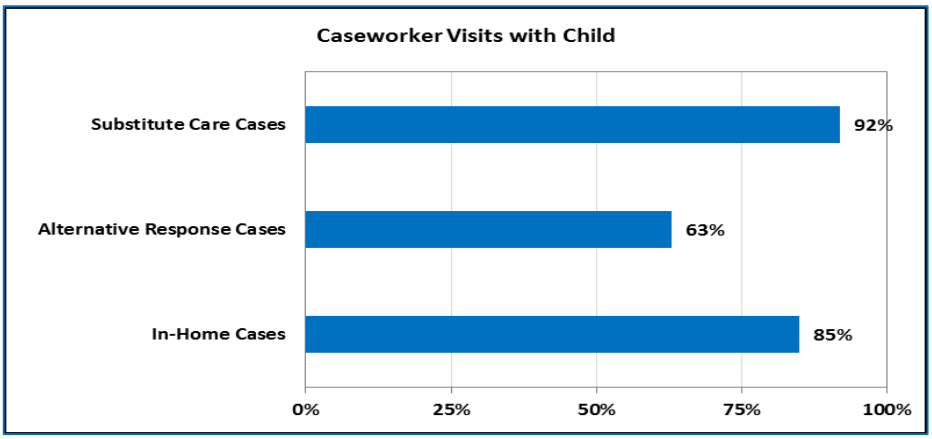
- Case Plans were not always developed with the involvement of the parents and the child, if appropriate. During interviews with case participants, it was noted that they had little contact with the worker; Case Plans were already presented to them with services, and agencies were already looking for relatives to care for their children instead of working with them.
- Case Plans were not individualized for the child and parents and did not address risk contributors.
- Case record reviews and Semiannual Administrative Reviews were not completed timely or with the involvement of the child and the family.

Item # 14: Caseworker visits with child

As of this date, 442 cases were applicable for review of this item during CPOE Stage 10. As depicted in the graph below, 82 percent of the applicable cases (361 cases) were rated as a Strength, and 18 percent (81 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 85 percent of the In-Home cases (121 cases) were rated as a Strength; 63 percent of the Alternative Response cases (74 cases) were rated as a Strength; and 92 percent of the Substitute Care cases (166 cases) were rated as a Strength. Seventeen agencies had approved QIPs to address Item #14. The following graphic depicts the results for review of Item #14 by case type.



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

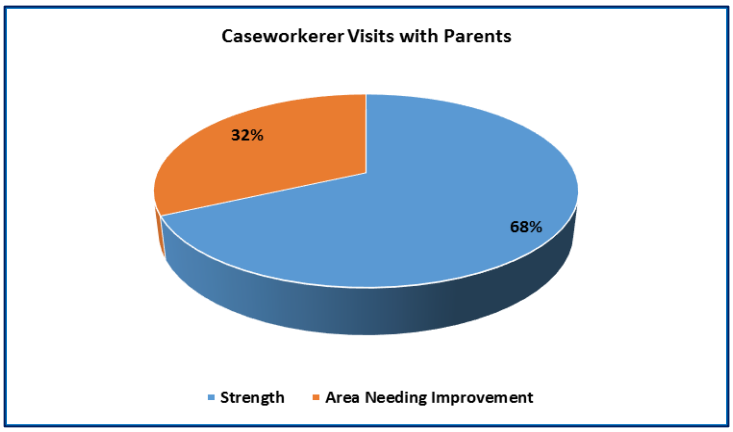
- Agency staff made monthly visits with children in their homes or in their substitute care setting. Documentation indicates the quality of the visits was sufficient to address and assess issues pertaining to safety, permanency, and well-being as well as case goals, as appropriate to the age and functioning level of the children.
- Based upon conversations with youth and substitute caregivers, workers were assessing the youths' safety in the placement setting during monthly visits.
- Made concerted efforts to assess the needs of the children and their parents at initial involvement with the family as well as on an ongoing basis. Agencies made attempts to involve children in the case planning process as appropriate to their age and functioning.
- Workers spoke alone with children about safety issues.
- For non-verbal children, workers provided detailed descriptions of the child's development, activities observed, and interactions between the child and caregiver.

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

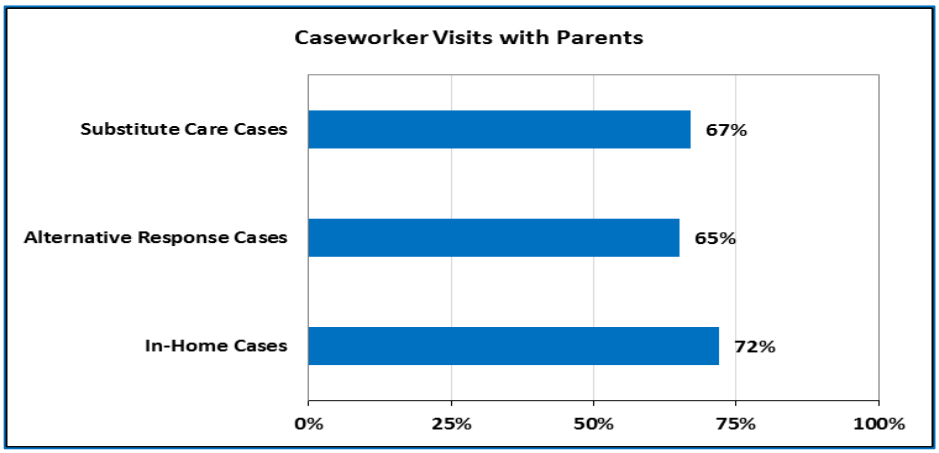
- Visits with children were not always conducted by the agency that had full responsibility for case planning and case management of the child's case.
- Frequency of visits between the caseworker and the child was not sufficient to address issues pertaining to the safety, permanency or well-being of the child and promote achievement of case goals.
- Missing documentation of visits.
- Caseworker visits for In-Home cases focused on the identified victim and not all children in the home.

Item # 15: Caseworker visits with parents

Partial results from CPOE Stage 10 indicated that of the 509 cases reviewed, 391 cases were applicable for review of this item. As depicted in the graph below, 68 percent of the applicable cases (267 cases) were rated as a Strength, and 32 percent (124 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 72 percent of the In-Home cases (148 cases) were rated as a Strength; 65 percent of the Alternative Response cases (71 cases) were rated as a Strength; and 67 percent of the Substitute Care cases (94 cases) were rated as a Strength. Twenty-three agencies had approved QIPs to address Item #15. The following graphic depicts the results for review of Item #15 by case type.



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

- Visits were more frequent than monthly to work with parents on achievement of their Case Plan goals and to assess service needs.
- Completed home visits outside of traditional business hours in order to assure the safety of the children and monitor Case Plan progress.
- Visits with mothers, fathers and legal custodians were made at least monthly, and case activity logs contained detailed information related to the specific progress made on Case Plan objectives.

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

- Workers did not work flexible work hours so visits could be made with working parents.
- Fathers and/or non-custodial parents (mothers, fathers, legal custodian) were not visited.
- There was poor documentation regarding what occurred during visits with the parents.
- No attempts were made to contact parents again if they were not home for the caseworker visit.

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

Well-Being item measure 16 is reviewed during CPOE to assess compliance with Well-Being Outcome 2.

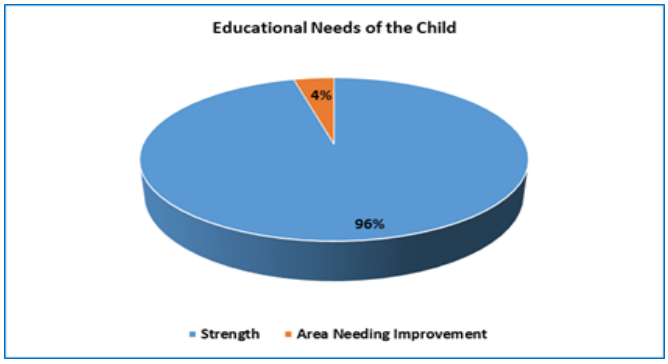
	Item	Description
16	**Educational needs of the child**	Determine if concerted efforts were made to assess children's educational needs at the initial contact with the child and whether identified needs were appropriately addressed in case planning and case management activities.

Well-Being Item Measure

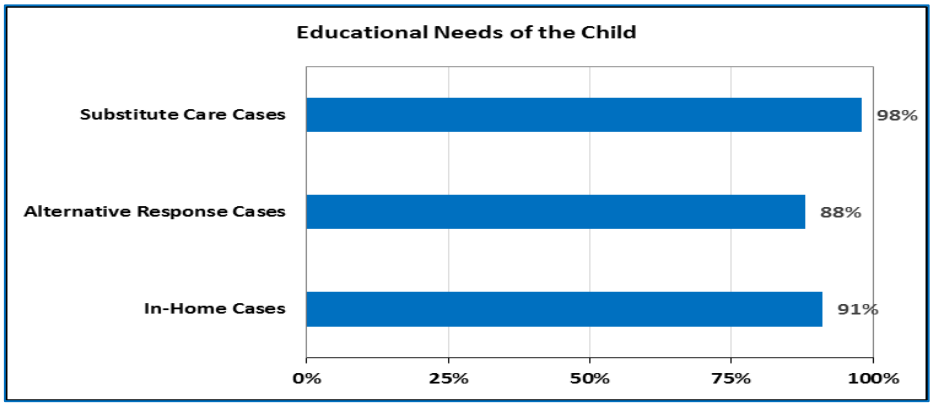
Examination of County Data

Item #16: Educational needs of the child

Partial results from CPOE Stage 10 indicated that of the 509 cases reviewed, 182 cases were applicable for review of this item. As depicted in the graph below, 96 percent of the applicable cases (174 cases) were rated as a Strength, and 4 percent (8 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 91 percent of the In-Home cases (148 cases) were rated as a Strength; 88 percent of the Alternative Response cases (15 case) were rated as a Strength; and 98 percent of the Substitute Care cases (181 cases) were rated as a Strength. The following graphic depicts the results for review of Item #16 by case type.



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

- Educational needs of the child/youth were discussed during regular Family Team Meetings.
- Assisted parents in participating in IEP meetings.
- Foster parents reported during interviews that they attended all educational meetings and shared the information with agency staff.
- Consistently monitored child's progress in school with regular contacts made with the school.
- Updated and reviewed education progress during Semiannual Administrative Reviews.
- Caseworkers attended IEP meetings.

- Documented phone conversations with teachers.
- Obtained all school records.
- When maltreatment had impacted children's school performance, agencies appropriately addressed their educational needs.

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

- No documentation that educational assessments were conducted.
- The JFS 01443 educational section was not being updated at every Semiannual Administrative Review.
- Cases were missing Multi-Factor Evaluation and Individualized Education Plan.

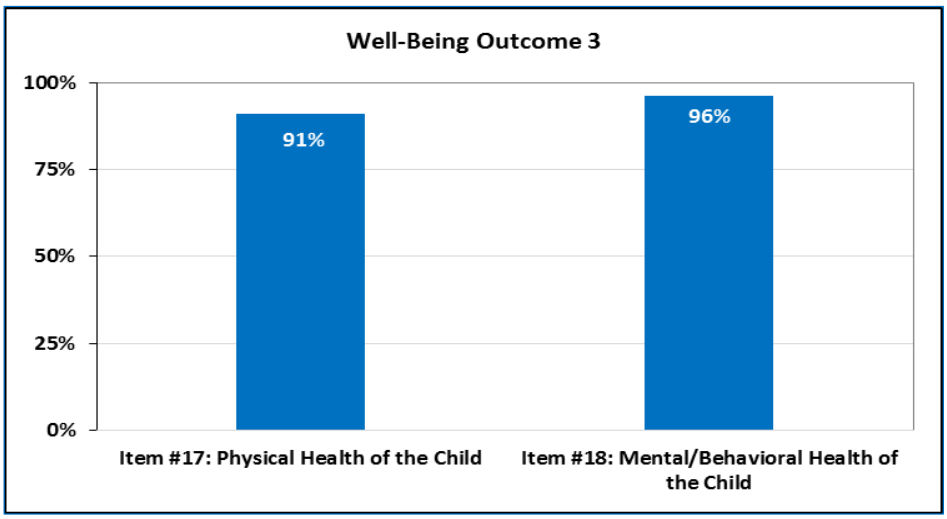
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

During CPOE Stage 10, the following two well-being item measures for Well-Being Outcome 3 were reviewed.

Item		Evaluation Criteria
17	**Physical health of child**	Assess whether the agency addressed the physical health needs of the child, including dental health needs.
18	**Mental/behavioral health of the child**	Assess whether the agency addressed the mental/behavioral health needs of the child.

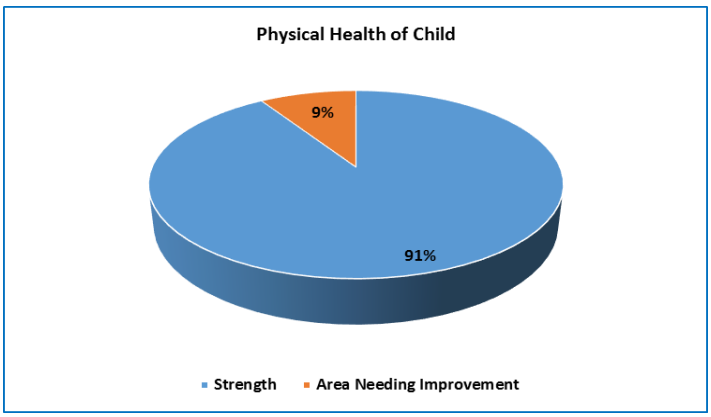
Examination of County Data

Partial results for CPOE Stage 10 reflect that PCSAs continue to achieve outstanding performance for Well-Being Outcome 3. The following graph depicts results for *Well-Being Outcome 3.*

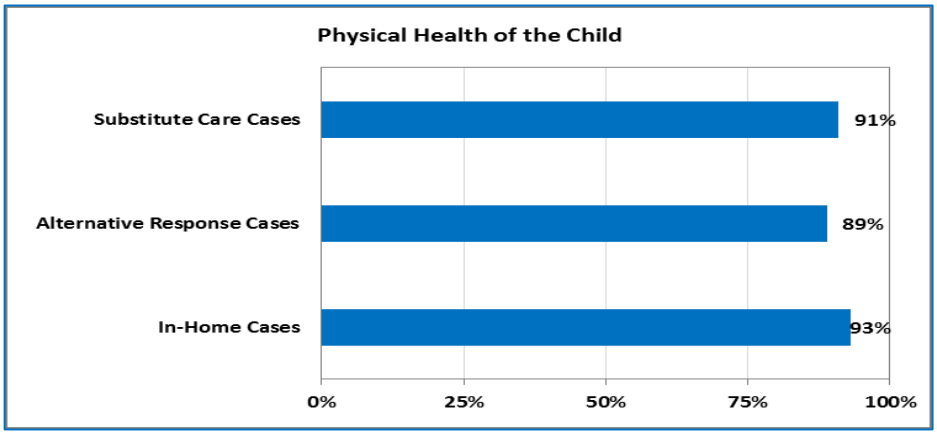


Item #17: Physical health of child

Partial results of CPOE Stage 10 indicated that of the 509 cases reviewed, 252 cases were applicable for review for Item #17. As depicted in the graph below, 91 percent of the applicable cases (229 cases) were rated as a Strength, and 9 percent (23 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 93 percent of the in-home cases (42 cases) were rated as a Strength; 89 percent of the Alternative Response cases (25 cases) were rated as a Strength; and 91 percent of the Substitute Care cases (162 cases) were rated as a Strength. Four agencies submitted a QIP to address Item #17. The following graphic depicts the results for review of Item #17 by case type.



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

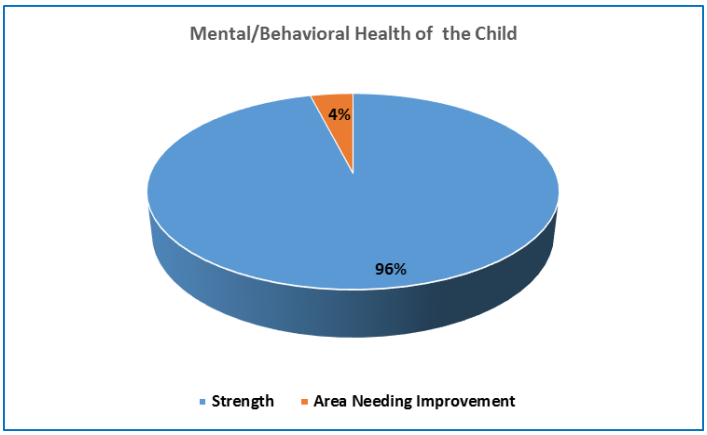
- Children in substitute care were receiving regular health screenings, dental and vision examinations, immunizations and follow-up treatment.
- Frequent contacts were made with medical providers and documented.
- Agencies ensured youth participation in services to address the health issues identified through assessments.
- When the physical health needs of the children were a factor in agency involvement with the family, health care needs were assessed and services provided.

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

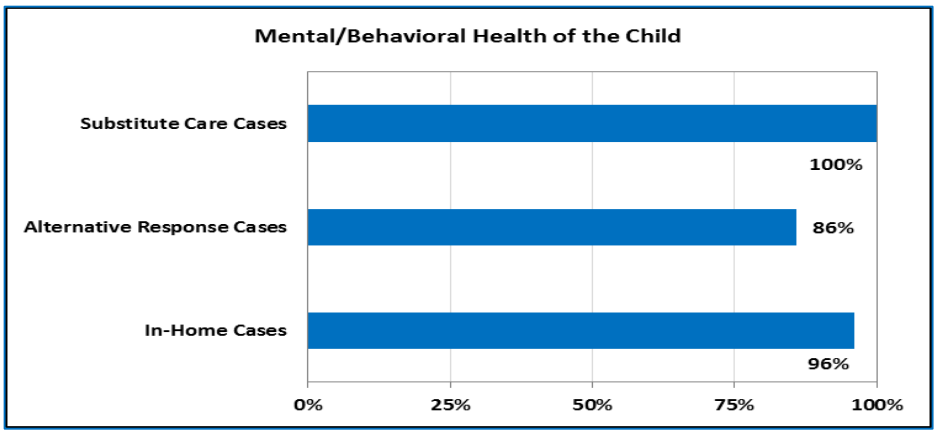
- Missing or delayed medical appointments for children in agency custody.
- No indication agency had assessed health care needs or dental care needs of the child and provided services.
- Lack of follow-up with doctor or pediatrician regarding the ongoing health of infants who tested positive for drugs at birth.
- The medical section of the JFS 01443, *Child's Education and Health Information,* was not reviewed and updated.

Item #18: Mental/behavioral health of the child

Partial results from CPOE Stage 10 indicated that 197 cases were applicable for review of item 18. As depicted in the graph below, 96 percent of the applicable cases (190 cases) were rated as a Strength, and 4 percent (7 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 96 percent of the In-Home cases (49 cases) were rated as a Strength; 86 percent of the Alternative Response cases (31 cases) were rated as a Strength; and 100 percent of the Substitute Care cases (110 cases) were rated as a Strength. One agency had an approved QIP to address this item. The following graphic depicts the results for review of Item #18 by case type.



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

- Assessments were made of the mental health needs of children, and services were immediately provided.
- Invited service providers to Semiannual Administrative Reviews.
- Mental/behavioral health needs of children involved in in-home cases were assessed, and services designed to address these needs were documented in the case record.
- Provider reports and documentation of the agency's contact with the service provider were evident in case records.

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

- Lack of written service provider reports and follow-up with providers.
- Needed services for the child were identified in the assessment, but either services were not planned to address the need on the Case Plan, or there was no follow up to ensure that services were being provided.

Systemic Factors

A. Statewide Information System

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

Ohio's SACWIS system is live in all 88 Public Children Services Agencies (PCSAs), approximately 81 Private Child Placing Agencies (PCPAs), Department of Youth Services (DYS) Title IV-E program, and 39 Title IV-E Juvenile Courts. While most PCPAs currently have limited access (they may enter activity logs to the child's case record as well as foster/adoptive parent trainings to process reimbursements), the SACWIS team is currently working on an initiative to roll out expanded access to the PCPAs and enable access to directly enter demographic or homestudy/licensing information. Currently 42 out of the 93 PCPAs are able to record the additional information in SACWIS.

The federal SACWIS compliance review was held the week of August 11, 2014. The team is currently involved in significant system improvement efforts in the following areas: SACWIS system performance/connectivity; continuing work on AFCARS corrective action items; developing Phase II of an interface with Ohio's Integrated Eligibility System (Ohio Benefits); continued development to support the upcoming mandated child support interface; automating the fingerprint retention foster parent exchange process in collaboration with the Ohio Attorney General's Office; testing and implementing the replacement of the Optimal J code generator; creating streamlined additional mobile functionality to support field work activities; research and development to improve the intake module usability; reviewing counties' payment processing to allow for financial reconciliation and providing functionality to enable document imaging/management.

SACWIS projects and schedule are reviewed regularly with ACF through the Advance Planning Document Update process which is due annually on October 1. The SACWIS team implements deployments every 6-8 weeks to keep pace with changing policies, rules and county requests. Ohio partners with vendor staff to ensure SACWIS is adequately supported.

Summary SACWIS Data

The tables on the following pages demonstrate that Ohio's statewide information system is able to identify the status, demographics, location and goals for the placement of all children in foster care. (Note: All tables are based on May 12, 2016 SACWIS data.)

Children in Foster Care 5/1/2015 - 4/30/2016		
Basic Information		
Agency	**Frequency**	**Percent**
Adams County Children Services Board	107	0.44
Allen County Children Services Board	191	0.78
Allen County Juvenile Court	2	0.01
Ashland County Department of Job and Family Services	142	0.58
Ashtabula County Children Services Board	302	1.24
Ashtabula County Juvenile Court	8	0.03
Athens County Children Services Board	161	0.66
Auglaize County Department of Job and Family Services	17	0.07
Belmont County Department of Job and Family Services	84	0.34
Belmont County Juvenile Court	15	0.06
Brown County Department of Job and Family Services	155	0.64
Butler County Children Services	648	2.66
Carroll County Department of Job and Family Services	18	0.07
Champaign County Department of Job and Family Services	22	0.09
Clark County Department of Job and Family Services	195	0.8
Clark County Juvenile Court	13	0.05
Clermont County Department of Job and Family Services	393	1.61
Clermont County Juvenile Court	33	0.14
Clinton County Job and Family Services- Child Protection Unit	97	0.4
Columbiana County Department of Job and Family Services	111	0.46
Columbiana County Juvenile Court	2	0.01
Coshocton County Job & Family Services	45	0.18
Crawford County Department of Job and Family Services	113	0.46
Cuyahoga County Division of Children and Family Services	2793	11.47
Cuyahoga County Juvenile Court	231	0.95
Darke County Department of Job and Family Services	57	0.23
Defiance County Department of Job and Family Services	65	0.27
Delaware County Department of Job and Family Services	59	0.24
Erie County Department of Job and Family Services	197	0.81
Erie County Juvenile Court	2	0.01
Fairfield County Department of Job and Family Services	271	1.11
Fairfield County Juvenile Court	3	0.01
Fayette County Department of Job and Family Services	62	0.25
Franklin County Children Services Board	4122	16.93
Fulton County Department of Job and Family Services	26	0.11
Gallia County Children Services Board	21	0.09
Gallia County Juvenile Court	4	0.02
Geauga County Department of Job and Family Services	117	0.48
Greene County Department of Job & Family Services	256	1.05
Greene County Juvenile Court	5	0.02
Guernsey County Children Services Board	80	0.33

Children in Foster Care 5/1/2015 - 4/30/2016		
Basic Information		
Agency	**Frequency**	**Percent**
Guernsey County Juvenile Court	11	0.05
Hamilton County Department of Job and Family Services	2530	10.39
Hamilton County Juvenile Court	160	0.66
Hancock County Job and Family Services	70	0.29
Hardin County Department of Job and Family Services	34	0.14
Hardin County Juvenile Court Agency	1	0
Harrison County Department of Job and Family Services	62	0.25
Harrison County Juvenile Court	3	0.01
Henry County Department of Job and Family Services	47	0.19
Highland County Job & Family Services- Children Services	241	0.99
Hocking County Children Services Board	61	0.25
Holmes County Department of Job and Family Services	27	0.11
Holmes County Juvenile Court	3	0.01
Huron County Department of Job and Family Services	42	0.17
Jackson County Department of Job and Family Services	73	0.3
Jefferson County JFS- Children Services Division	119	0.49
Jefferson County Juvenile Court	15	0.06
Knox County Department of Job and Family Services	51	0.21
Lake County Department of Job and Family Services	141	0.58
Lawrence County Department of Job and Family Services	71	0.29
Lawrence County Juvenile Court	1	0
Licking County Department of Job and Family Services	583	2.39
Licking County Juvenile Court	5	0.02
Logan County Children Services Board	52	0.21
Logan County Family Court	1	0
Lorain County Children Services Board	184	0.76
Lorain County Juvenile Court	57	23
Lucas County Children Services	1044	4.29
Lucas County Juvenile Court	13	0.05
Madison County Department of Job and Family Services	30	0.12
Mahoning County Children Services Board	284	1.17
Mahoning County Juvenile Court	1	0
Marion County Children Services Board	113	0.46
Medina County Department of Job and Family Services	119	0.49
Meigs County Department of Job and Family Services	48	0.2
Meigs County Juvenile Court	5	0.02
Mercer County Department of Job and Family Services	58	0.24
Miami County Children Services Board	82	0.34
Miami County Juvenile Court	16	0.07
Monroe County Department of Job and Family Services	13	0.05
Monroe County Juvenile Court	3	0.01

Children in Foster Care 5/1/2015 - 4/30/2016		
Basic Information		
Agency	**Frequency**	**Percent**
Montgomery County Job & Family Services	1041	4.27
Montgomery County Juvenile Court	44	0.18
Morgan County Department of Job and Family Services	26	0.11
Morrow County Department of Job and Family Services	39	0.16
Multi-County Juvenile Attention System	18	0.07
Muskingum County Children Services Board	223	0.92
Muskingum County Juvenile Court	2	0.01
Noble County Department of Job and Family Services	24	0.1
Ohio Department of Youth Services	1	0
Ottawa County Department of Job and Family Services	43	0.18
Ottawa County Juvenile Court	0	0
Paulding County Department of Job and Family Services	20	0.08
Perry County Children Services Board	132	0.54
Perry County Juvenile Court	1	0
Pickaway County Department of Job and Family Services	66	0.27
Pickaway County Juvenile Court	0	0
Pike County Children Services Board	95	0.39
Portage County Department of Job and Family Services	324	1.33
Preble County Department of Job and Family Services	190	0.78
Putnam County Department of Job and Family Services	16	0.07
Richland County Children Services Board	133	0.55
Ross County Job and Family Services, Children's Division	188	0.77
Ross County Juvenile Court	21	0.09
Sandusky County Department of Job and Family Services	84	0.34
Scioto County Children Services Board	270	1.11
Seneca County Department of Job and Family Services	18	0.07
Shelby County Department of Job and Family Services	34	0.14
Shelby County Juvenile Court	0	0
Stark County Job and Family Services	727	2.99
Stark County Juvenile Court	7	0.03
Summit County Children Services	1469	6.03
Summit County Juvenile Court	9	0.04
Trumbull County Children Services Board	308	1.26
Trumbull County Juvenile Court	2	0.01
Tuscarawas County Job and Family Services	188	0.77
Union County Department of Job and Family Services	84	0.34
Van Wert County Department of Job and Family Services	6	0.02
Vinton County Department of Job and Family Services	53	0.22
Warren County Children Services	263	1.08
Warren County Juvenile Court	2	0.01
Washington County Children Services Board	88	0.36

Children in Foster Care 5/1/2015 - 4/30/2016		
Basic Information		
Agency	**Frequency**	**Percent**
Wayne County Children Services Board	201	0.83
Williams County Department of Job and Family Services	94	0.39
Williams County Juvenile Court	1	0
Wood County Dept. JFS	65	0.27
Wood County Juvenile Court	2	0.01
Wyandot County Department of Job and Family Services	10	0.04
TOTAL	**24,351**	**100**

Placement Type		
Placement	**Frequency**	**Percent**
Adoptive Placement - AP	1827	7.50
Certified Approved Non Relative	880	3.61
Certified/Approved Relative -CAR	5408	22.21
Certified Children's Residential Center-CRC	2622	10.77
Certified Emergency Shelter Care Facility - ESC	51	0.21
Certified Foster Home	11883	48.80
Certified Group Home - GH	1110	4.56
Detention Facility - DET	135	0.55
Independent Living - IL	347	1.42
Licensed Medical/Educational Facility - MEF	71	0.29
Own Home	4	0.02
Residential Parenting Facility - RPF	13	0.05
TOTAL	**24,351**	**100**

Permanency Goal		
Goal	**Frequency**	**Percent**
Adoption	4550	19.53
Independent Living	5	0.02
Independent Living/Emancipation	937	4.02
Maintain in own home; prevent removal	4817	20.68
Permanent Placement with Relative	1226	5.26
Placement of child(ren) in a planned, permanent living arrangement, excluding adoption (PPLA)	699	3.00
Return the child(ren) to parent/guardian/or custodian (Reunification)	11058	47.48
TOTAL	**23,292**	**100**

Frequency Missing=1059

Oldest Age		
Oldest Age	**Frequency**	**Percent**
0	1723	7.08
1	1923	7.90
2	1659	6.81
3	1372	5.63
4	1246	5.12
5	1187	4.87
6	1128	4.63
7	1147	4.71
8	1007	4.14
9	933	3.83
10	897	3.68
11	793	3.26
12	813	3.34
13	963	3.95
14	1156	4.75
15	1482	6.09
16	1606	6.60
17	1674	6.87
18	1248	5.13
19	230	0.94
20	114	0.47
21	47	0.19
22	2	0.01
23	1	0
TOTAL	**24,351**	**100**

Frequency Missing=0

Gender		
Gender	**Frequency**	**Percent**
FEMALE	11472	47.12
MALE	12872	52.88
TOTAL	**24,344**	**100**

Frequency Missing=7

Single Race		
Race	**Frequency**	**Percent**
AMERICANINDIAN	23	0.09
ASIAN	39	0.16
BLACKAFRICANAMERICAN	7392	30.45
MULTIALLUNKNOWN	16	0.07
MULTIPLE	2773	11.42
NATIVEHAWAIIAN	0	0.00
OTHERPACIFICISLANDER	12	0.05
UNDETERMINED	45	0.19
UNKNOWN	75	0.31
WHITE	13900	57.26
TOTAL	**24,275**	**100**

Frequency Missing=76

Stakeholder Feedback

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

- SACWIS Surveys – SACWIS leadership provides users with the opportunity to give feedback on the

usability of specific functionality changes as well as project priorities. Surveys are typically administered approximately every 18 months to coincide with the state's budget cycle/request and as needed for functionality upgrades.

- PCSAO Directors' Meetings – Breakout groups generally include SACWIS topics and metro agency directors provide feedback on functionality needs/use.

- Private Agency Council – Focus group of 18 Private Child Placement Agencies that review system functionality and guide planning for system changes to support private agencies. The group meets monthly. This group was involved in the planning process for the Private Agency - Phase II initiative referenced above.

- IV-E Juvenile Court Roundtable Meetings – Group meets twice annually to discuss changes in policy and procedure and facilitate an open dialogue between the Office of Families and Children and the IV-E Juvenile Court agencies. SACWIS representatives present, answer questions and gather feedback as a part of the agenda at every Roundtable meeting.

- Build Calls – The SACWIS team implements build calls for each release to review functionality and respond to concerns/questions from users.

- CQI Workgroups – Targeted focus groups that suggest changes to support CQI priorities and system improvements, the CQI Advisory Team meets quarterly to review advancements in focus group activities.

- Partnership for Ohio Families Regional Teams – teams meet regularly, SACWIS technical assistance has been provided during scheduled group sessions, and SACWIS members have taken back feedback for incorporation in development work/deployment planning.

- Protect Ohio – Ohio's participating counties frequently recommend SACWIS changes to ensure the system supports the fidelity of program interventions, the group meets monthly.

- Ohio Child Welfare Training Program "OCWTP" Supervisory Manager Report Work Group – A group of child welfare managers has partnered with the OCWTP program and SACWIS to develop online day to day management reports in SACWIS. The group recommends reports that are implemented and reviewed with the group quarterly.

- Permanency Round Table (PRT) – Ohio's PRT pilot workgroup meets quarterly and requests SACWIS functionality updates to assist in reporting project outcomes.

- SACWIS Webinars – Monthly Webinars were implemented to review new and existing functionality for the SACWIS user community. Users interactively provide feedback and ask questions on key areas of the application. Videos and question/answer documents are posted to the Knowledge Base after each webinar.

Summary of Item

Ohio SACWIS functions effectively and on a statewide basis. As demonstrated by the data shared in this report, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care in Ohio. Furthermore, the state continues to submit compliant AFCARS, NCANDS, NYTD, and Visitation reports in a timely manner. ODJFS has implemented real time online data quality utilities to assist counties with monitoring data quality for these federally required reports. In addition, the SACWIS system supports financial processing and enables counties to identify and correct discrepancies easily. If data corrections are not implemented, the system has validations to disallow reimbursement when data are inconsistent and/or missing.

ODJFS regularly seeks stakeholder feedback to drive system improvements. Over the last year, the following enhancements have been implemented:

- ✓ The team implemented Responsive Design functionality to allow users flexibility in accessing the system to optimize the native screen size of the specific device while in the field.

- ✓ Approximately 1041 enhancements/development items were completed in the following areas: screening/intake, case management, resource management, finance, administration, and general reporting. System enhancements were deployed based upon user feedback, rule changes, federal requests, business needs, technical dependencies and budget considerations.

- ✓ The SACWIS Team developed functionality that emails summary management reports to agency directors and other stakeholders. The *Comprehensive Visitation Summary Report* is distributed monthly. The SACWIS Team is currently working to add additional summary management reports.

- ✓ New functionality to enable documents to be uploaded, stored and accessed via SACWIS is currently under development.

- ✓ Several new reports were deployed to improve compliance including: *Medication Detail Report, Case Reopening Report, Timeliness of Screening Decisions Report, Safety Hazard Report, Family Assessment Risk Contributor Report, Master Contract Report, Identified Fathers Report* and *Agency Safety Plan Contacts Report.*

B. Case Review System

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

Ohio utilizes a variety of methods to ensure each child and family has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. These methods include the SACWIS system, the Ohio Administrative Code (OAC) rules, required training on the case plan for all new caseworkers and supervisors and regular monitoring of agencies in the form of CPOE reviews. Many agencies at the local level also have continuous quality improvement staff (CQI) to self-monitor the quality of their work.

The SACWIS system provides the state a means to assess and ensure the case plan requirements are met. Data from SACWIS can be pulled to see what percentage of case plans are completed within the required timeframe. Data pulled from the SACWIS system for ongoing cases that opened between May 1, 2015 and March 30, 2016 showed that 48 percent of the case plans were completed within the required timeframes. A breakdown of the data shows that for court-involved cases, 70 percent of the case plans were completed timely versus 21 percent timeliness on voluntary cases. This data is consistent with the data from last year's report.

SACWIS staff are developing the Case Plan Due report to assist agency staff in tracking due dates on case plans. SACWIS currently provides ticklers, which are alerts to workers and supervisors for when work items are coming due. A tickler is generated whenever one of the following occurs:

- Recording of a placement record
- Recording of the filing of the original complaint
- 30 days from the date of a disposition
- 60 days from the opening of a case if there is no disposition

The tickler alerts the worker of the case plan due date. The tickler escalates fifteen days before the due date to the worker's supervisor and once again to the supervisor's supervisor on the day before the due date.

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

On voluntary case plans (cases with no court involvement), the system also has a tickler when the case plan is approved with no signature information captured. This tickler remains until the user enters at least one required signature into the case plan. The tickler system is in the process of being enhanced.

As the case plan is completed in SACWIS, the system ensures all the required provisions are included before the user can mark the plan as completed. The information in the case plan described in last year's report remains the same and thus will not be detailed in this report. Many changes/enhancements are being developed to make the case plan more user friendly not only for the caseworker, but also more family friendly.

The Case Plan Alignment initiative will be aligning the two case plan tools currently being used: Case Plan and the AR Family Service Plan. This will allow for counties to use one plan throughout the life of a case instead of having to create a new plan when a case pathway switches from Alternative Response to Traditional Response. As part of this alignment SACWIS will be:

- Making the functionality in the Family Case Plan more user friendly.
- Pulling the Non-Risk and Risk Contributors from the Family Assessment and requiring the user to document their rationale when they add a new Non Risk Contributor (NRC) or Risk Contributor (RC).
- Combining the Strengths and Concerns in order to focus on those family's strengths that mitigate the risk to the family/children.
- Pulling Independent Living Plan information into the Case Plan.
- Separating PPLA Permanency Information from PC/Permanent Surrender information.
- Making the explanation on the signature screen, for a person not signing, jointly developing, or agreeing with the plan required individually.
- Incorporating field guide information to assist users in completing the tool.

SACWIS will continue to remove the previous response to the Family Participation response when a case plan is amended to reinforce the ongoing documentation of how the family or child participated in the development of the case plan. Additionally, SACWIS will continue to require the user to readdress each child's permanency goal at case plan amendments.

The state of Ohio also has several OAC rules that detail the requirements of written case plans:

- 5101:2-38-01 Requirements for PCSA Case Plan for In-Home Supportive Services Without Court Order
- 5101:2-38-05 PCSA Case Plan for Children in Custody or Under Protective Supervision
- 5101:2-38-06 Required Contents of a PCPA Case Plan Document
- 5101:2-38-07 PCPA Case Plan for Children In Custody or Under Court-Ordered Protective Supervision

Currently these rules are being updated to comply with the changes as a result of the *Preventing Sex Trafficking and Strengthening Families Act* (P.L. 113-183).

The state of Ohio also uses the findings from the Child Protection Oversight and Evaluation (CPOE) on-site case review to measure statewide performance on the written case plan. The results of applicable items are detailed below.

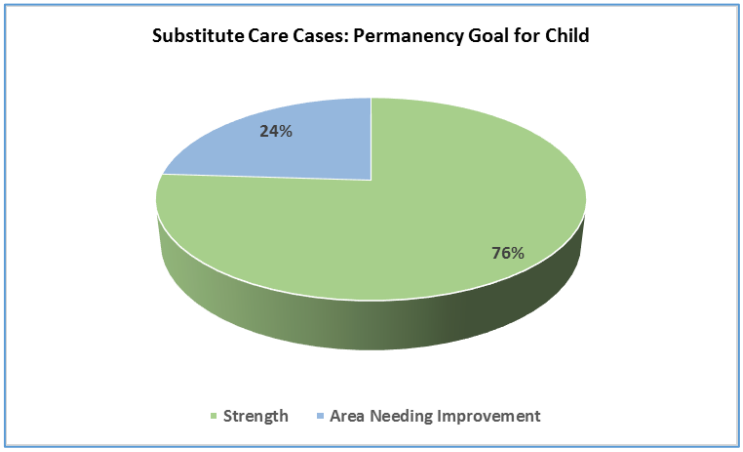
Monitoring Compliance with Case Plan Requirements

Monitoring compliance with Case Plan requirements occurs during CPOE reviews of in-home, alternative response and substitute care case records. The review items which addressed case plan compliance during CPOE Stage 10 included:

- Item 5: Permanency goal for child (substitute care cases only)
- Item 13: Child and family involvement in case planning

Item #5: Permanency goal for child

During Year 1 of CPOE Stage 10 (October 2014- September 2015) 179 cases were found applicable for review for item # 5. Of the 179 applicable cases reviewed, 76 percent of the cases (136 cases) were rated as a Strength, and 24 percent (43 cases) were rated as an Area Needing Improvement. Twelve agencies have an approved QIP to address Item #5. During CPOE Stage 9, the state was at a 68 percent level of compliance. Thus far, CPOE Stage 10 results indicate an improvement in statewide performance.

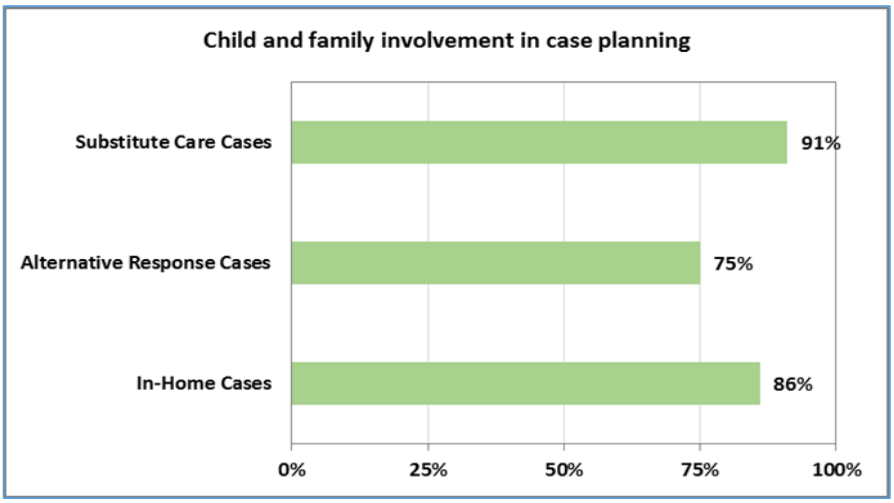


Please see Permanency Outcome 1 for further information related to the case review ratings for item #5.

Item #13: Child and family involvement in case planning

During Year 1 of CPOE Stage 10 (October 2014- September 2015), 412 cases were applicable for review. Eighty-five (85) percent of the applicable cases (361 cases) were rated as a Strength, and 15 percent (61 cases) were rated as an Area Needing Improvement. During CPOE Stage 9 compliance was at the 80 percent level. Thus far, cases reviewed during CPOE Stage 10 show an improvement in performance.

Further examination of in-home cases, Alternative Response cases and substitute care cases revealed that 86 percent of the in-home cases (124 cases) were rated as a Strength; 75 percent of the Alternative Response cases (79 cases) were rated as a Strength; and 91 percent of the substitute care cases (148 cases) were rated as a Strength. Seventeen PCSAs had approved QIPs to address this item. The following graphic depicts the results for review of Item # 13 by case type.



Please see Well-Being Outcome 1 for further information related to the case review ratings for item #13. When agencies did not meet case plan requirements, technical assistance was provided to support the development of a QIP to address the issues of concern.

Other methods for determining the written case plan requirements include:

- Court involved cases – the court also reviews and approves the case plans.
- Local agency CQI efforts that include reviewing of case plans at peer reviews or by quality improvement staff.
- Discussion of the case plans at Family Team Meetings as well as case reviews and SARs.

Summary of Item

Data from the CPOE elements as well as SACWIS indicate that statewide, Ohio continues to struggle with timeliness in completing voluntary case plans. Improvements have been made in the areas of permanency goals and parental involvement in case planning. As shown above, the state does utilize an assortment of methods and data, including SACWIS data and CPOE reviews, to show whether each child has a written case plan developed jointly with the child's parents that includes the required provisions. Data from SACWIS and CPOE are accurate and of good quality. The SACWIS data is calculated based on a required start date, which is used to identify the target completion date of the case plan. The CPOE review is conducted by highly trained state staff utilizing the federal CFSR Round 3 onsite review instrument to rate items throughout the life of the case. All 88 counties in Ohio are monitored using this process. Currently Ohio is in the middle of CPOE Stage 10, and thus about half of the counties have been reviewed during this cycle. The greatest barrier that exists is ensuring the written case plan is developed jointly with the parents. Improvements in tracking this via the SACWIS system are underway. As indicated in the results for item #13 of the case review instrument, so far 85 percent of the cases reviewed during CPOE Stage 10 revealed this to be a Strength.

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

As with the written case plan, Ohio utilizes a variety of methods to ensure that a periodic review for each child occurs no less frequently than once every 6 months. These methods include the SACWIS system, the Ohio Administrative Code rules, required training on the case review system for all new caseworkers and supervisors and regular monitoring of agencies in the form of CPOE reviews. Many agencies at the local level also have continuous quality improvement staff (CQI) to self-monitor the quality of their work.

SACWIS provides the state the ability to examine whether the periodic review requirement is met. Data from SACWIS can be pulled to see what percentage of reviews are completed within the required timeframe. As of March 31, 2016, SACWIS data showed that for case reviews since April 1, 2015, almost 87 percent of periodic reviews occurred in a timely manner.

SACWIS also provides ticklers on the required reviews. A tickler is generated whenever one of the following occurs:

- Case plan approval
- Recording of a removal record
- Recording an agency legal status
- Filing of the original complaint

The tickler begins to display 30 calendar days before it is due. The tickler escalates to the supervisor 15 days before it is due and to the supervisor's supervisor on the day it is due. The tickler system is in the process of being enhanced. SACWIS also has an SAR/Case Review Due Report that agency staff can utilize to track upcoming reviews. The Identifying information page of all reviews also displays the trigger date and activity as well as the last SAR and case review held dates. This helps agencies determine if they are compliant.

In addition to the case plan alignment updates being made this upcoming year, the case review alignment initiative will be aligning the two case review tools currently being used: Case Review and the AR Family Service Review. The tool will still review the safety, services, and family case plan progress. As part of this alignment SACWIS will be:

- Adding an area to capture new household members.
- Adding a review of Safety Plans, if applicable.
- Adding a Safety Factor Review.
- Adding a review of child vulnerabilities and protective capacities for each individual on the Family Case Plan, and historical review for the family.
- Adding Assessment of Risk Contributors and Non-Risk Contributors individually; this will also have the user document whether a non-risk contributor is a strength.
- Incorporating field guide information to assist users in completing the tool.

OAC rule 5101:2-38-10 *Requirements for completing the semiannual administrative review* sets forth the requirements of periodic reviews. Currently this rule, along with the case review forms, is being updated to

comply with the changes as a result of the *Preventing Sex Trafficking and Strengthening Families Act* (P.L. 113-183).

The state of Ohio also uses the findings from the Child Protection Oversight and Evaluation (CPOE) on-site case review to measure statewide performance on the periodic review. The results of applicable items are detailed below.

Monitoring Compliance with Periodic Review Requirements

In addition to using the federal CFSR onsite case review instrument, CPOE Stage 10 has also incorporated an additional review tool examining compliance with Ohio Administrative Code requirements related to periodic reviews. As of April 6, 2016, forty-five PCSAs were monitored for compliance with the following two items:

1. PCSA or court completed an SAR no later than six months/180 days from whichever occurred first:
    - The original court complaint date
    - Date of placement
    - Date of court ordered protective supervision
    - Date of parent/guardian/custodian's signature on the in-home supportive services case plan

Of the 525 cases reviewed, 227 cases met the criteria for review of this item. Results of the review indicated 73 percent of the cases (166) were rated as a Strength, and 27 percent were rated as an Area Needing Improvement.

2. After the initial SAR, the PCSA or Court conducted an SAR no later than every six months/180 days established from the "trigger" date.

Of the 525 cases reviewed, 150 cases met the criteria for review of this time. Results of the review indicated that 70 percent of the cases (105) were rated as a Strength, and 30 percent of the cases (45) were rated as an Area Needing Improvement.

The following strengths were evident in cases reviewed for these items:

- SARs were held timely and written notification including date, time, and place for the SAR was provided to the child, parent(s), guardian or custodian, pre-adoptive parent, and child.
- IPads were acquired for staff to allow completion of SARs while in the field.
- Agencies held SARs in conjunction with Family Team Meetings to ensure participation and timely completion.
- Information regarding the child's physical and behavioral health was updated during the SAR.

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

- The SAR was misidentified as a case review and thus not completed.
- A case plan was never developed; therefore, the SAR was not held.
- The agency held the SAR within the required timeframe, but did not file the SAR with the court until ninety days later.
- SARs were not held timely.

Summary of Item

Data from SACWIS indicates that statewide, Ohio continues to do well with this aspect of the case review system. There appears to be a slight drop with regards to timeliness of additional Semiannual Administrative Reviews after the initial one. As shown above, the state utilizes an assortment of approaches to show whether each child has periodic reviews conducted in a timely manner. Data from SACWIS and CPOE are accurate and of good quality. The SACWIS data is calculated based on a required start date, which is used to identify the target completion date of the Semiannual Administrative Review. The CPOE review is conducted by highly trained state staff utilizing the federal CFSR Round 3 onsite review tool. Additionally, since the last report, the state has added a review element to the CPOE Stage 10 process that specifically examines whether the Semiannual Administrative Review is completed at least every six months. This has resulted in better quantitative data to report. All 88 counties in Ohio are monitored using this process. Currently Ohio is in the middle of CPOE Stage 10, and thus about half of the counties have been reviewed.

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

An attempt to pull effective data from SACWIS on permanency hearings was again not successful. As it was discovered in writing last year's report that users are not entering the data correctly, a webinar was held on January 13, 2016 to improve data entry. The webinar was well attended, and it was also recorded and then posted on the SACWIS Knowledge Base for others to view along with a question and answer document. It is anticipated that by next year's report, valid data will be able to be pulled from SACWIS. The Supreme Court of Ohio also indicated they still do not track permanency hearings in their system. For the CPOE Stage 10 review, the state developed a separate tool that specifically asks if a motion was filed by the custodial agency and a permanency hearing was conducted by the court within the required timeframes:

A motion was filed by the PCSA and a permanency hearing was conducted by the court no later than:

- One year from the date on which the complaint in the case was filed.
- One year from the date on which the child was first placed in shelter care.
- The date set at the last dispositional hearing for the review hearing of the child's custody.

As of April 6, 2016, forty-five PCSAs were monitored for compliance with the above item. Results from the reviews thus far are presented below.

Of the 525 cases reviewed, 84 cases met the criteria for review. Results of the review indicated 90 percent of the cases (76) were rated as a Strength, and 10 percent of the cases (8) were rated as an Area Needing Improvement.

The following strengths with regards to permanency hearings were found in the review of CPOE Stage 10 reports for cases rated as a Strength:

- Case records reflected that concerted efforts were being made by the agency and the court to achieve permanency for the child.

- Permanency goals were clearly documented in the case plans.
- Agencies were able to achieve the permanency goal within the federally mandated timeframes.
- Most children were reunified with a parent or placed with relatives who received temporary custody of them within a year.

Review of CPOE reports for CPOE Stage 10 indicated the following concerns with regards to permanency hearings for cases rated as an Area Needing Improvement:

- The case lacked information regarding paternal relatives.
- The proper procedures for filing permanent custody were not followed.
- Substitute care cases did not meet the established time frames for reunification, guardianship, adoption or other planned permanent living arrangement.

The OAC rules, specifically rule 5101:2-42-68 *Necessity for Continued Substitute Care Placement: Court Reviews and Hearing Requirements,* addresses the need for timely permanency hearings. This rule was updated last year due to the passage of the *Preventing Sex Trafficking and Strengthening Families Act* (P.L. 113-183) with the following changes:

- Limits APPLA to children 16 and older.
- Requires custodial agencies to provide documentation regarding permanency efforts and normalcy opportunities for children at their initial and subsequent APPLA hearings.
- Requires children's presence at their permanency hearings unless a significant safety concern exists.

Summary of Item

As indicated, Ohio is making improvements in its ability to pull meaningful data on this item measure. According to data from CPOE Stage 10, ninety percent of cases rated as a Strength with regards to permanency hearings. The SACWIS system does have data fields available in order to pull the data, but last year it was discovered that incorrect user entry was a barrier. ODJFS worked to resolve the issue with two different approaches in the past year. As stated above, policy staff and SACWIS conducted a webinar to review not only this data item of the case review system, but the entire court system to ensure a better understanding of the process and need for consistent, accurate and timely data entry. The state also developed a separate review tool used during CPOE Stage 10.

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

Monitoring Compliance with Filing for Termination of Parental Rights

Monitoring of compliance with requirements for the filing for Termination of Parental Rights (TPR) is conducted during CPOE Reviews. For substitute care cases reviewed, a determination is made if the child had been in foster care for at least 12 of the most recent 22 months whether: (1) the agency had filed a petition with the court to terminate parental rights; or (2) the agency had documented compelling reasons for not filing for termination of parental rights.

As of April 6, 2016, forty-five PCSAs were monitored for compliance with the above item. Results from the reviews thus far are presented below.

Of the 525 cases reviewed, 70 cases met the criteria for review. Results of the review indicated 84 percent of the cases (59) were rated as a Strength, and 16 percent of the cases (11) were rated as an Area Needing Improvement.

The following practices were found in the review of CPOE Stage 10 reports for cases rated as a Strength:

- Cases contained a summary of the agency's recommendation regarding the termination of parental rights for a child who had been in custody for 12 months.

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

- Cases did not reflect compelling reasons for the agency not filing for TPR.
- Agencies did not document in the case plan the exceptions for not filing for TPR.
- A court order terminating the father's or an unknown father's parental rights following the mother's permanent voluntary surrender were not in the case file.

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

OAC rule 5101:2-42-95 *Obtaining Permanent Custody: Termination of Parental Rights* states the mandates regarding filing for termination of parental rights. It also lists the circumstances when the agency is not required to file a motion for permanent custody of a child:

1. The agency has documented in the case plan a compelling reason for determining that the filing of a motion to seek permanent custody and terminate parental rights is not in the best interest of the child.
2. The agency has documented in the case plan that the agency has not provided the child's parents with services outlined in the case plan that were deemed necessary for the safe return of the child.

SACWIS does have fields agencies must use to indicate compelling reasons for not filing a motion to terminate parental rights. When creating and amending the case plan, the agency is required to complete the Exceptions Details page. During Semiannual Administrative Reviews, the agency must also answer the following questions:

- Explain the agency's recommendation regarding the termination of parental rights for any child who has been in the temporary custody of an agency for twelve (12) or more of the past twenty-two (22) consecutive months. If the agency is not recommending termination of parental rights, state the compelling reasons and what the permanency plan will be for the child.
- Describe the agency's recommendation regarding: (1) maintaining the child in a planned permanent living arrangement; or (2) proceeding to file a motion with the court to terminate parental rights. If the decision is for the child to remain in a planned permanent living arrangement, document the reason for not reunifying with family or proceeding with the termination of parental rights.

As a part of the case plan and case review alignments updates, these screens are going to be updated with fields that can be used to pull data about filing a motion for terminating parental rights or showing compelling reasons not to file the motion.

Supreme Court of Ohio Tracking

Local courts report to the Supreme Court of Ohio (SCO) on the number of motions that are made for Permanent Custody (PC) of children. From the time the court receives a motion, it must be heard/determined within SCO time frames. The following table shows the number of PC motions pending in court for each month, using a 12-month rolling average (where each value represents the average of the 12 month period ending with the month shown). The Overage figure is the number of cases that were pending each month for longer than SCO's nine-month time standard for disposition of Permanent Custody cases. The Overage Rate figure represents the percentage of pending cases that were reported as Overage.

PC Motions over Recommended Time Frames

Metric	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pending	1,029	1,085	1,170	1,234	891	956	1,047	1,143	1,218	1,262	1,272	1,238
Overage	94	87	80	88	81	86	89	94	98	108	86	94
Overage Rate	9%	8%	7%	7%	9%	9%	9%	8%	8%	9%	7%	8%

Summary of Item

Ohio continues to make improvements with this case review measure. As evidenced by the data presented above, about 8 percent of the PC motions have exceeded the timeframes when compared to the previous year's December figure of 10 percent; this is down by 2 percent from last year and 6 percent from the previous year. The state is also collecting data for this item through CPOE. As indicated above, 84 percent of the cases reviewed thus far in CPOE Stage 10 were rated as a Strength on this measure.

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

Monitoring Compliance with Notice of Hearings and Reviews to Caregivers

As indicated in last year's report in order to further improve data reporting, the state developed a separate tool used during CPOE Stage 10 that specifically asks if the agency provided written notification to foster parents, pre-adoptive parents and relative caregivers as well as others to the semiannual review.

Of the 525 cases reviewed, 256 cases met the criteria for review. Results of the review indicated 84 percent of the cases (216) were rated as a Strength, and 16 percent of the cases (40) were rated as an Area Needing Improvement.

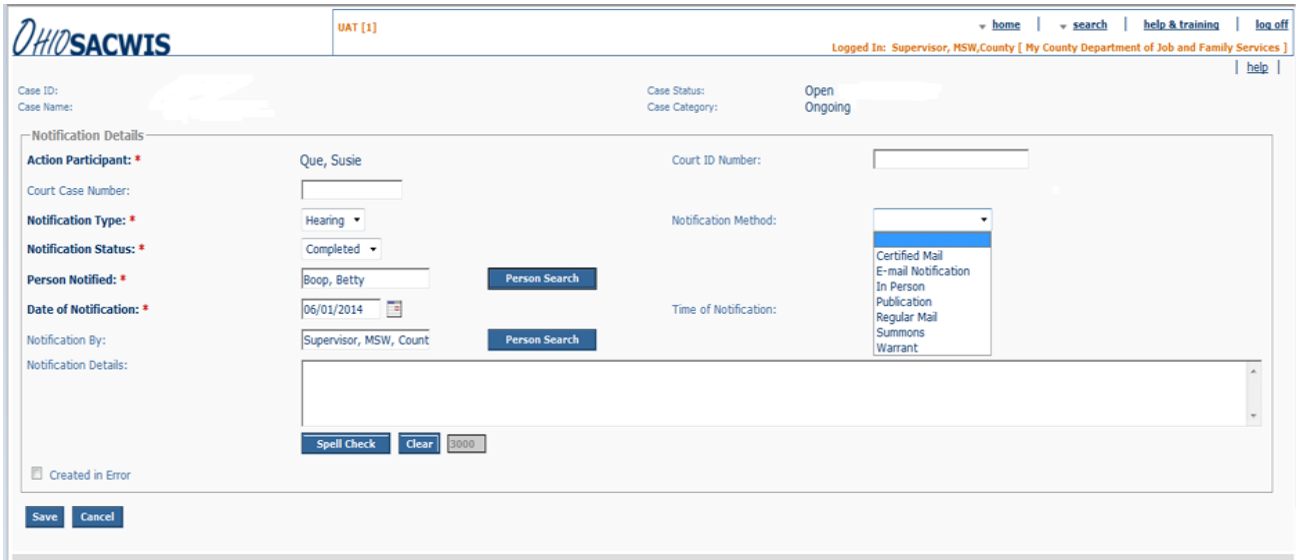
The following practices were found in the review for cases rated as a Strength:

- Individuals were provided written notifications of the date, time, and location of the SAR along with an SAR summary which included the agency's recommendations regarding the child's permanency plan.
- Notification letters required to be sent to families prior to the SAR were included in case records.
- Required parties received notifications to participate in SARs.

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

- Case files did not contain copies of the written notifications.

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



Stakeholder Feedback

The Supreme Court of Ohio Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND) established a workgroup charged with examining factors that impact notification given to caregivers and meaningful participation of caregivers in court hearings. CAND is jointly staffed by the CJA coordinator (Ohio Department of Job and Family Services) and SCO's Court Improvement Program Coordinator. Research and support services are provided to CAND and workgroups through the Family and Youth Law Center (FYLaw), Capital University Law School (Columbus). The team was charged with ensuring that information --valuable to the judicial handling of cases of child abuse and neglect-- held by foster parents, pre-adoptive parents, and relative caregivers be made accessible to courts.

As stated in last year's report, the work group offered its final recommendations for changes to Ohio law and practice in this area. Recommendations included amendments to ORC 2151.424 aimed at making the law

consistent with federal guidelines requiring that caregivers be given notice and the right to "be heard" and at clarifying the caregivers to whom such notice should be given. The group drafted the changes for the Revised Code and have requested it be placed in a future bill. The workgroup also recommended that an online toolkit be developed to include its draft model local rule and model notice to assist courts in providing notice to caregivers, as well as a child placement form to track children's placements, and a "Caregiver Information Form" and associated information and directions to assist caregivers in providing information to the court about the children in their care.

The draft toolkit is currently under review by Supreme Court's Office of the Administrative Director and the Office of Chief Legal Counsel. It soon will be posted on the Supreme Court of Ohio and Office of Family and Children websites along with another toolkit on engaging youth in court proceedings. The table of contents for the online toolkit is:

1. Background
    a. Advisory Committee on Children and Families, Subcommittee on Responding to Child Abuse, Neglect and Dependency
        i. History
        ii. Charge
        iii. Roster
    b. Workgroup on Caregiver Notice and Right to be Heard in Court Proceedings
2. Overview
    a. Recommendations Summary
3. Applicable Federal and State Law and Rules
    a. Federal Law
        i. 42 U.S.C. § 675(5)(G)
    b. Ohio Law
        i. R.C. §2151.424 Notice and opportunity to present evidence to foster caregiver, relative, or prospective adoptive parent.
        ii. R.C. §2151.35 Procedure for hearings in juvenile court.
        iii. Proposed, amended legislation: R.C. §2151.424 Foster caregiver, kinship caregiver, or prospective adoptive parent notice and right to be heard.
4. Resources and Commentary
    a. Ohio Attorney General Foster Care Advisory Group Recommendations
    b. *Caregivers and the Courts: Improving Court Decisions Affecting Children in Foster Care*, R. Diehl
    c. *Guide for Resource Family Court Participation in Pennsylvania*, American Bar Association
    d. *Caregivers and the Courts*: *A Primer on Juvenile Dependency Proceedings for California Foster Parents and Relative Caregivers,* Judicial Council of California
    e. *Technical Guide to Court Performance Measures in Child Abuse and Neglect Cases,* U.S. Department of Justice
    f. *Guide for Foster Parents and Relative Caregivers: Understanding the Nebraska Juvenile Court Child Protection Process*, University of Nebraska Center on Children, Families, and the Law
5. Model Rule and Forms
    a. Model Notice Rule
    b. Model Notice of Hearing
    c. Model Child Placement Form
    d. Caregiver Information Form Template

The Subcommittee's charge will be considered completed with the posting of the toolkit.

Summary of Item

As shown above, the state utilizes an assortment of methods including SACWIS, the OAC and CPOE reviews to ensure this measure is addressed. ODJFS also works closely with the courts to make improvements to the system to ensure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. One past barrier was having quantitative data on the measure. In order to further improve, the state developed a separate tool used during CPOE Stage 10 that specifically asks if the agency provided written notification to foster parents, pre-adoptive parents and relative caregivers as well as others to the semiannual review. Of cases review so far for CPOE Stage 10, 84 percent were rated as a Strength.

C. Quality Assurance System

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

Child Protection Oversight and Evaluation Process

The Ohio Child Protection Oversight and Evaluation (CPOE) system was implemented more than twenty years ago as a systematic and consistent method to review child welfare practice at the county level. The CPOE quality assurance system provides a continuous cycle for assessment and improvement of performance. Each of Ohio's eighty-eight (88) PCSAs is required by Ohio Revised Code (ORC) to make case records available for review and assessment by ODJFS staff. CPOE is designed to improve services and outcomes for Ohio's families and children through a coordinated review between the PCSAs and ODJFS on a twenty-four month cycle. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four month period. On-site activities focus on joint case record review by PCSA and ODJFS staff, reconciliation, and technical assistance. In addition to providing PCSAs with ongoing data reports, management letters and correspondence, CPOE staff meet with PCSAs to offer technical assistance and to review any Quality Improvement Plans (QIP) developed as a result of the CPOE review. Following the onsite case record review and issuance of the final CPOE report, efforts to assist each PCSA to strengthen practice and address areas needing improvement continue during the two year CPOE cycle. These include:

- A scheduled PCSA self-assessment five months after the CPOE report is issued and a second on-site case review by ODJFS staff ten months post-CPOE report.

- Provision of county-specific data and outcome reports from:
  - Statewide Automated Child Welfare Information System (SACWIS)
  - Business Intelligence Channel (BIC)
  - Results Oriented Management (ROM)

- Training by ODJFS staff and regional training centers throughout the state.

- Sharing of national, state and PCSA best practices.

CPOE Stage 10

CPOE Stage 10 commenced in October 2014. For this CPOE cycle, Ohio is using the Child and Family Services Review (CFSR) Round 3 On-site Review Instrument. By using the CFSR On-site Review Instrument, the state will be better prepared for the federal CFSR onsite review scheduled for 2017. In an effort to maintain fidelity to the federal review tool, each county's outcome ratings will not be affected by the Ohio Administrative Code (OAC) rule citations relating to specific review items. However, a Quality Improvement Plan (QIP) may be required for OAC non-compliance identified during the review.

Beginning with CPOE Stage 9 and continuing in CPOE Stage 10, PCSA staff now participate in reviewing case records alongside ODJFS staff. The review includes interviews with caseworkers, supervisors, children, parents, substitute caregivers, and service providers. CPOE places emphasis on the federal outcome indicators and provides a method to check the integrity of SACWIS data entered by PCSA staff.

In addition to transitioning to use of the federal CFSR Round 3 case review tool, there are several other important changes for CPOE Stage 10:

- Alternative Response cases are included in the review sample – cases must have been open for at least 45 consecutive days.
- Title IV-E juvenile courts are being reviewed (for provision of technical assistance only).
- More cases are included in the review for each county.
- Ohio's CFSP and the CPOE Stage 10 Framework include several strategies aimed at increasing inter-rater reliability among reviewers (please see ***Update to Plan for Improvement*** in Section III).

The table below reflects the makeup of the case sample for each county size category.

County Size	**Number of Cases by Type or Universe**			
	Alternative Response	**In Home**	**Substitute Care**	**IV-E**
Small	3	3	3	1
Small/Medium	3	3	4	1
Medium	4	4	5	3
Large	5	5	5	3
Metro	5	5	5	6
Major Metro	6	6	6	12

CPOE not only provides an opportunity for in-depth case review with counties, but also a forum to discuss statewide and county-specific performance on the CFSR national standards and other critical data measures. For CPOE Stage 10, county CPOE conferences include a focus on each of the following data elements and/or data management tools:

- Federal CFSR Performance Measures
- Investigations Completed within the Required Timeframe (ROM)
- Recurrence of Maltreatment (ROM)
- Maltreatment in Foster Care (ROM)
- Comprehensive Visitation Report for In-home and Substitute Care Cases (SACWIS)
- AFCARS exception report

The above reports are considered core reports for the CPOE review. These reports are reviewed with all counties. Technical Assistance Specialists may provide additional data or reports tailored to the specific needs of each county.

The Technical Assistance Specialists who conduct the reviews also facilitate discussions with county administrators and supervisory staff on various management tools and reports that may be helpful to counties in tracking areas in need of improvement. For larger counties where data may already be utilized extensively by QA staff, technical assistance may focus on effective strategies for sharing data and/or management reports with front line workers and supervisors.

The table below outlines the full CPOE Review Process.

CHILD PROTECTION AND OVERSIGHT EVALUATION (CPOE)			
24-Month Cycle Review Process			
PRE ON-SITE ACTIVITIES	**ON-SITE ACTIVITIES**	**POST ON-SITE ACTIVITIES**	**QUALITY IMPROVEMENT PLAN (QIP) IMPLEMENTATION & OVERSIGHT**
Notification ➢ Random sample list /# cases to be reviewed in-home and sub care ➢ Dates of review on-sight ➢ Period under review ➢ County/ODJFS review team determined	**Entrance Conference** ➢ Progress since last CPOE review ➢ Review Federal Child and Family Services Review (CFSR) measures - statewide and PCSA ➢ Discuss county-specific data reports ➢ Ohio CFSR Program Improvement Plan	**Report & Technical Assistance** ➢ CPOE Stage 10 Report Development (Draft Report) ➢ Provide Draft Report to PCSA for review ➢ Provide Technical Assistance (TA)	**Five (5) Month QIP Assessment** ➢ Five (5) Month QIP Self-Assessment ➢ Technical Assistance as requested
***Data Preparation*: Ohio Department of Job and Family Services (ODJFS)** ➢ County-specific data reports ➢ SACWIS case review ➢ Review previous CPOE reports and QIPs	**Case Record Review and Reconciliation** Number of cases reviewed by PCSA size: ➢ Small – 9 cases ➢ Small/Medium 10 cases ➢ Medium – 13 cases ➢ Large – 15 cases ➢ Metro – 15 cases ➢ Major Metro 18 cases ➢ Additional cases to be reviewed in Title IV-E courts in each county where applicable.	**Exit Conference** ➢ Review of Draft CPOE Stage 10 Report & Findings ➢ Attended by Regional Training Center staff ➢ Final CPOE report released to PCSA director, judge, elected county officials	**Ten (10) Month QIP Oversight** ➢ Ten (10) Month Case Record Review (SACWIS Review by TAS) ➢ Ten (10) Month QIP Implementation Discussion (On-Site) ➢ Ten (10) Month QIP Progress Review Report ➢ TA as needed
***Data & Other Preparation:* Public Children Services Agency (PCSA)** ➢ Prepare cases to be included in CPOE review ➢ Select staff to co-review cases	**Stakeholder Interviews and Reconciliation**	**Quality Improvement Plan** ➢ PCSA Quality Improvement Plan (QIP) Development and Submission ➢ ODJFS QIP review Approval/ Disapproval	

CPOE Stage 10 Results

CPOE Stage 10 began in October 2014 and will conclude in September 2016. Partial results of CPOE Stage 10 were compiled in a comprehensive statewide report, which was distributed to OFC staff and at state

sponsored meetings. This report included statewide trends related to practice strengths as well as areas rated in need of improvement. Data gathered through CPOE Stage 9 and CPOE Stage 10 was instrumental in updating Ohio's Statewide Assessment for this APSR.

As a result of the CPOE Stage 10 on-site review activities, 32 PCSAs had an approved QIP to address Areas in Need of Improvement, and 4 PCSAs were in the process of developing their QIPs. Nine PCSAs were not required to develop QIPs based on their review. These included the following PCSAs: Allen CSB, Auglaize CDJFS, Clinton CDJFS, Holmes CDJFS, Guernsey CSB, Morrow CDJFS, Seneca DJFS, Shelby CDJFS, and Summit CSB. Of these nine PCSAs, five had QIPs during CPOE Stage 9. Thus, improvements occurred from QIP implementation resulting in improved performance.

Three primary approaches were identified by agencies in their QIPs: (1) training (both internal and external); (2) developing internal forms and revising internal agency procedure manuals; and (3) tracking and monitoring for compliance. The following chart reflects the number of counties having QIPs in effect to address items noted as an Area Needing Improvement.

CPOE Stage 10 Review Item	**Number of Agencies (to Date) Addressing the Item with a QIP**
Safety Outcome 1: Children have permanency and stability in their living situations.	
Item #1:Timeliness of initiating investigations of reports of child maltreatment	**16**
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	
Item #2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	**10**
Item #3: Risk and safety assessment and case management	**30**
Permanency Outcome 1: Children have permanency and stability in their living situations	
Item #4: Stability of foster care placement	**4**
Item #5: Permanency goal for child	**12**
Item #6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	**11**
Item #7: Placement with siblings	**1**
Permanency Outcome 2: The continuity of family relationships and connections is preserved	
Item # 8: Visitation with parents and siblings in foster care	**3**
Item #9: Preserving connections	**1**
Item #10: Relative placement	**2**
Item #11: Relationship of child in care with parents	**02**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	
Item # 12: Needs and services of child, parents, and foster parents	**22**
Item #13: Child and family involvement in case planning	**17**
Item #14: Caseworker visits with child	**17**
Item #15: Caseworker visits with parents	**23**
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs	
Item #16: Educational Needs of the child	**0**
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	
Item #17: Physical health of the child	**4**
Item #18: Mental/behavioral health of the child	**1**

Numerous activities within Ohio's Title IV-B Child and Family Services Plan were designed to address the areas in need of improvement that are most prevalent across the state, including: caseworker visits with parents and children; child and family involvement in case planning; needs and services of parents, children and substitute caregivers or pre-adoptive parents; permanency goal for the child; and risk assessment and safety management. In addition, as noted above, OFC is taking a proactive approach in CPOE Stage 10 to engage PCSA staff in examining data and management reports connected to these items.

Measuring the Effectiveness of Ohio's QA System

As part of Ohio's overall CQI strategy, changes in performance are tracked across CPOE cycles. Such performance changes are an indicator of progress made through the CPOE review process and resulting Quality Improvement Plans. In addition, tracking this data provides an opportunity to examine which QIP strategies have been the most and least effective in impacting performance improvement.

To assess if PCSAs' QIPs made a difference and resulted in improved individual agency performance, an item by item analysis was conducted to compare the results of CPOE Stage 8 and CPOE Stage 9. Partial CPOE Stage 10 data was not included. For this analysis, OFC examined the review items for which the highest number of PCSAs were required to develop a QIP (20 and above). As an indicator of progress, OFC tracked whether agencies that were required to develop a QIP for one of these items in CPOE Stage 8 were again required to QIP the same item in CPOE Stage 9. For example, there were 22 agencies that were required to develop a QIP on Item #1 – Initiation of investigations – during CPOE Stage 8. Of the 22 agencies that developed QIPs on this item, 17 agencies did not have to do a QIP for CPOE Stage 9 on this item. The remaining 5 counties had to develop a QIP again for Item 1. Thus the % of improvement was: Strengths/Total QIPs. 17/22=77%

The following graphs present information on the percent of agencies showing improvement after completing a QIP by Safety, Permanency and Well-Being Outcomes measured.

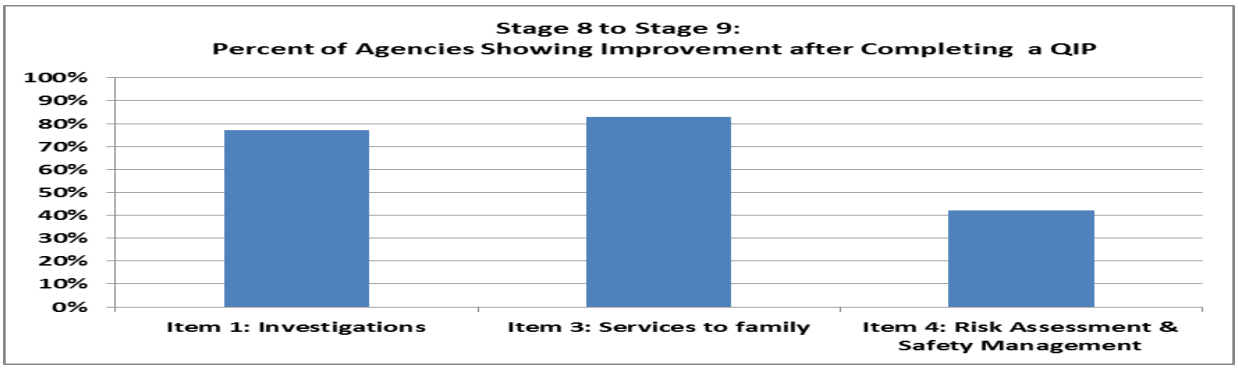


Figure 1: Safety Outcomes

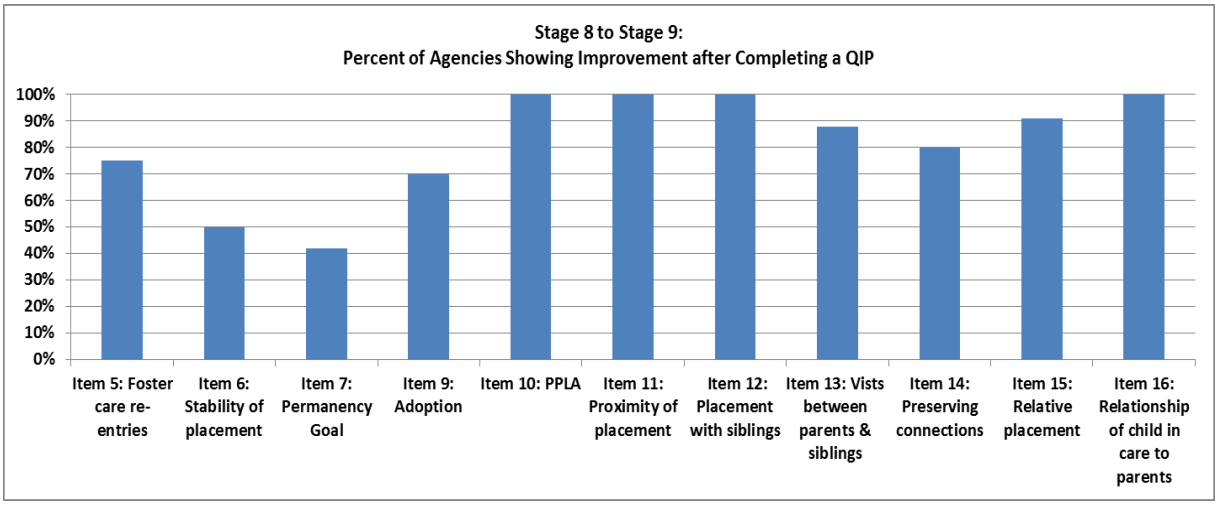


Figure 2: Permanency Outcomes

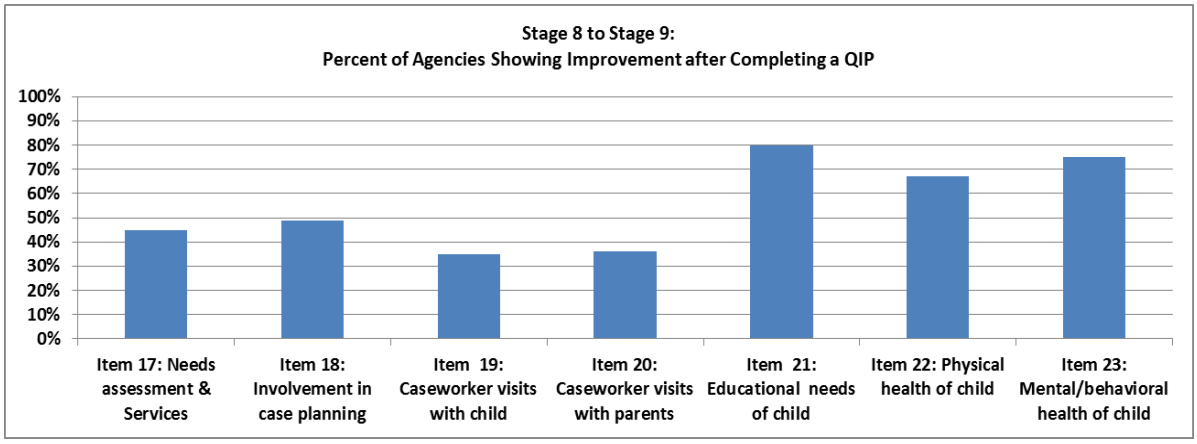


Figure 3: Well-Being Outcomes

Some measure of improvement was observed across all items. Agency QIPs were most successful in driving significant improvement on the following items:

- Timeliness of initiating investigations of reports of maltreatment
- Services to the family to protect child(ren) in the home and prevent removal or re-entry into foster care
- Foster care-reentries
- Adoption
- Planned Permanent Living Arrangement
- Proximity of foster care placement
- Placement with siblings
- Visitation between parents and siblings in foster care
- Preserving connections
- Relative placement
- Relationship of child in care with parents
- Educational needs of the child
- Physical health of the child
- Mental/behavioral health of the child

Fewer than half of the agencies that developed QIPs showed improvement (i.e., did not have to develop another QIP) on the following items:

- Risk assessment and safety management
- Permanency goal for the child
- Needs and services of child, parents, and substitute caregivers or pre-adoptive parents
- Child and family involvement in case planning
- Caseworker visits with child
- Caseworker visits with parents

During CPOE Stage 10, OFC technical assistance staff will examine with PCSAs which strategies in QIPs were most and least effective in improving performance. Data will be shared with PCSAs on these performance trends as QIPs are negotiated with ODJFS.

CQI Goals & Planned CQI Enhancements

As noted in last year's APSR submission, CPOE is a central component of Ohio's overall approach to Continuous Quality Improvement (CQI). However, Ohio's CFSP includes a robust plan for enhancement of overall statewide CQI that extends beyond CPOE's quality assurance activities. As noted in last year's APSR submission, OFC formed a CQI Advisory Team to guide the development of Ohio's CFSP, including the plan for statewide CQI enhancement. As Ohio has moved forward with implementation of its CFSP, the CQI Advisory Team has been expanded to advance the objectives in the statewide CQI plan.

The CQI Advisory Team's membership includes representation from all OFC bureaus, public children services agency partners, private agency partners, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the Public Children Services Association of Ohio, and the Ohio Association of Child Caring Agencies. The Advisory Team is chaired by Carla Carpenter of OFC, Linda Peters with Franklin County Children Services, and Jodi Harding with Lighthouse Youth Services.

Four subcommittees of the Advisory Team were formed to focus on the following areas of Ohio's statewide CQI plan:

- ***CQI Framework:*** This Subcommittee has developed a written statewide CQI framework, which includes a description of Ohio's overarching CQI process and detailed recommendations based on CQI best practices, Children's Bureau recommendations, the recommendations of national child welfare organizations (such as NAPCWA), and local CQI methods.

- ***Statewide CQI Community****:* This Subcommittee is working to provide mechanisms for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources. Along with information-sharing, this Subcommittee is responsible for recommendations to support a statewide "CQI Community of Practice."

- ***Peer Partnership:*** This Subcommittee is responsible for designing a multi-county and/or regional Peer Review structure to be implemented on a pilot basis. This includes gathering feedback from local partners to inform the design of the peer review process and standards. This Subcommittee is also exploring the feasibility and utility of integrating peer review within the state's Child Protection

Oversight and Evaluation process and/or Ohio's federal Child and Family Services Review Round 3 case reviews.

- ***Data Reports:*** This Subcommittee provides recommendations to inform the development of user-friendly, standardized data reports; make data more accessible to practitioners, supervisors and agency administrators; and strengthen statewide use of performance data.

Further information on Ohio's statewide CQI enhancements is included in Sections III and X of this report.

Summary of Item

Several notable enhancements to CPOE Stage 10 have resulted in a larger sample size that is more representative of the statewide mix of case types. A specified number of Alternative Response and Title IV-E Court cases are reviewed for each county size category along with In-Home and Foster Care cases served through the Traditional Response pathway. CPOE Stage 10 includes an even stronger focus on county administrative data. The CPOE Stage 10 Framework requires OFC's Technical Assistance Specialists to provide a core set of data reports to PCSAs and Title IV-E courts. As noted in the Update to Ohio's Plan for Improvement (Section III), the Bureau for Systems and Practice Advancement has implemented a number of strategies to support increased inter-rater reliability among reviewers in CPOE Stage 10. Moreover, Ohio has successfully engaged a wide variety of local and state partners in the work of enhancing statewide CQI through its CQI Advisory Team and subcommittees. The Team has made significant strides in implementing the CQI plan outlined in Ohio's CFSP.

D. Staff and Provider Training

ODJFS supports the training of agency staff, foster caregivers, and adoptive parents through many programs, including the Ohio Child Welfare Training Program (OCWTP). The OCWTP, whose mission is to promote best child welfare practice through comprehensive skill development, strategic partnerships, and effective advocacy, has been training Ohio's child welfare professionals since 1987.

In 2015, the OCWTP:

- Served over 3,400 caseworkers, 660 supervisors, and 6,500 foster parents and adoptive parents across the state through eight Regional Training Centers (RTCs)[2] .
- Launched over 4,700 training sessions through E-Track, Ohio's learning management system, delivering 23,440 hours of training to 72,000 participants[3].
- Provided over 690 hours of coaching for supervisors, caseworkers, and foster parents.
- Arranged for 3,011 Foster Parent College courses completed by foster parents and child welfare staff across Ohio.

The map below shows the number of staff, foster parents and adoptive parents served in 2015, by RTC.

[2] E-Track and RTC Census Data
[3] E-Track Data, January 12, 2016

Continuous Quality Improvement

In 2015, the OCWTP took the following steps to identify skill and knowledge needs, improve staff learning interventions, support transfer of learning (TOL), and improve OCWTP operations.

Individual Needs Assessment and Developmental Training Plans

The OCWTP finalized two new tools to determine individual training needs of caseworkers and supervisors and promote their ongoing individual knowledge and skill development. The Individual Training Needs Assessment (ITNA):

- Is conducted entirely online.
- Combines caseworker/supervisor and his or her supervisor perspective on the staffs' highest priority needs.
- Filters from 1,700 competencies for caseworkers, and from 786 competencies for supervisors, to the 10-20 most critical for staff's two-year development.
- Feeds directly into each staff's individual development plan (IDP).
- Provides the training system aggregate needs data by county, region, or state.

The new Individual Development Plan (IDP):

- Is accessible online to staff, their supervisors, and their county training liaisons.
- Is based on high-priority training needs identified in the needs assessment tool.
- Links directly to available interventions designed to address identified needs.
- Allows staff and their supervisors to capture progress on plan objectives and add new objectives.
- Allows the training program to target new interventions directly to those who need them.

The ITNA/IDP for caseworkers was launched in 2015.

Below are the most-often identified statewide competencies needed by caseworkers as identified through the new ITNA. These competencies were selected most often by over 2,100 caseworkers, from January 2015 through April 2016.

Competency	Count	Percent
Knows how to identify common street drugs and their associated drug paraphernalia.	194	7.9
Knows the physical and behavioral indicators of drug abuse, including methamphetamine, crack/cocaine, heroin, hallucinogens, other stimulants and depressants, prescription medications, and other street or "club" drugs.	169	6.9
Knows the characteristics, behavioral indicators, and preferred treatments for childhood psychosis, including childhood schizophrenia.	161	6.5
Knows the characteristics, behavioral indicators, and preferred treatments for self-injurious behavior (SIB) such as self-cutting; eating disorders (anorexia and bulimia); and suicidal ideation in children and adolescents.	156	6.3
Knows the characteristics, behavioral indicators, and preferred treatments for mood disorders such as depression, bipolar disorder, and anxiety in children and adolescents.	154	6.2
Knows the types of medications used to treat mental health problems in children and adolescents, their effectiveness, their side effects, and the risks of misuse or discontinuation.	149	6.0

Competency	Count	Percent
Understands the challenges in differentiating substance abuse from other conditions, including mental illness, emotional disorders, or medical conditions.	147	6.0
Can develop and execute a work plan that maximizes effectiveness of the time available to complete an activity.	143	5.8
Knows strategies to manage multiple and competing priorities.	142	5.8
Knows the characteristics, behavioral indicators, and preferred treatments for severe attachment disorders, including Reactive Attachment Disorder (RAD).	135	5.5

The Caseworker Work Team analyzes this ITNA/IDP data to determine next steps in meeting these needs.

The supervisor ITNA/IDP was launched in 2016. The Supervisor Practice Work Team is beginning to receive similar needs data as the Caseworker Work Team; this will be reported on in the CFSR Statewide Assessment.

County Needs Assessment and Skills/Knowledge Development

The OCWTP developed a prototype data collection tool in 2015 for RTCs to capture knowledge and skill-related information that surfaces during CPOE exit interviews. The tool connects these findings to the OCWTP Universe of Competencies so they can be triangulated with other needs data collected to reveal a more three-dimensional picture of training needs in Ohio.

Trainers

OCWTP improved trainer development through the following three processes:

- OCWTP increased trainer recruitment efforts. Recruitment occurred with an emphasis on content expertise (recruitment focused primarily on trainers for standardized workshops) and geographic location (RTCs identified their region's trainer needs.)
- OCWTP re-vetted trainers of revised and updated standardized curricula. As standardized trainings are updated, all trainers, including trainers who previously trained a standardized curriculum, are re-approved. Trainers complete a training-specific *Verification of Trainer Qualifications* form, which details their work and life experience related to the content, and asks the trainers to respond to content-related questions. Trainers who meet the minimum qualifications must attend Training on Content (TOC).
- OCWTP supported general trainer development through the following activities:
    - Training of Trainers (TOTs) were offered to all new trainers. While most TOTs are optional, two are required: *Stand Up and Take Charge of the Training Environment*, and *Diversity*.
    - OCWTP supported trainers required to complete twelve hours of field experience within two years, if a trainer has not been employed by a PCSA within the last three years.
    - Technical assistance was provided as identified by curricula developers, workshop evaluation survey data, workshop observers, and by RTC staff.

Skill-Based Workshops

In 2015, the OCWTP took steps to offer more skill-based workshops to staff and caregivers by offering:

- *From Knowledge to Skill Development* workshop was offered to OCWTP trainers at the annual Trainer Conference.
- *Workshop Development: From Knowledge to Skill Development* was offered to 32 RTC staff who review and approve workshop outlines.

Evaluation Surveys

The OCWTP uses both online and hard copy evaluation surveys for the over 4,700 learning interventions offered each year. During 2015, the OCWTP revised the evaluation surveys used for approximately 95% of these interventions. Revisions fall under three broad categories:

- **Caseworker and Supervisor Core**: Evaluation surveys were revised to ask participants to provide written responses to questions about key learning objectives or concepts for curricula experts to determine if learning occurred.
- **Non-standardized Workshops**: At the request of the Trainer Development Work Team and the RTCs, the OCWTP revised the evaluation survey used for approximately half of all learning interventions launched through E-Track. The new "generic staff/caregiver" survey collects different information about trainers, and the applicability of training content. For example, the new "generic staff/caregiver" survey now asks:
    - Did the trainer connect the training content to foster caregiving, casework practice, or supervision?
    - Did the trainer help the participant know how to use the training content in their role as a caregiver, staff person, or supervisor?
    - Did the participant's knowledge and/or skill increase as a result of attending the training? If so, tell us at least one thing learned in the training.
- **Caregiver Preservice Training**: Preservice training uses hard copy evaluation surveys completed after each module. Preservice evaluation surveys were revised to ask participants their perception of their learning on workshop-specific learning objectives.

Transfer of Learning Tools

When county agency staff are asked what challenges they face in supporting TOL after staff or caregivers attend training, the two most-often cited challenges are no time to conduct TOL activities, and those who work in county child welfare agencies not knowing the content that is trained in order to support TOL. To help agencies support TOL, three tools were created in 2015:

- **Supervisor Core Training Transfer Indicators**: New supervisors spend approximately 3 percent of their first year as a supervisor attending Supervisor Core. To support transfer, the OCWTP created Supervisor Core Training Transfer Indicators; eight to 12 open-ended questions or statements about the content trained in each module to be used by a new supervisor and their supervisor, before, during and after training.
- **Caseworker Core Supervisor Quality Checklists**: New caseworkers spend approximately 5 percent of their first year as a caseworker attending Caseworker Core. The OCWTP developed two unique tools to assist supervisors in their support of caseworker TOL from Caseworker Core: *Supervisor Safety Planning Quality Tool* and *Supervisor Safety Assessment Quality Tool.* The tools prompt a supervisor to review a caseworkers' assessment of safety or safety plan to ensure it aligns with policy and best practice. The tools can be used in case conferencing, group supervision, or peer review.

- **New Caregivers' ITNA/Initial Training Plan**: Potential caregivers attend Preservice prior to being licensed. To help recall and retain Preservice content, and to help county agencies assess the initial learning needs of new caregivers, the OCWTP created the new caregivers' ITNA/Initial Training Plan document that includes open-ended content questions or statements for each Preservice module, and the Initial Caregiver Training Plan requirements from ODJFS.

Preparing for the CFSR Statewide Assessment

In 2015, the OCWTP took the following steps to prepare for, and coordinate, Ohio's Staff and Provider training response to the CFSR Statewide Assessment:

- Created the OCWTP CFSR Data Committee to:
  - Identify "relevant populations" for purposes of the CFSR.
  - Identify the data/information relevant to demonstrate the OCWTP is functioning statewide.
  - Determine what data/information is relevant and on-point to demonstrate the OCWTP addresses skills and knowledge needs.
  - Review CFSR requirements:
    - The context and quality of the data.
    - The methodology for calculating or analyzing the data.
    - The scope of the data (e.g., geographic, population).
    - The time period applicable to the data.
    - The completeness, accuracy, and reliability of the data.
    - Known limitations of the data.
- Focused on the CFSR requirements at the September 2015 OCWTP Strategic Planning Retreat and created three new work teams:
  - Caseworker Work Team and the Supervisor Practice Work Team: These teams determine how the OCWTP can offer more skill-based workshops to caseworkers and supervisors.
  - Needs Assessment Work Team: This team identifies and compiles all skills and knowledge needs data from a variety of sources, and then gives that needs data to the Caseworker, Supervisor, or already existing Foster Care and Adoption Work Teams, for needs analysis and next steps.
- Established a committee to work with ODJFS and PCSAO to determine how Ohio will collect and report on staff and caregivers receiving mandated training within required timeframes.

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

The following chart outlines the training requirements for initial training and what the OCWTP offers to meet these requirements.

Population to be Trained	ORC Requirement	OCWTP Offerings
New Caseworkers	New caseworkers complete 102 hours of Core training within the first year of employment.	Caseworker Core
New University Partnership Program (UPP) Caseworkers	New UPP caseworkers complete training on legal aspects of CPS within first year of employment, and 36 hours of ongoing training (if Core is waived) within the first year of employment.	Caseworker Core Module III Ongoing
New Supervisors	New supervisors complete a minimum of 60 hours of Core training in their first year of employment in their supervisory position; complete additional 12 hours of Core in their second year.	Supervisor Core

Addressing the Basic Skills and Knowledge Needs of Caseworkers

The Ohio Revised Code (ORC) requires newly hired caseworkers to complete 102 hours of Core training within their first 12 months of employment. All Caseworkers employed in Ohio's 88 counties must complete their Core training through the OCWTP.

The OCWTP is a Competency-Based In-service Training System (CBIT) and uses a universe of competencies (statements of skill and knowledge needed for specific job functions) as the cornerstone of the program. Competencies are used to identify training needs and develop training curricula. The competencies were developed by reviewing pertinent literature and conducting focus groups for task analyses of job functions and identification of corresponding skills and knowledge needed to fulfill those job functions. Competencies are periodically reviewed and revised using the same process.

Core competencies are those that are fundamental and essential for all new caseworkers, assessors, supervisors, and foster caregivers, regardless of their specific job responsibilities. First and foremost, OCWTP's initial training is developed to address Core competencies. To make sure Core Modules remain relevant, OCWTP:

- Collects feedback from E-Track evaluation surveys and RTC onsite visits with county agencies.
- Keeps abreast of the latest research on child welfare practice.
- Includes recent revisions to state law and ODJFS rules governing Ohio's child welfare program.

The Caseworker Core series has eight modules, listed in the table below, with the total number of caseworkers who attended each module in 2015.

Caseworker Core Modules	Statewide Attendance
Module I Family-Centered Approach to Child Protective Services (12 hours)	549
Module II Engaging Families in Family-Centered Child Protective Services (6 hours)	529
Module III Legal Aspects of Family-Centered Child Protective Services (12 hours)	521
Module IV Assessment and Safety Planning in Family-Centered Child Protective Services (12 hours)	524
Module V Gathering Facts in Family-Centered Child Protective Services (6 hours)	483
Module VI Service Planning and Provision in Family-Centered Child Protective Services (18 hours)	488
Module VII Child Development: Implications for Family-Centered Child Protective Services (18 hours)	456
Module VIII Separation, Placement, and Reunification in Family-Centered Child Protective Services (18 hours)	485

In 2015, the Caseworker Core series was offered 33 times across Ohio.

Regional Training Center	# of Caseworker Core Rounds	Regional Training Center	# of Caseworker Core Rounds
Central (Columbus)	7	**Northwest (Toledo)**	4
East Central (Cambridge)	2	**Southeast (Athens)**	2
North Central (Cuyahoga)	5	**Southwest (Cincinnati)**	6
Northeast (Akron)	4	**Western (Dayton)**	3

The Caseworker Core series includes five optional learning labs, following Modules II, IV, V, and VI for in-depth practice applying the training content. Although attendance at the learnings labs is optional, in 2015, 86% of all new caseworkers attended the practice learning labs.

Caseworker Core Learning Labs	Statewide Attendance
Module II (Engagement)	382
Module IV (Assessment)	365
Module V (Investigation)	416
Module V (Gathering Facts)	407
Module VI (Service Planning)	187[4]

Some new caseworkers are graduates of the University Partnership Program (UPP) and are not required to complete all modules of Caseworker Core upon hire at an Ohio county child welfare agency. Through a collaboration between eight public universities, the OCWTP, ODJFS and the Public Children Services Association of Ohio (PCSAO), UPP graduates complete college courses based on seven of the eight Caseworker Core Modules (Module III Legal Aspects of Family-Centered Child Protective Services, is not taught through UPP). In 2015, 15 of Ohio's county child welfare agencies hired 38 UPP graduates.

Caseworker Core Evaluation Feedback

When asked if Caseworker Core training would improve their job performance, caseworkers responded:

	Module I	Module II	Module III	Module IV	Module V	Module VI	Module VII	Module VIII
Strongly agree	53%	57%	68%	46%	50%	44%	51%	63%
Agree	43%	41%	30%	49%	49%	52%	47%	35%
Disagree	2%	1%	0%	4%	1%	3%	1%	1%
Strongly disagree	1%	1%	1%	1%	0	2%	0%	1%

In 2015, Caseworker Core used two different evaluation surveys. As each training module is revised to include updates to best practice, CAPMIS, SACWIS and Differential Response, a new evaluation survey is created to provide greater confidence to the training system that learning objectives are being achieved, and to prompt workshop participants to consider learning objectives a day or two after they return to their office from training (caseworkers have up to seven days after the training to complete the evaluation survey).

New evaluation surveys are in place for Caseworker Core Module II, Module II Learning Lab, Module IV, Module IV Learning Labs, Module V, Module V Learning Lab, Module VI, and Module VI Learning Lab.

[4] Module VI Learning Lab was implemented July 2015

Caseworker Core curricula experts developed the new evaluation items and then reviewed the written responses to determine if each response was correct.

Key Caseworker Core learning objectives for the revised Caseworker Core modules are presented below, by Module, and the percent of caseworkers who believed they were able to complete the learning objective, or not. In addition, each learning objective is scored using the following approach:

1. Each of the respondents that provided an answer to the survey prompt is counted as "Tried." The number of respondents who provided a response is divided by the number of respondents who said they were able to complete the learning objective to identify a percentage.
2. The total number of correct responses was divided by the total number of respondents who provided a response to calculate the percentage of those responses that "Were Correct."

Old evaluation surveys identify key learning objectives specific to each module, then asked the participants to tell us if they learned new knowledge, or if training was a good refresher, or if they learned little of value on the specific learning objective.

The table below summarizes evaluation surveys currently used in Caseworker Core.

Caseworker Core Modules and Attendant Learning Labs	Newly Revised Evaluation Surveys or Not Yet Revised Evaluation Surveys
Module I Family-Centered Approach to Child Protective Services	Not yet revised
Module II Engaging Families in Family-Centered Child Protective Services	Revised
Module III Legal Aspects of Family-Centered Child Protective Services	Not yet revised
Module IV Assessment and Safety Planning n Family-Centered Child Protective Services	Revised
Module V Gathering Facts in Family-Centered Child Protective Services	Revised
Module VI Service Planning and Provision in Family-Centered Casework	Revised
Module VII Child Development: Implications for Family-Centered Child Protective Services	Not yet revised
Module VIII Separation, Placement, and Reunification in Family-Centered Child Protective Services	Not yet revised

The following pages include evaluation feedback from caseworkers for every module. The data looks different depending on which evaluation survey was used.

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

549 caseworkers attended Module I in 2015

Survey Item	% Learned new knowledge & skills	% It was a good refresher	% Learned little of value
What did you learn about the family-centered approach to child welfare?	71	27	2
What did you learn about a caseworkers' responsibility to prevent placement, reunify families or find alternative placements?	68	30	3
What did you learn about the role of the child welfare agency in a community-based approach to child protection and family support?	67	30	2
What did you learn about behaviors that are considered child sexual abuse?	60	36	3
What did you learn about the parent, family and environmental factors that contribute to child maltreatment?	63	35	3
What did you learn about indicators of abuse and neglect?	61	38	1
What did you learn about cultural competence, ethnocentrism, and stereotyping?	54	43	3
What did you learn about how your cultural background affects your values, perceptions, behaviors and identity?	47	50	3

Caseworker Core Module II Engaging Families in Family-Centered CPS (6 hours)

529 Attendees, 282 Survey Respondents, 53% Response Rate

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you tell us one thing you learned about how to integrate the use of engagement strategies while still maintaining protective authority?	99%	1%	72%	18%
Can you tell us one thing you learned about engaging parents through honest and transparent conversation?	98%	2%	85%	59%
Can you tell us one thing you learned in this workshop about how to use engagement strategies to reduce parents' resistance?	99%	1%	82%	56%
Can you tell us one thing you learned in this workshop about how to engage fathers and non-resident parents in the casework process?	97%	3%	87%	82%

Examples of correct responses:

- "It is important to let families know that while you are there to assess and assure safety of the children, you want to be respectful of that family and you want to do all you can do to keep families together."
- "There are different strategies to ensure you use engagement while still maintaining protective authority and a few are using Family Centered Practice, Being Respectful, Reducing Resistance, and Engaging in Collaboration."
- "It is important to ensure that risk is decreased and safety is increased. A correct balance of engagement and protective authority will meet these standards while still respecting the rights and role of the parent."
- "Honest and transparent conversations may be hard, but they help to promote stronger engagement and trust with families."
- "By being honest with the parent they know what to expect from the worker. They are more willing to work with the worker if they know you are not changing your story or trying to hide things from them."

- "Being up front with the parents and letting them know that the best outcomes will be from being open and honesty from the beginning. In the video from parents they said they can tell if a worker isn't being honest."
- "Use active listening, open-ended questions – make sure they feel heard and part of the process."
- "I learned about the SHER method. This method allows the Social Service Worker to bring the resistance to the surface and acknowledge it. And then confront the client about the resistance, letting them know that the resistance is okay and that by working together, the process can be much easier."
- "I learned that you engage the same. The father is just as involved and should be aware of the situation as the mother. When walking into a home they both should be spoken to. For parents outside of the home it is important to reach out to them and communicate the case with them as well."
- "FATHERS MATTER. Father's (or non-residential mothers) act as another resource for children. Outside of father's playing vital roles in child development, by engaging fathers (or non-residential mothers), the child (ren) have more options when it comes to placement. The non-resident parent or their family may be capable and willing to take the child, keeping the child out of foster care."
- "This workshop really focused on making fathers part of the process, which I strongly agree with. Fathers should be as much part of the solution as the mother. Informing fathers they should be involved with every aspect of the child's case."

Caseworker Core Module II: Learning Lab, Engagement Skills (6 hours) (Optional)

436 Attendees, 231 Survey Respondents, 53% Response Rate

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you list at least one strategy you will use to engage families in the casework process?	99%	1%	84%	96%

Examples of correct responses:

- "Open-ended questions and scaling questions"
- "Supportive responses and Active Listening help to make the client feel more relaxed, will build rapport and will promote trust."
- "Being respectful to the client, give supportive responses, and use reframing."

My job performance will improve because of what I learned in this training.

Strongly Agree	55%	**Agree**	45%	**Disagree**	0%	**Strongly Disagree**	0%

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

521 Attendees, 420 Survey Respondents, 81% Response Rate

Survey Item	Learned new knowledge and skills	It was a good refresher	Learned little of value
What did you learn about court procedures to obtain custody of a child?	88%	9%	3%
What did you learn about reasonable efforts requirements for caseworkers?	81%	16%	2%
What did you learn about protecting a parent's right to due process and equal treatment under the law, and preventing warrantless search and seizure?	80%	16%	2%
What did you learn about the roles and responsibilities of all parties involved in court hearings?	85%	12%	2%
What did you learn about the legal definitions of child maltreatment to help to determine the type of complaint to file?	83%	14%	3%
What did you learn about admissible and inadmissible evidence in court?	83%	11%	3%
What did you learn about maintaining your composure during direct testimony and cross examination?	76%	20%	3%
What did you learn about working with prosecutors and agency attorneys to prepare for court?	76%	20%	4%

Module IV Assessment in Family-Centered Child Protective Services (12 hours)

524 Attendees, 297 Survey Respondents, 57% Response Rate

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you tell us how safety plans are used to control safety threats throughout the life of a case?	99%	1%	61%	45%
Can you tell us how the assessment of safety is conducted throughout the life of a case and at specific case decisions?	99%	1%	60%	65%
Can you describe the three-pronged approach to assessing child safety?	84%	16%	55%	66%
Can you tell us how you might synthesize the information to inform safety planning and service planning decisions?	95%	5%	55%	31%
Can you tell us the purpose of assessing family strengths and needs and risk of future harm?	98%	2%	57%	47%

Examples of correct responses:

- "….safety plans are developed to control active safety threats by putting safeguards in place, including other responsible persons, to ensure children are safe."
- "When safety threats are identified through safety assessment, and the active safety threats are not able to be mitigated via caretaker protective capacities, the worker and family develop a safety plan to identify specific actions and responsible parties to prevent safety threats from becoming active."
- "….A safety plan incorporates certain conditions (voluntary or mandated) that place the child in an environment free of the identified safety threats."
- "The assessment of safety is done by every case worker at every face-to-face contact during the life of a case. Safety is also assessed for the family assessment, case review, semi-annual review, ongoing case investigation, specialized assessment and reunification assessment."

- "Safety factors, child vulnerabilities, and parental protective capacities are reviewed during family assessment, SAR, case reviews, and at closure. Caseworkers are continually assessing if the child (ren) are safe."
- "Safety needs to be reassessed at every contact with the family. Safety is assessed at every step of the decision making whether it is the investigation, case planning, voluntary/involuntary, custody and reunification."
- "Safety Factors, child vulnerability, and protective capacities."
- "The caseworker will always want to look at child vulnerabilities, parent protective capacities, and the 15 safety factors."
- "The three pronged process is when you take the safety factors, child vulnerability, and the protective capacity into account when assessing the safety of the child."
- "Synthesizing information refers to analyzing all available information regarding the active safety threats, child vulnerabilities, and adult protective capacities to arrive at an informed decision regarding whether the children are safe or not safe. If determined not safe, the information is used to determine the type of safety plan to develop (ex. In-home, voluntary out-of-home, or court ordered removal.)"
- "After you gather all of the information that you have you have to sift through the information to determine what is salient and what is relevant. You select what is relevant, you interpret how it is relevant, integrate it into what you already know, and elaborate."
- "As new information is gathered it is continuously integrated into our understanding about the safety of the child… Integrate, select, interpret, elaborate."
- "Assessing family strengths & needs and risk of future harm is necessary to determine whether to close the case or to transfer for on-going services, and then provides the information necessary to develop a case plan if the case is transferred for on-going services."
- "Assessing family strengths and needs and risk of future harm helps the worker tailor the case plan and services for each family."

Module IV SACWIS Learning Lab: Assessing Safety and Controlling Safety Threats (6 hours) (Optional)

419 Attendees, 243 Survey Respondents, 58% Response Rate

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you use the 7 steps of critical thinking to assess safety and develop safety plans?	97%	3%	45%	65%
Can you develop a safety plan that controls safety threats?	97%	3%	50%	48%
Can you develop interview questions to gather information about safety factors, protective capacities, and child vulnerabilities?	99%	1%	49%	82%
Can you describe engagement strategies you will use to gather information necessary to assess child safety?	98%	2%	46%	75%
Can you document the assessment of safety in the appropriate fields in SACWIS?	98%	2%	43%	67%

My job performance will improve because of what I learned in this training.

Strongly Agree	49%	**Agree**	46%	**Disagree**	4%	**Strongly Disagree**	1%

Examples of correct responses:

- "The seven steps allow you to gather the information, process it critically, then make a sound decision that will be in the best interest of the child."

- "I would have to gather information and make sure it is from credible sources that are non-biased. I would then synthesize the information and form a hypothesis and be able to test that hypothesis. Then make a decision about the safety of the children and if a safety plan needs to be put in place."
- Using the 7 steps of critical thinking helps the case worker to gather information, find the problem, evaluate, analyze, hypothesize, synthesize information and implement actions."
- "Develop specific activities to control specifically identified safety threats, who the responsible part is, how the activities will control the safety threat, how they will be monitored, and by whom."
- "Needs to be specific and concrete, supplements protective capacities, puts safeguards in place to ensure children are safe, can be monitored, requires a responsible person to assist, includes parental participant. Can be voluntary in-home, voluntary out of home or legally authorized out of home safety plan. Time limited, realistic, and specific to the family. "
- "Identify the safety threats and determine ways to control them by involving the family and a responsible party in the development."
- "Do you ever leave your child home alone? What are some of the rules in your home? Does your child have any physical or mental health concerns?"
- "How do you discipline your child? Are you taking any medications? Does the child know what number to call if there is an emergency?"
- "There is a tab for entering the safety assessment in SACWIS. I would click that then "add assessment." I would then write narratives for the safety factors and safety considerations. I would detail protective capacities as they help to reduce risk as well as how they add to risk. I would discuss child vulnerabilities as they relate to the safety factors."
- "I would click "Safety Assessment" in the box to the left in SACWIS. Then I would edit or add my safety assessment. I would answer the 14 questions regarding safety factors and I would also type in child vulnerabilities, adult protective capacities, and historical information. From what I enter, I would make a decision as whether or not the child is safe."
- "Click on the SA on the left, fill out section 1 (identifying information), Section 2: Safety Factors (15 factors), Sec. 3 Historical Information, sec. 4 Child vulnerability, sec. 5, protective capacities, assess if the kids are safe or if a safety plan is needed."

Module IV SACWIS Learning Lab: Assessing Family Strengths, Needs and Risk of Future Harm (6 hours) (Optional)

312 Attendees, 244 Survey Respondents, 78% Response Rate

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you use the 7 steps of critical thinking to assess the risk of future harm (strengths and needs and risk assessment)?	98%	2%	42%	46%
Can you document the assessment of risk (strengths and needs and risk assessment) in the appropriate fields in SACWIS?	98%	2%	39%	45%
Can you develop interview questions to gather information about family strengths and needs?	99%	1%	43%	87%
Can you describe the engagement strategies you will use to gather information necessary to assess risk of future harm?	98%	2%	42%	73%

My job performance will improve because of what I learned in this training.

Strongly Agree	46%	Agree	50%	Disagree	3%	Strongly Disagree	1%

Examples of correct responses:

- "Using the seven steps will ensure that I follow a process that is designed to allow me to have full info and a complete analyzing of this info in order to assess risk of future harm."
- "The seven steps of critical thinking allow me to identify, map out, collect, compile, consider, and test the information I need to assess for future risk. I'd use the seven steps to weigh the strengths of the family, child vulnerability, parental protective capacity, environmental considerations, history and family needs to determine whether an element of family environment/functioning is a significant risk for future harm."
- "The seven steps of critical thinking will help me identify assessment criteria, gather, analyze, and make well-informed decisions to draw conclusions on a case, helping me best assess my clients and getting them the help they need to keep their family together."
- "The strengths and needs and risk assessment are entered in SACWIS during the initial Family Assessment."
- "Click on Family Assessment on the left hand side of the page. From there you need to assess four areas and identify whether certain criteria in these areas are identified as risk contributors or non-risk contributors. The four areas include child functioning, adult functioning, family functioning, and historical."
- "In SACWIS, to document the strengths and needs of the child you indicate risk contributors and non-risk contributors in reference to self-protection, physical/cognitive/social development, and emotional/behavioral functioning. There is a narrative section to document how risk contributors impact the risk of future abuse and neglect to the child, any changes in those risk contributors and how they interrelate. Child vulnerabilities and protective capacities will also be considered in SACWIS."
- "What things would you like to see change in your family or home?"
- "Walk me through a typical day in your house. (This would be to determine who does what and hopefully give me a better understanding of how engaged the caretaker is with the child.)"
- "Tell me about a time you were frustrated with your child. What's the best memory you have with your child?"
- "Probing questions, open-ended questions"
- "Be open and transparent with the client. Make sure to be polite and respectful."
- "Empathy, engagement, "what else?" and open ended questions, etc."

Module V Gathering Facts in Family-Centered CPS (6 hours)

483 Attendees, 182 Survey Respondents, 38% Response Rate (Survey response low due to change in survey/revisions to Core mid-year)

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you tell us why it is important to gather thorough facts about the events precipitating a child welfare report?	100%	0%	63%	72%
Can you describe the ways in which your fact gathering activities may be affected by community partners and MOUs?	96%	4%	56%	59%
Can you list things you must consider when planning activities to gather facts?	100%	0%	58%	84%
Can you identify things you must consider when interviewing each of the case members about the facts of the case?	98%	2%	59%	79%
Can you tell us the purpose of assessing family strengths and needs and risk of future harm?	100%	0%	57%	43%

Examples of correct responses:

- "It is important to gather thorough facts about the events precipitating a child welfare report because we need to find out if maltreatment occurred, if the child and other members are safe, how and when the incident occurred, who caused maltreatment, family strengths and functioning, level of harm, future risk, and other circumstances specific to case."
- "Gathering thorough facts will help maintain child safety, worker safety, appropriate community teams to be involved with the case, make an informed factual decision and support legal action."
- "It is important to gather all facts so the caseworker is able to make a plan, assure child safety, and make the best case decision for the child. The case worker must maintain neutrality, beware of prejudices and biases, and consider and test multiple hypotheses with all of the information that is gathered."
- "Community partners are helpful in gathering facts because they have a different perspective than CPS might. This helps us form a well-rounded case to help the family in the best way possible."
- "In my county law enforcement works hand in hand with CPS on sexual abuse cases. Medical professionals are also integrated. We also rely heavily on drug counseling resources as well mental health. Essential information comes from each of these community partners."
- "Fact gathering activities and MOUs may influence the sequence that you interview the individuals, they could change hypothesis that you have created, and they can also affect the timeline of the case."
- "Age of child and other family members, their cognitive and physical abilities, if the child has siblings, if any other adults or collaterals were involved, SACWIS history of the family, criminal or delinquency backgrounds, and the relationships between family members are just a few things to consider."
- "When planning fact gathering activities a caseworker must consider maintaining neutral, test hypothesis, pay attention to details, gather complete information, do not influence, assess for accuracy and get multiple perspectives."
- "Age of child and other family members, their cognitive and physical abilities, if the child has siblings, if any other adults or collaterals were involved, SACWIS history of the family, criminal or delinquency backgrounds, and the relationships between family members are just a few things to consider."
- "Age of ACV, mental health, SACWIS history, reliability of source, cognitive delays, and relationship they may have to the child/family."
- "Child: Age, developmental functioning, simple language. AP: They may lie, they may have risk contributors such as mental health concerns, substance abuse, etc. Other siblings: They may have additional information; they may be a victim themselves."
- "You need to consider the developmental ability of each case member. Be sensitive to the child's needs while interviewing. As well as make your role known to the non-offending caretaker so they know you are there to help. You need to be direct with the AP and confront them with the information so they can address it with you directly."
- "To guide the service provision process, to prevent future maltreatment, to assess progress in the case."
- "Having this information will help drive what services should be offered for the family or if there are no services needed. It addresses possibility of future risk to children."
- "This helps determine what kind of risk the child could potentially be in the future and what areas to target in the case plan so that future maltreatment can be prevented."

Module V Learning Lab: Assessment Skills for Gathering Facts in Child Protective Services (6 hours) (Optional)

407 Attendees, 164 Survey Respondents, 40% Response Rate (Survey response low due to change in survey/revisions to Core mid-year)

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you tell us how you might sequence fact gathering activities in family-centered child protective services cases?	99%	1%	48%	51%
Can you list things you must consider when planning activities to gather facts?	100%	0%	51%	84%
Can you list the activities that must occur in order to arrive at a case disposition?	95%	5%	46%	12%

My job performance will improve because of what I learned in this training.

Strongly Agree	49%	**Agree**	49%	**Disagree**	2%	**Strongly Disagree**	0%

Examples of correct responses:

- "Receive report, SACWIS history, plan, initiate, assess and assure child safety, interviews, gather additional information (police records, law enforcement, etc.)"
- "Discuss referral with my supervisor, look into the hard file and SACWIS, plan my initiation, interviewing all people on the report and collateral sources, etc."
- "Receive report, gather information, plan, initiate contact, assess child safety, assure child safety, more planning, gather more facts, assess risk, case decisions, it is important to always be flexible."
- "What information needs to be gathered, whom to contact, order of contacts, cultural issues."
- "Family specific background, culture, history, environment, extended family, multiple hypotheses, 4th amendment, 14th amendment."
- "When planning activities to gather facts there are some things to consider. Things to consider are, who should be involved with the fact gathering, what community partners should be involved, who will complete the tasks, and planning for safety."
- "Receive report, gather additional information, plan, initiate contact, assess child safety, assure child safety, more planning, gather more facts, assess risk, and make case decision."

Module VI Service Planning and Delivery in Family-Centered CPS (18 hours)

488 Attendees, 153 Survey Respondents, 31% Response Rate (Survey response low due to change in survey/revisions to Core mid-year)

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you describe strategies you might use to engage resistant clients in the service planning and provision process?	99%	1%	48%	95%
Can you describe the purposes of providing services to families and children on the Family Service Plan or Case Plan?	100%	0%	50%	62%
Can you describe the consequences of failing to provide services to children and families prior to implementing a case plan?	99%	1%	47%	72%
Can you describe the consequences of failing to document Case Services in SACWIS?	98%	2%	47%	100%
Can you describe how to identify family strengths for use on the Case Plan or Family Service Plan?	98%	2%	50%	64%
Can you list the qualities of a well-written Case Plan or Family Service Plan?	93%	7%	51%	84%
Can you describe how you know when a Case Plan or Family Service Plan Amendment is necessary?	98%	7%	48%	86%

Examples of correct responses:

- "You can ask the client why they feel resistant and if there's something that we can both work on to work towards our goals.
- "Be empathetic, transparent about the process, and honest about the concerns."
- "Ask the question: "I think we've gotten off on the wrong foot. Is there something I can do to improve this?""
- "To change the behavior and alleviate the risk."
- "To address areas of concern and provide services that will reduce risks that stem from that concern, therefore decreasing safety concerns for that family."
- "Mitigate risk, enable self-sufficiency, build on strengths, change behavior, etc."
- "If there is a safety concern or risk in the home and we are aware of this and fail to provide services such as the removal of the child, then we not only put the family at risk of doing more harm, but we put that child's life at risk. If a family has no food or running water and we feel it's more important to "write up a case plan" versus get resources to that family immediately then we are looking at a family with possible malnutrition, starvation, failure to thrive, etc. Services need provided immediately upon entry to our offices."
- "It would be counter-productive to expect a family to work toward completing a case plan when they have immediate needs/barriers which may prevent them from making progress."
- "issues not addressed; waste of time for family and worker; family disengages"
- "Multiple services being offered, decrease in agency funding, lack of history of what has already been tried before or what they may already be linked with."
- "State fails to see what services have been provided to the family, other caseworkers fail to see what services have already been provided and thus wasting time doing duplicate work instead of trying new options, etc."
- "NRCs can be pulled to find strengths"
- "From the non-risk contributors, decide which ones could be considered strengths for the family when dealing with the concerns."
- "We use the family assessment to pull all of the non-risk contributors and determine which ones aid in the prevention of further maltreatment."

- "Behavioral specific, clear and engaging"
- "It needs to be clear, in the language of the family, strength oriented and achievable."
- "The information should be given clear and specific to the family's needs and strengths, should not be cookie cutter's information. Also, should be behavioral specific to the family."
- "Whenever there is a change in service, adding or deleting a person, change of placement, change of goal"
- "A Case or Family Service Plan amendment is necessary when you have either seen significant progress towards reducing risk or if there has been little or no progress made."
- "When the services are not improving situations within the family."

Module VI SACWIS Learning Lab: Service Planning (6 hours) (Optional)

187 Attendees, 121 Survey Respondents, 65% Response Rate

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you describe how Case Plan and/or Family Service Plan concerns are developed?	95%	5%	55%	62%

Examples of correct responses:

- "Through identification of risk contributors and with collaboration and input from families."
- "Case Plan and Family Service Plan concerns are developed by taking the risk contributors from the family plan and grouping them in categories that relate to an issue."
- "Review of Family Assessment Risk Contributors; with the family."

My job performance will improve because of what I learned in this training.

Strongly Agree	43%	**Agree**	49%	**Disagree**	8%	**Strongly Disagree**	1%

Module VII Child Development—Implications for Family-Centered Child Protective Services (12 hours)

456 Attendees, 348 Survey Respondents, 76% Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about developmental stages of children and adolescents?	62%	36%	2%
What did you learn about recognizing the effects of abuse and neglect in children and adolescents?	69%	30%	1%
What did you learn about recognizing developmental delays in children?	67%	31%	1%
What did you learn about the role culture plays in child development?	51%	45%	4%
What did you learn about recognizing attachment problems between children and their families?	62%	36%	3%
What did you learn about recognizing emotional problems in children?	62%	35%	2%
What did you learn about community resources available for children with developmental delays?	66%	24%	9%
What did you learn about considering developmental factors during interviews with young children?	67%	30%	3%

Module VIII Separation, Placement, & Reunification in Family-Centered Child Protective Services (18 hours)

485 Attendees, 338 Respondents, 70% Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about effects of separation, placement, and impermanence on attachment, child development and family stability?	80%	18%	2%
What did you learn about emotional and behavioral traumatic indicators of separation?	74%	24%	1%
What did you learn about reducing stress and strengthening children's coping capacity?	76%	20%	3%
What did you learn about the importance of placing siblings together?	63%	34%	2%
What did you learn about foster and kinship caregivers as potential permanent placement resources for children in care?	67%	29%	1%
What did you learn about preparing children, their families and caregivers for placement?	80%	17%	2%
What did you learn about visitation between children in care and family members?	71%	28%	1%
What did you learn about caregivers participating in case plan development and working directly with families?	69%	27%	3%
What did you learn about determining readiness and/or the factors associated with successful reunification?	75%	20%	4%

Analysis of How Well Caseworker Core is Addressing Initial Skills & Knowledge Needs of New Caseworkers

Current statewide evaluation survey data and workshop observation data are relevant to assessing how well Caseworker Core addresses the initial skills and knowledge needs of caseworkers.

E-Track Evaluation Survey Data

Every caseworker who attends Core training, and/or a companion learning lab or workshop, has the opportunity to provide feedback via an online evaluation survey through the E-Track system. A limitation of E-Track data is that caseworkers are not required to complete the evaluation survey, and even if a caseworker does complete an evaluation survey, they can respond to only half of a question. For example, a caseworker may tell us "yes," they can list the three types of safety plans, but then they may choose NOT to provide a written response demonstrating that they can list the three types of safety plans.

2016 will be the first full year of using the new evaluation surveys where we ask caseworkers to provide written responses to questions for the revised Caseworker Core modules. The OCWTP is continuing to analyze this data as more and more caseworkers complete the "new" evaluation surveys; we will provide a detailed analysis of this data in the CFSR Statewide Assessment.

Workshop Observation

The OCWTP routinely observes Caseworker Core workshops. Observers assess the trainer's ability to convey curriculum content and whether the training achieved identified learning objectives. Analysis of these ongoing observations indicates the modules address initial caseworker skills and knowledge needs.

Caseworker Core Training Transfer of Learning

The OCWTP is committed to supporting the transfer of knowledge and skill developed in Caseworker Core back to the workplace. In addition to the prompts identified as part of the online evaluation process, additional strategies were implemented in 2015 to support TOL.

Supervisor Quality Tools

In partnership with the Ohio Department of Job and Family Services, Child Protective Services policy division, the OCWTP developed two unique tools to assist supervisors in their support of caseworker TOL from Caseworker Core. These two tools, *Supervisor Safety Planning Quality Tool* and *Supervisor Safety Assessment Quality Tool*, are the first of several in a series. These tools are disseminated to participants in *Caseworker Core Module IV* and participants are instructed to take the tools back to their supervisor as a means to communicate how Caseworker Core participants are learning to assess safety and safety plan. These tools are instructional in nature, meaning that they provide hints and tips to allow anyone who uses them to know what policy and best practice is for each of the components in the process. The tools prompt a supervisor to review a caseworker's assessment of safety or safety plan to ensure it aligns with policy and best practice. The tools can be used in case conferencing, group supervision, or peer review. In addition to Caseworker Core, these tools are shared with supervisors as part of a distance learning that provides an overview of Caseworker Core revisions, at conferences and meetings with agency supervisors and directors, and other opportunities that arise.

Caseworker Core Overview for Supervisors

The 2015 revisions to Caseworker Core were substantial, and supervisors requested additional information about the revisions. The OCWTP developed a two-hour distance learning to educate casework supervisors about the revisions to Caseworker Core. In 2015, two of these distance learnings were offered to over 45 supervisors. Several additional sessions are scheduled for 2016. At the conclusion of the review of each revised module, distance learning participants are prompted to identify how they can support learning transfer both before and after their caseworker attends Caseworker Core. Participants are also provided a list of strategies to support learning transfer before and after each revised Caseworker Core module. It is expected that additional distance learning will be developed and offered after the remaining Caseworker Core revisions are complete.

Addressing Basic Skills and Knowledge Needs of Supervisors

The OCWTP addresses the initial skills and knowledge needs of Ohio's direct service supervisors in three ways:

- Supervisor Core training.
- Supervisor Core companion learning labs and a workshop.
- Supervisor Training Transfer Indicators to support TOL.

OAC rule 5101:2-33-56 requires a newly hired PCSA supervisor to complete the OCWTP's Supervisor Core series within their first two years of employment in that position. Each Core module introduces fundamental

knowledge and skills new supervisors must learn, and continue to develop, in order to become an effective child welfare supervisor.

Supervisor Core is 72 hours of training, covered in six modules. These modules are listed below with the total number of supervisors who attended each module in 2015.

Supervisor Core Module	# of Sessions	Hours Trained	# of Supervisors Attended
SC1: Supervising Casework Practice	9	108	70
SC2: Leadership in Child Welfare	9	108	83
SC3: Communication, Conflict, and Change	8	96	95
SC4: Improving Individual Staff Performance	7	84	86
SC5: Professional Development of Staff	9	108	86
SC6: Collaboration and Teamwork	9	108	89

Supervisor Core Module 1, *Supervising Casework Practice* was revised in 2015 to:

- Introduce Ohio's Child Welfare Practice Model: Differential Response.
- Emphasize the crucial role played by casework supervisors in ensuring safety, permanence, and well-being for children and families.
- Include new tools and strategies to create an ideal work environment and supervise direct practice caseworkers.
- Include a participant journal and note-taking guide with information on important concepts, activities, and links to additional resources to help supervisors transfer their learning back on the job.

In August 2015, the OCWTP began revising Supervisor Core Modules 2-6 to include new content, additional practice, and knowledge sharing opportunities to encourage a community of practice among supervisors. The revisions will be completed in 2017.
In 2015, eight rounds of Supervisor Core were offered across Ohio.

Region	# of Supervisor Core Rounds	Region	# of Supervisor Core Rounds	Region	# of Supervisor Core Rounds
Central	3	North Central	1	Northwest	1
Southwest	2	Northeast	1		

As part of the Supervisor Core series, the OCWTP offers standardized learning labs and one workshop to further develop a supervisor's skill within specific practice areas. Attendance is not mandatory at these companion learnings but is highly recommended.

Supervisor Core Companion Learning Interventions	# of Sessions	Hours Trained	# of Supervisors
Promoting Critical Thinking in Casework Practice (six-hour learning lab)	3	18	27
Managing for Outcomes: Using SACWIS Data to Improve Unit Performance (three-hour learning lab)	17	51	121
Supervising Differential Response (six-hour training)	1	6	5

Note: Although Supervisor Core is designed for new supervisors, any supervisor can attend the companion learning interventions. This explains why *Managing for Outcomes: Using SACWIS Data to Improve Unit Performance* was offered 17 times and attended by 121 supervisors in 2015.

Supervisor Core Evaluation Feedback

Every supervisor who attends Core training, and/or a companion learning lab or workshop, has the opportunity to provide feedback via an online evaluation survey through the E-Track system. In 2015, the OCWTP revised Supervisor Core E-Track evaluation surveys to collect data to demonstrate supervisors are grasping key concepts trained in Supervisor Core. The new surveys are designed to help the OCWTP answer the question, *"Can supervisors demonstrate, through written responses, their knowledge, or intended application, of concepts trained in Supervisor Core?"*

The new surveys also asked supervisors to give examples of how they used information from a previous Supervisor Core module in their work. For example, the new Supervisor Core Module 2 survey asks, "*In Module 1, you developed an action plan to create the ideal work environment in your unit. Have you taken steps to create an ideal work environment in your unit? If so, please tell us steps you have taken."*

Collecting this data helps the training system:

- Identify where curricula is operating as intended and where curricula needs to be improved.
- Use data to drive quality improvement for curricula, trainers, and training methods.
- Communicate to key stakeholders on the effectiveness of Supervisor Core in imparting skills and knowledge.

Collecting this data helps new supervisors:

- Think about, and articulate, how they can apply what they learned.
- Retain new information.

Supervisor Core curricula developers review written responses to determine if supervisors grasp key concepts, identify trends, and decide what action to take, if any.

During 2015, E-Track evaluation data was collected using both the old evaluation surveys and the new evaluation surveys. Data from both surveys are presented below to demonstrate how these two evaluation approaches differ.

Both surveys ask supervisors to respond to the statement, *"My job performance will improve because of what I learned in this training."*

	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6
Strongly agree	56%	57%	39%	61%	61%	47%
Agree	37%	38%	57%	36%	37%	51%
Disagree	7%	5%	4%	3%	2%	2%
Strongly disagree	0%	0%	0%	0%	0%	0%

Supervisor Core Module 1: Supervising Casework Practice (12 hours)

Evaluation Data January – March 2015
4 Sessions, 23 Attendees, 14 Respondents, 61% Response Rate

Survey Item	Learned New Knowledge and Skills	It was a Good Refresher	Learned Little of Value
What did you learn about scheduling regular meetings with staff to discuss case activities?	79%	21%	0%
What did you learn about ensuring caseworker safety?	35%	43%	2%
What did you learn about family-centered, culturally-competent and strengths-based casework practice?	50%	50%	0%
What did you learn about the importance of regular discussions with staff about family-centered casework practice?	85%	15%	0%
What did you learn about the criteria to use in assigning cases to staff?	79%	7%	7%%
What did you learn about the importance of good worker/client relationships for positive case outcomes?	64%	36%	0%
What did you learn about the importance of a supportive work environment to positive case outcomes?	71%	29%	0%
What did you learn about promoting cultural competence in everything you do?	38%	46%	8%

Evaluation Data April – December 2015

5 Sessions, 47 Attendees, 35 Respondents, 74% Response Rate

Key Concept	% Supervisors Replied "Yes" They Can	% Supervisors Replied "No" They Can Not	% Supervisors Completed Eval and Provided Written Response	% Responses Grasped Concept
Can you tell us why your role as a casework supervisor is so important?	94%	6%	74%	96%
Can you tell us how you can help your worker develop critical thinking skills?	94%	6%	70%	83%
Can you tell us how you can use the Differential Response Practice Profiles to support good casework practice?	89%	11%	81%	88%
Can you tell us strategies you might use to ensure that individual and group case conferences support good casework practice?	91%	9%	75%	96%

Examples of responses:

- "Go over the Practice Profiles with the staff and let them know the agency's expectations when working with clients and use this information in employee evaluations."
- "I plan to use the Practice Profiles as a learning tool with staff in moving them forward with regard to skill building in each category and also a tool for myself as a reminder of our agency mission and DR components for decision making on cases."
- "Helps educate caseworkers, assists in their growth and development professionally. Provides coaching and guidance to support caseworkers in their practice. All caseworker and supervisor practice has to be linked to safety, wellbeing, and permanence."
- "In order to lead a team you have to have a good understanding of the expectations of a supervisor: administration, education and support. Knowing the rules and policies and agency mission and holding your team accountable to those through education and role modeling and being a support to them throughout the whole process."
- "Model for my workers what I would like to see, challenge them, encourage them and motivate them to be the best worker they can. Assist them in their own development."
- "It is my responsibility to ensure casework staff is completing their mandated assignments and responsibilities to ensure the safety of children."
- "Group conferences can be used for looking at a case through different eyes and peer review. I can use individual conferences to make sure that workers are doing quality home visits and supporting my worker. I will also use this time to check in with my worker and how they are doing/building rapport and trust."

- "Open discussion on cases. Discuss successes outside and inside the agency. Encourage time-off, utilization of additional staff. Communicate changes in practice or procedures."
- "Ask discriminating questions. This will cause a worker to have to think about things that they may not have before. This will also help them learn what I want to know about the family in conferences."
- "Following the 7 step Critical Thinking process can best provide staff the opportunity to develop and improve their critical thinking skills."
- "Asking critical thinking questions that will help them focus on facts and dig deeper into situations for a deeper thought process for growth."
- "Model for my worker's what I would like to see; encourage them to process a plan on their own; allow them to come up with their own plans."

Supervisor Core Module 2: Leadership in Child Welfare (12 hours)

Evaluation Data January – September 2015
8 Sessions, 67 Attendees, 46 Respondents, 72% Response Rate

Survey Item	Learned New Knowledge and Skills	It was a Good Refresher	Learned Little of Value
What did you learn about leading your unit to develop a mission statement?	78%	20%	2%
What did you learn about advocating for staff in administrative meetings?	50%	33%	11%
What did you learn about strategies to build self-esteem and confidence in your staff?	72%	24%	4%
What did you learn about including staff in setting unit goals?	72%	28%	0%
What did you learn about accepting and appreciating diversity of staff and clients?	48%	50%	2%
What did you learn about modeling honesty and fairness with staff, colleagues and clients?	57%	43%	0%
What did you learn about the characteristics of effective leaders?	80%	20%	0%
What did you learn about the characteristics that distinguish leadership from management?	85%	15%	0%

Evaluation Data October – December 2015
1 Sessions, 16 Attendees, 14 Respondents, 88% Response Rate

Key Concept	% Supervisors Replied "Yes" They Can	% Supervisors Replied "No" They Can Not	% Supervisors Completed Eval and Provided Written Response	% Responses Grasped Concept
Can you tell us how your leadership role as a supervisor differs from your leadership role as a caseworker?	93%	7%	85%	82%
Can you tell us your plan to develop a supportive relationship with your staff?	100%	0	79%	82%
Can you tell us why it is important to balance meeting your routine duties while maintaining a big picture perspective?	100%	0	71%	80%
Can you tell us how your professional leadership values will influence your staffs' work with families?	100%	0	69%	67%

Examples of responses:

- "Caseworker leadership does not equal supervisor leadership. There are added layers of responsibility needed. Caseworker leadership does not require the focus of ensuring all others are being successful, and the balancing of differing types of supervision."
- "As a supervisor I help guide, develop and support caseworkers to be successful and independent so that they can better service families. I will help staff understand the bigger picture and purpose of their job/role in the agency and with families; as a supervisor there will be more boundaries and less "doing" the actual casework and instead will be more policy, procedure, and decision making."
- "As a supervisor my leadership role is to take a piece of me and combine it with the strengths of my staff. I want to ensure to look at a larger picture and not a self-portrait as a leader. I have to understand that not everyone is the same and but the mission is the same for anyone who works within FCCS."
- "My goal is to focus on building therapeutic, appropriate, professional relationship with each of my staff (and I have 7) by going back to the basics—just getting to know them as a person. I will be focusing on learning their stress style—how they handle stress, how they prefer I help them."
- "Getting to know my staff on a more personal level. I will begin by doing some team building during unit meetings to get to know everyone, and for them to know me. I will be available for questions/comments/concerns, and I would like to shadow my workers to have a better understanding of the work they are doing on a daily basis."
- "It's important to balance both my work duties and maintain and support the bigger picture; this is important as it supports the agency's mission. I must set an example for the staff that I supervise."
- "Every position in child welfare has to be linked to the bigger picture. Although the day to day duties are important, having regular conversations with staff and linking their role to the agency's mission and vision is important."
- "Getting stuck in the day-to-day items means you never truly get to see areas for improvement or growth. Spending all your time looking at the big picture limits your ability to ensure compliance with rules & mandates."
- "My hope would be my engagement and communication with my staff would be modeling the behaviors I would want to see from them when they work with families."
- "Honesty, trust, dependable, empathetic that makes the case feel like the families are receiving the best help possible. I want my team to treat their families like they would want to be treated by another professional."
- "A supervisor is supposed to lead by example. If I have my values and can show my staff what those values are, they are likely to use those when interacting with their families. If I show positivity my staff are more likely to be positive with their families when working with them."

Supervisor Core Module 3: Communication, Conflict, and Change (12 hours)

Evaluation Data January – September 2015

6 Sessions, 72 Attendees, 43 Respondents, 60% Response Rate

Survey Item	Learned New Knowledge and Skills	It was a Good Refresher	Learned Little of Value
What did you learn about using active listening skills when communicating with staff?	56%	42%	2%
What did you learn about adjusting your communication style to adapt to the communication styles of others?	58%	40%	2%
What did you learn about using conflict to promote growth?	56%	44%	0%
What did you learn about managing conflict in your unit?	56%	44%	0%
What did you learn about intervening in conflict that negatively affects the unit?	51%	44%	5%
What did you learn about the role communication has in improving relationships and increasing collaboration?	51%	44%	5%
What did you learn about helping staff implement and accept change?	52%	48%	0%

Evaluation Data October – December 2015

6 Sessions, 72 Attendees, 43 Respondents, 60% Response Rate

Key Concepts	% Supervisors Replied "Yes" They	% Supervisors Replied "No" They Can Not	% Supervisors Completed Evals and Provided Written Response	% Responses Grasped Concept
Can you tell us how poor communication within your unit can lead to increased conflict?	100%	0%	80%	92%
Can you tell us why poorly managed change produces conflict?	100%	0%	73%	64%
Can you tell us how you would introduce change into your unit in a way that limits conflict?	100%	0%	73%	91%
Can you tell us what you will change about how you communicate with your staff?	93%	7%	79%	91%

Examples of responses:

- "Lack of support and distrust can occur when parties are not on the same page, which leads to feelings getting hurt."
- "Poor communication is the "heart" of many concerns. If/when poor communication occurs it typically will result in unsatisfied employees who focus on internal issues rather than productive work."
- "Poor communication within the unit can lead to caseworkers feeling as though they are being picked on or kept out of the loop on important decisions. Poor communication can also lead to one unit member feeling as though another unit member is being favored over them which can lead to unit members having conflict amongst them."
- "Poorly managed change can lead to uncertainty which can cause commotion and lead to conflict between workers and supervisors."
- "Poorly managed change will build resentment in staff and staff will lose trust in the supervisor. Staff will question supervisor's ability to resolve conflict and if there is lack of trust, there is no team."
- "Poorly managed change causes crisis, disconnect, and hostility toward change. It could also cause people to have high expectations and then become overwhelmed when the change does not work as expected."
- "I will introduce the proposed change by providing Why, Who and What information and allow the team to ask questions, express concerns, fears and guide the conversation to a solution based/Planning process on how the change could be implemented."
- "Staff meetings and open communication. Understanding the unit as a whole/ how each individual accepts change amongst the agency and/or individual case load requirements."
- "Involving staff in decision making when appropriate"
- "I can by identifying who my "emotive" communicators are and getting their support. Using my emotive communicators as a cheerleader to elicit change in others. I will also have unit meetings to provide information and use individual conferences to address individual concerns, hesitations, etc."
- "Fahlberg's Cycle was interesting to me. I like the idea of having the cycle printed and close by so that when a conflict arises, I am able to see it and talk my staff through the conflict using the cycle."
- "Include my workers in the change, keep things open, use your workers that are leaders to implement change first and help their peers."
- "I learned that I rated equally in supportive and emotive when it comes to communicating. I also learned that I am fast-paced and I tend to move from one thing to the next. I learned that I need to slow down because not all my staff are like that and my speed may be misinterpreted."
- "I will be more aware of my own communication style as well as my staff's. I will change the way I am communication based on the needs of my staff at that time."

Supervisor Core Module 4: Improving Individual Staff Performance (12 hours)

Evaluation Data January – September 2015
5 Sessions, 67 Attendees, 48 Respondents, 72% Response Rate

Survey Item	Learned New Knowledge and Skills	It was a Good Refresher	Learned Little of Value
What did you learn about using behavioral language to describe staff performance?	88%	10%	2%
What did you learn about assessing the performance of individual staff members?	90%	6%	4%
What did you learn about using strengths-based language to communicate with staff about their performance?	71%	27%	2%
What did you learn about discussing performance issues every time you meet with staff?	70%	29%	1%
What did you learn about providing timely feedback to staff about their performance strengths and areas needing improvement?	73%	23%	4%
What did you learn about setting and communicating expectations for staff performance?	83%	15%	2%
What did you learn about documenting discussions on corrective action and other performance problems?	74%	24%	2%
What did you learn about the elements of effective performance evaluations and job descriptions?	89%	7%	4%

Evaluation Data October – December 2015
2 Sessions, 19 Attendees, 11 Respondents, 58% Response Rate

Key Concepts	% Supervisors Replied "Yes" They	% Supervisors Replied "No" They Can Not	% Supervisors Completed Evals and Provided Written Response	% Responses Grasped Concept
Can you tell us how you will gather information about your staffs' performance?	100%	0%	80%	75%
Can you identify reasons why staff may have performance gaps?	100%	0%	82%	100%
Can you give an example of a SMART performance objective?	100%	0%	82%	67%
Can you tell us the process you will use to complete your staffs' annual performance evaluation?	100%	0%	73%	88%
Can you tell us how to provide effective feedback to your staff about their performance?	100%	0%	82%	89%

Examples of responses:

- "I will be going on home visits with the staff to observe how they interact with clients and if they are productive in home visits. I will also use information from other staff/providers."
- "I plan to utilize supervisor conferences to gather information. I plan to have a blank copy of the evaluation and go over it with staff in order to get their input on their performance. I will also be able to ask questions about how they are applying trainings and areas they feel they need more work. I plan to use self-assessments, other supervisor feedback, data reports, documentation the worker has completed, and observing them in the field as well."
- "Information will be gathered through data sources (SACWIS/BIC/ROM), review of documentation/record, direct observation, and from feedback from peers, community, and families."

- "Performance gaps may exist due to a gap in knowledge or a gap in execution. It will be important to assess in which of these areas the deficit lies in order to adequately address the underlying cause and correct/improve performance."
- "Staff may have performance gaps due to a knowledge deficit, organizational barriers, or an execution issue."
- Participant examples of a SMART objectives:
    - "Dictation for face-to-face contacts will be entered in completed status in SACWIS within three (3) working days of the activity."
    - "Caseworker will make monthly contact with their families every 30 days and will enter all activity logs within 72 hours of the contact."
    - "Using guided activity log to document all visitations/interactions with clients and enter into SACWIS within 72 hours of the event."
- "Agency performance evaluation tool will be provided to individual 30 days prior to their scheduled evaluation for them to conduct a self-assessment. I will then collect information from Management Team, Clients, Co-workers and information I have collected throughout the time frame and arrange time to meet with individual to discuss final evaluation."
- "I will refer to previous evaluations to see what was discussed and if there were any learning objectives was to be working on during the review period. I will keep detailed notes/logs/emails to refer to while writing the evaluation and also have regular communication with the worker to get their input and have them describe their strengths and weaknesses."
- "Position descriptions and other applicable documents will be sent to staff a minimum of two weeks prior to the evaluation. Staff will also be provided with a blank document evaluation and asked to complete this for joint review during evaluation. Performance evaluation meetings will be structured as a joint discussion about current practice and future planning."
- "I plan to make my expectations of my staff clearly known and to talk with them regularly during individual conferences and unit meetings about their performance individually and as a group."
- "Feedback should be strengths based, useful, direct, clear, specific, supportive, behavioral, and well-timed."

Supervisor Core Module 5: Professional Development of Staff (12 hours)

Evaluation Data January – September 2015

6 Sessions, 58 Attendees, 37 Respondents, 64% Response Rate

Survey Item	Learned New Knowledge and Skills	It was a Good Refresher	Learned Little of Value
What did you learn about identifying if performance problems are due to a lack of knowledge or skill?	92%	8%	0%
What did you learn about using the ITNA to assess staff learning needs?	78%	14%	5%
What did you learn about helping staff select learning activities that meet their learning needs?	86%	14%	0%
What did you learn about creating individual development plans with staff?	84%	14%	2%
What did you learn about using a strengths-based approach to help staff build confidence in their abilities?	58%	42%	0%
What did you learn about developing a coaching plan for staff?	86%	14%	0%

Evaluation Data October – December 2015

3 Sessions, 28 Attendees, 24 Respondents, 86% Response Rate

Key Concepts	% Supervisors Replied "Yes" They Can	% Supervisors Replied "No" They Can Not	% Supervisors Completed Evals and Provided Written Response	% Responses Grasped Concept
Can you tell us how your approach might differ between promoting the professional growth of your high performing staff and promoting the professional growth of your low performing staff?	100%	0%	77%	59%
Can you tell us the characteristics of an effective learning culture in the workplace?	92%	8%	60%	77%
Can you tell us why it is important to support your staffs' transfer of learning?	96%	4%	74%	88%
Can you tell us how you plan to engage your staff in the ITNA/IDP process?	96%	4%	83%	74%

Examples of responses:

- "For the high performing staff I can talk to them about goals and aspirations and then send them to additional trainings or give them additional tasks that can promote their growth to the next level. For the low performing staff I will need to continue to give them the knowledge and see if they are able to apply what is learned and if not then determine if coaching would help or if it is time for disciplinary measures."
- "Higher performing staff would be sent to training geared more to having them "move up." Lower performing staff would attend training geared to learning skills appropriate for the job."
- "Training needs to be priority; staff needs to be allowed to attend trainings without interruption."
- "Promoting learning by showing an interest and enacting a transfer of learning. Asking about the upcoming training and discussing the important things to look for in the training and then after the training talk about what was learned and how that will be applied on the job."
- "Ensure that co-workers and management are working together to provide coverage for the worker attending training, so that their attention can be devoted to learning. Talk with worker prior to training and after attending as well."
- "So that their knowledge is continued and practiced instead of losing it after training. It's important to speak with them after trainings to ensure that they have learned it and not just listened to it."
- "Staff that are supported and motivated to transfer their learning have a 95% retention and use of the material, while unsupported have 5% chance of retaining or putting into practice what they have learned."
- "We will go over the results together, caseworker and supervisor, and also talk about most appropriate training needs based upon their level as a caseworker and potential for growth beyond their current job description in preparation for a next step."
- "I plan to sit down with each worker individually and work through their ITNA."
- "I plan to complete the ITNAs with my staff and review their IDP quarterly with them to make sure they are on track and their needs are being met."

Supervisor Core Module 6: Collaboration and Teamwork

Evaluation Data January – September 2015

5 Sessions, 49 Attendees, 32 Respondents, 65% Response Rate

Survey Item	Learned New Knowledge and Skills	It was a Good Refresher	Learned Little of Value
What did you learn about promoting unit teamwork to enhance performance and achieve outcomes?	81%	16%	3%
What did you learn about collaborating with stakeholders to achieve agency mission?	60%	31%	6%
What did you learn about allowing staff to make decisions within their capability and scope of authority?	65%	32%	3%
What did you learn about adapting your supervisory style to match the different styles of your staff?	69%	31%	0%
What did you learn about your unit's contribution to the success of the agency's mission?	56%	41%	3%
What did you learn about evaluating unit performance?	66%	25%	9%
What did you learn about developing a plan to improve unit performance?	84%	13%	3%

Evaluation Data October – December 2015

4 Sessions, 40 Attendees, 29 Respondents, 73% Response Rate

Key Concepts	% Supervisors Replied "Yes" They Can	% Supervisors Replied "No" They Can Not	% Supervisors Completed Evals and Provided Written Response	% Responses Grasped Concept
Can you tell us how families and children benefit from collaboration with internal and external partners?	96%	4%	75%	95%
Can you tell us some common barriers to collaboration with internal and external partners?	96%	4%	75%	95%
Can you list four characteristics of groups that perform effectively?	86%	14%	71%	65%
Can you tell us how to use unit meetings to elevate and improve unit performance?	96%	4%	81%	90%

Examples of responses:

- "When more people come together you get different approaches and levels of expertise to solve the problem."
- "This allows all providers to be on the same page and work toward the same goal for the child."
- "Working together will ensure the family receives the most from the services as well as ensuring all areas are being addressed."
- Participants listed common barriers to collaboration (internal and external):
    - "Task deadlines, time frames (scheduling problems), personal agendas, role confusion, lack of participation, lack of identified end goals, lack of full commitment to project"
    - "Time constraints, communication, power struggles, personality conflicts"
    - "Biased, mixed roles, unclear of the Agency's role and expectations, poor communication causing misunderstandings"
- Participants listed characteristics of groups that perform effectively:
    - "Common goal, communication, accepting and recognizing of different team styles, feeling appreciated"
    - "Embrace diversity, members feel appreciated, have a strong unit identity, and collaborate internally and externally"
    - "Communication, diversity, collaboration both internally and externally and values"

- "Ask members of the unit what they don't like or what changes they would like to see in open meetings to understand how they feel."
- "Get staff to actively participate. Establish clear goals and expectations. Reward desired behavior and be strength-based."
- "In unit meetings, I will provide a clear agenda for all participants. I will make sure all questions are answered. I will also ask staff their opinion about how the unit is running"
- "Unit meetings provide an arena to communicate areas that the unit is doing well or how it may need to improve. It also provide the unit members to provide feedback on where they may need help and how best to provide supervision and assistance."

Analysis of How Well Supervisor Core is Addressing Initial Skills & Knowledge Needs of Supervisors

Statewide evaluation survey data, workshop observation data, and follow-up phone calls with supervisors who complete Supervisor Core are relevant to assessing how well Supervisor Core addresses the initial skills and knowledge needs of supervisors.

E-Track Evaluation Survey Data

Every supervisor who attends Core training, and/or a companion learning lab or workshop, has the opportunity to provide feedback via an online evaluation survey through the E-Track system.

A limitation of E-Track data is that supervisors do not have to complete the evaluation survey, and even if a supervisor does complete an evaluation survey, they can respond to only half of a question. For example, a supervisor may tell us "yes," they can explain why their role as a casework supervisor is so important, but then they may choose NOT to provide a written response on why their role as a casework supervisor is so important.

2016 will be the first full year of using the new evaluation surveys where supervisors are asked to provide written responses to questions, and state how they used Supervisor Core information back on the job. A detailed analysis of this data will be in the CFSR Statewide Assessment.

Workshop Observation

The OCWTP routinely observes Supervisor Core workshops. Observers assess the trainer's ability to convey curriculum content and whether the training achieved identified learning objectives. Analysis of these ongoing observations indicates the modules address initial supervisor skills and knowledge needs.

Follow-up Phone Calls with Supervisors Who Complete Supervisor Core

In 2015, OCWTP analyzed information from follow-up phone calls with 33 staff who attended Supervisor Core in 2014. Of these 33 staff, 26 were supervisors with less than six months experience, one supervisor had more than six months experience, and six staff were not supervisors. Responses indicated Core most prepared the supervisors to:

- Build a team with their staff
- Be a leader
- Strengthen communication and flex supervision style

- Supervise challenging staff

Supervisors reported that Core least prepared them to:
- Manage and organize their own time
- Supervise staff who were peers
- Perform administrative tasks

Supervisors reported the following ongoing learning needs, post-Core:
- Professional development of their staff
- How to motivate staff and increase morale
- How to complete administrative tasks

Follow-up phone calls will be repeated in 2016 and reported in the CFSR Statewide Assessment.

Supervisor Training Transfer of Learning

Supervisor Training Transfer Indicators
Fundamental supervision and management knowledge and skills are needed in order to be an effective supervisor. Whether on the job for two months or several years, these concepts should be regularly reviewed by a supervisor and their manager to achieve a high level of supervision. The OCWTP developed the Supervisor Training Transfer Indicators (TTIs) as a customizable resource that promotes TOL and ongoing professional development. A TTI Tool was developed for each of the six OCWTP Supervisor Core Modules. TTIs are used by a supervisor, and their supervisor, to reinforce concepts learned in Supervisor Core, or to revisit fundamental supervision and management concepts.

Below are links to the six Supervisor TTI Tools:
- Supervising Casework Practice
- Leadership in Child Welfare
- Communication, Conflict, and Change
- Improving Individual Staff Performance
- Professional Development of Staff
- Collaboration and Teamwork

Here are two examples of how TTI's may be used:
- For new supervisors, following a Supervisor Core module, TTIs are used to assess the supervisor's learning and application. TTIs are reviewed during supervision to reinforce concepts learned during Core and apply them to every day practice.
- For seasoned supervisors, TTIs are used as a conversation guide to revisit fundamental supervision and management knowledge and skills.

Additional Steps Underway to Monitor Compliance with Initial Staff Training Requirements

OAC rules 5101:2-33-55 *Educational and In-Service Training Requirements for PCSA Caseworkers* and 5101:2-33-56 *In-Service Training Requirements for PCSA Supervisors* mandate that PCSAs maintain all employee education and in-service training records and document staff completion of required training. Historically, PCSAs have maintained these records at the local level by completing state forms (JFS 01825 *Public Children*

Services Agency Training Record for Caseworkers; JFS 01826 Public *Children Services Agency Training Record for Supervisors*) or by entering the same information contained on these state forms in a PCSA form or database developed by the PCSA. Effective April 1, 2016, PCSAs are now required to maintain the education and in-service training records of staff through "E-Track," the learning management system developed through the OCWTP. This will provide a uniform data collection method and a more efficient avenue for the ongoing review of PCSA compliance with training mandates.

Since hire dates are staggered, aggregate reports on staff compliance rates across the state cannot be run from E-Track. However, having statewide training records stored in a central repository will allow for improved tracking of compliance with statewide training mandates. ODJFS and the OCWTP will be working with PCSAs to conduct an audit of a sample of training records to assess compliance with training requirements for Ohio's CFSR Statewide Assessment. Currently, the eight Regional Training Centers are working with Ohio's 88 PCSAs to validate their staff's training effective dates and hire dates in order to ensure that staff information is accurately captured in E-Track. This process is scheduled to be completed by July 31, 2016. Regional Training Center staff will then review caseworker transcripts in E-Track for staff hired during the period of April 1, 2014 to March 31, 2015 and supervisor transcripts for staff hired or promoted during the period of April 1, 2013 to March 31, 2015 to assess compliance with initial staff training requirements.

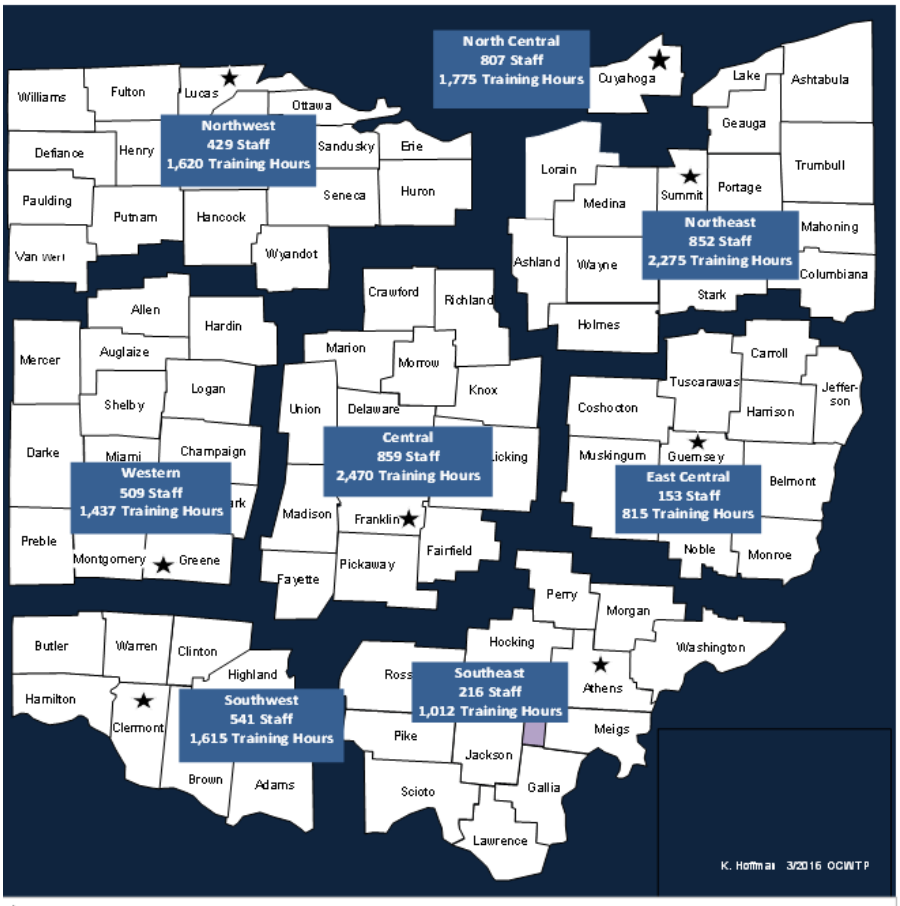
Item		Description
27	*Ongoing Staff Training*	*Determine how well the staff and provider training system functions statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP.*

Below are the training requirements for ongoing staff training, and what the OCWTP offers to meet the requirements.

Population to be Trained	ORC Requirement	OCWTP Offerings
Ongoing training for caseworkers	Caseworkers are required to attend 36 hours of ongoing training each year	Specialized and Related
Ongoing training for supervisors	Supervisors are required to attend 30 hours of ongoing training each year	Specialized and Related

The following map page shows the number of staff served, and the number of training hours offered for staff, by RTC, in 2015. Note these numbers include training hours for Caseworker and Supervisor Core, and Assessor.

This map shows the number of staff training sessions and training hours offered in 2015, by RTC.
★ = RTC Host County



ata sources:
1. RTC Census Data, 2015
2. Training Hours from RTC's

Addressing Ongoing Skills & Knowledge Needs of Staff

As a competency-based training system, the OCWTP constantly assesses the skills and knowledge needs of staff. The OCWTP determines what to offer to meet the ongoing skills and knowledge needs of staff by triangulating several data sources, including:

- Aggregate learning needs data.
- Recommendations from the various work or advisory teams.
- Analysis of specific work processes and tasks.
- Feedback on evaluation surveys and from key informants.
- State and federal mandates.
- Data collected by RTCs during onsite county visits.

Two of these important data sources, Individual Training Needs Assessment and Individual Development Plans were outlined earlier under Continuous Quality Improvement.

Ohio's CFSR Statewide Assessment will include detailed information from each RTC outlining:

- How RTCs assess the learning needs of their constituents
- How learning needs are prioritized
- How prioritized learning needs were specifically addressed in each region

Ohio's Year Two CFSP benchmark report outlines ongoing training, learning labs, Guided Application and Practice (GAP) sessions, and coaching offered by OCWTP for the following content areas:

- CAPMIS
- SACWIS
- Differential Response
- Family Search and Engagement
- Visitation
- Independent Living
- Trauma
- Permanency Round Tables
- Substance Abuse

Addressing Ongoing Skills & Knowledge Needs of Caseworkers

As indicated in the map above, the OCWTP is a robust training system offering 12,019 hours of training to staff in 2015. This section focuses on one priority content area – Ohio's assessment and service planning model (CAPMIS).

The following sources identified the need for increased knowledge and skill in applying CAPMIS:

- Ohio's last CFSR
- Child Protection Oversight and Evaluation reviews conducted by ODJFS
- Agency director and supervisor requests
- County technical assistance requests

As a result, the OCWTP partnered with ODJFS to develop the following three, six-hour, CAPMIS training activities for caseworkers and supervisors:

- *CAPMIS: Assessing Safety*
- *CAPMIS: Safety Planning*
- *CAPMIS: Strengths and Needs Risk Assessment*

CAPMIS trainings were offered 26 times in 2015.

RTC	CAPMIS: Assessing Safety	CAPMIS: Safety Planning	CAPMIS: Strengths and Needs Risk Assessment
CORTC (Columbus)	**1**	**1**	**1**
NCORTC (Cleveland)	**4**	**3**	**0**
NEORTC (Akron)	**1**	**1**	**0**
NWORTC (Toledo)	**1**		**0**
SEORTC (Athens)	**0**	**1**	**0**
SWORTC (Cincinnati)	**1**	**2**	**0**
WORTC (Dayton)	**2**	**6**	**1**
Totals	**10 sessions/91 participants**	**14 Sessions/174 participants**	**2 sessions/14 participants**

The online evaluation surveys for these CAPMIS learning activities prompts participants to identify if they can do certain tasks and then asks them to demonstrate the task in the comments. The evaluation results for these learning activities are presented below. Evaluation results are calculated in the same manner as the Caseworker Core evaluations.

My job performance will improve because of what I learned in this training.

Rating	CAPMIS: Assessing Safety	CAPMIS: Safety Planning	CAPMIS: Strengths and Needs Risk Assessment
Strongly Agree	51%	35%	56%
Agree	45%	55%	33%
Disagree	4%	11%	11%
Strongly Disagree	0%	0%	0%

CAPMIS: Assessing Safety (6-hour)

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you tell us how you use the CAPMIS safety model to determine if there is an active safety threat?	98%	2%	59%	21%
Can you tell us how the assessment of safety is conducted throughout the life of a case and at specific case decisions?	98%	2%	73%	42%
Can you describe the three-pronged approach to assessing child safety?	96%	4%	68%	83%
Can you list the domains you must consider when assessing child vulnerability?	99%	1%	71%	55%
Can you list the domains you must consider when assessing parental protective capacities?	99%	1%	74%	87%

CAPMIS: Safety Planning (6-hour)

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you list the three types of safety plans?	100%	0%	83%	98%
Can you determine whether a person has the protective capacities to be the responsible party on a safety plan?	98%	2%	73%	70%
Can you describe how to determine if a safety plan is necessary?	98%	2%	74%	63%

CAPMIS: Safety Planning (6-hour)

Key Learning Objectives	% Caseworkers Replied "Yes" They Can	% Caseworkers Replied "No" They Can Not	% Caseworkers Completed Eval and Provided Written Response	% Responses Correct
Can you describe the purpose of the clinical assessment of risk (Strengths and Needs Risk Assessment)?	100%	0%	80%	56%
Can you describe how to identify a strength using the CAPMIS Strengths and Needs Assessment?	100%	0%	75%	73%
Can you list the information that should be included in a thorough assessment of risk of child maltreatment?	95%	5%	74%	78%

Addressing Ongoing Skills & Knowledge Needs of Supervisors

PCSA supervisors can meet their 30 hours/year training hour requirement though a variety of means, including participating in OCWTP learning interventions such as workshops, coaching, distance learning, Supervisor Roundtables, etc. Supervisors can also meet their training requirements by attending non-OCWTP events.

As noted above, one means of triangulating training needs for supervisors includes input from the OCWTP Supervisor Advisory Team (SAT). The team includes over 20 PCSA supervisors from across the state and meets regularly to discuss critical issues facing today's supervisors. In 2015, the SAT identified three challenging issues for supervisors today. Below are these issues, and what the OCWTP is doing in response.

Challenging Issues Ohio's Supervisors Face Today	OCWTP Response
Developing critical thinking skills of supervisors and those of their staff	1. Improved content in Supervisor Core Modules 2. Considering developing a GAP or learning lab on topic 3. Will include topic in June 2016 edition of *The Forum*
Transitioning from casework practice to supervision	1. Developing a distance learning on topic for September 2016 2. Improving supervisor orientation and readiness information on transitioning 3. Supporting counties in using the Supervisor Training Transfer Indicators
Creating a learning culture within a unit	1. Improved content in Supervisor Core Modules 2. Topic included in November 2015 edition of *The Forum*

In addition to the SAT, the OCWTP created the Supervisor Practice Work Team (SPWT), comprised of staff from the State Training Coordinator and the RTCs. The SPWT mission is to ensure the OCWTP continues to meet the ongoing skills and knowledge needs of supervisors by developing, implementing, and monitoring all supervisor training-related activities.

The goals of the Supervisor Practice Work Team are to:

- Offer high quality learning activities to casework supervisors that promote child welfare and supervision best practices.
- Promote professional development and learning as a priority for casework supervisors.
- Ensure that the OCWTP has quality trainers and coaches to meet the learning needs of casework supervisors.
- Partner with other OCWTP work teams and stakeholders to ensure the OCWTP is offering high quality learning activities for casework supervisors.

Progress on these goals will be included in the CFSR Statewide Assessment.

2015 Workshops for Ongoing Supervisors

In 2015, the OCWTP delivered 98 supervision-specific workshops on 20 different topics to help address the ongoing skills and knowledge needs of PCSA supervisors.

# of Sessions	Total Training Hours	Total OCWTP Participants	Average # of Participants Per Session
98	426	916	Over 9

Three supervisor topic areas accounted for more than half of all ongoing supervisor workshops in 2015:

Supervisor Topic Area	# of Workshops	# of Participants
Fundamentals of Supervising Casework Staff	25	210
Supervising for Optimal Job Performance	16	91
Fundamentals of Staff Development	11	128

Five topic areas accounted for another 30% of all ongoing supervisor workshops delivered in 2015:

Supervisor Topic Area	# of Workshops	# of Participants
Human Resource Management	8	45
Supervising Challenging Employees	8	91
Time and Stress Management	7	37
Supervising Case Planning and Service Delivery	4	37
Management of Change	4	37

An additional 12 topic areas were offered once or twice during 2015:

Supervisor Topic Area	Supervisor Topic Area
Fundamentals of Leadership in Child Welfare	Supervision and the Legal Aspects of Child Welfare
Performance Evaluation	Planning and Decision Making
Supervising Casework with Adolescents	Management of Conflict
Supervising Ethical Practice	Team Development and Facilitation
Leadership Development	Quality Improvement
Supervisory Issues in Child Abuse, Neglect, and Sexual Abuse	Coaching for Transfer of Learning and Skill Development

2015 Supervisor Roundtable Series for Supervisors

Supervisors state that some of their most valuable learning comes from sharing knowledge and best practices with their peers or knowledge building through a community of practice. The OCWTP has responded by piloting Supervisor Roundtables. In 2015, the OCWTP offered the second pilot of the Supervisor Roundtable communities of practice.

The Supervisor Roundtable focused on helping supervisors improve the family engagement skills of caseworkers to ultimately improve state, agency, and unit outcomes. The Roundtable goals were to:

- Improve family engagement skills through the implementation of a performance improvement process (identification of a goal, development and implementation of an action plan, and ongoing evaluation).
- Utilize a community of practice to guide and support supervisors' learning.

In October 2015, 13 supervisors began the process by:

- Brainstorming engagement practices and common areas for improvement
- Discussing measures and data sources that can inform gaps in engagement practices (e.g. BIC, ROM, SACWIS, case files, CPOE, CFSR, observation)
- Choosing a practice or series of engagement practices to action plan for their unit

Over the next three months, supervisors met to discuss engagement practice, identify areas for improvement, and identify measures and data sources to inform the process. Supervisors shared successes and challenges related to their action plans and ideas on how to overcome challenges.

By January 2016, 11 supervisors were able to report on their progress and their ongoing plan to sustain progress and continue to improve the engagement skills of their staff.

The 2015 Supervisor Roundtable to improve family engagement skills of staff was a success. Every supervisor identified an engagement-related goal for their unit, created an action plan to help them achieve their goals, received feedback from their peers, and made progress towards their goals.

The Roundtable approach also received high marks from supervisors. Feedback included:

- *Loved the critical thinking, ability to speak with others about similar struggles to brain storm*
- *Great for interacting with other supervisor's from other counties; networking; positive and interactive learning platform*

- *Although I had some struggles having just taken over a new unit when the roundtable session started I found it very beneficial to have the opportunity to meet with others from various agencies and departments*
- *I think this could be an exceptional learning process for newer supervisors as it would provide support and a different way of problem solving-making the workers part of defining the problem, creating the goal and then measuring the outcomes...a different approach and highly effective*

In addition, three supervisors who participated in 2015 were approved as Supervisor Roundtable trainers, and two additional Supervisor Roundtables were scheduled for 2016 - one in Southwest Ohio and one in Central Ohio.

2015 Coaching for Supervisors

The OCWTP has prioritized supervisory coaching as the best way to impact practice. Even when a coaching event targets a caseworker, supervisors are actively involved in the process to insure on-the-job coaching continues beyond the event. Coaching interventions are time-limited, and must focus on the development of a specific skill. A coaching session can focus on just an individual supervisor or on a supervisor/caseworker relationship.

In 2015, over 500 hours of coaching support was given to supervisors. Of the 510 hours of coaching:

- 429 hours focused on supervisors only
- 81 hours focused on supervisor/caseworker group coaching

In 2015, supervisory coaching themes focused on:

- Educational supervision
- Organizational skills
- Child welfare leadership
- Team building
- Family Search and Engagement strategies
- Conflict management

2015 Newsletter for Supervisors

The Forum newsletter is developed specifically for PCSA supervisors and distributed to all county supervisors, directors and administrators, OCWTP staff and trainers, and other key stakeholders. Each newsletter addresses current supervisory issues and topics and includes information about conferences and special events, and links to tools and resources.

The topics are selected by the Supervisor Advisory Team, and the articles are often written by current supervisors, or by experts in related fields.

Date Sent	Newsletter Topic	Distribution	Percent Opened	Link
3.3.15	Working with Individuals from Different Generations	1,492	32.4%	Link
7.31.15	Visitation and Supporting New Caseworkers	2,378	25.9%	Link
11.2.15	Creating a Culture of Continuous Learning	2,426	34.7%	Link

Additional Steps Underway to Monitor Compliance with Ongoing Staff Training Requirements

As noted in the previous section on Initial Staff Training requirements, Ohio has recently instituted changes in the way counties are required to document compliance with state child welfare training requirements. Effective April 1, 2016, PCSAs are now required to maintain their staff's education and in-service training records through "E-Track," the learning management system developed through the OCWTP (vs. previous methods utilizing paper forms and/or county-specific databases). This change will create a central repository for staff training records that will allow for more efficient tracking of compliance with statewide training mandates.

Since hire dates are staggered, aggregate reports on staff compliance rates across the state cannot be run from E-Track. However, ODJFS and the OCWTP will be working with PCSAs to conduct an audit of a sample of training records to assess compliance with training requirements for Ohio's CFSR Statewide Assessment. Currently, the eight Regional Training Centers are working with Ohio's 88 PCSAs to validate their staff's training effective dates and hire dates in order to ensure that staff information is accurately captured in E-Track. This process is scheduled to be completed by July 31, 2016. Regional Training Center staff will then review a sample of caseworker and supervisory transcripts in E-Track to assess compliance with ongoing staff training requirements.

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

The Ohio Revised Code requires:

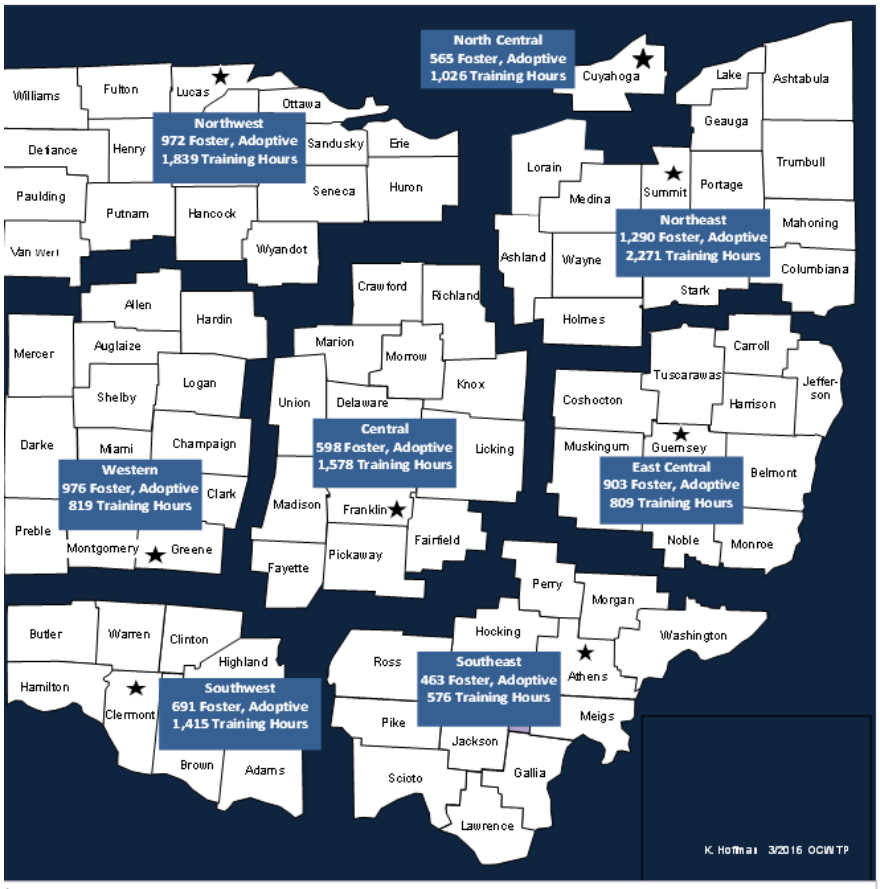
- Foster parents have pre-licensure (Preservice) and ongoing training requirements.
- Prospective adoptive parents take training on specified topics prior to approval (they do not have any ongoing training requirements).

The table below identifies the training requirements for foster parents.

Foster Home Type	Preservice Hours	Ongoing Hours
Pre-adoptive infant foster care	12	24 hours of training within a two-year certification period
Family foster care	36	40 hours of training within a two-year certification period
Specialized foster care	36	60 hours of training within a two-year certification period

To address the initial and ongoing training needs of foster and adoptive parents in 2015, the OCWTP offered 2,799 training sessions that provided 9,754 hours of training. The following map shows the number of foster and adoptive parents served in each RTC and the number of training hours offered by each RTC in 2015.

This map shows the number of foster parents and adoptive parents each RTC could serve and training hours offered in 2015.
★ = RTC Host County



ta sources:
1. RTC Census Data, 2015
2. Training Hours from RTC's

Addressing Basic Skills & Knowledge for Foster and Adoptive Parents

Initial skills and knowledge needed by foster and adoptive parents is first determined by OCWTP's Universe of Competencies process outlined in earlier parts of this document. The OCWTP insures these trainings remain relevant through:

- Key informant interviews with foster and adoptive parents, caseworkers, assessors, and ODJFS staff
- A review of state law and Administrative Code.
- Needs identified in Ohio's 2015 – 2019 CFSP.
- Literature reviews, presentations by content experts at conferences.
- Feedback from OCWTP trainers, RTC onsite visits, and the Foster Care, Adoptive and Kinship Care Work Team.
- RTC onsite visits to counties, RTC liaison meetings, verbal feedback from foster parents attending trainings, county training needs requests submitted to RTCs.

Preservice Training

The OCWTP determined that a majority of the homes licensed by PCSAs are family foster homes. Therefore, the Preservice training was developed to address the ORC requirements for this type of foster home. The training also meets the ORC requirements for adoptive families.

A Revised Preservice Training was implemented in 2015 to strengthen information regarding:

- Trauma-informed caregiving, including brain development and toxic stress
- How the child welfare system functions, and the role of caregiver in reunification efforts
- The role of the caregiver in juvenile court
- Normalcy and the Prudent Parent Standard
- The importance of encouraging the parent/child relationship and mentoring biological parents

Preservice training consists of the following 12 three-hour modules.

Module 1 Orientation to Foster Care, Adoption and Kinship Care	Module 7 Transcending Differences in Placement
Module 2 The Child Protection Team	Module 8 Helping the Child Manage Emotions and Behaviors
Module 3 Child Development	Module 9 Understanding Primary Families
Module 4 Trauma and Its Effects	Module 10 The Effects of Caregiving on the Caregiver Family
Module 5 Sexual Abuse	Module 11 Long Term Separation from Birth Families
Module 6 Minimizing the Trauma of Placement	Module 12 Post Adoption Issues for Families

In 2015, over 125 rounds of Preservice training (1552 sessions, 4683 hours) were offered statewide.

Evaluating Preservice Training

In July 2015, the OCWTP began using hard copy evaluation surveys specific to each Preservice module. Previously, every Preservice module was evaluated by every participant. However, participant comments markedly declined in the later sessions. To remedy this, starting in 2015, each RTC was assigned only three modules to evaluate. Even though there is less evaluation data with this approach, the training system is still receiving sufficient feedback to make determinations about the effectiveness of the content and the trainers.

The hard copy evaluations are reviewed and ratings and comments are compiled. Comments regarding poor performance of a trainer are addressed immediately. Comments regarding the curriculum are used to make content revision decisions.

Supporting Preservice Transfer of Learning

Licensing Specialists have repeatedly given feedback that by the time caregivers receive placement, they have forgotten much of what they learned in Preservice. In order to address this issue, TOL tools were developed and implemented at three different points in time in the caregiver licensure process. The OCWTP incorporated these tools into existing processes and documents so no additional work would be needed.

1. Individual Reflection Sheets: There is an Individual Reflection handout for each of the 12 Preservice modules. Reflection Sheets have questions for the participant to respond to about the module's content and how it applies to foster care. Participants are asked to find time soon after they attend

the module to respond to the questions. Licensing Specialists are encouraged to review the sheets with the participants as part of the interview and assessment process.

2. Family Interview Guide: The Family Interview Guide (FIG) is a tool designed for the Licensing Specialist to help guide the interview and assessment process. Questions about Preservice training content have been incorporated into the FIG.
3. ITNA/Initial Training Plan: Newly licensed caregivers must make a plan for the training they will receive over the next two years (the licensure period). The ITNA targets Preservice topics and allows caregivers to jointly assess their training needs with their Licensing Specialist.

To familiarize Licensing Specialists with Preservice training content and to assist them in understanding how to use the tools, a one-day training, *Overview of Preservice Training for Assessors*, was developed. This training was offered 12 times to 175 participants. 99% of the participants agreed or strongly agreed to the following statements:

- I am able to assess if new foster caregivers understand typical parenting strategies may not work with children who have experienced trauma.
- I am able to assess if new foster caregivers understand how children come into care and how a case progresses to permanency.
- I am able to assess if new foster caregivers understand their role in supporting the child welfare goals of safety, permanency, and well-being.
- I am able to assess if new foster caregivers understand the importance of maintaining connections and their need to support reunification plans.
- I am able to assess if new foster caregivers understand why respecting a child's, and his or her family's, diversity helps support placement stability.

Addressing Ongoing Skills and Knowledge Needs of Foster Parents

The OCWTP has over 850 different learnings in the E-Track system designed to address the skill and knowledge needs of foster parents and adoptive parents.

Although not required, the OCWTP works with Ohio's county agencies to encourage newer foster parents to attend the OCWTP's Foster Care Fundamentals series. This series builds on the learning provided during Preservice training to help foster parents go beyond an awareness level and gain deeper knowledge and develop caregiving skills. While Foster Care Fundamentals focuses on foster parents early in their foster care careers, it can also benefit seasoned foster caregivers who display training needs in any of the competencies trained in the Foster Care Fundamental series.

The table below lists each module of Foster Care Fundamentals, the number of times it was offered in 2015, the number of people who attended, and the average rating participants gave in response to three questions about the content and three questions about the trainer's skills.

Foster Care Fundamentals	# of Sessions	# of Participants	Survey Attribute Average Score 4 = Strongly Agree
Cultural Issues in Foster Care: Dealing with the Dynamics of Differences	3	37	3.52
Defusing Crisis Situations Safely and Sanely	8	88	3.78
Development of Adolescents: The Effects of Abuse and Neglect	1	8	3.69
Development of Infants and Toddlers: The Effects of Abuse and Neglect	0	0	NA
Development of Preschoolers and School-Age Children: Effects of Abuse and Neglect	0	0	NA
Discipline in Foster Care: Managing Our Behavior to Manage Theirs	9	203	3.44
Foster Families and How They Grow: Understanding the Effects of Fostering	6	67	3.56
Fostering Self-Foster Reliance in Children and Youth: Roots and Wings	7	76	3.68
Healthy Sexual Development of Children and Teens	4	45	3.66
Recognizing and Responding to Children who have been Sexually Abused	8	160	3.50
Relating to Primary Families: Challenges, Issues, and Strategies for Success	6	79	3.53
The Caregiver's Voice: Being a Valuable Part of an Effective Child Welfare Team	5	85	3.54
Understanding and Building Attachment	6	85	3.47

A survey summary report is run every month which shows the average rating for each session. If one score is significantly lower than the others, a session report is run to view the comments from the training. Once all the information is gathered, a specific plan of action is developed that could include anything from curriculum revision to a trainer development plan.

Based on feedback from county agencies and foster parents, the OCWTP is in the process of revising the Foster Care Fundamentals series so that each module is three hours instead of six hours long. A workgroup is determining how to repackage the current series to accomplish this goal and streamline the implementation process.

In response to both federal and state legislation regarding normalcy, *Normalcy and the Reasonable and Prudent Parent Standard*, a three-hour training for caregivers, was developed and implemented. The training was offered 61 times and was attended by 1,163 participants.

The OCWTP continues to support trauma-informed caregiving through standardized series like the NCTSN's *Caring for Children Who Have Experienced Trauma*. This four-module series was offered over seven times (30 sessions) and had 433 participants.

While there is no ongoing training requirement for adoptive parents, the OCWTP continues to offer standardized training for this population. In 2015, 52 trainings were offered totaling 180 hours. There were 879 participants.

Evaluating Foster and Adoptive Parent Training Provided by Private Child Placing Agencies, (PCPA) Private Non-custodial Agencies (PNA), or a consortium of such agencies approved by ODJFS to Operate a Preplacement Training Program or a Continuing Training Program

PCPAs and PNAs who are approved to operate a Preplacement Training Program or a Continuing Training Program are required, per OAC 5101:2-5-40, to evaluate the effectiveness of the courses offered and the overall effectiveness of the training program at minimum every two years. The Bureau of Foster Care Licensing reviewed a sample of foster parent pre-service and ongoing training evaluations from April 1, 2015 – March 31, 2016 for agencies across the state to determine how well the initial and ongoing training addressed the caregivers' skills and knowledge base needed to carry out their duties with regard to caring for foster or adoptive children. The sample included agencies of varying size and function.

Agencies provided 519 foster and adoptive caregiver pre-service and foster caregiver ongoing trainings. Agencies consistently asked caregivers to indicate their level of knowledge before and after the training, share what they learned and how it will help them address their needs as foster/adoptive caregivers, their likes and dislikes about the training and any additional topics they wished the trainer to address that were not addressed during the training.

Reponses were generally positive in nature with one foster parent reporting: "I know more leaving than when I came in the door" and another saying the trainer provided "informative and helpful information." The caregivers also expressed an appreciation for trainers who made the training interactive and dynamic, or those trainers who shared their personal experiences as foster and/or adoptive parents. They also reported they liked the opportunity to interact with other prospective or current caregivers and share best practices. There were some caregivers who wanted more information about preparing for the homestudy process.

Several agencies provided aggregate data for all of their surveys conducted during the stated timeframe. One reported more than 75% of those caregivers who submitted surveys strongly agreeing or agreeing the training was beneficial to them. Another agency providing aggregate data reported caregivers attending their trainings gave a 4.5 out of 5 rating (with a 5 indicating they were very satisfied) with the training they received to become a foster parent. Another private agency which is COA accredited, shared how they revised their Individual Training Needs Assessment (ITNA) based on caregiver input to better predict the training needs of their foster and adoptive parents and provide those trainings in response. The agency reported "training has been determined to be offered at the necessary frequency to meet identified needs." One area of identified growth is foster and adoptive caregivers who fail to take required training despite multiple offerings and consequently experience a lapse in certification for training areas such as CPI, CPR and First Aid. To show continuous quality improvement, the agency has been proactive in addressing this issue in order to minimize non-compliance. Their analysis indicated "very favorable training experiences and adequate preparedness for the caregiver role. One consistent recommendation for improving pre-service training quality is greater involvement of tenured foster and adoptive parents in the training process."

Some foster parents did share their discomfort with trainers who incorporated their personal religious beliefs in the training. Others reported being overwhelmed by a large volume of information, or the manner in which it was presented in such a short time frame. Others desired more "examples of what behaviors a child might display and what it would look like." Another reported displeasure that "all examples used situations where the man was not present in birth parents. I think this is unfair." In one agency training covering the topic of drug awareness, several caregivers wanted to hear the perspective of recovering addicts and desired more information on children who are exposed to drugs in utero and how to talk to their foster and adoptive children about the dangers of drugs.

While caregivers provided isolated instances of areas needing improvement, largely with the time or duration of the training or other logistical issues, overall, caregivers' surveys reflected they received adequate initial and ongoing training which provided them with the skills and knowledge base they needed to carry out their duties with regard to caring for foster/adopted children.

Compliance with Training Requirements

Prospective foster parents and current foster parents are certified/recertified by:

- Public children services agencies;
- Private non-custodial agencies approved by ODJFS to perform the foster care function; or
- Private child placing agencies approved by ODJFS to perform the foster care function.

Ohio is currently in the process of working with private foster care agencies to become live in SACWIS. As of May 1, 2016, 42 private agencies were fully live in SACWIS. There are 51 agencies that remain only partially live in SACWIS. Ohio's SACWIS system requires the user to check a box stating that 'All training requirements have been successfully completed' in order for a home study to be approved in SACWIS. The public agencies and fully live private agencies must complete a home study and it must be approved in order for a home to become certified. There were 1,655 new foster home certifications between April 1, 2015 and March 31, 2016. Of the new certifications, the agency confirmed that training was completed within the home study for the 663 public agency homes (657 traditional homes and six treatment homes) and for 374 of the 992 newly certified private agency homes (335 traditional homes and 657 treatment, medically fragile, or pre-adoptive homes). Of the 618 certifications that began when private agencies were not live in SACWIS, these were entered into SACWIS by state staff after agencies submitted a request to the state. By submitting this request, they certify that the foster parent(s) completed all training requirements.

Agencies are also required to check the 'All training requirements have been successfully completed' checkbox within the home study for foster care recertifications. There were 2413 homes recertified from April 1, 2015-March 31, 2016. Of these homes, 988 were certified by public agencies (941 traditional foster homes and 47 treatment foster homes). There were 1425 private agency homes recertified during the review period (148 traditional homes and 1,277 treatment, medically fragile, or pre-adoptive homes). Of the 1425 recertifications, 417 were completed when agencies were live in SACWIS and 1,008 began when agencies were not live in SACWIS. These were entered into SACWIS by state staff after agencies submitted a request to the state. By submitting this request, they certify that the foster parent(s) completed all training requirements.

In addition to the automated capabilities for private and public agencies to enter training and homestudy information in SACWIS, ODJFS Licensing Specialists monitor agencies' adherence to OAC rules as a quality assurance measure. OAC 5101:2-5-33 outlines requirements for foster Caregiver Preplacement and Continuing Training. ODJFS Licensing Specialists conducted 81 visit reviews and 68 recertification reviews of private and public agencies between April 1, 2015 and March 31, 2016, to determine compliance with applicable laws and rules for foster parent training. ODJFS Licensing Specialists reviewed a total of 810 records during the visits and a total of 1,302 records during the recertifications.

Initial and On-going Training Requirements for Prospective and Current Foster Caregivers

Of the 2,112 records reviewed during agency visit reviews and recertification reviews during the period of April 1, 2015 – March 31, 2016, there were 815 applicable foster caregiver training records reviewed. Of the 815 applicable records reviewed, **97 percent (788 cases) were found in compliance with OAC training requirements** and 3 percent (27 cases) were not in compliance. The following areas of non-compliance were noted:

- OAC 5101:2-5-33 (C) (3) – specialized foster home did not complete a minimum of 36 hours of preplacement training.
- OAC 5101:2-5-33 (C) (9) – specialized foster homes did not complete a minimum of 60 hours of continuing training.
- OAC 5101:2-5-33 (C) (1) – pre-adoptive infant foster home did not complete a minimum of twelve hours of preplacement training.
- OAC 5101:2-5-33 (C) (8) – specialized foster home did not complete a minimum of thirty-six hours of preplacement training.
- OAC 5101:2-5-33 (C) (5) – foster caregiver certified to operate a family foster home did not complete a minimum of forty hours of continuing training.
- OAC 5101:2-5-33 (G) – a recommending agency did not develop and implement a written needs assessment and continuing training plan for each foster caregiver affiliated with the agency.

Agencies were required to submit a corrective action plan (CAP) to their licensing specialist to address these areas of non-compliance. Licensing staff reviewed and approved the CAP and provided technical assistance to avoid future non-compliance.

Training Requirements for Prospective Adoptive Parents

ODJFS Licensing Specialists conducted 81 visit reviews and 68 recertification reviews of private and public agencies between April 1, 2015 – March 31, 2016 to determine compliance with applicable laws and rules for adoptive parent pre-service training. During agency visit reviews and recertification reviews a total of 689 applicable records were reviewed for compliance with adoptive parent training requirements. **Findings from the reviews revealed that agencies were at a 97 percent (668 cases) compliance level for provision of adoptive parent training.** Records found out of compliance (21 cases) were a result of the following findings:

- OAC 5101: 2-48-09 (D) (E) – An agency shall not begin the homestudy assessment process prior to the receipt of a fully completed JFS 01691 signed by the adoptive parent(s). An agency shall not accept an application for approval for adoptive placement which does not contain complete and accurate information.
- OAC 5101: 2-48-09 (O) (P) – The PCSA, PCPA, or PNA shall document that each person seeking adoption approval successfully completes preservice training, prior to approval of the homestudy. A PCSA, PCPA, or PNA may waive components of the training if the assessor determines that the family has received training previously or the family has the skills to care for the needs of the child that will be placed in the home. The three hour requirement for cultural issues shall not be waived. When a waiver has been granted by the agency, it shall document the waiver in the case record pursuant to rule 5101:2-48-22 of the Administrative Code.

- OAC 5101: 2-48-22 (D) – An agency shall not begin the homestudy assessment process prior to the receipt of a fully completed JFS 01691 signed by the adoptive parent(s).
- OAC 5101: 2-48-22 (E) – An agency shall not accept an application for approval for adoptive placement which does not contain complete and accurate information.
- OAC 5101: 2-48-22 (O) – A PCSA, PCPA, or PNA may waive components of the training if the assessor determines that the family has received training previously or the family has the skills to care for the needs of the child that will be placed in the home. The three hour requirement for cultural issues shall not be waived. When a waiver has been granted by the agency, it shall document the waiver in the case record pursuant to rule 5101: 2-48-22 of the Administrative Code.
- OAC 5101: 2-48-22 (P) – No agency shall deny the acceptance of the JFS 01691 based on race, color, national origin, handicap, age, gender, sexual identity, or sexual orientation of the applicant.

Agencies were required to submit a corrective action plan (CAP) to their licensing specialist to address areas of non-compliance. Licensing staff reviewed and approved the CAP and provided technical assistance to avoid future non-compliance.

Assessing Compliance with Training Requirements for Staff in ODJFS Licensed Facilities

Staff training requirements are addressed in OAC rules 5101:2-9-03 and 5101:2-5-13 (A) (22). Residential facilities must provide each child care staff person with a minimum of twenty hours of orientation within the first thirty days after the date of hire, and an additional thirty-two hours of training during the first year of employment for a total minimum of fifty-two hours of training during the first twelve months of employment. Additionally, the agency must ensure all child care staff hired possess a current American Red Cross, American Heart Association, or equivalent first aid and cardiopulmonary resuscitation (CPR) certification at the time of hire or within six months following the date of hire. The agency must also ensure all staff receive annual training in the use of restraint technique as applicable to their agency policies and functions. An agency is required to provide all staff with the agency's written personnel policies and procedures.

ODJFS Licensing Specialists conducted 81 visit reviews and 68 recertification reviews of private and public agencies between April 1, 2015 - March 31, 2016, to determine compliance with applicable laws and rules for staff training. A total of 638 personnel records were reviewed during agency visits and recertification reviews. Of the 628 personnel records reviewed, overall compliance was achieved at the 84 percent (534 cases) level. Areas of non-compliance were identified in the following areas:

- OAC rule 5101:2-9-03 – Staff had: (1) insufficient training hours for orientation; (2) insufficient training hours for the first year of employment; (3) not completed the required training topics during the first year of employment; (4) not completed their required training prior to working with children alone; or (5) not completed First Aid and CPR Certification Training prior to working with children.

Agencies were required to submit a corrective action plan (CAP) to their licensing specialist to address these areas of non-compliance. Licensing staff reviewed and approved the CAP and provided technical assistance to avoid future non-compliance.

Summary of Items

The OCWTP's E-Track system provides a central repository for PCSAs to document and track staff's completion of both initial and ongoing training requirements. OCWTP assesses caseworker, supervisor,

caregiver, and adoption curricula on an ongoing basis. Revisions to existing curricula are based on: (1) feedback collected from E-Track evaluation surveys and RTC on-site visits with county agencies, (2) the latest research on child welfare practice; (3) recent revisions to Ohio Administrative Code rules; and (4) modifications to SACWIS. In addition to traditional classroom-based training, the OCWTP offers a variety of other learning options for caseworkers, supervisors, adoption assessors, agency leaders and foster caregivers, including distance and blended learning interventions through E-Track, coaching, and Guided Application and Practice Sessions (GAPs). 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.

ODJFS Licensing Specialists review Training Proposals from PCPAs and/or PNAs that seek to operate a preplacement training program or a continuing training program for prospective foster/adoptive applicants and currently certified foster parents. Once approved to operate a preplacement training program or a continuing training program, agencies are required to submit a new proposal to operate their program every two years. All approved programs are mandated to evaluate their training program every two years to ensure its effectiveness.

During visit reviews and recertification reviews, ODJFS Licensing Specialists monitor compliance with training requirements for staff in ODJFS licensed facilities.

E. Service Array and Resource Development

Item		Description
29	**Array of Services**	Determine how well the service array and resource development system functions to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: • Services that assess the strengths and needs of children and families and determine other service needs; • Services that address the needs of families in addition to individual children in order to create a safe home environment; • Services that enable children to remain safely with their parents when reasonable; and • Services that help children in foster and adoptive placements achieve permanency.

Ohio's PCSAs conduct a safety assessment and a comprehensive family assessment to identify family strengths and needs in response to screened-in reports of child maltreatment. One consistent assessment tool set is utilized for all screened-in reports of child abuse or neglect, regardless of the initial pathway assignment to Alternative Response or Traditional Response. As noted under the Case Review Systemic Factor, strengths and concerns (or needs) that are based on the family assessment are included on the Case Plan or Alternative Response Family Services Plan. In addition to listing the concerns, the worker and case plan members jointly identify activities and services that are designed to reduce the risk and address safety issues of the children. The Case Plan or Family Services Plan also addresses the agency's role in assisting the family as well as details how and when the family's progress will be measured.

Services to enable children to remain safely with their parents, or help children in foster and adoptive placement achieve permanency are identified by the caseworker and family throughout the life of the case, including any of the following phases: (1) Safety Assessment; (2) Safety Planning; (3) Family Assessment; (4) Ongoing Assessment; (5) AR Family Services Planning/Case Planning; (6) Case Reviews; (7) Semiannual Administrative Reviews; (8) Reunification Assessment; and/or (9) Risk Re-assessment.

Per Ohio Administrative Code 5101:2-40-02, PCSAs are required to provide families with access to the following services:

- Adoption Services;
- Case management Services;
- Counseling;
- Diagnostic Services;
- Emergency Shelter;
- Help Me Grow (for children ages 0-3);
- Homemaker Services (unless a waiver is granted by ODJFS);
- Home Health Aid Services (unless a waiver is granted by ODJFS);
- Information and Referral;
- Life Skill Services;
- Protective Day Care (unless a waiver is granted by ODJFS);
- Substitute Care;
- Therapeutic Services; and/or

- Unmarried Parent Services.

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

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

When a PCSA identifies that a child is in immediate danger of serious harm because the parent, guardian, or custodian of the child has a chemical dependency problem, or substance abuse is the basis for a court adjudication of child abuse, neglect or dependency, the agency is responsible for referring the caregiver for screening, assessment, treatment or testing. Referrals must be made to an alcohol or drug addiction program certified by the Ohio Department of Mental Health and Addiction Services.

PCSA directors are required to submit a Letter of Assurance to ODJFS, OFC by January first of every year which asserts all of the following:

- All mandated supportive services are available to children and families in need of services without regard to income, race, color, national origin, religion, social status, handicap, or sex.
- There is a commitment to maintaining and improving the quality of services designed to support families and protect children.
- There is a commitment to meeting staff resource requirements of the state and/or county civil service system.
- There are written policies and procedures for reviewing and resolving complaints concerning the provision of supportive services.

During CPOE case reviews, ODJFS and the PCSA determine if concerted efforts were made to provide services to the family to prevent the children's entry into foster care, or re-entry following reunification. Partial results from CPOE Stage 10 (45 counties statewide) included 331 applicable cases for review. Of the 331 applicable cases reviewed, **95 percent of the cases (315 cases) were rated as a Strength**, and 5 percent (16 cases) were rated as an Area Needing Improvement.

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

- Services were provided to families to increase protective capacities of parents and to reduce child vulnerability.
- Agency records contained evidence of regular communication between workers and service providers to assess and reassess the value and effectiveness of services.
- Agencies engaged family members in identification of services to assure safety and prevent removal of children from the home.

- Services were identified and provided for families which were specific to the needs presented by the families.
- Services were regularly assessed during Case Reviews and Semiannual Administrative Reviews, and modifications occurred to the Case Plan if other service needs were identified.
- When children were removed from their home without provision of services, the action was necessary to ensure safety.
- Interviews conducted with case participants indicated that services were helpful and all needs were addressed. During interviews with parents whose children were in substitute care, parents indicated they had been kept informed about all aspects of the case and felt involved in the process of reunification.
- Agencies continued to provide services six months following reunification to ensure safety.
- Developed Safety Plans in which relatives agreed to care for the child until the parents could ensure safety and participate in services.
- Excellent documentation of what services were provided and discussion of service needs with families.

Collaborative Initiatives to Ensure a Robust Service Array

For the many families served by child welfare who are eligible for Medicaid, PCSAs work with their Medicaid providers to access the full array of medically-necessary services. These include, but are not limited to, diagnostic screening, assessment, and treatment across the continuum of community-based, residential and inpatient settings. Providers include generalists and specialists in the fields of physical health care, behavioral health care, oral health, and specialized therapeutic supports.

At the time of this writing, ODJFS is working with ODM to planfully transition the foster care population into a Managed Care system of care. The estimated timeline for full implementation is January 2017. (In the past, foster children could always opt-in to a managed care plan; however, they primarily remained in a fee-for-service structure due to the plans' original regional structure and the need to ensure continuity of care for children who may be placed out of county. Now, all Managed Care Plans are required to maintain statewide networks, increasing options for enrollment.) Regular meetings are currently being held among ODM, ODJFS, PCSAs, Managed Care Plans and other interested parties to address issues needed to ensure a smooth transition, including:

- Care management;
- Timeliness of required medical screenings and assessments for children in foster care;
- Streamlined eligibility determination;
- Access to needed services; and
- Health outcome measurement.

Overall, stakeholders indicate core services are generally available to families. To specifically address specialized or emerging service needs, ODFJS continues to partner with other state agencies and/or the Supreme Court of Ohio to establish holistic interventions. Some of these collaborative initiatives are described below.

- Trauma-Informed Care promotes effective interventions and treatment for those who have experienced trauma.

- The Maternal Opiate Medical Support (MOMS) program holistically addresses the needs of pregnant women addicted to opioids and their children.

- Ohio Minds Matter promotes safe and appropriate use of psychotropic medications.

- The Addiction Treatment Pilot Project provides medication-assisted treatment to offenders participating in select certified drug court programs.

- Screening, Brief Intervention and Referral to Treatment (SBIRT) reduces morbidity and mortality of alcohol and other drug use through early intervention and the integration of medical and behavioral health approaches.

- Engaging the New Generation to Achieve Goals through Empowerment (ENGAGE) utilizes a system of care approach to address the multiple needs of youth and young adults in transition who have behavioral health conditions and are/were at risk of involvement with child welfare, juvenile justice, and/or homelessness.

- Mental Illness-Developmental Disabilities Coordinating Center of Excellence enhances local communities' capacity to effectively treat individuals with co-occurring diagnoses.

- Substance Abuse and Mental Illness Coordinating Center of Excellence provides technical assistance for implementation of best practices that improve outcomes for people with addiction, mental illness, and co-occurring disorders.

- The Center for Innovative Practices Coordinating Center of Excellence promotes implementation of evidence-based practices for youth and their families to reduce use of costly out-of-home care.

- Family-Centered Services and Supports provides flexible funding to local partners to support needed non-clinical services and supports to families of children with multi-system needs.

- Ohio's Early Learning and Development Standards support comprehensive development and well–being of young children (birth-kindergarten) and foster learning.

- The Ohio Intimate Partner Violence Collaborative increases the safety and well-being of children exposed to domestic violence by enhancing the skills of child welfare professionals working with families impacted by domestic violence and building collaborative relationships among child welfare agencies and their community partners.

For additional information regarding these and other projects, see Section III: Update to the Plan for Improvement and Appendix B, *Ohio's Health Care Oversight and Coordination Plan*.

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

At the completion of the Round 2 CFSR, HHS highlighted Ohio's ongoing efforts to ensure services provided to children and families served by the child welfare system were individualized so as to best meet their unique needs. As previously noted, these services are identified and reviewed throughout the life of the case (i.e., during risk and safety assessments, family assessments, case planning, case reviews, and establishment and implementation of support activities, and when preparing for family reunification).

Child and family involvement in identification of individualized strengths and needs is the foundation upon which a tailored case plan and subsequent effective service delivery are built. To this end, ODJFS requires that case plans include documentation of:

- Identified strengths for each member of the case plan;
- Concerns identified through the family assessment;
- Specific activities and services to be completed by each member of the case plan;
- The agency's role in assisting the family;
- How a placement meets the child's unique needs and meets case plan goals (when applicable);
- Identified services for the caregiver and the agency's role in ensuring provision of them (when applicable);
- Independent living programs and targeted skill development (when applicable); and
- A description of how the parent, guardian, custodian and child (if appropriate) were given the opportunity to participate in the development of the case plan.

ODJFS monitors local case planning and service delivery via various components of the CPOE review. Should an agency not address all case plan requirements, ODJFS provides technical assistance to address identified concerns and a Quality Improvement Plan (QIP) may be required.

Under a state-supervised, county-administered structure, Ohio has the flexibility to implement and test different models to facilitate the development of individualized case plans and service delivery. ODJFS continues to partner with other state agencies and/or the Supreme Court of Ohio to increase family engagement and individualized service provision. Some of the initiatives designed to meet these objectives are highlighted below.

- ProtectOHIO, Ohio's Title IV-E Waiver program, targets use of Family Team Meetings and enhanced kinship caregiver supports to increase family involvement in Case Plan activities:
    - Family Team Meetings (FTM) bring immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) together to jointly plan for and make crucial decisions regarding a child in or at risk of placement.
    - Kinship Supports ensure kinship caregivers have the resources they need to meet the child's physical, emotional, financial and basic needs. The strategy includes home and needs assessments, support planning, and service referral and provision.

While only 15 of 88 Ohio public children services agencies participate in ProtectOHIO, they comprise more than one-third of Ohio's child welfare population. Ohio's CFSP includes several activities that are integrated with the state's Title IV-E Waiver project and aim to build on the successful practices implemented through the waiver. For additional information, refer to Section III: Update to the Plan for Improvement and Section IX: Child Welfare Waiver Demonstration Activities.

- Differential Response (DR), which began as a pilot initiative and is now a statewide practice in Ohio, utilizes a non-adversarial approach to family engagement and best practice strategies to facilitate family-driven service delivery. Individualizing case plans is foundational to effective DR implementation. Ohio has published *Ohio Differential Response* which outlines the principles and core element of the state's two-track child protective services (CPS) system. Some of the underlying tenets include:

    - CPS practice is based on safety-focused engagement and partnership with families and communities.
    - Families have strengths and resources; it is the job of CPS to tap into them and help the family apply them to keep their children safe.
    - Families' values and cultural traditions must be identified, understood, and respected.
    - Families are the experts; honor the family's wisdom about its circumstances, strengths, and needs.
    - Most families can be partners in achieving child safety.
    - Families are more than the presenting concerns that brought them to the attention of the child protection agency.
    - Families are helped through connections with their natural support networks and with community services and resources, when appropriate.
    - Services are provided based on need, child safety, and risk of maltreatment.
    - Efforts are expended to fill service gaps in order to be responsive to the needs of families.
    - Service plans and case plans are developed in partnership with the family and written in language that the family understands.
    - Services are family-driven and family requests are honored, unless child safety is compromised.

During this past year, ODJFS and the Differential Response Leadership Council have made concerted efforts to provide guidance to the counties in regard to developing workers' skills necessary for effective DR practice. The *Ohio Differential Response* booklet contains ten "Practice Profiles" that provide behavioral descriptions of practice expectations for the following ten essential skill areas:

- Engagement: How to effectively join with the family to establish common goals concerning child safety, well-being, and permanency.
- Assessment: How to gather information about reported concerns and family needs, evaluate the relevance of that information, and identify family strengths and community resources that may be applied to address those concerns and needs.
- Partnership: How to be respectful and have meaningful collaboration with families to achieve shared goals.
- Planning: How to set goals, develop strategies, and schedule tasks to accomplish goals.
- Implementation: How to identify and apply the most effective and culturally appropriate services, resources and processes to meet the goals.

- Evaluation: How to monitor outcomes of services plans and system programs to determine if desired goals are being achieved; and if not, how to use this information to appropriately revise goals and strategies.
- Advocacy: How to recognize individual or group needs; provide intervention on behalf of a client/client group; communicate with decision-makers; and secure needed services.
- Communication: How to effectively send and receive information within the appropriate context.
- Cultural Competency: How to interact with the family without making assumptions; respect and learn from the family's unique characteristics and strengths; acknowledge and honor the diversity within and across cultures; and apply skills to the partnership with the family.
- Collaboration: How to establish and maintain mutually beneficial relationships with community partners to achieve safety, permanency, and well-being of children and families.

Together, ODJFS and the Ohio Differential Response Leadership Council are promoting development of these skill sets through training, coaching, mentoring, technical assistance, and the use of a new set of Practice Profile companion tools for caseworkers and supervisors to further embed the Profiles in supervision and staff development. These activities are included in Ohio's CFSP strategies. For further information, please see Section III: Update to the Plan for Improvement.

- The Parent Advocacy Connection provides assistance to parents of multi-system involved children to increase family "voice" in service selection, improve care coordination, and reduce caregiver stress. During this past year, PAC exceeded expected service provision levels while maintaining a high rate of client satisfaction. Between July 1- December 31, 2015:

  - Parents of 1463 children received PAC services.
  - Empowerment surveys at case closure indicated a high level of satisfaction with PAC services. The average rating given to the survey response: *my advocate provided me with valuable information, support and taught me new advocacy skills* was 4.6/5.

- Helping Ohio Parent Effectively (HOPE) sites recruit, train and prepare parents who were formerly involved with the child welfare system to serve as peer mentors to parents with open cases. In addition, HOPE parent partners provide training to system personnel to improve program policy design and increase use of effective family engagement practices. Ohio currently has four HOPE pilot counties (Cuyahoga, Richland, Stark and Trumbull) implementing parent partner programming. Outcomes from other jurisdictions implementing similar parent partner programs reflect strengthened family engagement, increased family participation in case planning, and markedly improved outcomes for children and families, including increased likelihood of successful reunification. Ohio seeks to achieve similar outcomes through the HOPE project. Due to the success of the initial pilot counties, ODJFS released a Request for Proposal (RFP) in February of 2016 in anticipation of adding two more planning sites to the statewide HOPE work. Two counties, Athens and Montgomery, were selected as the new sites. The agencies will be provided funds to develop a HOPE Partner Program within their county and will have the opportunity to utilize the experience and resources developed by the initial counties to guide them through the planning process.

- Family-Centered Services and Supports (FCSS) provide local communities with flexible funding to improve access to needed non-clinical interventions by families of children with multi-system involvement. To be utilized, services must be identified on an *Individualized Family Services Plan,* which is jointly written by the youth, parents/caregivers and members of a multi-disciplinary team.

The children and youth (ages 0-21) served through FCSS are of the highest risk for failure within traditional service delivery systems and are often on the verge of out-of-home placement. Based on the SFY15 Annual Report, 76 more children were served through FCSS in SFY15 (5,491) compared to those served in SFY14 (5,415). The total number of families served during this time period also increased from 3,865 to 4,086 (a gain of 221). Since its establishment 11 years ago, **95% of all children served through FCSS have avoided removal and have been able to safely remain in their homes through provision these family-driven, community-based services and supports.**

- Engaging the New Generation to Achieve their Goals through Empowerment (ENGAGE) utilizes a system of care approach to address the multiple needs of youth and young adults in transition who have behavioral health conditions and who are/were at risk of involvement with child welfare, juvenile justice, and/or homelessness. During this reporting period, the statewide youth and family advisory councils have continued to promote active participation in public policy development, program design, and shared decision-making practices in regard to treatment choices. In addition, ENGAGE facilitates use of effective youth- and family-driven services via implementation of the High Fidelity Wrap Around model of care coordination and the Transition to Independence Process (TIP) program. To ensure consistent practice, standardized training has been developed and implemented via a structured, phased-in process based on community-readiness evaluation results. To date, 57 counties have received this training. Ohio is currently in year 3 of this federally-funded project. Training and technical assistance will continue throughout the grant period to ensure statewide implementation by 2017.

- Ohio Minds Matter (OMM) promotes safe and effective use of psychotropic medications by children enrolled in Medicaid, particularly those in foster care. OMM features a multi-pronged design, including:

    - Development and use of prescription guidelines;
    - Professional development regarding use of alternative, non-pharmaceutical interventions;
    - Establishment of three, multi-county demonstration sites to address local issues associated with psychotropic medication use, and to test implementation of recommended strategies;
    - Educational opportunities for youth, parents/caregivers, and child-serving system personnel regarding behavioral health conditions, treatment options, and medication use; and
    - In partnership with former foster youth, development and promotion of shared-decision making tools to increase patient involvement in health care decisions.

  The results of this project have been positive. Wave one pilot sites demonstrated:
    - Reduced use of 2 or more atypical antipsychotics by 25%;
    - Length of exposure was 6 months less among children being prescribed 2 or more atypical antipsychotics; and
    - The likelihood of transitioning to treatment within the guidelines was 35% greater.

Summary of Items

Ohio has in place statewide policy, a comprehensive assessment and case planning model that is utilized in all 88 counties, and a robust SACWIS application that supports the assessment and case planning processes statewide. Qualitative data from Ohio's Child Protection Oversight and Evaluation process reflects that Ohio's PCSAs perform well in providing services to the family to protect the child (ren) in the home, and to

prevent removal or re-entry into foster care, with this area of practice being rated as a "Strength" in 95 percent of cases reviewed. ODJFS also has invested considerable efforts in developing effective cross-system collaborations to enhance the state's service array. Furthermore, the state has implemented several strategies to promote and support individualized service planning and delivery to meet each family's unique needs.

For additional information regarding these projects, please see Section III: Update to the Plan for Improvement, Section IV: Update on Service Description, and Appendix B, *Ohio's 2016 Health Care Coordination and Oversight Plan Update.*

F. Agency Responsiveness to the Community

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

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

Although OFC's work with MCWIC ended in September 2013, the Partners for Ohio's Families initiative continues on as a result of the significant outcomes achieved to date. OFC continues to engage public and private agency partners through the PFOF Advisory Board and through the Regional Technical Assistance model. The internal OFC Solutions through Empowerment and Partnership (STEP) team also continues to meet monthly to address issues of organizational culture and climate that could impact the office's ability to sustain innovation and adhere to its vision, mission and principles.

In addition, OFC has established a permanent vehicle for stakeholder input on the states' child welfare administrative rules available online at: http://www.ohiorulereview.org/. This website offers stakeholders the opportunity to comment on the Ohio Administrative Code Rules that govern programs for Ohio's families and children, including child and adult protection, substitute care, adoption and related funding and administrative functions. This process allows for ongoing feedback from local public children service agencies, private network agencies, private child placing agencies, IV-E Courts and other associations and community agencies, resulting in more effective policies.

Collaboration in Implementing the State's CFSP

As discussed in Ohio's 2015-2019 CFSP submission, OFC employed a highly collaborative process for the development of the CFSP. State and local partners and stakeholders were involved at each level of the process. OFC has carried this collaborative process forward in implementing the CFSP. As noted in the General Information section of this report (Section I), OFC has engaged stakeholders in the implementation of Ohio's CFSP in a variety of ways, including:

- The formation of implementation workgroups to focus on specific activities pertaining to each of the goals of Ohio's CFSP;
- Utilization of Ohio's extensive, existing infrastructure for collaboration to support various activities included within the plan; and

- Initiation of education and dialogue with partners and stakeholders about the Child and Family Services Review and assessment of Ohio's strengths and areas needing improvement as we prepare for CFSR Round 3.

Refer to page 7 for a diagram of Ohio's CFSP implementation workgroup structure. PCSAs of all size categories and regions of the state are represented on the workgroups (see Appendix A CFSP Workgroup & Subcommittee Membership). When the workgroups were formed, data from CPOE and SACWIS, ROM and BIC reports, and other applicable data were shared to help inform how each group would approach its work (e.g., CPOE Stage 8 and CPOE Stage 9 quantitative and qualitative data on Parent/Child/Sibling Visits and Caseworker Visits with Parents and Children; SACWIS Visitation Report; survey of child welfare staff to determine what should be addressed in Family Search and Engagement training). Updated data is regularly provided to ensure workgroups and subcommittees are making decisions based on timely information. The workgroups and their subcommittees make recommendations about how particular activities are implemented as well as recommendations for needed modifications to the plan. These recommendations have been incorporated in the "Update to the Plan for Improvement and Progress Made to Improve Outcomes" section (Section III) of this Annual Progress and Services Report.

In addition to the CFSP implementation workgroups, OFC continues to engage a wide array of local and state child welfare stakeholders through other channels. As noted in Section I of this report, Ohio has developed a strong collaboration infrastructure with multiple avenues for partnership that are well-institutionalized. This collaboration infrastructure includes a number of different leadership bodies and feedback loops involving: PCSAs, private agencies, the courts, tribal representatives, youth, primary (birth) parents and caregivers. In addition, the Ohio Child Welfare Training Program; the Supreme Court of Ohio; and state agency partners, including the Ohio Departments of Mental Health and Addiction Services, Medicaid, Health, and Education, are all part of the ongoing collaboration infrastructure. ODJFS is also working to develop an ongoing partnership with the Native American Indian Center of Central Ohio (see Section VI - Consultation and Coordination with Tribal Representatives). As noted in Section I, Ohio's robust infrastructure for collaboration provides many avenues to assess the state's progress in implementation of its CFSP and to make adjustments as needed to the objectives, interventions and benchmarks contained in the plan.

ODJFS recognizes that supporting programs that aim to build on the experience of former foster youth and child welfare families informs effective child welfare policies and practices. As a result, ODJFS engages youth, parents and resource families (foster, kinship, respite and adoptive families) in systems improvement efforts as noted below.

Consultation with Youth:

ODJFS has made a concerted effort to involve youth voice within decision making activities. The Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) (formerly OHIO YAB) is a statewide organization of young people across Ohio ages 14-24. The OHIO YAB believes in the power of youth voice and actively works to establish and develop county and regional youth advisory boards. It also works to influence policies and practices that impact current and former foster youth. OHIO YAB meets every three months, and the ODJFS Transitional Youth (TY) Coordinators attend these meetings and

share information with the youth. ODJFS continues to provide funding for OHIO YAB. OHIO YAB's 2016-2017 Strategic Plan focus includes: outreach and policy, transitional housing, education, employment, independent living preparation, and increasing the youth's voice in court.

County caseworkers/Independent Living Coordinators who bring the youth to the OHIO YAB meetings have the opportunity to participate in a separate meeting as part of the Ohio Independent Living Association (OHILA). Besides those adults bringing youth, the OHILA meeting is for any PCSA or private entity providing independent living services to foster youth age 14 and above. This organization affords a great opportunity for networking on behalf of the youth.

ODJFS has also been actively involved in the Ohio Department of Mental Health and Addiction Services' System of Care Expansion Implementation Grant from SAMHSA. "Engaging the New Generation to Achieve their Goals through Empowerment" (ENGAGE) encourages and supports youth voice in matters of public policy, program development and personal treatment decisions. An ENGAGE Youth Advisory Council was formed for the project, and a partnership with YouthMOVE has been developed to ensure long-term sustainability of the council following the conclusion of the ENGAGE grant. For more information on ENGAGE, please see the Update to the Plan for Improvement (Section III) and Appendix B, Ohio's *Health Care Oversight and Coordination Plan*.

Consultation with Parents:

As described in Section III (Update to the Plan for Improvement), OFC is partnering with Casey Family Programs to support county child welfare agencies in developing successful primary parent partner programs. Primary parent partners are birth, adoptive, foster parents or kinship parents who were previously involved with the child welfare system and who now serve as mentors or supports for other child welfare-involved parents. They can use their own experiences to connect as advocates and mentors with parents who currently have open child welfare cases and help in a way that is affirming, fear-reducing and solution-focused.

During State Fiscal Year (SFY) 2016, OFC continued to partner with Casey Family Programs to support agencies as they develop and work to sustain successful primary parent partner programs. Within the scope of this project, a primary parent workgroup was formed, which has adopted the name Helping Ohio Parent Effectively (HOPE) for the project. ODJFS has committed significant staff resources to support the HOPE work, including a designated Project Coordinator who co-facilitates quarterly HOPE workgroup meetings, provides local and statewide presentations on primary parent activities, and provides technical assistance to pilot counties.

Through the HOPE workgroup, OFC partners with primary parents, members of the Ohio Primary Parent Advisory Council (OPPAC), the Ohio Family Care Association (OFCA), the Public Children Services Association of Ohio (PCSAO), Parent Advocacy Connection (National Alliance on Mental Illness Ohio), the Ohio Children's Trust Fund, Lucas County Children Services, Casey Family Programs (CFP), as well as the six HOPE Pilot counties: Cuyahoga County Department of Children and Family Services, Richland County Children Services, Trumbull County Children Services, Stark County Job and Family Services, Athens County Children Services, and Montgomery County Department of Job and Family Services.

In the past year, the workgroup has taken an active role in identifying processes and forms that can be standardized across all pilot sites. The workgroup developed a statewide mission statement, application for HOPE Parent Partners, HOPE Parent Partner Qualifications and Expectations, Code of Conduct and HOPE Partner Core Training Competencies. The workgroup continues to provide guidance and support for Ohio's primary parent pilot counties and works to implement new programming to strengthen engagement of primary parents and partnerships between the child welfare system and the parents it serves.

Throughout the past year, Ohio's primary parent partners have participated in a number of forums where they have been powerful champions for system change. In the Summer of 2015, two primary parent partners presented information to an audience of judges, child welfare agency leadership, drug court administrators, and county Alcohol, Drug Addiction and Mental Health Services Board staff at the Judicial Symposium on Addiction and Child Welfare. Participants had the opportunity to hear how behavioral health, child welfare and the courts can communicate more effectively, and attendees had the chance to design community-specific strategies when working with court-involved children and families.

In October, primary parents, representatives from Cuyahoga County and Trumbull County, and OFC staff facilitated a workshop at the 2015 PCSAO conference. This workshop promoted primary parent partner mentoring and engagement as a promising practice in child welfare to achieve timely permanence (reunification, legal custody and adoption) in the best interests of the child. Panelists provided parent perspectives, strategies for success and the "how to's" of overcoming barriers to fully engage primary parents.

In March, HOPE parent partners and ODJFS staff conducted a panel presentation to Social Work students at the University of Cincinnati. The panelists received positive feedback. One student reported, "I thought the panel was very inspiring, especially for young professionals to hear. Through their stories it helped me realize that our clients are real people with real problems who are looking for a voice and it is up to us, as social workers to help give them one."

In April, two HOPE Parent Partners were the keynote speakers at the annual Ashtabula County "It Takes A Community" luncheon. They presented their stories to community service providers, court officials and child welfare staff. They were well received and the organizers reported enjoying their being part of the event.

Consultation with Resource Families:

ODJFS has also partnered with the Ohio Family Care Association (OFCA) which serves adoptive, foster, kinship, primary, respite families and concerned citizens throughout Ohio. The association is dedicated to shaping policy and practice through support, advocacy and education for the benefit of children and their families. Financial assistance has been provided to OFCA to support the development and implementation of programming that will enrich the work already started with the Helping Ohio Parent Effectively (HOPE) Parent Partners.

The OFCA Steering committee will: (1) research and develop a curriculum for individuals who have been identified as possible leaders of future primary parent support groups; (2) develop the criteria for

primary parent leaders/facilitators; and (3) select training material and develop a training manual. A support group leadership conference will be the culmination of the curriculum development work and will be presented to 12 to 20 primary parent leaders.

OFCA will also be responsible for forming primary parent support groups in three counties. Support groups align with the work of HOPE because they will address sustainability and support for HOPE Partners. Many of the current HOPE Partners have been providing support for years and have voiced concern that Ohio has not identified sustainable ways to recruit and coach new parent partners. Ongoing Support Groups will allow seasoned parents and child welfare staff an opportunity to identify parents that can carry the work forward. The support groups also provide support to parent partners and gives them an opportunity to grow as they are developed into facilitators and leaders.

In addition to its work with OFCA, ODJFS also partners with the Ohio Grandparent Kinship Coalition (OGKC). OGKC is an organization developed in 1998 with the goal of supporting and advocating for grandparents and other kinship caregivers raising children. The Coalition, which meets bimonthly, is comprised of kinship caregivers, child welfare agencies, and service providers. Their common goal is to identify kinship care issues and propose solutions to government and other agencies on behalf of grandparents and other kinship caregivers. OFC has continued to work closely with the OGKC and has a designated staff member on the coalition.

Summary of Item

Concerted efforts have been made on the part of OFC to sustain a high level of collaboration in its working relationships with public and private agency partners in order to improve outcomes for children and families. The Partners for Ohio's Families (PFOF) initiative has demonstrated results in strengthening the relationship between OFC and local partners. (See Ohio's 2015-2019 CFSP submission.) Additionally, a diverse array of stakeholders has been engaged in the implementation of Ohio's CFSP in a variety of ways, including review of the state's progress and outcomes in order to make adjustments to the plan as needed. Ohio continues to demonstrate a strong commitment to cultivating avenues for collaboration with parents, youth and resource families.

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

As a state-supervised and county-administered child welfare system, all child welfare costs in Ohio are funded through a blend of federal, state and local funds. ODJFS allocates federal and state funds to county agencies, which can be used to support child welfare programs in their communities. Funds allocated are Title IV-B Part I and Part II, Title XX, TANF Title XX Transfer, TANF, Title IV-E Chafee/ETV and state General Revenue Funds, which can be used as a portion of match for required federal funds. In addition, Title IV-E Foster Care and Adoption Funds are passed through to the county agencies as partial

reimbursement for placement costs and administrative costs. Local commissioner appropriation and county-specific levy funds are used to match required federal funds or used to pay for children and/or services not eligible under the aforementioned federal funding streams. In SFY 2015, child welfare costs in Ohio equaled approximately $1.093 billion all funds. (Federal = $360M, State = $86M, Local = $647M).

Ohio has taken significant steps to ensure effective coordination of CFSP services with other state, federal and federally-assisted programs. Through Ohio's mid-biennial budget review process in June of 2014, an additional $10 million in state child welfare funding was allocated to counties through House Bill 483 of the 130th Ohio General Assembly. This included $3.2 million to match eligible federal Title IV-B funds and federal Title IV-E Chafee funds. These state matching funds have been provided according to controlling allocation methodology to all 88 county public children services agencies. These funds provide the match for approximately $9.6 million in federal funds.

In addition to these matching funds, H.B. 483 established a Child Welfare Funding Workgroup to make recommendations to the Director of the Ohio Department of Job and Family Services about a distribution method for the remaining $6.8 million in funding. The Workgroup was instructed to "…investigate children service programmatic or financial gaps; identify best practices currently employed at the county level; identify human service program areas of overlap and linkages and coordinate with the Adult Protective Services funding Workgroup in ODJFS." The Workgroup was asked to focus its recommendations on specific areas including adoption, visitation, re-entry and recurrence – all areas targeted under the state's CFSP. Workgroup membership included the Directors of the Ohio Departments of: Job and Family Services, Aging, Developmental Disabilities, Medicaid, and Mental Health and Addiction Services; the Governor's Office of Health Transformation; the Office of Budget and Management; members of both chambers of the state legislature; the Office of the Governor; the Public Children Services Association of Ohio; the Ohio Job and Family Services Directors' Association; the County Commissioners Association of Ohio; a county PCSA representative; and the Assistant Director of ODJFS and Deputy Director of the Office of Families and Children.

The Workgroup considered several options and recommended that all $6.8 million be allocated to an Innovation and Efficiency Fund. Through this fund, grants would be made to public children services agencies following a brief application submission. Per the Workgroup's recommendations, the proposals were to be "scored and evaluated based on the extent to which the proposal reflects an efficiency or innovation to address a clearly stated concern, contains a thoughtful implementation plan, a method to benchmark the project and demonstrate value."

ODJFS received 83 applications from both individual agencies and multiple agencies applying together with regional proposals. Counties of all sizes submitted a variety of requests, reflecting both applicants' creativity and the tremendous diversity of the state. Each county was allowed to apply individually for up to $250,000; counties could apply jointly for another $250,000. To maximize the use of these state funds, ODJFS asked counties to review and adjust their budgets as appropriate to include any federal matching funds.

Fifty-two counties or joint county proposals were selected to receive Innovation and Efficiency (I&E) funding. Examples of the types of strategies funded through this grants include:

- Expanded use of mobile technology to provide maximum flexibility for caseworkers to input

documentation in SACWIS while working in the field and to utilize as a tool in working with families (e.g., helping link families with benefits through online application processes completed in the field).

- Upgrades to visitation centers to promote greater frequency and quality of visits between parents and their children (e.g., purchase of a camper to utilize as a mobile visitation center in a rural area without public transportation; video equipment to record parent/child interactions and use as a coaching tool with parents).
- Transportation services to facilitate access to services and family visits.
- Staff training in Trauma-Informed Care.
- Document imaging to convert files to electronic filing systems.
- New service programs and upgrades/enhancements to existing services such as:
  - The Kinship program
  - Alternative Response Enhancement
  - Mental Health Services
  - Family Connections Therapeutic Visitation Program
  - ENGAGE Program
  - Mediation and Parenting Services
  - Foster to Adopt Families Recruitment Projects
  - Legal Custody Transfer Assistance Program
  - Family Team Member Facilitators
  - Frequent and Random Drug Testing Programs
  - A State-of-the-Art Monitoring Services in Defiance County
  - Parent Education Services with expanded visitation hours to accommodate family needs
  - Intensive Case Management/Review, Parenting Coach and Court Liaison Services
  - START Program (Sobriety, Treatment, and Recovery Team)
  - Trauma Focused Training Program
  - Intensive Home Case Management Services
  - Intensive Intervention Program
  - Child care services for families to be able to attend education programs
  - Addressing Child Protection Oversight and Evaluation (CPOE) needs through monitoring and technology.

As part of the deliverables of the grant, counties had to submit a Mid-Point Progress Report (Approved Activities, Milestones Achieved, Barriers Encountered, Measurable Data and Outcomes) to the State by the end of May 31, 2015 with a final progress report at the end of the grant year, December 31, 2015. An extension of the spending of the funds was requested, and the grant was extended for 6 more months, through June 30, 2016. As part of the extension approval, the counties had to submit a second progress report at the end of November 2015. Overall, the reports have shown very positive outcomes with increases in efficiency and the implementation of needed improvements.

Cross-System Youth

Ohio has also worked to ensure coordination of programs and funding streams across systems serving the same population of children and families. The Cabinet's Family-Centered Services and Supports (FCSS) project reflects the state's cross-system commitment to implementing a coordinated continuum

of services and supports for children, ages 0-21, with multi-system needs and their families. This initiative is jointly funded by ODJFS (Title IV-B dollars) and state funds from the Ohio Departments of Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars are appropriated to local Family and Children First Councils to provide non-clinical, family-centered services and supports. Since the inception of FCSS eleven years ago, 95% of all children served through this initiative avoided removal and have been able to safely remain in their homes. Additional information on the coordination of state services under the CFSP and other child and family services is detailed in Section IV, Update on Service Description.

TANF and WIOA Integration

Ohio's teens and young adults, ages 16-24, face higher rates of unemployment than any other age group and many teens struggle to complete high school. Many of these youth also encounter additional barriers to reaching their full potential including homelessness, substance abuse, teen pregnancy and mental health issues. Addressing these issues and barriers early on in a coordinated way, could break the cycle of poverty for more Ohioans.

The state of Ohio has created a new and innovative framework for serving low-income Ohioans ages 16 to 24, through an integrated intervention that combines the Temporary Assistance for Needy Families (TANF) program and the Workforce Innovation and Opportunity Act (WIOA) Youth program. Designed to assist one of Ohio's most vulnerable populations, this new way to work is titled the Comprehensive Case Management and Employment Program (CCMEP). CCMEP provides employment and training services to eligible, low-income individuals based on a comprehensive assessment of employment and training needs as well as a basic skills assessment. CCMEP will be funded with $310 million from existing TANF and WIOA dollars over the biennium.

Effective July 1, 2016, individuals served by TANF and the WIOA Youth programs will be served through CCMEP as a single population under a consolidated system of service delivery. The following individuals ages 16 to 24 are required to participate in CCMEP: low-income in-school and out of school youth considered to have a barrier to employment and registered for a WIOA program, and participants in the Ohio Works First (OWF) program who are work eligible. In addition, the following individuals ages 16 to 24 may volunteer to participate in CCMEP: participants in the OWF program who are not work eligible, and individuals receiving benefits or services through the prevention, retention, and contingency (PRC) program, within 30 days of receiving a benefit.

CCMEP takes a coordinated, holistic approach to stabilizing individuals and families by addressing the myriad of factors that may be contributing to poverty and unemployment, including health, housing, education, transportation and child care. Participants are provided services to support goals outlined in their individual opportunity plan. The program offers a range of services to help individuals achieve goals related to obtaining employment, increasing earnings and/or obtaining a certificate or credential. These include: tutoring or study skills training, alternative secondary school services, or dropout recovery services, paid and unpaid work experiences (including summer employment opportunities, pre-apprenticeship programs, internships and job shadowing, and on-the-job training opportunities), occupational skills training, education offered concurrently with workforce preparation activities, leadership development opportunities, adult mentoring, entrepreneurial skills training, financial literacy education, comprehensive guidance and counseling, labor market and employment information,

activities to prepare youth to transition to post-secondary education and training, and supportive services including access to drug and alcohol abuse counseling, health care, transportation, child care, housing, uniforms and work-related tools, educational testing and reasonable accommodations for youth with disabilities.

CCMEP's success will be driven by the customer's active participation in the program as well as regular, meaningful engagement by case managers. Individuals participating in CCMEP are required to commit to participating in activities outlined in their individual opportunity plan for a minimum of 20 hours per week. CCMEP case managers are required to engage with participants at least every 30 days, or if a participant is receiving intensive case management, at least every 14 days.

As the implementation of CCMEP moves forward, OFC is working to ensure the specific needs of youth involved in the child welfare system are addressed and services are coordinated with other programs for transitioning youth, including the Chafee Foster Care Independence Program and Ohio's new Fostering Connections program, signed into law June 13, 2016 with an anticipated implementation timeline of SFY 2018, pending funding in Ohio's next biennial budget.

Summary of Item

ODJFS has worked closely with the state legislature, other state agencies and local PCSAs to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population. Ohio has demonstrated its strong commitment to fostering innovation, improving service coordination to achieve the best outcomes for children and families, and maximizing efficient use of state and federal funds.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item		Description
33	**Standards Applied Equally**	Determine how well the foster and adoptive licensing, recruitment and retention system functions statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

Purpose - Authoritative Charge

The Bureau of Foster Care Licensing within the Office of Families and Children (OFC) of the Ohio Department of Job and Family Services (ODJFS) is responsible for ensuring the adequate and competent management of agencies that offer care to children in out-of-home settings. Particularly, ODJFS – through the Bureau – must pass upon the fitness of agencies that provide foster care, adoption, and residential services to children and/or their families. Public Children Service Agencies (PCSA), Private Noncustodial Agencies (PNA), and Private Child Placing Agencies (PCPA) are monitored by the Section to ensure compliance with administrative, governance, fiscal, child services and treatment, and operational standards as prescribed by the Ohio Revised Code (ORC) and Ohio Administrative Code (OAC) in:

ORC Chapters: 5103 and 3107;
OAC Chapters: 5101:2-01, 5101:2-05, 5101:2-7, 5101:2-9, 5101:2-48; and
OAC Chapters: 5101:2-33; 5101:2-39, 5101:2-42, 5101:2-44, 5101:2-47, and 5101:2-52.

FCLPM – Compliance Scope

Compliance is measured against applicable Codes that govern the functions for which each agency is certified or approved to operate. The Foster Care Licensing Procedures Manual (FCLPM) details how the Bureau collectively manages its responsibilities of assuring adequate Code compliance and agency "fitness" (ORC 5103.03). The FCLPM is a compilation of procedures established to assist Agency Licensing/Certification staff. Since its inception in 1991, the FCLPM has been utilized to provide instructions to Licensing/Certification staff on how to complete and process compliance "studies." The FCLPM is arranged by chapters and covers the various studies conducted and completed by staff relative to ODJFS certification and approval processes. The FCLPM refers to studies as a series of announced and unannounced inspections and/or investigative reviews. Studies are conducted by Agency Licensing/Certification Specialists throughout the agency's certification/approval period. The FCLPM is utilized by the Bureau to promote consistency in conducting and completing compliance studies. Agency Licensing/Certification Specialists and their managers rely on information obtained through studies to determine whether an individual agency meets the acceptable level of Code compliance.

Overview of FCLPM Activities

On average, 255 agencies are inspected by Agency Licensing/Certification staff. This may include over 1200 physical site inspections, policy and/or record reviews, and interviews of child residents, foster parents, and/or agency staff. All inspections and onsite agency visits are conducted during business hours between 8:00 am and 5:00 pm, excluding travel time, unless the licensing supervisor has been notified and agency is in agreement. At each entrance conference, the length of time needed to complete each study is established with the agency. At the conclusion of each on-site inspection and other activities listed above, the assigned licensing/certification specialist will complete the relevant

review tool(s), share findings with the agency, compile review material and forward to the field office licensing supervisor for review and approval. The supervisory staff reviews and approves the work performed by the Agency Licensing/Certification specialists to ensure accuracy, completeness, and consistency throughout the Ohio Foster Care Licensing program (OFCL). Procedures that fall outside of routine must be shared and conferred with Section management.

In 2015 the State of Ohio Office of Internal Audit conducted a review of the Foster and Adoptive family and Agency Certification process to determine if adequate internal controls exist in the initial and recertification process. Adequate internal controls establish supervisor reviews and ensure that processes are followed and completed timely and consistently.

ODJFS is responsible for ensuring the fitness of agencies to provide foster care, adoption and residential services to children and/or their families throughout the licensing/certification process, as well as after the license/certification is obtained. These services are largely provided by Public Children Service Agencies (PCSA), Private Child Placing Agencies (PCPA) and Private Non-custodial Agencies (PNA) in collaboration with ODJFS. In Ohio, the responsibility for administering foster care, adoption and residential services for children and families rests with public and private agencies certified by ODJFS. The role of ODJFS is to ensure compliance with administrative, governance, fiscal, program and treatment standards as required by Ohio Revised Code and Ohio Administrative Code.

The audit measured if standardized management controls were present to identify incomplete or inaccurate information and to final approve the work of staff. The results of the audit were that both the Initial Licensing/Certification Process and the Recertification Process are well controlled. During calendar year 2015, Foster Care staff and management completed the following volume of work with internal controls intact and working:

Amendments – 25
Certifications – 11
Closure – 3
Complaints – 127
PCSA Reviews – 11
Policy Revisions – 111
Recertifications – 26
Recruitment Plans – 2
Training Plan – 16
Visits – 94

Summary of Item
Statewide policy and a standardized system to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds is in place. The Foster Care Licensing Standard Operating Procedures Manual (BFCLPM) guides ODJFS Licensing/ Certification Staff in applying standards consistently. All 255 agencies certified by ODJFS to operate in Ohio are visited by Agency Certification staff at least annually.

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

Overview

ODJFS staff in the Bureau of Foster Care Licensing ensure that criminal background checks are in compliance with OAC provisions regarding safety checks for: licensed foster homes, adult members of the household; approved adoptive homes; respite care providers; volunteers; college interns; and employees of certified residential centers and group homes.

Background Checks on Prospective/Current Foster Parents and Adult Members of the Household

Ohio Administrative Code (OAC) 5101: 2-5-09.1 requires agencies to request the Bureau of Criminal Identification and Investigation (BCI) conduct a criminal records check for prospective and current foster caregivers and any household member over age 18. An authentication number or Transaction Control Number (TCN) is assigned to a person's fingerprints when they complete a BCII check. This TCN is how the person is identified in RAPBACK 2.0 (for further information on RAPBACK refer to the special RAPBACK section in this narrative). Agencies are required to enter the unique TCN on the BCII report in SACWIS, which verifies the information (to ensure it is not more than one year old or of poor quality). For agencies that are not SACWIS live, the agency provides the TCN number on the JFS 01317 or the JFS 01318, and ODJFS staff enters the information. BCIs are required to be completed every four years. If the agency does not enter the information as required in SACWIS, the BCI will expire and they must complete a new BCI. A provider cannot be licensed or approved in SACWIS without the TCN number. Once the provider home is licensed or approved, SACWIS enrolls them in RAPBACK population.

Background Checks on Prospective Adoptive Parents and Adult Members of the Household

OAC 5101:2-48-10 outlines the requirement for public and private agencies to conduct a criminal records check on prospective adoptive parents and adult members of the prospective adoptive parent's household pursuant to the procedures set forth in section 2151.86 of the Revised Code

Prohibitive Offenses and Eligibility for Rehabilitation for Hiring

OAC 5101:2-5-09 includes agency personnel requirements and prohibited convictions for employment. Agencies are required to conduct background checks prior to employment and review this information to determine if there are prohibitive offenses and eligibility for rehabilitation for hiring. The rules also include a requirement for agencies to conduct an FBI check if the prospective employee has not resided in the state for five years.

Background Checks of Respite Care Providers, College Interns and Volunteers

OAC 5101:2-5-13 requires agencies to conduct criminal records checks pursuant to rule 5101:2-5-09.1 of the Administrative Code for approved respite care providers, college interns and volunteers prior to employment or providing respite care, whichever is applicable.

Notification of Charges of a Criminal Offense

Licensing staff monitor agency compliance with OAC 5101:2-7-14 (F) which requires a foster caregiver to notify the recommending agency within twenty-four hours of any charge of any criminal offense brought against the caregiver or any adult resident of his home, and OAC 5101:2-7-14 (G), which states:

> "A foster caregiver shall notify the recommending agency within twenty-four hours of any charge or complaint brought against any resident of the foster caregiver's home who is at least twelve years of age, but less than eighteen years of age for committing an act that if committed by an adult would constitute a criminal offense. Pursuant to section 5103.0319 of the Revised Code, a foster caregiver shall also notify the recommending agency in writing within twenty-four hours if a resident of the foster caregiver's home is at least twelve years of age, but less than eighteen years of age, and has been convicted of or pleaded guilty to any of the offenses listed in appendix A to this rule, or has been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation. The notification is also required for any conviction or adjudication of delinquency resulting from a violation of an existing or former law of this state, any other state, or the United States that is substantially equivalent to any of the offenses."

When a foster and/or adoptive provider or household member or placement is arrested, convicted or pleads guilty to any offense matching a person in the ODJFS RAPBACK population, a 'Hit' occurs, and the Attorney General's Office notifies the recommending public or private agency of the offense. The recommending agency receives the notification for purposes of determining the individual's eligibility for continued employment or licensure or approval. They are required to affirm or disaffirm the "Hit," and if affirmed, submit the JFS 01301 RETAINED APPLICANT FINGERPRINT DATABASE POST-NOTIFICATION REPORT in SACWIS (or submit to the ODJFS enforcement area if not SACWIS-live) to ODJFS within 10 business days after taking action on the information received from BCII. Licensing staff review the information in the JFS 01301s during recertification and additional visit reviews to ensure the agency has followed up on the RAPBACK 'Hit" and addressed the issue per rule requirements.

System Development and Enhancements

FileNet

ODJFS, OFC met with ODJFS, Office of Information Services (OIS) staff to work on developing a FileNET system to receive and securely store background check documents for foster caregivers and employees of agencies certified by ODJFS. OIS developed a Foster Care Background check system (OFCBC) which was operational on August 31, 2015. Deployment was delayed pending negotiations with the FBI and the state Attorney General's Office surrounding the storage of FBI checks. The FBI has recently approved

the project contingent on alignment with the CJIS Security Policy. FileNET will be hosted in the Shared Datacenter.

RAPBACK

Ohio Revised Code (ORC) 109.5721 and OAC 5101: 2-33-80 outline the requirements for the Retained Applicant Fingerprint Database Information Exchange (RAPBACK). In 2008, the superintendent of the Bureau of Criminal Identification and Investigation established RAPBACK, which is a database of fingerprints of individuals, including ODJFS foster and/or adoptive provider member or placements over the age of 18, on whom the Bureau has conducted criminal records checks for the purpose of determining eligibility for employment with, licensure by, or approval for adoption by ODJFS or a certified recommending agency.

The Retained Applicant Fingerprint Database Information Exchange process, also known as "RAPBACK," was automated and linked to SACWIS as RAPBACK 2.0, and OFC staff developed a new procedure to receive and securely store state and federal background check information for foster parents, household members, adoptive parents and certified residential agency staff, including group homes.

Monitoring Compliance

Licensing staff conduct additional visits and recertification reviews of private and public agencies to monitor compliance with background check requirements and follow-up on RAPBACK hits. If non-compliance is found, agencies are required to develop corrective action plans to address any findings of non-compliance related to RAPBACK or background checks. Each CAP submitted specifies:

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

In preparation for the next IV-E Foster Care Maintenance Eligibility Review scheduled to begin on October 31, 2016, a preliminary eligibility review of 150 randomly selected cases was conducted by ODJFS, OFC for the period under review (October 1,2014 through March 31, 2015). There were no error findings during this review associated with safety checks.

During the first three quarters of the APSR reporting period (July 1, 2015-March 31, 2016), the ODJFS, Office of Fiscal Monitoring conducted two foster care maintenance eligibility reviews. The first review covered the following period under review: January 1, 2015 through June 30, 2015. Eighty-nine (89) randomly selected cases were reviewed. Results from the review revealed there were two findings which did not meet the safety check requirements. Compliance was achieved at the 98 percent level. The second review covered the following period under review: July 1, 2015 through December 31, 2015. One hundred twenty-nine (129) randomly selected cases were reviewed. Results of the review indicated that there were two cases which did not met the safety check requirements. Compliance was achieved at the 98 percent level.

Addressing the safety of foster care and adoptive placements for children

During Semiannual Administrative Reviews, PCSAs and PCPAs are required to document on the SAR form "how each child's current placement, whether in own home or out-of-home placement (including relative placement, regardless of custody status), provides for the child's specific safety needs and is appropriately meeting the child's basic and special needs." During CPOE Stage 10, compliance in addressing safety concerns of children in foster care and adoptive placements is monitored when rating Item 3, F of the CFSR Round 3 instrument. Thus far, of the 181 substitute care cases reviewed during CPOE Stage 10, two cases (1% of cases reviewed) were identified where the agency did not adequately address safety concerns of children who were in substitute care placement (one child was in a foster home and the other child was in residential care).

Summary of Item

ODJFS has engaged its system partners from the Ohio Department of Mental Health and Addiction Services, the Ohio Attorney General's Office, and the Ohio Supreme Court in monitoring compliance with background check requirements. Multiple methods are being used by ODJFS to ensure compliance with safety check requirements.

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

State Recruitment Efforts

The Dave Thomas Foundation for Adoption (DTFA) Partnership

To keep older children with lengthy placement histories from lingering in the foster care system in Ohio and further assure the population of adoptive families reflects the ethnic and racial diversity of children needing permanency, ODJFS began a partnership with the Dave Thomas Foundation for Adoption in July, 2012. At that time, ODJFS allocated $2.3 million, including $1.1 million in state funding, to hire specialized, child-focused recruiters whose sole mission is to find adoptive families or other permanency (legal custody/reunification) for older children in foster care. In state fiscal year 2013, the amount allocated was increased to just over $3.4 million per fiscal year, and the target population expanded to include children in a planned permanent living arrangement (PPLA) status. The contract has been renewed through state fiscal year 2017. Using the renowned child-focused, *Wendy's Wonderful Kids* (WWK) program model, recruiters across Ohio work to match and place children between the ages of 9 and 17, who have been awaiting adoption for more than two years or those who are in the legal status of PPLA. WWK strategies include: an initial referral process; relationship building; in-depth case record reviews; child-specific family search efforts; assessments; child readiness efforts; network capacity building; and child-focused recruitment plans.

Outcomes directly relating to the WWK program continue to be realized. To date, forty-six recruiters under contract work to implement an aggressive, statewide recruitment strategy aimed at moving Ohio's longest-waiting children from foster care into adoptive families and other types of permanency. The model has been successful in finalizing 74 adoptions from July 1, 2015 through March 31, 2016, bringing the total to 240 finalized adoptions since the inception of the ODJFS contract, including several sibling groups. As of March 31, 2016, 688 children were enrolled in Ohio's WWK program. From July 1, 2015 to March 31, 2016, 133 children have been matched, bringing the total to 538 since the program's inception. There are 77 children in pre-adoptive placements, as of March 31, 2016. Just over 6% of the children on current caseloads are in the PPLA status.

The program benefits children who are most at risk of aging out of care, including:

- older youth (the average age is 14, and 40% are sixteen or older);
- sibling groups (57% are part of a sibling group);
- children with special needs (64% have at least one identified special need);
- children who were in care many years before Wendy's Wonderful Kids (on average, 2,084 days);
- those who have had multiple placement settings (10% had 10 or more placements prior to being referred to WWK);
- children in congregate care (42% of the children being served are in a group home, institution or are incarcerated); and
- children who have had an adoption disrupt (11% experienced a failed adoption prior to WWK).

Refer to the Update to the Plan for Improvement (Section III) of the APSR for additional information on ODJFS' partnership with the Dave Thomas Foundation for Adoption this past year.

County Adoption Incentive Payments

The Ohio Adoption Incentive Program was created in 2012. This program provides up to $1.5 million per year in financial incentives to Public Child Welfare Agencies (PCSAs). The agencies become eligible for the incentive money when they finalize adoptions for the target populations of youth under 9 and youth who are 9 and over. Each county's finalizations for the target populations are averaged for the previous three-year period to establish the baseline. Any county exceeding its baseline will receive an incentive payment for each finalized adoption over the baseline. The county must then reinvest the incentive money received to support adoption activities during the SFY.

During SFY 2015, Ohio provided $1,036,750 in county incentive payments. A total of $692,250 was split among thirty-eight counties for their work in finalizing adoptions of children under the age of 9 years old. The incentive payments for this younger target population ranged from $3,250 to $91,000. For finalizations of children 9 years and older, a total of $344,500 was split among twenty counties. The counties who exceeded the baseline for the older population received payments ranging from $6,500 to $39,000. In total, forty-five PCSAs received an adoption incentive payment in SFY 2015.

Communication was sent to all county directors on April 15, 2016 stating that the amount of the adoption incentive payments will be calculated differently moving forward if the entire $1.5 million is not spent each year. Furthermore, beginning in SFY 2017 incentive funds will not be used to draw down additional Title IV-E Adoption Administrative funds.

Casey Family Programs Partnership

Casey Family Programs has continued to support Ohio's Permanency Roundtable (PRT) work through the addition of five counties in 2015. Casey's support has made it possible for the pilot counties to receive specialized training, expert consultation and peer-to-peer connections with other agencies that have used PRTs successfully.

PRTs give PCSAs a structured process for identifying individualized and realistic strategies for overcoming the obstacles to permanency that youth in their care may be facing. The three goals of each PRT are to: (1) expedite legal permanency for the child; (2) stimulate thinking and learning about ways to accelerate permanency; and (3) identify and address systemic barriers to timely permanency.

The 11 participating PCSAs —Athens County Children Services Board, Butler County Department of Job and Family Services , Clark County Department of Job and Family Services, Fairfield County Department of Job and Family Services, Guernsey County Children Services Board, Hamilton County Department of Job and Family Services, Mahoning County Children Services Board, Montgomery County Department of Job and Family Services, Summit County Children Services Board, Stark County Department of Job and Family Services and Trumbull County Children Services Board —are partnering with OFC, Capital University's Family and Youth Law Center and PCSAO to lead the implementation of this practice model.

The Ohio PRT project focuses on youth 12 and older who have been in care for at least 17 months. The process is two-part and youth-centered. It begins with an internal agency meeting to discuss the youth's history, identify future goals and create a permanency action plan. This plan is shared with the youth for input. The youth's involvement is considered vital to the process, and no meeting after this point occurs without the youth's participation. The second phase is a facilitated conversation (or conversations) between the youth and the professionals who seek to achieve the PRT goals. The following questions are explored:

- What will it take for this youth to achieve permanency?
- What can we do that has been tried successfully before?
- What can we do that has never been tried?
- What can we do concurrently to help this youth achieve permanency?
- How can we engage the youth in permanency planning?

An evaluation of the initial six-county pilot is looking at such outcomes as time to permanency, placement stability and reduction in restrictiveness of placement. The pilot continues to be successful, and Casey Family Programs and ODJFS will expand the pilot to additional counties in state fiscal year 2017.

Refer to the Update to the Plan for Improvement (Section III) of the APSR for additional information on ODJFS' partnership with the Casey Family Programs including Youth-Centered PRTs this past year.

Family and Youth Law Center – Capital Law School, Columbus, Ohio

ODJFS utilizes the Family and Youth Law Center (FYLaw), formerly known as the National Center for Adoption Law & Policy, for additional recruitment purposes. FYLaw is responsible for staffing the Ohio Adoption Photolisting website (OAPL) in concert with AdoptUSKids.

OAPL highlights waiting children who are in the permanent custody of Ohio public children services agencies and for whom families are being sought. A photo and brief profile is posted for each child as well as caseworker contact information. FYLaw reviews new profiles as they are added to the photolisting to ensure all information provided about the children is appropriate and safe and also arranges for Spanish translations of profiles as they are added to the site. FYLaw's other OAPL responsibilities include responding to questions from OAPL administrators regarding use of the site, setting up usernames and passwords for new users, and maintaining monthly site usage statistics.

General information such as who may adopt, the adoption home study process, adoption subsidies available, costs associated with adopting, access to adoption records and information on interstate adoptions can also be found on this website. In addition, OAPL provides links to ODJFS publications such as the *Ohio Adoption Guide* and the *Adoption Subsidies Guide* and lists information about ongoing events, trainings and meetings, which FYLaw updates regularly.

FYLaw continues to prepare monthly sets of profiles of waiting children from OAPL for circulation within the ODJFS internal broadcast network, an initiative that started in September of 2014. On June 2, 2015, FYLaw held a webinar for OAPL administrators. The webinar covered the following topics: general

introduction to the site and how to get started; writing effective profiles/enhancing profiles; how to increase the exposure of kids listed on OAPL; how to properly include health information/diagnoses while balancing privacy; how to update and remove profiles; and other miscellaneous technical assistance issues.

As of March 21, 2016, there were 400 total individual child listings (297 active) and 71 total sibling group listings (26 active) posted on OAPL.

FYLaw responds to all new Ohio AdoptUSKids inquiries about adoption or foster care and continues to regularly follow up with individuals with pending cases. A FYLaw staff attorney also serves as a direct resource for clients who contact AdoptUSKids directly with specific questions and conducts research to respond to these inquiries and provides appropriate referrals as needed. From June 1, 2015 to March 21, 2016, 460 new Ohio AdoptUSKids inquiries were made.

It is expected ODJFS will continue to collaborate with FYLaw, whose mission is to work within child welfare, adoption, and juvenile justice systems to support positive outcomes for children, youth, and families.

General Foster Care and Adoption Recruitment Update

In August 2015, ODJFS updated the *Ohio Adoption Guide.* The guide is a resource for potential adoptive families that helps give them the information needed to locate the right agency for them and that discusses the entire adoption process from inquiry to home study completion, searching for a child, being matched with a child, adoption subsidy information and post adoption services. ODJFS has been collaborating with the Ohio Family Care Association (OFCA) to develop the *Guide for Ohio Resource Families,* which OFCA is planning to release in 2016. This guide will provide a variety of information and resources for foster, adoptive and kinship families in Ohio.

In September 2015, the Public Children Services Agencies of Ohio (PCSAO) released *Recruiting Foster and Adoptive Caregivers: A Guide for Public Children Services Agencies* to assist counties in implementing and maintaining successful recruitment strategies in their local communities. ODJFS staff reviewed this guide and provided input and technical assistance.

ODJFS invited all PCSA and private agency partners to participate in a webinar training held by the National Resource Center for Diligent Recruitment (NRCDR) on February 25, 2016. The webinar was titled *Recruiting, Developing, and Supporting Resource Families in Rural Communities* and was an interactive peer to peer training that several counties participated in.

Local Agency Recruitment Efforts

In addition to utilizing the above services, Ohio agencies employed several other strategies to recruit families for waiting children during this past year. Some of these included:

- Registering children with FYLaw and the U.S. Health and Human Services' AdoptUSKids Website;
- Placing information on waiting children on the local agency's website;
- Distributing child specific recruitment flyers at adoption events;

- Participating in the Statewide Matching Expo on July 17, 2015 hosted by ODJFS;
- Hosting online virtual mixers designed to provide information to potential adoptive families about children available for adoption;
- Partnering with faith-based organizations to recruit families;
- Conducting searches for significant adults noted in the child's case file;
- Sponsoring "Foster and Adoption Parties" designed to provide information to potential families about foster care and adoption programs and the need for resource homes;
- Hosting foster and adoptive parent recognition banquets and other honorary events;
- Participating in adoption fairs;
- Profiling waiting children in newspapers, and on television and radio spots; including linking PCSAs with the organization Grant Me Hope, which creates professional videos of waiting children to air on local television news programs;
- Publishing agency calendars which feature harder to place youth who are available for adoption;
- Collaborating with community partners (e.g., schools, churches, libraries, service organizations) to promote recruitment events;
- Working with foster parent associations to identify recruitment strategies and ensure retention of existing resource families; and
- Hosting family-centered, child-friendly events including movie nights and game nights in order to recruit new families and help retain current foster and adoptive families.

Comprehensive Recruitment Plans

Public and private agencies implement strategic recruitment plans aimed at promoting public awareness and/or foster and adoptive parent recruitment. Pursuant to OAC 5101:2-5-13, 5101:2-48-05, each foster care and adoption agency is required to develop and implement a comprehensive recruitment plan that describes diligent recruitment of families which reflect the diversity of the children for whom homes are needed. These recruitment plans are submitted and reviewed by ODJFS to ensure compliance with the Multiethnic Placement Act, 42 U.S.C.A. 1996 (B), as amended by Section 1808 of the Small Business Job Protection Act of 1996 (MEPA), and the Civil Rights Act of 1964 (Title VI) to ensure that Race, Color, or National Origin does not interfere with foster care and adoption processes. In addition, ODJFS requires that agencies conduct child-specific recruitment efforts when prospective adoptive families cannot be identified within their own agency.

In circumstances of non-compliance, ODJFS provides technical assistance to the agency which includes, but is not limited to: the issue of noncompliance and needed revision(s), discussions about the basis of the regulation, and sharing information about other agencies' successful recruitment efforts. ODJFS also monitors MEPA compliance via announced and unannounced onsite agency visits and recruitment plan implementation reviews. During these visits, ODJFS staff reviews the agency's data profiles and compares that information with state-level data to determine whether changes are needed in the recruitment plan's design or implementation.

MEPA Biennial Comprehensive Self-Assessment Report

PCSAs, PCPAs certified to perform the foster/adoption function and PNAs certified to perform the foster/adoption function are required to submit a *MEPA Biennial Comprehensive Self-Assessment Report* by March first of every even numbered year. One of the components of the self-assessment requires the agency to address the following:

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

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

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

As noted above, child-specific recruitment efforts are required when the custodial agency has yet to identify a family for the child. MEPA Cycle V commenced on March 1, 2014 and concluded on February 28, 2016. During MEPA Cycle V, 912 child case records were reviewed to determine if there were families presented at the most recent matching conference. If there were no families presented, the reviewers assessed whether the agency engaged in child-specific recruitment efforts prior to the most recent matching conference. Failure to engage in child-specific recruitment efforts would require the agency to develop a Corrective Action Plan (CAP). The vast majority (81 out of 88) of Ohio's PCSAs were found to be in compliance on this area of the review. The seven PCSAs not in compliance at the time of review were required to develop a CAP to address how they would come into compliance with the requirement to engage in child-specific recruitment efforts prior to the next matching conference.

Foster Care and Adoption Proclamation Months

As of March 10, 2016, Ohio had over 13,700 children residing in foster homes or other out-of-home placement settings. Of that number, nearly 2,400 children are waiting to be adopted. Many of the

approximately 1,000 young adults who "age-out" of care each year are without permanent connections. The data is significant in that it demonstrates the need to continually raise the public's awareness, to recruit additional foster and adoptive families who are willing and able to meet the significant needs of the children who are in need of homes in Ohio, whether permanently or temporarily. Additionally, Ohio is working to support existing families, so that experienced foster and adoptive families are able to continue providing much needed services to children in care.

Ohio has annually recognized May as National Foster Care Month and November as National Adoption Month. The purpose of the recognition is to acknowledge the efforts of child welfare practitioners and caregivers across the state responsible for providing care to children that have been abused, neglected or dependent. Public service announcements were prepared to recognize and celebrate both months. PCSA, private child placing agencies (PCPA), and private non-custodial agencies (PNAs) are encouraged to continue to support their resource families. The Governor acknowledged adoptive and foster families and kinship families for the work and service provided. Across the state, events were held to honor foster and adoptive parents for their dedication to vulnerable children.

Summary of Item

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

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

In FFY 2015, Ohio submitted a total of 692 home study requests to other states. Compared to FFY 2014 that is an increase of 19 (3%) requests to other states. The primary reason for requests was completion of a relative or parent home study. The top states Ohio sends referrals to are Kentucky, Florida, West Virginia and Indiana.

A total of 625 incoming home study requests were received from other states in FFY 2015. This is a decrease of 64 (10%) from the previous federal fiscal year. The majority of interstate requests made to Ohio by other states continue to be for parent and relative home studies. The top states Ohio receives request from are Kentucky, Pennsylvania, Indiana, Georgia, Florida, and Michigan.

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

	Quarter 1 October 1, 2014 – December 31, 2014				**Quarter 2 January 1 2015 – March 31, 2015**				**Quarter 3 April 1, 2015 – June 30, 2015**				**Quarter 4 July 1, 2015 – September 30, 2015**			
	Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Parent	32	19%	30	22%	37	27%	28	14%	49	33%	52	28%	37	22%	24	14%
Relative	69	41%	59	43%	42	30%	96	50%	51	34%	71	38%	76	45%	92	53%
Public Adoption	19	11%	11	8%	14	10%	16	8%	13	9%	23	12%	18	11%	21	12%
Private Adoption	28	17%	27	19%	32	23%	31	16%	23	15%	23	12%	21	12%	20	12%
Foster	20	12%	11	8%	14	10%	23	12%	13	9%	17	9%	17	10%	16	9%
Non ICPC Study Requests	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%
Total	**168**	**100%**	**138**	**100%**	**139**	**100%**	**194**	**100%**	**149**	**100%**	**187**	**100%**	**169**	**100%**	**173**	**100%**

To assess compliance with P.L. 109-239, requirements for completion of home studies requested/received from another State within 60 days, the following data was analyzed:

Time Frame	Quarter 1 October 1, 2014 – December 31, 2014	Quarter 2 January 1 2015 – March 31, 2015	Quarter 3 April 1, 2015 – June 30, 2015	Quarter 4 July 1, 2015 – September 30, 2015
% of studies done in 30 days	11%	12%	14%	20%
% of studies done in 60 days	12%	13%	12%	14%
Total % completed in under 60 days	23%	25%	26%	34%

Compared to last year's figures, these percentages are lower (average for each year: 28.75 percent to 27 percent.) The data is gathered from the SACWIS system and the "Date Home Study narrative sent" field is user entered. A limitation of the data may be that the user is entering the date when the entire home study is completed and approved as opposed to the completion date of the home study narrative which is necessary to show compliance with timeframes. This error would result in the data reflecting lower than actual compliance rates. ODJFS hosts quarterly meetings with local county ICPC staff and will continue to provide technical assistance to address this issue in order to improve data entry. In addition, ODJFS is seeking ways to expand county participation in these quarterly meetings.

Summary of Item

ODJFS uses the data available in SACWIS to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placement for waiting children is occurring statewide. With regards to the Interstate Compact on the Placement of Children (ICPC), the State of Ohio is one of three decentralized states. This means that each county PCSA is its own ICPC office and the ODJFS office handles non-PCSA cases. When an agency either needs to initiate a request to another state or receives one from another state, the agency enters certain data into the SACWIS system. The data above indicates that agencies are considering and following through on making requests when placement resources are located out of state. As indicated above, in FFY 2015, there was an increase of 3 percent in Ohio's out of state requests. Ohio experienced a decrease of 10 percent with regards to incoming requests, bringing the totals back down to FFY 2013 levels. The overall percentage of all home studies completed by Ohio within 60 days for FFY 2015 is 27 percent. One barrier identified with the data is that the user may be entering the date the entire home study was approved as opposed to the date the home study narrative was submitted, which is the date that is needed to accurately calculate compliance with timeframes. The ODJFS State ICPC office holds quarterly meetings with the local county offices, has held regional trainings this past year, and provides regular technical assistance to address these issues and will continue to address this with the counties in order to improve upon the entry of this data.

III. Update to the Plan for Improvement and Progress Made to Improve Outcomes

Introduction

This update to Ohio's Plan for Improvement includes a progress report on all activities scheduled for year two of the Child and Family Services Plan. Unless otherwise noted, interventions and benchmarks for years 3 through 5 are not included in this update. Revisions are noted within this section and are included in an updated chart of Goals, Objectives, Interventions and Benchmarks (Appendix H).

ODJFS has included updated performance data based on the state's current performance on the CFSR data indicators and the results of the state's ongoing case review process (CPOE Stage 10). Wherever possible throughout this section of the APSR, interim data or related performance measures are also included under the subheading ***Progress Measures*.**

For each objective and intervention identified in the CFSP, updates on Ohio's progress on its Year 2 Benchmarks are noted under the subheading ***Progress Report***. Where *new* feedback loops were established in support of the goals and objectives of the CFSP, these are identified under the subheading ***Feedback Loops.*** Other, ongoing avenues for stakeholder feedback are also noted throughout this section within the progress reports for each benchmark.

Implementation Supports

As noted in the CFSP submission, the design of Ohio's CFSP reflects the principles of implementation science. Thus, the required supports, or "drivers," needed for quality implementation processes are embedded seamlessly throughout the plan. These include, but are not limited to:

- A range of training, technical assistance and coaching interventions designed to support the goals and objectives of the plan;
- CQI tools to support staff performance improvement;
- Resources to address the unique needs of supervisory staff and agency leadership in facilitating change;
- Data system enhancements to support effective decision-making; and
- A variety of interventions designed to address systemic barriers and enhance inter-systems collaboration and supports.

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

Measures:	Updated Performance:
1.) Development of a CQI Action Plan to track specific issues, identify action steps and anticipated results, and to document the actual results of the action steps and lessons-learned over time.	**1.) Development of Ohio's CQI infrastructure and action plan is ongoing. See narrative below.**
2.) Improved performance on targeted case review items and data indicators to be determined by Ohio's CQI Advisory Team.	**2.) Updated performance data are included for each CFSP Goal. These measures reflect Ohio's performance on the revised CFSR National Standards and partial results from CPOE Stage 10 (case review data from 45 of 88 counties).**

Goal 1: Objective 1
Further develop Ohio's statewide CQI infrastructure.

Update on Progress Made to Improve Outcomes

Feedback Loops:
As noted in last year's APSR submission, Ohio has instituted a CQI Advisory Team to support the ongoing development of Ohio's statewide system of Continuous Quality Improvement in child welfare. The Advisory Team includes representatives of county public children services agencies of all CPOE size categories and regions across the state, private child welfare services agencies, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the statewide associations for Ohio's public and private agencies, and all bureaus within the Office of Families and Children.

As set forth in its charter:

> The OFC CQI Advisory Team is a leadership body dedicated to improving outcomes for the children and families served by Ohio's child welfare system. The Advisory Team will accomplish this goal by guiding the implementation of the Continuous Quality Improvement (CQI) plan included within Ohio's 2015-2019 Title IV-B Child and Family Services Plan. Through effective collaboration among child welfare partners, the Advisory Team will:
>
> - Develop a fully-articulated, written framework to serve as the foundational document for Ohio's statewide system of CQI for child welfare;
> - Make recommendations to increase the accessibility and integrity of data for child welfare professionals in a variety of roles (front-line practitioners, supervisors, child welfare agency administrators, state staff and partners);

- Serve as champions for the development of a statewide "CQI Community" and make recommendations to support increased sharing of information and resources related to CQI across agencies;
- Make recommendations for the design of a multi-county Peer Review process and explore the feasibility of integrating county Peer Review with CPOE and/or CFSR Round 3 case reviews;
- Serve as an ongoing leadership forum to provide guidance on Ohio's statewide system of CQI; and
- Promote a sustained focus on advancing practice and improving outcomes for children and families.

Four subcommittees of the CQI Advisory Team were established to focus on the following areas of Ohio's CQI plan:

- ***CQI Framework:*** This Subcommittee is responsible for developing a written CQI Framework to include a description of Ohio's overarching CQI process and detailed recommendations based on CQI best practices, Children's Bureau recommendations, the recommendations of national child welfare organizations (such as NAPCWA), and local CQI methods.

- ***Statewide CQI Community****:* This Subcommittee is responsible for establishing a mechanism for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources. Along with information-sharing, this Subcommittee will be responsible for recommendations to support a statewide "CQI Community of Practice."

- ***Peer Partnership:*** This Subcommittee is responsible for designing a multi-county and/or regional Peer Review structure to be implemented on a pilot basis. This will include gathering feedback from local partners to inform the design of the peer review process and standards. This Subcommittee is also exploring the feasibility and utility of integrating peer review with CPOE and/or Ohio's CFSR Round 3 case reviews.

- ***Data Reports:*** This Subcommittee is responsible for making recommendations to guide the development of user-friendly, standardized data reports; make data more accessible to practitioners, supervisors and agency administrators; and strengthen statewide use of performance data.

Intervention 1: Develop a written CQI Framework to include a description of Ohio's overarching CQI process and detailed CQI recommendations.

Benchmarks:

1) Completed Year 1.

2) Ohio's CQI Advisory Team will formalize its recommendations based on CQI best practices, Children's Bureau recommendations, the recommendations of national child welfare organizations such as the National Association of Public Child Welfare Administrators, and local CQI methods. (Years 1-2)

3) CQI Advisory Team will develop a draft framework document. (Years 1-2)

4) Vet CQI recommendations through stakeholder feedback channels, such as the Partners for Ohio's Families Advisory Board and Regional Technical Assistance Teams. (Year 2)
5) Based on feedback received, finalize and publicly release written CQI Framework. (Year 2)

Progress Report:
The CQI Framework Subcommittee has developed a draft framework document entitled, "Statewide Continuous Quality Improvement: A Framework for Ohio's Child Welfare System." This framework sets forth:

- Ohio's vision for statewide CQI in child welfare;
- Foundational principles to support the implementation of statewide CQI;
- A detailed description of the CQI process incorporating information from several sources, including the Children's Bureau's Information Memorandum to states on CQI, Casey Family Programs, the National Resource Center for Organizational Improvement, and the CQI Academy offered by JBS International; and
- A detailed description of each of the components of the statewide CQI infrastructure recommended by the CQI Advisory Team to support and sustain continuous cycles of evaluation and improvement.

The statewide CQI framework is designed to accomplish two overarching goals:

1. Establish an infrastructure to implement the CQI process on a statewide basis. This infrastructure must support local and state partners in jointly addressing statewide or regional challenges.

2. Assist public and private agencies and their partners in developing or growing their own CQI systems at the local level.

To accomplish these broader goals, Ohio's CQI framework outlines the following core components:

- ***Statewide CQI Advisory Team*** – The CQI Advisory Team will meet on a quarterly basis to review data and information related to statewide child welfare practice trends and outcomes. The Advisory Team may make recommendations to OFC about potential strategies to improve outcomes and the formation of ad hoc workgroups to address specific CQI topics. As workgroups are approved by OFC leadership and formed, the Advisory Team will receive periodic progress reports and provide guidance to the workgroups on the completion of their assigned tasks.

- ***Statewide CQI Workgroups*** – As noted above, the Advisory Team may make recommendations concerning the formation of time-limited, topic-specific teams to address targeted areas for improvement. Teams will be comprised of state and local child welfare partners (public and private) as well as other system partners, depending on the particular topic of focus. Under the direction of the Advisory Team, workgroups will take steps to identify and understand the problem, research potential solutions, develop a theory of change, develop and adapt solutions, implement and test solutions, and monitor and assess progress.

- ***CQI Forums*** - OFC and the CQI Advisory Team will facilitate periodic CQI Forums on a regional basis or among similarly-situated agencies (e.g., metro agencies, agencies in small counties). These forums will provide opportunities for state and local partners to jointly examine and discuss data and outcomes, share information about promising practices, and provide feedback to be shared with the Advisory Team on an ongoing basis. This feedback loop will be critical in informing the ongoing work and recommendations of the Advisory Team. In addition to establishing a feedback loop between local agencies and the Advisory Team, CQI Forums will provide an opportunity to support public and private agencies and their partners in implementing effective CQI practices.

- ***Local CQI Leads & CQI Information Clearinghouse*** – OFC and the CQI Advisory Team recommend that each public and private agency identify a CQI point of contact to receive news and updates from the Advisory Team and provide information to the Advisory Team on local CQI efforts. The Advisory Team will establish a clearinghouse for CQI-related information and resources shared by local partners. In addition, the Advisory Team will champion and publicize CQI successes. Members of the CQI Advisory Team and its Subcommittees may also serve as CQI consultants and/or peer mentors for agencies.

- ***Data Reports and Tools*** – OFC and the CQI Advisory Team are committed to improving data accessibility and integrity and assisting stakeholders in utilizing data within their organizations. To accomplish this goal, Ohio's CQI framework sets forth the Data Reports Subcommittee of the CQI Advisory Team as a standing committee charged with:
    - Making recommendations to guide the development of user-friendly, standardized data reports;
    - Developing avenues to make meaningful data more accessible to child welfare professionals in a variety of roles, including front-line practitioners, supervisors and agency administrators;
    - Strengthening statewide use of performance data by making recommendations for additional tools, training or other types of supports needed to assist agencies in accessing and utilizing data; and
    - Assisting OFC and the CQI Advisory Team with the ongoing analysis and interpretation of statewide data.

- ***Child Protection Oversight and Evaluation (CPOE)*** – Ohio's Child Protection Oversight and Evaluation (CPOE) case review process is a fundamental component of statewide CQI efforts. To inform discussions and recommendations of the Advisory Team, aggregate information on outcomes and trends tracked through the CPOE process will be shared with the Advisory Team. In addition, aggregate results from CPOE may be presented in CQI Forums for discussion among partners and to aid the development of promising strategies to address challenges. As each CPOE cycle evolves, OFC and the CQI Advisory Team will seek ways to enhance CPOE and ensure integration with statewide CQI goals.

- ***OFC Regional Technical Assistance Teams*** – OFC's regional technical assistance teams developed out of Ohio's work with the Midwest Child Welfare Implementation Center. The

teams are made up of staff from many different program areas working together to provide more coordinated assistance to county partners. Each team consists of SACWIS specialists, policy and fiscal staff, and field office staff, including technical assistance specialists and licensing specialists. OFC's regional technical assistance teams are an important resource for public and private agencies, and technical assistance provided by the teams is a central component of Ohio's statewide CQI efforts. The availability of the regional teams allows OFC to leverage knowledge across program areas in order to maximize our responsiveness in meeting the specific needs of agencies within each region.

- ***Peer Partnership*** – The statewide framework underscores OFC's commitment to assisting agencies in implementing a robust CQI process to assess their own strengths and needs. This may be internal to the agency or in partnership with other agencies regionally or agencies of similar size and structure. With this goal in mind, the Advisory Team is developing recommendations for an agency-to-agency peer review process and exploring how that process may be integrated with the state's Child Protection Oversight and Evaluation process and/or Ohio's federal Child and Family Services Review. This work is ongoing as Ohio prepares to enter CFSR Round 3 in 2017, so the Peer Partnership component of the statewide CQI framework will be revised as needed during the next year based on the state's CFSR plan.

Over the course of the last year, OFC disseminated the draft statewide CQI framework and gathered stakeholder feedback regarding CQI recommendations through several channels. These include the Partners for Ohio's Families Advisory Board, the Public Children Services Association of Ohio's (PCSAO) annual conference, a statewide webinar, a series of regional CQI forums held in conjunction with PCSAO's regional meetings, and the PCSAO Executive Directors Meeting in December 2015. Feedback was gathered both informally and formally through discussions in these various venues and stakeholder surveys. Written surveys were disseminated at each of the regional CQI forums held throughout the summer and fall of 2015 with PCSAO, and an electronic survey was disseminated following the inaugural statewide CQI webinar in December 2015.

Feedback regarding the recommendations contained within the draft statewide CQI framework has been largely enthusiastic. Survey respondents indicated a variety of interests in CQI-related activities from ongoing webinar opportunities to participation in an inter-agency peer review process. Minor revisions were made to the framework document based on feedback received, but no significant substantive changes have been required. As noted above, the Peer Partnership section of the framework may be revised to incorporate more detailed information as Ohio finalizes its plans for an inter-agency peer review process and the CFSR Round 3 Onsite Review. Once these additions are finalized, the statewide framework for CQI will be posted to ODJFS' website under a dedicated tab on the OFC page for Continuous Quality Improvement.

Intervention 2: Establish a mechanism for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources.

Benchmarks:

1) Gather stakeholder feedback from county and private agency partners about preferred mechanisms for information-sharing. (Years 1-2)

2) Explore viable options and resources needed to create a formalized structure for CQI information-sharing. (Years 2)

Progress Report:

During the past year, the Statewide CQI Community Subcommittee completed two significant projects to gather stakeholder feedback and support improved sharing of CQI information. In December of 2015, OFC offered the first of what will become an ongoing series of CQI webinars developed by the Statewide CQI Subcommittee. The webinar introduced statewide CQI efforts, provided foundational information on the CQI process, and included county and private agency examples of "CQI in action." As noted above, the Statewide CQI Subcommittee also disseminated an electronic survey following the webinar. This survey, along with paper surveys distributed through regional CQI forums, provided an opportunity for OFC to learn more about how agencies across the state are already utilizing CQI processes to improve outcomes and what types of statewide CQI activities or supports agencies would find most beneficial.

Many survey respondents identified a strong interest in data reporting, data-driven decision-making and developing a better understanding available data reports. In response, the CQI Advisory Team is currently working on a series of webinars to be offered this summer that will provide an overview of current data reports available through SACWIS and ROM and offer practical examples of how both public and private agencies have utilized particular data reports to enhance practice, improve outcomes and/or communicate with stakeholders.

In addition to these activities, OFC has created a new "CQI Corner" feature in its *First Friday* newsletter. The CQI Corner features CQI news and updates as well as county and private agency examples of CQI successes. For example, the February 2016 edition focused on how Athens County used a CQI process to improve family visitation and, ultimately, reunification outcomes. OFC has also developed a "CQI" section on its webpage. The page houses information about the CQI Advisory Team, CQI Resources, and links to the Statewide CQI Community webinar and transcript. OFC plans to continually update this web page as new information and resources become available.

As noted above, Ohio's statewide CQI framework recommends the establishment of a network of local agency CQI leads. Implementation of this recommendation is a goal for the CQI Advisory Team during the next year.

Intervention 3: Scheduled for Years 3-5

Intervention 4: Develop and pilot test a multi-county/regional Peer Review process.

Benchmarks:

1) Gather stakeholder feedback to inform the development of Peer Review recommendations and standards. (Years 1-2)
2) CQI Advisory Team will develop Peer Review recommendations and standards. (Years 2-3; Please note the timeframe on this benchmark was revised to cross into Year 3 – see narrative below.)

Progress Report:
As noted above, surveys and stakeholder discussions throughout this past year have informed the development of Ohio's statewide CQI framework, including its focus on peer partnership and peer review. OFC has also held numerous discussions with stakeholders about the options for state self-review or federal review for CFSR Round 3. Information has been shared through the Public Children Services Association of Ohio's Executive Meetings, PCSAO regional meetings, meetings with Ohio's metro counties, Supreme Court of Ohio regional workshops with juvenile courts, the Partners for Ohio's Families Advisory Board, and First Fridays. OFC has gathered county input regarding the state's options for the CFSR Round 3 Onsite Review and weighed this input carefully as the state moves forward with planning.

Simultaneously, the Peer Partnership Subcommittee of the CQI Advisory Team has worked on the development of recommendations for a regional or multi-county peer review process. Although some counties and agencies in Ohio have implemented peer review processes as part of local CQI efforts, no such structure has been created on a county-to-county or inter-agency level. A regional or multi-county/multi-agency peer review process would promote shared learning, build local CQI capacity, and inform statewide CQI priorities. The subcommittee has developed recommendations regarding the requirements for peer reviewers and how peer reviewers could partner with state staff to conduct case reviews. Throughout the process of developing its recommendations, the Peer Partnership Subcommittee has completed its work with an eye toward the integration of peer review into the state's ongoing case review process, CPOE, and/or the CFSR process. This work will be ongoing as Ohio works with the Children's Bureau to finalize its plan for the CFSR onsite review in 2017.

Goal 1: Objective 2
Increase accessibility of SACWIS data and improve data integrity to support CQI activities.

Update on Progress Made to Improve Outcomes

Intervention 1: Update standardized data reports for new federal CFSR measures and develop user friendly reports on state and county performance on critical child and family outcomes to be shared regularly with stakeholders.

Benchmark 1: Modify existing CFSR report modules in the Business Intelligence Channel (BIC)/Results Oriented Management (ROM) system to reflect new federal measures. (Years 1-2)

Progress Report:

The Results Oriented Management (ROM) System was updated to include the following Outcome Indicators for CFSR Round 3:

- Maltreatment in Foster Care
- Recurrence of Maltreatment
- Permanency in 12 Months
- Permanency in 12 Months for Children in Foster Care 12-23 Months
- Permanency in 12 Months for Children in Foster Care 24+ Months

- Re-Entry to Foster Care
- Placement Stability

With these new ROM reports, users can easily select a time period to review and drill through to identify the cases that are impacting state and county performance.

In addition to the new ROM reports, ODJFS utilized the federal code to replicate the Office of Data, Analysis, Research and Evaluation's (ODARE) results for the national standards and calculate county-by-county performance utilizing the state's AFCARS files. ODJFS had mixed results in replicating the Federal CFSR results. For the Placement Stability measure, ODJFS was not able to confirm ODARE's results. ODARE was contacted and provided guidance and is interested in helping to resolve the conflicting results. ODJFS has replicated the results for the remaining permanency measures. For the measures confirmed, ODJFS has distributed reports allowing counties to view their performance over time (BA12-BA15), and contrast their performance with other counties. ODJFS plans to develop a dashboard to distribute historical measures to PCSAs electronically.

In our efforts to train agencies on the structure of the new federal measures, a series of training materials has been developed. These materials have been shared broadly through a number of presentations with county PCSAs, private agencies, and the courts. In addition, OFC featured a regular "CFSR Measure of the Month" piece in its *First Friday* newsletters. These articles can be viewed online at: http://jfs.ohio.gov/PFOF/OFC_First_Friday_Updates.stm.

Benchmark 2: CQI Advisory Team will identify five to ten critical items to be tracked and shared with stakeholders on a regular basis. (Year 2)

Progress Report & Progress Measures:
As a collaborative effort among a cross-section of counties and state staff, the CQI Advisory Team identified many potential reports to share with stakeholders. As an initial step, the team recommended focusing on a method to share data on caseworker visits with county leadership. OFC modified the Comprehensive Visitation Report in SACWIS to generate an agency-specific summary report to all PCSA directors and children services administrators on a monthly basis beginning in June 2015. This report includes the number and percentages of caseworker visits met with parents and children for both in-home and substitute care cases. The report includes the county's performance for each month of the current fiscal year, so that directors can view trends over time. The reports are emailed on the 15th of each month, allowing agencies an opportunity to improve their performance for the current month.
In addition to generating these monthly data reports for agency leaders, ODJFS also implemented a Caseworker Visitation Performance Incentive program during the last year. The monthly data reports provided a way for agency leaders to easily track their progress throughout this process. Statewide performance on caseworker visits with children improved 3.14% from the baseline quarters (October 2014 – March 2015) to the quarters measured for the incentive (October 2015 – March 2016). Statewide performance on caseworker visits with parents improved 6.8% from the baseline quarters (October 2014 – March 2015) to the quarters measured for the incentive (October 2015 – March 2016). **Ninety-eight of 122 agencies (juvenile court agencies are included) improved their performance in one or both categories through this effort.**

In addition to the Comprehensive Visitation Report, the team has identified several additional reports (described below) to bring to the attention of stakeholders. All are available in SACWIS, and step-by-step guides are found on the SACWIS Knowledge Base.

Safety Hazard Report

Agency staff interact with many individuals, and some have behaviors that pose a risk to staff safety. SACWIS allows workers to record the following hazards: Environmental Hazard, Contagious Diseases, Convicted of a Violent Crime, Domestic Violence, Drug Activity, Explosive Behavior, Involved in Gang Activity, Mental Health/Not Taking Medication, Threats to agency worker, Sexual predator, Weapons in the Home, and Other. This report allows users to identify individuals easily on a caseload who pose a threat. ODJFS encourages agency staff to run this report on-demand and take precautionary measures. Guidance on how to obtain this report is in the Knowledge Base and is available at:
http://jfskb.com/sacwis/attachments/article/595/Generating%20the%20Safety%20Hazard%20Report.pdf

Case Reopening Report

Cases reopen for many reasons, but repeated reopenings may indicate that families are not obtaining the services they need to resolve persistent problems. As such, agency leaders need to monitor the number of case reopenings, and pay special attention to cases with a history and determine the factors causing the problems to be unresolved. This knowledge can then direct practice and activities with families. A Knowledge Base article has been written to guide staff on obtaining and using this report. It is available at:
http://jfskb.com/sacwis/attachments/article/582/Generating%20the%20Case%20Reopening%20Report.pdf

Medication Detail Report

This SACWIS report was developed to assist PCSAs in knowing the medication that children in custody have been prescribed. Using this report allows staff to consult with medical practitioners, assure children are receiving what they need, and keep parents informed of progress. A Knowledge Base article has been written on how to obtain and use this report. It can be obtained at:
http://jfskb.com/sacwis/attachments/article/599/Generating%20the%20Medication%20Detail%20Report.pdf

Screening Decision Timeliness Report

When reports are received, it is imperative screening decisions are made quickly to assure investigations begin promptly. The *Screening Decision Timeliness Report* provides this information on two levels. The first level shows detail for each case. The second level provides summary information by the type of investigation (e.g., CAN, FINS). Guidance on obtaining and interpreting this report is contained in the Knowledge Base Article. It is available at:
http://jfskb.com/sacwis/attachments/article/583/Generating%20the%20Screening%20Decision%20Timeliness%20Report.pdf

Family Assessment Risk Contributor

Family Assessments allow caseworkers to evaluate the array of problems families and children have and make decisions on providing services. These assessments, completed towards the end of investigations and throughout the life of cases, evaluate cases on four domains: Child functioning (self-protection,

physical/cognitive/social development, emotional/behavioral functioning); Adult functioning (cognitive abilities, physical health, emotional/mental health functioning, domestic relations, substance abuse, response to stressors, parenting practices); Family functioning (roles/interactions/relationships, resource/household management, extended family/social/community supports); Historical (caretaker's victimization of other children, caretaker's abuse/neglect as a child, impact of past services).

Just as this information is beneficial for caseworkers, it is useful to agency leaders in working with their partners to develop innovative services, understand the scope of problems, plan for staff training, and educate the public. To meet the needs of users, this report was developed and is available within SACWIS. There are two parts to this report. The first is a detailed view of the risk factors for each case. The second part is a summarization of counts for each risk factor. Information on the specifics of this report is contained in the Knowledge Base article which can be found at:
http://jfskb.com/sacwis/attachments/article/601/Generating%20the%20Family%20Assessment%20Risk%20Contributor%20Report.pdf

Benchmark 3: Provide counties with multiple options for reviewing/receiving performance reports based upon user preferences/needs. (Years 1-5)

Progress Report:
A variety of performance reports are available to state and county staff through ROM, SACWIS, and BIC. These applications have a flexible structure to respond to a variety of query options. Some county agencies have provided feedback indicating that it is easier to act on information that is sent to them, rather than having to go to the various applications (e.g., SACWIS, BIC, ROM) to obtain the same information. This is particularly true for many smaller agencies that may not have dedicated CQI/QA staff to pull and review the data.

As noted above, e-mailing selected reports (i.e., visitation reports) has been effective in improving performance. To build upon this learning, the CQI Advisory Team is exploring the prospect of emailing a select number of additional reports directly to agency leaders, including:

- Family Assessment Risk Contributor
- Screening Decision Timeliness
- Safety Plan Contact
- Timeliness reports for case plan/amendments, safety & family assessments, and SAR

Benchmark 4: Implement strategies to increase awareness of data trends, performance indicators and data integrity priorities in collaboration with stakeholders and state CQI, Monitoring, Policy and SACWIS staff. (Years 1-5)

Progress Report:
As noted previously, ODJFS has implemented a variety of strategies to engage stakeholders in examining and understanding their data. CFSR data reports have been implemented in the ROM system, and ODJFS has applied the federal code to generate county-specific performance reports on several of the national standards. Performance data on these federal measures has been organized by county CPOE-size category, so that counties may easily see how they compare to other counties of similar size. In addition, as noted in the Update to our Statewide Assessment (Section II) and in benchmarks included

later in this section, OFC has implemented an even stronger focus on county data within the CPOE process with specific measures included in discussions held with each PCSA throughout the review process. Moreover, OFC has focused on critical data elements, including the CFSR measures and caseworker visitation data, in a variety of presentations with stakeholders over the past year, through a series of articles in the *First Friday*, and through direct-emailed data reports as noted above.

Intervention 2: Collaborate with the Ohio Child Welfare Training Program (OCWTP) to integrate SACWIS into identified OCWTP trainings to improve data entry and integrity.

Benchmark 1: OCWTP will develop a set of self-instructional tools to train staff on SACWIS, including: online modules, using detailed screen shots and accompanying verbal and print instructions, and quick-start guides for groups of SACWIS functions. (Years 1-5)

Progress Report:
"Quick Start Guides" were added for each video/pdf resource developed last year which provide a written series of step-by-step directions that caseworkers can read as they navigate through the SACWIS system. Before being published, each resource is vetted by SACWIS program staff.

The SACWIS "Just-In-Time" resources were published on a website linked to the Ohio Child Welfare Training Program's website at http://sacwistraining.knowledgeowl.com/help. This website allows easier access and additional support at the time the knowledge is most needed in the field. RTCs report significant value to being able to direct staff to these "Just-In-Time" resources before providing SACWIS coaching.

During this reporting period, the OCWTP has focused attention on marketing the "Just-In-Time" resources and gathering feedback to gauge the resources' value to caseworkers. The tools are promoted during Caseworker Core Modules and a two-hour Core overview for supervisors. As of March 30th, 2016, analytics indicate there have been 1,649 views of the combined resources. Below is a list of the resources and corresponding number of views per resource:

- *Linking Case Services to Case Plan Concerns*- 320 views
- *Quick Start Guides*- 263 views
- *Recording a Case Service*- 185 views
- *Completing a Case Review*- 174 views
- *Completing a SAR*- 156 views
- *Linking and Unlinking Visitation Plans to the Case Plan*- 120 views
- *Adding Placement Information to the Case Plan*- 118 views
- *Completing a Service Review within a Case Review*- 110 views
- Linking Intakes to an Adoption Case- 103 views
- *Adding a Service Referral within a Case Service*- 100 views

By the end of the fiscal year, three new "Just-in-Time" resources will be added for completing health forms, completing education forms, and updating case member characteristics (including updating opiate usage).

The SACWIS Team is currently working on updating the training environment to maintain consistency with the current SACWIS Production environment. All maintenance and changes to the SACWIS Training environment are coordinated with the OCWTP and other stakeholders that use the SACWIS Training environment.

***Benchmark 2**:* OCWTP will provide SACWIS learning labs for select prioritized trainings. (Years 2-5)

Progress Report:
SACWIS learning labs were offered 79 times as a part of the Caseworker Core Modules. Two modules include half-day SACWIS learning labs (the first half of each day focuses on casework process) and one module includes an all-day SACWIS learning lab. These learning labs were held in all eight Regional Training Centers and provide instruction on how to document and support assessing risk, assessing safety, safety planning, and service planning.

By June 30, 2016, *Documenting the Assessment for Child Placement in SACWIS* will have been offered six times across the state. This learning lab is highly specialized and provides instruction for assessors on how to document the Assessment for Child Placement.

Half-day SACWIS labs were offered to trainers three times in two different regions to provide trainers with an overview of how SACWIS is used in casework and how the SACWIS training environment can be used in trainings for caseworkers, supervisors, and assessors. To date, 30 trainers have taken the labs. One additional lab is scheduled for June 3, 2016.

Benchmark 3: SACWIS coaches will be prepared and deployed through OCWTP to assist PCSA staff in person or through web-based interface. (Years 1-5)

Progress Report:
Although the OCWTP maintains a pool of SACWIS coaches available to coach face-to-face or virtually via GoToMeeting, RTCs and IHS staff continue to actively recruit and develop new coaches to fulfill requests across all eight regions of the state. Three new SACWIS coaches were recruited this year. Currently, group coaching events are ongoing in three counties with SACWIS coaches providing on-site support to entire practice units.

Benchmark 4: Scheduled for Years 3-5.

Benchmark 5: ODJFS will collaborate with OCWTP to provide workshops for child welfare supervisors on SACWIS reports and how to use BIC and ROM to mine data from SACWIS to track case-related activities and generate reports to support agency CQI activities. (Years 1-5)

Progress Report:
The training *Managing for Outcomes: Using SACWIS Data to Improve Performance* was developed and is currently available through the OCWTP. This training provides a hands-on experience viewing and interpreting SACWIS data through SACWIS, BIC and ROM reports. Nine sessions of *Managing for Outcomes: Using SACWIS Data to Improve Performance* will have been offered between July 1, 2015 and June 30, 2016 in the following regions:

- WORTC: 2 sessions
- NWORTC: 4 sessions
- Statewide: 3 sessions (Note: "Statewide" sessions were held in Columbus and were open to supervisors in all regions.)

Currently, there are four trainers for this lab. This year, one additional trainer was recruited, screened and approved to train the lab and is in the process of being trained on the content.

ODJFS and the OCWTP met several times to discuss lab updates and revisions and to troubleshoot supervisor BIC and ROM access issues. This collaboration is essential to the success of this initiative. Two regions are not on the state network which requires finding another location for this learning lab. ODJFS and the OCWTP provide support to workshop participants prior to and following the lab regarding reporting system access issues and answering questions about specific reports. OCWTP staff plan to incorporate information regarding SACWIS, BIC, and ROM reports and the use of data into several Supervisor Core modules.

Intervention 3: Develop practice fidelity measures and companion reports based on Ohio's Differential Response Practice Profiles that can be used by direct services staff and their supervisors to drive practice improvement efforts.

Benchmark 1: Completed Year 1.

Benchmark 2: Identify which activities/practice fidelity measures could be tracked through SACWIS (vs. field observation or case review). (Years 1-2)

Progress Report:
The Differential Response Implementation and Practice Advancement Team developed two supplemental toolkits to enhance caseworker and supervisory skills and support the practice fidelity of Ohio's Differential Response (DR) System. The *Ohio Differential Response Caseworker Self-Assessment and Field Tools and the Ohio Differential Response Coaching and Supervision Tools* were finalized in December 2015. The finalized tools were circulated electronically in December 2015 and are available on the ODJFS Forms Central website (JFS 01055 and JFS 01056).

There are three primary components of the Coaching and Supervision toolkit: (1) supervisory coaching prompts to guide workers' skill development; (2) field observation tools to track and provide feedback on observed practice skills when working with families; and (3) a case record review tool to help supervisors assess and provide feedback to workers on skills demonstrated through their documentation of their work with families. Used in combination with one another, the supervisory coaching prompts, the field observation tool and the case review tool provide a holistic and comprehensive method for supervisors to support the professional development of casework staff. The goal is to help caseworkers build on their strengths and improve their skills to achieve the best outcomes for children and families.

Intervention 4: Continue SACWIS enhancements to improve data collection and timely and accurate reporting.

Benchmark 1: Implement all steps required to complete Ohio's AFCARS improvement plan. (Years 1-5)

Progress Report:
Ohio continues to work toward completing the AFCARS Improvement Plan (AIP). Functionality was added to the Ohio SACWIS to allow additional elements to be captured. This information will be captured through enhancements regarding Independent Living, the Case Plan, and non-recurring adoption subsidy. It is estimated that 75 percent of changes recommended in the AIP are complete.

Benchmark 2: Provide timely and accurate submissions of federal data. (Years 1-5)

Progress Report:
Ohio continues to submit compliant AFCARS, NCANDS, NYTD, and Visitation reports in a timely manner. Ohio also continues to work to improve the quality of the data reported in these reports.

Benchmark 3: Collaborate with stakeholders to develop a plan to address SACWIS federal compliance findings and address ongoing user needs. (Years 1-5)

Progress Report:
Following Ohio's SACWIS Assessment Review (SAR) held in August 2015 and receipt of the official SAR report in January 2015, the Ohio SACWIS Team created action plans for 22 findings documented in the SAR report. These action plans have been incorporated into the Ohio SACWIS Application Report and are being tracked with the assigned Federal analyst. Several of the action plans have been completed, and others are planned to be resolved through design and development by state developers or through the Interval Deliverable Agreement process with the vendor. As noted in Section II (Update on Assessment of Performance), the SACWIS team relies on several avenues for stakeholder feedback as new functionality and enhancements are developed and implemented.

Goal 1: Objective 3
Further integrate CQI into Ohio's Technical Assistance and CPOE Review Processes.

Update on Progress Made to Improve Outcomes

Intervention 1: Integrate Ohio's Differential Response Practice Profiles and CAPMIS (assessment model) quality review into the Child Protection Oversight and Evaluation (CPOE) review process.

Benchmarks:

1) Building on the work described above to identify practice fidelity measures, identify which measures would best be tracked through case reviews. (Years 1-2)
2) Provide training and consultation to OFC regional teams on the use of the Practice Profiles in their role as TA providers. (Years 1-2)

3) Form a workgroup to integrate practice fidelity measures and CAPMIS (assessment model) review into CPOE framework. (Years 1-3; Please note the timeframe on this benchmark was revised to cross into Year 3 – see narrative below.)

4) Pilot CAPMIS quality review and practice fidelity measures with volunteer PCSAs. (Years 2-3)

Progress Report:

Differential Response (DR)

As noted previously, two supplemental toolkits have been developed to enhance caseworker and supervisory skills and support the practice fidelity of Ohio's Differential Response (DR) System. The *Ohio Differential Response Caseworker Self-Assessment and Field Tools and the Ohio Differential Response Coaching and Supervision Tools* were finalized in December 2015. A case review tool is included in the Coaching and Supervision tools to support agencies' efforts to integrate the Practice Profiles in supervision and Continuous Quality Improvement. The Practice Profiles and these corresponding toolkits have been widely circulated to both state staff, who comprise the OFC regional teams, and county staff. Members of the OFC regional teams and county partners from the Ohio Differential Response Leadership Council jointly hosted a series of regional meetings in May and June of 2016 focused on the Practice Profiles and their companion tools for caseworkers and supervisors.

In addition, cases assigned in the Alternative Response pathway are being reviewed during CPOE Stage 10 case reviews using the CFSR Round 3 on-site review instrument. Technical Assistance teams have communicated with the DR Manager to discuss practice issues that have been identified so far, and collaborative efforts have occurred with several counties to offer individualized guidance on best practices that align with the DR Practice Profiles and support model fidelity.

Comprehensive Assessment Planning Model – Interim Solution (CAPMIS)

The reliability and validity study of the Comprehensive Assessment Planning Model – Interim Solution (CAPMIS) protocol began on January 26, 2015. The evaluator is currently working on data analysis, which was delayed due to a longer than anticipated period of time for the development of a data sharing agreement between ODJFS and the University of Cincinnati for the project. The evaluator is scheduled to provide a preliminary presentation of evaluation conclusions and recommendations for ODJFS administrative and program staff in October 2016.

With the CAPMIS evaluation underway and preliminary findings pending, ODJFS determined the best course of action would be to extend the timeframe for the completion of Benchmark 3 in order to align this benchmark with the ongoing CAPMIS evaluation. This adjustment will allow time for preliminary findings from the CAPMIS evaluation to help inform the development of a CAPMIS quality review component of CPOE.

Intervention 2: Revise CPOE protocol to strengthen use of performance data.

Benchmark 1: Completed Year 1.

Benchmark 2: Develop a template for a CPOE performance report. This report would include key measures available through BIC, ROM or SACWIS (e.g. pathway assignment, worker visits, recurrence, etc.). (Year 2)

Progress Report:
Current reporting systems (i.e., BIC, ROM, and SACWIS) provide a wealth of analyses. However, these analyses exist as separate reports. As such, it can be difficult for both state and local staff to obtain analytic insights on the interrelationships between and among many measures. ODJFS wishes to overcome this limitation by assembling one report that integrates critical measures. The report will be generated for each county agency, and technical assistance staff will use this report on an ongoing basis in their work with each of their assigned counties. A draft template for this report has been developed. The template is currently under review by technical assistance staff, who are providing suggestions for improvement, making recommendations for how frequently the report should be run, and a preferred means for delivery.

Intervention 3: Create an agency self-assessment tool for PCSAs to complete as part of the CPOE process. This tool would connect to and support agencies' individual CQI or Quality Assurance processes.

Benchmarks:

1) Partner with stakeholders to develop the self-assessment tool, which would encompass a cohesive assessment of agency practice, including screening decisions, CAPMIS assessments, family engagement, services to families, and the quality and timeliness of caseworker visits. (Years 1-3; Please note the timeframe on this benchmark was revised to cross into Year 3 – see narrative below.)
2) Pilot the agency self-assessment tool with volunteer sites. (Years 2-3)

Progress Report:
As noted previously, PCSAs are required to develop a Quality Improvement Plan (QIP) as a result of outcome domains and items found as an Area Needing Improvement (ANI) during their CPOE review. For CPOE Stage 10, agencies complete a self-assessment report five months after their QIP approval. The self-assessment report is a universal report template that all PCSAs utilize to report on implementation of the agency's QIP. The PCSA documents the following information on their self-assessment:

- How their agency has been monitoring progress made on their QIP;
- If there are any aspects of their QIP that have not been implemented;
- The timeframe for implementation of their QIP activities; and
- If there are any revisions to the original QIP.

The assigned TAS reviews the PCSA's five month self-assessment report once received from the PCSA. The TAS will provide the PCSA with an acknowledgement letter that the agency's self-assessment report

was received and reviewed. The five month self-assessment is again reviewed and discussed with the PCSA during the PCSA's ten month CPOE QIP case reviews.

Rather than require agencies to complete two separate self-assessment processes, ODJFS determined the best course of action would be to extend the timeframe for these benchmarks and examine the agency self-assessment process as we prepare for the next cycle of CPOE. The next two-year CPOE cycle is scheduled to begin in October 2016. OFC's goal is to continually strengthen PCSAs' level of involvement in the CPOE review process and conduct reviews in partnership. OFC will partner with stakeholders to examine how the PCSA self-assessment can be enhanced to add further value to the CPOE process and PCSAs' CQI efforts.

Intervention 4: Establish process to strengthen inter-rater reliability for CPOE reviews and Quality Improvement Plan (QIP) development.

Benchmarks:

1) Completed Year 1.
2) Completed Year 1.
3) Completed Year 1.
4) Technical Assistance Managers will separately review (w/ each TAS) at least one case per quarter for accuracy. (Years 1-5)

Progress Report:

During CPOE Stage 10, Ohio is using the federal Online Monitoring System to record case review results in preparation for CFSR Round 3. The intent is to review cases with fidelity to the federal tool and complete the tool based upon federal requirements (without Ohio Administrative Code modifications, as done in previous CPOE Cycles). Reviewers may still address compliance with Ohio Administrative Code through provision of technical assistance or require the agency to submit a Quality Improvement Plan (QIP) if areas of non-compliance are identified; however, case ratings are assigned per the instructions of the federal tool. Addressing concerns with OAC compliance while also maintaining fidelity to the federal review standards presents a challenge at times. To address this challenge, the ODJFS technical assistance team has employed a number of strategies. First and foremost, staff regularly have opportunities for discussion of item and outcome ratings with their managers – both through one-on-one consultation and through team meetings. Ohio is also utilizing the OSRI training videos to support rater consistency. All TASs and managers review the CFSR training videos followed by group discussions about the directives and/or expectations expressed in the videos to further ensure consistency. A quality assurance review is completed for all reports in the OSRI by the technical assistance managers to identify any quality or consistency issues, which are then addressed directly with staff.

One such issue identified and addressed with technical assistance specialists (TAS) during this initial year of utilizing the OSRI was the depth of information being captured in the online tool to support ratings. In the past, TASs would make notes on the case review tool on paper, but the documentation of Strengths, Areas Needing Improvement and technical assistance was captured in the CPOE report. Thus, early on, TASs were still utilizing this technique with the OSRI and not capturing sufficient detail in the online review tool to support their ratings – particularly for items rated as a "Strength." This issue was addressed by providing staff with documentation examples from Ohio's CFSR Round 2 reviews and

discussing the importance of using the online tool to fully capture the information needed to support the ratings of each item.

Taking the opportunity to utilize the OSRI for the state's ongoing case review process in CPOE Stage 10 has provided valuable experience and insight that Ohio will carry forward as it plans for its CFSR Round 3 onsite review in 2017. The state's technical assistance team continues to focus on consistency, thorough documentation of ratings, and inter-rater reliability, as an ongoing focus on these issues is critical to ensuring the success of the state's case review process.

Intervention 5: Enhance OFC Regional Technical Assistance process to incorporate CQI practices.

Benchmarks:

1) Regional Technical Assistance Teams will regularly review data (e.g., county self-assessments, SACWIS data, CPOE and licensing site visit results) for the PCSAs and private agencies within their region. (Years 1-5)
2) Team members will proactively offer the counties and agencies in the region an opportunity to jointly review and discuss their data. (Years 1-5)
3) Per county and agency requests, the team will consult with the private agency or PCSA to develop an appropriate action plan and assess progress. (Years 1-5)

Progress Report:

OFC has aligned staff from the bureaus of Systems and Practice Advancement, Foster Care Licensing, Child and Adult Protective Services, Automated Systems, and Fiscal Accountability into cross-program area Technical Assistance Teams. These teams serve public and private agencies in five regions of the state: Central, Northwest, Northeast, Southwest and Southeast. Each of the Regional Technical Assistance Teams is required to meet on a monthly basis, and members also meet on an as-needed basis to address time-sensitive needs of the agencies in the region. Monthly meetings of the teams help members gain an enhanced knowledge about the counties that are located within the region, the successes and challenges they are experiencing, and the ways OFC can better support improved outcomes within the region.

To further integrate a Continuous Quality Improvement (CQI) approach into OFC's technical assistance process, the regional teams have incorporated in-depth reviews of performance data and practice trends for the agencies in their regions. For example, teams frequently highlight a different county and/or private agency during each meeting. These discussions provide an opportunity to review the agency's performance data, CPOE and/or licensing results and to discuss practice strengths and challenges. Teams have also reviewed region-wide performance trends. For example, the Northwest Technical Assistance Team engaged in an in-depth discussion and review of the following data reports for counties within their region:

- Intake Initiation Requirement Met
- Pending CPS Reports
- Length of Time in State Involvement by Type of Involvement
- Length of Stay (of those in care)
- Reunification in 12 Months (of those reunified)

- Federal Recurrence of Maltreatment
- Federal Maltreatment in Foster Care

The teams are utilizing these discussions in their planning efforts to meet agencies' needs for training or technical assistance and as the teams plan periodic region-wide events. OFC Technical Assistance Specialists, who are an integral part of each Regional Team, have incorporated these data discussions in the CPOE review process with counties as noted previously. Through this process, the TASs may proactively offer the services of the Team to assist counties with technical assistance and/or action planning around specific topics. For example, following discussion with their technical assistance staff, an agency in the Southwest Region requested the regional team come on-site and conduct a process evaluation with their staff. The team worked with staff on reviewing intake, assessment, safety planning, and Title IV-E eligibility issues. The agency is now developing an action plan to address areas needing improvement. The regional teams have also provided assistance to counties across the state in better understanding the Comprehensive Visitation Report and Visitation Incentive Program. Title IV-E Courts have also requested and received assistance.

As noted above, each of the five Regional Technical Assistance Teams periodically conducts region-wide events for the public and private agencies and Title IV-E courts within their region. These regional meetings provide an important forum for discussion and feedback loops with OFC's local partners. The following meetings have been conducted over the last year: Central Region on November 10, 2016 and May 17, 2016; Southeast Region on March 3 and April 7, 2016; and Southwest on March 31, 2016 and April 20, 2016.

Goal 1: Objective 4
Apply CQI principles to improve casework practice and supervision.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen implementation of Ohio's CAPMIS assessment and case planning model.

***Benchmark 1*:** Evaluate CAPMIS to assess reliability and validity of the model. (Years 1-3)

Progress Report:
On August 20, 2014, ODJFS issued a request for proposals to select a vendor to evaluate the validity and reliability of the *Comprehensive Assessment Planning Model – Interim Solution* (CAPMIS). The University of Cincinnati (UC) was selected as the project vendor and contract activities began on January 26, 2015. As noted above, the evaluator is currently working on data analysis, which was delayed due to a longer than anticipated period of time for the development of a data sharing agreement between ODJFS and the University of Cincinnati for the project.

Benchmark 2: Gather stakeholder feedback to better understand current utilization and barriers to application of the CAPMIS tool set. (Years 1-2)

Progress Report:
The evaluator has completed a series of interviews with key informants that included OCWTP trainers, state staff and PCSAO representatives. In addition, a series of stakeholder focus groups were conducted throughout Ohio to gather input from Ohio's child welfare workforce. Stakeholders included county caseworkers, supervisors and administrators. The evaluator is scheduled to provide a preliminary presentation of evaluation conclusions and recommendations for ODJFS administrative and program staff in October 2016. The final Evaluation Report from the University of Cincinnati is due on May 31, 2017.

Benchmarks:

3) In collaboration with OCWTP, integrate CAPMIS, Differential Response, and SACWIS into Caseworker Core training modules. (Years 1-3; Please note the timeframe on this benchmark was revised to cross into Year 3 – see narrative below.)

4) Completed Year 1.

5) In collaboration with OCWTP, develop an implementation plan for rollout of enhanced CAPMIS curricula as well as other coaching or training opportunities to support the use of CAPMIS. (Year 2)

6) In collaboration with OCWTP, develop a supervisory post-training survey/quality checklist to measure the effectiveness of training and to drive future curricula revisions and/or supportive components such as Guided Application to Practice sessions or Coaching. (Year 2)

Progress Report:
Wherever possible, language and content throughout Caseworker Core has been changed to align with the DR and CAPMIS models, and SACWIS screen shots have also been included whenever there is a reference to documentation. During this reporting period, CAPMIS, DR, and SACWIS have been integrated into Caseworker Core Module 6 and one corresponding Learning Lab. This lab supports documentation of the Case Plan and Family Service Plan in SACWIS and provides participants with the opportunity to access SACWIS and practice entering Case Plan and Family Service Plan information. Lab facilitators provide coaching and direction to participants regarding the quality of documentation and how to efficiently enter documentation in the appropriate fields.

Additional revisions to Caseworker Core continue. The concepts are currently being integrated into Caseworker Core Modules 1, 3, and 7. Module 8 will be revised in the fall of 2016. The completion date for all Caseworker Core revisions is June 30, 2017. This date is substantially later than initially projected due to trainer development needs. Original estimations did not account for the unexpected developmental needs of trainers specific to SACWIS, DR and CAPMIS. As such, the OCWTP has been assessing, observing and providing increased technical assistance to trainers to prepare them to train the revised Core and CAPMIS curricula.

CAPMIS

The ODJFS, OFC has been working to strengthen the implementation of CAPMIS through a variety of interventions including curricula development, training on content for CAPMIS trainers and targeted training on content for the end users. Also, an enhanced collaboration between the OCWTP, the training vendor, the Institute for Human Services, (IHS) and OFC child protective services staff has resulted in CAPMIS focused curricula across the child welfare core training continuum.

This collaboration has resulted in the inclusion of the CAPMIS constructs throughout the core training modules. OFC CPS staff have reviewed IHS' core training modules to ensure the core trainings reflect CAPMIS concepts. State staff authored sections of the core curricula to ensure it reflects the CAPMIS concepts and application guidance. Additionally, CPS staff developed a series of CAPMIS specific trainings and shared them with IHS. The three CAPMIS curricula provided by the OFC CPS section to IHS include:

1. Safety Assessment
2. Safety Planning
3. Strengths and Needs

IHS has adopted the three state developed curricula and began offering the trainings to PCSA staff in the fall of 2014. The trainings have been positively received by PCSA staff. The Strengths and Needs curriculum has been offered since the spring of 2015.

By enhancing the understanding of the CAPMIS model among caseworkers and supervisors in the counties, it is believed implementation of Ohio's CAPMIS model can be strengthened. Moving forward the incorporation of the CAPMIS concepts and constructs within the OCWTP core training curriculum should assist with building knowledge of the model among the PCSA workforce. In the longer term this should strengthen the application of CAPMIS as applied to the assessment of children and families.

During this reporting period the following activities occurred:

- OCWTP developed and implemented a Casework Training Work Team to facilitate the review of all OCWTP caseworker learning activities to ensure they make CAPMIS connections when appropriate.
- OCWTP developed and implemented a marketing plan to ensure all 88 county PCSAs were aware of the advanced CAPMIS learning activities and strategized ways to implement the advanced CAPMIS learning activities in small and rural counties. These learning activities were announced and discussed at PCSA regional meetings with directors and administrators and discussed with supervisors via a statewide supervisory conference and Advisory Work Group. In addition, ODJFS Technical Assistant Specialists were provided information about the advanced CAPMIS learning activities to share during the CPOE process.
- OCWTP offered the CAPMIS learning activities as a specific tool to enhance agency best-practice. Two metro counties (Summit and Cuyahoga) implemented the following plan:
    - OCWTP and ODJFS delivered training on assessing safety and safety planning to upper level managers and administrators in two metro counties. During these sessions, participants were tasked with identifying their agency policies and practices that do not support best practice. The counties required all staff to complete the *Assessing Safety and Safety Planning* trainings using a team training approach where supervisors attended the training with their staff. In county that means offering one session per month through the end of FY 2016. The same trainer was used for all staff sessions and collaborated closely with the OCWTP and ODJFS to ensure all participants were receiving a consistent message.

- All OCWTP trainers were encouraged to attend the *CAPMIS Training of Trainers* (TOT) as a means to enhance their knowledge of CAPMIS. This TOT was offered three times to 47 OCWTP trainers, staff, and ODJFS Technical Assistance Specialists.
- In April 2016, OCWTP hosted a statewide trainer conference with the emphasis on critical thinking when applying CAPMIS. Over 50 OCWTP trainers attended.
- Provided three coaching events focused on coaching CAPMIS related skills with entire units of caseworkers and their supervisors.
- Developed and promoted the use of two CAPMIS quality tools for supervisors:
    - *Assessing Safety Supervisor Checklist*
    - *Safety Planning Supervisor Checklist*
- Disseminated the *Assessing Safety Supervisor Checklist and the Safety Planning Supervisor Checklist at* two regional supervisor conferences, CAPMIS trainings, the Supervisor Work Team and, via six webinars held for supervisors to discuss Caseworker Core revisions and strategies supervisors can use to support transfer of learning for caseworkers attending Caseworker Core.
- Currently, staff are developing a third quality tool on the assessment of strengths and needs (Risk Assessment). This tool is expected to be complete in August of 2016.

Benchmark 7: As outlined above (in Objective #3), include a CAPMIS quality review tool in the CPOE framework. Through the CPOE process, Technical Assistance Specialists will work with agencies to identify needs for additional training or support for ongoing practice improvement. (Years 1-2)

Progress Report:
Refer to discussion under Objective #3 above.

Intervention 2: Develop resources to promote fidelity to the practices detailed in Ohio's Differential Response Practice Profiles.

Benchmarks:

1) Completed Year 1.
2) Through the Differential Response Statewide Implementation Team, develop a companion tool set for supervisors to accompany the Practice Profiles, which will include supervisory assessment tools, such as a field observation checklist. (Years 1-2)
3) Through the Differential Response Statewide Implementation Team, develop a tool set for agency leaders and/or CQI staff anchored by the Practice Profiles. (Years 1-2)
4) Develop and provide web-based training to accompany the release of the above tools. (Years 1-2)

Progress Report:
The Differential Response Implementation and Practice Advancement Team developed two supplemental toolkits to enhance caseworker and supervisory skills and support the practice fidelity of Ohio's Differential Response (DR) System. These tools were field tested by the OCWTP Supervisory Advisory Group, along with other DR Supervisors across the state. Suggested feedback from these "early adopters" was incorporated into the finalized tools, which are available to agencies statewide through the ODJFS Forms Central website (JFS 01055 and JFS 01056).

The toolkit entitled, *Caseworker Self-Assessment and Field Tools*, allows the practitioner and his/her supervisor to examine whether their practice maintains fidelity to the behaviors and skills detailed in Ohio's Differential Response Practice Profiles. This companion piece to the Practice Profiles includes a series of brief self-assessment tools for each skill detailed in the Practice Profiles along with helpful engagement tools and strategies that can be used to improve solution-focused casework practice across Ohio. It is envisioned that a caseworker would complete one self-assessment tool per month related to a specific skill in the profiles, and in consultation with his/her supervisor, select one new practice strategy or tool to test or practice during that month. This structure will promote ongoing staff development through a continuous process of self-reflection and supervisory consultation.

The supervisory toolkit entitled, *Ohio Differential Response Coaching and Supervision Tools,* contains three components: (1) supervisory coaching prompts to guide workers' skill development; (2) field observation tools to track and provide feedback on observed practice skills when working with families; and (3) a case record review tool to help supervisors assess and provide feedback to workers regarding their documentation of their work with families. The *Coaching and Supervision* toolkit also includes strategies to support and strengthen model fidelity, promote continued development of clinical competency and increase focus on sustainability of the Differential Response system.

Rather than develop an additional and separate tool set for agency leaders and CQI staff as originally conceived in Benchmark 3, the DR Implementation and Practice Advancement Team determined that it would be of greater benefit to focus its efforts on encouraging these key leaders to support the implementation of the caseworker and supervisory tool sets within their organizations. A variety of strategies have been utilized throughout the past year to reach these key agency leaders and provide information about the Practice Profiles, their companion tools and the potential benefits of adopting these tools in their agencies. Presentations were offered at the PCSAO conference (Agency Directors and Administrators Track) and at the annual National Differential Response Conference. Additionally, five regional in-person sessions were held throughout the state to introduce the tools to PCSA staff. In addition to these in-person presentations, ODJFS partnered with the OCWTP Supervisory Advisory Committee to produce a brief online video which outlines practical uses of the tools from a supervisor's perspective. Finally, the tool sets have been featured in Ohio's Differential Response newsletter as well as the *First Friday,* both of which are widely distributed to PCSA leadership and staff.

Intervention 3: Provide professional development resources to assist supervisors in implementing effective supervision practices.

Benchmark 1: In collaboration with OCWTP, develop and provide training, coaching and Guided Application and Practice sessions for supervisors on the facilitation of group supervision and use of a case consultation and information sharing framework. (Years 1-5)

Progress Report:
The OCWTP offers a variety of standardized workshops and Guided Application and Practice sessions designed to support the ongoing knowledge and skill development of supervisors on Ohio's Differential Response model of service delivery. Sixteen classes were conducted with another seven scheduled before the end of the fiscal year. Thirteen were canceled due to low registration (see chart below.)

Workshop	Number conducted between 7.1.15 and 4.15.16	Number cancelled	Number scheduled between 4.15.15 and 6.30.16
Differential Response Primer	5	3	1
Differential Response Overview	0	0	0
GAP-Alternative Response/Differential Response – Lessons Learned	0	0	0
Alternative Response/Differential Response	1	1	1
Introduction to Differential Response	0	0	0
GAP: Differential Response Implementation – Now What?	1	3	0
Sustaining, Supervising, and Coaching in Differential Response Child Response	0	0	0
Coaching in Child Welfare Supervision: Using the Practice Profiles	3	2	2
Supervising Differential Response	1	4	2
Clinical Group Supervision that Supports Family Engagement	1	0	1
Differential Response Concepts: Training of Trainers	4	0	0

As with many other supervisory workshops, attendance has been disappointing and several workshops were cancelled due to lack of adequate numbers of registrants. This apparent lack of interest resulted in some of the workshops not being scheduled. This information has been discussed at the OCWTP Steering Committee meetings and at the DR Leadership Council. Information gathered from those sources, and from discussions with other supervisors, has identified two major factors that prevent supervisors from attending training in general: lack of time, and the need to stay in the office to supervise caseworkers' activities, especially in small agencies that may not have other supervisors

available to provide supervisory coverage for workers. Furthermore, while DR has been implemented statewide, there are still significant variations across agencies in the level of commitment to the model, which may also contribute to lack of registration for these workshops.

This year ODJFS finalized a set of self-assessment and supervisory tools to assess worker level of skill related to the Practice Profiles. The tools will also help supervisors identify skill development activities for their staff, such as on-the-job training activities as well as formal training. The OCWTP is incorporating these tools in the workshops, *Supervising Differential Response* and *Coaching in Child Welfare Supervision: Using the Practice Profiles*. It is anticipated there will be an increase in registrations for these workshops once the tools are implemented widely throughout the state.

Intervention 4: Improve the quality and frequency of caseworker visits with parents and children.

Benchmark 1: Completed in Year 1.

Benchmark 2: Partner with stakeholders to review the data from the child welfare workload study and examine the array of factors influencing statewide performance on the quality and frequency of caseworker visits. (Year 2)

Progress Report & Feedback Loops:
At the conclusion of the *Child Welfare Workload Study*, counties were parsed into rural and urban areas, and focus groups were held across the state. The focus groups, consisting of caseworkers and supervisors, were asked to respond to the study's summarized findings.

Caseworkers and supervisors cited the *Comprehensive Visitation Report* (available in SACWIS) as an excellent tool for establishing visitation schedules and monitoring completion of visits. However, they also provided extensive feedback on other factors that can prevent caseworkers from meeting these expectations. These factors include: (1) large caseloads; (2) high staff turnover; (3) time spent waiting for court hearings to begin; and (4) lack of sufficient support staff.

Supervisors and workers said that when workers have large caseloads, there is an increased risk in having emergencies, and when an emergency occurs, a caseworker's plan to see families can be short-circuited. Supervisors, most notably, mentioned that many seasoned workers have excellent time-management skills, and when these workers resign, new workers assume their duties but they have not developed effective time management strategies.

Staff also mentioned that visitation targets are missed because caseworkers frequently have unpredictably long wait times in court. Courts are sympathetic to these delays, but add it is difficult to predict the actual duration of trials.

Supervisors maintain that staffing problems can affect, directly and indirectly, visitation. For example, when there is a shortage of supportive staff who handle routine tasks, caseworkers must do these tasks, and this decreases the amount of direct service time.

Benchmark 3: With stakeholder input, identify prospective solutions based on the data and integrate these into Ohio's CFSP. (Year 2)

Progress Report & Feedback Loops:
In addition to the stakeholder sessions conducted on the Child Welfare Workload Study, ODJFS partnered with PCSAO to offer four regional CQI forums focused on caseworker visits in the summer and fall of 2015. These sessions examined the topic of caseworker visits with parents and children through a CQI lens. Historical and current performance data was shared along with a discussion of various strategies to improve data quality and performance.

To assist agencies in resolving the systemic issues discussed in Benchmark 2, ODJFS also encourages agencies to use a tool that was developed as an outgrowth of the Child Welfare Workload Study. This tool is the "Workload and Caseload Analysis Calculator." It is available at:
http://www.pcsao.org/resources/other

The calculator is analogous to a mortgage calculator used by individuals when investigating home buying options. Variables in a mortgage calculator such as down payment, interest rate, loan amount, and term can be adjusted and individuals can see how each adjustment affects "the bottom line." Similarly, the Workload calculator allows agencies to consider how minor changes in work activities (e.g., level of internal supports, availability of local services, expectations on requirements, experience of supervisors, turnover, and workload efficiency) affects the balance between staffing and workload demands. This calculator increases a leader's insights and provides information to bolster specific agency functions and data to advocate for more staff as appropriate.

Benchmark 4*:* Provide data on statewide performance on caseworker visits with parents and children in a standardized data report shared regularly with stakeholders. (Year 2)

Progress Report:
In June 2015, a summary level visitation report was developed and automated. This report is distributed on the 15th of each month to the director of each Public Children Services Agency (PCSA) as well as to any designated secondary contacts. The report provides the recipient with a summary level view of the current performance of their respective PCSA in completing child and adult visitation. If additional detail is needed, the director or designee may run the detailed report from within SACWIS.

Progress Measures:
Following the creation of the report, Ohio's annual submission of Title IV-B monthly caseworker visitation data surpassed the federal goal of 95 percent, achieving 95.12 percent compliance. In addition, as noted earlier, significant improvements have been observed for caseworker visits with children on in-home cases and with parents.

Benchmark 5*:* Collaborate with OCWTP to expand use of Effective Use of Home Visits training. (Years 1-2)

Progress Report:
The *Effective Use of Home Visits* training has been available since 2011. The OCWTP marketed this training by: (1) providing announcements via the eight Regional Training Centers (RTCs); (2) including four weekly announcements in the PCSAO Weekly Update, a newsletter distributed to all Ohio Public Children Service Agencies (PCSA); and (3) distributing flyers. In addition, the course was highlighted in a document distributed to PCSA executive directors at statewide meetings.

Two classes were scheduled this year with 32 registrants. Because the class is online, participants represented all regions of the state. Both classes ended on May 16, 2016.

The OCWTP offers a range of trainings related to this topic. To date there are 14 different courses available to caseworkers, supervisors, and caregivers. A new GAP session, *Caseworker Visits with Children, Families, and Caregivers: How We Can Do Better*, is scheduled for the end of FY 2016.

Goal 1: Objective 5
Implement innovative and evidence-based or evidence -informed child welfare practices to improve safety, permanency and well-being outcomes for children and families.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen Ohio's implementation of Differential Response and expand use of the Alternative Response pathway statewide where appropriate.

Benchmark 1: Completed in Year 1.

Benchmark 2: Through stakeholder input and data analysis, identify barriers impacting Alternative Response pathway assignment. (Years 1-2)

Progress Report:
Statewide implementation of a Differential Response Child Protection System was completed in June 2014, with all 88 counties being trained in the model through a phased implementation process. Ohio continues to pay close attention to the growth and development of the practice with quarterly data analysis of pathway screening percentages and pathway change rates in SACWIS. This data is discussed with Ohio's Differential Response Leadership Council at its quarterly meetings. Ohio has been consistently screening 45 percent of child abuse and neglect reports to the Alternative Response (AR) pathway and 55 percent to the Traditional Response (TR) pathway. Ohio's pathway change rate is 7.8 percent. Two of Ohio's largest metropolitan counties have not yet fully scaled-up their Alternative Response units, which may lead to an increase in AR pathway assignments in the future as these agencies expand their implementation of AR.

AR cases are included in the CPOE Stage 10 review process if they remained open for more than 45 days. Ongoing technical assistance to address identified barriers has continued to be provided to counties through one-on-one skill coaching (at counties' request), regional in-person meetings for workers and supervisors, community forums to help improve community partnerships and expectations, and peer-to-peer learning activities to help overcome identified practice barriers.

Additionally, OFC has formed a CFSP committee focused on revising Ohio's Statewide Screening Guidelines to include Differential Response pathway assignment information and examples. It is anticipated that these revised guidelines will support greater consistency in pathway assignment decisions across the state.

Benchmark 3: Utilize DR Sustainability Consultation and other technical assistance opportunities to discuss screening and pathway assignment. (Years 1-5)

Progress Report:
ODJFS continues to provide technical assistance, consultation and one-on-one coaching to support DR systems within county agencies. Through Ohio's systematic implementation of DR, counties were able to complete a sustainability consultation process, including completion of a Sustainability Self-Assessment and in-person sustainability consultation visits following implementation of the DR model. Sustainability planning provided the opportunity to identify benchmarks to measure progress, consider short and long term needs, and develop strategies for long-term success. Growth or "scaling up" of the county's AR pathway was a frequently addressed topic of sustainability consultation. Additionally, newly developed trainings specifically focused on group screening and pathway assignment processes are now being offered through the OCWTP.

Intervention 2: Strengthen and expand implementation of the Safe & Together model for working with families impacted by domestic violence.

Benchmarks:

1) Continue to work with Ohio Intimate Partner Violence (IPV) Collaborative partners to train additional counties in the *Safe and Together* model. Expand implementation from the current 34 counties and provide the opportunity for all Ohio counties to be trained. (Years 1-3)
2) Provide "refresher" training options for counties that have already had initial training in the model but may have new staff that needs training. (Years 1-3)
3) Provide advanced training and technical assistance opportunities to strengthen implementation of *Safe and Together* in communities across the state. (Years 1-3)

Progress Report:
ODJFS continues to encourage and support the implementation of the *Safe and Together* model for working with families impacted by intimate partner violence. Ohio expanded the number of counties trained in the *Safe and Together* model of intervention to 48. During state fiscal year 2016, twelve counties currently implementing the model also engaged in "refresher training." Specialized training was provided to judges, magistrates, and court personnel from 43 counties in four different sites: Beavercreek, Columbus, Perrysburg and Fairlawn. Over 200 participants were in attendance.

The Ohio IPV Collaborative is offering a training blitz in June 2016 with topics that include: Case Planning, Safety Planning, and Successfully Closing a DV Case, Safe Father Engagement, Child Welfare and DV Advocacy Collaboration, Assessing Change in DV Perpetrators, and *Safe and Together* for Substitute Caregivers.

A two-day training of the *Safe and Together* principles and critical components has been developed to meet the statewide mandated requirements for new child protection caseworkers and supervisors to receive 12 hours of domestic violence training within the first two years of employment in child welfare. This training will soon be offered as a supplemental training option through the OCWTP E-track system, which will allow for more accurate reporting of training needs across the state. In addition, the Supreme Court of Ohio and Capital University's Family and Youth Law Center (FYLaw) are working with David

Mandel & Associates to create online Safe and Together courses for GALs as well as a list of questions juvenile court judges can ask from the bench.

Progress Measures:
The Ohio Intimate Partner Violence (IPV) Collaborative recently collected data from its annual survey for programming planning efforts. Responses were received from child protection agencies (CPS) and domestic violence advocates on perceptions of practice since *Safe and Together* implementation training, and how the OIPV Collaborative could help with post-training needs. Through the survey, partners have learned that *Safe and Together* agencies are doing a better job of:

1. Identifying perpetrators' patterns of coercive control,
2. Assigning less blame to adult victims of DV, and
3. Documenting behaviorally specific information.

The greatest challenge facing agencies trying to implement *Safe and Together* is a lack of needed services in the community, such as effective Batterers Intervention Programs.

Intervention 3: Expand implementation of Casey Family Programs' Permanency Roundtable model.

Benchmarks:
1) Completed in Year 1.
2) Evaluate Permanency Roundtable Pilot in partnership with Casey Family Programs. (Years 1-2)
3) Partner with Casey Family Programs and OCWTP to expand implementation of Permanency Roundtables to additional cohorts of counties. (Years 2-5)

Progress Report & Progress Measures:
Ohio continues to partner with Casey Family Programs to expand the implementation of Permanency Roundtables (PRTs). PRTs provide counties with an opportunity for structured case consultation designed to generate solutions and overcome the barriers to permanency faced by youth in foster care. The objective of the PRT approach is to expedite permanency and ensure that all options have been exhausted. PRTs also seek to ensure that each child or youth has at least one permanent connection in his or her life. As indicated in last year's APSR, eleven counties are now involved in the implementation of the PRT model. The initial six pilot counties will be referred to as round one counties and the additional five as round two counties.

The round one pilot counties continued with implementation of Youth-Centered Roundtables (YCPRTs) and subsequent waves of initial PRTs during this past year. Ohio's SACWIS team compiled data at the individual county level and provided each county with their SACWIS statistics along with a report showing aggregate data. The following chart shows the data as of January 2016:

	Fairfield	Montgomery	Hamilton	Guernsey	Summit	Athens	Total
PRT Population	20	169	30	12	61	6	298
Improved Permanency Rating	10	41	4	4	13	2	74
Achieved Permanency	8	39	5	1	0	0	53
% Achieved Permanency	40%	23%	17%	8%	0%	0%	17.85%

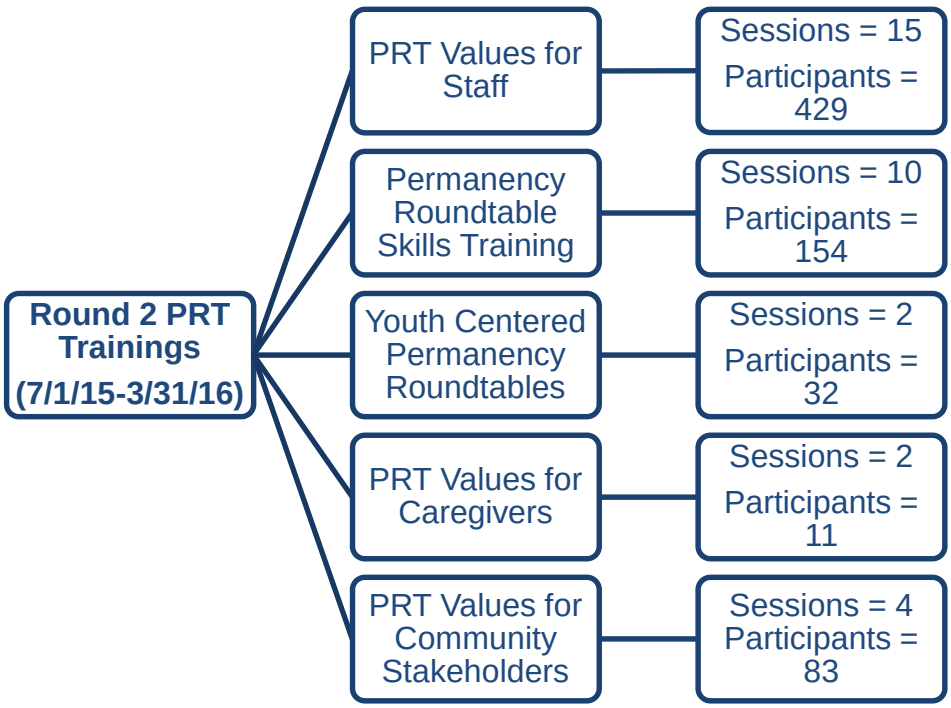
This data is still considered preliminary and is based on the initial wave of children involved in the PRT pilot. Now that the round one counties have data from SACWIS, some have indicated it is different from their data. SACWIS staff are working with round one counties to ensure the right fields in the system have been completed. Another promising statistic is that for round one counties, the number of APPLA children has been reduced from 105 youth in June 2014 to only 40 youth in February 2016. One county has even worked with their court so that no child in that county will be assigned an APPLA status.

The five round two sites have continued to make progress. By the end of March, three of these sites (Butler, Stark and Clark Counties) had completed their initial PRT "blitzes" in which a PRT is held for every eligible youth in a concentrated period of time. Butler County also started their Youth-Centered Permanency Roundtables (YCPRTs) on March 22, 2016. Trumbull County held their initial PRT blitz during the last week of April. Mahoning County has completed training for their staff in preparation for implementation.

At the quarterly meetings all pilot agencies continue to bring successes as well as challenges to the group. The counties continue to work together to troubleshoot and come up with solutions for each other's issues. The round one counties continue to be a great support for the round two counties in a variety of ways. A concern was raised to the tri-chairs that some counties may have lost focus with regards to the model. It was decided that the February 2016 meeting needed to focus on the philosophy behind PRTs and emphasize the importance of top-down agency buy-in as well as the importance of model fidelity. The round one counties provided helpful hints to the round two counties on training issues, model fidelity, implementation, keeping momentum and meetings/scheduling. This meeting resulted in revitalizing the project.

Training System Implementation

The OCWTP maintained a continuum of PRT trainings, including a values training for caregivers and community stakeholders; and values, skills and youth-centered skills trainings for staff. In the fall of 2015, the PRT Skills training was revised to include SACWIS information. A total of 32 PRT training sessions were held between July 1, 2015 and March 31, 2016 for Round Two pilot counties. An additional twelve trainings are scheduled through June 30, 2016 for these counties (see chart below for details.) For Round One pilot counties, five trainings are scheduled through June 30, 2016.



In the upcoming year ODJFS plans to continue to partner with the pilot counties, the Public Children Services Association of Ohio (PCSAO), Casey Family Programs and the OCWTP to expand implementation of Permanency Roundtables including adding additional cohorts of counties. In addition, ODJFS and our partners will continue to work to track outcomes and evaluate the impact of the PRT pilot over the next year.

Intervention 4: Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTMs.

Benchmark 1: In partnership with ProtectOHIO counties, explore the feasibility of regionalization of FTM facilitation services to allow more counties to implement FTMs with a high degree of model fidelity. (Years 1-2)

Progress Report:
As noted in last year's APSR submission, the Sustainability/Expansion Subcommittee of the ProtectOHIO Consortium conducted a survey in April 2014 of non-waiver participants to gauge interest in joining ProtectOHIO. Strong interest was demonstrated; however, following further consultation with ACF, the Consortium ultimately decided to maintain its focus on increasing fidelity to the intervention strategies among current ProtectOHIO counties, rather than expanding to additional counties at this time.

During this year, the ProtectOHIO Consortium has continued to maintain its focus on increasing fidelity to the core intervention strategy of Family Team Meetings (FTM). Consortium members established a goal of implementing the FTM strategy in the third waiver period with a more explicitly defined model and incorporating common training for all staff. Demonstration counties were largely successful in this goal In the first year of the third waiver period, volunteers from the Consortium and the FTM workgroup

developed an FTM Practice Manual, outlining core components and providing detailed instructions related to all aspects of the ProtectOHIO FTM model. Shortly after completion of the manual, the OCWTP developed and provided several two-day trainings on the FTM intervention. Part one of the training included a session on general facilitation skills; facilitators had identified this as a necessary area of focus. The second part of the training focused on implementation of the FTM intervention as defined in the ProtectOHIO FTM Strategy Practice Manual.

In 2014, the FTM workgroup formed a short-term high fidelity subcommittee. This subcommittee came together, in part, because of the findings from the Interim Evaluation report—that cases that receive high-fidelity FTM may be more likely to be associated with positive outcomes than cases that receive low-fidelity FTM or do not receive FTM at all. "High-fidelity" cases had meetings that were both on time and included the minimum mix of attendees at the table. The high fidelity subcommittee distributed a survey in an attempt to identify strategies that may be associated with high fidelity levels. Although no single specific strategy was found to be closely tied to high fidelity levels, the subcommittee identified several promising strategies and made the following recommendations for best FTM practice:

- Early notifications for initial meetings; as early in the 30-day window as possible.
- Scheduling meetings earlier in the 90-day window to allow for rescheduling time.
- Direct staff involvement in the process.
- Oversight of invitees.
- Contact with reminder of meeting to attendees.
- Discussions with parents at FTMs.
- Review of invitees; request parental input.
- Future meeting scheduling (including a reminder on the FTM form, a card, etc.).
- Incentive programs (prizes, contests, etc.).

A Family Team Meeting reminder function is being developed for possible implementation in SACWIS. It is anticipated this would assist agencies in accomplishing timely meetings with the right mix of attendees. In addition, the FTM Strategy Workgroup has continued to discuss development of a web-based training module to train new and transitioning workers on the Family Team Meeting Strategy and ProtectOHIO.

A core component of the ProtectOHIO FTM model is that meetings are led by an independent facilitator, meaning the facilitator does not have direct responsibility for the case. All 16 demonstration counties have one or more independent facilitators. While larger counties may have multiple full-time facilitators, many smaller counties have only one. In all counties, backup facilitators are used if a primary facilitator needs to miss a meeting. Backup facilitators may include caseworkers or supervisors, though it is unknown at the meeting level whether backup facilitators have direct line responsibility for the case. Nearly all FTMs are facilitated by facilitators (97%) while the remaining meetings were led by supervisors or other people, indicating that backups are rarely used.

While utilizing a neutral facilitator is a core component of the ProtectOHIO FTM model, it has increasingly become a standard component of comparison county practice. This move toward neutral facilitation is not unexpected, as neutral facilitators are prescribed in several family meeting models. As of 2014, 10 comparison counties utilized a neutral facilitator to lead at least some of their meetings with

families. However, while comparison counties may technically utilize neutral facilitators, these facilitators may be supervisors, caseworkers from another unit, or caseworkers from the same unit who are not carrying that specific case. By contrast, demonstration county facilitators are more likely to only occupy non-case carrying roles. In one comparison county, for example, the Independent Living Coordinator also serves as the meeting facilitator; in another county, a therapist facilitates meetings. Additionally, while comparison counties may utilize neutral facilitators, they remain less likely to conduct meetings in accordance with the ProtectOHIO meeting model—that is, on an ongoing basis for all open cases and involving a range of supports.

During the third waiver period, counties have continued to solidify their fidelity to and emphasis on the FTM model. For example, the number of facilitators has increased. (Whereas the maximum number of facilitators in any one county was 6 at the start of the third waiver, this number has increased to 10.) This increase may reflect practice or cultural shifts that underscore a growing value placed on FTM, or, perhaps, the expansion of FTM to Alternative Response. The latter is supported with information from the 2014 site visits, during which staff indicated that at least 10 demonstration counties now extend FTMs to Alternative Response cases that transfer to ongoing services. This expansion is in itself indicative of the advancement of FTM practice in demonstration counties, as well as the continued integration and synthesis of FTM with other county processes and initiatives.

Progress Measures:
The evaluation report for Ohio's third 5-year waiver period (October 1, 2010 through September 30, 2015) was submitted in March 2016. The evaluation explored three specific fidelity components of the ProtectOHIO FTM model:

1. Initial FTM within 35 days of case opening.
2. Subsequent FTMs held at least quarterly.
3. Range of FTM participants: at minimum, one parent or primary caregiver, one PCSA staff, and one other type of person.

The majority of families had both their initial and subsequent meetings held on time: 80 percent of initial meetings were held on time (within 35 days of the case transfer date), and approximately 75 percent of subsequent meetings were held on time (within 100 days of the previous FTM). Initial meetings were more likely than subsequent meetings to include the minimum grouping of attendees (53 percent at initial FTMs, versus 46 percent and 48 percent at second and third FTMs, respectively). Overall, the majority of subsequent meetings were held on time, with 84 percent of second FTMs and 90 percent of third FTMs occurring on time. The majority of subsequent meetings were held near the mandatory quarterly meeting target (within 61 to 100 days of the previous FTM). Overall, just over half of initial meetings met attendee fidelity (53 percent); while just under half of subsequent meetings met attendee fidelity (46 percent of second FTMs; 48 percent of third FTMs). Because caseworkers or other PCSA staff were present for nearly 100 percent of meetings held, FTMs that did not meet attendee fidelity usually were missing a parent or the "other" third attendee type—or in some cases, both.

Intervention 5: Implement parent partner programming as a strategy to strengthen family engagement and improve permanency outcomes.

Benchmarks:

1) Completed in Year 1.
2) Pending availability of resources, provide implementation awards to each of the planning grant sites to pilot their Parent Partner program. (Years 2-3)
3) Pending the outcomes of the pilot and resource availability, expand implementation of Parent Partner programming to new county cohorts. (Scheduled for Years 4-5)
4) Continue to partner with Ohio's Primary Parent Workgroup, 'HOPE Partners' to promote use of educational advocates for families in need. ODJFS is committed to ongoing collaboration with this workgroup as their experience informs child welfare policies and practice. (Year 2)

Progress Report:

Implementation Phase Counties

During this reporting period, ODJFS continued to partner with Casey Family Programs to support agencies as they develop, implement and seek to sustain successful primary parent partner programs. Cuyahoga County Department of Children and Family Services, Richland County Children Services and Trumbull County Children Services received funds to implement the Helping Ohio Parent Effectively (HOPE) Parent Partner programs they had developed during the previous year. Each agency implemented the program based on their county's needs and resources.

Trumbull County began phasing in a youth support group, parent support group, and eventually Family Orientation sessions. The support groups are co-facilitated by a Community Mental Health Provider and a HOPE Partner and provide participants with an opportunity to feel empowered and share a sense of community. The Family Orientation sessions will be co-facilitated by Trumbull County's QA Supervisor and a HOPE Partner and will help families who are new to child welfare understand what they can expect of the agency and what their rights are. Trumbull County has also partnered with their county Family Drug Court to identify a Certified Peer Support Specialist to provide mentoring to parents that are in drug and alcohol treatment and are also involved with child welfare.

Similar to Trumbull County, Cuyahoga County is offering parent orientation sessions to all families whose children enter Children Service's custody. These families have an opportunity to share their grief and loss. HOPE Partners share their involvement with the child welfare system, while child welfare staff provide insight from their experience of how difficult it is for them to remove a child from a parent or caregiver. Substitute caregivers also share their role in providing temporary care for children. Through these orientation sessions, Cuyahoga County has identified families that are in need of additional support. These families are being offered a HOPE Partner as an additional support and mentor that can journey with them through their case.

Richland County identified a need to ensure that families have a support person to accompany them during Family Team Meetings (FTM). When a family attends a FTM and does not have a support person, the FTM facilitator explains the role of the HOPE Parent Partner and asks the family if they would be interested in meeting a HOPE Parent Partner. HOPE Partners also attend staff meetings

to provide feedback on ways the agency could improve family engagement and provide better outcomes for ongoing cases.

Planning Phase County

Stark County Department of Job and Family Services spent SFY 2016 planning a HOPE Program and will implement the program in SFY 2017. Similar to the initial pilot counties, Stark County was required to convene Listening Sessions with parents and others who would be integral to a successful primary parent partner program. Stark County conducted separate sessions with staff, resource parents, and primary parents that previously had an open case with the children services agency. These sessions were designed to elicit feedback from participants regarding their experiences with the child welfare system. County administrators had an opportunity to hear strengths within their agency practice as well as possible barriers to engaging families. Questions for each session were crafted for the particular audience. While the discussion varied depending on the group type, the end result in each group was a list of prioritized ideas for increased primary parent engagement.

Staff identified ways primary parent partners could help bridge communication among all parties to the case. Many staff felt that primary parent partners could speak with the parents and offer examples of positive experiences which could reduce some of the apprehension of being involved with the child welfare system.

Resource parents voiced an interest in bridging communication between primary parents and resource parents. They recognized that open communication could help youth through the transition to substitute care and through reunification efforts and felt that parent engagement would be a positive direction for children services.

Primary parents were excited to know that their opinions were appreciated and that their experience could help mold the county's primary parent partner program. Parents also supported building relationships with foster parents and other substitute caregivers. They felt that increasing family meetings that include both primary parents and caregivers would increase and support caregiver interaction and partnership. Primary Parents also recommended encouraging caregivers and Primary Parents to share information, notes, pictures, etc. with one another.

Listening Sessions were well attended and participants provided valuable information and ideas. All three groups acknowledged the likelihood that a parent partner could improve communication and break down barriers to partnership among child welfare professionals, parents and resource parents in the child welfare process.

Based on the information Stark County acquired during their Planning Phase, the county plans to provide Orientation Sessions co-facilitated by a HOPE Parent Partner and county child welfare staff. Families new to child welfare will receive information about visitation, the court process, case planning and child welfare requirements. Stark County has also worked with internal and external partners to develop *All About Us* and *All About Me* packets to be used when children are placed in a home. Parents and youth will be asked to complete *All About Me* packets (about the child) at the time of removal or shelter care. These forms will include: favorite food, dislikes, favorite toys,

any triggers for the child. *All About Us* packets will be completed by foster parents and will include items such as family rules, pictures of house, where the child will sleep, and family pets.

HOPE Parent Partner Expansion

Due to the success of the initial pilot counties, ODJFS, with support from Casey Family Programs, released a Request for Proposals (RFP) in February of 2016 in anticipation of adding two more planning sites to the statewide HOPE work. Two counties, Athens County Children Services and Montgomery County Department of Job and Family Services, were selected as the new sites. The agencies will be provided funds to develop a HOPE Primary Parent Partner Program within their county and will have the opportunity to utilize the experience and resources the initial counties developed to guide them through the planning process. The new counties will also have representation on the statewide HOPE workgroup.

ODJFS is committed to ongoing collaboration with Ohio's Primary Parent Workgroup as their experience informs child welfare policies and practice. ODJFS will also support the six pilot counties as they develop, implement and work on sustainability activities to ensure their HOPE Parent Partner programs are successful.

Intervention 6: Continue implementation of the Wendy's Wonderful Kids (WWK) model for child-specific recruitment efforts.

Benchmark 1: Provide training for caseworkers and administrators on the WWK model to foster increased support among practitioners and agency leaders. (Years 1-5)

Progress Report:
ODJFS continues to explore ways to improve and expand upon implementation of the Wendy's Wonderful Kids (WWK) model for child-specific recruitment efforts. During this reporting period, ODJFS provided support and guidance to the Dave Thomas Foundation for Adoption (DTFA) toward completion of caseworker and supervisor training.

Adoption policy staff met with DTFA administration on November 13, 2015 to plan for a statewide presentation of the program to increase awareness and provide a high level of understanding of the model. Adoption policy staff attended the WWK training pilot for ongoing caseworkers and supervisors on March 25, 2016 in Clark County. Staff at Clark County were able to provide helpful feedback regarding the information. The training is being developed in an online format to easily allow workers and supervisors to access the material on their own time. The training provides county staff information to make them more familiar with the model and how children on their caseloads might benefit from having a WWK recruiter assigned to them.

Additional communication between ODJFS adoption policy staff and DTFA administration occurred from November 2015 through April 2016 to solidify details of the training presentation. General topics of the training include: (1) a model overview; (2) file mining; (3) information regarding children who have reservations about being adopted; and (4) expectations regarding documentation and timeframes toward permanency. Once the training is completed, information regarding how to access the

presentations will be disseminated statewide. It is anticipated that the training will be completed and ready for dissemination later this summer.

Intervention 7: Through Ohio Children's Trust Fund, continue to support implementation of evidence-based prevention strategies.

Benchmark 1: On an annual basis, convene a workgroup, including research partners, parent representatives, and evidence-based program providers to review and make recommendations regarding evidence-based prevention programs being implemented across the state as well as new programming. (Years 1-5)

Progress Report:
During Federal Fiscal Year (FFY) 2015, the Ohio Children's Trust Fund (OCTF) continued to prioritize the implementation of evidence-based and evidence-informed promising practices as it worked to improve outcomes for children and families.

Understanding the importance of engaging key stakeholders and partners in reviewing the evidence-based child abuse prevention programming it is supporting and funding (over $3.5 million during FFY 2015), the Trust Fund held regional application review workgroups in multiple regions (including Canton, Columbus, Dayton and Toledo) that included dozens of participants representing multiple fields including: foundations; statewide associations and organizations; community non-profit agencies, Ohio Universities as well as state and county agencies.

Application review workgroup participants included OCTF research partners, parents and evidence-based child abuse prevention providers from across Ohio who conducted thorough reviews of eighty-eight local funding applications containing over forty different evidence-based child abuse prevention programs.

In examining the program(s) proposed within each application, reviewers evaluated applicant compliance with OCTF funding guidelines and measured applicant adherence to evidence-based program developer requirements. Each reviewer assessed whether the evidence-based program(s) proposed within each application for local implementation represented a logical and appropriate response to local child abuse and neglect prevention needs.

Reviewers also shared their firsthand knowledge of and/or their experience in delivering specific evidence-based programming, and they provided the Trust Fund with funding recommendations as well as suggestions for modifications to OCTF programming application criteria.

In addition to the workgroups, the OCTF also engaged in a strategic planning process with a vendor who developed key stakeholder surveys, asking these individuals to provide their perceptions and attitudes regarding the OCTF's ability to meet their mission and strategic objectives, and to gain insights into the needs of the stakeholders. Responses were collected during mid-May and early-July 2015. Stakeholders included those affiliated with child welfare, early care and education, mental and behavioral health, community coordination services, and community health. Survey participants included current grantees, previous grantees, funders, potential funders, and concerned Ohio residents.

These surveys yielded valuable feedback concerning the quality of the evidence-based prevention programming the OCTF is currently funding as well as provided suggestions for improving the selection, funding and evaluation of programming. Through the results collected via these stakeholder surveys, ideas for new evidence-based prevention programming will be discussed and evaluated to ensure that the Ohio Children's Trust Fund is aware of the breadth of evidence-based programming being implemented across the state.

Benchmark 2: Provide training and technical assistance to county partners regarding the implementation of evidence-based prevention programming. (Years 1-5)

Progress Report:
In FFY 2015, the Ohio Children's Trust Fund provided support and technical assistance to grantees on the following topics:

- Prevention programs and family support
- Promoting protective factors and reducing risk factors
- Marketing, messaging and public awareness
- Cultural competence, disproportionality
- Collaboration and partnerships for prevention
- Fiscal leveraging
- Research on prevention and child maltreatment
- Evidence-based and evidence-informed programs and practices
- Home visiting
- Program evaluation and data management (logic model)
- Program monitoring and continuous quality improvement
- Grant reporting requirements

Ohio Children's Trust Fund staff provided programmatic guidance on day-to-day operational questions as well as provided substantive programmatic expertise and technical assistance. Guidance and technical assistance were provided through ongoing individualized technical assistance, online webinars and in-person trainings.

Ongoing Individualized Technical Support and Technical Assistance

Grantees received one-on-one support and technical assistance to address specific challenges and opportunities related to program delivery and management, including utilizing the OCTF's SharePoint site, which stores grantee applications and reports. Topics addressed through individual support and technical assistance included evidenced-based practices, recruitment and retention, data collection, how to use the FRIENDS Protective Factors Survey database, evaluation and continuous quality improvement and community-building/collaboration. Staff also provided technical assistance to help local grantees improve compliance with OCTF April 2015 funding guidelines as well as incorporate OCTF April messaging into their local campaigns. Support was delivered via phone, email, GoToMeeting and site visits.

Online Webinars

The Trust Fund also held a series of continuous quality improvement webinars for the evidence-based programs funded in FFY 2015, which include the Incredible Years Basic Parent and Incredible Years Dina Classroom. Webinars were also held for both grantees and their vendors for the OCTF's SharePoint application and reporting database. Through the webinars and individualized technical assistance, the Trust Fund ensured grantees were adhering to fidelity requirements. The webinars also served as a forum in which grantees could share best practices.

Trainings

The Trust Fund held trainings on six evidence-based programs funded with CBCAP dollars. These included: one Incredible Years Parent training, one Incredible Years Baby Training, one Incredible Years Dina Classroom Training, one Active Parenting Leader Training, one Nurturing Parenting Program Facilitator Training, and two Parent Café Coordinator Trainings. These trainings were offered free of charge, which helped offset the cost of implementing evidence-based programming at the local level.

The OCTF also held peer networking sessions for Incredible Years grantees as well as the Strengthening Families Learning Network. These sessions served as a venue to get support and feedback on how grantees were currently operating their programs, share success stories and discuss barriers they were having with their evidence-based programs and to address any other concerns or issues they may be having.

The Trust Fund also maintained the OCTF website, as well as the OCTF Facebook page and the OCTF Twitter account (@OhioCTF), as a vehicle for all grantees to share information and resources. You can access the OCTF website at the following site: http://jfs.ohio.gov/octf/ and the OCTF Facebook page at: https://www.facebook.com/OhioChildrensTrustFund.

Benchmark 3: On a semi-annual basis, conduct peer review groups to assess model fidelity of evidence-based programs supported by the Ohio Children's Trust Fund. (Years 1-5)

Progress Report:
The Ohio Children's Trust Fund conducts peer review consultation calls at a minimum semi-annually to assess model fidelity of evidence based programs for several Incredible Years strategies and for the Strengthening Families Framework. These evidence-based programs are being implemented in 30 counties throughout the state, and through the Trust Fund's coordination efforts, providers have access to a broad network of resources. These consultation calls are facilitated utilizing content experts who have detailed experience with the programming.

Specifically, the Ohio Children's Trust Fund has contracted with the Incredible Years, Inc. to deliver peer review consultation calls to grantees implementing this evidenced based program. These calls occur at a minimum of 3 times per year and are open to current grantees and others in the community who are facilitating this program and are seeking additional information. Participants are asked to provide a list of questions that they would like addressed regarding program fidelity requirements, implementation best practices, and opportunities to overcome barriers. The content expert then addresses the submitted questions and allows for open conversation to discuss any additional topics. To help facilitate

discussion between the Ohio peer groups, the Ohio Children's Trust Fund requests that one vendor implementing the program begin the consultation call by sharing their program implementation tactics and describing the successes and barriers they have encountered. Program facilitators have the opportunity to learn from each other alternative approaches to conduct the program while aligning with model fidelity.

Beginning in FFY 2014 and continuing through FFY 2016, the Ohio Children's Trust Fund has been working to develop and expand the Strengthening Families Learning Network (SFLN), which is composed of Child Care Resource and Referral (CCR&R) agencies and other early childhood organizations across the state of Ohio, by contracting with program experts. Through this work, representatives from each participating resource and referral agency convene multiple times per year for statewide network meetings regarding the implementation of the Strengthening Families Framework, in addition to participating in statewide consultation phone calls.

The OCTF worked with four SFLN member CCR&R agencies throughout Ohio to begin training and onboarding activities to introduce early childhood organizations to the Strengthening Families Framework, where these new organizations would serve in the capacity of pilot sites to expand the framework for programs offering home visitation, early intervention, child care and prenatal care.

During the FFY 2015 expansion of the SFLN, each CCR&R identified two pilot sites that they would be responsible for onboarding and training, as well as assisting the site with their completion of the Strengthening Families assessment and staff survey. The eight recruited pilot sites trained 43 staff members, and each site received its on-boarding meeting and specialized training regarding the protective factors and family engagement strategies.

On the local level, regional meetings are also conducted multiple times throughout the year. Through these peer group collaborations, providers have begun viewing each other as resources to share best practices and discuss model fidelity requirements. An Ohio Strengthening Families Framework Implementation Road map will be developed in FFY 2016 incorporating the input provided from the peer review groups that will help other organizations in the replication of this program, ensuring compliance to model fidelity.

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

Measures:	Updated Performance:
1.) Percentage of all children who were the subject of a screened-in report of child maltreatment during a 12-month period (regardless of disposition type) who are the subject of an additional screened-in report within 12 months of the initial report.	**1.) Recurrence of Maltreatment: 9.6% (FFY 2014 observed performance generated through ROM)**
2.) The rate of victimization per 100,000 days of all children in agency custody during a 12-month period.	**2.) Maltreatment in Foster Care: 10.4 victimizations per 100,000 days in care (FFY 2015 observed performance generated through ROM)**
3.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate timely investigations of reports of maltreatment.	**3.) 80% of cases reviewed demonstrated timely investigations of reports of maltreatment. (partial results- CPOE Stage 10)**
4.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to provide services to the family to prevent children's entry into agency custody or re-entry after a reunification.	**4.) 95% of cases reviewed demonstrated concerted efforts to provide services to the family to prevent children's entry into agency custody or re-entry after reunification. (Partial results- CPOE Stage 10).**
5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care.	**5.) 65% of cases reviewed demonstrated concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care. (Partial results- CPOE Stage 10).**

Goal 2: Objective 1
Improve screening and pathway assignment practices to assure accuracy in decision-making and to support high-quality assessments.

Update on Progress Made to Improve Outcomes

Intervention 1: Enhance existing statewide screening guidelines to include sample screening questions and Differential Response pathway assignment examples.

Benchmark 1: Completed in Year 1.

Benchmark 2: Completed in Year 1.

Benchmark 3: ~~Finalize new sample screening questions and pathway assignment examples and integrate into the state screening guidelines materials. (Year 2)~~ The workgroup that has been working on the Screening Guidelines recommended this Benchmark be changed to the following with a Timeframe for completion in Year 3 due to an expansion of the scope of its work.

Benchmark 3: Develop, review and implement enhancements to the existing State of Ohio Screening Guidelines and gather stakeholder input through established feedback channels. (Year 3)

Progress Report & Feedback Loops:
A workgroup was formed to address screening and pathway assignment practices which began meeting in January 2015. Since the inception of the workgroup, current members of the workgroup include fifteen PCSA staff representing all Ohio county population sizes (small, small-medium, medium, large, metro and major metro); OFC policy, CPOE Technical Assistance, Foster Care Licensing, and SACWIS staff, and one member representing IHS/OCWTP. PCSA representation includes both line staff and management. In total there are twenty-five workgroup members.

Since the last reporting period, workgroup meetings have taken place on July 1, 2015, September 9, 2015, October 26, 2015, December 14, 2015, January 25, 2016, March 2, 2016 and April 14, 2016. Workgroup meetings were scheduled at least every 60 days, and all but one of the scheduled meetings were in-person meetings. The March 2, 2016 meeting was a GoTo meeting. In addition to the large workgroup meetings, smaller workgroup teams were formed and individual workgroup teams met from September 2015 through March 2016. Workgroup information was shared via in-person and GoTo meetings, along with e-mail.

During the two initial meetings the workgroup reviewed the existing State of Ohio Screening Guidelines and identified areas within the Screening Guidelines and Ohio's PCSA screening practice that needed to be modified and/or clarified. This information served as the basis for the workgroup to develop enhancements to the Screening Guidelines and will also be used for future development of specialized screening trainings.

In reviewing existing screening guidelines, it was decided to have separate screening categories for Domestic Violence and Out of Home Care concerns in order to better clarify and assist screeners with screening decisions regarding these types of concerns. As a means to accomplish screening guideline enhancements, smaller workgroup teams were established for Physical Abuse, Sexual Abuse, Neglect, Domestic Violence, Out of Home Care and Dependency screening categories. The larger workgroup agreed to work on screening information pertaining to Family In Need of Services (FINS), Differential Response (DR) Pathway Assignment and child fatalities. Each workgroup team was represented by PCSA staff, along with non-PCSA staff. There were at least four PCSA staff to a workgroup team, and workgroup teams independently met via in-person and GoTo meetings in between the larger workgroup meetings. Information from the workgroup teams was reviewed by the large workgroup.

Over the course of the January 2016 through March 2016 meetings, Neglect, Dependency and Sexual Abuse screening guideline categories were reviewed and discussed with the large workgroup. During

the April 2016 meeting, the large workgroup began to develop the screening guideline category and screening examples for Out of Home Care, which included protocol regarding the involvement of a third party when there is a conflict of interest with a PCSA. The Out of Home Care screening category continued to be developed and completed by the large workgroup during the May 2016 meeting. Enhancements to the Family In Need of Services (FINS) screening guidelines and the development of a Pathway Assignment section will be accomplished during meetings with the large workgroup during the summer months of 2016. The goal is to have a draft of the enhanced Screening Guidelines completed for stakeholder review by late summer 2016.

The draft screening guidelines and all documents created by the workgroup will be submitted for review to ODJFS Legal, the CQI Advisory team, DR Leadership~~,~~ and other identified stakeholders. It is this workgroup's continued recommendation that the state Screening Guidelines be made interactive though populating screening questions and SACWIS knowledge base articles specific to a screening category which would assist screeners when taking and documenting intake reports.

Benchmark 4: Disseminate to counties statewide. (Year 2; Please note the timeframe on this benchmark was revised to Years 3 & 4 – see narrative below.)

Progress Report:
This benchmark could not begin due to the expanded scope of work undertaken by the Screening Guidelines workgroup requiring an extended time to review, develop, and implement enhancements to the existing state screening guidelines. The benchmark will commence in Year 3 and be completed in Year 4.

Intervention 2: Develop and implement specialized training for screeners.

Benchmark 1: Develop brief online tutorials with content specifically designed for screeners. (Years 1-2; Please note the timeframe on this benchmark was revised to Years 3 & 4 – see narrative below.)

Progress Report:
This benchmark could not begin due to the expanded scope of work undertaken by the Screening Guidelines workgroup requiring an extended time to review, develop, and implement enhancements to the existing state screening guidelines. The benchmark will commence in Year 3 and be completed in Year 4.

Intervention 3: Provide ongoing peer support and technical assistance for screeners and screening decision makers

Benchmark 1: Offer quarterly conference call or webinar opportunities for screeners and screening decision makers. (Year 2; Please note the timeframe on this benchmark was revised to Years 3 & 4 – see narrative below.)

Progress Report:
This benchmark could not begin due to the expanded scope of work undertaken by the Screening Guidelines workgroup requiring an extended time to review, develop, and implement enhancements to

the existing state screening guidelines. The benchmark will commence in Year 3 and be completed in Year 4.

Benchmark 2: Offer semi-annual opportunities for face-to-face learning and peer support for screeners through Guided Application to Practice (GAP) sessions. ~~(Year 2, 3)~~ (Year 3, 4))

Progress Report:
OCWTP staff are members of the ODJFS' Screening and Pathway Assignment Work Group. These guidelines will be used to develop a specialized screening training scheduled to be developed in 2017 and piloted in 2018. Following the pilot, the OCWTP will develop plans to offer a continuum of learning opportunities to support transfer of learning that could include follow-up sessions, GAPS, and coaching.

Goal 2: Objective 2
Improve casework practice to ensure safe environments for children either at home or in out-of-home care.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen caseworker assessment skills and use of the CAPMIS Assessment model.

Benchmark 1: See update for Goal 1, Objective 4, Intervention 1.

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 1.

Intervention 2: Improve the quality and timeliness of initial face-to-face contacts with children and families.

Benchmark 1: Completed in Year 1.

Benchmark 2: Through CPOE and regional teams, provide technical assistance to identify barriers impacting quality and timeliness of initial contacts and work with agencies to develop Quality Improvement Plans on this item as needed. (Years 1-5)

Progress Report & Progress Measures:
Partial results from CPOE Stage 10 indicate that the majority of cases reviewed were screened in timely, and initial face-to-face contacts with the alleged child victim (ACV) or the child subject of the report (CSR) were completed timely as required by OAC rules 5101: 2-36-03 and 5101: 2-36-20. Eighty-five (85) percent of the in-home cases (119 cases) were rated as a Strength, 75 percent of the Alternative Response cases (132 cases) were rated as a Strength, and 87 percent of the substitute care cases (55 cases) were rated as a Strength).

While reviewing timeliness, TASs have also provided technical assistance to agencies about the importance of conducting quality assessments. Discussions have focused on the completion of

comprehensive safety assessments that reflect a holistic assessment of the family, rather than incident-driven assessments and decisions. The purpose and concepts of the CAPMIS tools are also discussed and how the tools should be utilized and made family-specific. TASs are encouraging agencies to attend CAPMIS training or request their OCWTP, RTC to offer the training at their agency. Trainings conducted at a specific agency have been tailored to meet the needs of the agency without losing the core content of the training.

Additionally, during reviews the TAS evaluates the time spent by workers at the home and discusses the following areas with the agency: (1) the value of purposeful and meaningful visits; (2) focusing on case plan progress; and (3) the importance of discussing safety, permanency and well-being of all the children and families in ongoing cases.

Intervention 3: Promote fidelity to the practices detailed in Ohio's Differential Response Practice Profiles

Refer to update under Goal 1: Objective 4, Intervention #2.

Intervention 4: Improve the quality and frequency of ongoing caseworker visits with children and families.

Benchmark 1: Please see Goal 1: Objective 4, Intervention 4. (Years 1-2)

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 4, Benchmark 1.

Intervention 5: Develop and implement a standardized process for matching children with out-of-home providers.

Benchmark 1: Completed in Year 1.

Benchmark 2: Completed in Year 1.

Benchmark 3: Conduct and evaluate a pilot of the identified model. (Years 1-2)

Progress Report:
A Request for Proposals (RFP) was released to solicit an evaluator for the Child and Adolescents Needs & Strengths (CANS) level of care pilot. Ohio University was selected as the evaluator.

The CANS level of care pilot continues with formal collection of data from the eleven pilot counties actively involved in the process. PCSAs participating in the pilot include: Athens County Children Services, Clark County Department of Job and Family Services, Franklin County Children Services, Greene County Department of Job and Family Services, Guernsey County Children Services, Knox County Department of Job and Family Services, Madison County Department of Job and Family Services, Montgomery County Department of Job and Family Services, Morrow County Department of Job and Family Services, Stark County Department of Job and Family Services and Summit County Children Services. Private agencies included in the pilot are: Sojourners, Oesterlen, Village Network, House of

New Hope, Pathways For Children, Buckeye Ranch, Bair Foundation, SAFY, House of Samuel and Beech Brook. Meetings with pilot counties and their private agency partners occurred throughout the past year. Invitations to attend meetings continued to include interested stakeholders.

In January 2016, trainings were held, the pilot database came online, data entry began, and worker satisfaction surveys (pre-test) were administered. As of February 2016, children began to be enrolled in the pilot by county agency staff.

The CANS tool was administered and data continues to be entered into the pilot database. There are two types of CANS data collected from counties so far:

- CANS data collected for children beginning March 2015 and ending December 31, 2015. County data was submitted to ODJFS in an Excel format, but the placement algorithm was not available during this time period.
- CANS data collected beginning January 1, 2016 was entered into the CANS database via the pilot website. The placement algorithm was available for all cases beginning January 1, 2016. For this data some of the larger counties have target quotas.

The target goal for children entered in the pilot is 906. As of April 30, 2016, there were 241 confirmed children in the pilot, which is roughly 27% of the overall target. Data collection and entry of new children in the pilot will continue through December 31, 2016.

Counties are encouraged to engage their foster care and residential providers, who were also trained in use of the CANS, to enter CANS data in the database. Data is being entered:

- 30 – 45 days after placement
- At the time of placement change and/or level of care change.
- At the point of county custody termination.

In the upcoming months the following activities will occur:

- Ohio University (OU) will make the final round of changes to the project website, continue to be available for questions about the evaluation and website, make arrangements for late summer focus groups, and send periodic lists of problem database entries to counties.

- Ohio Association of Child Caring Agencies (OACCA) will continue to be available for consultation about the use of the CANS, assist counties to fix problem entries, continue enrolling children in the pilot, and participate in focus groups in late summer.

Benchmark 4: Provide recommendations of the pilot evaluation to ODJFS leadership and the Ohio General Assembly, as required by statutory authorization for the pilot. (Year 2; Please note this benchmark has been revised to be completed in Year 3 – see narrative below.)

Progress Report:
Due to the extended timeframe required for preparation for the launch of the pilot, this Benchmark has been changed to Year 3, and the change has been reflected in the updated chart of *Goals, Objectives, Interventions and Benchmarks* (Appendix H).

Goal 2: Objective 3
Enhance systemic capacity to track the safety of children in out-of-home care.

Update on Progress Made to Improve Outcomes

Intervention 1: Completed in Year 1.

Intervention 2: Provide timely technical assistance to public and private agencies on responding to incidents of child maltreatment where an out-of-home care provider is the alleged perpetrator.

Benchmark 1: Develop SACWIS notifications for Licensing Specialists for all allegations of child abuse or neglect by an out-of-home care provider, whether or not the referral is screened in for assessment/investigation. (Years 1-2)

Progress Report:
Specifications were documented and development has been completed for new SACWIS generated email notifications to State Licensing Specialist Supervisors. Notification will now be sent automatically when a referral of abuse/neglect involves an Alleged Perpetrator/Adult Subject who is a member of an out-of-home care provider for which ODJFS is the licensing authority, regardless of the screening decision. This new functionality was included in SACWIS build 3.03 and deployed on April 28, 2016.

Benchmark 2: Develop SACWIS notifications for Licensing Specialists of the disposition of all reports of child abuse or neglect by an out-of-home care provider. (Years 1-2)

Progress Report:
New SACWIS functionality has been designed and developed to update the email notification for the disposition of reports of abuse/neglect involving an ODJFS out-of-home care provider. With previous functionality, the notification was sent to workers assigned to the provider. With the new functionality, the recipients have been updated to include State Licensing Specialist Supervisors. This new functionality was included in SACWIS build 3.03 and deployed on April 28, 2016.

Benchmark 3: Develop a data report to track provider trends concerning incidents of child abuse or neglect. (Years 1-2)

Progress Report:
The *Provider Maltreatment and Licensing Violation Report* was released in SACWIS in January of 2015. This report can be generated by the agency receiving the intake or by the agency licensing the provider. For non-state users, the report will return all screened-in licensing violation intakes and all screened-in

child abuse and neglect reports associated to a licensed provider. The report includes screened-out reports for state users. A SACWIS Knowledge Base article on this report is available at this link: http://jfskb.com/sacwis/attachments/article/565/Generating%20Provider%20Maltreatment%20Report.pdf.

Intervention 3: Ensure that central registry and criminal background checks are completed for all licensed out-of-home care providers and residential facility staffs.

Benchmark 1: Successfully complete all activities detailed in Ohio's Title IV-E Program Improvement Plan when finalized and approved. (Years 1-3)

Progress Report:
Ohio completed all activities for the four outcomes in the approved Program Improvement Plan in August 2015. The final report was submitted to ACF in September 2015. Ohio is currently preparing for the next IV-E Foster Care Maintenance Eligibility Review scheduled to begin on October 31, 2016.

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

Measures:	Updated Performance:
1.) Percentage of all children who enter agency custody within a 12-month period who are subsequently discharged to reunification, relative placement, or guardianship within 12 months.	**1.) Permanency in 12 months for Children entering foster care: 41.1% (4/1/2014 - 3/31/15 Observed Performance)**
2.) Re-entry: Percentage of the above population that re-enters agency custody within 12 months of their discharge.	**2.) Re-entry to foster care within 12 months: 9.53% (4/1/2013 – 3/31/2014 Observed Performance)**
3.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate concerted efforts to assess and address service needs to prevent children's entry into agency custody or re-entry after a reunification.	**3.) 95% of cases reviewed demonstrated concerted efforts to assess and address service needs to prevent children's entry into agency custody or re-entry after reunification. (Partial CPOE Stage 10 results.)**
4.) At a minimum, 95% of cases reviewed will demonstrate child and family involvement in case planning.	**4.) 85% of cases reviewed demonstrated child and family involvement in case planning. (partial CPOE Stage 10 results)**
Goal 3: Objective 1 **Promote safety-focused engagement and transparent partnering with families to assure safety, permanency and well-being.**	

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen Ohio's implementation of Differential Response and expand use of the Alternative Response pathway statewide.

Benchmark: Please see Goal 1, Objective 5, Intervention 1.

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 1.

Intervention 2: Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTMs.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 4.

Progress Report:
A primary goal of the ProtectOHIO evaluation is to understand the impact of the ProtectOHIO FTM model on children and families, within the context of the flexible funding made available by the waiver. Two comparisons are made:

1. Children and families in the demonstration counties who received ProtectOHIO FTM (and had the benefit of the waiver) are compared to similar children and families in the comparison counties (who did not have the waiver).
2. To further isolate the impacts of the FTM intervention, children and families in the demonstration counties who received FTM with high fidelity, as defined in previous sections, are compared to similar children and families in the comparison counties.

Progress Measures:
Analyses were conducted to examine how case length differs between those families in demonstration counties receiving FTM and matched cases from comparison counties. No significant differences were found between FTM cases when compared with comparison cases for the larger dataset containing 4,576 FTM cases directly matched with the 4,576 comparison cases; however, significant differences were found between demonstration and comparison counties for the subset of 1,430 high-fidelity matched cases. The median length of time for a high fidelity demonstration case to close was approximately 140 days, while for comparison cases, it was approximately 290 days.

Family Team Meetings are expected to occur within 30 days of transfer to ongoing services and are seen as an opportunity to bring relevant family support members and professionals together to ameliorate threats and provide support. Thus, as another gauge of the success of these meetings, the evaluation team chose to explore differences between intervention and comparison groups in the percentage of cases receiving a substantiated or indicated report of abuse or neglect within 6, 12, and 18 months of the transfer to ongoing services. For the full group of cases, no significant differences were shown between demonstration and comparison counties in the proportion of re-reports after transfer to ongoing; however, re-reports within 18 months after transfer to ongoing services did indicate marginal significance. A second set of analyses, reflects the proportion of cases experiencing a re-report subsequent to the case closure within 6-, 12- and 18-month timeframes. No significant differences were found between demonstration and comparison cases, suggesting that children within both demonstration and comparison cases were equally as safe after their cases were closed.

A further indicator of child safety and a primary goal of both Family Team Meetings and the waiver itself is a reduction in the number of children who are removed from the home through preventative services that can allow children to remain there safely. If a family can be supported to keep the child safely within the home, the trauma of removal for both child and parent is avoided and secure attachment between parent and child may be more easily maintained or improved. The next set of analyses examined the rate of children's removal to out-of-home care. The first examined removal at any time within the case episode; the second examined the rate of removal at any time after the family

assessment but within the case episode. No significant differences were found between demonstration and comparison counties in the likelihood of removal within a case, this was regardless of demonstration counties' level of fidelity to the FTM model or whether the child was removed prior to the family assessment or after the family assessment.

There is also a noted intersection between the FTM strategy and the other primary strategy of Kinship, as the search for kinship placement often begins at the initial FTM. Once caregivers are identified, they are invited to FTMs. In 12 counties kinship staff are regularly invited to FTMs, and in five of these counties, kinship staff can call an FTM or the caregiver can request an FTM through kinship staff. FTMs are also commonly used as a platform to meet caregivers' needs; staff noted they identify needed supports and services for caregivers during FTMs. Overall, staff indicated that both ProtectOHIO strategies accentuate family engagement and are underscored by an emphasis on least restrictive placements. If placed in out-of-home care, demonstration children were more likely to be placed with kin and less likely to experience re-entry into placement after the placement ended.

The proportions of children shown to have a first placement, last placement, and predominant placement with kin were substantially larger in demonstration counties than in comparison counties. In all cases, the findings were significant. For demonstration counties (total number of 1,936 children, it was found that kinship placements were 39.5% for first placement , 47.3% for last placement and 42.8% for predominant placement, as compared to comparison counties (total number of 1,925 children) of 22.1% for first placement, 23.2% for last placement and 21.5% for predominant placement. The results indicated that the odds of a demonstration county child being placed with kin during the initial placement setting or the last placement setting, and of spending more time with a kin member during out-of-home care, were almost three times those of children in comparison counties. This finding held for all children at all levels of fidelity to the FTM model. These findings are consistent with the expectation that the FTM provided child welfare agencies with an opportunity to strategize and explore alternative options, such as kin with families, when a child needed to be placed out-of-home.

Results indicated some support for FTM as an intervention that may, when delivered with high fidelity, be able to reduce case length. Although there were no significant difference in the length of case after the family assessment was completed when looking at the overall population of demonstration and comparison cases, high fidelity demonstration county cases closed significantly more quickly than matched comparison cases.

No statistical differences were found between demonstration and comparison cases in their experience of a re-report within 6, 12, or 18 months after the first family assessment that triggered transfer to ongoing services, nor within 6, 12, or 18 months of the case closing out from child welfare, indicating that children of families receiving the FTM in intervention counties were equally as safe as their counterparts in comparison counties.

Demonstration and comparison children were no more or less likely to enter out-of-home care; however, children in demonstration counties were more likely to be placed with kin than in foster care or another type of placement as their first, last, and most predominant placement when placed after the case transferred to ongoing services. Since the first FTM occurs very shortly after transfer or at the time of a critical event, it is likely that FTMs provide a forum for professionals and families to strategize placement options together when children need to be placed out-of-home, increasing the possibility of

placing the child with kin and ameliorating the trauma that children might otherwise experience if placed in out-of-home care with a stranger.

There was no evidence to suggest any differences in length of placement between demonstration or comparison counties, regardless of level of fidelity, and no differences between demonstration and comparison counties in proportions exiting to permanency types. Of note, however, children in demonstration counties who had exited care and reached permanency were significantly *less* likely to experience another out-of-home placement within 6, 12, and 18 months than were similar children from comparison counties.

In sum, when differences were revealed in support of FTM as a useful intervention, those differences tended to emerge regarding the usefulness of FTM as an intervention to reduce case length, support placement with kin, and to reduce the likelihood of further placements once a county has made a permanency decision for a child that was placed out-of-home.

Intervention 3: Strengthen and expand implementation of the Safe & Together model for working with families impacted by domestic violence.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 2.

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 2.

Intervention 4: Implement parent partner programming as a strategy to strengthen family engagement and improve permanency outcomes.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 5.

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 5.

Goal 3: Objective 2
Improve casework practice to assure that parents and children are involved in the development and ongoing review of case plans.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen implementation of the CAPMIS assessment and case planning model.

Benchmark 1: Please see Goal 1: Objective 4, Intervention 1.

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 1.

Intervention 2: Build skills in effective Family Search and Engagement practices.

Benchmark 1: Completed Year 1.

Benchmark 2: Collaborate with OCWTP to develop an in-class training based on the current distance learning curriculum: Family Search and Engagement: An Overview (Year 2)

Progress Report:
Introduction to Family Search and Engagement, a classroom training, was developed as an alternative to the distance learning, *Family Search and Engagement Overview.* It was developed after Regional Training Center staff reported that caseworkers often have a hard time designating work time to complete distance learning courses at their desk. This course utilizes the distance learning materials, but in a classroom setting.

The course was piloted three times in March and April of 2015. The content was revised based on participant and trainer feedback, and the PowerPoint was updated to complement slides in the distance learning course. Through the pilot, it was identified the most appropriate way to use this course was for units to take the course together so that discussion can be targeted to agency implementation issues and solutions.

Benchmark 3: Completed Year 1.

Benchmark 4: OCWTP will identify and work with trainers to develop additional Family Search and Engagement trainings that help workers develop critical skills. (Years 2-5)

Progress Report:
During this reported period OCWTP staff:

- Participated on ODJFS' Family Search and Engagement (FSE) Workgroup. This workgroup is comprised of two subcommittees:

  - Assessment of FSE Training Needs & Development of FSE Toolkit: This team is charged with developing a toolkit to support effective FSE practices and developing a self-assessment tool to assist agencies in examining their readiness to implement or further develop their practice in relation to FSE.

  - Kinship Homestudy and Establishing and Maintaining Family Connections: This team is charged with exploring the feasibility of a statewide kinship homestudy template. In addition, the team is charged with exploration of policy and practice issues concerning ways agencies may better support family connections and permanency for youth.

- Participated in the 2015 Family Finding Convening hosted by A Waiting Child Fund. The convening was designed to further the advancement of authentic family-centered engagement in Ohio by educating, creating dialogue and building partnership among key stakeholders in the field of child welfare. One outcome was the identification of learning needs for the legal community, child welfare staff and kinship caregivers. Suggested training topics included:

engagement, kinship caregiver rights, and benefits and children aging out of care. This work is ongoing and will continue through to the 2016 Family Finding Convening.

Additionally, the OCWTP, North East Ohio Regional Training Center (NEORTC) partnered with a trainer to develop a three-hour course for caregivers titled, *Family Search and Engagement: What Every Foster Parent Should Know.* This course was approved in 2016 and is scheduled for two sessions before June 20, 2016. This same region has new caseworkers take the online FSE course during orientation followed by an agency-specific FSE classroom training.

OCWTP currently has two coaches who work with county staff on agency readiness for full implementation of FSE.

Intervention 3: Build skills to support increased engagement of fathers and paternal relatives.

Benchmarks:

1) Form a workgroup to identify skills, values and supports needed by workers and agencies to engage fathers and paternal relatives (workgroup will include the Ohio Commission on Fatherhood and their grantees). (Year 2)
2) Develop and disseminate Best Practice Guidance on working with fathers, paternal and maternal relatives. (Year 2)
3) Seek venues for focused dialogue with agencies and workers about implementation of strategies and techniques to engage fathers and paternal relatives recommended by the workgroup. (Years 2-3)

Progress Report & Feedback Loops:

OFC partnered with the Ohio Commission on Fatherhood and many PCSAs to identify skills, values and supports needed by workers and agencies to better engage fathers and paternal relatives. The group was charged with developing and disseminating a best practice guide for counties on how to not only locate fathers and paternal relatives, but how to better engage them to improve outcomes for children and families involved in the child welfare system. The kickoff meeting for the group was held on January 13, 2015. The group consists of staff from 10 individual PCSAs and 7 state staff. The county staff represents small to large counties and includes a mixture of intake and ongoing caseworkers, supervisors, administrators and an agency attorney. State staff includes Ohio Fatherhood Commission, policy, ICPC staff, management and SACWIS staff.

The group has met regularly to look at policies and programs to engage fathers that have been effective in other states, programs and policies existing in individual counties within Ohio, and existing resources for fathers throughout Ohio. The group was divided into sub-committees to develop drafts for sections of a Best Practice Guide, based on current research and existing successful programs. These sections were put together into a single guide which was discussed as a group and agreed upon. The Best Practice Guide lists actions to be taken at all stages of a case to identify and involve fathers. To accommodate counties who are at varying levels of readiness and have varying resources, the actions are divided into “basic,” “enhanced,” and “ideal” levels of practice. A number of documents have been included as appendices to the guide. These include a “Father Friendliness Assessment,” an “Absent Parent Checklist,” sample “dad packet” to be given to fathers involved with the agency, information on

developing a fatherhood program and lists of resources for fathers. The guide is currently being formatted by the ODJFS Communications staff in preparation for dissemination later this summer.

The task for Year Three will be to seek venues for focused dialogue with agencies and workers about implementation of strategies and techniques to engage fathers and paternal relatives recommended by the workgroup. The workgroup is submitting a proposal to present the guide at the PCSAO Statewide Conference held in September 2016. The workgroup will also discuss other possible venues to discuss and disseminate the guide.

Intervention 4: Improve the quality and frequency of ongoing caseworker visits with children and families.

Benchmark 1: Please see Goal 1: Objective 4, Intervention 4.

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 4.

Intervention 5: Promote fidelity to the practices detailed in Ohio's Differential Response Practice Profiles.

Benchmark 1: Please see Goal 1: Objective 4, Intervention 2.

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 2.

Goal 3: Objective 3
Enhance systemic capacity to address service array and effectiveness.

Update on Progress Made to Improve Outcomes

Intervention 1: Complete statewide needs assessment to identify availability of needed services and service gaps.

Benchmark 1: Completed in Year 1.

Benchmark 2: Complete needs assessment in accordance with approved protocol. (Years 2-3)

Progress Report:
The Needs Assessment was completed in January 2016. The final report and findings of the Needs Assessment can be viewed at: http://jfs.ohio.gov/ocf/Reports-Plans-and-Presentations.stm.

Intervention 2: Increase use of data to inform program planning and implementation.

Benchmark 1: Enhance data fields in SACWIS to allow improved documentation of educational, health care, and behavioral health needs and services as described in Ohio's AFCARS review. Once these enhancements are complete, review the Med/Ed Form to ensure that data is populating correctly on the form. (Years 1-3)

Progress Report:
In January 2015, enhancements were made to Ohio's SACWIS to improve the ability to capture medication usage amongst persons in the database. Medication names were previously recorded in a narrative field which made reporting on this information difficult. The most commonly prescribed medications are now stored in SACWIS and the user is able to select a medication from a list. If the selected medication is a medication that is always used for psychotropic purposes, the system flags the medication as being psychotropic. If the selected medication has multiple uses and not all are psychotropic, the system does not flag the medication as being psychotropic but the user is able to flag the medication if it is used for psychotropic purposes for the specified person. In March of 2016, a report entitled the *Medication Detail Report* was released into Ohio's SACWIS. This report is able to be generated for all children in the agency's custody or for children in custody with documented medications. The generated report lists each child and then lists a count of total prescribed medications and a separate count of prescribed psychotropic medications. The report then displays the medication names with an indicator if the medication is psychotropic. The report lists up to fifteen medications per child. If additional medications are being prescribed, there is a note to see SACWIS for additional entries. This report was created to assist agencies with managing the medications being prescribed to children in their custody, especially psychotropic medications.

In the spring of 2016, the OFC Bureau of Automated Systems wrote and distributed a Knowledge Base article to increase local partners' understanding of how to utilize this tool to improve monitoring of medication use by children in foster care.

Benchmark 2: Conduct cross-system data analysis to identify educational, health care, and behavioral health care needs, service utilization, and gaps in programming for families in the child welfare system. (Years 1-3)

Progress Report:
As noted above, during this past year, ODJFS completed a comprehensive statewide needs assessment, which was designed to identify service needs of children and families coming to the attention of PCSAs. In addition to the analysis of service needs, this study also sought to identify the most effective interventions designed to meet those service needs.

The needs assessment answers the following questions:

1. What concerns are children and families served by Ohio's child welfare system experiencing?
2. Are there constellations of concerns evident among the children and families?
3. What are the effective evidence-based interventions identified in peer-reviewed literature that address the concerns of children and families?

4. What do national experts in the field recommend as the most effective service interventions for children and families?
5. What services are children and families currently receiving?
6. What additional evidence-based services are needed to address the concerns?

To complete this statewide needs assessment, ODJFS matched and examined data from five large data systems: (1) SACWIS; (2) Medicaid Claims data; (3) Supplemental Nutrition Assistance Program (SNAP) data; (4) Temporary Assistance to Needy Families (TANF) data, and (5) Child Care data. Service utilization and gaps in programming were examined for the following service categories:

Adult-Related Service Categories	**Child-Related Service Categories**
Medical	Medical
Psychotherapy	Psychotherapy
Parenting	Sight, Hearing and Speech
Domestic Violence	Child Education
Drug Diagnostic	Parenting (Teen Pregnancy)
Drug In-Patient or Out-Patient	
Financial Support	

The full needs assessment report is available on ODJFS' website at: http://jfs.ohio.gov/ocf/Reports-Plans-and-Presentations.stm.

Benchmark 3: Work with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to jointly develop and evaluate programming designed to treat substance abuse within the child welfare population: child, youth and adult. (Years 1-5)

Progress Report:
The Ohio Department of Mental Health and Addiction Services (OhioMHAS), Office of Research and Evaluation conducts ongoing analyses of emerging trends, unmet needs and quality of services rendered. This information is used to inform policy and program development. During this past year, ODJFS and OhioMHAS continued to partner on several initiatives designed to effectively treat families in the child welfare system who are challenged by substance abuse. Some of these are described below; evaluators are identified within parentheses.

- **Trauma-Informed Care** promotes effective interventions and treatment for those who have experienced trauma.
- **The Maternal Opiate Medical Support (MOMS) program** holistically addresses the needs of pregnant women addicted to opioids and their children (Evaluator: University of Cincinnati, College of Education, Criminal Justice and Human Services).
- **Ohio Minds Matter** promotes safe and appropriate use of psychotropic medications (Evaluator: The Ohio State University).
- **The Addiction Treatment Pilot Project** provides medication-assisted treatment to offenders participating in select certified drug court programs (Evaluator: Case Western Reserve University).

- **Screening, Brief Intervention and Referral to Treatment (SBIRT**) reduces morbidity and mortality of alcohol and other drug use through early intervention and the integration of medical and behavioral health approaches (Evaluator: Wright State University).
- **Empowering the New Generation to Achieve Goals through Empowerment (ENGAGE)** utilizes a system of care approach to address the multiple needs of youth and young adults in transition who have behavioral health conditions and are/were at risk of involvement with child welfare, juvenile justice, and/or homelessness**.**
- **Mental Illness-Developmental Disabilities Coordinating Center of Excellence** enhances local communities' capacity to effectively treat individuals with co-occurring diagnoses (Evaluator: Wright State University).
- **Substance Abuse and Mental Illness Coordinating Center of Excellence** provides technical assistance for implementation of best practices that improve outcomes for people with addiction, mental illness, and co-occurring disorders (Evaluator: Case Western Reserve University);
- **The Center for Innovative Practices Coordinating Center of Excellence** promotes implementation of evidence-based practices for youth and their families to reduce use of costly out-of-home care (Evaluator: Case Western Reserve University).

For additional information regarding these initiatives go to:
http://mha.ohio.gov/Default.aspx?tabid=151

Goal 3: Objective 4
Apply CQI principles to address child removals and timely reunification and to reduce re-entry of children into agency custody.

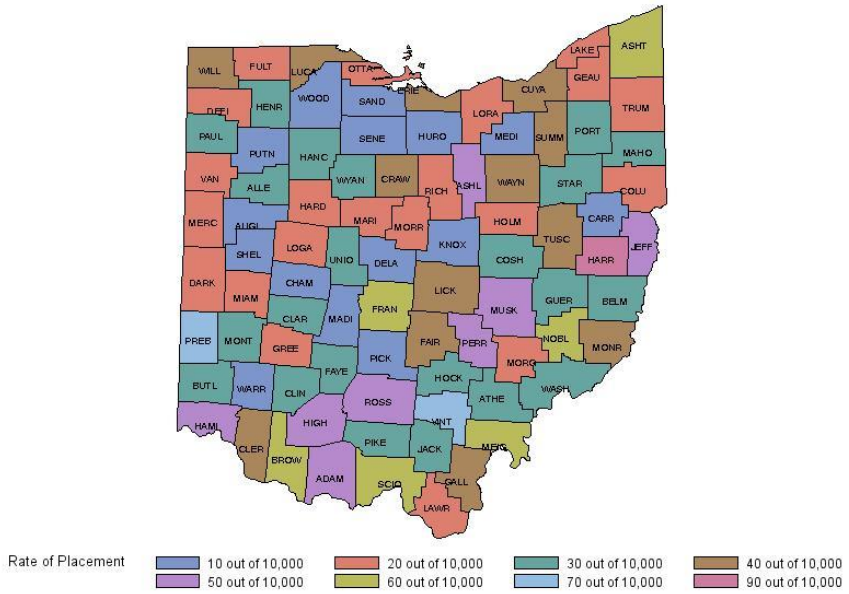
Update on Progress Made to Improve Outcomes

Intervention 1: Examine child removal and placement data to analyze statewide and county trends.

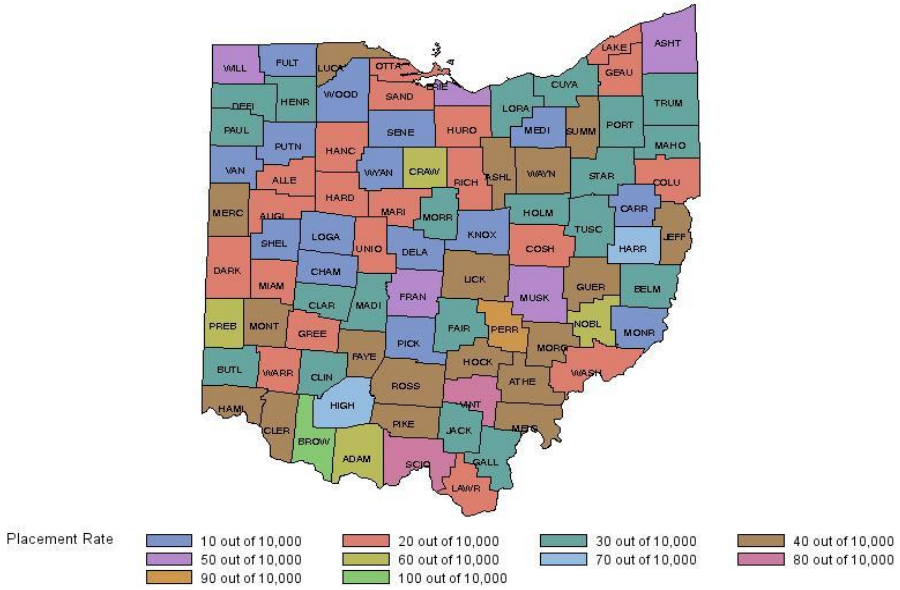
Benchmark 1: Complete a comparative analysis of counties' child removal rates. (Year 2)

Progress Report:
To compare rates of removal, five data sources were used: County level population data on children under the age of 18 from the U.S. Census Bureau, and four years of CFSR data (BA12, BA13, BA14, BA15) of the "Permanency in 12 months for children entering foster care" measure. For each year, county level maps were created to compare counties. These maps are shown below.

For Every 10,000 Children in a County, How Many Are Placed?
April 1, 2011 - March 31, 2012

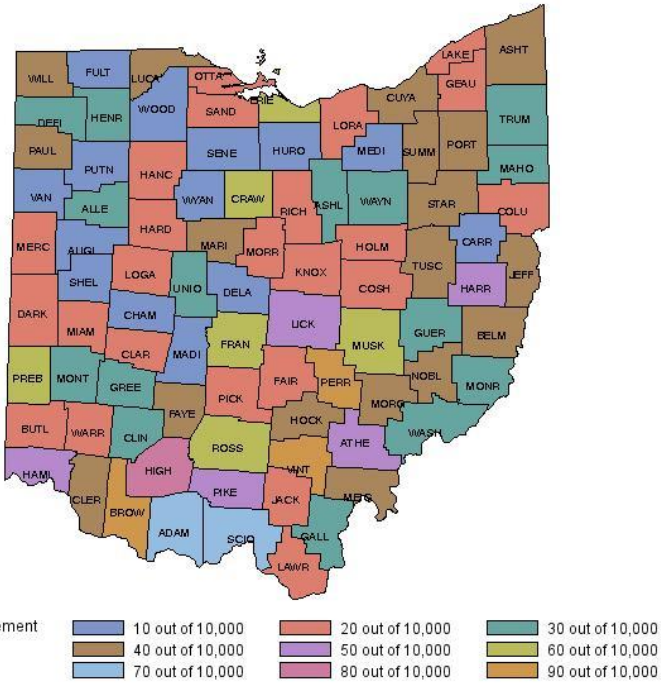


For Every 10,000 Children in a County, How Many Are Placed?
April 1, 2012 - March 31, 2013



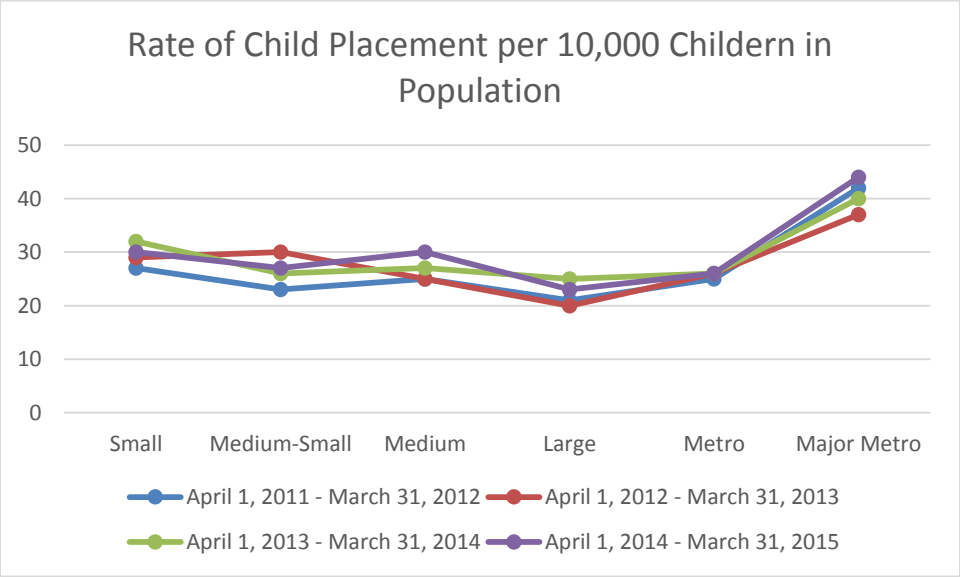
For Every 10,000 Children in a County, How Many Are Placed?
April 1, 2013 - March 31, 2014

For Every 10,000 Children in a County, How Many Are Placed?
April 1, 2014 - March 31, 2015



Traditionally, analyzing data by county size has facilitated a deeper understanding of important patterns. These data are shown on the table below, and graphically shown on the following figure.

Rate of Children Entering Foster Care for Every 10,000 Children					
County Size	**Number of Counties**	**April 1, 2011 – March 31, 2012**	**April 1, 2012 – March 31, 2013**	**April 1, 2013 - March 31, 2014**	**April 1, 2014 - March 31, 2015**
Small	24	27	29	32	30
Medium-Small	15	23	30	26	27
Medium	21	25	25	27	30
Large	15	21	20	25	23
Metro	10	25	26	26	26
Major Metro	3	42	37	40	44



The following significant learnings were revealed:

- Major Metropolitan counties place children at much higher rates than other sized counties.
- Metropolitan counties show the most consistent rate patterns over the four years.
- Small counties tend to place children at about the same rates as Medium-Small, and Medium counties.
- Large counties show a lower rate than Small and Medium-Small counties.
- Small counties place children at higher rates than Metropolitan counties.

Benchmark 2: Complete a comparative analysis of days in placement/length of stay across counties. (Year 2)

Progress Report:
A county level cohort analysis was conducted to determine the length of stay of children who entered foster care for the first time in 2011, 2012, 2013, 2014, and 2015. Wide variations were observed on the number of children entering care as well as the percent of children remaining in care after 365 and 720 days of first entering. Although the results are available for all counties, Major Metropolitan and Metropolitan counties' results are shown below.

Major Metropolitan Counties

		Cuyahoga	Franklin	Hamilton
2011	**Number of Children Entering Care for the 1st Time**	**847**	**1592**	**733**
	Percent Remaining in Care after 360 days	61%	29%	63%
	Percent Remaining in Care after 720 days	31%	12%	33%
2012	**Number of Children Entering Care for the 1st Time**	**710**	**1399**	**642**
	Percent Remaining in Care after 360 days	56%	30%	58%
	Percent Remaining in Care after 720 days	28%	12%	26%
2013	**Number of Children Entering Care for the 1st Time**	**616**	**1609**	**665**
	Percent Remaining in Care after 360 days	56%	29%	52%
	Percent Remaining in Care after 720 days	29%	11%	26%
2014	**Number of Children Entering Care for the 1st Time**	**821**	**1584**	**609**
	Percent Remaining in Care after 360 days	58%	31%	70%
	Percent Remaining in Care after 720 days	25%	14%	40%
2015	**Number of Children Entering Care for the 1st Time**	**807**	**1661**	**931**
	Percent Remaining in Care after 360 days	52%	29%	60%
	Percent Remaining in Care after 720 days	Time Censored	Time Censored	Time Censored

Comparing the Major Metropolitan counties, Franklin admits more children into care than the two other similar counties combined, and these children spend the shortest length of time in care. Although Franklin admits more, between 29-31% remain in care over 360 days, with about 12% remaining in care over 720 days.

Metropolitan Counties

		Butler	Lake	Lorain	Lucas	Mahoning	Stark	Trumbull	Warren
2011	**Number of Children Entering Care for the 1st Time**	**248**	**44**	**75**	**316**	**122**	**307**	**94**	**66**
	Percent Remaining in Care after 360 days	33%	39%	29%	49%	38%	38%	50%	58%
	Percent Remaining in Care after 720 days	23%	11%	5%	21%	18%	19%	22%	33%
2012	**Number of Children Entering Care for the 1st Time**	**265**	**55**	**120**	**403**	**88**	**222**	**89**	**87**
	Percent Remaining in Care after 360 days	42%	44%	44%	43%	42%	42%	42%	52%
	Percent Remaining in Care after 720 days	28%	11%	14%	16%	18%	20%	19%	22%
2013	**Number of Children Entering Care for the 1st Time**	**257**	**49**	**78**	**408**	**129**	**258**	**93**	**59**
	Percent Remaining in Care after 360 days	42%	33%	45%	44%	27%	47%	43%	54%
	Percent Remaining in Care after 720 days	26%	16%	24%	14%	9%	16%	24%	27%
2014	**Number of Children Entering Care for the 1st Time**	**194**	**45**	**84**	**358**	**89**	**340**	**113**	**85**
	Percent Remaining in Care after 360 days	42%	58%	33%	39%	33%	48%	39%	74%
	Percent Remaining in Care after 720 days	25%	22%	18%	14%	14%	15%	16%	42%
2015	**Number of Children Entering Care for the 1st Time**	**159**	**35**	**69**	**395**	**86**	**208**	**100**	**101**
	Percent Remaining in Care after 360 days	42%	47%	48%	48%	39%	64%	47%	69%
	Percent Remaining in Care after 720 days	.Time Censored	.Time Censored	.Time Censored	.Time Censored	.Time Censored	.Time Censored	.Time Censored	.Time Censored

Metropolitan counties exhibit broad differences in the number of children admitted to foster care for the first time. Counties are encouraged to examine their data and compare it to their peers. When comparing, counties can examine the differences between the percent of children remaining in care after 360 days with those remaining in care 720 days. If the percent difference is small relative to other counties, it indicates that children are staying in care longer than would be expected. For instance, for Butler County in 2014, 42% remained in care longer than 360 days and 25% remained in care longer than 720 days. Subtracting 25% from 42%, 17% of the children left care between 360 and 720 days. This proportion is much lower than Stark's 33%.

Benchmark 3: Share data analysis with stakeholders and gather their feedback to support interpretation of the data. (Years 2-5)

Progress Report:

Stakeholders have been most interested in the new Federal CFSR measures. To respond to their concerns, a variety of handouts have been developed with presentations and discussion held at meetings sponsored by the Public Children's Services Association of Ohio, Metro County Strategy Meetings sponsored by Casey Family Programs, the Supreme Court of Ohio's Caseflow Management courses for courts and PCSAs, and individual county meetings. Similarly, the data analyses outlined above will be shared and discussed with counties as opportunities arise. Venues for discussion may include the CQI Advisory Team, regional CQI forums, and/or upcoming Metro County or PCSAO meetings.

Intervention 2: Examine data of children who entered agency custody in a 12-month period and were discharged within 12 months to reunification, living with a relative, or guardianship and then re-entered agency custody within 12 months of their discharge to determine root causes.

Benchmark 1: Completed in Year 1.

Benchmark 2: Completed in Year 1.

Benchmarks:

3) ~~Include data of two comparison groups in the analysis: (1) Those discharged within 12 months to a "Planned Permanent Living Arrangement" and (2) those still in care after 12 months.~~ Upon completion of initial data analysis of Ohio's performance on the CFSR measures, this benchmark has been revised to reflect the state's current thinking on the most beneficial analyses. The revised benchmark is: **Examine safety and risk assessment data of the families and children entering care and re-entering care to identify the constellations of concerns that are most closely associated with entry and re-entry. (Year 3)**

4) Share data analysis with stakeholders and gather their feedback to support interpretation of the data. (Years 2-5)

Progress Report:

During this past year, ODJFS completed a county-by-county analysis of performance on Permanency in 12 Months for Children Entering Care and Re-Entry to Foster Care utilizing the Children's Bureau's CFSR Round 3 Statewide Data Indicators code. The data were examined by county size groupings, and analyses were completed to identify the number of placements experienced by children in the population for these measures as well as the outcomes for each youth in the measure (i.e., reunification, exit to the care of a relative, adoption, guardianship, emancipation from care, transfer to another agency, runaway/AWOL, death of the child, or still in care at the end of the reporting period). These data were distributed and discussed widely through meetings sponsored by PCSAO and the Supreme Court of Ohio. At each session, counties were provided an opportunity to examine their data and have discussion about what factors might be influencing the numbers.

Moving forward, ODJFS would like to build on the work of its statewide Needs Assessment for Child Welfare Services, completed this past January, by applying one of the techniques employed in the Needs Assessment to develop a better understanding of the population of children and families entering care and then experiencing re-entry to care. This technique, called cluster analysis, will be used to examine safety and risk assessment data of the families and children entering care to identify the groupings of concerns that are most closely associated with foster care entry and re-entry.

Intervention 3: Evaluate completion of the CAPMIS Reunification Assessment tools, including a qualitative analysis of the content and application of the tool to the decision-making process.

Benchmark 1: Please see Goal 1, Objective 4, Intervention 1.

Progress Report:

The CAPMIS Reunification Assessment is a decision support tool to assist in the assessment of reunification readiness. The *CAPMIS Reunification Assessment* tool is being evaluated as a component of the ongoing CAPMIS evaluation being conducted by the University of Cincinnati.

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

Measures:	Updated Performance:
1.) Placement Stability: Of all children who enter agency custody in a 12-month period, what is the rate of placement moves per 1,000 days in care?	**1.) Placement Stability: 3.30 moves per 1,000 days in care (4/1/2014 - 3/31/2015 calculated through ROM)**
2.) Percentage of children who have been in foster care for 12-23 months that achieve permanency within 12 months.	**2.) Permanency in 12 months for children in foster care 12-23 months: 44.2 % (4/1/2014-3/31/2015 Observed Performance)**
3.) Percentage of children who have been in foster care for 24 months or more that achieve permanency within 12 months.	**3.) Permanency in 12 months for children in foster care 24+ months: 27.68% (4/1/2014-3/31/2015 Observed Performance)**
4.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will include appropriate permanency goals for each child in care.	**4.) 76% of cases reviewed included appropriate permanency goals for each child in care. (partial results CPOE Stage 10)**
5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to achieve reunification, guardianship, adoption or other planned permanent living arrangement.	**5.) 83% of cases reviewed demonstrated concerted efforts to achieve reunification, guardianship, or other planned permanent living arrangement. (partial results CPOE Stage 10)**
6.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children's relationship with these close family members.	**6.) 93% of cases reviewed demonstrated concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children's relationship with these close family members. (partial results CPOE Stage 10)**
7.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address the needs of children, parents and foster parents.	**7.) 83% of cases reviewed demonstrated concerted efforts to assess and address the needs of children, parents and foster parents. (partial results CPOE Stage 10)**

Goal 4: Objective 1
Increase quality and frequency of visitation between parents and children and sibling groups while children are placed in out-of-home care.

Update on Progress Made to Improve Outcomes

***Intervention 1:* Provide technical assistance to PCSAs to support implementation of best practices for visitation.**

Benchmarks:

1) Provide technical assistance to PCSAs regarding policy requirements for visitation, accurate documentation of visits in SACWIS, and information about successful program models or practices implemented by other PCSAs. (Years 1-5)
2) Develop an agency checklist/ tool to support quality visitation practices. (Year 2)

Progress Report & Feedback Loops:
During the reporting period, the Family and Caseworker Visits Workgroup broke out into two sub-workgroups. One workgroup focused on continuing the work of identifying resources that could be disseminated to agencies which would serve to improve visitation practices, and the second workgroup focused on identifying what needs to be documented in the case record by workers on: (1) parent-child-sibling visits; (2) worker-parent visits; and (3) worker-child visits. Documentation was viewed as a critical area to address since case records provide an "ongoing picture" of the agency's involvement with families, including progress made toward achieving safety, permanency and well-being outcomes.

An extensive review of national and local tools and resources was conducted to identify effective visitation practices in the areas of: (1) parent-child-sibling visits; (2) worker-parent visits; and (3) worker-child visits. The group is in the process of narrowing down the resources to those that would be most beneficial to caseworkers and supervisors in the field. Whenever possible, existing tools that are already familiar and accessible to PCSA staff, like the *Ohio Differential Response Coaching and Supervision Toolkit,* will be referenced. Additionally, the group will be looking at the draft documentation templates recommended by the other workgroup to determine which resources to suggest to reinforce good documentation practices.

The documentation workgroup examined existing visitation templates/tools developed by Ohio's PCSAs and examined the OAC requirements governing what should be addressed during different types of visits. The following templates have been drafted: (1) *Visitation Observation Template* (used when observing parent/child supervised visits); (2) Home Visit Template for Intake (used for face-to-face and telephone contacts during the assessment phase of the case); and (3) Home Visit Template for Caseworker Visits with Parents/Guardians/Custodians/Caregivers and Children (includes unique fields based on the visit type – e.g., children on a Safety Plan, emancipated youth, parent/caregiver). The draft templates are currently under review by the workgroup. It is the workgroup's recommendation that the templates be contained within the SACWIS application in order to streamline and support high-quality documentation. The workgroup membership includes SACWIS staff who have had input throughout the process of developing and designing the templates.

In addition to the workgroup's efforts to identify resources and develop new methods to support quality visits and documentation of those visits, the state has taken a proactive approach to addressing performance on caseworker visits throughout the past year. As noted in previous sections of this report, the SACWIS *Comprehensive Visitation Report* was adapted during this past year to generate a monthly email summary report to agency directors and children services administrators. ODJFS also offered a series of regional CQI Forums on Caseworker Visits in the spring and fall of 2015. Additionally, ODJFS implemented a performance-based visitation incentive during this past year. In conjunction with this effort, technical assistance has been provided to PCSAs in a variety of venues on the *Comprehensive Visitation Report* and ways counties can ensure the accuracy of their data and track performance improvement.

Benchmark 3: Complete child support data system interface to enhance search capabilities to locate non-custodial parents. (Years 1-3)

Progress Report:
The Child Support Enforcement and Tracking System (SETS) and SACWIS interface is currently under development. This initiative is estimated to be completed in October 2016.

Intervention 2: Collaborate with OCWTP to provide training for foster parents and caseworkers on the importance of encouraging the parent/child relationship and the necessity of participating in the case plan goal of reunification and "mentoring" biological parents in the process.

Benchmark 1: Collaborate with OCWTP to strengthen these elements within the foster parent pre-service training curriculum. (Years 1-2)

Progress Report:
Preservice training consists of 12 three-hour modules which were revised in June 2015. The identified elements are addressed in the following modules:

- Importance of encouraging the parent/child relationship is addressed in modules 1, 2, 6, 7, 9, 10, 12
- Necessity of participating in the case plan goal of reunification is addressed in modules 1, 2, 4, 9
- Mentoring biological parents in the process is addressed in modules 1, 2, 9
- Module 9 is entirely devoted to working with primary families

Between July 2015 and June 2016, over 100 rounds of Preservice training will be delivered. The follow Table presents information on each Preservice Training Module and the number of times the training was delivered and the number of times each module was scheduled.

Module	# of Times Delivered	# of Times Scheduled
Orientation to Foster Care, Kinship Care, and Adoption	104	31
The Child Protection Team	104	32
Child Development	104	32

Module	# of Times Delivered	# of Times Scheduled
Trauma and It's Effects	104	32
Child Sexual Abuse	101	34
Minimizing the Trauma of Placement	98	35
Transcending Differences in Placement	95	36
Helping the Child Manage Emotions and Behaviors	97	36
Understanding Primary Families	95	37
Effects of Caregiving on the Caregiver Family	94	37
Long-Term Separation	96	38
Post Adoption Issues for Families	92	40
TOTAL	*1,184*	*420*

Benchmark 2: Collaborate with OCWTP to expand use of the Fundamentals of Fostering course on working with birth parents and other specialized training curricula that support quality visitation between parents and children. (Years 1-5)

Progress Report:
Training provided by OCWTP to address quality visitation between parents and children included the following:

For Caregivers

- *Relating to Primary Families: Challenges, Issues, and Strategies* was offered six times across the state in FY16. It is scheduled six more times between April and June 2016.
- In addition to *Relating to Primary Families: Challenges, Issues, and Strategies*, eleven other trainings have been offered 20 times to support quality visitation between parents and children: These included:
    - *How to Deal with the Baggage of Visits* (1 session)
    - *Working with Birth Parents: Making it Positive for Everyone (1 session)*
    - *Helping Children Before and After Birth Parent Visits (5 sessions)*
    - *Impacting Visitation for Success (3 sessions)*
    - *Professional Boundaries (2 sessions)*
    - *Effectively Dealing with Children's Issues in Visitation (3 sessions)*
    - *Enhancing Visitation (1 session)*
    - *Using Nemo and Pinocchio to Build Attachment During Visits (1 session)*
    - *Visitation: Helping Youth Transition (1 session)*
    - *Promoting Sibling Visitation (1 session)*
    - *Fostering Birth Family Connections* (1 session)

For Caseworkers

- *Skills Training for Supervised Visitation* (1 session)

Goal 4: Objective 2
Improve services and supports for kinship caregivers to promote increased placement stability and permanency.

Update on Progress Made to Improve Outcomes

Intervention 1: Seek statutory revisions as recommended by the Supreme Court of Ohio's Subcommittee on Responding to Child Abuse, Neglect and Dependency to address barriers for kinship caregivers and promote consistency among courts with jurisdiction over kinship caregiver relationships.

Benchmark 1: Partner with the Subcommittee to conduct educational sessions for stakeholders on the proposed statutory recommendations and gather stakeholder feedback. (Years 1-2)

Progress Report:
Over the past 18 months, ODJFS has actively participated with the Subcommittee on Responding to Child Abuse, Neglect and Dependency to further refine its statutory recommendations and educate court and agency stakeholders on the need for consistency among the laws that govern kinship care relationships in Ohio courts with jurisdiction over these relationships: domestic relations courts, probate courts, and juvenile courts.

Benchmark 2: Upon enactment of statutory changes related to kinship care, review and update Ohio Administrative Code as needed. (Years 2-5)

Progress Report:
No statutory changes related to kinship care have been made in the past year.

Intervention 2: Completed in Year 1.

Intervention 3: Review current data regarding kinship and other relative placements to identify trends.

Benchmark 1: Completed in Year 1.

Benchmark 2: Establish a workgroup to explore development of an agreed upon statewide kinship homestudy. (Year 2)

Progress Report:
ODJFS, OFC partnered with numerous PCSAs as well as the Institute for Human Services (IHS) to: (1) explore the development of a statewide kinship home study; and (2) assist in the development of the study, to be incorporated into the SACWIS system, if a determination is made to proceed with a statewide kinship home study. The kickoff meeting for the group was held on December 1, 2015. The group consists of staff from 10 individual PCSAs, 1 private agency, 1 IHS staff and 4 state staff. County staff represent small to large counties and include a mixture of caseworkers, supervisors and administrators. State staff includes policy, management and SACWIS staff.

The workgroup discussed the minimum requirements for kinship home studies outlined in rule 5101:2-42-18 of the Administrative Code as well as county-specific requirements that have been added to individual county home studies. The workgroup is reviewing all additional requirements to determine which are considered a critical component to assessing a kinship caregiver's ability to accept and sustain placement of a kin child. The workgroup is also charged with considering the current disqualifying offenses and rehabilitation standards to determine what issues are the largest barriers to approving placement with kinship caregivers. Suggestions for changes will be discussed and considered, and if the group is in agreement, will be included in rule 5101:2-42-18 upon review and approval by legal staff.

~~***Intervention 4: Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTMs.***~~

~~***Benchmark 1:*** Please see Goal 1, Objective 5, Intervention 4.~~

This intervention and its associated benchmarks have been revised to better align with the Objective to improve services and supports for kinship caregivers to promote increased placement stability and permanency. The revised intervention is:

Intervention 4: Utilize Ohio's Title IV-E Waiver to strengthen services and supports for kinship caregivers and evaluate the impact of targeted strategies.

Benchmark 1: Implement and evaluate a Kinship Supports Strategy through Ohio's Title IV-E Waiver. (Years 2-5)

Progress Report:
During the third waiver period, implementation of a Kinship Supports strategy began in all 16 demonstration counties. While the kinship strategy is clearly more comprehensive in the third waiver period compared to the second, variation in implementation of the model remains across the demonstration counties. While all demonstration counties have a designated kinship expert and have ensured that all direct and indirect components of the model are occurring, three primary structures have been employed: a two-worker model, a one-worker model, and a hybrid approach.

Although three different models have emerged, there appears to be a much greater emphasis on kinship care overall in demonstration counties than in comparison counties. Whereas all demonstration counties have, at a minimum, a designated kinship expert, only a quarter of comparison counties indicated they have staff dedicated to serving kin in some capacity beyond home studies. This may be the most significant difference between demonstration and comparison counties, and a likely factor in the differences found in kinship-specific case services utilization and outcomes for children and families seen between demonstration and comparison counties.

One-Worker Model: In this model, implemented by four demonstration counties, ongoing caseworkers assigned to the case are the primary source of support for both biological parents and kin caregivers. This approach is not practice as usual, because the agency has a kinship expert and caseworkers may be trained on the strategy; however, it is the model most closely aligned with practice as usual.

Two-Worker Model: In this model, implemented by six demonstration counties, all kin caregivers have a kinship specific staff member that provides ongoing support in addition to the ongoing caseworker assigned to the case. The ongoing caseworker follows the traditional child welfare model of working a reunification plan with the biological parents, and also supporting the kin caregiver to the extent that he or she can, while the primary responsibility of the designated kinship staff is to support the caregiver. This model represents the most significant variance from practice as usual.

Hybrid Approach: In this approach, implemented in six demonstration counties, designated kinship staff may act as an additional, kinship specific resource for caregivers on a case-by-case or as-needed basis, depending on staff capacity or the level of caregiver need. In these counties, caregivers may have varying experiences of the model; depending on the caregiver, there may or may not be a secondary staff member beyond the ongoing caseworker to provide kinship-specific support.

Progress Measures:

Overall, children served by the kinship strategy experienced greater placement stability than children placed with kin in comparison counties. Among children served by the kinship strategy, 85.4% experienced no placement moves during their first placement episode. By comparison, 78.2% of children placed with kin in comparison counties experienced no placement moves during their first placement episode. The average difference in the number of placement moves experienced during a first placement episode between children placed with kin in demonstration and comparison counties was significant. On average, children served by the kinship strategy in demonstration counties experienced fewer placement moves (m = .16, SD = .51) than children placed with kin in comparison counties (m = .27, SD = .51).

Implementation type appeared to be a driving factor in differences found in placement stability between children served by the kinship strategy and children placed with kin in comparison counties. Mean-level differences between children who received strategy services and children placed with kin in comparison counties were slightly more pronounced when only demonstration children served by a county utilizing the two-worker approach were included in the analysis. Kin-placed children who were served by a two-worker model experienced significantly fewer placement moves (m = .15, SD = .53) than children placed with kin in comparison counties (m = .27, SD = .51); F (1, 3411) = 28.22, $p < .001$). By contrast, placement stability differences between children served by a demonstration county utilizing the one-worker model and children placed with kin in comparison counties were not significant. Although kin-placed children who were served by a one-worker model experienced fewer placement moves (m = .19, SD = .53) than children placed with kin in comparison counties (m = .27, SD = .51), this difference was not significant (F (1, 3096) = 3.27, $p > .05$).

In sum, demonstration county agencies were more likely to use kinship care, and to use it more extensively than comparison counties. Kinship care appeared to produce better outcomes than foster care in terms of safety, stability, and permanency. The ProtectOHIO kinship strategy also appeared to benefit children; children receiving strategy services experienced fewer placement moves and fewer days in out-of-home care than children placed with kin in comparison counties.

Goal 4: Objective 3
Achieve timely, legal permanency for children.

Update on Progress Made to Improve Outcomes

Intervention 1: Continue to work with the Supreme Court of Ohio to improve permanency decision timeframes, including appellate decisions.

Benchmark 1: Partner with the Supreme Court of Ohio to offer four Caseflow Management courses for Dependency docket courts. (Years 1-2)

Progress Report:
The Supreme Court of Ohio (SCO) and OFC partnered to hold four one-day regional sessions of the *Abuse, Neglect, and Dependency Caseflow Management Workshop*. SCO contacted each juvenile judge, asking the court to take the lead in assembling a team of four additional key leaders from the community who have the vision and ability to ensure the timeliness for children to reach appropriate placement and permanency. Suggested community justice system partners included: child welfare agency director or designee(s); member of the bar; prosecuting attorney; school representative; court staff or magistrate, clerk; and other court or community representatives that impact how abuse, neglect and dependency (AND) cases come to and progress through the court.

As an outcome, teams were asked to identify and commit to a plan for improving and assessing practices, while strengthening oversight of these AND cases and performance on the federal Child and Family Services Review measures. Listed below are the workshop dates and sites:

- Thursday, Aril 7, Toledo
- Tuesday, April 26 , Beavercreek
- Thursday, May 12, Columbus
- Tuesday, May 24, *Akron*

SCO provided overnight lodging for team members travelling more than 50 miles. The event was approved for 7.5 general CLE and CEU credit hours.

SCO and OFC provided educational speakers throughout the day, as well as a team facilitator assigned to guide each team through the process and document consensus-agreed action plans. Casey Family Programs provided planning funds to each team submitting an action plan to encourage implementation and follow-up activities.

Benchmark 2: Provide applicable CPOE data to the Supreme Court to integrate within the Caseflow Management courses. (Years 1-2)

Progress Report:
Statewide CPOE and CFSR data were incorporated into the presentations offered during the Caseflow Management courses. In addition, ODJFS technical assistance specialists were notified of the counties

registered for each session and were asked to identify any relevant CPOE data or or other issues. These were identified in advance for facilitators.

Benchmarks:

3) Study the timeliness of appellate decisions for termination of parental rights cases in all districts. (Years 2-3)

4) Report findings of timeliness study to stakeholders and present information on preferred practices. (Years 2-3)

Progress Report:

Rather than a one-time, site-specific case review to examine appellate data regarding termination of parental rights cases, the Supreme Court of Ohio (Court) is exploring the creation of an electronic quarterly reporting process to capture data from all appellate districts. The concept was presented during a Court-sponsored Appellate Court Administrators roundtable and was favorably received. The Court currently is identifying appropriate data measures and determining feasibility. If established, the data will be used for federal Court Improvement Program (CIP) reporting, to guide Continuous Quality Improvement and educational opportunities, and to support appellate court self-assessment. As currently under consideration, data reports will be distributed to appellate courts on a quarterly basis with an aggregate year-end report. Although case-specific information will be available to Court staff working on, or funded through CIP, no case specific information would be shared outside of the Court. If further study identifies this as a feasible proposal, it is expected to be implemented in early 2017.

Intervention 2: Expand implementation of Casey Family Programs' Permanency Roundtable and Youth-Centered Roundtable model.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 3.

Progress Report:

Refer to update for Goal 1, Objective 5, Intervention 3.

Intervention 3: Continue implementation of the Wendy's Wonderful Kids model for child-specific recruitment efforts.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 6.

Progress Report:

Refer to update for Goal 1, Objective 5, Intervention 6.

Intervention 4: Enhance CPOE protocol to utilize data to address identified issues and highlight best practices.

Benchmark 1: Completed Year 1.

Benchmark 2: Survey agencies for input regarding local practices that impact timely adoptions and highlight those who are successful in finalizing adoptions. (Year 2)

Progress Report & Feedback Loops:
On October 20, 2014, the Deputy Director invited staff from Ohio's PCSAs to participate in a variety of CFSP workgroups. One of the workgroups was the adoption group. The adoption workgroup was charged with exploring the expansion of the Wendy's Wonderful Kids program to youth under age five as well as developing a survey for PCSAs to provide input regarding practices impacting timely adoptions and highlighting those who are successful in finalizing adoptions. The kickoff meeting was held on January 13, 2015. The group consists of staff from 13 individual PCSAs and 9 state staff. The county staff represent small to large counties and includes a mixture of adoption caseworkers, supervisors, administrators and an agency attorney. State staff includes adoption policy, technical assistance specialists, licensing specialists, management and SACWIS staff.

The workgroup created a survey, and it was sent to all PCSA adoption contacts in August 2015. Fifty-eight (58) counties responded to the survey. Information gained through the survey will be used to help determine future policy and programmatic changes.

A few highlights from the survey are listed below:

- Fifty-four of the 58 counties who responded agreed that access to post-adoption resources, such as counseling, respite, and PASSS funding, made a significant impact on adoptions.
- Sixty-seven percent of the counties who responded agreed that having a dedicated adoption recruitment unit or staff person greatly impacts an agency's ability to have successful adoptions.
- Well over half of all respondents felt that appeals and court delays represented the top two barriers to timely adoptions.
- Only thirteen of the fifty-eight counties who responded felt that subsidy negotiations represented one of their top 5 barriers to adoption.
- Over sixty percent of the counties who responded felt that the pre-adoptive staffing updates are not an effective tool in establishing permanency for children in agency custody.

In response to this feedback, the adoption workgroup reconvened in 2016 to begin looking at and revising the regulations and forms surrounding pre-adoptive staffing updates.

Intervention 5: Build skills in effective Family Search and Engagement practices.

Benchmark 1: Please see Goal 3, Objective 2, Intervention 2.

Progress Report:
Refer to update for Goal 3, Objective 2, Intervention 2.

Goal 4: Objective 4
Improve outcomes for youth exiting foster care and transitioning to adulthood.

Update on Progress Made to Improve Outcomes

Intervention 1: Develop a process to facilitate information-sharing about effective practices and services for transitioning youth with public children services agencies, private child placing agencies, and private non-custodial agencies.

Benchmark 1: Completed Year 1.

Benchmark 2: Create county profiles utilizing SACWIS information to report on services provided to transitioning youth. (Year 2)

Progress Report & Feedback Loops:
All demographic, youth characteristic and outcome data for youth who have received independent living services is stored in Ohio's SACWIS Database and the National Youth in Transition Database Portal (NYTD). To date, Ohio's youth participation in follow-up Cohort Surveys has exceeded federal compliance standards.

ODJFS has engaged in an ongoing process of coordination with state and county staff to provide more clarity, technical assistance, and encouragement regarding NYTD requirements. State staff members (policy, SACWIS and technical assistance) routinely monitor survey return results and alert each county agency as to the agency's specific NYTD population and survey requirements in the existing fiscal period. Methods of communication with stakeholders have included emails, one-on-one telephone calls, webinars, and utilization of the SACWIS Helpdesk. Specific points of contact in SACWIS and Policy are publicized to each county agency for one-on-one guidance if needed. Additionally, peer-to-peer guidance is encouraged between county agencies.

The NYTD Statistical Report informs county child serving agencies of the total NYTD Cohort population details and statistics. The NYTD Statistical Report exists in SACWIS and can be accessed by each county child serving agency as an aid in cohort management and identification of outcomes. The report also identifies outcomes on a statewide level. Both the agency-level and the statewide statistics can be monitored throughout each FFY period. Additionally, a SACWIS tickler exists for each applicable youth in agency custody to notify county staff that a NYTD survey should be completed.

Benchmark 3: Utilize regional stakeholder meetings to share survey and SACWIS data on service provision, to gather feedback to assist in the interpretation of the data, to highlight best practices, and to discuss challenges or barriers to effective service provision. (Years 1-2)

Progress Report & Feedback Loops:
On an annual basis, ODJFS Transitional Youth (TY) Coordinators host five regional Independent Living (IL) forums and one statewide event with all stakeholders. Participants invited to these events include: public and private agency staff; juvenile court staff; and foster parents/adult supporters who work with transitioning youth. Current and former foster youth are asked to present and/or participate at the

statewide event, as well. During these meetings, TY coordinators facilitate discussions and peer-to-peer learning about services and resources for current and former foster youth and provide technical assistance regarding new or current federal and state mandates and best practices. TY coordinators are also joined at these meeting by other ODJFS staff from the policy and technical assistance areas. Each year, the regional forum agenda is created based on the current and expected needs of the transitioning youth population. Presentations during both the regional forums and the statewide event are facilitated by community partners and service providers that are relevant to the transitional youth population.

Intervention 2: Increase the access of youth to Independent Living services.

Benchmark 1: Consider revision of Ohio Administrative Code Independent Living rules to lower the age to 12 for agencies to provide Independent Living services and to require agencies to complete the youth's Transition Plan when he/she reaches age 17. Independent Living services for early adolescents should focus on development of "soft skills" (e.g., cooking, how to do laundry). (Year 2)

Progress Report:
The five regional stakeholder meetings detailed above highlighted key discussion topics and refreshed several important IL policy changes for Ohio as a result of Public Law 133-183 *Preventing Sex Trafficking and Strengthening Families Act*. These changes included:

- Requirement for IL services to be extended to youth 14 years of age and older for PCSA, PCPA and Title IV-E Courts.
- Revised Credit Reporting Procedures.
- Allowable expenditures for the use of Chafee and TANF IL funds.

Attendees at the regional and statewide meetings received copies of the newly revised *Foster Care Handbook* (JFS 01677) which includes Ohio youths rights and available resources for transitioning into adulthood.

The Transitional Youth Programs team is currently working on development of a toolkit intended to give professionals working with transitional age youth a supplemental guide to providing consistent, meaningful services to help with their transition to adulthood. The toolkit will be filled with best practice engagement approaches and "hands on" activities to support a youth's skill development as defined within the eleven independent living requirements, and will offer "soft skills" for younger adolescents. (See Intervention 3, Benchmark 1, for additional information below.)

Benchmark 2: Promote use of the Youth-developed Transition Plan, which has been piloted through the Supreme Court Ohio, and retention of youths' personal documents through the Ohio Benefit Bank. (Years 2-3)

Progress Report:
Two Transitional Plans are currently being utilized throughout Ohio (Ohio Benefit Bank's tool and the Foster Club transition tool kit piloted through the Supreme Court of Ohio). ODJFS policy and SACWIS staff have designed and are finalizing a statewide template integrating the best components of both tools to support effective transition planning with youth prior to their emancipation from foster care. In addition to the Transition Plan, an Emancipation Plan template is also being developed in SACWIS.

County Independent Living Coordinators provided feedback on these tools during their Ohio Independent Living Association meeting on October 15, 2015. They offered excellent design and functionality suggestions that have been included in all three enhanced tools for SACWIS (Independent Living Assessment/Plan, Transition Plan, and Emancipation Plan). Until completion of full SACWIS functionality, counties are continuing to use either the Ohio Benefit Bank transition plan or the Foster Club's transition tool kit.

Benchmark 3: Review program data and the evaluation findings on *Connecting the Dots* prepared by The Ohio State University and determine the feasibility of continuing or expanding the *Connecting the Dots* program. (Years 1-2)

Progress Report & Progress Measures:
Connecting the Dots from Foster Care to Employment and Independent Living (CTD) was a joint initiative between the ODJFS Offices of Families and Children & Workforce Development, Big Brothers Big Sisters, and Ohio Department of Health partners from the Personal Responsibility Education Program (PREP). The aim of CTD was to improve the educational and employment outcomes for youth in or emancipating from foster care. A total of 591 youth participated in the CTD program over three years.

The five pilot counties were asked to give youth enrolled in the CTD program an entry survey during the enrollment process. This survey served as a baseline for the population and assisted CTD service providers in planning individual services for the youth. A mid-program survey was offered in November 2014 to all youth that completed the program entry survey prior to June 1, 2014, and a final program survey was completed in November 2015.

The final survey showed the following results:

- Demographics – **93** youth completed the survey between the ages of 17 – 22. The majority were females, **58.06%**, and **41.94%** were male.
- Education – **85.39%** of the survey participants state that they were on track to complete their educational program. **74.44%** anticipated continuing with their education in a post-secondary program.
- Employment – **80.68%** of the participants had paid employment. **85.88%** were aware of the Ohio Means Job Center in their county. **68.49%** of the youth stated that they visited an Ohio Means Job center and would go back.
- Living Arrangements and Supportive Services **– 29.07%** of the participants lived in their own home or apartment; **25.58%** lived in with a relative or friend; **24.42%** had an Independent living arrangement; **13.95%** lived in a foster home; **5.81%** lived in a group home and **1.16%** lived in a dorm or military base.
- Permanent Connections – **81.18%** had at least one adult in their life, other than their caseworker, whom they could go to for advice or emotional support.

Although the CTD initiative ended December 31, 2015, the joint agency collaboration proved to be a successful practice, which is now being modeled in the newly developed Comprehensive Case

Management and Employment Program (CCMEP) to target this same population of youth and support their continued employment and educational success.

Benchmark 4: Continue support for the Ohio Youth Advisory Board. (Years 1-5)

Progress Report:
The Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people (aged 13-24) who have experienced foster care. OHIO YAB serves as the knowledgeable statewide voice that influences policies and practices that affect all youth who have or will experience out-of-home care. OHIO YAB's focus for 2016, through their Strategic Plan, includes: outreach and policy, transitional housing, education, employment, independent living preparation, and increasing the youth voice in court.

ODJFS continues to provide funding support for OHIO YAB, and ODJFS Transitional Youth Program staff attend and participate in the OHIO YAB meetings to stay current on the emerging and continuing needs of Ohio's current foster youth population as they transition into adulthood.

Intervention 3: Increase staff and caregiver awareness of Independent Living and Transitional Youth service and program needs.

Benchmark 1: Develop and disseminate Best Practice Guidance on working with transitioning youth for caseworkers and caregivers. Guidance for workers should include information about topics to be discussed with youth receiving independent living services during regular visits. (Year 2)

Progress Report:
The *Ohio Foster Youth Rights Handbook* provides best practice guidance to caseworkers and topical prompts of discussion to have with foster youth about their rights, educational resources and related community programming to assist with their transition from foster care. The *Foster Youth Rights Handbook* was revised in July 2015 and includes recent legislative changes and language required for youth ages fourteen years and older. A required signature page is included in the revised handbook, and caseworkers have been provided with guidance on how to review all of the handbook contents with their foster youth, obtain their signature on the last page, which is then detached and attached to their SACWIS case plan.

After further discussion with county IL Coordinators of the Ohio Independent Living Association (OHILA), a suggestion was made to develop a supplemental IL toolkit with hands-on learning activities to assist youth individually in achieving the desired eleven outcomes. Additionally, a specific request was made to tailor these tools to the 14-15 year old population of youth that are now receiving IL services. ODJFS Transitional Youth Program staff are currently drafting the IL skills toolkit and will receive input from OHILA and OHIO YAB members to strengthen this supplemental resource tool. The goal of the IL toolkit is to provide caseworkers, foster parents and youth with hands-on activities to develop and/or enhance the required IL skills prior to transitioning into adulthood.

Benchmark 2: Review current OFC website and other relevant State of Ohio department websites to determine if links should be added to access Independent Living Services and Transitional Youth Services information. (Year 2)

Progress Report:
The OFC Transitional Youth Program team periodically updates the OFC website with current lists of county Independent Living Coordinators, PREP trainers, and related resources from our partners in Workforce Development/WIOA (OhioMeansJobs.com), Ohio Reach, and the Ohio Benefit Bank. The OFC website information was recently updated in April 2016.

Benchmark 3: Collaborate with OCWTP to expand use of specialized trainings (e.g., Positive Youth Development, Maintaining Permanent Connections, and Transition Planning) for workers and caregivers on working with Independent Living Youth and Transitional Youth. (Years 1-5)

Progress Report:
The *NRCYD Independent Living series* and/or the Fundamentals of Fostering course, "*Roots and Wings"* continue to be scheduled in all OCWTP RTCs. To date, 28 sessions have been offered with another thirteen scheduled to be completed by the end of FY 2016. However, there was a decline in the number of times these courses were offered due to low registration. Low registration was attributed to scheduling factors and competing training priorities.

The OCWTP maintains a catalogue of non-standardized learnings for staff and caregivers focused on independent living and permanency. The table below provides statewide data on both standardized and non-standardized course offerings between July 1, 2015 and June 30, 2016 on independent living and related topics for staff, caregivers, and adoptive parents, including some joint sessions. By the end of FY 2016, 56 sessions will have been offered.

OCWTP Standardized Courses

Independent Living Series/ Fundamentals of Fostering	Sessions Offered	Sessions Scheduled
Positive Youth Development	6	3
Life Long Connections	6	4
Engaging Youth in Permanency Planning	7	3
Roots and Wings	9	3

OCWTP Non-Standardized Courses

Independent Living and Permanency	Sessions Offered	Sessions Scheduled
Independent Living sessions for caseworkers	8	1
Permanency sessions for caseworkers (includes caregivers)	13	3
Independent Living for foster care and adoptive parents	21	10

Note: Report does not include *Foster Parent College* courses offered to Caregivers through the OCWTP.
The following training offered through OCWTP is designed to increase awareness, knowledge and skills of social workers, administrators and caregivers so they may effectively and competently meet the needs of LGBTQ youth and their families:

Child Welfare Staff

- Family Assessment with GLBT Families
- Working with GLBT Clients in Child Welfare: An Overview
- XES
- Teen Sexuality - Choices and Challenges: Ignorance is Not Bliss!
- Working with Gay, Lesbian, Bisexual, and Transgender Youth in the Child Welfare System
- Reaching Higher: Increasing Competency in Practice with LGBTQ Youth in Child Welfare Systems

Caregivers

- Healthy Sexual Development of Children and Teens
- Sexual Development of Children and Adolescents
- My Foster Child is Gay! Help!
- GAP: GLBTQ Issues for Foster Parents
- Ignorance is Not Bliss: Teen Sexuality - Choices and Challenges
- XES
- Reaching Higher: Caring for LGBTQ Youth
- Reaching Higher: A Curriculum for Foster/Adoptive Parents and Kinship Caregivers Caring for LGBTQ Youth

Benchmark 4: Partner with Lighthouse Youth Services on federal planning grant activities to research risk factors that place youth exiting foster care at greatest risk of homelessness and develop an intervention model to address these risk factors effectively. (Years 1-2)

Progress Report:

Youth at Risk of Homelessness (YARH) is a collaboration between ODJFS, Hamilton County Job and Family Services (HCJFS) and Lighthouse Youth Services (LYS). LYS is a regionally-based organization serving transitional youth, homeless youth, and youth at risk of chronic homelessness in Hamilton County. LYS was awarded the *YARH Planning* Grant, funded by the Administration for Children and Families (ACF), in the fall of 2013. ODJFS was an active partner in the YARH grant throughout the project's planning phase, and ODJFS worked closely with Lighthouse Youth Services and Hamilton County Job and Family Services in the development of the grant application for the project's implementation phase. In the fall of 2015, Lighthouse Youth Services, along with four other sites, was selected for a YARH Implementation Grant. Since the announcement, ODJFS has worked closely with LYS, HCJFS and the evaluator, University of Cincinnati, to ensure that processes for data collection, youth enrollment and youth discharge from the model intervention are streamlined. ODJFS has also worked with the key partners to amend the data sharing agreement to include key data elements that are required for the Implementation Grant. Implementation of the model intervention is scheduled to begin in late spring 2016. A more detailed discussion of the YARH partnership is included in Section XII of this report, which focuses on the Chafee Foster Care Independence Program and related programming and services.

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

Measures:	Updated Performance:
1.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate diligent efforts to meet children's educational needs.	**1.) 96% of cases reviewed demonstrated diligent efforts to meet children's educational needs. (Partial results from CPOE Stage 10)**
2.) At a minimum, 95% of cases reviewed will demonstrate diligent efforts to address children's health needs.	**2.) 91% of cases reviewed demonstrated diligent efforts to address children's health needs. (Partial results from CPOE Stage 10)**
3.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to address children's behavioral health needs.	**3.) 96% of cases reviewed demonstrated concerted efforts to address children's behavioral health needs. (Partial results from CPOE Stage 10)**
4.) At a minimum, 95% of cases reviewed will demonstrate adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody.	**4.) 100% of the foster care cases reviewed demonstrated adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody. (Partial results from CPOE Stage 10)**

Goal 5: Objective 1
Work collaboratively with partner agencies to address non-academic barriers to student success.

Update on Progress Made to Improve Outcomes

Intervention 1: Assess state and local capacity to address non-academic barriers to student success.

Benchmark 1: Completed in Year 1.

Benchmark 2: Identify gaps in needed services targeted to student and family members and develop strategies to address them. (Year 2-3)

Progress Report:
This benchmark was met in Year One when Ohio' *Safe Schools Healthy Students* State Management Team (SMT) completed the needs assessment as required for implementation of the federal grant. Team members included:

- Education: The Ohio Department of Education (ODE), a local high school guidance counselor, local education authorities, and school personnel;
- Mental Health and Substance Abuse: The Ohio Department of Mental Health and Addiction Services (OhioMHAS), a local mental health provider, the Ohio Suicide Prevention Foundation, substance abuse prevention coalitions, and community-based provider agencies;
- Juvenile Justice: the Ohio Department of Youth Services (DYS) and the Juvenile Court Administrators Association;
- Child Welfare: Ohio Children's Trust Fund, ODJFS,- Office of Families and Children;
- Early Childhood: Early Childhood Mental Health specialists and Ohio Family and Children First staff;
- Family and Youth Representatives: Parent representatives and member of the ENGAGE Youth Advisory Council;
- Other representatives: The Ohio National Guard and a National SSHS evaluator.

To ensure alignment with related collaborative initiatives, the State Management Team (SMT) incorporated recommendations of existing plans into the foundation of the SSHS statewide needs assessment and environmental scan. The SMT then developed a specific assessment that identified unmet needs, gaps in services, and resources upon which to build capacity. To view this document, go to: http://jfs.ohio.gov/PFOF/PDF/SafeSchoolsHealthyStudentsNAES.stm

Intervention 2: Promote consistent use of comprehensive Early Childhood Assessments and application of social-emotional development standards developed by Ohio's Early Learning Challenge grant.

Benchmark 1: Increase the number of early childhood learning centers that implement the additional program standards associated with Ohio's Tiered Quality Rating and Improvement System. (Years 1-5)

Progress Report:
Step Up To Quality (SUTQ) is a voluntary five–star quality rating system administered by ODJFS and the Ohio Department of Education (ODE). SUTQ recognizes child care programs which meet quality benchmarks that exceed minimum health and safety licensing standards. The steps are based on research-based programming that has demonstrated improved outcomes for children, and include:

- Early Learning Development Standards;
- A Comprehensive Assessment System;
- Early Childhood Education qualifications;
- Family engagement strategies;
- Health promotion practices; and
- Program quality assessments.

To view the program standards, go to: http://jfs.ohio.gov/cdc/docs/ProgramStandards.stm

Programs eligible to participate in SUTQ include:

- State-funded preschool programs;
- Early Head Start and Head Start programs;
- Early Learning and Development programs funded under section 619 of part B IDEA and Part C IDEA;
- Early Learning and Development Programs funded under Title I of ESEA;
- Early Learning and Development Programs receiving funds from the State's Child Care Development Fund program:
    - Center-based
    - Family- based

Progress Measures:
By July 1, 2020, all programs that receive subsidies from the ODE will be monitored through SUTQ and required to achieve a rating of 3, 4, or 5 stars to maintain financial support. The state's achievement reporting for SUTQ is based on the federal fiscal year. The most recent data indicate the following number of programs that have moved up at least one level on the rating system as of December 2015 by type:

- 28 Head Start Programs
- 72 State-funded preschool programs;
- 507 Center-based child care programs; and
- 32 Family Child Care programs.

Intervention 3: Increase awareness of non-academic barriers to student success and establish mechanisms to address them.

Benchmark 1: Completed Year 1.

Benchmarks 2-4: Scheduled for Years 1, 3 & 5.

Benchmark 5: Provide information to school personnel regarding the unique needs of foster children. (Year 2)

Progress Report:
On June 13, 2016, a meeting was held with PCSAO and members of the State Board of Education's Urban and Rural Renewal Committee to discuss educational challenges facing students in foster care. Topics included:

- Delayed enrollment due to fines;
- Delayed enrollment due to records not transferring from one school to the next;
- Credits not transferring when placements change and youth enroll in a new school, resulting in the student being under-credited, requiring them to repeat classes, and increasing the risks for dropping out;
- Information & Data Sharing – HIPAA, FERPHA, child welfare records due to presumed confidentiality issues; data system enhancements needed to facilitate appropriate information sharing;

- Opportunities to facilitate "Normalcy" via participation in school activities; and
- Consideration of developing "OhioReach" like supports in high school.

Benchmark 6: Promote establishment of positive school climates and expanded models of school-based behavioral health services through implementation of OhioMHAS' Safe Schools/Healthy Students grant. (Years 2, 3, & 4)

Progress Report:
This past year, Ohio combined the work of two federal grants, Safe Schools Healthy Students and Project AWARE (**A**dvancing **W**ellness **A**nd Resilience in **E**ducation) under the umbrella of Healthy Schools and Communities Resource Teams (HSCRT). This decision was made to reduce duplication of efforts associated with cross-system needs assessment requirements, and to facilitate broader dissemination of best practices among the pilot sites for both projects.

The underlying tenet of Project AWARE Ohio is that early diagnosis and linkage to appropriate services can make a positive difference in the lives of students with mental disorders. Project AWARE Ohio is a partnership among the Ohio Department of Education, the Center for School Based-Mental Health Programs at Miami University, and the educational service centers within three pilot communities: Cuyahoga County, Warren County and Wood County. Funded through the U.S. Department of Health and Human Services, Project AWARE Ohio supports schools and communities in:

- Raising awareness of mental/behavioral health issues among school-aged youth;
- Providing training to detect and respond to mental health challenges and crisis in children and young adults; and
- Increasing access to mental/behavioral health supports for children, youth and families.

There are 2 components to this project**:**

- Coordinating Community Services to Address Mental/Behavioral Health Needs of School-age Youth – Through a strategic process, communities:
    - Use data to identify the local mental health needs of youth and families;
    - Develop focused plans to address these needs;
    - Establish procedures to improve coordination and integration of behavioral health services for youth. These plans focus on activities, services and strategies to decrease risk factors, increase healthy youth development, and promote mental/behavioral wellness.

- Increasing Skills to Identify and Respond to Signs of Mental Health Problems in School Age Youth:
    - Statewide resources have been provided to school staff and community partners to raise awareness of the mental health needs of youth and how to intervene.
    - Youth Mental Health First Aid training has been made available statewide. Youth Mental Health First Aid training is an eight-hour training that teaches adults how to support a young person experiencing a mental health crisis until the student receives appropriate treatment and support. This 8-hour course reviews typical adolescent development,

introduces common mental health challenges for youth and teaches a five-step action plan to help young people in both crisis and non-crisis situations.

For addition information about Project AWARE Ohio, go to:

http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Project-AWARE-Ohio

For additional information about Safe Schools Healthy Students, go to:
http://mha.ohio.gov/Default.aspx?tabid=843

Benchmark 7: Promote use of Mental Health Networks for School Success (where available). (Years 2 &4)

Progress Report:
The Ohio Mental Health Network for School Success (OMHNSS) works in partnership with schools, community-based organizations, and families to improve educational and developmental outcomes for students at-risk, particularly those with mental health problems. It is jointly led by ODE, OhioMHAS, and the Center for School-Based Mental Health Programs at Miami University, Department of Psychology. OMHNSS consists of six action networks spearheaded by affiliate organizations throughout Ohio. In addition, OMHNSS has established three action teams to facilitate its statewide efforts:

- The **Policy Development and Advocacy Action Team** analyzes, develops, and implements policies that promote positive school climate.
- The **Quality and Effective Practice Action Team** hosts a statewide registry of Effective School Mental Health Practices.
- The **Communication Action Team** promotes the network's action agenda by enhancing networking among state, regional, and local partners.

To view the structure of OMHNSS, to go:
http://www.units.miamioh.edu/csbmhp/network/omhnss_partners_2008_final.pdf

As noted above, the Quality and Effective Practice Action Team has established a statewide registry of local programs that have demonstrated success in addressing the academic and/or social-emotional needs of the students in their communities. To be included, schools and community agencies must complete an application that meets the following criteria:

- Evidence of effectiveness;
- Strength of sustainability plan and ability to replicate the program; and
- Strength of community partnerships.

Programs, practices and strategies that meet the minimum criteria in the above categories must also complete a site visit interview with three members of the OMHNSS to be selected. The site visit teams consist of one University Partner, one Network Lead and one parent representative. Additional information is gathered during these interviews and final decisions for inclusion on the Registry are made by the QEP Action Team.

To learn more about the individual programs currently featured on Ohio's registry, please click on the titles below:

- **I CAN DO**
- **Care Team Collaborative**
- **Red Flags**
- **Youth Experiencing Success in School (Y.E.S.S.)**
- **D&E Counseling**
- **The Freedom Project**
- **School Community Mental Health Project**
- **Ripley Union Lewis Huntington SD Paths**
- **WCESC-ATOD Prevention Program**
- **Winton Hills Academy - Olweus Bullying Prevention Program**
- **CARE TEAM Concepts**
- **Butler County Success**
- **Mr Emotions**
- **Ready to Learn**
- **Positive Education Program (PEP)**

The Network also has launched an inter-active map that identifies programs, lead agencies and the continuum of services within each county. To view this resource, go to:
http://continuum.oberlinkconsulting.com/index.php?country=US&state=OH

As previously noted, OMHNSS operates in conjunction with the Center for School-Based Mental Health Programs (CSBMHP) at Miami University. The Center was established in 1998 to reduce student barriers to learning by expanding mental health programs and services within school structures. As a university-based Center, CSBMHP is committed to ongoing applied research, pre-service education of future clinicians, in-service training of educators and mental health professionals, and direct clinical and consultative services.

To promote interdisciplinary collaboration and enhanced workforce development for the many disciplines involved in supporting student learning and mental health, the Center has established the Mental Health Education Integration Consortium (MHEDIC). Members include leaders from various disciplines (e.g., social work, education and educational leadership, clinical counseling, school and educational psychology, psychiatry, nursing, public health) and institutions (e.g., universities, state and local governments; school systems, mental health systems).

The goals of the MHEDIC are to:

- Equip and empower educators to promote student mental health, and mental health staff to work effectively in schools, through pre-service, graduate, and in-service training as well as ongoing support;
- Promote interdisciplinary collaboration and mutual support among families, youth, educational staff, and mental health/health professionals who work in schools; and

- Improve student and system outcomes by building research and advancing policy related to collaborative program implementation.

At this time, MHEDIC is organized around four central priority areas, including training, practice, research and policy. Subgroups within MHEDIC strategically focus on critical issues related to interdisciplinary collaboration and workforce development within each domain.

Current priorities:

- Establishing interdisciplinary competencies for school mental health professionals.
- Refining MHEDIC-endorsed educator competencies for school mental health through training and professional development.
- Improving services through outcome measurement and fidelity to model program designs.
- Engaging graduate students across disciplines to work in schools and participate in the MHEDIC as part of their pre-service training/higher education requirements.
- Advancing the consortium and supporting local, state, and national school-based mental health initiatives.

In addition, CSBMHP is a key partner in implementation of Project AWARE Ohio. For more information about the Center, go to: http://www.units.miamioh.edu/csbmhp/aboutus/index.html

Intervention 4: Promote use of parent advocates to increase family participation in educational planning for their children.

Benchmark 1: Continue support of Ohio's Parent Advocacy Connection program and collect data regarding education-related service utilization. (Years 1-3)

Progress Report & Progress Measures:
During this reporting period, ODJFS continued to partner with the Ohio Departments of Mental Health and Addiction Services, Youth Services and Developmental Disabilities to jointly fund the Parent Advocacy Connection (PAC) program. As of December 31, 2015, **1459 cases** were open and receiving PAC services.

As illustrated in the chart below, nearly 20% (19.87%) of all PAC services rendered during the first half of SFY16, were education-related.

Type of PAC Service Rendered Mid-Year Report- SFY16							
Substance Abuse	**Child Welfare**	**Juvenile Justice**	**Mental Health**	**Developmental Disabilities**	**School**	**Wrap-Around**	**Other**
116	**602**	**387**	**956**	**211**	**642**	**205**	**112**
TOTAL: 3231							

For additional information regarding the PAC program, please see Goal 5, Intervention 8, and Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Benchmark 2: Partner with Ohio's Primary Parent Workgroup to promote use of educational advocates for families in need. (Years 2-5)

Progress Report:
A PAC representative sits on the Primary Parent Workgroup and provides updates and information to the group regarding PAC resources. Over the last year, the workgroup's primary focus has been to assist the Helping Ohio Parent Effectively (HOPE) pilot sites launch the implementation of their parent partner programs. As implementation moves forward, the workgroup will further examine families' needs in relation to education-related services.

Goal 5: Objective 2
Increase workforce capacity to address the educational needs of foster children.

Update on Progress Made to Improve Outcomes

Intervention 1: Increase child welfare and school personnel's awareness of educational issues impacting students involved in the child welfare system.

Benchmark 1: Provide information to school personnel about the unique needs of foster children, including: the impact of child abuse and neglect on development, placement instability, and ways to promote positive school transitions. (Years 2 & 4)

Progress Report:
In January 2016, ODJFS, OFC provided the ODE with materials for use in future training of school personnel. These documents focused on the needs of children involved in the foster care system, those living in families in which substance abuse was present, and the unique challenges of students with Fetal Alcohol Spectrum Disorders. The materials provided general background information in addition to specific intervention techniques shown to be effective when addressing the needs of students who are in foster care.

Benchmark 2: Provide information to PCSA personnel regarding opportunities to address educational issues (e.g., opportunities for credit recovery, Positive Behavioral Interventions and Supports, supplemental supports and services). (Years 2 & 4)

Progress Report:
On June 13, 2016 a meeting was held with members of the State Board of Education's Urban and Rural Renewal Committee to discuss educational challenges facing students in foster care.

Topics included:

- Delayed enrollment due to fines;
- Delayed enrollment due to records not transferring from one school to the next;

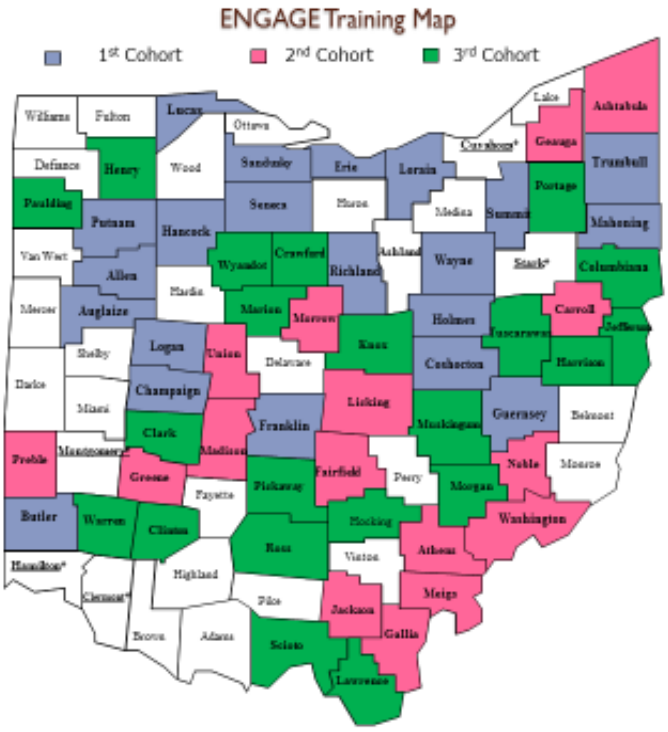
- Credits not transferring when placements change and youth enroll in a new school, resulting in the student being under-credited, requiring them to repeat classes, and increasing the risks for dropping out;
- Information & Data Sharing – HIPAA, FERPA, child welfare records due to presumed confidentiality issues; data system enhancements needed to facilitate appropriate information sharing;
- Opportunities to facilitate "Normalcy" via participation in school activities; and
- Consideration of developing "OhioReach"-like supports in high school.

As responses to these concerns are developed, ODJFS will be providing information to the PCSAs and other partners through articles in upcoming editions of OFC's *First Friday* newsletters.

Intervention 2: Leverage programming targeted to older students transitioning from care.

Benchmark 1: Promote use of Wrap-Around service coordination for youth and young adults in transition. (Years 1-3)

Progress Report:
To comprehensively address youth and young adults in transition, Ohio has chosen to implement the High Fidelity Wrap Around service coordination model coupled with the evidence-based Transition to Independence Process model statewide. Part of the implementation process is training counties on practice strategies to ensure fidelity to the models. Cohort site selections were based on a comprehensive community readiness assessment process that was completed in 2013. The map below illustrates active implementation as of January 15, 2016.



For additional information about ENGAGE, refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Benchmark 2: Provide information to PCSAs regarding potential partnerships with Opportunities for Ohioans with Disabilities, the Ohio Department of Education (Office of Exceptional Students, the Career Information System), WIA (The Ohio Apprenticeships Program), the Board of Regents (Ohio Reach) and other programming for youth aging out of care (ETVs, Chafee). (Years 1-5)

Progress Report:
OFC Transitional Youth Program staff collaborate with Ohio Reach and Workforce Development's WIA (Ohio Apprenticeships Program) to offer an annual conference for foster youth ages 14 and older and their PCSA caseworkers and adult supporters (i.e., foster parents, mentors). This conference includes vendors who provide youth with information about post-secondary educational and vocational options to explore with hands-on demonstrations, as well as information about housing options, Medicaid coverage, a resume clinic and job search opportunities through enrollment in OhioMeansJobs.com. Youth and PCSAs also receive information about ETV and how to use Chafee funding to support transitioning youth.

Goal 5: Objective 3
Increase awareness of best health practices to facilitate informed decision-making.

Update on Progress Made to Improve Outcomes

Intervention 1: Benchmarks completed in Year 1 and scheduled for Year 3.

Intervention 2: Increase health care professionals' knowledge of patient engagement techniques.

Benchmark 1: Through *Ohio Minds Matter*, provide training to health care professionals on ways to effectively engage patients as partners and how to broach difficult topics. (Years 1-2)

Progress Report:
Ohio Minds Matter developed 2 toolkits for healthcare professionals to use to improve patient engagement and to promote shared decision-making. One specifically addresses working with children in foster care. In addition, videos have been developed to demonstrate how medical providers and others can use this tool when working with youth and their parents/caregivers. To view these resources, go to: http://www.ohiomindsmatter.org/Phys_ToolKit.html

Intervention 3: Promote youth self-advocacy in regard to participation in health care decisions.

Benchmark 1: Provide training to youth on health issues via implementation of the Personal Responsibility Education Program (PREP). (Years 1-2)

Progress Report:
As a program partner with "Connecting the Dots Initiative," Transitional Youth Programs collaborate with the Personal Responsibility Education Program (PREP) to serve foster youth who are either in PCSA or Juvenile Court custody. PREP is a free program sponsored by the Ohio Department of Health whose goal is to reduce teen pregnancy and the sexually transmitted disease rates of Ohio's at-risk youth 14-19 years of age who reside in foster care or who are in the juvenile justice system. PREP offers an evidence-based curriculum entitled Reducing *the Risk* (RTR), which serves as the foundation for pregnancy prevention education, as well as, adulthood topics such as: healthy relationships, financial literacy, and educational career success.

As of May 2016, 3,423 youth received training on health issues through PREP from 237 PREP agencies and 1,079 trained PREP facilitators.

Benchmark 2: Provide information to youth regarding self-advocacy via implementation of Ohio Minds Matter. (Years 1-3)

Progress Report:
As noted in last year's Plan, a shared decision-making toolkit was designed to address health care issues of foster children. Current and former foster youth participated in the toolkit's development and the Ohio Chapter of Foster Alumni of America provided input on its design. PCSAs continue to report that they use this toolkit to train youth in their care on how to speak with their health care providers and the importance of their active participation in treatment.

To view the toolkit, go to:
http://www.ohiomindsmatter.org/documents/decision%20guide%20for%20foster%20care_F1.pdf

For additional information about Ohio Minds Matter go to: **http://ohiomindsmatter.org**

Also, refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Goal 5: Objective 4
Increase access to health care services.

Update on Progress Made to Improve Outcomes

Intervention 1: Monitor health care service utilization by children in custody of a PCSA.

Benchmark 1: Conduct cross system data analyses annually to determine level of health care service utilization and emerging needs. (Years 1-5)

Progress Report:
As noted previously, ODJFS completed a comprehensive statewide needs assessment during this past year. The needs assessment was designed to identify the service needs of children and families coming to the attention of PCSAs, inclusive of children in the custody of PCSAs. To complete this statewide

needs assessment, ODJFS matched and examined data from five large data systems: (1) SACWIS; (2) Medicaid Claims data; (3) Supplemental Nutrition Assistance Program (SNAP) data; (4) Temporary Assistance to Needy Families (TANF) data, and (5) Child Care data. Service utilization and needs were determined for both physical and behavioral health care services for adults and children. The full needs assessment report is available on ODJFS' website at: http://jfs.ohio.gov/ocf/Reports-Plans-and-Presentations.stm.

Intervention 2: Promote Medicaid enrollment for eligible individuals.

Benchmarks:

1) Work with the Ohio Department of Medicaid to develop marketing strategies to increase initial enrollment and re-determined eligibility for coverage. (Years 1-5)
2) Work with PCSAs to facilitate youth enrollment in a Medicaid Managed Care plan prior to emancipation from care. (Years 1-5)

Progress Report:

Youth who have emancipated from foster care are categorically eligible for Medicaid Managed Care coverage until age 26. The Ohio Department of Medicaid, Bureau of Technical Assistance and Compliance worked with ODJFS, OFC to increase Medicaid enrollment of former foster care youth. For example, OFC Transitional Youth Program staff collaborate with Ohio Reach to offer an annual conference for foster youth ages 14 and older and their PCSA caseworkers and adult supporters (i.e., foster parents, mentors). The Ohio Department of Medicaid continues to provide a kiosk at the conference where youth can actually enroll in Medicaid coverage and receive additional information in a separate workshop about accessing related health care services in the community.

Additionally, Ohio is currently working on the statewide transition of all youth in foster care to Medicaid Managed Care Plans. Additional information about this transition is included in Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Intervention 3: Work with the Ohio Department of Health (ODH) and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure health concerns are addressed timely.

Benchmark 1: Promote coordinated care of young people with multiple developmental needs living in Appalachia via the IPAC (Integrating Professionals for Appalachian Children) program. (Years 1-2)

Progress Report:

Integrating Professionals for Appalachian Children (IPAC) is a network comprised of multiple agencies in the Southeast Ohio region. Over the past several years, IPAC has developed numerous culturally-appropriate programs to address the complex health needs of children and families in the region. Examples include: The Pathway Program, the Athens County Children Services School Social Worker Program, and the Family Network Program. Additionally, IPAC was awarded $300,000.00 annually for three years from the Health Resources and Services Administration (HRSA) to connect southeast Ohio families with primary care providers and to expand IPAC programs that improve children's access to healthcare. Through this effort, IPAC has established inter-professional care teams to work with families and those providing foster care to address the developmental, behavioral, and health concerns of

children who have experienced trauma. These funds also support professional and community education regarding trauma and effective, developmentally-appropriate interventions.

For additional information about IPAC, go to: http://www.ipacohio.org/

Benchmark 2: Promote use of Wrap-Around service coordination for youth and young adults in transition via implementation of the ENGAGE project. (Years 1-3)

Progress Report:
The Substance Abuse and Mental Health Services Administration awarded Ohio a System of Care Implementation Grant on July 1, 2013. To facilitate long-term sustainability, the original proposal was amended to refine the target population and project focus. Engaging the New Generation to Achieve their Goals through Empowerment (ENGAGE) is designed to address the complex needs of multi-system youth and young adults in transition, ages 14-21, with serious emotional disturbance/mental illness, including those with co-occurring disorders. ENGAGE uses an evidence-based high fidelity Wrap Around service coordination approach along with components from the Transition to Independence Process (TIP) model.

Through a competitive process, the Center for Innovative Practice (CIP) at Case Western Reserve University was selected to develop the curriculum, training schedules and technical assistance processes. To date, the following counties have completed facilitator training:

- Cohort 1: Allen, Auglaize, Butler, Champaign, Coshocton, Erie, Franklin, Guernsey, Hancock, Holmes, Logan, Lorain, Lucas, Mahoning, Putnam, Richland, Sandusky, Seneca, Summit, Trumbull, and Wayne.

- Cohort 2: Ashland, Ashtabula, Athens, Carroll, Fairfield, Gallia, Geauga, Greene, Jackson, Licking, Madison, Meigs, Morrow, Muskingum, Noble, Preble, Union, and Washington.

- Cohort 3: Columbiana, Clark, Clinton, Crawford, Harrison, Henry, Hocking, Jefferson, Lawrence, Marion, Morgan, Muskingham, Paulding, Pickaway, Portage, Ross, Scioto, Tuscarawas, warren, and Wyandot.

For additional information about ENGAGE, refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Intervention 4: Encourage providers to work in under-served areas of the state via implementation of loan repayment and scholarship programs administered by the Ohio Departments of Health (ODH), and Mental Health and Addiction Services (OhioMHAS).

Benchmark 3: Partner with ODH and OhioMHAS to promote the use of loan repayment programs which encourage providers to work in under-served areas of the state. (Years 1-5)

Progress Report:
The Ohio Department of Health (ODH) oversees both state and federal loan repayment programs as a means of recruiting health care professionals to work in under-served areas and/or with under-served

populations. In calendar year 2015, **179 Ohio medical professionals**, including dentists and hygienists, participated in the National Health Service Corps Loan Repayment and Scholarship Programs. In addition, **40 doctors** participated in the Ohio Physician Loan Repayment Program, and **8 dentists** participated in the Ohio Dentist Loan Repayment Program. At the time of this writing, ODH is in the process of launching a new state program to incentivize dental hygienists to practice in under-served regions.

State statute requires ODH to administer the J-1 Visa Waiver Program to recruit non-citizen physicians who received graduate medical education or training in the United States to serve in health professional shortage areas of this country. Under this program, ODH accepts and reviews applications for placement of physicians seeking to remain in the United States pursuant to the "Immigration and Nationality Act." Last year, 88 physicians participated in Ohio's J-1 Visa Waiver Program.

For additional information about Ohio's Health Professional Shortage Areas, go to:
https://www.odh.ohio.gov/odhprograms/chss/pcrh_programs/primary_care/hpsa.aspx

To learn more about Ohio's Medically Under-Served Areas/Populations, go to:
https://www.odh.ohio.gov/odhprograms/chss/pcrh_programs/primary_care/muap.aspx

For a map of the state's Dental Health Professional shortage areas, go to:
http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/ohs/oral%20health/HPSA%20Web%20Map%203_16.pdf

During this past year, **12 psychiatrists** participated in OhioMHAS' loan repayment program for those who choose to work in regional state hospitals.

To learn more about Ohio's Regional Psychiatric Hospitals, go to:
http://mha.ohio.gov/Default.aspx?tabid=96

Goal 5: Objective 5
Increase workforce capacity to effectively address the issue of trauma within the child welfare population.

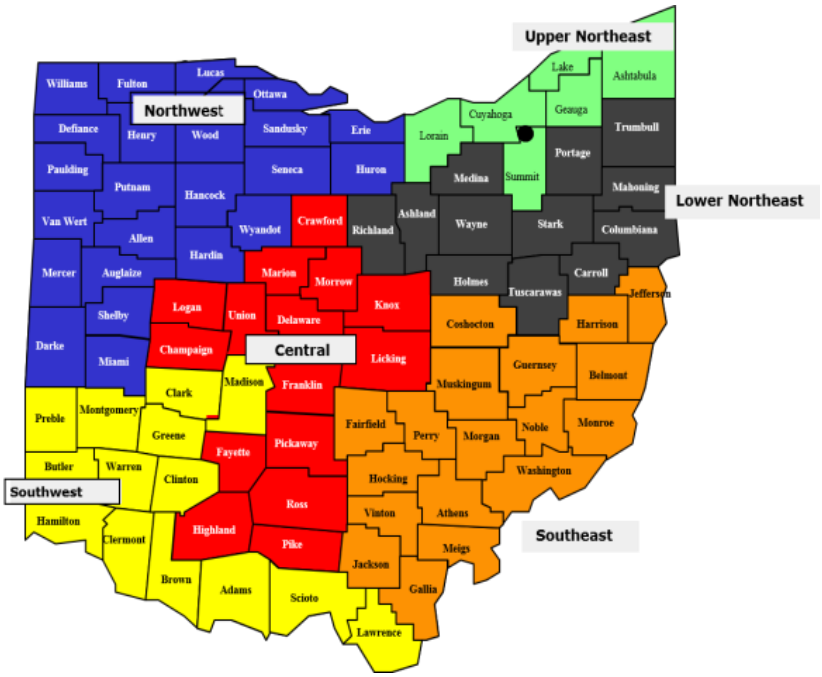
Update on Progress Made to Improve Outcomes

Intervention 1: Work with OhioMHAS, the Ohio Association of County Behavioral Health Authorities (OACBHA), the Ohio Council of Behavioral Health and Family Services Providers, and higher education to improve identification and dissemination of effective trauma-informed practices.

Benchmark 1: Completed in Year 1.

Benchmark 2: Establish regional technical assistance pilot areas to facilitate development of collaborative trauma response/interventions. (Years 1-3)

Progress Report & Feedback Loops:
As noted in last year's APSR, Ohio established six regional learning collaboratives in 2015. The map below illustrates how the regions are configured.



These sites serve to:

- Identify regional strengths, champions and areas of excellence to facilitate TIC implementation;
- Identify regional gaps, weaknesses and barriers for TIC implementation;
- Develop a repository of expertise and shared resources within the region to facilitate local and statewide TIC implementation;
- Train individuals to disseminate TIC principles and best practices; and
- Develop specific implementation strategies to effectively address the needs of specialty populations (e.g., the developmentally disabled, children, older adults, and those challenged by addiction).

Progress Measures:
As of April 2016, over **4,000** people throughout the state have been trained in TIC approaches. For additional information, please go to**:** **http://mha.ohio.gov/traumacare.**

Intervention 2: ***Work with OCWTP and the National Child Traumatic Stress Network to provide training to PCSA staff on implementation of trauma-informed client engagement strategies and related case plan services.***

Benchmark 1: Continue to expand offerings of the Trauma Tool Kit. (Years 1-5)

Progress Report:
The Institute for Human Services (IHS) is the coordinator of the Ohio Child Welfare Training Program (OCWTP). IHS develops and implements competency-based training for Ohio's foster and adoptive parents, caseworkers, supervisors, and administrators. In partnership with OhioMHAS, IHS modified the National Child Traumatic Stress Network (NCTSN) Child Welfare Training Toolkit to meet established timelines of the state's program.

By the conclusion of this fiscal year, IHS will have provided the following training sessions for PCSA staff:

- *Overview of Trauma and Its Effect on Children;*
- *The Impact of Trauma and the Importance of Safety;*
- *Identifying Trauma-Related Needs and Enhancing Well-Being;*
- *Worker Well-Being and the Importance of Partnering;*
- *Baby Brain Science Basics;*
- *Wounded Child, Healing Homes: The Impact of Parenting Traumatized Children*;
- *The Power of Healing Connections;*
- *Removed: Strategies for Hope and Healing for Youth;*
- *Working with Traumatized Adolescents;*
- *Working with an Adolescent with a History of Trauma;*
- *A New Paradigm in Substance Abuse Counseling;*
- *Beyond the Bruises: An Overview of Domestic Violence;*
- *Interventions for Children who have Suffered Trauma;*
- *The Impact of Emotional Abuse;*
- *Helping children Heal Through Books;*
- *Building Partnerships: Providing TF-CBT to Youth In Care;*
- *Achieving Better Outcomes by Building Relationships with Children;*
- *Fostering Healing, Resiliency, and Hope for Traumatized Children;*
- *Trauma-Informed Case Management;*
- *Lessons in Loss: Children and Grief;*
- *A Layman's Guide to Brain Research;*

The OCWTP also offers the NCTSN's companion training for foster caregivers, *Caring for Children Who Have Been Experienced Trauma: A Workshop for Resource Parents*. This series consists of the following three-hour modules:

- *Trauma 101;*
- *Understanding Trauma's Effects and Building a Safe Place;*
- *Feelings, Behaviors, Connections, and Healing;* and
- *Becoming an Advocate and Taking Care of Yourself.*

In addition, the OCWTP offered the following specialized training sessions for caregivers this past year in response to requests for further education on how to effectively address trauma-related needs of children in their care:

- *Preservice for Foster and Kinship Caregivers and Adoptive Parents:*
  - *Childhood Trauma and Its Effects, and*
  - *Minimizing the Trauma of Placement*: *A Layman's Guide to Brain Research*;
- *Babies' Brains: The Basics for Caregivers;*
- *Fostering Healing Resilience, and Hope for Traumatized Children;*
- *RAD: Reactive Attachment Disorder or Really Afraid Disorder;*
- *The Building Blocks of Trust;*
- *Trauma Lab for Caregivers;*
- *When Aggression is Their Profession;*
- *GAP: Meeting the Needs of the Newly Placed Child;*
- *Helping Teens Build Resilience;*
- *The Treatment of Sexually Abused Males;*
- *Wounded Child Healing Homes: The Impact of Parenting Traumatized Children;*
- *Trauma Systems Therapy for Foster Caregivers;*
- *Effects of Domestic Violence*;
- *Making Sense of Living with Sensory Processing Disorders;*
- *Living Out the Essential Elements of Trauma Informed Care;*
- *Interventions for Children who have Suffered Trauma;*
- *The Impact of Emotional Abuse;*
- *Bedtime Behaviors of Traumatized Children*;
- *Removed: Strategies for Hope and Healing for Youth In Care;*
- *Understanding Trauma and Trauma Bonding*;
- *Becoming a Trauma-Competent Caregiver (Parts I and II);*
- *Helping Teens Build Resiliency;*
- *Overcoming Trauma*; and
- *Self-Care for Caregivers who are Parenting Traumatized Children.*

For additional information about the state's Trauma-Informed Care initiatives, refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Goal 5: Objective 6
Improve monitoring and oversight of psychotropic medication use for children placed in substitute care.

Update on Progress Made to Improve Outcomes

Intervention 1: Continue implementation of the Ohio Minds Matter Initiative.

Benchmark 1: Work with BEACON and the Clinical Team to disseminate information on prescribing guidelines and use of peer consultation. (Years 1-2)

Progress Report:
Last year, Ohio Minds Matter continued to refine and develop additional resources for clinicians to use to further advance these efforts. These materials included:

- **A Quick Reference Guide:** http://ohiomindsmatter. org/documents/Algorithm%20G_Page%20Break_with%20Links.pdf
- **Antipsychotic medication Management for children under 6 years of age:** http://ohiomindsmatter.org/documents/Algorithm%20A_link_with%20page%20breaks.pdf
- **Avoiding use of more than 1 atypical antipsychotic medication in children under 18:** http://ohiomindsmatter.org/documents/Algorithm%20B_Link_with%20page%20breaks.pdf
- **Avoiding polypharmacy:** http://ohiomindsmatter.org/documents/Algorithm%20C_link_with%20page%20breaks.pdf
- **Psychotropic medication lists:** http://ohiomindsmatter.org/documents/Psychotropic%20Medication%20List.pdf
- **Evidence-based treatments by disorders:** http://ohiomindsmatter.org/documents/5c%20Evidence-Based%20Treatments.pdf
- **A screening and monitoring tool:** http://ohiomindsmatter.org/documents/6%20Screening%20and%20Monitoring%20Tool.pdf
- **Informed consent:** http://ohiomindsmatter.org/documents/Informed%20Consent%20Process.pdf
- **Adverse effects table:** http://ohiomindsmatter.org/documents/AAP%20Adverse%20Effects%20Table.pdf
- **Contraindications and interactions table:** http://ohiomindsmatter.org/documents/9%20Drug%20Contraindications%20and%20Interaction%20Tables.pdf
- **Case study:** http://ohiomindsmatter.org/documents/10%20Case%20Study.pdf
- **Behavioral symptom reference - Inattention, Hyperactivity, and Impulsivity:** http://ohiomindsmatter.org/Inattention_Hyp_Imp.html
- **Behavioral symptom reference - Disruptive behavior and aggression:** http://ohiomindsmatter.org/Disruptive_Aggression.html
- **Behavioral Symptom reference - Moodiness and irritability:** http://ohiomindsmatter.org/Moodiness_Irritability.html
- **A Shared Decision-Making Toolkit:** http://ohiomindsmatter.org/Phys_ToolKit.html

For more information regarding these resources, go to: http://ohiomindsmatter.org

To promote on-going use of the website and increase professional knowledge about the prescribing guidelines, continuing educational credits are offered for completion of the *Ohio Minds Matter* on-line learning modules. As of March 21, 2016, **107 medical professionals** completed 226 sessions through the site. Fields of expertise included: Medical Doctors, Doctors of Osteopathic Medicine, Pediatricians, Psychiatrists, Developmental and Behavioral Pediatricians, Neurodevelopmental Pediatricians, Medical Directors, Epidemiologists, Medical School Professors, Clinical Nurses, Advance Practice Nurses, Pharmacists, Clinical Fellows, Medical Residents, and Medical Students. While most completing these training sessions were from Ohio, others were residents of: California, Florida, Georgia, Kentucky,

Illinois, Nevada, New York, North Carolina, Oregon, Rhode Island, Tennessee, Texas, Washington, and West Virginia.

To review the *Ohio Minds Matter* Training Modules for continuing education credit, go to: **http://ohiomindsmatter.org/Prescribers_Learning.html**

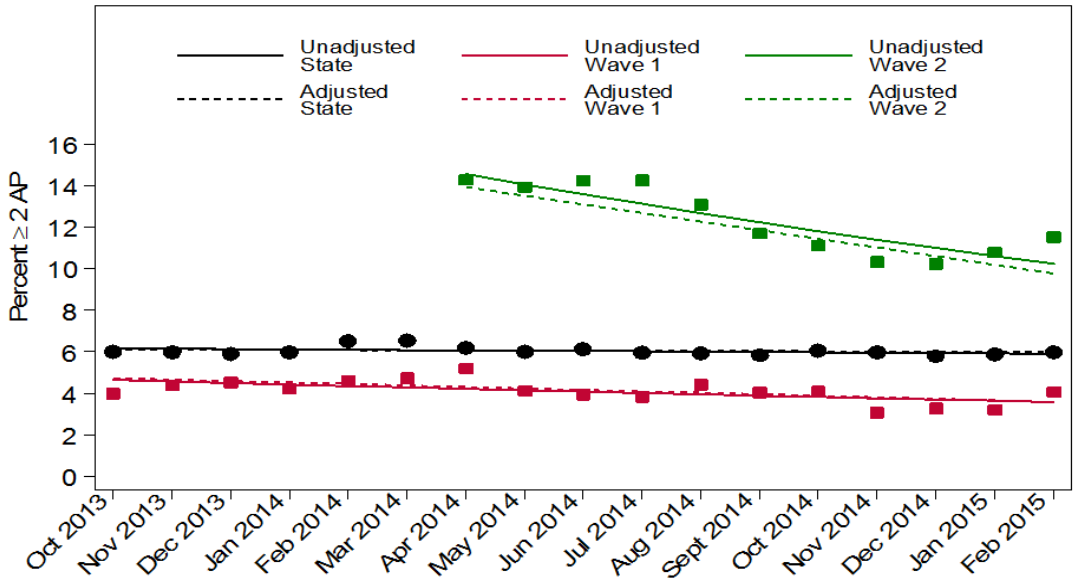
Ohio Minds Matter also created podcasts as an alternative training method for professionals who may want additional information, but who are not interested in completing the requirements to obtain continuing educational credits. To learn more about the podcasts, go to: **http://ohiomindsmatter.org/Prescribers_Learning.html**

In addition, OhioMHAS continues to promote use of its Pediatric Psychiatry Network (PPN) as a resource for prescribers to receive peer guidance on how to treat children with difficult behavioral health issues, including but not limited to the use of psychotropic medications. For more information on the PPN, see: **http://ppn.mh.ohio.gov/**

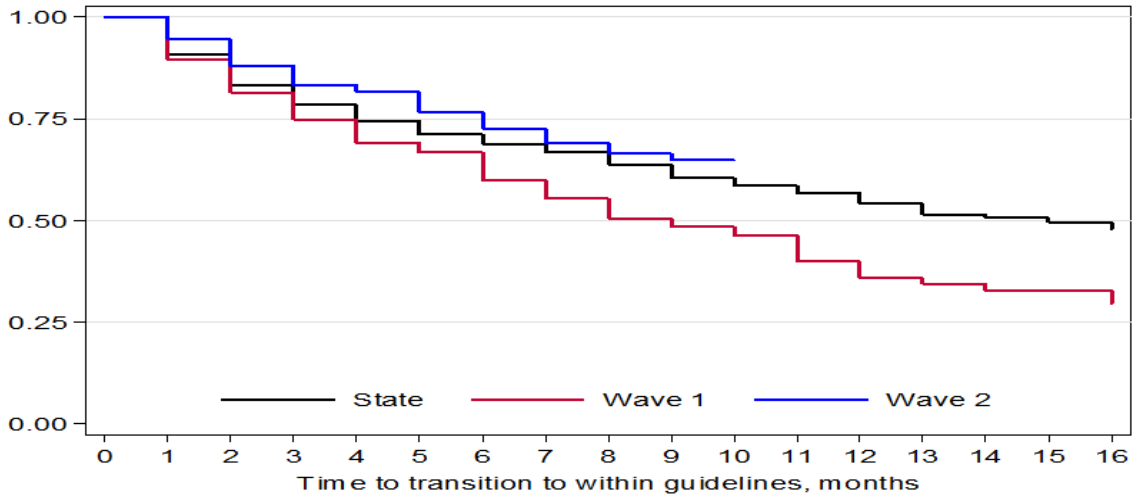
Benchmark 2: Work with the Ohio Department of Medicaid to analyze prescribing patterns within the child welfare population and to disseminate this information to local partners. (Years 1-2)

Progress Report & Progress Measures:
The foster care population sample size participating in the Ohio Minds Matter demonstration projects was too small to result in statistically significant findings. The charts below illustrate the overall clinical results of that project (i.e., results do not exclusively reflect the foster care population).

Reduced prevalence of ≥ 2 AAPs by 25%



Children's length of exposure to ≥ 2 AAPs was 6 months less for Wave 1 providers
The likelihood of transitioning to treatment within guidelines was 35% greater for Wave 1



Benchmark 3: Facilitate development of effective cross-system collaborations specifically designed to address this issue at the local level via the *Minds Matter* pilot sites. (Years 1-2)

Progress Report:
Through the establishment of three demonstration sites across the state, use of the guidelines was tested; local challenges identified; and community-specific interventions piloted. The following communities served as *Ohio Minds Matter* pilot sites:

- Summit, Portage, Trumbull, and Stark Counties;
- Franklin, Licking, Fairfield, Muskingum and Perry Counties; and
- Montgomery, Greene, Miami and Clark Counties.

Each pilot site was led by a steering committee consisting of primary care and behavioral health practitioners, consumers, family members, as well as senior leadership representatives from community agencies, schools, welfare agencies, juvenile courts, youth services, medical associations and health plans. Through this effort, participating members sought to:

- Improve care among clinicians through training, data feedback and rapid cycle quality improvement interventions;
- Advance consumer empowerment through education and shared decision-making; and
- Improve access to care and service coordination through community collaboration.

In March, 2015, Ohio began implementation of a strategic plan to establish a statewide learning network for clinicians and community partners. The goals of this effort were to:

- Disseminate information about tested strategies and "lessons learned" from the pilot projects;

- Advance use of the prescribing practice guidelines; and
- Increase patient participation in treatment through promotion of the shared decision-making toolkit.

At no cost, network members:

- Participated in quarterly webinars jointly facilitated by children's services agencies and state partners to discuss engaging foster youth in treatment, and reducing barriers to treatment;
- Discussed strategies to engage foster youth in mental health treatment;
- Received diagnostic and prescribing resources specifically tailored for clinicians, families, child welfare agencies, schools and community members;
- Were provided guidance on how to facilitate for shared decision-making among youth, caregivers, family members and providers through use of the *Ohio Minds Matter* Toolkits; and
- Received Maintenance of Certification, Continuing Medical Education and Continuing Education Unit credits for completing on-line learning modules.

For additional information on this project, go to: **http://www.ohiomindsmatter.org**

Also, refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Intervention 2: Disseminate best practice information to PCSA staff, foster parents, caregivers, residential and group home staff, and other providers and team members.

Benchmark 1: Scheduled for Years 1, 3 & 5.

Benchmark 2: Promote use of the *Ohio Minds Matter* website. (Years 1-5)

Progress Report:
On May 4, 2016, the state's efforts to improve psychotropic medication use practices was featured at the *Partners For Ohio's Families* Advisory Council Meeting. As part of the presentation, *Ohio Minds Matter* resources, including the website, were highlighted. Attendees included representatives from: local child welfare agencies, private providers, state level partners, the Public Children's Services Association of Ohio, the Ohio Association of Child Caring Agencies, the Ohio Family Care Association, and the Supreme Court of Ohio.

In addition, Ohio received national recognition for its efforts to promote the safe and appropriate use of psychotropic medication for children in foster care during this reporting period. These opportunities included:

- In the fall of 2015, SAMHSA requested ODJFS and ODM staff serve as instructors for the federal agency's grantee training and technical meeting in Washington, D.C. *Ohio Minds Matter* was featured along with other strategies associated with monitoring foster children's use of medication.

- In April 2016, staff of the Government Accounting Office conducted an on-site review of Ohio's

medication-related practices at the state and local levels. This was part of a multi-state assessment initiated at the request Congress to determine:

- How Medicaid and child welfare agencies in selected states have worked to ensure the appropriate use of psychotropic drugs for children in foster care?
- What steps, if any, have selected states taken to measure the results of their efforts to ensure appropriate use of psychotropic drugs for children in foster care?
- To what extent has HHS taken steps to help states ensure appropriate prescriptions of these drugs to children in foster care?

- Ohio has been selected to participate in the Patient-Centered Outcomes Research Institute's (PCORI) multi-state analysis of the impact of medication monitoring strategies on practice. PCORI is an independent nonprofit, nongovernmental organization authorized by Congress in 2010. Rutgers University is the lead investigator for this work. Other states participating in this effort include: Texas, Washington, and Wisconsin. Currently ODJFS and ODM are working with Rutgers and other states' representatives to finalize the research design model. Once that is completed, independent teams will review data sets, interview key informants, and conduct focus groups with those impacted by state policy. Proposed participants include: state and local level child welfare administrators, child welfare caseworkers, pharmacists, physicians, caregivers - including biological and foster parents, former foster youth, and treatment providers. It is anticipated Ohio's site visit will occur in 2017.

Goal 5: Objective 7
Enhance Ohio's response to the substance abuse within families served by the child welfare system.

Update on Progress Made to Improve Outcomes

Intervention 1: Monitor substance abuse service utilization by families involved with Ohio's child welfare system.

Benchmark 1: Conduct cross system data analyses annually to determine level of substance abuse-related child maltreatment, service utilization, and emerging needs. (Years 1-5)

Progress Report:
A major component of the Statewide Need Assessment (see Goal 3, Objective 3, Benchmark 2) was to integrate data from SACWIS with Medicaid and other data systems to identify services provided to families and unmet service needs. This task resulted in a determination of the number of families involved in the child welfare system statewide in need of substance abuse services and those who actually received them. Gaps were identified for both diagnostic assessment and treatment services. ODJFS assessment tools do not allow, at this time, for the differentiation between types of substance use. The full needs assessment report is available on ODJFS' website at: http://jfs.ohio.gov/ocf/Reports-Plans-and-Presentations.stm.

Intervention 2: Work with OCWTP, OhioMHAS, and providers to develop training for child welfare personnel regarding addiction, family dynamics, and child safety.

Benchmark 1: Completed in Year 1.

Benchmark 2: Recruit and prepare trainers from the substance abuse field and PCSA staff proficient in working with families affected by substance abuse to pilot selected cross-systems training curricula. (Years 1-2)

Progress Report:
The OCWTP held a Substance Abuse Training Partnership event for building an ongoing infrastructure of relationships between substance abuse professionals and the Regional Training Centers. Speakers from the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Job and Family Services, the Ohio Supreme Court, Case Western School of Addiction Medicine, Public Children Services Association of Ohio, and a local child welfare administrator provided highlights of current substance abuse needs and collaborative efforts. The event was attended by 80 participants.

Forty subject matter experts willing to serve as regional liaisons for the OCWTP attended the Substance Abuse Training Partnership event. These individuals represented the ADAMH boards along with prevention, treatment, and opiate-specific addiction resources. They were asked to help identify substance abuse trainers and training resources in content areas specific to child welfare system needs of caseworkers, supervisors and caregivers. These liaisons met in teams with the eight Regional Training Center Directors and staff along with a select group of public child protective services supervisors and Institute for Human Services facilitators.

Information and presentations from the Regional Substance Abuse Training Partnership event were posted on OCWTP's newly launched website (www.osatg.org). This website is described in Benchmark 3. During this reporting period, OCWTP also:

- Offered regular outreach and technical assistance to Regional Training Center staff to encourage ongoing relationships with partners.
- Worked with a trainer to develop a workshop for caregivers designed to foster resiliency in children whose parents are involved with substance abuse; and another to develop a training to give supervisors insight into addiction.
- Participated in conversations with the Supreme Court's Statewide System Reform Program partners regarding cross training needs.

Benchmark 3: Offer a continuum of learning opportunities such as learning labs, Guided Application to Practice sessions, coaching, desk aides, etc. that support skill development related to substance abuse. (Years 1-2)

Progress Report:
During this reporting period, the OCWTP and the Institute for Human Services (IHS) offered a continuum of learning opportunities that support skill development related to substance abuse. These included the following:

- Launched a new website (www.osatg.org) as a "one-stop shop" that includes local, state and national resources to assist child welfare system staff and caregivers with families impacted by substance abuse.

- Reviewed and began making revisions to the Child Welfare Training Toolkit, a standardized curriculum from the National Center on Substance Abuse and Child Welfare (NCSACW). IHS staff recruited 5 potential trainers for the curriculum and co-facilitated one Training on Content with staff from NCSACW.
- Vetted several available distance learnings on substance abuse and posted them to distance learning page on the www.osatg.com website. Trainings include SAMHSA's link to YouTube videos on topics such as medication-assisted treatment and the treatment of opioid use during pregnancy, a series on evidence-based practices, trauma-informed care, and building collaborative practice. Other offerings include *Adolescent Trauma and Substance Abuse*; *Supporting Children Affected by Pre-Natal Substance Exposure* and *Understanding Child Welfare and the Dependency Court.*
- Provided coaching to seven caregivers and their extended families on caring for children with Neo-Abstinence Syndrome.

As Ohio child welfare practitioners gear up to address the opiate epidemic, RTCs offered 57 substance abuse trainings with another 20 scheduled to be completed by the end of FY 2016. Outlined below is a sampling of courses offered:

- *Overview of Medically Assisted Treatment in Substance Abuse*
- *Assessment and Treatment of Opiate Addiction*
- *The Dramatic Effects of Prenatal Substance Exposure: Living the Legacy*
- *Born Addicted: Promoting Best Care for Substance Exposed Infants*
- *Engagement and Case Planning with Opioid-Involved Families*
- *The Hard Stuff - Heroin*
- *Women's Substance Abuse*
- *Understanding Birth Parent Addiction and the Impact on the Children in Your Home*
- *Helping Child Welfare Workers Support Families with Substance Use, mental, and Co-Occurring Disorders*
- *New Paradigm in Substance Abuse*

Benchmark 4: Integrate substance abuse information and learning opportunities into existing venues, newsletters and other communications. (Years 1-5)

Progress Report:
The following activities occurred during the reporting period:

- OCWTP staff introduced the www.osatg.com website to twelve communities participating in the Supreme Court's Statewide System Reform Project (SSRP) and to new agency directors at their orientation.
- OCWTP staff participated in the Interdisciplinary Training Workgroup planning sessions for the SSRP.
- Online resources on Neonatal Abstinence Syndrome were sent to OCWTP's Caregiver and Adoptive Parent Work Team.
- An article about the Substance Abuse Training Partnership was published for the Common Ground newsletter sent to trainers throughout the state.

- Provided input to several state partners (OhioMHAS, PCSAO) on training needs related to child welfare.

Intervention 3: Partner with OhioMHAS, the Governor's Cabinet Opiate Action Team, and the Supreme Court of Ohio to comprehensively address the growing problem of addiction, including but not limited to, opioid dependence.

Benchmark 1: Facilitate effective treatment of pregnant women who are addicted and their children through implementation of the Maternal Opiate Medical Support (MOMS) initiative. (Years 1-2)

Progress Report:
In 2014, OhioMHAS, the ODM, and the Office of Health Transformation joined forces to launch the Maternal Opiate Medical Support Project (MOMS). This two-year quality improvement initiative, seeks to improve maternal and fetal health outcomes, improve family stability, and reduce the costs of Neonatal Abstinence Syndrome (NAS) to Ohio's Medicaid program by providing treatment to pregnant mothers with opiate issues during and after pregnancy.

The initiative employs the Maternal Care Home model which features team-based healthcare delivery, counseling, Medication-Assisted Treatment (MAT), care coordination, and case management. In addition, the MOMS project includes ancillary services, such as housing, transportation, and childcare needed to facilitate recovery.

Four sites were selected to implement the project. These include: First Step Home (Hamilton County), Comp Drug (Franklin County), MetroHealth Medical Center (Cuyahoga County), and Health Recovery Services, Inc. (Athens County).

Ohio has contracted with The Ohio Colleges of Medicine Government Resource Center (GRC) and the Health Services Advisory Group (HSAG) to develop and implement MOMS model of care toolkits; oversee the project's quality improvement efforts, and conduct the evaluation. Performance measures related to early identification and engagement, use of clinical best practices, and treatment retention are currently being collected. Monthly webinars are held with pilot sites, state partners, and members of the clinical advisory panel to facilitate peer learning and promote practice improvement. To determine the effectiveness of MOMS in reducing lengths of stay in Neonatal Intensive Care Units (the target goal is a reduction of 30 %.), Medicaid claims data will be analyzed in the coming year.

Benchmark 2: Partner with the Supreme Court of Ohio, OhioMHAS and local partners to establish and develop effective Family Treatment Courts. (Years 1-5)

Progress Report:
In January 2015, Ohio became one of five states nationwide to receive competitive federal funding to increase the scale and scope of family drug treatment courts. This two-year planning grant is provided through the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention as part of the Statewide System Reform Program (SSRP). In addition to funding support, the state is also receiving technical assistance from Children and Family Futures, a leading national researcher on the effects of substance abuse on children and families.

Ohio continues to make significant progress with the federal Statewide System Reform Project planning grant, and is preparing for development of its request for a five-year implementation grant. A core team, comprised of representatives from SCO, OFC and OhioMHAS connects weekly, and a grant Advisory Committee comprised of representatives of interested stakeholders connects bi-monthly. In addition to ongoing workgroups and project support, the project has established 12 county sites that volunteered to pilot various aspects of expansion or infusion. Funding has been made available to these sites to support planning efforts. All sites have agreed to pilot some form of universal screening to help establish baseline prevalence information.

Additionally, SCO continues to utilize Court Improvement Program dollars to support the development of new family dependency treatment courts, and has instituted a required certification process to promote consistency in approach and quality assurance among specialized dockets.

Goal 5: Objective 8
Enhance service coordination and delivery models to promote holistic responses to behavioral health needs.

Update on Progress Made to Improve Outcomes

Intervention 1: Work with ODH and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure behavioral health concerns are addressed timely.

Benchmark 1: Promote coordinated care of young people with multiple developmental needs living in Appalachia via implementation of IPAC programming. (Years 1-2)

Progress Report:
See Goal 5, Objective 4, Intervention 3, Benchmark 1 and
Appendix B, *Ohio's Health Care Oversight and Coordination Plan*

Benchmark 2: Promote use of Wrap-Around service coordination for youth and young adults in transition through implementation of the ENGAGE project. (Years 1-3)

Progress Report:
Refer to the following Goals, Objectives, Interventions and Benchmarks found in this Section of the Report:

Goal 3, Objective 3, Intervention 2, Benchmark 3.
Goal 5, Objective 2, Intervention 2, Benchmark 1.
Goal 5, Objective 2, Intervention 2, Benchmark 2.
Goal 5, Objective 4, Intervention 3, Benchmark 2.
Goal 5, Objective 8, Intervention 2, Benchmark 1.

Benchmark 3: Continue to provide flexible funding to local partners to support needed non-clinical services and supports (i.e., Family Centered Services and Supports). (Years 1-3)

Progress Report:
ODJFS continued to partner with OhioMHAS, ODYS, and DODD to support Family-Centered Services and Supports (FCSS). This initiative braids Title IV-B, parts 1 and 2 with state general revenue funds for the purpose of providing non-clinical services and supports to multi-need children and their families. The program is locally administered by the Family and Children First Councils (FCFCs). Children and youth (ages 0-21) are the target populations for FCSS. Program eligibility requires that families be receiving service coordination through the FCFC. To be reimbursed through FCSS, all allowable services and supports must be included in the child's Individualized Family Service Plan. Additional information on services provided and the program's impact is provided in Section IV, Update on Service Description.

For additional information about FCSS, also refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Benchmark 4: Continue to support and promote the use of parent advocates to increase family involvement in identifying issues and needed services. (Years 1-3)

Progress Report & Progress Measures:
ODJFS, OhioMHAS, ODYS, and DODD continued to jointly fund the PAC program this past year. To ensure statewide consistency, all PAC advocates are required to undergo training and are administered a Pre-Test for Core Competencies to establish a baseline for knowledge of these skill areas. All new advocates are required to complete four training sessions and shadow an experienced PAC advocate prior to assuming cases.

As of December 31, 2015, **1459 cases** were open and receiving PAC services.

The Chart below illustrates the types of families receiving PAC services in the first half of SFY16.

Family Type Served through PAC Mid-Year Report—SFY16					
Adoptive	**Birth**	**Guardian**	**Kinship**	**Other**	**Unspecified**
49	1127	39	145	4	95

The number of PAC services rendered during this time period by category were:

Type of PAC Service Rendered Mid-Year Report- SFY16							
Substance Abuse	**Child Welfare**	**Juvenile Justice**	**Mental Health**	**Developmental Disabilities**	**School**	**Wrap-Around**	**Other**
116	**602**	**387**	**956**	**211**	**642**	**205**	**112**
TOTAL: 3231							

According to mid-year reporting, the average age of the child at the time of referral was 10.8 years; the age of the largest group of children served during the first half of SFY16, was 14 years old. Overall, the ages of the children served has been trending younger. Between July 1 and December 31, 2015, PAC served 100 families of children ages 1-5 years old.

For additional information about PAC, please see Goal 5, Intervention 4, and Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Intervention 2: Increase youth participation in behavioral health care decisions.

Benchmark 1: Utilize ENGAGE's Youth Advisory Council to encourage young consumers to take personal responsibility for their behavioral health care. (Years 1-3)

Progress Report & Feedback Loops:
The ENGAGE Youth Advisory Council was formed with the intent of increasing youth voice in matters of public policy, program development and personal treatment decisions. The Council has fulfilled several objectives toward these goals. From July 1, 2015 - May 2016, Council members: participated in the national system of care meeting during the Georgetown Institute; conducted multiple youth leadership and strategic planning sessions; completed cultural competency training; surveyed youth statewide on community concerns; and presented at multiple conferences and/or participated in state level program development. These activities required partnership with several entities at both the state and local levels. Examples include: Safe Schools, Healthy Students (ODE and OhioMHAS); Human Trafficking Awareness events (The Offices of the Governor and First Lady); Juvenile Justice Reform (ODYS); projects to address problems associated with homeless youth (multiple sites and partners); substance abuse prevention (Drug-Free Action Alliance); Job Corps (Cincinnati Youth Leadership); suicide prevention (multiple sites and partners); and adolescent health priorities (ODH). In addition, the ENGAGE Youth Advisory Council launched several initiatives designed to increase awareness of children's mental health issues and to decrease stigma. These include:

- Maintaining an ENGAGE Youth Facebook page;
- Implementing an ENGAGE Youth Text Alert System;
- Partnering with Ohio Drug-Free Alliance to plan and implement the *We Are The Majority Rally* and *Resiliency Ring* at the Ohio Statehouse (April 2016); and
- Designing and distributing a YouTube video to highlight the Council's work. To view the video, go to: **http://www.namiohio.org/nami_ohio_mental_health_apparel**

As noted in last year's APSR, the ENGAGE Youth Advisory Council chose to become an affiliate of YouthMOVE National to ensure long term sustainability following the conclusion of the ENGAGE grant. As part of this process, recruitment activities were held throughout this reporting process to establish local YouthMOVE chapters. These efforts took place in: Athens, Butler, Clermont, Cuyahoga, Erie, Franklin, Greene, Hamilton, Harrison, Licking, Lucas, Madison, Montgomery, Ross, Sandusky, Stark, Summit, Vinton, Union, Williams, and Wood counties.

For additional information about the ENGAGE Youth Advisory Council, refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Benchmark 2: Provide information to foster youth regarding behavioral health and how to effectively participate in one's own treatment. (Years 2 & 4).

Progress Report:
Refer to Goal 5, Objective 3, Intervention 3. Benchmark 2.

IV. Update on Service Description

Child and Family Services Continuum

Ohio's publicly-funded child welfare services continuum includes robust programming to support the following essential functions: (1) Child Abuse and Neglect Prevention; (2) Child Maltreatment Assessment & Intervention; (3) Child Placement and Family Reunification; (4) Efforts to Secure Permanent Homes for Children; and (5) Preparation and Support of Youth Transitioning from Care. Section III: Update to the Plan for Improvement contains information on activities directed to expanding and strengthening the range of existing services and developing and implementing services to improve child outcomes through service coordination across systems and within systems.

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)

Title IV-B, subpart I funds support development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. Programs and services are designed to:

- Protect and promote the welfare of all children;
- Prevent the neglect, abuse, or exploitation of children;
- Support at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner;
- Promote the safety, permanence, and well-being of children in foster care and adoptive families; and
- Provide training, professional development and support to ensure a well-qualified child welfare workforce.

ODJFS issues the federal Title IV-B, subpart 1 allocation to public children services agencies (PCSA) for expenditures incurred in the delivery of children services to ensure that all children are raised in safe, loving families. ODJFS issues Title IV-B funding in two separate allocations; one for direct services and one for administrative costs.

The methodology used to distribute available funds to counties statewide is as follows:

- 40% is distributed equally among all PCSAs; and
- 60% is distributed based upon the county's number of children below 100% of the federal poverty level as compared to the statewide total number of children below the federal poverty level, utilizing the most recent available United States Census Bureau figures.

Expenditures are reimbursed with 75% federal Title IV-B, subpart 1 funds. The county must use eligible state funding or provide local funds at a 25% match rate for the nonfederal share.

In addition, ODJFS utilizes Title IV-B, subpart I funds to support the Ohio Child Welfare Training program, Regional Training Centers, and the University Partnership Program and to reimburse both public and private agencies' for their efforts in training foster and adoptive parents.

For FY 2017 information, refer to Part II of the CFS-101 Form (see Appendix G).

Promoting Safe and Stable Families Program (Title IV-B, subpart 2)

Family Preservation

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

Programs and services provided include:

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

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

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

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. ODJFS allocates State General Revenue Funds as a 25% match rate for the nonfederal share.

Family Support

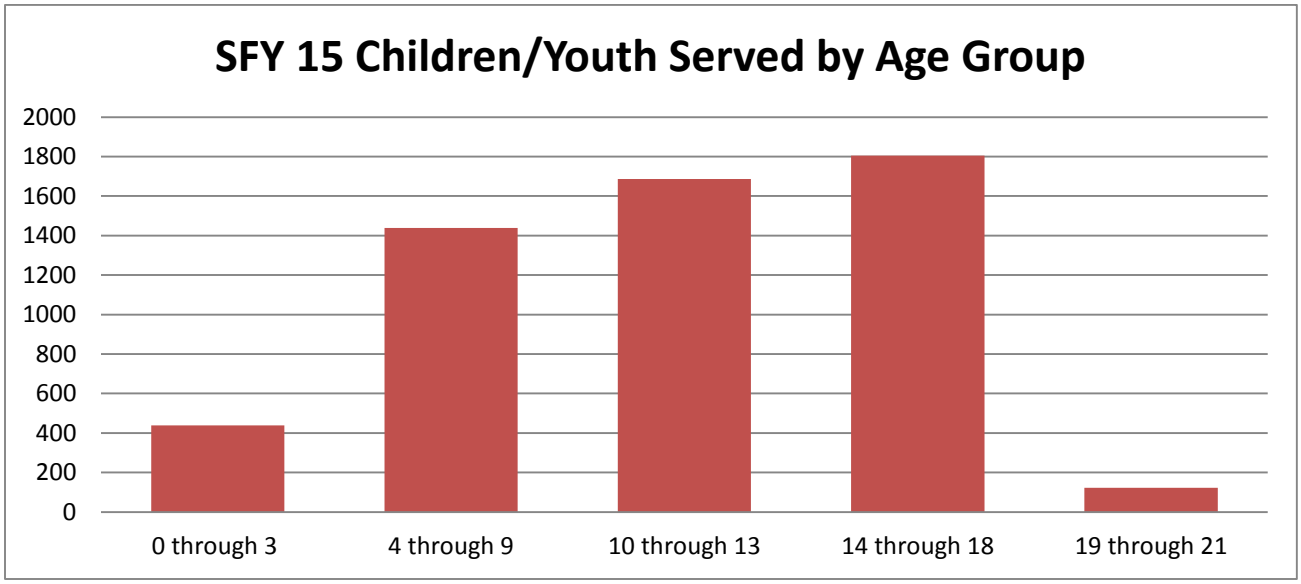
Family support services are intended to help families provide safe and nurturing environments for their children. The Cabinet's Family-Centered Services and Supports (FCSS) project reflects the state's cross-system commitment to implementing a coordinated continuum of services and supports for children,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

Data regarding FCSS is derived from the 2015 fiscal year program report. Findings reflect population demographics, services rendered and outcomes from July 1, 2014 - June 30, 2015.

Number and Ages of Children Served:

The total number of children served during SFY15 was **5,491**. This is **76 more children than were served in SFY14 (5,415).** The **14 through 18 year old age group (1,804 children) is the largest age group** of children being served through service coordination with FCSS funds; the 10 through 13 age range was the second highest (1,687); and 4 through 9 age range was the third highest (1,439). The number of youth served in the 19-21 year old range increased slightly in SFY15, from 98 to 123.

The graph and table below show a comparison of the number of children served in SFY15 in each age group and the percent of the total children served in each age group.



Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
SFY 15	438	1439	1687	1804	123	5491
Percent of Total By Age Group	8%	26.2%	30.7%	32.9%	2.2%	100%

Total Number of Families Served

The **total number of families served in SFY15 was 4,086, compared to 3,865 families served in SFY14.** This was an increase of **221 families** served in SFY15.

Children's Service/Support Needs by Category Identified at Intake

Family and Children First Councils are required to identify the child's service and support needs at the point of intake, regardless of whether the child is receiving services or supports to address that need. To be accepted into the service coordination process and to receive FCSS, the child must have at least two needs representing multiple system issues.

In SFY15:

- There were **13,456 needs identified** (average 2.45 needs per child).
- The top three categories of need were: M**ental Health, Poverty, and Special Education.** When combined, these three categories account for 56% of the total identified needs in 13 categories. (This is consistent with findings for the past six years.)
- There were **602 (11%)** children/youth presenting with **Autism spectrum related needs** at intake. This represents a slight increase of approximately 10% from those reporting in SFY14.

The Table below shows the number of needs identified in each category.

Category of Service/Support Need	Percent of Children with this Need SFY 15	Percent of Children with this Need SFY14	Percent of Children with this Need SFY13	Percent of Children with this Need SFY12	Percent of Children with this Need SFY11	Percent of Children with this Need SFY10
Mental Health	57%	**58%**	53%	**63%**	55%	62%
Poverty	46%	**46%**	**43%**	40%	**45%**	37%
Special Education	38%	**40%**	**36%**	**35%**	34%	38%
Developmental Disability	22%	22%	**22%**	20%	21%	22%
Unruly	18%	**18%**	15%	**20%**	19%	19%
Child Neglect	12%	12%	**12%**	11%	**13%**	11%
Delinquent	9%	**11%**	10%	12%	13%	16%
Physical Health	10%	**11%**	10%	**10%**	8%	8%
Autism Spectrum	**11%**	**10%**	NA	NA	NA	NA
Child Abuse	9%	9%	9%	9%	9%	9%
Alcohol/Drug	**8%**	7%	7%	7%	8%	9%
No Primary Care Physician	4%	5%	4%	NA	NA	NA
Help Me Grow	**5%**	4%	4%	5%	8%	NA

FCSS Funded Services and Supports Provided through FCFC Service Coordination

Family and Children First Councils are required to provide information about the number and different types of services and supports funded through this program. To be reimbursed, these services and supports must be written into the family's individualized plan and processed through the local service coordination mechanism.

The Table below provides information on the frequency of all service types reported.

Type of Service/Support Provided	Percent of total services and supports provided SFY15	Number/Percent of Families Receiving Service/Support SFY15	Number/Percent of Families Receiving Service/Support SFY14	Number/Percent of Families Receiving Service/ Support SFY13	Number/Percent of Families Receiving Service/ Support SFY12
Service Coordination	26.1%	2212/ (54%)	2333/ (60%)	2049/ (43%)	2129 / (50%)
Respite	16.8%	1423/ (35%)	1260/ (33%)	1562/ (33%)	1790 / (42%)
Social/Recreational Supports	15.6%	1322/ (32%)	1567/ (41%)	1387/ (29%)	1455 / (34%)
Transportation	10.1%	855/ (21%)	942/ (24%)	1695/ (36%)	1657 / (39%)
Structured activities to improve family functioning	7.4%	628/ (15%)	506/ (13%)	498 / (11%)	443 / (10%)
Non-clinical in-home parenting/coaching	5.8%	494/ (12%)	498/ (13%)	348/ (7%)	494 / (12%)
Mentoring	5.2%	437/ (11%)	383/ (10%)	477 / (10%)	448/ (10%)
Parent Advocacy	4%	336/ (8%)	344/ (9%)	149 / (3%)	279/ (7%)
Parent Education	4.3%	363/ (9%)	324/ (8%)	269 / (6%)	404 / (9%)
Adaptive Equipment	2.8%	240/ (6%)	278/ (7%)	230 / (5%)	212/ (5%)
Non-clinical Parent Support Groups	.9%	78/ (2%)	119/ (2%)	53/ (1%)	62 / (2%)
Youth/Young Adult Peer Support	.9%	74/ (2%)	48/ (3%)	NA	NA
Other	.2%	17/ (0%)	46/ (1%)	27 / (0.6%)	106 / (3%)
Total	100%	8,568	8,648	8,744	9,417

Number of Children in Out-of-Home Placement during Service Coordination

> ***95.9% of children served with FCSS funds remained in their own homes in SFY 15.***

During SFY15, **227 children were placed in out-of-home care** while they were actively receiving FCSS funded supports and participating in service coordination. (Out-of-home placements include residential treatment facilities, local or state correctional facilities, group homes and foster care.) This equates to **4.1% of the total number** of children receiving FCSS funded supports and participating in service coordination/ Wraparound. No information was collected regarding the length of these placements, but some councils reported the use of out-of-home placement was temporary, brief, and solely for the purpose of stabilization.

Summary

The children served through FCSS have complex needs, are involved with multiple systems, and require comprehensive interventions. Traditional service systems have not been effective in meeting the needs of these families; often the children are on the verge of placement. FCSS provides families the opportunity to creatively design integrated service plans with trusted and unique teams so that their children can safely remain at home with provision of community-based services. From a system perspective, FCSS has demonstrated cost-effectiveness and improved outcomes for the children and families being served.

Time-Limited Family Reunification

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

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

ODJFS issues the Emergency Services Assistance Allocations (ESAA) for Family Reunification funded under federal Title IV-B, subpart 2 to PCSAs for the purpose of reunification of the family unit in crisis. The ESAA for Family Reunification allocation reimburses PCSAs for the direct and administrative costs of providing emergency support services for children and/or families in order to facilitate safe and timely family reunification. ODJFS communicates the grant availability and liquidation period for these allocations through the CFIS. Funds must be expended within the grant availability period and reported

no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the county agency.

The methodology used to distribute available funds is as follows:

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

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. ODJFS allocates State General Revenue Funds at a 25% match rate for the nonfederal share

Adoption Promotion and Support

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

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

The PASSS program is dependent upon the state's budget bill and is subject to change from year to year. ODJFS successfully secured continued funding for PASSS, for SFY 2016 at $3.3 million. For SFY 2016 as in prior years, PASSS is funded through Title IV-B, Part II at 75%, with the remaining 25% from Ohio's General Revenue Fund (GRF).

Adoptive families continue to secure last resort funds for services to address their child's special needs. The special needs approved for PASSS included, but were not limited to the following:

- Acute EEG
- Building Modification
- Medical Equipment
- Mental Health Counseling
- Occupational Therapy

- Physical Therapy
- Psychiatric Counseling
- Psychological Counseling
- Reactive Attachment Therapy
- Residential Treatment
- Respite Medical Surgical
- Respite Mental Health
- Speech Therapy
- Substance Abuse Counseling

Adoptive parents who receive PASSS funds must pay at least five percent of the total cost of all services provided to the child. This co-payment may be waived if the gross income of the child's adoptive family is less than two hundred percent of the federal poverty guideline as determined by the Federal Poverty Guidelines for family size as was published in the Federal Register, Vol. 81, No. 15, January 25, 2016, pp. 4036-4037.

Since the implementation of PASSS in SACWIS in June 2013 and the implementation of the PASSS expenditure report in SACWIS in February 2015, SACWIS generates county-specific information for use by ODJFS and counties. PCSAs also enter application information into SACWIS and track payment.

Now fully implemented, agencies are able to process applications, claim reimbursement electronically, and produce detailed reports on funds (e.g., services requested and utilized, amounts approved or denied, and the demographics of the families that use PASSS). As of the date of this report, nearly 1205 applications for PASSS have been received for SFY 2016. Over $6.3 million has been requested to cover special services for adopted children. ODJFS has paid over $2.4 million of the funds requested.

Service Category Percentages and Rational

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

- Family preservation = 23.42%;
- Community-based family support = 24.41%;
- Time-limited family reunification = 20.43%; and
- Adoption promotion and support services = 21.74%.

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

For FY 2017 information, refer to Part II of the CFS-101 form (see Appendix G).

Populations at Greatest Risk of Maltreatment

Child welfare organizations must determine the children and families at greatest risk of adverse outcomes and be nimble to adjust to changing needs in the population served over time. OFC utilizes various methods to identify at-risk groups, including data analysis based on known risk factors and conversations with PCSA leaders and stakeholders. OFC regularly conducts data analyses of the child welfare population by risk factors identified in the literature as contributing to poor outcomes for children.

Characteristics of Families and Children at Risk

OFC completed its statewide needs assessment during this past year with efforts focused on improving our understanding of the characteristics of families and children served by PCSAs. Data on cases open between July 1, 2013 and June 30, 2014 were analyzed to identify what risk factors were present most frequently and in what types of patterns. The analysis yielded several important findings:

- The most commonly documented concerns in the assessment data include child self-protection concerns, parenting difficulties, emotional illness of an adult in the family, emotional/ behavioral problem of the child, parental substance abuse, and domestic violence.
- In 45.9% of the cases, emotional illness of an adult was assessed either alone or in combination with other risk factors.
- In 45.8% of the cases, a child's emotional/behavioral concern was assessed either on its own or in combination with other risk factors.
- Parental substance abuse was identified in 41.6% of the cases – again either on its own or in combination with other factors.
- Domestic violence was assessed in 43% of cases – again either alone or in combination with other risk factors.
- Where multiple risk factors were assessed, the following constellations of risk factors were most prevalent, each reflected in 1,000 or more cases:
    - Families where there was a combination of domestic violence, child emotional/ behavioral problems, adult emotional illness, parenting difficulties, physical cognitive social issues present (child), adult physical illness, adult substance abuse.
    - Families where there was a combination of Emotional/behavioral issues (child) and physical cognitive social issues (child).
    - Families were there was a combination of domestic violence, child emotional/ behavioral problems, adult emotional illness, parenting difficulties, physical cognitive social issues (child) and adult substance abuse.
    - Families where there was a combination of domestic violence, adult emotional illness, parenting difficulties, adult cognitive difficulties, and adult substance abuse.
    - Families where there was a combination of domestic violence, emotional/ behavior issues (child), adult emotional illness and adult substance abuse.
    - Families where there was a combination of with Adult emotional illness, parenting difficulties and adult substance abuse.

- Families where there was a combination of domestic violence, child emotional/behavior problems, adult emotional illness, parenting difficulties, and substance abuse.
- Families where there was a combination of domestic violence and adult substance abuse present.
- Families where there was a combination of domestic violence and child emotional/behavioral problems.

The analysis has also yielded instructive findings about the strength of the correlation among certain combinations of risk factors. For instance:

- When parental substance abuse is identified, we can be 69% confident that we will also see domestic violence.
- When child physical, social and cognitive issues are identified, we can be 61% confident that there will also be parental emotional illness.
- When parental stress has been identified along with child abuse, dependency, or neglect, we can be 98% confident that we will see parenting difficulties.

The above findings, along with other data gathered through the statewide needs assessment, will be utilized to inform training and casework practice.

Services for Children Under the Age of Five

Data

ODJFS conducts extensive data analyses regarding the child welfare population, including identifying those children who are particularly vulnerable to maltreatment. This includes, but is not limited to, young children under the age of five. A SACWIS point-in-time snapshot of Ohio's population of children in care pulled on March 1, 2016 showed 660 children ages 0-5 in the permanent custody status. When examining the length of time this population is in care, the mean number of days was 230 and the median number of days was 168. There were 3,955 children ages 0-5 in the temporary custody of PCSAs.

Child Welfare Policy

Per Ohio Administrative Code 5101:2-40-02 *Supportive Services for Prevention of Placement, Reunification and Life Skills*, PCSAs must provide an array of supportive services for children and families (either directly or through community service providers). These mandated services include "Help Me Grow" early intervention services for children under the age of 3. "Help Me Grow" services include developmental evaluations and assessments, speech and hearing services, family training and counseling, home visits, occupational or physical therapy, social and psychological services and service coordination. Ohio policy requires PCSAs to refer all children under the age of three to "Help Me Grow" for early intervention services if there is a substantiated report of child abuse or neglect. PCSAs must also refer any infant who has been born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Cross-System Programming for Young Children

Early Learning and Development Standards

On October 9, 2012, the State Board of Education adopted Ohio's Early Learning and Development Standards to advance the assessment and teaching of young children. These standards were designed through a collaborative process of child-serving agencies to better reflect the comprehensive development of children, birth through age 5. Team members included representatives from: ODE, ODJFS, ODH, Ohio Department of Mental Health (now known as OhioMHAS), the Ohio Department of Developmental Disabilities, and the Governor's Office of Health Transformation. This team worked with national experts, providers, subject matter experts and other stakeholders to fully develop the standards and promote their consistent application statewide. Implementation sites included pre-school programs, Head Start centers, family-based child care settings, and day care programs.

The links below provide detailed descriptions of each of the standards.

- Introduction
- Social-Emotional Development
- Approaches Toward Learning
- Cognitive Development and General Knowledge (including Math, Science and Social Studies)
- Language and Literacy Development
- Physical Well-Being and Motor Development
- Implementation Guides

To view a short video about the standards, go to:

http://education.ohio.gov/Topics/Early-Learning/Early-Learning-Content-Standards

Ohio's Kindergarten Readiness Assessment

At the beginning of each school year (through November 1), children enrolled in Ohio's public school kindergarten programs undergo the Kindergarten Readiness Assessment (KRA). This tool is based on the early learning standards (above) and measures each student's knowledge and abilities in: social skills, language and literacy, mathematics, science, social studies, physical well-being and motor development. While earlier iterations of the KRA were formalized, one-on-one evaluations of literacy, the current version is integrated into daily instruction. Most of it is completed via teacher observation of the child in class or during recess. As such, it is conducted in a more natural setting, and the students are less anxious. Completion of the tool facilitates development of individualized educational interventions based on each child's responses. Teachers then share the results with the child's parents/caregivers to foster partnership with family members and facilitate the child's academic success.
To view a short video about Ohio's KRA, go to:

http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Ohios-Kindergarten-Readiness-Assessment

Early Childhood Mental Health Consultation

Ohio's Early Childhood Mental Health Consultation (ECMHC) Program is designed to improve outcomes for young children (infants - six years old) who are at risk for abuse or neglect, and/or who demonstrate poor social skills or delayed emotional development. ECMHC services include:

- Clinical consultation to early childhood programs regarding:
    - Problem identification;
    - Referral processes;
    - Classroom management strategies;
    - Maternal depression;
    - Parental substance abuse;
    - Domestic violence; and
    - Other stressors on young children's well- being.
- Guidance to family members (including parents, kinship caregivers and foster parents) to increase skills in creating nurturing environments for young children.

ECMHC promotes use of evidence-based behavioral health practices as a means of delivering effective, cost-efficient care. Some of these include: *Devereux Early Childhood Assessments (DECA)*; *The Incredible Years Program for Parents, Teachers, and Children*; *The Edinburgh Postnatal Depression Screen (EPDS); The Therapeutic Interagency Preschool Program; Trauma Focused Cognitive Behavioral Therapy; Positive Behavior Supports;* and *Teaching Tools for Young Children with Challenging Behaviors.* In addition, OhioMHAS, ODJFS, and ODE continue to encourage use of the core competencies, established in 2009, as a staff development tool. To view the competencies, go to:

http://mha.ohio.gov/Portals/0/assets/Prevention/EarlyChildhood/core-competencies.pdf

In January 2016, OhioMHAS provided $9.1Million to support additional mental health consultants working with teachers, staff and families of at-risk children in preschools and other early learning settings. The goals of this effort were to reduce pre-school expulsion rates and promote kindergarten readiness.

Also during this reporting period, OhioMHAS developed and distributed *Grow Power~ Ohio Kids Matter.* This toolkit provides information to parents to promote their child's social-emotional development. To view the materials, please click on the following links displayed on the right hand side of the graphic below.

Grow Power

Videos:

- Packet Overview
- Packet Part 2
- Packet Part 3

Printable materials:

- ECMH Consultation
- Guide for Moms, Dads & Caregivers
- Help Me Grow Early Intervention
- Help Me Grow Intervención Temprana
- Safe Sleep
- School-to-Prison Pipeline
- FLIP IT poster
- Healthy Eating

Maternal Opiate Medical Support Program

With the pervasive challenges of substance abuse and addiction, ODJFS, the Ohio Department of Mental Health and Addiction Services, the Department of Medicaid and the Governor's Office of Health Transformation have partnered on several initiatives during the last year. One of these includes a pilot project designed to holistically address the needs of pregnant women addicted to opioids and their children. The "MOMS" project (Maternal Opiate Medical Support) is a three-year initiative designed to improve outcomes for 300 women and babies by engaging expectant mothers in a combination of counseling, medication-assisted treatment (MAT), case management, and non-clinical services which promote recovery (e.g., housing, transportation, child care). For additional information about the MOMS project, see the Update to the Plan for Improvement (Section III) and Appendix B, *Ohio's Health Care Oversight and Coordination Plan*.

Services for Children Adopted from Other Countries

Ohio continues to provide inter-country adoption services through training, homestudy and post-adoption services (e.g., Post Adoption Special Services Subsidy program).

To ensure the safety of children adopted abroad, agencies must conform to standards governed by ODJFS through the Ohio Administrative Code (OAC) and Ohio Revised Code (ORC). Every PCSA, private child placing agency (PCPA) and private non-custodial agency (PNA) approved or certified by ODJFS involved in processing international adoptions is to adhere to all state and federal requirements pertaining to adoption. PCPAs and PNAs undergo oversight and monitoring by ODJFS to include reviews of case records, policies and procedures to ensure compliance with the ORC, the OAC and their own agency policies.

Update of Children Previously Adopted

In calendar year 2015, 765 of the children in foster care for at least one day were reported as previously adopted. The custody start date of these children ranged from September 30, 1995 to December 28, 2015. Only twelve of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 555 do not have their birth country listed.

The primary removal reasons for the children with previous adoptions were:

- Abandonment 10
- Alcohol Abuse of Parent 1
- Caretaker's inability to cope 47
- Child's Behavioral Problem 137
- Death of Parents 5
- Delinquency 99
- Dependency 281
- Drug Abuse of Parent 3
- Emotional Maltreatment 12
- Inadequate Housing 2
- Incarceration of Parent 1
- Neglect 58
- Physical Abuse 29
- Relinquishment 9
- Sexual Abuse 30
- Sibling Removal 4
- Unruly Status Offender 24
- No reason listed 13

The current permanency goal (or last goal if the case is now closed) for those same children was:

- Adoption 240
- Independent Living/Emancipation 128
- Maintain in own home 81
- Permanent Placement with a Relative 11
- PPLA 70
- Return Child to Parent 183
- No goal listed 52

285

The age of the child when the previous adoption finalized:

- 0 32
- 1-3 214
- 4-6 234
- 7-9 138
- 10-12 97
- 13-15 20
- 16-18 11
- Unable to determine 19

Gender breakdown:

- Female 354
- Male 411

ODJFS policy continues to work with the SACWIS staff to enhance the reporting of children who were previously adopted that come back into the child welfare system. The Foster Care and Adoption Recruitment Plan developed for the CFSP indicated that ODJFS would initiate an International Adoption Agency stakeholder group in SFY 2015 for the purpose of gathering information regarding the needs and availability of services to children adopted abroad. Based on the information discovered since that time regarding the lack of data on children who were previously adopted, it has been decided to delay establishing a stakeholder group until better data gathering methods have been developed. The *Preventing Sex Trafficking and Strengthening Families Act* (PL 113-183) added requirements of certain data for states to collect including:

- The number of children who enter foster care under supervision of the state after finalization of an adoption or legal guardianship.
- Information concerning the length of the prior adoption/guardianship.
- The age of the child at the time of the prior adoption/guardianship.
- The age of the child when the child subsequently entered foster care.
- The type of agency involved in making the prior adoption/guardianship.
- Other factors to better understand the issues associated with the child's post-adoption/post-guardianship entry into foster care.

Some of the above data is already tracked in the SACWIS system. OFC's policy and SACWIS teams will work together to incorporate the data listed that is not already in the system as well as the following data:

- Date of previous adoption
- Reason for disruption/dissolution
- Plan for the child
- Type of adoption (public, private, international)
    - Document which agency/state involved.

- For International - Document if adoption was finalized in other country or USA or not yet finalized.
- For International - Document country of origin.

ODJFS currently has a form (JFS 01670) to collect information on inter-country adoption as required by federal law with regards to adoption disruption and dissolution. It is anticipated that by incorporating this form into SACWIS, the state will receive this data more consistently. During regional and statewide meetings as well as a variety of other venues, ODJFS adoption policy staff continue to address the need to track data in SACWIS and to submit the Inter-Country Adoption Data Collection form (JFS 01670) in the interim.

V. Program Support

Training and Technical Assistance Provided to Counties
Staff development, technical assistance and training activities in support of the goals and objectives of the CFSP are identified in Section III: Update to the Plan for Improvement and Progress Made to Improve Outcomes. Training and technical assistance provided to counties during the second year of the CFSP are discussed in detail in Section III of this report.

State Technical Assistance or Capacity Building Needs
No new state technical assistance or capacity building needs were identified during the second year of the CFSP. As Ohio moves forward with planning for its CFSR onsite review in 2017, additional technical assistance needs may be identified.

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

- ProtectOHIO Title IV-E Waiver Demonstration with the Human Services Research Institute;
- Permanency Roundtable pilot evaluation in partnership with Casey Family Programs;
- CAPMIS evaluation; and
- Level of Care Assessment Tool pilot evaluation.

In addition to the above evaluation activities, the statewide training and professional development offerings are assessed and evaluated. Evaluation results are used to revise curriculum. (Refer to Section III of the APSR).

Management Information System
Ohio is on target with the enhancements to SACWIS outlined in the 2015-2019 CFSP. For enhancements made to SACWIS during Year 2, refer to Section II: Update of Assessment of Performance, Systemic Factor 1 and Section III: Update to the Plan for Improvement.

Quality Assurance System
Ohio is on target with strengthening its child welfare statewide Continuous Quality Improvement (CQI) system. Section III of this report provides information on CQI efforts during Year 2.

VI. Consultation and Coordination with Tribal Representatives

Demographic Data

There are no federally recognized tribes within the state of Ohio. The most recent data from the U.S. Census Bureau estimates that 0.3% of Ohio's state population is of American Indian or Alaskan Native heritage alone. Another 2% identify as 'two or more races,' which may include individuals of Native American ancestry. A point-in-time data query of SACWIS reflects that on March 1, 2016, there were 251 children identified as 'American Indian' in the custody of child welfare agencies across Ohio. Of those children in custody, 'American Indian' was the only race identified for 13 of the children. (The remaining 238 children had at least one other race identified.)

More than half of the children of Native American heritage in the custody of public children services agencies in Ohio were in three counties. On the date of the query, Franklin County had the highest number of Native American children in custody (64), followed by Summit County (60) and Cuyahoga County (12). The remaining children of Native American heritage were in the custody of 43 other agencies across the state.

Compliance with ICWA

SACWIS Functionality and Data

Since July 1, 2015, 19,508 ICWA Records have been created in SACWIS:

- 16,770 of those indicate no Native American heritage
- 2738 indicate a possible tribal affiliation; 1495 indicate that the tribe name is not known
- 962 records indicate a tribal name, as follows:
  - Apache Tribe of Oklahoma – 16
  - Bad River Band of Lake Superior Chippewa – 1
  - Blackfeet Tribe of Montana – 76
  - Cherokee Nation – 621
  - Cheyenne and Arapaho Tribes of Oklahoma – 4
  - Cheyenne River Sioux Tribe – 11
  - Chippewa Cree Tribe of the Rocky Boy's Reservation of Montana – 1
  - Choctaw Nation of Oklahoma – 22
  - Comanche Nation-Oklahoma – 7
  - Crow Creek Sioux Tribe – 3
  - Crow Tribe of the Crow Reservation of Montana – 2
  - Delaware Tribe of Indians – 2
  - Eastern Band of Cherokee Indians – 56
  - Eastern Shawnee Tribe of Oklahoma – 2
  - Fort Sill Apache Tribe of Oklahoma – 4
  - Jicarilla Apache Nation – 4
  - Lummi Nation – 8
  - Mescalero Apache Tribe – 4

- Mohegan Indian Tribe – 4
- Muscogee (Creek) Nation – 1
- Navajo Nation – 7
- Omaha Tribe of Nebraska – 5
- Passamaquoddy Tribe-Pleasant Point – 3
- Pawnee Nation of Oklahoma – 5
- Pueblo of Jemez – 3
- Ramah Navajo School Board, Inc. – 3
- Red Cliff Band of Lake Superior Chippewa – 4
- San Carlos Apache Tribe – 4
- Santee Sioux Nation – 2
- Seminole Nation of Oklahoma – 1
- Seminole Tribe of Florida – 1
- Seneca Nation of Indians – 1
- Seneca-Cayuga Tribe of Oklahoma – 3
- Shawnee Tribe – 14
- The Chickasaw Nation – 3
- The Hopi Tribe – 4
- Timbi-sha Shoshone Tribe – 6
- Tonto Apache Tribe – 4
- United Keetoowah Band of Cherokee Indians in Oklahoma – 24
- White Earth Reservation Business Committee – 2
- White Mountain Apache Tribe – 6
- Winnebago Tribe of Nebraska – 2
- Yankton Sioux Tribe – 2
- Yavapai Apache Nation – 4

ICWA State Standards Update

Public Children Services Agencies (PCSAs), Private Child Placing Agencies (PCPAs), and Private Non-custodial Agencies (PNAs) are required to comply with ICWA as detailed through Administrative Code rules: 5101:2-53-01, 2-53-03, and 2-53-05 through 5101:2-53-08. These Administrative Code provisions:

- Ensure consistency between state and federal ICWA definitions.
- Require that agencies determine whether the child or his /her family are members of a tribe – or are eligible for membership.
- Detail the actions agencies must take when initiating a court action for custody of a child who is/may be eligible for tribal membership, regardless of whether a specific tribe has been identified.
- Specify agency responsibilities when accepting a voluntary placement agreement for a child of Indian heritage from a parent, guardian or Indian custodian, including tribal notification requirements.
- Specify agency requirements when conducting an emergency removal or taking involuntary custody of a child of Indian heritage, including notification requirements.

- Outline the rights of parents of Indian children and agency responsibilities associated with the permanent surrender of a child of Indian heritage.
- Provide detailed criteria regarding the preferred placement settings and factors agencies must consider when selecting a temporary or permanent placement for a child of Indian heritage.

ICWA Policy staff has incorporated the updated ICWA guidelines issued in February 2015 by the Bureau of Indian Affairs into technical assistance provided to county staff on a case-by-case basis. Chapter 5101:2-53 rules will be revised to incorporate any necessary changes as a result of the guidelines being made regulatory, which is anticipated to occur in 2016.

Data on State Compliance with ICWA

Compliance with ICWA is assessed through Ohio's Child Protection Oversight and Evaluation (CPOE) case review process. CPOE Stage 10 commenced in October 2014 and is currently using the CFSR Onsite Review Instrument. Item 9, Preserving Connections, captures information on ICWA compliance. As of the date of this report, 45 CPOE reports have been released, and there have been no counties found out of compliance with ICWA regulations. The following comments were made with regards to ICWA compliance:

Strength comments:

- The agency consistently documented inquiry regarding Indian heritage, as required by ICWA, and the information was contained in the case record. (The agency was also advised to enter this information in the person profile in SACWIS.)
- All cases reviewed contained documentation that a sufficient inquiry was conducted by the agency regarding the child's Native American ancestry and notifications were sent to the proper agencies when required.
- The reviewer found documentation of the inquiry to determine whether the child may be a member of, or eligible for membership in a tribe.
- Due to the results of the CPOE 9 review, the agency revised their documentation process. Presently, the inquiry into ICWA status occurs during the intake phase of the case. In the event children come into custody, the ongoing unit follows up to assure children were referred to the appropriate tribe, if required.
- Due to results of the CPOE stage 8 review, the agency revised its ICWA process. Now the initial ICWA inquiry is made at the initial family team meeting.
- The agency has created a brief form that includes a statement acknowledging or denying the family is of Native American heritage. It is provided at the agency's first contact with the family.

Areas needing Improvement:

- The agency documented an inquiry to determine whether the child may be a member of, or eligible for membership in a tribe, but the language was vague and often did not specify which parent provided a response.
- The agency needs to improve its documentation of the ICWA inquiry and develop a system for documenting both maternal and paternal relatives to the child in one place.

Strategies to Improve ICWA Compliance

OFC's Title IV-E and ICWA policy staff updated Ohio's IV-E plan to reflect compliance with requirements to develop policies and procedures for transferring jurisdiction and/or responsibility for the placement and care of an Indian child from an Ohio Title IV-E agency to a Title IV-E Tribal agency or an Indian tribe with a Title IV-E agreement. Family, Children and Adult Services Procedure Letter (FCASPL) No. 294, issued on October 26, 2015, outlined these policies and procedures. New rule 5101:2-53-09, which incorporates these guidelines into Ohio Administrative Code, has been drafted. It is anticipated that this rule will be final filed in 2016.

ODJFS will seek to continue to improve ICWA compliance through:

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

In addition, ODJFS will share promising practices and educational resources gathered through its participation on the State Indian Child Welfare Managers Workgroup. Furthermore, the Ohio Child Welfare Training Program will continue to provide PCSA staff with access to the National Indian Child Welfare Association's (NICWA) online training course on ICWA.

Consultation and Collaboration on the CFSP –

During this reporting period, ODJFS has continued to develop its partnership with the Native American Indian Center of Central Ohio (NAICCO). NAICCO's mission is "to serve, protect, and promote American Indian and Alaska Native (AI/AN) interests, concerns, needs, and services; and to advocate for the preservation and revitalization of AI/AN identities, cultures, values, rights, traditions, belief systems, spirituality, and wellness." As such, NAICCO seeks to address the needs of native peoples regardless of specific tribal lineage. This is especially important since there are no federally recognized tribes in Ohio, and AI/AN are often isolated throughout the state's urban and rural areas.

Last year, NAICCO continued its partnership with the ODJFS, Office of Family Assistance as an *Ohio Benefit Bank* (OBB) site. Through this partnership, NAICCO is able to assist community members in filing applications for needed services and supports. OBB utilizes an on-line application process to determine eligibility for state and federal assistance programs, including:

- Food and Nutrition Programs:
  - Food Assistance;
  - Women Infants and Children (WIC); and
  - USDA Child Nutrition Programs.

- Healthcare Assistance Programs:
  - Health Care Programs for Families and Children;

- Medicaid for the Aged, Blind and Disabled;
- Medicare Premium Assistance;
- Child and Family Health Services (CFHS);
- Bureau for Children with Medical Handicaps (BCMH);
- Extra Help for Medicare Part D; and
- Ohio's Best Rx.

- Other Programs:
  - Home Energy Assistance Program (HEAP);
  - Child Care Assistance;
  - Ohio Works First Cash Assistance (OWF);
  - Golden Buckeye Program;
  - Senior Community Service Employment Program (SCSEP);
  - Big Brothers / Big Sisters "Amachi" Youth Mentoring Program; and
  - Voter Registration.

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

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

OFC is currently supporting NAICCO's efforts toward being awarded a grant from the Administration for Native Americans to support their *Honoring Our Past to Ensure Our Future* program. In addition, OFC is continuing to explore development of regional training opportunities for child welfare staff, foster parents, and adoptive families. Proposed topics under consideration include workshops to increase awareness of Native American culture, and improve engagement skills when working with AI/AN families.

To learn more about NAICCO, go to: http://naicco1975.org/

To view, *Staying Indian in Ohio*, a documentary produced by NAICCO, go to:
https://www.youtube.com/watch?v=hp15X7VMwak.

VII. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

2015 Monthly Visits Data

Ohio reports monthly visit numbers on an annual basis as required. Please see the chart below for the data submitted in December of 2015.

Aggregate number of children (unduplicated) who met the visitation criteria	19,883
Total number of monthly caseworker visits made to children	136,990
Total number of complete calendar months children in the reporting population for FY2014 spent in care	144,022
Total number of monthly visits made to children in the reporting population that occurred in the child's residence	120,568

Ohio achieved 95.12% compliance and surpassed the 95% federal target goal. The data also shows that Ohio is far exceeding the requirement that 50% of the visits occur within the child's residence. Ohio's data reflects that 84% of the monthly visits made to children occurred in their residence. Summary statistics were pulled from Ohio's SACWIS as of December 7, 2015 and met the compliance criteria described in ACYF-CB-PI-12-05. A sampling methodology was not utilized to fulfill the revised monthly caseworker data reporting requirements.

Status Update

As the data above indicate, Ohio is meeting both visitation performance standards. Ohio utilizes a variety of methods to ensure the monthly caseworker visits performance standards are met. Two Ohio Administrative Code (OAC) rules 5101:2-42-65 *Caseworker visits and contacts with children in substitute care* and 5101:2-48-17 *Assessor visits and contacts with children in adoptive homes prior to finalization* describe statewide standards for the content and frequency of caseworker visits for children in foster care. As will be described below, in the past year, Ohio also continued use of the monthly caseworker visit grants, sent out a procedure letter to clarify visitation requirements to agencies, initiated updates of the two visitation rules, and distributed a variety of articles on the topic.

Monthly Caseworker Visit Grant

Ohio continues to use the Monthly Caseworker Visit Grant funding as outlined in the CFSP. At this time, no changes have been made to the program.

Caseworker Visit Grants will be provided to PCSAs over the next five years to support staff salaries, travel expenses and other costs related to meeting the federal performance standards for caseworker visitation of children in substitute care. ODJFS issues caseworker visits funding in two separate allocations – one for direct services and one for administrative costs.

ODJFS communicates grant availability and liquidation periods for these allocations through the county finance information system (CFIS). Funds must be expended by the grant availability period and reported no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the PCSA.

The following methodology is used to distribute available funds: PCSAs receive their portion of the total allocation based on the number of unduplicated children in substitute care by county divided by the total number of unduplicated children in substitute care in Ohio, based on the previous calendar year.

The caseworker visits allocation reimburses the PCSA for the direct cost of caseworker visits to children who are in the PCSA's custody. PCSAs report direct service expenditures on the JFS 02820 *Children Services Quarterly Financial Statement* and/or the JFS 02827 *Public Assistance (PA) Quarterly Financial Statement.*

The caseworker visits administrative allocation reimburses PCSAs for the administrative costs related to caseworker visits to children who are in the agency's custody. PCSAs may claim reimbursement of administrative costs for caseworker visits through the social services random moment sample (SSRMS) reconciliation/certification of funds process. Additionally, PCSAs may also request to transfer the caseworker visits administration allocation to the caseworker visits direct services allocation. A request to transfer funds is to be made by submitting a JFS 02725 Family Service Agencies and WIA Local Area Budget Transfer Request prior to the end of the period of availability.

Expenditures are reimbursed with 75% federal Title IV-B Subpart 2 funds. The PCSA must use eligible state funding or provide local funds at a 25% match rate for the non-federal share.

Ohio Administrative Code Rule Changes

In response to guidance in the CFSR Round 3 Onsite Review Instrument, ODJFS released a Procedure Letter (PL) on February 23, 2015 to clarify rules regarding who has the authority to complete caseworker visitation requirements, The PL clarifies:

The caseworker visits mandated by OAC rules 5101:2-42-65 and 5101:2-48-17 must be completed by a caseworker with the agency that has full responsibility for case planning and case management of the child's case. A few examples are listed below:

- Another caseworker employed by the agency that has full case management responsibilities of the case, such as another caseworker in the same unit as the worker assigned to the case, would be able to conduct these caseworker visits. In these circumstances, the worker completing the visit shall document in the activity log the reason a worker other than the assigned caseworker visited the child. While this practice is permitted, it is recommended that the assigned caseworker complete the majority of the required monthly visits.
- An agency that is given full case management responsibilities by the local public agency, such as managed care agencies, would be able to conduct these caseworker visits.
- Visits by caseworkers from agencies that are contracted to provide specific services while the public agency maintains decision making and case management responsibilities regarding the case or the child would not be counted toward this monthly visitation requirement.

- For those cases that require more than one monthly visit from a caseworker based on the treatment needs of the child or the current family situation, the agency with full case management responsibilities may contract with another agency for those additional visits, as long as the agency with full case management responsibilities completes the minimum monthly visitation.
- The only exception to this requirement is children who are placed in another state through the Interstate Compact for the Placement of Children (ICPC). Those visits must be completed by the supervising agency in the state where the child is placed, pursuant to the compact.

These visitation criteria are reviewed through the Child Protection Oversight and Evaluation (CPOE) Stage 10 review.

As a result of the PL, the caseworker visitation rules are being updated with the following changes:

OAC 5101:2-42-65 Caseworker visits and contacts with children in substitute care

> Visits and contacts shall be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case.
>
> **1)** If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit shall document in the child's case the reason someone other than the assigned caseworker visited the child.
> **2)** The caseworker assigned to the child's case shall complete the majority of the required monthly visits.

An additional paragraph was added to clarify the following:

> If the circumstances of the case require more than one monthly visit, the additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide services for the case.

For children with special or intensive needs, who require more than one monthly visit to monitor the placement, the following revision to the rule is noted:

> At least one of the monthly visits shall be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case. Any additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide services for the case.

OAC 5101:2-48-17 Assessor visits and contacts with children in adoptive homes prior to finalization

> Visits and contacts shall be conducted by an assessor within the public children services agency (PCSA) or private child placing agency (PCPA) that has full responsibility for case planning and case management of the child's case.

1) If the assessor assigned to the child's case is unable to complete the visit, the assessor from the same agency who is completing the visit shall document in the child's case the reason someone other than the assigned assessor visited the child.
2) The assessor assigned to the child's case shall complete the majority of the required monthly visits.

An additional paragraph was added to clarify the following:

> If the circumstances of the case require more than one monthly visit, the additional visit(s) may be conducted by an assessor employed by an agency contracted by the PCSA or PCPA to provide services for the case.

Other Efforts to Ensure Performance Standards are Met

Through the work of Ohio's statewide CQI Advisory Team and OFC's SACWIS team, agencies now receive monthly data reports on caseworker visitation (beginning in June 2015). A summary report of the SACWIS Comprehensive Visitation Report is emailed directly to each PCSA director and children services administrator on the 15th of each month. This report provides each agency's percentages of visits met for children and parents for both in-home and custody cases each month. The visitation summary report contains aggregate data for each county agency – no case-specific information is available through this emailed summary. However, the full SACWIS *Comprehensive Visitation Report* is a powerful management tool that provides agencies with the ability to "drill down" to generate additional reports identifying which children and/or parents need visits completed each month. The monthly summary report enables PCSA leaders to keep close track of their agency's data, providing PCSAs greater opportunity to improve their practice in this area. Throughout this past year, ODJFS, OFC has provided technical assistance to agencies regarding the *Comprehensive Visitation Report* through a variety of venues, including hands-on technical assistance labs and one-on-one consultation. In addition, ODJFS and PCSAO partnered to offer a series of regional CQI forums on caseworker visits.

VIII. Adoption and Legal Guardianship Incentive Payments

On September 18, 2015, Ohio was notified of receipt of FFY2015 Adoption Incentive funds in the amount of $128,176. ODJFS is currently determining how to utilize these funds. ODJFS plans to fully obligate and liquidate these funds by the end of the grant period.

IX. Child Welfare Waiver Demonstration Activities

On March 8, 2011, a five year extension, Phase III of Ohio's Title IV-E Waiver Demonstration Project titled 'ProtectOHIO', was approved by the Children's Bureau, Administration for Children and Families, U. S. Department of Health and Human Services (ACF). This was the third five-year waiver extension, and was effective retroactive to October 1, 2010 and through September 30, 2015. On April 10, 2015, ACF approved a short-term extension from October 1, 2015 through July 31, 2016, and on April 1, 2016 ACF approved a further short-term extension through September 30, 2016 to allow for consideration of Ohio's request for approval of a fourth phase of the demonstration project from October 1, 2016 through September 30, 2019.

ProtectOHIO participation is currently comprised of 15 of Ohio's 88 county public children services agencies, which amounts to over one-third of Ohio's child welfare population, and 45 control counties for comparison. The 15 demonstration counties 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. Of the 15 counties participating, 14 are the original 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), along with 1 additional county, Hardin, that joined in 2006.

In 2006, there were 4 additional counties that joined the Waiver demonstration (Coshocton, Hardin Highland and Vinton counties). Vinton County (VCDJFS) began Phase III but withdrew its participation effective October 1, 2012 due to 'The New County Collaborations.' House Bill 225 of the 129th General Assembly permitted the board of county commissioners of Hocking, Ross and Vinton counties to form a joint tri-county department of job and family services. As a result, ODJFS requested and was granted approval by ACF to withdraw Vinton County as a demonstration county and Hocking County as a comparison county. The withdrawal of Vinton County (demonstration) and Hocking County (comparison) has had minimal effect on the evaluation aspects of the project based upon their low caseload numbers.

In December 2014, ODJFS requested approval to amend the terms and conditions to withdraw Highland County Department of Job and Family Services from the ProtectOHIO Waiver Demonstration Program at the county's request due to fiscal concerns at the county level. ACF approved the request to amend the terms and conditions to remove Highland County from the demonstration, effective October 1, 2014. Removing Highland County from ProtectOHIO had minimal impact on cost neutrality, and their exit from the waiver program did not have a significant impact on the evaluation, given their small number of cases. In September 2015, ODJFS requested approval to amend the terms and conditions to withdraw Coshocton County Department of Job and Family Services from the ProtectOHIO Waiver Demonstration Program based on the county's request regarding fiscal and placement impact concerns. ACF approved the request to amend the terms and conditions to remove Coshocton County from the demonstration, effective October 1, 2015. The removal of Coshocton County has also been determined to have minimal impact on the evaluation of the project due to their small number of cases.

During Phase III of Ohio's Title IV-E Waiver Demonstration Project (October 1, 2010 through September 30, 2015), ODJFS and the ProtectOHIO Consortium selected two distinct "core intervention strategies" to serve as the focus of waiver activities. All 15 participating counties have implement both of these intervention strategies, which are briefly described below:

- *Family Team Meetings (FTM)*, which bring together immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) to jointly plan for and make crucial decisions regarding a child in or at risk of placement.

- *Kinship Supports*, which increase attention to and support for kinship caregivers and their families, ensuring that kinship caregivers have the support they need to meet the child's physical, emotional, financial and basic needs. The strategy includes a set of core activities specifically related to the kinship caregiver including home assessment, needs assessment, support planning, and service referral and provision.

In addition to these core strategies, participating counties have also had the option to spend flexible funds on other supportive services that prevent placement and promote permanency for children in out-of-home care.

Integration of Waiver Activities and the CFSP

ProtectOHIO Consortium

The Consortium is a very important component of the project which provides oversight for the demonstration. It consists of agency directors and/or upper level administrative staff of the 15 counties participating in the waiver, ODJFS staff, and members of the Human Services Research Institute (HSRI) evaluation team. Meetings are county driven and are usually chaired 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.

As the guiding body for Ohio's Title IV-E Waiver Demonstration, the Consortium also serves as a critical component of the CFSP's collaboration infrastructure, as described in Section I. The consortium has continued to be an important partner in the ongoing assessment and implementation of Ohio's five-year child welfare plan. During this reporting period, the ProtectOHIO Consortium met on July 28, 2015, September 22, 2015, January 26, 2016 and March 22, 2016. The focus of these meetings was to continue discussion on ways to increase fidelity to the strategies to improve outcomes for the Phase III waiver extension, identify evaluation data, and share placement and fiscal data. Quarterly meetings were also held during this period among three different subcommittees (Family Team Meeting, Kinship and Sustainability Subcommittees) to plan for implementation of the intervention strategies and continuation of the waiver and evaluation. The Sustainability subcommittee recommended updating the by-laws, which were approved by the Consortium on July 28, 2015. The Fiscal Subcommittee reconvened as of December 2015, with plans for continued meetings on a quarterly basis. Of primary consideration will be evaluation of fiscal impact, budget neutrality, placement day costs, and long-term sustainability.

In addition, six Consortium and evaluation members attended the Seventeenth Annual Child Welfare Waiver Demonstration Projects Meeting held in Washington, D.C. on September 1-3, 2015. The Consortium team members (2 from county agencies and 1 evaluation team member) presented on a panel with other legacy states on the topic of "Sustainability Decisions," specifically addressing how Ohio has sustained support for the waiver demonstration through political and leadership changes, and how implementation of the waiver has led to changes in agency and organizational structures and impact on frontline staff. Over 50 representatives from ProtectOHIO Consortium agencies, along with ODJFS, Office of Families and Children staff, attended the IV-E Waiver Implementation Convening held in November 2015 in Seattle, Washington. A panel from ProtectOHIO presented information on implementation and lessons learned with Ohio's experience of 17 years as a IV-E waiver demonstration project.

On November 30, 2015, Ohio's Semi-annual Report (for the period of April 1, 2015 through September 30, 2015) was submitted to the Children's Bureau of the federal office of the Administration for Children and Families (ACF). With Phase III of the waiver extension ending during this review period (September 30, 2015), the final evaluation report was reviewed by the ProtectOHIO Consortium and submitted to ACF in March 2016.

Coordination of Activities

Ohio's CFSP includes several activities that will be integrated with the state's Title IV-E Waiver project. These include, partnering with the ProtectOHIO demonstration sites to:

- Explore the feasibility of regionalized FTM facilitation services to allow more counties to implement FTMs with a high degree of fidelity to the model.
- Expand the availability of training on the FTM model through the Ohio Child Welfare Training Program.
- Provide technical assistance to support effective implementation of FTMs in new areas of the state.
- Review current data regarding kinship placement to identify trends, including the kinship caregiver survey findings analyzed by the ProtectOHIO research team.

In order to assure the effective coordination of these activities with the waiver demonstration project, the work plan to accomplish these CFSP benchmarks will be developed in consultation with the Consortium and its various Subcommittees. These include the ProtectOHIO Sustainability/Expansion Subcommittee, the Subcommittee on High Fidelity FTMs, and the Kinship Strategy Subcommittee - each described below.

- Sustainability/Expansion Subcommittee: The Sustainability/Expansion Subcommittee conducted a survey in April 2014 of non-waiver participants to gauge interest in joining ProtectOHIO. However, the Consortium ultimately decided to maintain its focus on increasing fidelity to the intervention strategies and incorporating well-being measures into the Family Team Meeting evaluation strategy. The Consortium requested that the IV-E waiver demonstration be extended until September 30, 2019. On April 10, 2015, ACF approved a short-term extension of the current demonstration project until July 31, 2016.

- High Fidelity FTM Subcommittee: FTM facilitators are in the beginning stages of reviewing the practice manual with the goal of further refining practice and improving consistency in FTM implementation across agencies. Volunteer facilitators are also in early stages of working with OCWTP staff to develop a web-based training on the FTM practice manual. The Subcommittee continues to formulate ideas on how to increase fidelity to the FTM model across counties. The evaluation team conducted additional analyses to explore whether 'attendee' or 'timeliness' fidelity components have more bearing on positive outcomes. Since the interim report findings were disseminated, showing that high fidelity FTM is associated with positive outcomes, the facilitator workgroup has taken several steps towards increasing fidelity to the model, including developing a subcommittee focused on conceptualizing strategies that could be implemented across rural and urban counties, and continually strategizing methods to overcome barriers naturally associated with family meeting interventions. More recently, a new subcommittee was developed committed to identifying components of the model where implementation may vary, and providing recommendations to promote a more consistent practice across counties. In the coming months, the evaluation team will further explore how fidelity components are tied to outcomes and disseminate their findings to this subcommittee.

- Kinship Strategy Subcommittee: The Kinship Strategy Subcommittee continues its focus on improving methodologies and best practices for serving kinship caregivers and the children who are in their care due to an open child welfare case, regardless of custody status or supervision orders. During the reporting period, the evaluation team completed the majority of the final round of site visits and telephone interviews with all demonstration and comparison counties. They will be conducting an outcomes analysis on children and families who have received kinship strategy services to be included in the final evaluation report. Taken together, the process and outcomes findings will help to inform decision making regarding potential ways in which the kinship strategy could be refined. To enhance fidelity and service delivery, the Subcommittee developed the *ProtectOHIO Kinship Strategy (Self-Directed): Implementing the ProtectOHIO Kinship Manual* course in partnership with the Ohio Child Welfare Training Program. This online tool is a resource for caseworkers in ProtectOHIO counties and consists of three components: a workbook for caseworkers, a supervisor companion guide, and seven on-line presentations.

Coordination of IV-E Waiver & IV-B Programs and Services

Participation in the Title IV-E waiver demonstration maximizes counties' ability to provide services typically only funded through Title IV-B, including family preservation, family support family reunification and adoption support. The fiscal flexibility provided to the state's ProtectOHIO sites facilitates the delivery of needed services to prevent the unnecessary removal of children from their homes and increase permanency for those children who are placed in out-of-home care. Moreover, ProtectOHIO's core intervention strategies are founded on the essential components of family-driven case planning and service selection, which have been shown to result in positive child welfare outcomes. ProtectOHIO continues to be seen by the demonstration counties as a vital funding source and impetus for creativity and partnerships. Several themes emerged clearly from discussions with PCSA directors and top management:

- It has been a validation of long-time processes and beliefs about best practice.
- In practice, it is the two strategies, FTM and Kinship Supports. These represent a better way of interacting with and engaging families, and at the same time provide more support for casework staff; both of these changes contribute to quicker permanency.
- It is an invaluable resource because it is flexible, enabling agencies to have more to offer families and kinship caregivers, providing an opportunity to do something different, challenging workers and agencies overall to be creative and to do nontraditional things, and allowing the agencies to do prevention and to front-load services.
- It is systemic reform in that funding is not tied to one model of intervention and it gets funders (state and federal) out of case-level decisions.
- It has meant a culture change, involving more people in case decisions and in responding to individual needs, looking at new possibilities in community networks and enabling the PCSA to partner with other agencies.

X. Quality Assurance System

OFC Continuous Quality Improvement Initiative

Beginning with the development of Ohio's 2015-2019 Child and Family Services Plan, OFC launched a Statewide Continuous Quality Improvement (CQI) initiative. As noted in the CFSP, OFC's CQI initiative seeks to develop a statewide approach to CQI in Ohio's child welfare system that is:

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

The CQI initiative is an extension of the efforts initiated under Ohio's work with the Midwest Child Welfare Implementation Center through the Partners for Ohio's Families project. OFC and our public and private agency partners have made great strides over the past few years through the Partners for Ohio's Families initiative working together to improve outcomes for children and families. The CQI initiative represents the progression of that effort through the development of a formalized structure to sustain continuous cycles of learning and improvement in partnership between the state and our public and private agency partners at the local level.

The CQI objectives outlined within Ohio's CFSP are to:

- Further develop Ohio's statewide CQI infrastructure for child welfare;
- Increase accessibility of SACWIS data and improve data integrity to support CQI activities;
- Further integrate CQI into OFC's technical assistance and CPOE review processes;
- Apply CQI principles to improve casework practice and supervision; and
- Implement innovative and evidence-based or evidence-informed practices to improve safety, permanency and well-being outcomes for children and families.

To accomplish these objectives, OFC has formed a CQI Advisory Team which includes representation from all OFC bureaus, PCSAs from all CPOE size categories and regions of the state, private agency partners, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the Public Children Services Association of Ohio, and the Ohio Association of Child Caring Agencies. The Advisory Team's Charter includes a commitment from members to:

- Develop a fully-articulated, written framework to serve as the foundational document for Ohio's statewide system of CQI for child welfare;

- Make recommendations to increase the accessibility and integrity of data for child welfare professionals in a variety of roles (front-line practitioners, supervisors, child welfare agency administrators, state staff and partners);
- Serve as champions for the development of a statewide "CQI Community" and make recommendations to support increased sharing of information and resources related to CQI across agencies;
- Make recommendations for the design of a multi-county Peer Review process and explore the feasibility of integrating county Peer Review with CPOE and/or CFSR Round 3 case reviews;
- Serve as an ongoing leadership forum to provide guidance on Ohio's statewide system of CQI; and
- Promote a sustained focus on advancing practice and improving outcomes for children and families.

As noted in the Update to the Plan for Improvement section of this APSR (Section III) and in the Update on the Assessment of Performance (Section II), four Subcommittees of the CQI Advisory Team were formed to accomplish the statewide CQI benchmarks outlined in Ohio's CFSP. A status update on the progress of each of these subcommittees is included within the Update to the Plan for Improvement section of this APSR (Section III). Accomplishments of note during this second year of the CFSP include:

- ***CQI Framework***: The CQI Framework Subcommittee developed a draft framework document entitled, "Statewide Continuous Quality Improvement: A Framework for Ohio's Child Welfare System." This framework sets forth:

  - Ohio's vision for statewide CQI in child welfare;
  - Foundational principles to support the implementation of statewide CQI;
  - A detailed description of the CQI process incorporating information from several sources, including the Children's Bureau's Information Memorandum to states on CQI, Casey Family Programs, the National Resource Center for Organizational Improvement, and the CQI Academy offered by JBS International; and
  - A detailed description of each of the components of the statewide CQI infrastructure recommended by the CQI Advisory Team to support and sustain continuous cycles of evaluation and improvement.

- ***Statewide CQI Community:*** The Statewide CQI Community Subcommittee continued its work to gather stakeholder feedback and support improved sharing of CQI information. In December of 2015, OFC offered the first of what will become an ongoing series of CQI webinars developed by the Statewide CQI Subcommittee. The webinar introduced statewide CQI efforts, provided foundational information on the CQI process, and included county and private agency examples of "CQI in action." Following the webinar, the Statewide CQI Subcommittee disseminated an electronic survey, which provided an opportunity for OFC to learn more about how agencies across the state are already utilizing CQI processes to improve outcomes and what types of statewide CQI activities or supports agencies would find most beneficial. In response to survey respondents' suggestions, the subcommittee is currently working on a series of webinars to be offered this summer that will provide an overview of current data reports available through SACWIS and ROM and offer practical examples of how both public and private agencies have

utilized particular data reports to enhance practice, improve outcomes and/or communicate with stakeholders.

- ***Peer Partnership:*** The subcommittee continued its work on the development of recommendations for a regional or multi-county peer review process. Although some counties and agencies in Ohio have implemented peer review processes as part of local CQI efforts, no such structure has been created on a county-to-county or inter-agency level. A regional or multi-county/multi-agency peer review process would promote shared learning, build local CQI capacity, and inform statewide CQI priorities. The subcommittee is approaching this work with an eye toward integration of the recommended peer review process within the existing case review structures for CPOE and/or the federal CFSR, Round 3.

- ***Data Reports:*** During this past year, the team has been working on ways to leverage existing data reports in new ways to assist PCSA leadership. Last summer, OFC began monthly dissemination of data reports on caseworker visitation via email directly to each PCSA director and children services administrator. County-specific summary reports from the SACWIS Comprehensive Visitation Report are generated monthly and emailed to agency directors and children services administrators. Early on in this process, OFC received feedback from PCSAs on the quality of their data and made appropriate adjustments to the report in response. Additionally, OFC staff have worked extensively with counties during the last year on data clean-up efforts to ensure the accuracy of each county's data. The subcommittee is now examining other data reports that could be adapted similarly and automatically generated on a monthly basis for PCSA directors. These may include reports related to timeliness of assessments, case plans, and/or case reviews. The subcommittee would like to be selective and strategic in which reports are automatically generated for email, so as to avoid inundating PCSA directors.

Child Protection Oversight and Evaluation (CPOE)

As noted in the Update on the Assessment of Performance (see Systemic Factors update in Section II), the Ohio Child Protection Oversight and Evaluation (CPOE) process is the centerpiece of Ohio's Statewide Quality Assurance System. Ohio's CPOE system was implemented more than twenty years ago as a systematic and consistent method to review child welfare practice at the county level. The CPOE quality assurance system provides a continuous cycle for assessment and improvement of performance. Each of Ohio's eighty-eight (88) PCSAs is required by Ohio Revised Code (ORC) to participate in this review process, which operates on a twenty-four month cycle. CPOE is designed to improve services and outcomes for Ohio's families and children through a coordinated review between the PCSAs and ODJFS. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four month period.

Significant changes were made for CPOE Stage 10, which was initiated in October 2014. These changes were outlined in the Update on the Assessment of Performance in Section II. These include:

- Use of the federal CFSR Onsite Review Instrument for CPOE Stage 10 in preparation for Ohio's federal review in 2017.

- An overall increase in the number of cases reviewed for each county. Small counties now have 9 cases reviewed; 10 for medium-small counties; 13 for medium-sized counties; 15 for large and metro-sized counties; and 18 for the major metro counties.
- Alternative Response cases are included in the review sample – cases must have been open for at least 45 consecutive days.
- Title IV-E juvenile courts are also included in the CPOE review.

With the increased sample size and inclusion of Title IV-E juvenile courts, 1,204 cases will be reviewed through CPOE Stage 10 (an increase of 456 cases over CPOE Stage 9). Following is an annual comparison of cases reviewed in each year of CPOE Stages 9 and 10:

CPOE Stage 9: Q1-Q4 total of 374 cases reviewed (47 PCSAs)
Q5-Q8 total of 374 cases reviewed (44 PCSAs, including Major Metros reviewed 2nd time)
Total Cases: 748[5]

CPOE Stage 10: Q1-Q4 total of 529 cases (46 PCSAs)
Q5-Q8 total of 539 cases (42 PCSAs)
Q5-Q8 total of 136 Title IV-E court cases for review (identified per county size)
Total Cases: 1,204

In addition to the above noted changes, the CPOE Stage 10 Framework includes a stronger focus on counties' administrative performance data and CFSR outcomes. The Framework for CPOE 10 also includes several strategies aimed at increasing inter-rater reliability among reviewers. These include use of the federal Online Monitoring System (which facilitates quality assurance reviews), new supervision strategies and regular meetings with reviewers focused on consistency and inter-rater reliability issues (please see Update to Plan for Improvement in Section III).

Section II of this APSR (Update on the Assessment of Performance) includes an assessment of the functioning of Ohio's Quality Assurance System. It is important to note that an examination of county progress from CPOE Stage 8 to CPOE Stage 9 demonstrated improvement on all items for which the highest number of PCSAs were required to develop a QIP (20 and above). This is evidence of the effectiveness of Ohio's CPOE process, which includes not only the case review itself and issuing of a county-specific CPOE report, but also:

- A scheduled PCSA self-assessment five months after the CPOE report is issued and a second on-site case review by ODJFS staff ten months post-CPOE report.

- Provision of county-specific data and outcome reports from:
  - Statewide Automated Child Welfare Information System (SACWIS)
  - Business Intelligence Channel (BIC)
  - Results Oriented Management (ROM)

[5] The CPOE Stage 9 Final Report reflects a total of 757 cases reviewed. This number includes cases reviewed for technical assistance purposes outside of the CPOE framework.

- Training by ODJFS staff and regional training centers throughout the state.
- Sharing of national, state and PCSA best practices.

QA/CQI Results and Ohio's CFSP

Section II of this APSR (Update on the Assessment of Performance) provides a thorough and comprehensive description of how statewide administrative data and QA results from the CPOE review process have been used to assess statewide performance on each of the safety, permanency and well-being outcomes and the systemic factors. This comprehensive assessment has affirmed the overall direction of Ohio's strategic Child and Family Services Plan with minor adjustments as noted in the Update to the Plan for Improvement Section of the APSR (Section III).

XI. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

Refer to Appendix E: Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

XII. Chafee Foster Care Independence Program (CFCIP)

CFCIP accomplishments in 2016 and planned activities for FY 2017

In the 2015-2019 CFSP, Ohio outlined ten goals with regards to CFCIP services. The information provided below details the state's specific accomplishments achieved and provides information on the planned activities for fiscal year 2017. A few of the goals are ongoing, with supportive activities that will continue on an annual basis. Goals 1 and 2 of the original CFSP are being achieved simultaneously and have been combined to reflect the progress achieved for both, leaving nine total goals. Goal 9 is reported on below but is also complete as of this report. It will be removed from next year's report. ODJFS engages with partners in both the public and private sectors, including foster youth themselves, in a variety of ways to enhance programming to assist in the transition from foster care to achieved independence. Some of the goals also show how ODJFS coordinates services with other federal and state programs to bolster additional benefits for youth.

1. **Ohio will develop a statewide Transition Plan template in SACWIS to assist in service planning for youth emancipating from foster care**.

Combining the best elements of the two existing Transitional Plans being utilized throughout Ohio (Ohio Benefits Bank and the Foster Club tools), ODJFS policy and SACWIS staff have designed and are finalizing a statewide template to capture the transition plan activities outlined for youth, prior to their emancipation from foster care. In addition to the Transition Plan, an Emancipation Plan template is also being developed in SACWIS. County Independent Living Coordinators participated by offering development feedback during their Ohio Independent Living Association meeting on October 15, 2015. They offered excellent design and functionality suggestions that have been included in all three enhanced tools for SACWIS (Independent Living Assessment/Plan, Transition Plan, and Emancipation Plan). Until completion of full SACWIS functionality, counties are continuing to use either the Ohio Benefit Bank transition plan or the Foster Club's transition tool kit.

2. **Explore development of a statewide curriculum for IL practitioners which encompasses best practices identified by the Ohio IL Coordinators Association.**

Stakeholder feedback on the proposal for a statewide Independent Living (IL) curriculum was sought through discussions at regional IL meetings and quarterly Ohio Independent Living Coordinators Association (OHILA) meetings. Stakeholder consensus reflected a high degree of satisfaction with the current content that includes the eleven state IL requirements with flexibility for counties to implement individualized curriculum to meet these requirements. After further discussion with county IL Coordinators at OHILA, a suggestion to develop a supplemental IL toolkit with hands-on learning activities to assist youth individually in achieving the desired eleven outcomes was agreed upon. A specific request was made to tailor these tools to the 14-15 year old population of youth that are now receiving IL services. ODJFS Transitional Youth (TY) Program staff are drafting the IL skills toolkit currently and will receive input from OHILA and OHIO YAB members to strengthen this supplemental resource. The goal of the IL toolkit is to provide caseworkers, foster parents and youth with hands-on activities to develop and/or enhance the required IL skills prior to transitioning into adulthood.

Utilization of the IL toolkit will not be mandated, but this resource will aid in supporting priorities previously identified by stakeholders as keys to strengthening the current IL programming statewide. These include the following:

- Increasing foster parents' awareness of and participation in IL programming;
- Working with foster parents to ensure that youth in their care are allowed to participate in activities that will enable them to develop life skills, including cooking, laundry, budgeting and shopping; and
- Developing new training or enhancing current training for foster parents in the above areas.

3. Continue to host statewide and regional forums with CFCIP stakeholders, to include current and former foster youth.

ODJFS Transitional Youth (TY) Coordinators annually host five regional Independent Living (IL) forums and one statewide event with all stakeholders. Participants invited to these events include public and private agency staff, juvenile court staff and foster parents/adult supporters who work with transitioning youth. Current and former foster youth are asked to present and/or participate at the statewide event as well. During these meetings, TY coordinators facilitate discussions about services and resources for current and former foster youth and provide technical assistance regarding new or current federal and state mandates. These meetings also provide a forum for peer-to-peer learning with opportunities for participants to share best practices. TY coordinators are also joined at these meeting by other ODJFS staff from the policy, programming and technical assistance areas. Each year the regional forum agenda is created based on the current and expected needs of the transitioning youth population. Presentations during both the regional forums and the statewide event are facilitated by community partners and service providers that are relevant to the transitional youth population. This year's meetings highlighted key discussion topics and refreshed several important policy changes as a result of Public Law 133-183 "Preventing Sex Trafficking and Strengthening Families Act." These changes included: the requirement for IL services to be extended to youth 14 years of age and older; reporting requirements when a child runs away or is missing from care; the revised credit reporting procedures; and allowable expenditures for the use of Chafee and TANF IL funds. Attendees of the regional and statewide meetings received copies of the newly revised Foster Youth Rights Handbook (JFS 01677). Additional topics covered at the 2016 statewide meeting included:

- The Ohio Child Welfare Training Program provided the audience with an overview of the new "Normalcy and Prudent Parent" training for foster parents. This training helps foster parents understand why normalcy matters for children and teens. Normalcy allows youth to engage in age appropriate extracurricular, enrichment, and social activities; foster parents are given the authority to make reasonable and prudent parent decisions to improve child and teen well-being.
- Summit County Children Services and Cuyahoga County Division of Children and Family Services gave a dynamic presentation on their counties' new innovative program initiative titled "The Purple Umbrella Project." This project is detailed below in goal # 7.
- Ohio's Children's Trust Fund presented on the plight of human trafficking with transitioning youth between ages 12 – 18, the prevalence of foster youth being lured into this dangerous underground system, and Ohio's response to eradicate the problem. In Ohio an estimated

1,000 children are commercially sexually exploited. Approximately 3,000 youth are runaway/throwaway kids at risk of being trafficked. Ohio has several initiatives to help combat this problem. These initiatives include: the Ohio Governor's Human Trafficking Task Force, The Ohio Attorney General's Office Human Trafficking Commission, State law (Safe Harbor), Grassroots advocacy and victim services, and law enforcement task forces.

- ENGAGE (Empowering the New Generation to Achieve Their Goals through Empowerment) is a four year system of care expansion implementation grant from SAMHSA that will expand the system of care framework statewide targeting Ohio's youth and young adults, ages 14-21 years, with serious emotional disturbances, including co-occurring disorders and multi-system needs. ENGAGE intends to improve outcomes for high risk youth and young adults in transition with the goal of creating a sustainable statewide system of care infrastructure for wraparound services by June 2017.
- Lighthouse Youth Services, Youth at Risk of Homelessness (YARH). This project is detailed below in goal # 7.
- Lighthouse Youth Services, Safe and Supported Initiative is a pilot program aimed to address the disproportionate number of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) homeless youth in the community as well as youth who are transitioning or have emancipated from the foster care system. This project is detailed below in goal # 7.
- Credit Reports for Youth in Foster Care & Foster Youth Identity Fraud – Ohio Attorney General's Office. Federal law has required that child welfare agencies obtain annual credit reports for youth age 14 years of age and older. If a PCSA or a PCPA caseworker notices that there are discrepancies with a youth's credit report, they are to contact the Attorney General's Office who will work collaboratively with the caseworker to resolve credit report inconsistencies. It is important that caseworkers follow all the necessary steps in FCASPL 298 to ensure that the process to resolve the discrepancy is successful.
- Serving youth 14 through 19 years old through the Personal Responsibility Education Program (PREP) – PREP is a free program sponsored by the Ohio Department of Health which aims to reduce teen pregnancy and sexually transmitted disease rates of Ohio's at-risk youth who reside in foster care or who are transitioning from care into adulthood. The curriculum is comprehensive and evidence-based and addresses topics such as: healthy relationships, financial literacy, and career building skills. PREP is located in nine regions of the state.
- Permanency and Transitional Youth – Family and Youth Law Center (FYLaw). The Family and Youth Law Center at Capital University Law School works within child welfare, adoption, and juvenile justice systems to support positive outcomes for children, youth, and families. One of the outcomes is permanency for transitional youth. Permanence is achieved with a family relationship that offers: safe, stable, and committed parenting; unconditional love; lifelong support; and legal and social family membership status. Permanency options include: Adoption, Legal Custody/Guardianship, Kinship Care, and Reunification. For successful permanency planning with transitional youth, it is important that the youth: is aware of their permanency options, understands the reasons behind their separation from their family; is ensured the permanency plan will help the youth maintain ongoing relationships with other stable, permanent people in their lives (siblings, birth relatives, foster families, etc.) and is empowered to utilize their acquired independent living skills to actively participate their permanency planning.

- Ohio Reach Mentoring Initiative. This project is detailed below in goal # 7.
- Ohio Independent Living Association (OHILA) – OHILA exists to provide leadership, advocacy, training and networking opportunities for Independent Living programs and youth throughout the state of Ohio. The goal is for county agencies to share with each other community services used to help the youth in and out of care.
- Ohio Youth Advisory Board – The Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people (aged 14-24) who have experienced foster care. This program is detailed below in goal # 4.

OFC's Transitional Youth (TY) Coordinators will continue to partner with other organizations and host five regional Independent Living forums and one statewide event with stakeholders in 2017.

4. Continued Support for the Ohio Youth Advisory Board. (OHIO YAB).

The Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people across Ohio ages 14-24. Their mission statement is: "We exist to be the knowledgeable statewide voice that influences policies and practices that effect all youth who have or will experience out of home care." The OHIO YAB believes in the power of youth voice and actively works to establish and develop county and regional youth advisory boards. It also works to influence policies and practice that impact current and former foster youth. OHIO YAB meets quarterly, and the ODJFS Transitional Youth (TY) Coordinators attend these meetings and share information with the youth. ODJFS continues to provide funding for OHIO YAB. OHIO YAB's 2016-2017 Strategic Plan focus includes: outreach and policy, transitional housing, education, employment, independent living preparation, and increasing the youth's voice in court. OHIO YAB recently went Washington D.C. and met with top officials at the U.S. Department of Housing and Urban Development to advocate for better housing options for youth who have emancipated from the foster care system.

County caseworkers/Independent Living Coordinators who provide transportation for youth to attend the OHIO YAB meetings have the opportunity to participate in a separate meeting as part of the Ohio Independent Living Association (OHILA). The OHILA meeting is for any PCSA or private entity providing independent living services to foster youth age 14 and above. This organization affords a great opportunity for networking on behalf of the youth.

5. Continue to host and support statewide training venues that promote CFCIP services.

OCWTP has created a series of Independent Living trainings that are co-facilitated by an Institute for Human Services (IHS) trainer and a former foster youth. The unique format in which these trainings are presented allows participants to get a real look at Independent Living topics from a former foster youth perspective. Transitional Youth Coordinators promote these trainings to all public and private agency staff working with emancipating youth or those youth still in foster care, as well as foster parents and adult supporters.

Ohio Reach is continuing to offer a series of trainings for Higher Education staff, child welfare professionals and other professionals that are preparing current and former foster youth for post-secondary learning.

Ohio Reach and ODJFS will again partner to co-host the Pathways to Success Conference on July 28, 2016. This one day event brings together current and former foster youth, child welfare professionals, high school guidance counselors, foster parents/adult supporters, and post-secondary education and vocational trades professionals under one roof. The conference has become a successful and well attended annual event that Ohio's foster youth look forward to.

More than 600 foster youth, former foster youth, adult caregivers and professionals participated in the 2015 Fostering Pathways to Success Conference on September 24, 2015. Workshops held throughout the day featured a variety of topics, including: searching for jobs, preparing for college, maintaining good health and healthy relationships, alternatives to AWOL, apprenticeship and vocational trade opportunities, college survival 101, pathways to leadership, stable housing options, human trafficking, awakening the voice of LGBTQ youth, independent living and transition planning, preventing identity theft and bad credit reports, and teen dating violence. ODJFS Office of Workforce Development (OWD) staff guided youth through registering and using OhioMeansJobs.com to locate vocations in demand and facilitated a resume clinic.

The conference also featured "Suits for Success," a large room where youth could "shop" for new or gently worn professional clothing to wear to job interviews, school engagements and other important functions. More than 4,000 clothing items were donated through a partnership with the Ohio State Bar Foundation along with donations from ODJFS staff and other central Ohio agencies.

In addition to the activities outlined above, ODJFS also offers webinars and online training opportunities to public and private agency staff regarding policy, fiscal procedure and SACWIS application updates.

6. **Promote the uniform application of CFCIP programming across jurisdictions (e.g., regions and counties).**

Through technical assistance and best practice discussions at all Transitional Youth and IL events, OFC's TY Coordinators and policy staff strive to support uniformity in programming across the state. Despite differences in demographics and resources in each region, TY Coordinators hope by introducing and sharing standard practices and resources with all five regions, youth in Ohio will have more uniform services and opportunities throughout the state. Counties continue to learn from one another through these peer-to-peer discussion opportunities.

The *Preventing Sex Trafficking and Strengthening Families Act*, Public Law 113-183 added a new program purpose for CFCIP. The TY Coordinators as well as state policy staff provided technical assistance and discussion of the new program purpose at all Transitional Youth and IL events so agencies could ask questions and become familiar with the change.

7. **Support special initiatives (e.g., Lighthouse Youth At Risk of Homelessness Planning Grant, Summit County's "Purple Umbrella" Project) aimed at improving outcomes for children emancipating from foster care.**

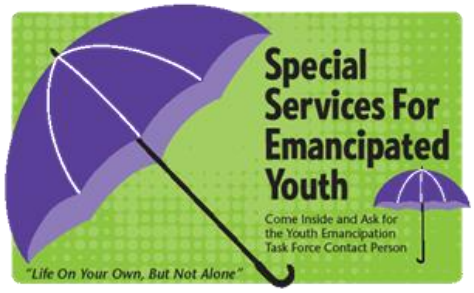
YARH: Youth at Risk of Homelessness (YARH) is collaboration between Lighthouse Youth Services (LYS), ODJFS, and the Hamilton County Job and Family Services (HCJFS). LYS was awarded the YARH planning grant, funded by the Administration of Children and Families (ACF) in the fall of 2013. The YARH planning

grant sought to identify youth aging out of foster care that are at greatest risk of becoming homeless and to design effective strategies to address the needs of this population. The planning grant period was from March 2014 through September of 2015, and grant activities focused on improving outcomes for transitioning youth in four core areas: stable housing, social and emotional well-being, permanent connections and education/employment. In the fall of 2015, Lighthouse Youth Services, along with four other sites, was awarded a YARH Implementation Grant. A detailed update on this collaborative partnership is provided below.

Safe and Supported: Lighthouse Youth Services' Safe and Supported Initiative is a pilot program that is inter-connected with the YARH project and aimed at addressing the disproportionate number of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) homeless youth in Hamilton County. This group includes youth who ran away because of family rejection of their sexual orientation or gender identity (46%); youth who were forced out by parents because of their sexual orientation or gender identity (43%); youth who have experienced physical, emotional, or sexual abuse at home (32%); youth who aged out of the foster care system (17%); and youth who have experienced financial or emotional neglect from family (14%). Consequences of family rejection include: suicide, drug use, unsafe sex and depression. The Safe and Supported initiative addresses these issues by providing prevention and intervention services to homeless youth.

Ohio Reach Mentoring: In July 2015, four colleges were selected through a competitive process to pilot Ohio Reach Mentoring Programs on their campuses. The four colleges that were selected include: Central State University, Columbus State Community College, Cuyahoga Community College and Ohio University. Each college received $20,000 to develop a mentorship program designed to help emancipated foster care students be successful in college by improving the retention and graduation rates for former foster youth. Ohio Reach also focuses on helping current and former foster youth attain success in higher education settings and vocational training programs.

The Purple Umbrella Project – The Symbol of Hope: The Purple Umbrella initiative focuses on developing a stable resource network of community partners that are sensitive to the disparities facing youth who have aged out of foster care, and are now "living on their own, but not alone." This initiative was developed in response to concerns expressed by youth who had emancipated from foster care, including: lack of affordable, adequate and stable housing; lack of food and financial resources; and lack of social supports, access to transportation and community resources. The goal is to improve the availability of and access to needed services and supports within the community for youth who have aged out of foster care.



8. **Continue to collaborate with other funding sources and statewide initiatives aimed at improving outcomes for youth in transition (e.g., ENGAGE).**

The ENGAGE Youth Advisory Council was formed with the intent of increasing youth voice in matters of public policy, program development and personal treatment decisions. The Council has fulfilled several objectives toward these goals during this past year. Some of these include:

- Participating in the national system of care meeting during the Georgetown Institute;
- Conducting Leadership training;
- Hosting a statewide ENGAGE Youth meeting;
- Presenting at the statewide PCSAO Behavioral Health Leadership Conference;
- Participating on Ohio's Statewide Juvenile Justice Reform Committees;
- Presenting at the BEACON Conference;
- Serving on the Ohio Attorney General's Victim Violence Review Committee;
- Hosting a Statewide Youth Leadership Planning Retreat;
- Providing competency training focusing on Asian American culture;
- Providing competency training focusing on African American culture;
- Partnering with and providing training on YouthMOVE to ensure long term sustainability for the council following the conclusion of the ENGAGE grant;
- Presenting at the OhioMHAS Planning Council meeting; and
- Presenting at the statewide conference on Opiate addiction.

In addition, the ENGAGE Youth Advisory Council has launched several initiatives designed to increase awareness of children's mental health issues and to decrease stigma.

9. Incorporate pre and post testing through Connecting the Dots (CTD) pilot sites for youth who are enrolled and obtain services through CTD.

Connecting the Dots from Foster Care to Employment and Independent Living (CTD) was a joint initiative between the ODJFS Offices of Families and Children & Workforce Development. CTD aimed to improve educational and employment outcomes for youth in or emancipating from foster care. A total of **591** youth participated in the CTD program over three years. Services provided to the youth consisted of adult mentoring, alternative secondary school offerings, comprehensive guidance and counseling, leadership development opportunities, occupational skills training, summer employment opportunities, supportive services, tutoring and study skills training, work experience/internships, and youth framework activities.

Pilot counties were asked to give youth enrolled in the CTD program an entry survey during the enrollment process. This survey served as a baseline for the population and assisted CTD service providers in planning individual services for the youth. A mid-program survey was offered in November 2014 to all youth that completed the program entry survey prior to June 1, 2014, and a final program survey was completed in November 2015. An update on the project, including final survey results, was included in Section III of this report (Update to the Plan for Improvement).

Although the Connecting the Dots initiative ended December 31, 2015, the CTD model of joint agency collaboration is being integrated within the newly developed Comprehensive Case Management Employment Program CCMEP, which will serve this same population of youth and assist in their continued employment and educational success.

This goal has now been accomplished and will not appear on future APSR reports.

In addition to OFC's progress on the CFSP goals outlined above, there have been several other accomplishments and activities throughout the past year, which are detailed below.

Homelessness Prevention

YARH

As noted above, ODJFS is a collaborative partner with Lighthouse Youth Services (LYS) and Hamilton County Job and Family Services (HCJFS) on the *Youth at Risk of Homelessness* (YARH) project, which seeks to identify, implement and evaluate strategies to address the link between child welfare involvement and youth homelessness. Activities undertaken through the planning and early implementation phases are detailed below.

Planning Phase

LYS was awarded the *YARH Planning* Grant, funded by the Administration for Children and Families (ACF), in the fall of 2013. The three populations of youth identified as high risk for chronic homelessness include: 1) youth entering foster care between ages 14-17; 2) youth exiting foster care at age 18; and 3) young adults who are currently homeless with a history of foster care. The planning grant focused on improving outcomes for these three populations in four core areas: stable housing, social and emotional well-being, permanent connections and education/employment. The YARH collaboration seeks to identify youth aging out of foster care that are at greatest risk of becoming homeless and to design effective strategies to address the needs of this population.

ODJFS has been a key partner in the YARH grant from the time LYS initially decided to apply for this planning grant. ODJFS has supported Lighthouse's efforts to prevent homelessness for youth who are currently or who have previously been involved in the child welfare system. ODJFS has actively participated in the project's monthly Steering and Planning Committee meetings. During several meetings, ODJFS staff provided presentations and information about policies and practices that impact youth in care.

Absence of data sharing in the past made it difficult for child welfare partners to plan and identify service gaps. A data sharing agreement between LYS, ODJFS and HCJFS allowed key partners to determine how many youth were involved with HCJFS and then later experienced homelessness. Review of the data also helped partners identify points of entry into the child welfare system and to start discussions about activities that could mitigate future homelessness.

When the Steering Committee set out to develop a model intervention, the committee felt it was important that the services that were selected met the needs of the youth based on what the data revealed and what the youth voiced during interviews. Through interviews, youth identified 4 major goals for success; Housing, Family, Education and Employment. Youth also identified two main strategies to help them achieve these goals; hands-on learning and permanent connections.

In response to the youth-identified strategy of hands-on learning, a "Life Skills Center" was created. The Center features a staged bedroom and living room, with washer and dryer, a full bathroom, and a

kitchen. Lighthouse case managers can use the space to provide hands-on training one on one or in a group session. Skills such as organization, cleaning, cooking and laundry are taught. The Center also has an infant and child bedroom in which parenting skills can be practiced. Additionally, there is a training room on site where facilitators can teach money management skills and employment readiness, such as resume building and job hunting.

It was also central that the model could be replicated. Even though it was essential to identify services that will hopefully eliminate homelessness in former foster children in Hamilton County, the planning committee strived to create a model intervention that could eventually be expanded throughout the state. The Model Intervention includes the following evidence-based/informed practices: Trauma Informed Care, Like Skills (Daniel Memorial Independent Assessment), High Fidelity Wrap Around, and Assertive Community Treatment (ACT). The services will be implemented based on a youth's need.

1. **Trauma Informed Care** (TIC) sees trauma and loss as painful experiences with which a child is struggling to cope. TIC is an organizational structure and treatment model that involves recognizing and responding to the impact all types of trauma have on an individual. Interventions involve youth in their own healing so that they feel safe and empowered.
2. **Life Skills** help youth develop the interpersonal, domestic, vocational and daily living skills they need to thrive. Youth also develop their problem solving and critical thinking abilities. The Daniel Memorial Independent Living Assessment has been identified as a best practice and is widely administered.
3. **High Fidelity Wraparound** is an intensive, team-based, youth-centered care planning and management process. Youth identify their own team members which may consist of natural supports, such as family or community members, along with mental health professionals, juvenile justice workers and caseworkers. Wraparound is not a process for all; it is applicable and most effective for those with complex needs and histories of extensive and costly service utilization.
4. **Assertive Community Treatment** (ACT) is a client-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illness. ACT provides a hospital treatment experience in the home and community. Services are delivered in an ongoing rather than time-limited framework to aid in the process of recovery and ensure caregiver continuity.

In addition to the above strategies, youth in the model intervention will have access to a variety of stable housing options. Other services or interventions will be provided to youth based on individualized risk and protective factors. Examples include:

- Evidence-based and supported substance abuse treatment such as Motivational Interviewing and Cognitive Behavioral Therapy.
- Child-specific recruitment of foster families to help youth step down from group home placement.
- Family Acceptance Project service referral for LGBTQ youth experiencing rejection.
- Educational support, including advocacy through Legal Aid.

Implementation Phase

On March 25, 2015, ACF released the funding opportunity announcement for the YARH Implementation Grant. Sites that received the planning grant were eligible to apply for the implementation grant. ODJFS worked closely with Lighthouse Youth Services and Hamilton County Job and Family Services in the development of the grant application.

In the fall of 2015, Lighthouse Youth Services, along with four other sites, was selected for a YARH Implementation Grant. This grant builds on the work that was done during the planning phase. The planning phase gave partners an opportunity to gather data, interview key stakeholders and develop a model intervention. The implementation grant allows Lighthouse Youth Services the ability to test the model intervention they developed and evaluate its effectiveness. The YARH Implementation Grant is for three years and includes an evaluation component.

Since the announcement, ODJFS has worked closely with LYS, HCJFS and the evaluator, University of Cincinnati, to ensure that processes for data collection, youth enrollment and youth discharge from the model intervention are streamlined. ODJFS has also worked with the key partners to amend the data sharing agreement to include key data elements that are required for the Implementation Grant. Implementation of the model intervention is scheduled to begin in late spring 2016.

Family Unification Program Vouchers

On January 21, 2016, the U.S. Department of Housing and Urban Development notified PCSAs and Public Housing Agencies (PHAs) that approved Family Unification Program (FUP) agencies are eligible to participate in a National Demonstration Project that could positively impact Ohio's transition age youth. The biggest change to the existing FUP voucher is that youth will be eligible for 5 years of housing instead of the current eighteen months. A youth must be at least age 18 and younger than 22 when applying for the program and must have left foster care at age 16 or older. The youth must be engaged with the Family Self-Sufficiency program that provides case management and a savings account to the youth throughout their participation.

Ohio has 13 PHAs that have been approved for FUP vouchers in the following counties: Cuyahoga, Fairfield, Guernsey, Lake, Lucas, Mahoning, Montgomery, Muskingum, Pickaway, Ross, Summit, Washington, and Wayne. As of December 2015, Ohio PHAs had a total allocation of 974 vouchers. FUP vouchers can be used for families or transition-age youth. Transitional Youth Coordinators reached out to the 13 PHAs to determine if any of these sites had specific processes to prioritize vouchers for Transition Age Youth. Two PHAs, Cuyahoga Metropolitan Housing and Akron Metropolitan Housing, stated that they have a process to prioritize Transition-Age Youth. PHAs that do not currently have a specific process reported being open to further discussion about developing a process to prioritize transition-age youth applications.

Transitional Youth Coordinators also reached out to representatives the Cleveland Federal Public Housing Division in hopes that representatives from this office would participate in future discussions facilitated by Office of Families and Children Staff. Preliminary discussions have also highlighted the need for data regarding how many of these vouchers were allocated to transition-age youth and a

breakdown of which PHAs allocate these vouchers. ODJFS staff has connected with local PHAs and non-profit housing specialists to move the conversation forward and identify opportunities for partnership.

Pregnancy Prevention

The Ohio Department of Health has partnered with both ODJFS and the Ohio Department of Youth Services to implement the Personal Responsibility Education Program (PREP) through an ACF Family and Youth Services Bureau grant. As a program partner with the "Connecting the Dots Initiative" noted above, Transitional Youth Programs collaborate with PREP to serve foster youth who are either in PCSA or Juvenile Court custody. PREP's goal is to reduce teen pregnancy and the sexually transmitted disease rates of Ohio's at-risk youth 14-19 years of age who reside in foster care or who are in the juvenile justice system. PREP offers an evidence-based curriculum entitled Reducing *the Risk* (RTR), which serves as the foundation for pregnancy prevention education, as well as, adulthood topics such as: healthy relationships, financial literacy, and educational career success.

Recent PREP statistics showed that there were a total of **237** PREP agencies, **1079** trained PREP facilitators, and **3,423** youth who have received PREP training. Additional information on the PREP initiative is detailed in *Ohio's Health Care Oversight and Coordination Plan.*

Public Law 113-183 Update Regarding Youth Who have Run Away from Foster Care

ODJFS updated the Ohio Administrative Code (OAC) rules in response to *the Preventing Sex Trafficking and Strengthening Families Act.* The revision to the rules includes reporting requirements to law enforcement when a youth is absent without leave (AWOL) from foster care. ODJFS completed the process of updating OAC rule 5101:2-42-88 *Requirements when a child in substitute care disrupts from placement or is absent without leave (AWOL)*. The rule became effective on October 1, 2015 and specifies that within 24 hours, notification of an AWOL youth must be made to law enforcement for entry into the National Crime Information Center (NCIC) and to the National Center for Missing and Exploited Children (NCMEC). The rule change also requires the custodial agency to document in the child's case record, the date and time law enforcement and NCMEC were contacted, the last known location of the child, the length of time the child has been AWOL, anyone the child may have been with prior to or during the AWOL episode, and efforts and resources used to locate the child. Upon the child's return, the agency will need to address and document:

1. The circumstances that contributed to the child running away or being absent from care. When possible, these factors shall be considered when determining subsequent placements.
2. The events or experiences that took place while the child was AWOL, including if the child is found to be a sex trafficking victim. The PCSA or PCPA shall follow procedural requirements pursuant to rule 5101:2-36-12 of the Administrative Code.

ODJFS also plans to enhance SACWIS to ensure better data collection with regards to children who go missing from foster care. When a child is placed on leave from a placement setting with a reason of "AWOL," the user will be required to complete new fields to capture the following:

- Date, time and name of law enforcement agency contact for entry into NCIC
- Date contacted NCMEC
- Last known location of the child
- Length of time the child has been AWOL
- Information on anyone the child may have been with prior to or during the AWOL
- Efforts and resources used to locate the child

When the user ends the placement leave, the user will then be required to complete the following fields:

- Describe the circumstances that contributed to the child running away or being absent from care. Were these factors considered when determining subsequent placements?
- Describe the events or experiences that took place while the child was AWOL, including if the child is found to be a sex trafficking victim. (The PCSA or PCPA shall follow procedural requirements pursuant to rule 5101:2-36-12 of the Administrative Code.)

The user will also be able to generate a report with all of the above information so the information can be shared with the caregiver's agency.

In order to ensure Ohio agencies understood these changes, the office completed the following activities in 2015 and 2016. Each year state staff conduct five regional meetings across the state with transitional youth/independent living staff a county and private partners. The changes regarding the *Strengthening Families Act* and OAC rule 5101:2-42-88 were covered at all five regional meetings. The office teamed with PCSAO (Public Children Services Association of Ohio) to conduct a two hour webinar regarding all of the changes required due to the *Strengthening Families Act*. Staff also conducted a three hour workshop at the Annual PCSAO Statewide Conference on October 23, 2015. Both of the PCSAO trainings included Continuing Education Units (CEUs) for participants. The rule change was also detailed in the October 2015 edition of the Office of Families and Children's (OFC) *First Friday* newsletter. OFC's Deputy Director also shared communications from NCMEC with public and private agency partners to let them know of multiple trainings being held by NCMEC on the federal law change and their reporting system. Finally, this office has worked directly with staff at NCMEC when issues have arisen with specific counties to assist in resolving those issues.

According to NCMEC, a total of 615 children have been reported missing from 45 Ohio public children services agencies from October 1, 2015 – March 31, 2016. Of those 615 reports, 513 have been resolved. NCMEC also provided one Ohio success story. A 19 year old female who was missing from Ohio was reported to NCMEC by her social worker via the Web Form on October 5, 2015. After receiving the proper documentation and confirming the youth's entry in NCIC, her case was certified media ready on October 16, 2015. The youth's poster was sent out to 44 media outlets in the Ohio area, as well as being placed on NCMEC's Facebook page. On October 16, 2015 the NCMEC 24 hour Call Center received a lead from a caller who provided the name of the store and city where the youth was working. The information was forwarded to law enforcement for follow-up, and in doing so, they found the youth in southern Ohio. The youth's social worker was notified of her location.

Data on the CFCIP and ETV population in Ohio

On February 29, 2016, Ohio had 4,228 youth ages fourteen to twenty-one in the custody of public children services agencies (PCSAs) throughout the state. This accounts for 31% of the total number of youth in custody in Ohio on that day.

The custody types of these youth are:

Custody type	Number of youth	Percentage of youth
Temporary custody	2550	60%
PPLA	725	17%
Permanent Custody	953	23%

The placement settings of the youth are:

Placement setting	Number of youth	Percentage of youth
Kinship care	334	8%
Adoptive placement	50	1%
Independent Living	164	4%
Foster home	1863	44%
Group care	1771	42%
Detention	46	1%

Training of Caregivers and Case Managers

As noted in the Update to the Plan for Improvement (Section III), ODJFS collaborates with OCWTP to expand the use of specialized trainings for workers and caregivers on working with Independent Living Youth and Transitional Youth as well as LGBTQ youth.

The *NRCYD Independent Living series* and/or the Fundamentals of Fostering course, "*Roots and Wings"* continue to be scheduled in all RTCs. To date, 28 sessions have been offered with another thirteen scheduled to be completed by the end of FY 2016. However, there was a decline in the number of times these courses were delivered due to low registration. Low registration was attributed to scheduling factors and competing training priorities.

The OCWTP maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on independent living and permanency. The table below provides statewide data on both standardized and non-standardized course offerings between July 1, 2015 and June 30, 2016 on independent living and related topics for staff, caregivers, and adoptive parents, including some joint sessions. By the end of FY 2016, 56 sessions will have been offered.

OCWTP Standardized Courses

Independent Living Series/ Fundamentals of Fostering	Sessions Offered	Sessions Scheduled
Positive Youth Development	6	3
Life Long Connections	6	4
Engaging Youth in Permanency Planning	7	3
Roots and Wings	9	3

OCWTP Non-Standardized Courses

Independent Living and Permanency	Sessions Offered	Sessions Scheduled
Independent Living sessions for caseworkers	8	1
Permanency sessions for caseworkers (includes caregivers)	13	3
Independent Living for foster care and adoptive parents	21	10

Note: Report does not include *Foster Parent College* courses offered to Caregivers through the OCWTP.

The following are trainings offered through OCWTP designed to increase awareness, knowledge and skills of social workers, administrators and caregivers so they may effectively and competently meet the needs of LGBTQ youth and their families:

Child Welfare Staff

- Family Assessment with GLBT Families
- Working with GLBT Clients in Child Welfare: An Overview
- Teen Sexuality - Choices and Challenges: Ignorance is Not Bliss!
- Working with Gay, Lesbian, Bisexual, and Transgender Youth in the Child Welfare System
- Reaching Higher: Increasing Competency in Practice with LGBTQ Youth in Child Welfare Systems

Caregivers

- Healthy Sexual Development of Children and Teens
- Sexual Development of Children and Adolescents
- My Foster Child is Gay! Help!
- GAP: GLBTQ Issues for Foster Parents
- Ignorance is Not Bliss: Teen Sexuality - Choices and Challenges
- Reaching Higher: Caring for LGBTQ Youth
- Reaching Higher: A Curriculum for Foster/Adoptive Parents and Kinship Caregivers Caring for LGBTQ Youth

Human Trafficking Prevention Efforts and Collaboration

According to SACWIS, in SFY15, 68 children involved with the child welfare system were victims of human trafficking.

Trafficking Designation Counts for the 68 Victims

Designation	Frequency
Trafficked Child – Sexual Abuse	63
Trafficked Child – Forced Labor	2
Both Sexual Abuse and Forced Labor	3

Gender Codes

Designation	Frequency
Female	62
Male	6

Race Codes

Designation	Frequency
Black/African-American	30
Multi-Racial	3
Unknown	2
White	33

Hispanic/Latino Code

Designation	Frequency
Hispanic	5
Non-Hispanic	57
Unable to Determine	2
Unknown	4

Age at Time of Report

Designation	Frequency
15 and Under	26
Age 16-17	42
Age 18-20	0
Age 21-29	0
Age 30 and Above	0

The Office of Families and Children continues to collaborate with the Ohio Human Trafficking Task Force as well as many other state and county organizations to work on combating human trafficking in Ohio. Detailed information on the task force can be found at: http://humantrafficking.ohio.gov/Home.aspx.

OAC rule 5101:2-36-11 *Extending time frames for completion or waiving completion of assessment/investigation activities* was amended to incorporate an allowable extension in the written

notification of the report disposition to the alleged perpetrator, if the alleged perpetrator is the subject of a law enforcement investigation into human trafficking. The updated rule went into effect on July 23, 2015.

In September 2015, the Human Trafficking Prevention Youth Art Exhibit was sponsored by the Ohio Children's Trust Fund (OCTF) and the Ohio Human Trafficking Task Force in collaboration with the Hope and Liberation Coalition and the Ohio Youth Empowerment Program. The exhibit was designed to raise awareness of human trafficking and educate young people about how to stay safe. It featured artwork by Columbus youth ages 12-24 from Focus Learning Academy, St. Francis DeSales High School, the Homeless Families Foundation's Dowd Education Center, and The Ohio State University's Star House, a respite center for homeless youth. The youth produced the art after discussion with outreach artists, educators and human trafficking survivors.

As reported last year, in collaboration with the Ohio Human Trafficking Task Force, the Ohio Children's Trust Fund (OCTF) awarded $90,000 in grants in March 2015 to eight organizations to support human trafficking prevention programs statewide. Because of these programs, community members, professionals, families and at-risk youth in 22 Ohio counties received much-needed human trafficking prevention services, outreach and advocacy. The following chart shows data from each of the programs:

Organization	Amount of Funding Awarded	Amount of Funding Expended	# of Adults Trained	# of Youth Trained	# who received Outreach / Awareness	# of potential victims referred for services	# of Survivors Engaged
Bellefaire JCB	$15,000.00	$14,671.95	424	6	20715	5	5
Children's Advocacy Center of Guernsey County	10,633.00	$5,608.67	71	8	165000	0	0
Crime Victim Services	15,000.00	$14,775.53	244	218	30	3	35

Organization	Amount of Funding Awarded	Amount of Funding Expended	# of Adults Trained	# of Youth Trained	# who received Outreach / Awareness	# of potential victims referred for services	# of Survivors Engaged
Gallia FCFC / Lawrence FCFC	$8,750.00	$ 8,750.00	185	0	2000	0	0
Power2Impact Global Foundation DBA Ohio Youth Empowerment Program	$3,318.00	$1,850.00	8	29	0	3	10
Ottawa County DJFS	$7,300.00	$ 2,484.37	85	13	0	9	1
Sisters in Shelter	$15,000.00	$11,868.27	24	1188	225105	0	1
University of Toledo	$14,998.50	$14,995.60	0	190	265	2	1
Total	$89,999.50	$75,004.39	1,041	1,652	413,115	22	53

In January 2016 (Human Trafficking Awareness Month), the OCTF again in collaboration with the Ohio Human Trafficking Task Force, awarded an additional $90,000 in grant money to fund nine additional organizations to develop and implement human trafficking prevention programs across the state of Ohio. Through these programs, community members, professionals, families and at-risk youth in 25 Ohio counties will receive much-needed human trafficking prevention services, outreach and advocacy. The following nine organizations will receive funding to provide services:

- A Caring Place Child Advocacy Center, Jefferson and Harrison Counties ($8,380)
- Asian American Community Services, Cuyahoga, Franklin, Hamilton, and Summit Counties ($15,000)
- Children's Lantern, Defiance, Fulton, Henry, Paulding, Putnam and Williams Counties ($5,200)
- Delaware County Against Human Trafficking Coalition, Delaware and Morrow Counties ($3,346)
- Ethiopian Tewahedo Social Services, Franklin County ($13,516)
- First Step Family Violence Intervention Services, Inc., Coshocton County ($8,827)
- Montgomery County Sheriff's Office – RANGE Task Force, Montgomery County ($15,000)
- Shelby High School, Zoetic Zinnias Student Organization, Richland County ($5,731)
- Sisters in Shelter, Crawford, Defiance, Fulton, Hancock, Henry, Huron, Ottawa, Paulding, Putnam, Sandusky, Seneca, Williams, Wood, Wyandot Counties ($15,000)

In addition to the efforts noted above, the Ohio Supreme Court's Advisory Committee on Children and Families has formed a Courts' Response to Trafficking of Children Workgroup. The workgroup met for the first time on January 20, 2016 and is made up of 20 people who have backgrounds in a variety of

fields, including law, social work, law enforcement, academia, and medical. The workgroup's focus will be child victims of trafficking and how juvenile courts can best address the needs of these children.

Each year, it's estimated that nearly 1,100 Ohio children become victims of human trafficking, and an additional 3,000 are at risk. The goals of the workgroup are to:

- Promote effective judicial response to the trafficking of children,
- Identify promising court-centered practices, models, and strategies to identify system-involved trafficked children,
- Support judicial leadership and foment inter-system collaboration at the local level, and
- Recommend rules, policies, and practices.

In its first meeting, the workgroup discussed innovative court practices currently happening in Ohio. Judge Denise Navarre Cubbon discussed steps Lucas County took to address human trafficking. One of the first counties to implement practices and procedures to address the serious and growing concerns of child trafficking, Lucas County has worked collaboratively with local law enforcement, the FBI, social services agencies, and the University of Toledo's Human Trafficking and Social Justice Institute to develop protocols and response initiatives.

"Lucas County has addressed human trafficking in a very aggressive way for the last 10 years when our community learned that our children were targeted victims of a human trafficking ring," Judge Cubbon said. "The Lucas County Human Trafficking Coalition was founded in 2009. The coalition works to combat human trafficking in a collaborative effort with community members and stakeholders, law enforcement, service providers, healthcare providers, business leaders, and the faith-based community." Judge Cubbon said Lucas County Juvenile Court has developed diversion protocols to address trafficking victims who have been charged with a delinquency offence.

Ohio attorney Jamie Blair gave an overview of Summit County's Restore Program, and Magistrate Lasheyl Stroud presented information on Franklin County's Empowerment Program. Both programs are based on Ohio's safe harbor law, which allows for decriminalization of youth offenses that result from their role as a human trafficking victim. In addition to acting as a diversion program, both models use treatment teams to identify youths' needs and services. Blair and Magistrate Stroud both said the programs have had a high rate of success in their communities.

The workgroup is in the process of developing a survey to distribute to all courts across the state in order to identify services that are currently being offered, to assess local training and program needs, and to gather information on court services. Based on the survey responses, the workgroup will tailor projects in order to meet the identified goals.

"I anticipate an excellent product for juvenile court judges to use to address the needs of the children who are victims of human trafficking," Judge Cubbon said.

ODJFS is also in its third year of funding of a first responder network for minor victims of human trafficking. This programming seeks to work with existing networks to build community-based, intervention-specific expertise and inter-disciplinary connections specific to this population. The Ohio

Network of Child Advocacy Centers (ONCAC) was selected to spearhead this effort for a variety of reasons:

1. The effective functioning of a state-level membership office (Ohio Network of Children's Advocacy Centers) that could:
    a) Provide state-level representation.
    b) Coordinate the work of Ohio's children's advocacy centers (CAC).
    c) Oversee the implementation of established deliverables.
    d) Develop appropriate financial distribution.
    e) Establish an ongoing communication channel with each children's advocacy center.
    f) Respond to specific requests for information, expert identification, and other items.
2. Established relationships with essential community partners, such as medical, law enforcement, children service, prosecutorial and mental health entities.
3. Willingness to work in a team capacity.
4. Expertise in child and adolescent sexual abuse.
5. Affiliation with Ohio's children's medical centers.
6. Geographical disbursement.

Focus over the first two years was on establishing an infrastructure and ensuring that team members have essential skills and competencies. It was anticipated that this past year would transition to an enhanced focus on the systemic delivery of services to minor victims of human trafficking. It was planned that training topics would shift from issues of identification and intervention to issues of well-being. It became clear, however, that the initiative was better served by continuing to focus on establishing connections within the law enforcement and human trafficking communities, as well as offering ongoing educational opportunities that established a common definitional and philosophical framework. This is to be expected with any initiative of this nature, and both communities and stakeholders are pleased with the progress that has been made.

National Youth in Transition Database (NYTD) Update

All demographic, youth characteristic and outcome data for youth who have received independent living services is stored in the Ohio SACWIS Database and the National Youth in Transition Database Portal. To date, Ohio's youth participation in follow-up Cohort Surveys has exceeded federal compliance standards. For Cohort 1 and Cohort 2 Surveys, ODJFS opted to survey a sample of the baseline population.

The 17 year-old baseline survey information for Cohort 2 was collected from October 1, 2013 to September 30, 2014. The participation rate for Ohio's baseline youth in Cohort 2 is 58%. There is no federal outcome participation rate standard for the baseline population. States are required to survey each youth in the baseline population within 45 days following the youth's 17th birthday (45 CFR 1356.82(a) (2) (ii). Ohio recognizes the need to improve on baseline survey completion. The data snapshot of the Cohort 2 baseline survey population is included on the following pages.

Data Snapshot: Youth Outcomes

2014 (October 1, 2013 - September 30, 2014)

Ohio

Baseline Population Highlights

Includes demographic and outcomes information on youth in foster care who turned age 17 during 2014.

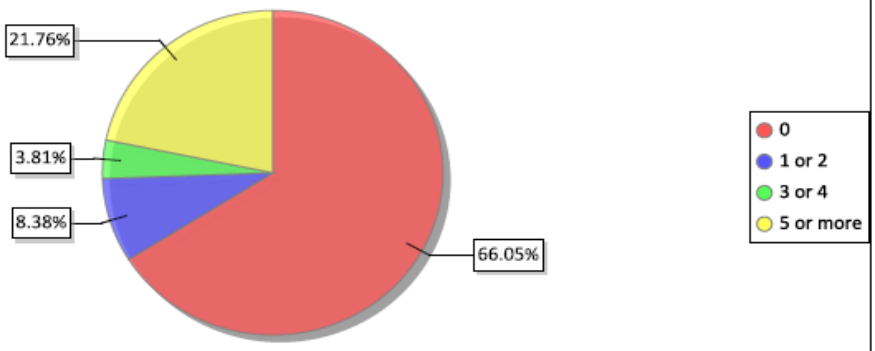
Baseline survey participation rate: 58%

Average number of days to survey:22

Percent of baseline youth surveyed on time: 82.93%

(The NYTD Survey must be administered to baseline population youth within 45 days after turning age 17.)

Number of services youth received:



Reasons for Non-participation:

Youth declined	42.00%
Parent declined	00.00%
Incapacitated	00.00%
Incarcerated	00.00%
Runaway or missing	00.00%
Unable to locate/invite	00.00%
Death	00.00%

Characteristics of Survey Participants:

Sex	
Male	53.47%
Female	46.53%
Race/Ethnicity	
American Indian or Alaska Native	00.38%
Asian	00.38%
Black or African American	46.72%
Native Hawaiian or Other Pacific Islander	00.38%
White	57.22%
Unknown or Declined	00.19%
Hispanic or Latino ethnicity*	02.06%
Receiving Services	41.09%

*Hispanic or Latino ethnicity is reported separately from race.

Outcomes Reported by Survey Participants:

Financial self-sufficiency	
Reported current part-time or full-time employment	15.01%
Reported receiving employment-related training in the past year	19.70%
Educational attainment	
Reported being enrolled and attending school	94.93%
Reported having completed high school or GED	02.06%
High-risk behaviors(in prior two years)	
Reported ever receiving a substance abuse referral	29.83%
Reported ever having been incarcerated	53.66%
Reported ever having children	04.88%
Homelessness(in prior two years)	
Reported ever having been homeless	12.95%
Connection to adults	
Reported having a current positive connection to an adult	93.43%
Access to health insurance	
Reported having Medicaid	84.43%
Reported having some other type of health insurance	12.01%

This data snapshot was generated using active data files submitted by the State for the report period(s) indicated above as of 04/21/2015

ODJFS has engaged in an ongoing process of coordination with state and county staff to provide more clarity, technical assistance, and encouragement regarding NYTD requirements. Over the past year, ODJFS staff have partnered with PCSAs to encourage continued efforts on survey completion for the Cohort 1 and Cohort 2 follow-up populations. State staff members (policy, SACWIS and technical assistance) routinely monitor survey return results and alert each county agency as to the agency's specific NYTD population and survey requirements in the existing FFY period. Methods of communication have included emails, one-on-one telephone calls, statewide and regional meetings, webinars, and utilization of the SACWIS Helpdesk. Specific points of contact in SACWIS and Policy are

publicized to each county agency for one-on-one guidance if needed. Additionally, peer-to-peer guidance is encouraged between county agencies.

SACWIS staff attended the Ohio Fostering Pathways to Success conference on September 25, 2015 with the goal of informing youth about the NYTD Surveys as well as obtaining on the spot survey completion for eligible youth. During this event, youth had the opportunity to speak one-on-one with SACWIS staff about the NYTD Survey and submit the NYTD Survey, if eligible. A paper copy of the survey was given to those youth not yet eligible to take the survey. This effort is a reminder to the youth of the need for future survey completion and to prepare and inform the youth of the type of questions that are asked on the NYTD Survey.

The NYTD Statistical Report informs county child serving agencies of the total NYTD Cohort population details and statistics. The NYTD Statistical Report exists in SACWIS and can be accessed by each county child serving agency as an aid in cohort management and identification of outcomes. The report also identifies outcomes on a statewide level. Both the agency-level and the statewide statistics can be monitored throughout each FFY period. Additionally, a SACWIS tickler exists for each applicable youth in agency custody to notify county staff that a NYTD survey should be completed.

Enhancements to the Independent Living Module in SACWIS are currently in the design process and will be implemented before the end of 2016. The enhancements will allow agency users to more accurately record information regarding youth surveys. The enhancements will allow the agency user to identify survey completion as a part of the user's daily work in SACWIS. It is intended that this enhancement will serve as an additional reminder that the NYTD survey needs to be completed and as a way for caseworkers to verify that the survey was submitted.

NYTD data has been shared with Lighthouse Youth Services, Inc. to support the *Youth at Risk of Homelessness Planning Grant* (YARH) that ended in 2015. Data will continue to be shared to support the three-year YARH implementation grant.

The Title IV-E courts have recently been trained and granted access to utilize Ohio SACWIS. An overview and explanation of the NYTD Survey requirements were a part of the training. Also, ongoing technical assistance has been offered to each court that is now live in SACWIS. Additionally, both ODJFS Policy and SACWIS staff attend the quarterly Title IV-E Court meetings.

Ohio reports basic information to NYTD regarding youth who received at least one independent living service paid for or provided by the state Chafee Foster Care Independence Program (CFCIP). The independent living services data snapshot for Ohio for Federal Fiscal Year 2015 is included on the following pages.

NYTD
National Youth in Transition Database

Data Snapshot

Ohio

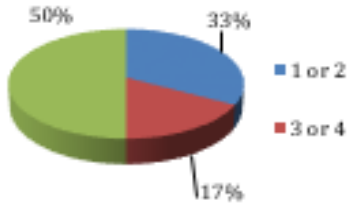
Youth Services
(FY 15 total served: 2,558 youth)

Includes information about all youth who received at least one independent living service paid for or provided by the state CFCIP agency.

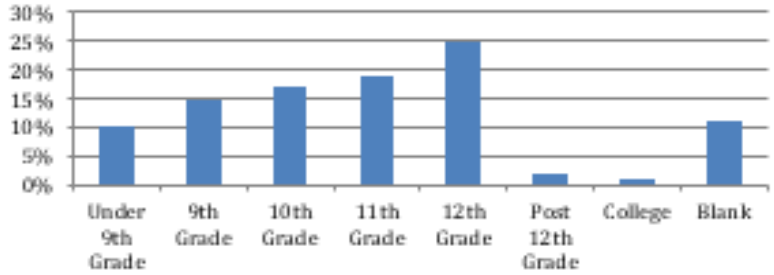
Characteristics of youth receiving services (FY 15)

Male	49%	In foster care	55%
Female	51%	In federally recognized tribe	1%
White	54%	Adjudicated delinquent	17%
Black	51%	Receiving special education	12%
American Indian	1%	Age range	13-23
Other Race	1%	'Other' age ranges	1-12; 24-115
Hispanic	4%	Mean age	18

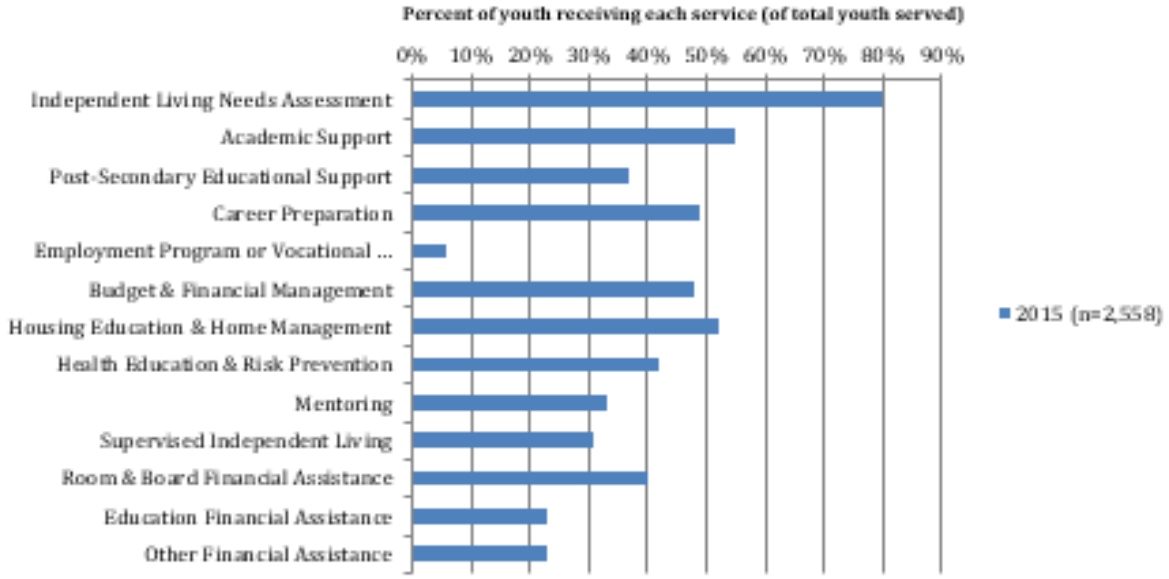
Number of services received (FY15)



Education level of youth receiving services (FY 15)



Type of services received (FY 11-15)



Note: Less than 1% of young adults were reported to have received family support/healthy marriage education.

This snapshot was prepared by the Children's Bureau and contains a summary of highlights from NYTD data reported by states in Fiscal Year (FY) 2015. The data are current as of December 2015. Please contact NYTDinfo@acf.hhs.gov if you have any questions about information in this data snapshot.

Children's Bureau

Youth Outcomes	Includes information about youth who were eligible to take the NYTD survey at ages 17, 19 and 21.		
	Baseline Population (17-year-olds, FY 11)	**Follow-Up Population** (19-year-olds, FY 13) **Sample State**	**Follow-Up Population** (21-year-olds, FY 15)
Cohort 1 survey participation, FY 11-15			
	34% surveyed	**70% surveyed**	**69% surveyed**
Characteristics of survey participants—FY 15, Age 21			
Male	58%		
Female	42%		
White	59%		
Black	46%		
American Indian	1%		
Hispanic	1%		
In foster care	0%		
Reasons for non-participation			
Youth declined	31%		
Parent declined	0%		
Incapacitated	0%		
Incarcerated	0%		
Runaway/missing	0%		
Unable to locate	0%		
Outcomes reported			
Employed full- or part-time	**49%**		
Receiving public assistance	**36%**		
Finished high school or GED	**67%**		
Attending school	**27%**		
Referred for substance abuse treatment	**12%** (in past 2 years)		
Incarcerated	**38%** (in past 2 years)		
Had children	**25%** (in past 2 years)		
Homeless	**36%** (in past 2 years)		
Connection to adult	**82%**		
Medicaid coverage	**64%**		

Moving forward, PCSAs are asked to survey all 17 year-olds within 45 days of their 17th birthday, regardless of whether the youth is receiving IL services and/or is in the sample cohort population. ODJFS will continue offering statistical reports to counties to accurately identify NYTD populations. This creates a rhythm that will not be lost by staff re-assignments, staff turnover and the break between cohort group surveys and federal fiscal year reporting.

Education and Training Vouchers Program (ETV)

The Ohio Education and Training Voucher Program is a federally and state-funded, state-administered program designed to help former foster youth with school-related expenses. ODJFS has been the agency responsible for ETV since its inception in Ohio. ODJFS currently supports ETV at the rate of $1,593,013 (80% federal dollars provided to Ohio, plus an additional 20% in state General Revenue Funds). Through contracted services with the Orphan Foundation of America (OFA), entitled Foster Care to Success (FC2S), ODJFS ensures that the Ohio-ETV program operates efficiently as follows:

- ODJFS promotes ETV online (www.fc2sprograms.org) and through community awareness activities. OFA coordinates with ODJFS on the development of materials outlining eligibility requirements and the implementation of community awareness and outreach programs directed toward qualified scholarship applicants.

- OFA (FC2S) ensures that eligibility requirements are met prior to each enrollment. Funding is limited and available on a first-come, first-served basis to eligible applicants. Students may receive up to $5000 a year for qualified school-related expenses. Eligible individuals are those ages eighteen to twenty-one who are eligible for Chafee Independent Living Services and who exited foster care at age eighteen, or whose adoption from foster care was finalized after their sixteenth birthday. Students participating in the ETV program on their twenty-first birthday will remain eligible until their twenty-third birthday, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completing their course of study. In addition, eligible ETV applicants must:

    - Be either U.S. citizens or qualified non-citizens;
    - Own personal assets (bank account, car, home, etc.) worth less than $10,000; and
    - Be accepted into or enrolled in a degree, certificate or other accredited program at a college, university, technical, or vocational school.

- Ohio ETV utilizes a standard application process which includes a review of in-state resources that can support students' academic goals and provide personal support and enrichment opportunities. This includes collaborating with colleges, federal programs, civic organizations, community services and independent living programs located in the area.

- Applicants must complete the standardized ETV form and submit documentation for each semester directly from the school to ETV confirming enrollment, including the cost of attendance and unmet need. Students from Ohio attending out-of-state institutions are eligible

on the same basis as students who attend in-state schools. Required entrance and exit interviews are conducted for all students.

- Awards are allotted on an annual basis to students who maintain at least a 2.0 Grade Point Average (GPA) or equivalent, demonstrate satisfactory progress toward achieving their degree or certificate, and who remain in good standing at the school. At the discretion of the program manager and the state coordinator, ETVs may be awarded for one semester to students whose grades fall below a 2.0 GPA.

- During enrollment, Ohio ETV ensures enrollees maintain connections with needed supports through OFA. Students are enrolled in a mentoring program aimed at providing them with necessary educational assistance. In addition, eligible students are enrolled in the *Care Package Program*. Each enrollee is provided with three care packages per year containing age-appropriate necessities and extras that students want. The regularly scheduled packages are delivered as follows:

    - Fall: Back to school or within 14 days of acceptance into the ETV Program;
    - February: Valentine's Day; and
    - Late April: Final exams.

To avoid duplication of benefits and ensure that the total amount of ETV assistance to a youth does not exceed the total cost of attendance, ODJFS through contract with OFA, monitors the use of ETV funds to ensure:

1. Program funds are used for the purposes for which they were authorized, including, but not limited to, direct payment of tuition and other educational, living, and health-related expenses to the institution or service provider;
2. No student receives more than five thousand dollars ($5,000.00) in ETV funds; and
3. ETV funds are not used to supplant any other existing federal funding designated for the same purpose.

Monthly reports are reviewed prior to issuance of payment to the OFA vendor. Program reports that are submitted to ODJFS' Ohio Independent Living State Coordinator are encrypted and password-protected. These reports detail:

- Student disbursements; and
- Administrative cost reimbursement

Additionally, ODJFS can access, on-line, a real-time report that details:

- The number and status of every application;
- The amount and purpose of funding provided to each student; and
- Student reports, including contact information, grades, academic challenges, parenting information.

A comprehensive year-end report is also submitted, which includes the results of the program and the evaluation form. Details from the annual report for academic year 2014 to 2015 are outlined below.

ODJFS will continue to review monthly, quarterly and/or annual reports to ensure that the intended outcomes of the ETV program are met (i.e., to provide support and guidance to youth participating in the program throughout the students' post-secondary schooling, to build on the services of the Ohio Independent Living Program, and to provide a continuum of state services that help educate and train youth to enter the workforce). Information to be compiled and reviewed will include:

1. All ETV applications awarded in accordance with 42 USC Part 677, et seq. Each completed application includes a Student Financial Aid form, and after each funded semester, an official transcript is required. A review of the student's budget is completed to determine financial need and plan, including verification of student expenditures, prior to the issuance of a voucher package. Vouchers are then to be used only for allowable expenses such as housing, transportation, and child care.
2. The actual names of students assisted through the ETV Program listed with the actual college or vocational institution to receive payment, to be maintained on file for the duration of the CFSP period and/or in accordance with the program's retention plan.
3. The percentage of participating students graduating or successfully completing the academic or vocational program.
4. The number of students who, if they decide to discontinue their studies, complete the term rather than dropping out. Every attempt is made to work with the youth and help them develop a plan that includes next steps, career goals, opportunities, and available resources as determined by the exit interview and school records.
5. Post-program information regarding the students' completion/graduation and the percentage of students pursuing graduate studies is tracked.
6. Every attempt is made to collect data on employment and employment stability.

As of March 31, 2016, the following numbers of youth received funding to support their higher education needs through this program in:

- SFY 2009 482 students: Paid $1,849,403.00
- SFY 2010 548 students: Paid $1,917,508.75.00
- SFY 2011 543 students: Paid $2,030,283.73.00
- SFY 2012 532 students: Paid $2,030,284.00
- SFY 2013 442 Students: Paid $1,627,008.00 (federal grant was reduced this year)
- SFY 2014 393 Students: Paid $1,576,653.00
- SFY 2015 376 Students: Paid $1,433,712.00
- SFY 2016 317 Students Paid $1,246,300.30

Annual Report Details: ETV Awards July 1, 2014 to June 30, 2015

Total Ohio ETV Applications:	753
Ineligible Applicants:	377
Funded Students:	376

- 179 New Students (48%)
- 197 Returning Students (52%)

In academic year 2014-2015, all eligible Ohio youth who completed their applications and attended school were funded. Applications were reviewed per the ETV program plan with a goal of fully funding those with the greatest need and students who are progressing in their course of study as well as those soon to graduate. Of the 376 funded students, 20 graduated from college at the end of the school year! The class ranking of all students based on credit hours is:

269 freshman	92%
56 sophomore	15%
30 junior	8%
21 senior	6%

Student Demographics:

The majority of applications are submitted between July – September (72%).

Month	# of Applications	Percentage of Totals
July 2014	395	52%
August 2014	105	14%
September 2014	44	6%
October 2014	24	3%
November 2014	20	3%
December 2014	23	3%
January 2015	42	6%
February 2015	28	4%
March 2015	23	3%
April 2015	25	3%
May 2015	15	2%
June 2015	9	1%

Age of funded students:

Age	# of Students	Percentage of Total
18	131	35%
19	89	24%
20	78	21%
21	45	12%
22	33	9%

Race of funded students:

African-American	216 (57%)	Latino	8 (2%)
Asian-American	1 (<1%)	Mixed Race	35 (9%)
Caucasian	112 (30%)	N/American	4 (1%)

Gender of funded students:

Male: 123 (33%)	Female: 253 (67%)

Health Insurance:
Often students do not think of Medicaid as insurance; therefore, they may not apply for it despite being eligible per Ohio policy. All applicants who answer "NO – without health insurance" are encouraged to apply for it and are advised to obtain a letter from their county JFS verifying eligibility. Over the past three school years there has been a decrease in students without health insurance (33% to 24%)

Students without health insurance	89	24%
Students with health insurance	287	76%

Volunteerism and Work:
Studies show that youth who volunteer have increased self-esteem, engage with positive contacts and role models and develop workforce-transferrable skills and a better understanding of potential careers. In a competitive job market, volunteer work shows initiative and can be the experience needed to get a first job. FC2S urges students to get involved in campus and community-based activities and accurately record those experiences – tasks and skills, dates and duration, and to include this information on scholarship applications and their resumes.

Student Volunteering:

No	219	58%
Yes	157	42%

*Work (*Seventy-nine percent of students reported they worked during the school year.):

Hours worked	Percentage of Students
26 plus	30%
10 to 25	60%
Less than 10	10%

End of year (2014-2015) Survey
Every year OFA conducts a survey of all funded youth.

376 Funded Students
199 (53%) response rate to survey

94% - without ETV funding, students report they would not have the financial resources needed to finish college

87% - ETV funding reduced or eliminated student amount borrowed

98% - Ohio's ETV program is well organized and managed

99% - liked their ETV coordinator

93% - felt that FC2S program is helping me be a better student

4% - wanted changes to the ETV program:

- Increase the annual amount of funding
- Increase the age limit to receive funding

When asked the question, "Overall, how satisfied are you with FC2S' OH ETV program services?" the responses were:

Highly Satisfied	125 (63%)
Satisfied	71 (36%)
Dissatisfied	2 (<1%)
Extremely Dissatisfied	0 (0%)
No Opinion	1 (<1%)

Consultation with Tribes

While there are no federally recognized tribes within the state of Ohio, CFCIP services are provided to all eligible youth statewide as required by OAC. Independent living services are required for all youth in care, beginning no later than age fourteen. Less than 1% of Ohio's ETV applicants identified as Native American. This is proportionate with Ohio's statewide population demographics.

As noted in Section VI: Consultation and Collaboration with Tribal Representatives, ODJFS continues to work on developing partnerships with tribal representatives within the state.

XIII. Targeted Plans

Targeted Plans

Please see the appendices to this APSR for the following targeted plans:

- Appendix B: Health Care Oversight and Coordination Plan Update
- Appendix C: Foster and Adoptive Parent Diligent Recruitment Plan Update
- Appendix D: Update to the 2015-2019 Staff Development and Training Plan

Please note Ohio's Disaster Plan was reviewed, and there are no updates needed to the plan that was submitted with Ohio's 2015 – 2019 CFSP.

XIV. Statistical and Supporting Information

CAPTA Annual State Data Report Items

The following statistics were obtained from Ohio's child welfare system and reflect a reporting period of October 1, 2014 to September 30, 2015 (FFY 2015).

- **The number of families that received differential response as a preventive service during the year (section 106(d)(4))**

Preventive services for families not involved in the child protective services system are provided through programs under the purview of Ohio's Children's Trust Fund, which provides data on the number of children and families served in Ohio's NCANDS Agency File.

Development of Ohio's Differential Response practice model did not include a pathway for prevention services cases. Only referrals accepted as a report of child maltreatment are eligible to be assigned to the Alternative Response pathway. Consequently, Ohio is able to report the number of families who were assigned to Alternative Response in response to a report of child abuse or neglect and received services as a result of their open CPS case.

In FFY 2015, 35,843 reports linked to 31,350 different cases were screened in for Alternative Response and referred to preventive services.

- **The number of child protective service personnel responsible for the:**
    - Intake of reports filed in the previous year: 412
    - Screening of such reports: 782
    - Assessment of such reports: 2,598
    - Investigation of such reports: 2,598

- **Data on the education, qualifications and training of personnel and demographic information of personnel (section 106(d)(10)(A-C))**

Ohio has statutorily mandated educational requirements for child protective services casework staff hired after October 2000. Pursuant to section 5153.112 of the Revised Code, caseworkers must possess a bachelor's degree in human services-related studies at the time of hire; have a bachelor's degree in any field and been employed for at least two years in a human services occupation; have an associate's degree in human services-related studies; or have been employed for at least five years in a human services-related occupation. Individuals hired without a bachelor's degree in human services-related studies are required to obtain a job-related bachelor's degree within five years of the date of hire. Requirements for advancement are county defined. The Revised Code statute can be viewed at: http://codes.ohio.gov/orc/5153.112.

Training requirements for caseworkers are outlined in section 5153.122 of the Revised Code and rule 5101:2-33-55 of the Administrative Code. Caseworkers are required to complete 102 hours of Core

training within the first year of employment and 36 hours of training each year thereafter. Caseworkers are also required to complete 12 hours of training on domestic violence within the first two years of employment.

Training requirements for supervisors are outlined in section 5153.123 of the Revised Code and rule 5101:2-33-56 of the Administrative Code. Supervisors are required to complete 60 hours of in-service training within the first year of continuous employment as a PCSA supervisor. After the first year of continuous employment, supervisors are required to complete 30 hours of training annually in areas relevant to the supervisor's assigned duties. During the first two years of continuous employment as a PCSA supervisor, the supervisor is required to complete 12 hours of training in recognizing the signs of domestic violence and its relationship to child abuse.

Training records for individual CPS personnel are maintained by the county agency through the Ohio Child Welfare Training Program's learning management system (e-Track). Although this system has the capability of tracking the education, training and demographic information for county agency staff participating in training, the fields for collecting this information are not required.

At this time, *some* education and demographic information on the statewide CPS workforce has been entered into individual person records created in SACWIS. However, this is not mandatory information for a person record and is not included for all caseworker person records entered by each agency. The following tables reflect the available socio-demographic and educational level data of protective services caseworkers. The following tables outline the information that is accessible from the system:

RACE	# EMPLOYEES
Multi race	5
African American	97
White	470
Undetermined	126
Unknown	29
Missing Data	2202
Total	**2929**

AGE	# EMPLOYEES
20-30 Years	196
31-40 Years	142
41-50 Years	75
51-60 Years	36
61Years & Over	7
Missing Data	2473
Total	**2929**

GENDER	# EMPLOYEES
Male	241
Female	1527
Unknown/Missing Data	1161
Total	**2929**

- **The average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B))**

Caseload and workload requirements are defined by each county, and not tracked at the state level. For this reporting year, Ohio again used SACWIS data to report workload data.

In compiling the information, it was noted that personnel data fields are not mandatory, and are frequently left blank. In addition, counties use different nomenclature to identify work units. Some counties use generic categories (e.g. Intake, Assessment, Ongoing, etc.) and others use county specific categories (e.g. Unit A, West Section, FAS 1, etc.). Staff was able to identify correct categories for some agencies by calling the counties directly.

As recorded in SACWIS (taking into consideration the inconsistencies with data recording noted above), the average caseload for an intake worker (screening, assessment/investigation) is 11.5313 cases; and 26.3615 cases for assessment/investigation supervisors.

- **The average number and the maximum number of cases per worker and supervisor (section 106(d)(10)(D))**

As a state-supervised, county-administered CPS system, staffing and workload policies are established by local agencies. The workload data reflected in SACWIS is consistent with the information published in the *PCSAO Fact Book* (11th edition, 2013-2014). The PCSAO Factbook is a reference guide assembled by the Public Children Service Association of Ohio. Factbook statistics indicate that Ohio's average caseload was 9 cases for intake workers; 12 cases for ongoing workers. PCSAO did not provide an average caseload size for Supervisors.

- **The number of children referred to child protective services under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d)(15)**

There are data fields Ohio's SACWIS that capture information on children alleged at the time of the report, to be affected by illegal substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder (FASD). The number of children alleged to be impacted by FASD, illegal substance abuse or withdrawal symptoms was 627.

- **The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under**

part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16))

Ohio identifies children eligible for referral to early intervention services under part C of the Individuals with Disabilities Education Act in SACWIS based on age and child abuse or neglect report disposition. SACWIS generates a "tickler" for every case where the identified child victim in a substantiated child abuse or neglect report was under the age of three.

In FFY 2015, 4991 children under age three (3) who had a substantiated child abuse/neglect report were eligible to receive services under Help Me Grow.

- **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. 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 adjudication on a delinquent offense which requires a secure correctional setting.

In FFY 2015, 50 children exited from PCSA custody to commitment to the Ohio Department of Youth Services.

CAPTA Fatality and Near Fatality Public Disclosure Policy

Rule 5101:2-33-21 of the Administrative Code (OAC) outlines provisions for public disclosure of information about a child abuse or neglect case that results in a child fatality or near fatality. The specific minimum information required to be released as a result of the changes to Section 106(b) (2) (B) (x) of CAPTA have been incorporated into rule effective July 1, 2014.

Sources of Data on Child Maltreatment Deaths

Ohio continues to use SACWIS data to report child fatalities as a result of child maltreatment to NCANDS via the child file.

ODJFS has explored other options for obtaining additional child maltreatment fatality data from sources other than public children services agencies for inclusion in the NCANDS Agency File. Through these efforts, it has been determined that:

1. Law enforcement data would not provide accurate child maltreatment fatality information. There is no statewide organization that collects child fatality data from law enforcement agencies (e.g., municipal, county and township entities). Reporting by the law enforcement

agencies is voluntary and inconsistent. In addition, the information is limited only to those maltreatment fatalities that were the subject of a criminal investigation.

2. Data analysis and reporting by the Statewide Child Fatality Review Committee (SCFRAC) is on a two-year delay. Information provided in the SCFRAC annual report is from the calendar year two years previous, and therefore, not applicable to the NCANDS reporting year.
3. Information from the county medical examiners' offices is contained in the death records maintained by the Office of Vital Statistics (OVS) housed within the Ohio Department of Health. Currently, Ohio does not have the ability to crosswalk fatality data between SACWIS and Ohio's vital statistics. ODJFS requested and received child fatality data from the OVS. The report includes all deaths, regardless of cause, occurring in individuals 18 years of age and under. However, the children were not able to be reconciled with the child fatality data in Ohio's SACWIS. Pending user interface between systems or cross-walk functionality Ohio relies on child fatality data as entered into SACWIS.

In the summer of 2016, enhancements will occur in Ohio's SACWIS to better capture information regarding child fatalities and near fatalities. When a screener records a report of child abuse or neglect in SACWIS, he or she will be prompted to answer a question asking, 'Does this report allege a child fatality or near fatality?' If the screener selects yes, they will be required select which allegations are pertinent to the fatality or near fatality. Fatality and near fatality information will also be able to be recorded at disposition.

Additionality, a work item to record information about child fatalities and near fatalities is being added to Ohio's SACWIS. The recording of this work item will be required for child abuse or neglect reports alleging a fatality or a near fatality. The work item includes fields to capture the following questions or topics:

1. Has law enforcement, medical, or PCSA personal suspected the child's death was the result of abuse/neglect?
2. Describe the cause and circumstances regarding the fatality or near fatality, as well as the situation of any siblings (or other children in the home).
3. Information describing the findings of any previous reports of child abuse or neglect assessment/investigations that are pertinent to the child abuse or neglect that lead to the fatality or near fatality.
4. Information regarding services provided by the PCSA on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.
5. Any actions including, but not limited to, court filings, removals, or implementation of safety plans on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.

An aggregate report to capture information regarding fatalities and near fatalities is also being created.

Education and Training Vouchers

Name of State: Ohio

	Total ETVs Awarded	Number of New ETVs
Final Number: **2014-2015 School Year** (July 1, 2014 to June 30, 2015)	376	179
Estimated 2015-2016 School Year* (July 1, 2015 to June 30, 2016)	349	195

Comments:
Please see Section XII: Chafee Foster Care Independence Program for additional information.

Inter-Country Adoptions

In calendar year 2015, 765 of the children in foster care for at least one day were reported as previously adopted. The custody start date of these children ranged from September 30, 1995 to December 28, 2015. Only twelve of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 555 do not have their birth country listed.

The primary removal reasons for the children with previous adoptions were:

- Abandonment 10
- Alcohol Abuse of Parent 1
- Caretaker's inability to cope 47
- Child's Behavioral Problem 137
- Death of Parents 5
- Delinquency 99
- Dependency 281
- Drug Abuse of Parent 3
- Emotional Maltreatment 12
- Inadequate Housing 2
- Incarceration of Parent 1
- Neglect 58
- Physical Abuse 29
- Relinquishment 9
- Sexual Abuse 30
- Sibling Removal 4
- Unruly Status Offender 24
- No reason listed 13

The current permanency goal (or last goal if the case is now closed) for those same children was:

- Adoption 240
- Independent Living/Emancipation 128
- Maintain in own home 81
- Permanent Placement with a Relative 11
- PPLA 70
- Return Child to Parent 183
- No goal listed 52

The age of the child when the previous adoption finalized:

- 0 32
- 1-3 214
- 4-6 234
- 7-9 138
- 10-12 97
- 13-15 20
- 16-18 11
- Unable to determine 19

Gender breakdown:

- Female 354
- Male 411

ODJFS policy continues to work with the SACWIS staff to enhance the reporting of children who were previously adopted that come back into the child welfare system. The Foster Care and Adoption Recruitment Plan developed for the CFSP indicated that ODJFS would initiate an International Adoption Agency stakeholder group in SFY 2015 for the purpose of gathering information regarding the needs and availability of services to children adopted abroad. Based on the information discovered since that time regarding the lack of data on children who were previously adopted, it has been decided to delay establishing a stakeholder group until better data gathering methods have been developed. The Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) added requirements of certain data for states to collect including:

- The number of children who enter foster care under supervision of the state after finalization of an adoption or legal guardianship
- Information concerning the length of the prior adoption/guardianship
- The age of the child at the time of the prior adoption/guardianship
- The age of the child when the child subsequently entered foster care
- The type of agency involved in making the prior adoption/guardianship
- Other factors to better understand the issues associated with the child's post-adoption/post-guardianship entry into foster care

Some of the above data is already tracked in the SACWIS system. OFC's policy and SACWIS teams will work together to incorporate the data listed that is not already in the system as well as the following data:

- Date of previous adoption
- Reason for disruption/dissolution
- Plan for the child
- Type of adoption (public, private, international)
    - Document which agency/state involved
    - For International - Document if adoption was finalized in other country or US or not yet finalized
    - For International - Document country of origin
- ODJFS currently has a form (JFS 01670) to collect information on inter-country adoption as required by federal law with regards to adoption disruption and dissolution. Given the lack of forms received, ODJFS staff members do not feel that agencies completely understand the requirement to submit the form. It is anticipated that by incorporating the form into SACWIS, the state will receive this data more consistently.

During regional and statewide meetings as well as a variety of other venues, ODJFS adoption policy staff continue to address the need to track data in SACWIS and to submit the Inter-Country Adoption Data Collection form (JFS 01670).

Monthly Caseworker Visit Data

2015 Monthly Visits Data

Ohio reports monthly visit numbers on an annual basis as required. Please see the chart below for the data submitted in December of 2015.

Aggregate number of children (unduplicated) who met the visitation criteria	19,883
Total number of monthly caseworker visits made to children	136,990
Total number of complete calendar months children in the reporting population for FY2015 spent in care	144,022
Total number of monthly visits made to children in the reporting population that occurred in the child's residence	120,568

Ohio achieved 95.12% compliance and surpassed the 95% federal target goal. The data also shows that Ohio is far exceeding the requirement that 50% of the visits occur within the child's residence. Ohio's data reflects that 84% of the monthly visits made to children occurred in their residence. Summary statistics were pulled from Ohio's SACWIS as of December 7, 2015 and met the compliance criteria described in ACYF-CB-PI-12-05. A sampling methodology was not utilized to fulfill the revised monthly caseworker data reporting requirements.

Ohio will submit its 2016 monthly visit data as required in December of 2016.

XV. Financial Information

Please see

- Appendix F:
  - Payment Limitations - Title IV-B, Subpart 1
  - Payment Limitations - Title IV-B, Subpart 2

- Appendix G:
  - FY 2017 Budget Request- CFS-101, Parts I and II
  - FY 2014 Title IV-B Expenditure Report - CFS-101, Part III

- Financial Status Reports Standard Form (SF) 425 submitted electronically