

**Ohio Child and Family Services Plan
Annual Progress and Services Report
FY2013**



**Ohio Department of Job and Family Services
Office of Families and Children
June 2013**

TABLE OF CONTENTS

SECTION A

INTRODUCTION AND OHIO HIGHLIGHTS..... 1

SECTION B

APSR SERVICES AND PROGRAMS – 2013..... 11

COLLABORATION..... 114

PROGRAM SUPPORT..... 126

COORDINATION WITH TRIBES..... 132

HEALTH CARE SERVICES..... 132

DISASTER PLANS..... 133

FOSTER AND ADOPTIVE PARENT RECRUITMENT..... 133

MONTHLY CASEWORKER VISITS..... 136

ADOPTION INCENTIVE PAYMENTS..... 136

CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES..... 137

QUALITY ASSURANCE SYSTEM..... 145

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE..... 158

CHILD MALTREATMENT DEATHS..... 159

SECTION C

CHILD ABUSE AND PREVENTION ACT STATE PLAN REQUIREMENTS 160

SECTION D

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING

VOUCHERS PROGRAMS.....160

SECTION E

STATISTICAL AND REPORTING INFORMATION.....167

SECTION F

FINANCIAL INFORMATION.....169

ATTACHMENTS:

CFS-101, Part 1

CFS-101, Part 2

CFS101, Part 3

Updated Training Report

Ohio Healthcare Plan for Children

Psychotropic Med Kit

CPOE 8 Report

CAPTA Report

SECTION A

INTRODUCTION

Ohio's FY 2013 Annual Progress and Services Report (APSR) is developed in conjunction with the requirements of the Social Security Act and in collaboration with the Child and Family Services Review (CFSR) process. Ohio's APSR is created, supervised and monitored by the Ohio Department of Job and Family Services (ODJFS). The Office of Families and Children (OFC) is the administrative office responsible for all phases of child welfare in the state. Over the past year Ohio has been implementing its Child and Family Services Review Program Improvement Plan in partnership with its stakeholders from throughout the State of Ohio. Building on this rich base of information, the 2010-2014 Child and Family Service Plan (CFSP) incorporated into a single plan Ohio requirements and activities for the following:

- Title IV-B Part 1, The Stephanie Tubbs Jones Child Welfare Services Program
- Title IV-B Part 2, Promoting Safe and Stable Families Program
- Training Activities and Costs to be funded through Titles IV-B and IV-E
- Child Abuse and Prevention and Treatment Act State Grant Program
- Chafee Foster Care Independence Program
- Education and Training Voucher Program
- Ohio Child and Family Service Review 2009-2011 Program Improvement Plan
- Protect Ohio Child Welfare Waiver Demonstration
- Provisions of PL 110-351 The Fostering Connections to Success legislation

State of Ohio Child Welfare Administrative Structure

The Ohio Department of Job and Family Services (ODJFS) is the state agency with responsibility for administering Title IV-B programs in Ohio. The ODJFS Director serves as a member of the Governor's Cabinet. The Deputy Director of the Office of Families and Children (OFC) is chief administrator for child welfare in the state. OFC has programmatic responsibility for the development and supervision of service programs to meet the needs of Ohio's children and families at risk of abuse/neglect or in need of protective services and/or adult protective services. OFC also oversees The Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239); The Child and Family Services Improvement Act of 2006 (P.L. 109-299); Title IV-B, subparts 1 and 2, Sections 421-425, 428, 430-438, and Title IV-E, Section 477 of the Social Security Act; Section 106 CAPTA, as amended (42 U.S.C. 5101 et seq.); the Indian Child Welfare Act of 1978 (P.L. 95-608); Chafee Foster Care Independence Program, and the Educational and Training Voucher programs for older youth; CFS-101, Parts I, II, & III, Annual Budget Request (See Attachment) and the Annual Summary of Child and Family Services (See Attachment); Title XX; and Title XIX, in part.

Child welfare services in Ohio are delivered in a state-supervised county-administered environment. ODJFS is the designated state agency responsible for overseeing the operation of 88 public children services agencies (PCSAs), each having responsibility for:

- Receiving and investigating reports involving any child alleged to be abused, neglected, or dependent.
- Providing protective services and emergency supportive services to allow children to remain in their own homes.
- Accepting temporary or permanent custody of children from the court.
- Providing out-of-home care for children who cannot remain at home, while providing services to the family directed at reunification.
- Recruiting and maintaining foster and adoptive parents.
- Placing children for adoption or other permanent living arrangements.
- Providing independent living services to assist children as they transition from being in agency custody to independence.

The achievement of successful child welfare outcomes in Ohio is influenced by the following basic facts:

- Ohio's 88 PCSAs serve varied population sizes, demographics, community values and norms.
- Fiscal and human resources are established at the state and local levels.
- The majority of the services are planned, provided and funded at the local, not state, level.
- Support services needed by families and children involved with PCSAs may be provided and controlled by other agencies. As such, support for systems change must be obtained from a variety of agencies at the state and county level such as mental health, alcohol and drug addiction, developmental disabilities, and educational services providers.
- PCSAs must develop cooperative relationships with public assistance, child support enforcement, child care, law enforcement and other organizations to provide and fund needed services.
- Courts may be structured differently in different counties (e.g., combined juvenile and probate courts, separate juvenile courts) and may have varying procedures for handling PCSA and private child placing agency (PCPA) legal actions.

Highlights of FY 2013

Partners for Ohio's Families

Ohio is fortunate to have been awarded a three-and-half-year partnership with the Midwest Child Welfare Implementation Center (MCWIC) to develop a new model for the provision of technical assistance to the state's public and private children services agencies. As a component of the department's systemic effort to improve child welfare outcomes, *Partners for Ohio's Families* (PFOF) will materially alter how the Ohio Department of Job and Family Services (ODJFS) works with public and private agencies. It is based upon two concepts:

- Office of Families and Children (OFC) practice must mirror effective case work practice to achieve the best outcomes for children and families.
- When the state and the public/private agencies work together in partnership, it results in better outcomes for children and families.

At the conclusion of the MCWIC partnership, OFC will:

- Have a clear vision and mission that is consistent across each of its bureaus.
- Ensure that all OFC rules support and are consistent with the OFC vision and mission.
- Have supports that enable staff to carry out the OFC vision and mission.
- Have an improved working relationship and be viewed as partners with PCSAs and private child-placing agencies.
- Have established an environment that promotes and sustains innovation.

PFOF consists of four interdependent components:

- A new model for how technical assistance is provided to OFC's public and private partners.
- Strategies to improve the organizational measurements of culture and climate that impact the organization's ability to encourage and sustain innovation.
- A comprehensive review of OFC's 273 rules that govern the provision of child welfare services in Ohio.
- An Advisory Board comprised of OFC's customers --experienced public and private partners representing diverse interests. This Board provides insight into child welfare issues and provides non-binding recommendations regarding PFOF activities and direction. The Advisory Board is co-chaired by the Assistant Director of ODJFS and a PCSA Director, and it meets on a quarterly basis.

Ohio's FFY 2012 Annual Progress and Services Report detailed early design and implementation activities. This included a five-point action plan to address the needs and issues that were raised by public and private partners and OFC staff through early data collection activities.

- Building a team approach.
- Building institutional behavior
- Establishing structured communication.
- Building a knowledge base.
- Supporting agencies to self assess.

This past year saw continued model implementation and included a focus on building infrastructure to ensure sustainability. Components include:

1. An internal advisory team
 - Guidance on the implementation and sustainability of OFC's technical assistance model and culture and climate strategies is provided by an internal team comprised of twenty volunteers representing all classifications and areas of the office. The

- Solutions through Empowerment and Partnership Team* (STEP) has co-chairs and meets on a monthly basis.
- STEP has formed small work groups that drive implementation and is highly dependent upon the support of other areas of ODJFS, such as the Offices of Communications, Information Systems, Legal Services and Business and Employment Services. The department-wide demonstration of cooperation is reflective of the administrative support that continues to infuse project performance.
2. An ongoing process for rule review and development.
 - Ohio's FFY 2012 Annual Progress and Services Report described Ohio's aggressive review of the 273 rules promulgated through the Office of Families and Children to administer Ohio's child welfare program. The process has completed and all revised rules are either enacted or in various stages of the legislative process. Ohio now is integrating the lessons learned from the review into an ongoing and sustainable process for collaborative rule development.
 3. Cross-program regional technical assistance teams
 - The establishment of cross-program regional technical assistance teams is intended to break down silos, better disperse responsibilities and expertise, improve responsiveness, and develop new and better relationships among OFC staff and with stakeholders. It also is designed to encourage stable connections between county and state staff, since the existence of an ongoing effective relationship seems to correlate with a county's satisfaction with OFC services.

Three pilot teams and four pilot counties developed and field tested a framework for how teams will function. At the conclusion of the pilot, regional boundaries for team assignment were established. Each of OFC's five teams consists of currently assigned field office staff, including both technical assistance specialists and licensing specialists; three policy staff from across the office; and, a SACWIS representative. Each team has two volunteer "coaches" to help team members navigate conflict, cross team issues, and other team-related issues.

Teams first established an internal meeting schedule to make sure that all members were fully apprised of the purposes and logistics of team functioning. Members of the pilot teams have much knowledge and experience to share; for many others within the office, the regional team approach is something of which there is awareness but not familiarity or comfort. Throughout early Spring 2013, teams held two forums within each region to meet with assigned counties' public and private agencies. This meeting was an opportunity to get acquainted, explain the new process, share information about state and county priorities, and establish joint expectations. As with any new approach, especially one that relies upon the development of interdependent relationships, success is a progressive function, which occurs over time. However, early responses indicate that teams are gaining greater familiarity among themselves and with the approach, and public and private agencies are positive.

An office-wide documentation system has been established to help with consistency of response, and to help state staff gain a familiarity with counties' successes and challenges. This searchable system documents the technical assistance and responses that are provided throughout the office. In addition to promoting consistency in response, an often-cited issue, the documentation system will be useful in identifying broad-based needs for support, common issues and topics that might need further discussion and exploration on a state level.

Rule Review

Ohio's FFY 2012 Annual Progress and Services Report described the design and establishment of Ohio's rule review process and oversight. All eight teams and the Rule Review Coordination Board comprised of the 16 team co-chairs completed their work on March 14, 2013. As stated previously, the limited size of rule review teams – essential to effective and timely decision-making – raised concerns about the universality of representation. Ohio's demographics are widely divergent among its 88 counties and it was unlikely that a small number of practitioners could fully express the considerations of a county-administered system of 88 independent public agencies and 167 private agencies. Additionally, policy developers were concerned about the ability of non-agency partners (e.g. youth, biological parents, foster families) and other affected partners (e.g. judges, CASA, parents' attorneys) to participate.

The Rule Review Website ("Let Your Experience Speak") was established as a forum for all stakeholders to comment and engage in dialogue regarding OFC rules. Internet accessible to any interested stakeholder, <http://www.mcwic.org/ohio>, is a password protected and non-anonymous site. All comments logged on to the site were considered during team meetings and used by review teams to better understand how the language of each rule affects individuals. A total of 739 comments from 106 unique users were entered on the Midwest Child Welfare Implementation Center's (MCWIC) Partners for Ohio's Families Rule Review Website. The comment period for all of the rules has now closed.

Feedback from the ten statewide forums, conducted by staff from the MCWIC in the summer of 2010, suggested that child welfare practitioners have many concerns with the Ohio Administrative Code (OAC) rules and a desire to see fewer rules or alternatively see rules revised to be more user friendly. The Rule Review website was developed to be responsive to the requests from the field to provide a mechanism for all stakeholders to be a part of the rule review process. Additionally, the website was developed to allow Ohio's child welfare practitioners that were not on a rule review team, the opportunity to share their experiential and practice knowledge in relation to the rules in an electronic, user friendly format. The website created a mechanism for practitioners to provide practice informed commentary on all OAC rules that govern the provision of child welfare services.

The number of users commenting through the website was far less than anticipated. SACWIS data identified 7,435 child welfare professionals in Ohio. The following table depicts Ohio's child welfare professional demographics:

Ohio's Child Welfare Professionals	7,435
Public Children Services Agencies	7,006 Professionals
	6,218 Caseworkers providing direct services
	788 Supervisors/Admin overseeing direct services
Private Agencies	429 Professionals

When comparing the number of website users (106) to the number of Ohio child welfare professionals (7,435), the website users represent less than two percent (2%) of those eligible to participate in the on-line rule review process. There were PCSAs represented on the rule review teams that opted to bring staff comments to the teams through their agency representatives and did not post all comments on the website. Although the website was not utilized by the field to its fullest potential, the engagement of both public and private partners as well as other Ohio child welfare stakeholders in the rule review process has been a success.

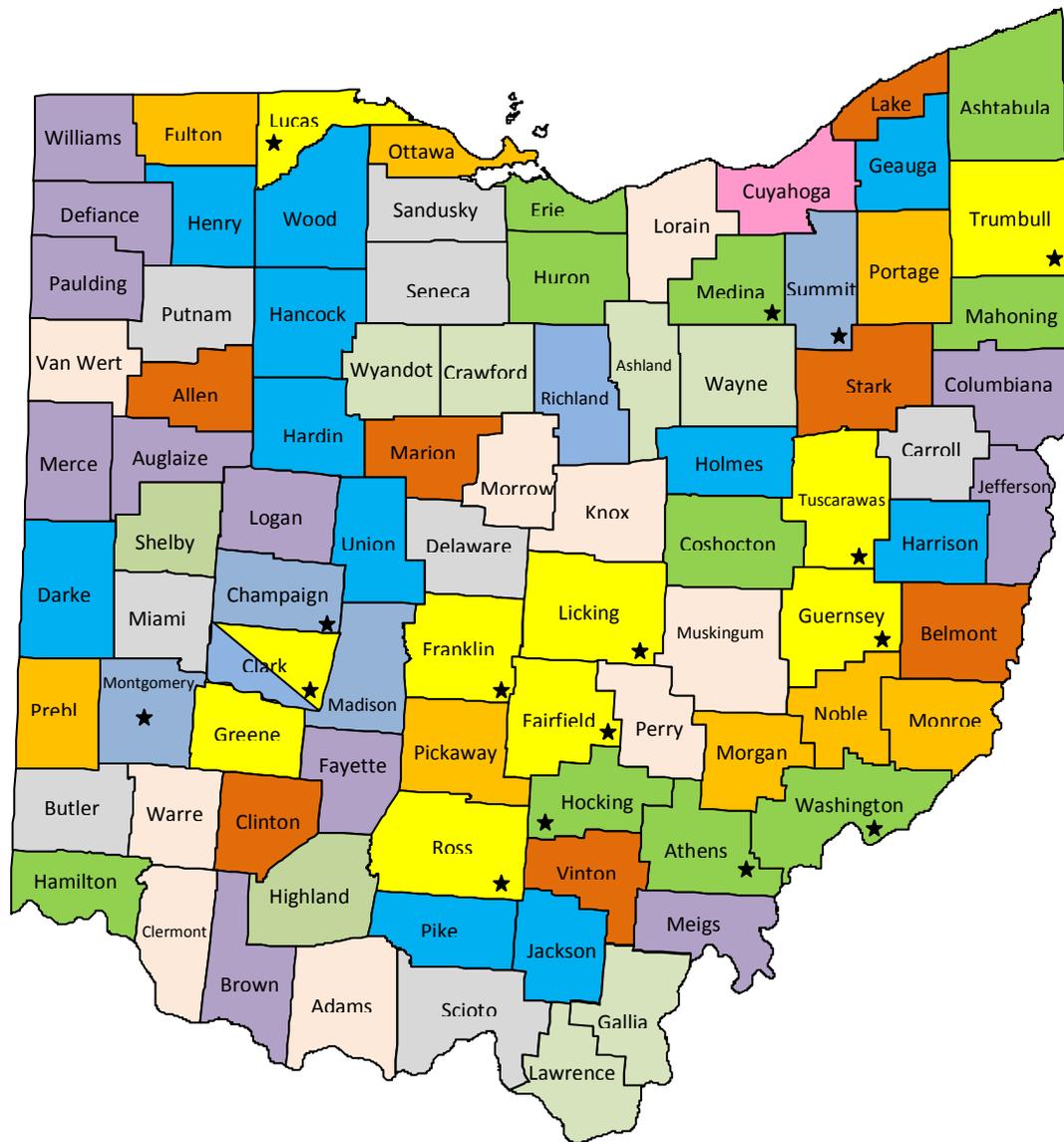
At this time the OFC policy staff are working on the recommended revisions to the OAC rules and shepherding the changes through the official Joint Commission on Agency Rule Review (JCARR) processes. The JCARR processes and procedures are quite prescriptive. For more information on the rule making procedures see <https://www.jcarr.state.oh.us/>.

In the last few months of the MCWIC contract much work remains on the institutionalization of the rule review process to engage partners in rule development and revision moving forward. Decisions need to be made regarding the utility and possible importation of the MCWIC Rule Review Website to the OFC. Also, on-going communication with the rule review team members needs to occur to keep them informed of the adoption or alterations of their recommended rule changes. Similarly, the continued engagement of the rule review team members via electronic methods continues in order to keep them informed of the status of the rule revisions. Continued sharing of information with Ohio's child welfare community is on-going. Monthly updates are provided in the First Friday Newsletter disseminated from the Office of the Deputy Director. Maintaining the interest of Ohio's child welfare partners remains a challenge but will continue throughout 2013.

Differential Response

Over the past year, Ohio has continued to make significant progress toward our goal of statewide implementation of a Differential Response system. Following a successful pilot, the state has focused on a gradual expansion of the Differential Response (DR) approach in order to assure sufficient support as counties transition to a DR system. Currently, 59 of Ohio's 88 counties have implemented Differential Response. The launch of DR in all remaining counties will be completed by June 2014. While expanding DR implementation to 19 new counties during the past year, Ohio has also invested resources in developing the necessary tools and supports to strengthen model fidelity, promote continued development of skills, and increase focus on sustainability of the DR system shift.

OHIO DIFFERENTIAL RESPONSE MAP



***IPV Trained Counties**



Round 1, July 2008 (*Clark*, Fairfield*, Franklin*, Greene, Guernsey*, Licking*, Lucas*, Ross*, Trumbull*, Tuscarawas**)



Round 2/QIC, September 2010 (*Champaign*, Clark*, Madison, Montgomery*, Richland, Summit**)



Round 3, November 2010 (*Ashtabula, Athens*, Coshocton, Erie, Hamilton, Hocking*, Huron, Mahoning, Medina*, Washington**)



Round 4, August 2011 (*Butler, Carroll, Delaware, Miami, Putnam, Sandusky, Scioto, Seneca*)



Round 5, April 2012 (*Allen, Belmont, Clinton, Lake, Marion, Stark, Vinton*)



Round 6, August 2012 (*Fulton, Monroe, Morgan, Noble, Ottawa, Pickaway, Portage, Preble*)



Round 7, January 2013 (*Auglaize, Brown, Columbiana, Defiance, Fayette, Jefferson, Logan, Meigs, Mercer, Paulding, Williams*)



Round 8, July 2013 (*Darke, Geauga, Hancock, Hardin, Harrison, Henry, Holmes, Jackson, Pike, Union, Wood*)



Round 9, January 2014 (*Ashland, Crawford, Gallia, Highland, Lawrence, Shelby, Wayne, Wyandot*)



Round 10, June 2014 (*Adams, Clermont, Knox, Lorain, Morrow, Muskingum, Perry, Van Wert, Warren*)



To be scheduled (*Cuyahoga*)

Differential Response FY 2013 activities included:

- **Gradual Expansion to New Counties** – Ohio’s gradual expansion of Differential Response has continued with 19 new counties implementing DR since Ohio’s last annual report. Each new county that implements Differential Response is provided a comprehensive package of training and technical assistance to strengthen initial implementation. Supports provided include: a one day orientation training for new counties; a DR Readiness Self-Assessment Tool and Planning Guide; onsite technical assistance; a two-day *Differential Response Primer* training for staff; and an introductory presentation on DR for community partners.
- **Planning for Statewide Implementation** – In consultation with the Ohio Differential Response Leadership Council and county partners, ODJFS developed a schedule to guide

the remainder of the statewide implementation process. The planned rollout schedule calls for initial implementation of Differential Response in all 88 counties across Ohio to be completed by June 2014. Ohio's gradual expansion of DR has provided an opportunity for greater peer support between experienced counties and those that are new to DR.

- **Statewide Implementation Team** – A Differential Response Statewide Implementation Team (Implementation Team) comprised of state and county representatives and facilitated by experts from the National Implementation Research Network (NIRN) was established in FY 2011 and continues its work. The ongoing efforts of this group create a strong foundation for quality practice and long-term success with DR in Ohio. The Implementation Team operates as a task team of the Ohio Differential Response Leadership Council. The Implementation Team is charged with developing strategies and recommendations that will help Ohio maintain model fidelity and positive outcomes for families and children as DR expands statewide.
- **Implementation Science and Model Fidelity** – During this past year, the Ohio Differential Response Statewide Implementation Team and Leadership Council completed work on a new tool - the *Ohio Differential Response Practice Profiles*. Developed in consultation with the NIRN, the Practice Profiles are a resource designed to strengthen model fidelity in Ohio's Differential Response implementation. The Practice Profiles have been developed by Ohio child welfare professionals and partners to provide greater guidance on the core practices that are central to Ohio's Differential Response system and child welfare practice model. The profiles include behaviorally-based and measurable indicators of quality practice that will promote consistency across practitioners. In addition, a one-day training curriculum grounded in the Practice Profiles was developed for supervisors. The workshop, entitled *Coaching in Child Welfare Supervision*, includes information on how the Practice Profiles may be utilized by supervisors as a coaching tool with their staff.
- **Sustainability** – Ohio has also implemented a new Sustainability Self-Assessment Tool along with additional consultation support for experienced DR counties. Completion of the self-assessment tool and onsite consultation process provides an opportunity for each county to appraise its current state of DR sustainability and develop a targeted written plan to address ongoing challenges. Sustainability planning assists counties in identifying benchmarks to measure progress, considering short and long term needs, and developing strategies to improve their Differential Response practice over time. Sustainability consultation support has been offered to counties that participated in Ohio's pilot and early expansion rounds. Counties have provided positive feedback regarding the opportunity for a structured process to explore sustainability.
- **Federal Evaluation** – Ohio has invested significant time and resources in studying the impact of Differential Response, monitoring outcomes, and focusing on continuous enhancement of practice. A consortium of six Ohio counties has participated in the federal cross-site evaluation being conducted by the National Quality Improvement Center on Differential Response (QIC-DR). These six counties, along with the state of

Illinois and a consortium of counties from Colorado, have completed a multi-year random control trial study of the impact of Differential Response on child safety, family outcomes, worker response and fiscal impact. The researchers for the QIC-DR are currently in the process of completing data analysis and developing their final report of evaluation findings. This report is due to be completed later this year.

- **Expanded Ohio Evaluation** – In addition to participating in the ongoing cross-site study on Differential Response through Ohio’s involvement in the QIC-DR, Ohio’s own state-specific evaluation of the approach continues. A three-year extension of the evaluation following the families served during Ohio’s Alternative Response pilot is nearing completion. This extended study will help the state better understand the long-term impact of DR, including family outcomes, an updated analysis of workers’ responses, and a more comprehensive cost analysis than was possible during our initial 18-month pilot. Ohio’s three-year extended evaluation will be completed later this year with a final report available in the fall.

Wendy’s Wonderful Kids (WWK)

In July, 2012, ODJFS entered into contract with the David Thomas Foundation for Adoption (DTFA). Since then, DTFA has hired thirty-two professional adoption recruiters to implement an aggressive, statewide recruitment strategy, aimed at moving Ohio’s longest-waiting children from foster care into adoptive families. Using the *Wendy’s Wonderful Kids* (WWK) model, DTFA matches and places adoptable children with prospective permanent families. Recruitment efforts are coordinated across the state on behalf of nearly 800 adoptable children over the age of nine, who are part of a sibling group, and/or in permanent custody of a PCSA for two or more years. 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-focus recruitment plans. To date, 260 children have been enrolled in Ohio’s WWK program. Twenty-nine matches, three placements, and 3 finalizations have occurred in the WWK’s third quarter.

Connecting the Dots (CTD)

“*Connecting the Dots* (CTD) from Foster Care to Employment and Independent Living” is a partnership between child welfare and workforce investment. CTD adjoins two programs best equipped to assist older youth transition from foster care to self-sustainment. The objectives of CTD are to:

- dramatically improve educational, employment and earnings outcomes;
- better support foster youths’ transition to adulthood;
- prevent and reduce the incidence of early pregnancy; and
- break down program and funding silos so cross-system strategies are effective.

The initiative began in 2011 and includes four tiers of activities:

- 1) Training that began in December 2011 for Independent Living Coordinators, Child Welfare Caseworkers, Workforce Investment Act (WIA) youth program staff, and foster youth, and culminated on August 3, 2012 at the Connecting the Dots Conference for over 100 foster youth and young adult participants;
- 2) Five pilot sites in Ohio, selected in February, 2012 to integrate WIA youth program and foster care independent living services. \$7.2 million Temporary Assistance to Needy Families (TANF) Demonstration Grant over 2.5 years was awarded to the sites to support programming that encompasses vocational mentoring as offered through a partnership with the Big Brothers Big Sisters of Central Ohio;
- 3) Comprehensive website providing access to self-service information and resources; and
- 4) Statewide implementation of best practice model, in a phased approach.

Passage of HB 279 Budget Neutral Kinship Bill in the 129th General Assembly

Allows grandparents caring for grandchildren through Power Of Attorney (POA) and Caretaker Authorization Affidavit (CAA) to request custody, through the Court, if parent seeks to terminate POA/CAA – Provides a “14 day cooling off period” and best interest decision by the Court when parent and grandparent disagree with terminating POA/CAA. With this additional Court oversight, removes the automatic one-year expiration on current POA/CAA forms (3109.76, 3109.53, 3109.66, 3109.70).

SECTION B

APSR SERVICES AND PROGRAMS – 2013

This section provides a discussion of Ohio's Social Security Act Title IV programs and services including: Title IV-B, Subparts 1 and 2.

Title IV-B, Subpart 1 Child Welfare Services

Ohio Child Welfare Training Program

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

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

- Promote the delivery of high quality, culturally responsive, family-centered services to children who have experienced or are at risk of abuse, neglect, or dependency, and their families;

- Provide competency-based training to public agency child welfare professionals, caregivers, and adoptive parents;
- Collaborate with other service providers to promote the delivery of competency-based training; and
- Advocate for practice standards for the public agencies to reflect the best child welfare practice.

The OCWTP is governed by a Steering Committee comprised of members from ODJFS, the Public Children Services Association of Ohio (PCSAO), each of the eight Regional Training Centers (RTCs), and the State Training Coordinator (currently the Institute for Human Services), and representatives from public and private agencies. Priorities and focus are set each year during an implementation and strategic planning retreat.

The OCWTP offers over 4,000 workshops to approximately 70,000 training participants each year. The number of participants is a duplicative count. Workshops are either three or six hours of training credit.

CY YEAR	# of Workshops	# of Training Days	# of Participants
2012	4,569	3,710	67,550
2011	4,763	3,759	65,615
2010	4,687	3,803	69,487
2009	4,895	3,889	77,064
2008	5,190	4,273	78,166
2007	4,707	3,986	70,054
2006	4,699	4,120	70,588

The reduction in Ohio public children services agency (PCSA) staff has had an impact on the number of staff attending OCWTP workshops. Even with these reductions, the program continues to provide the needed workshops for staff to meet the legislative training mandates outlined for child welfare professionals. Whenever possible, RTC staff has attempted to reduce travel for staff in their respective regions by bringing training to trainees. The OCWTP has also begun to provide more online learning opportunities to help meet the needs of county agency child welfare professionals.

The OCWTP is a model program with seven essential elements:

Universe of Competencies

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

Cultural Competence

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

Individual Training Needs Assessment (ITNA) Instrument

The Individual Training Needs Assessment (ITNA) instrument identifies each worker's training needs. Completed jointly with the casework supervisor, the training needs assessment is conducted once every two years (Ohio Revised Code 5153.125) and helps to provide the RTCs with the information needed to schedule quarterly training that meets each worker's highest priority training needs in that Region.

Certification of Competent Trainers

OCWTP trainers are carefully screened, trained, and certified. They must have the appropriate course content knowledge, the necessary adult training skills, and the ability to promote culturally-competent practice. Trainers must maintain a minimum average performance score to continue training for the OCWTP.

Statewide System for the Delivery of Training

The eight Regional Training Centers assess regional training needs, and provide training to meet the highest priority needs of managers and staff in their region. Training is developed and delivered based upon ongoing ITNA data and other assessments of staff in the region. Quarterly training calendars publicize training activities throughout the region. All quarterly training calendars for child welfare workers and foster parents can be accessed online (OCWTP.net).

Transfer of Learning

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

Computerized System for Administration, Monitoring, and Quality Control

The OCWTP's online learning management system (E-Track) became fully operational in the fall of 2012. This system provides up-to-date information and instant access for workers to obtain all their training information. The system maintains training records for caseworkers (3,811), supervisors (764), caregivers (7,019), adoptive parents (5,116), assessors (497), directors (111 includes designees), case aides/parent aides (352), child care/residential/treatment workers (151), and administrators/managers (339). All OCWTP trainees have the ability to log into the system, search for and enroll in or withdraw from training, and view and print their training transcripts.

In addition, E-Track allows individuals to electronically complete Individual Training Needs Assessments (ITNAs) and transfer resulting high-priority training needs (competencies) to Individual Development Plans (IDPs) for each individual. These competencies are directly linked to available courses and sessions within the system, allowing individuals to instantly search for and enroll in learning interventions to address their high-priority needs. Finally, E-Track also allows the OCWTP to launch and track other types of learning interventions (coaching, Guided Application and Practice (GAP) sessions, virtual classroom sessions, and asynchronous online sessions). All in an effort to provide workers, supervisors and all other populations served by the OCWTP with a more efficient system for learning opportunities and maintaining their training information.

Updated Information on the OCWTP

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

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

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

New and/or Expanded Program Initiatives

1. University Partnership Program (UPP)

The UPP is a partnership comprised of ODJFS, PCSAO, the OCWTP, and eight of Ohio's public universities – Akron, Cincinnati, Cleveland State, Ohio University, The Ohio State University, Toledo, Wright State and Youngstown State University. UPP students take specialized child welfare courses (based on the OCWTP Caseworker Core curricula; to be updated during this biennium); complete an internship at a county children services agency, and then work for a county agency. Since its inception in 2002 through the 2011-2012 school year, the UPP has graduated 434 undergraduates, and 45 MSWs. Of those, 289 graduates of undergraduate programs, and 32 graduates of MSW programs were hired by public children services agencies in Ohio. In addition, the OCWTP provides Core content training for twenty-two University Partnership instructors who use Caseworker Core competencies in university classrooms. In 2012, even with continued financial concerns, county PCSAs almost hired half of the graduates (29) within a few months after they graduated.

Key tasks performed this year include:

- ODJFS continue to allow a year to find employment rather than 6 months.
- A work team of UPP instructors continued the work on increasing the degree of consistency among the universities in regards to the CW I and II classes.
- The UPP data management system continued to serve as the primary vehicle for the collection and analysis of program statistics, for producing reports, monitoring program functions, managing data, and evaluating the long-term outcomes of the UPP program.
- Program information about the UPP was consolidated and updated at a single web site location. The web link is http://www.pcsao.org/univ_partnership.htm.

2. Orientation and Readiness

The OCWTP has developed competencies and content outlines for new employee orientation and new caseworker, supervisor, and manager readiness training. *Orientation* is designed to help orient new staff to the field of child welfare and to their agency. The readiness courses are designed to help orient new caseworkers, supervisors, and managers to their new jobs. Effective orientation and readiness training is one means to assure new caseworkers and new supervisors acquire pre-requisite awareness and knowledge they can build on when they attend Core training. OCWTP continues to post newly developed content, worksheets and activities for both

caseworker and supervisor readiness. Counties can use these materials on their own, or they can request a coach to work one-on-one with employees and their supervisor to facilitate a self-directed on-site learning process.

3. Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS) Tool Kit

The OCWTP CAPMIS “Tool Kit” provides training content and application exercises on all areas of risk assessment with a variety of alternative delivery methods. The tool kit includes classroom training, self-study, distance learning, coaching and mentoring plans, and resource linkage. The three modules are: Clinical and Formal Assessment of Risk to Ensure the Child’s Safety, Coaching/Supervising the Assessment of Risk, and SACWIS Documentation of Risk Assessment. It is hoped that the innovative approach will not only address learning needs but also bring training opportunities to staff without their incurring extensive travel and expense.

OCWTP staff continues to travel throughout the state to publicize the availability of the Tool Kit and to inform training professionals and county supervisors on the Tool Kit components. Over 150 hours of CAPMIS coaching were provided and 28 Tool Kit activities were implemented. The CAPMIS Tool Kit was completed at the end of SFY 2011. Since the implementation of the CAPMIS Tool Kit, several county children services agencies are using this online tool. Counties have said the tool kit has been extremely helpful as they talk about safety assessment issues. The current state training coordinator for the OCWTP (the Institute for Human Services) is currently working with SACWIS staff in the Office of Families and Children to integrate SACWIS screen shots into CAPMIS training for county agency caseworkers and supervisors. Beginning with SFYs 2014/2015, plans are to develop hands-on SACWIS training, using a training environment and developing county super users as trainers to train county staff.

4. Foster Care Alumni

OCWTP collaborated with several individuals and organizations, including Foster Care Alumni of America, a national organization that connects and transforms the community of people who grew up in foster care, to develop a group of foster care youth and alumni as effective educators for resource families and child welfare staff. In 2012, youth and alumni contributed their talents to the training system by reviewing and providing feedback on training curricula and workshops, by contributing to and publishing articles, and by participating in training events as resource persons or co-trainers.

As a part of the current Program Improvement Plan for Ohio, the OCWTP and the National Resource Center (NRC) for Youth Development have recruited youth to assist the training program in reviewing materials, developing trainings, and providing training as co-trainers. These trainings will take place over the next several months addressing issues around: education, employment, housing, transitioning to adulthood and financial issues.

5. Foster and Adoptive Parent Training

In 2010, a page on the OCWTP website called “Caregiver’s Corner” was developed and dedicated specifically to the needs of foster, adoptive and kinship parents. The page is filled with valuable information and resources for foster caregivers and adoptive parents regarding available training, helping youth emancipate and providing links to local and national resources.

A new workshop entitled “What Caregivers Need to Know about Human Trafficking” was developed recently for the Caregiver’s Corner as an additional course in the *Fundamentals of Fostering* series designed for all licensed foster caregivers. These courses are designed to develop priority skills, enhance confidence, and enable caregivers to adapt their parenting styles to meet the needs of foster children.

6. Engaging Families in Planned and Purposeful Visitation

This course was piloted with foster parents and caseworkers using a web-based platform. Participants watched an online video on best-practices in family visits with children in placement and linked participants to an online wiki where they could respond to questions regarding the video; post a draft visitation plan for a child in their care, and exchange ideas, strategies, and feedback using an online discussion platform. Participants then joined an online meeting to discuss promising practices from across the nation and to dialogue about solutions to implementing best practice in ensuring planned and purposeful visitations.

Technology and Other Training System Supports

1. Updated Ohio Child Welfare Training Program (OCWTP) Website

The OCWTP website is also used to provide updates on the development and implementation of E-Track, discussed below. The OCWTP website is www.ocwtp.net.

2. Learning Management System; E-Track allows:

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

collect evaluation data specific to individual workshops; and, to streamline the release and delivery of pre- and post training resources.

3. Evaluation

The OCWTP has collected workshop satisfaction data since 1987. For the 4,569 workshops offered in 2012, the average workshop evaluation score was 4.72 on a five-point scale. While the OCWTP continues to collect and analyze data on every workshop and trainer, evaluation activities continue to include:

- Collecting data to inform the revision of Caseworker and Supervisor/Manager Core. Activities included:
- Conducting pre-and post testing and focus group sessions in 25 Caseworker Core and Supervisor/Manager Core workshops; and,
- Collecting demographic data on several hundred training participants to help analyze pre- and post test results.

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

Maximizing the Features of E-Track

E-Track allows the OCWTP to collect evaluation data specific to each individual workshop. In addition to the specific evaluation surveys discussed above, through E-Track, the OCWTP is able to collect evaluation data specific to various workshops and participants. In 2009, draft questions were written for the new workshop evaluation process. The questions related to trainer skill were improved and content-specific questions were developed for each of the eight Caseworker Core workshops, six Supervisor/Manager Core workshops, and 10 Adoption Assessor workshops. With the roll-out of E-Track to all users, this evaluation data can be collected.

4. Trainer Development

The OCWTP maintains an active trainer pool of over 428 trainers. After a rigorous interview and approval process, trainers are required to attend *Training of Trainers – Presentation Skills* and *Training of Trainers – Culture and Diversity*. Additionally, *Training of Trainers – Transfer of Learning* and *Training of Trainers – Curriculum Development* are offered three times a year for trainers to attend at their discretion. State Coordinator and Regional Training Center staff provide trainers with consultation and technical assistance as needed.

Trainer development highlights for 2012 include the following:

- Approval of more than 1200 workshops through OCWTP's broad-based quality control initiative. The initiative ensures that OCWTP has updated outlines and reference lists for all its training, and that trainers have the background and qualifications to train in specific competency areas.
- The *Training of Trainers* series was offered in 2012 to 60 new and experienced trainers. This series develops trainer presentation skills and enhances trainers' ability to design training to maximize skill development and transfer of learning.
- *Evidence in the OCWTP: The Road to Best-Practice in Child Welfare Training* was offered three times regionally to over 120 trainers. Through this training, participants developed an awareness of the importance of evidence-based practice, its importance in ensuring effective services to children and families, and how they can support its implementation in the OCWTP through the trainings they conduct.
- Each year, OCWTP selects a portion of the trainer pool and ensures they have recent exposure to the practice of child welfare by participating in a field experience in the child welfare agency. The goal is to enhance trainers' credibility and their ability to develop relevant transfer-of-learning strategies.

5. New Technologies

During 2012, online training was provided to staff and caregivers throughout Ohio making critical information available to learners when they most need it.

- Using *Foster Parent College*, a web-based training resource specifically for foster parents, Ohio's caregivers completed 2250 courses and 5240 credit hours of training. The most widely accessed topics included attention deficit and hyperactivity disorder, anger, safety, culturally competent parenting, caring for infants exposed to drugs or alcohol, and positive parenting strategies.
- During the year, OCWTP made distance learning more accessible through implementation of a new, internet-based online training site called *Essential Learning*. This gives Ohio's child welfare work force access to over 90 online courses on a variety of relevant topics ranging from issues in substance abuse and mental illness to engaging fathers to topics related to work place health and safety.

6. Responding to Emerging Needs in PCSAs

With the downturn in the economy, many Ohio PCSAs have implemented hiring freezes, and travel restrictions. The OCWTP State Steering Committee met in January 2009 to discuss this issue and to plan a response. Recognizing that the OCWTP has a unique opportunity to fully implement several training strategies and initiatives that had been developed previously but were only partially implemented, the following strategies continue to be implemented in order to address the current needs of PCSAs:

- In-county coaching on leadership development for supervisors and managers
- In-county coaching on casework skill development for caseworkers

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

Promoting Safe and Stable Families

Family Preservation/Foster Care

Ohio continues its effort to safely reduce the number of children in foster care. Some of the policies and/or practices that impact the number of children in foster care include:

- Kinship Initiatives: The establishment of a statewide Kinship Permanency Incentive program, Ohio’s Title IV-E Waiver utilizing kinship as a strategy to reduce out-of-home placements and Ohio’s federal Kinship Navigator Grant are all initiatives contributing to the reduction of children in foster care.
- Family Engagement: Agencies have been promoting family engagement through family team meetings, group decision making, community-based collaboration and services.
- Differential Response: The implementation of the Alternative Response approach in 59 counties that focuses on keeping families together by providing up-front hard services in a way that is family friendly.
- Flexible Funding: Agencies which are part of the Protect Ohio IV-E waiver have been able to provide more front end, in-home services to families to prevent children from coming into care.

The following table depicts the number of children in foster care at the end of the year (a point in time) by custody type.

Snapshot Date of 12/31/12

PPLA	Permanent Custody	Permanent Surrender	Ex-parte	Temporary Custody	TOTAL
1,159	2,369	77	87	8,457	12,149

Source: BIC cubes/SACWIS

Family Support

Kinship

ODJFS continues to collaborate with the Statewide Kinship Care Advisory Board and the Statewide Grandparent Kinship Coalition (OGKC). The Kinship Care Advisory Board is comprised of representatives from public and private child care agencies, ODJFS, Area Agencies on Aging, Ohio Family and Children First, Legal Aid, and kinship caregivers. The Advisory

Board meets quarterly to discuss and evaluate Ohio's kinship resources and provide recommendations and feedback to the Director of ODJFS.

OGKC is an organization that brings kinship caregivers and agencies together for the purpose of sharing information and resources as well as advocating for all kinship caregivers. OGKC meets every other month and ODJFS works with the organization by providing regular updates and technical assistance on Ohio's services for kinship caregivers.

ODJFS also publishes a statewide resource guide for kinship families. The Ohio Resource Guide: For Relatives Caring for Children provides information about the availability of programs for kinship providers through local agencies. This resource guide was last updated by ODJFS in July of 2011.

Ohio's Enhanced Kinship Navigator project, which was made possible through the Foster Connections Grant and implemented through the Public Children Services Agencies of Ohio (PCSAO), was concluded in 2013. An evaluation of the project conducted by the Human Services Research Institute (HSRI) showed a high level of service linkage and supportive services to kinship families. Though PCSAO did not receive funding to continue this project, the agency continues to strongly encourage the statewide implementation of kinship navigator programming as it is a valuable resource to children and families.

Kinship Permanency Incentive (KPI) Program

Ohio's Kinship Permanency Incentive (KPI) program, authorized by Amended House Bill 66, became effective January 2006. KPI was designed to promote a permanent commitment by kinship caregivers for minor children who are unable to safely remain in their own homes. The KPI program provides time-limited incentive payments to eligible caregivers who accept legal custody or legal guardianship of kin children on or after July 1, 2005. Eligible kinship caregivers receive an initial payment amount of \$525 per child to defray the costs of initial placement. The kinship caregiver may also receive \$300 per child at six-month intervals to support the stability of the child's placement in the home. The maximum incentive amount may not exceed six payments per child per placement or per kinship caregiver, and the incentive amount for the kinship caregiver shall not be provided for longer than a total of thirty-six months. The proposed Biennial Budget allots an additional \$500,000 for the KPI program for State Fiscal Years (SFY) 2014 and 2015 which increases the proposed funding to \$5.2 million per SFY.

Children Receiving KPI funding in SFY 2013

Children approved for initial funding	2,172
Children approved for redetermination funding	5,797
Total Children Approved	7,969

This table illustrates a duplicative number in redeterminations as applications can be accepted for funding every six months.

Time-Limited Reunification

Ohio continues to implement action steps to achieve an increase in reunifications.

- ODJFS continues to distribute parental rights brochures to counties to provide to parents at the time of initial agency contact, to educate them about the child welfare process and their rights;
- ODJFS continues to support the development of learning competencies within the Ohio Child Welfare Training (OCWTP), to help caseworkers identify, assess, and involve kinship caregivers in the case planning and placement process;
- ODJFS continues to provide county-specific focused technical assistance particularly in the area of management reports available on the Business Intelligence Channel (BIC) and the Supreme Court of Ohio website.

According to the Ohio Child and Family Service Review, April 2, 2012 data profile, Ohio had a 72.9% compliance rate with Measure C1: Exits to reunification in less than 12 months. This is an improvement over FY 2010 numbers that showed a 71.4% compliance rate. It is Ohio's goal to continue to reduce the number of children in out of home care by advocating for reunification efforts that assist in the safe return of a child back home or by locating a relative who is able to provide ongoing care.

Adoption Promotion and Support Services

Recruitment – The Dave Thomas Foundation Partnership

In order to prevent so many children from aging out of the foster system in Ohio, ODJFS began a partnership with the Dave Thomas Foundation for Adoption in July, 2012. 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 for older children in foster care. Using the renowned child-focused, *Wendy's Wonderful Kids* (WWK) program model, 35 recruiters across Ohio work to match and place children in foster care between the ages of 9 and 17, who have been awaiting adoption for more than two years.

Further update on WWK will be included in the Foster and Adoptive Parent Recruitment section.

Ohio Adoption Loan Program

In 2012, ODJFS launched the Ohio Adoption Loan Program to help parents defray the initial costs of adopting a child. Adoptive parents with credit approval are eligible for assistance to cover adoption fees, court costs, attorney fees and other expenses directly related to the legal adoption of a child. Parents may receive up to \$3,000 from the loan program if the child being adopted lives in Ohio and up to \$2,000 if the child is from outside Ohio. A regional financial institution, the Fifth Third Bank, manages the program, including receiving, reviewing and approving all loan applications.

Post Adoption Special Services Subsidy (PASSS)

The Post Adoption Special Services Subsidy (PASSS) Program is a unique subsidy program designed to assist Ohio families after the finalization of their adoption. During state fiscal year (SFY) 2013 (July 1, 2012 – June 30, 2013) this program was funded 75% through Title IV-B, Part II and 25% through Ohio's General Revenue Fund (GRF). The PASSS program is dependent upon the state's budget bill and the amount funded is subject to change. During SFY 2013, approximately \$3,469,000 was allocated for the program.

PASSS is available to all adoptive families, with the exception of stepparent adoptions, regardless of the type of adoption (public or private agency, attorney, international). In order to qualify for PASSS, the following criteria must be met:

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

Over 1000 applications for PASSS have been received as of April 2013. This number includes families who may have submitted multiple applications.

PASSS is dispensed on a first-come, first-served basis and is dependent upon the availability of funds. Families may receive up to \$10,000 in PASSS funding per child, per SFY for family preservation services including medical, surgical, psychological, psychiatric, residential treatment (maintenance and treatment costs only) and respite services. If extraordinary circumstances exist, families may receive up to an additional \$5,000 per child per SFY.

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 (published in the Federal Register, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035) rounded to the nearest dollar and adjusted for family size.

Adoptive families sought funds to get services that would address their child's "special needs." Some of the children who were approved to receive PASSS funds had multiple "special needs." The "special needs" of the children approved included, but was not limited to the following:

- Asperger's Disorder
- Attention Deficit Hyperactivity Disorder

- Autistic Disorder
- Cerebral Palsy
- Developmentally Handicapped
- Fetal Alcohol Syndrome
- Learning Disabled
- Mental Retardation
- Mood Disorder (Bi-Polar/Depression)
- Obsessive Compulsive Disorder
- Post Traumatic Disorder
- Reactive Attachment Disorder
- Severe Behavioral/Emotional Disorder
- Substance Abuse

The services provided during this time period included, but were not limited to, medical and surgical services, psychological, psychiatric and substance abuse counseling, residential treatment (maintenance and treatment costs only), respite services and occupational, physical and speech therapies.

In addition to the services stated above, PASSS funds have also been approved for medical equipment for special needs and disabled children and for modifications to homes and automobiles to make them handicapped accessible to the children.

Agencies are required to pay for PASSS services out of their own agency funds. The agencies are then reimbursed, on a quarterly basis, for those expenditures. As of the last quarter reported, January through March, 2013, agencies have claimed reimbursement for almost \$3 million for services.

ODJFS has worked diligently this SFY to implement PASSS functionality into the Department's statewide automated child welfare information system (SACWIS). Once fully implemented, agencies will be able to process applications and claim reimbursement electronically. In addition, SACWIS will be able to provide detailed reports on the demographics of the families that use PASSS, the services being utilized and the amounts approved or denied. SACWIS will also be able to generate county specific information to each agency. ODJFS is on track to have this functionality in the system operational by July 1, 2014.

Other:

Foster Care Month

Each year, Ohio has recognized November as Adoption Month and May as National Foster Care 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 are dependent.

A public service announcement was prepared to recognize and celebrate May as foster care month. The public children service agencies were encouraged to continue to support their resource families. The Director acknowledged foster families and kinship families for all the work and service they provide. Across the state, events were held to honor foster and adoptive parents for their dedication to vulnerable children. Ohio has over 12,000 children in foster care and nearly 6,000 licensed foster homes. Approximately 1,000 young adults aged out-of-care last year. This data is significant in raising public awareness of the need for recruiting additional foster homes for the state of Ohio.

Outcomes and Goals

Ohio's CFSR PIP was approved on October 1, 2010 and Ohio achieved all Action Steps and Benchmarks at the end of PIP (September 30, 2012). Ohio has achieved all but one of the National Standards Improvement Goals. The one outstanding National Standard is *Absence of Maltreatment Recurrence*. Additionally, ODJFS established the baseline and PIP Improvement Goals for Items #1, #3, #4, #7, #10, #17, #18, #19, and #20 during the first year of the PIP. As of the writing of this report the Improvement Goals for Item #19 and Item #20 have not been achieved.

Six (6) primary goals with associated strategies, action steps and benchmarks were established with input from: Ohio Family and Children First; participants who attended one of the eight regional PIP forums held in April and May 2009 throughout the state in conjunction with the Supreme Court of Ohio, the Ohio Child Welfare Training Program Regional Training Centers, the Center for Adoption Law and Policy; and the U.S. Department of Health and Human Services, Administration for Children and Families, Region V. The six goals are:

- Goal 1. Safety: Children are safe in their homes and while placed in substitute care settings.**
- Goal 2. Permanency: Children have permanency in their living situations; family relationships and connections are preserved.**
- Goal 3. Child Welfare Service Intervention: Families have enhanced capacity to provide for their children's needs as a result of improved practices.**
- Goal 4. Community Collaboration: Stakeholders jointly design and coordinate policies, practices, and services to improve child-well being.**
- Goal 5. Child Welfare Legislative Reform: State laws are modified to reduce fragmentation of child maltreatment definitions and improve consistency of child welfare practices statewide. (this was deleted mid-way through the PIP).**
- Goal 6. Licensing: Children are safe while placed in substitute care settings due to increased oversight of placement providers.**

The following is a summary of Ohio's progress on these goals.

Outcome 1: **Safety**

Goal 1: **Children are safe in their homes and while placed in substitute care settings.**

Strategy 1: Improve staff skills and competencies in the assessment of child safety and risk in order to identify appropriate services to safely maintain children in their homes and prevent removal.

Strategy 2: Improve timeliness of initiation of assessments/investigations for non-emergency reports.

Strategy 3: Develop methods for improved response to repeat incidence of child maltreatment.

Strategy 4: Increase staff skills and competencies in conducting frequent and quality visits with custodial parents, non-custodial parents, and children who are in substitute care to assure children's safety.

Progress:

Differential Response

Statutory language authorizing the statewide implementation of a Differential Response system in Ohio was included in the state's biennial budget bill and signed into law on June 30, 2011. The language included in the budget bill directed ODJFS to develop a schedule for statewide expansion and authorized the Department to continue a phased in approach to the implementation process. Ohio's two pathways for responding to screened-in reports of child maltreatment, Alternative Response and Traditional Response, are defined in the statute. The bill also includes provisions identifying types of reports that must be served through the Traditional Response pathway.

As of March 2013, fifty-nine of Ohio's eighty-eight counties have implemented a Differential Response approach. A statewide implementation schedule has been developed in consultation with the remaining counties. Statewide implementation is anticipated to be completed by the end of June 2014. This phased approach to the implementation process has allowed the state to provide a consistent level of support to each group of counties newly implementing, while maintaining support for counties in previous waves of implementation as they continue to grow their Differential Response practice. Support provided to counties includes technical assistance, training, and coaching activities. In addition, Casey Family Programs has partnered with Ohio to provide funding support to assist counties as they transition to a Differential Response system. In its 2012 mid-term budget review process, Ohio identified child welfare funds in the current budget to be allocated to Differential Response implementation, which will be paired with Casey Family Programs dollars in 2012-2013 to assist implementing counties.

Ohio continues to work with the National Implementation Research Network (NIRN) to apply the framework of implementation science to strengthen Differential Response. Several tools and supports have been developed, which will benefit the field, including:

- A set of Differential Response Practice Profiles designed to operationalize core behavioral elements of quality Differential Response practice. Ohio's Differential Response Practice Profiles provide a developmentally-focused description of caseworker practice in ten essential skill areas: Engaging, Assessing, Partnering, Planning, Implementing, Evaluating, Communicating, Advocating, Demonstrating Cultural and Diversity Competence, and Collaborating with the Community.
- A training curriculum designed specifically for supervisors and focused on building supervisors' capacity to coach workers on core practice skills.
- Additional data reports specific to Ohio's Alternative Response pathway that will be available for counties through the Business Intelligence Channel (BIC).

The state also continues to work with the Institute of Applied Research (IAR) on an extended evaluation of Ohio's Alternative Response pilot, which is scheduled to be completed in late 2013. This extended evaluation is following families included in the experimental and control groups during the original 18-month pilot over an additional three years and will provide longer-term outcomes data on child safety, subsequent reports, workers' responses, and the fiscal impact of Differential Response.

Researchers from the Institute for Applied Research recently shared an *interim* set of evaluation findings from this extended study. Some of the significant findings emerging from this ongoing research project are:

- AR has been effective in reducing the number of new reports to the child protection system. At this point in Ohio's extended evaluation, data indicates more than a 12% reduction in the rate of new reports among the group of families provided AR (as compared to outcomes for the study's control group).
- AR has been particularly impactful for families without previous child protective services history. To date, Ohio's data reflects that AR is particularly effective among those "first time" families in the child protection system. There were significantly lower rates of return for first time families provided AR versus the highly comparable group of first time families provided a traditional investigation.
- In a follow up survey of caseworkers from the original pilot counties completed in January 2013, workers' feedback was consistent with responses from a previous survey conducted near the conclusion of Ohio's 18-month pilot of AR. Workers continue to report that AR results in increased cooperation with families and greater family participation in decisions. Notably, a third of the workers responding to this recent survey reported that they had worked in child welfare for three years or less, indicating that their feedback is not simply a repetition of the enthusiasm of workers from the original pilot period.

Ohio also continues to participate in the federal Quality Improvement Center on Differential Response (QIC-DR) research project. Six Ohio counties have participated in the QIC-DR

national cross-site evaluation of Differential Response. That evaluation study is also scheduled to be completed later this year with a final report anticipated in late 2013.

Practice Guidance Articles, Application Guides, Training Curriculum and Training

Practice Guidance Articles were finalized by ODJFS policy staff and uploaded to the SACWIS Knowledge Base website in July 2012. The articles are designed to support specific areas of case practices and provide information within a structured template format. Each article identifies the purpose of the practice area being addressed and the rule requirements supporting the practice. Additionally, the reader is provided with strategies to assist with application of the guidance in the field, as well as a list of additional resources. Four Practice Guidance Articles were developed to address the following case practice areas important to safety outcomes: intake and screening, assigning response priority to a report, the assessment of child vulnerability, and the assessment of adult protective capacities. These resources continue to be used on a regular basis by ODJFS field office staff in the provision of technical assistance to agencies.

Additionally, ODJFS policy staff developed application guides to provide clear definitions and examples of safety factors, assessment questions, child vulnerabilities, and adults’ protective capacities. The application guides are multi-functional. They can be utilized by caseworkers in the field, serve as a reference guide when completing and reviewing assessments, function as a training tool for supervisors and staff and assist with case supervision and staffing. The application guides were also uploaded to the SACWIS Knowledge Base website in July 2012.

Three application guides were developed to support the assessment of safety: Safety Assessment Factors, Child Vulnerability Checklist and Protective Capacities Checklist.

Practice Guidance Articles	Application Guide
Intake and Screening	Safety Assessment Factors
Assigning a Priority Response to a Report	Child Vulnerability Checklist
Guidance Article on Child Vulnerability	Protective Capacities Checklist
Guidance Article on Protective Capacities	

ODJFS policy staff developed training curricula addressing safety planning for line caseworkers and supervisors. The focus of the Safety Planning curricula and training was to assist caseworkers in developing and implementing safety planning using CAPMIS. The training addressed: (1) key criteria that must be assessed when determining when to implement a Safety Plan with a family (voluntary in-home, voluntary out-of-home or legally authorized out-of-home placement); (2) implementation of strategies to “control” the active safety threat; identification of a “responsible person” to complete action steps in a Safety Plan; and (3) the purpose and requirements regarding monitoring active Safety Plans. Exercises were included on writing clear, concrete Safety Plans.

ODJFS policy staff developed training curricula addressing risk assessment for line caseworkers and supervisors. Risk assessment is critical in the development of a case plan and in the ongoing provision of services for a family in CAPMIS. The training identified the importance, and relevance, of the identified categories and their associated elements as required to be assessed in CAPMIS tools. Thorough and detailed risk assessment supports quality decision making for cases throughout the continuum of child welfare, including case plan services. The curriculum informed participants of the importance in properly identifying risk contributors, non risk contributors, and strengths of a family and identifies each element's function in the service planning (case plans and safety plans) processes. The curriculum provided supportive research regarding the relevance of the elements in the CAPMIS tools when assessing the likelihood of future child maltreatment. The interrelationships between certain elements are identified. A guide was developed to provide clear definitions of each category and the associated elements, and concrete examples of risk contributors for each element. The guide is multi-functional and can be utilized by caseworkers in the field, serve as a training tool for supervisors, and assist with staffing cases as a reference document.

The CAPMIS Tool Kit, classroom workshops, coaching, and on-line training were all made available to agency staffs via multiple avenues. The Tool Kit (including all curricula, scenarios, resources, practice activities, and self-directed learning tools) is accessible through the OCWTP website (<http://www.ocwtp.net/CAPMIS/capmishome.html>). Extensive use of the CAPMIS Tool Kit has occurred through on-site training, self-directed learning, GAP sessions and CAPMIS coaching sessions.

To ensure that the content contained in the CAPMIS Tool Kit, Practice Guidance Articles and other training materials developed continued to meet PCSA CAPMIS training needs, a review of CPOE Stage 8 Reports and Quality Improvement Plans (QIP) for items #4- *Risk Assessment and Safety Management* was conducted again at the conclusion of CPOE Stage 8. The materials and training are still relevant to address areas needing improvement by PCSAs. CPOE Stage 8 QIPs included reference to the above mentioned materials and training as one of the strategies they plan to use to improve performance. CPOE Stage 8 results were shared with the OCTWP Regional Training Centers so that future training events can be offered.

Timely Initiations of Assessments/Investigations

Franklin County Children Services (FCCS) is the largest political subdivision in the State. As a result, ODJFS continues to work with the agency to monitor their initiation of Assessments/Investigations.

Due to the seasonal fluctuations in the number of initiations that are conducted, comparing quarter –to–quarter across years provides an opportunity to look for changes that were not related to seasonality. Comparing the first quarter in 2010, 2011 and 2012 shows that timeliness has improved – from 82% in 2010 to 86% in 2011 to 96% in 2012. Comparing the second quarter in 2010, 2011, and 2012 shows timeliness improvements from 84% in 2010 to 91% in 2011 to 96% in 2012. Comparing the third quarter in 2010, 2011, and 2012 shows timeliness improvements from 85% in 2010 to 96% in 2011 to 96% in 2012. Comparing the fourth quarter in 2010, 2011, and 2012 shows timeliness improvements from 83% in 2010 to 95% in 2011 to 96% in 2012

FCCS' Intake & Assessment/Investigation Department continues to focus on ensuring that documentation of timeliness reflects the actual practice – that the times and codes entered into SACWIS are accurate representations of initiations. These efforts are ensuring that the agency actually knows how quickly initiations are occurring and that the agency can accurately report the timeliness rate.

FCCS will continue to track the timeliness rate quarterly, with the goal being to maintain a consistently high rate of timeliness. The tables below allow comparisons in FCCS' timeliness of initiations during 2010, 2011 and 2012. The data also demonstrates that FCCS is consistently maintaining a high rate of timeliness, at least 95% since Q3 in 2011.

	Calendar Year 2010							
	Q1		Q2		Q3		Q4	
	N	%	N	%	N	%	N	%
Timely Initiation	2157	82%	2597	84%	2221	85%	2173	83%
Initiation Prior to Screening	72	3%	87	3%	60	2%	79	3%
No Initiation on Record	28	1%	70	2%	48	2%	22	1%
Untimely Initiation	372	14%	330	11%	275	11%	334	13%
TOTAL	2629	100%	3084	100%	2604	100%	2608	100%

	Calendar Year 2011							
	Q1		Q2		Q3		Q4	
	N	%	N	%	N	%	N	%
Timely Initiation	2455	86%	2723	91%	2787	96%	2557	95%
Initiation Prior to Screening	78	3%	50	2%	4	0%	5	0%
No Initiation on Record	23	1%	22	1%	1	0%	1	0%
Untimely Initiation	292	10%	208	7%	113	4%	124	5%
TOTAL	2848	100%	3003	100%	2905	100%	2687	100%

	Calendar Year 2012							
	Q1		Q2		Q3		Q4	
	N	%	N	%	N	%	N	%
Timely Initiation	2768	96%	2641	96%	2240	96%	2369	96%
Initiation Prior to Screening	6	0%	2	0%	1	0%	0	0%
No Initiation on Record	0	0%	2	0%	1	0%	3*	0%
Untimely Initiation	119	4%	118	4%	83	4%	99	4%
TOTAL	2893	100%	2763	100%	2325	100%	2471	100%

*These are three traditional referrals with a case category in the initiating activity log incorrectly coded as AR.

Using Data to Inform Policy and Practice

Tracking the number and types of calls a PCSA receives is important to assure adequate staff coverage and response timeliness. An essential aspect of managing is planning for the future. Long-term success is closely related to how well management is able to anticipate the future and develop appropriate strategies to cope with changing conditions. Several tools are available to provide critical insight to PCSAs. In addition to the interactive tool “Investigation Dynamics” shown in this section, ODJFS, OFC also released an interactive report titled “Number of Reports and Investigations Analytic Tool”. This tool was updated to include the period of January 2008 – December 2012. Also provided are monthly forecasts from January 2013 and those will continue through December 2013.

Event History Report

ODJFS developed and produced a statewide, county by county Event History Report on initiation of child abuse/neglect. PCSA administrators want to assure all investigations are initiated timely. In addition to the standard Federal measures relating to timeliness, Ohio wished to amplify the timeliness measure with an event history analyses to demonstrate how quickly investigations are initiated, across time, not just at 24 hours. This knowledge permits leaders to better understand how quickly critical activities are taking place. For instance, if a large percentage of investigations are initiated within 6 hours, a leader may operate more comfortably than if a large percentage of investigations are initiated only at 23 hours. Furthermore, administrators should know how long it takes those investigations that are not completed timely to be completed timely. Is it 25 hours, 30 hours, 40 hours? To answer these questions, an event history model is used.

ODJFS continued to update the Event History Report throughout the year based upon user feedback. Based upon questions posed from users of the Event History Report, the Introduction Tab was modified to include information on what referrals require initiation, what constitutes initiation, and where workers are to record initiation information in SACWIS. Additionally, the following four questions were posed for research and policy analysts when examining their agency’s data:

- What is the percentage of investigations initiated within the first few hours?
- What is the percentage of investigations initiated within 24 hours?
- What is the percentage of investigations begun between hour 23 and hour 24?
- Of the investigations not initiated within 24 hours, how quickly are they indicated?

Statistical Forecasting Tool

A Statistical Forecasting Tool entitled *History & Forecasts on the Number of Investigations: Abused, Dependent, Neglected and Family In Need of Services: January 2009 thru December 2012* was developed to assist PCSA administrators in predicting the future number of child abuse and neglect intakes which will be received based on the number of monthly intakes received. Agencies can use this information to plan for the future and develop appropriate strategies for deploying necessary resources within the agency. The Tool allows agencies to review their investigation history and examine monthly and yearly forecasts.

As questions were posted on the Statistical Forecasting Tool, updates were made to include additional data, technical assistance notes, and suggested questions for local planning teams to consider. The way in which the data was displayed was also modified during the year so that a county is able to see on one screen information on the number of screened-in-investigations from January 2009 - December 2012 and then see the forecasted number of screened-in-investigations from January 2013-December 2014.

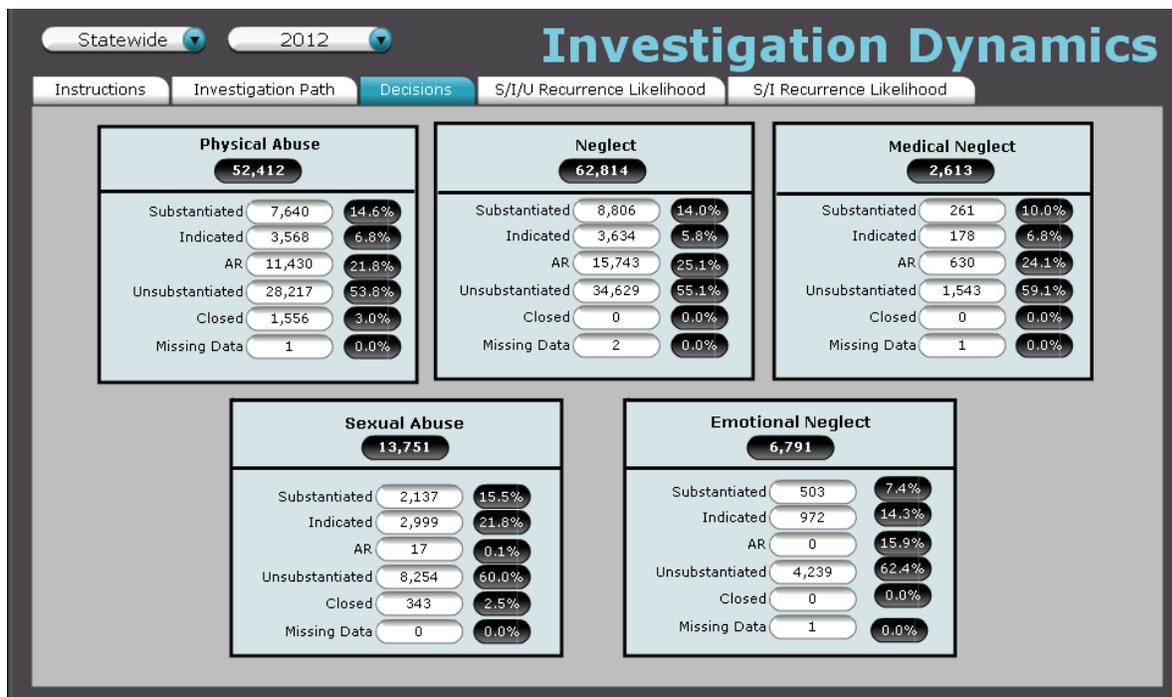
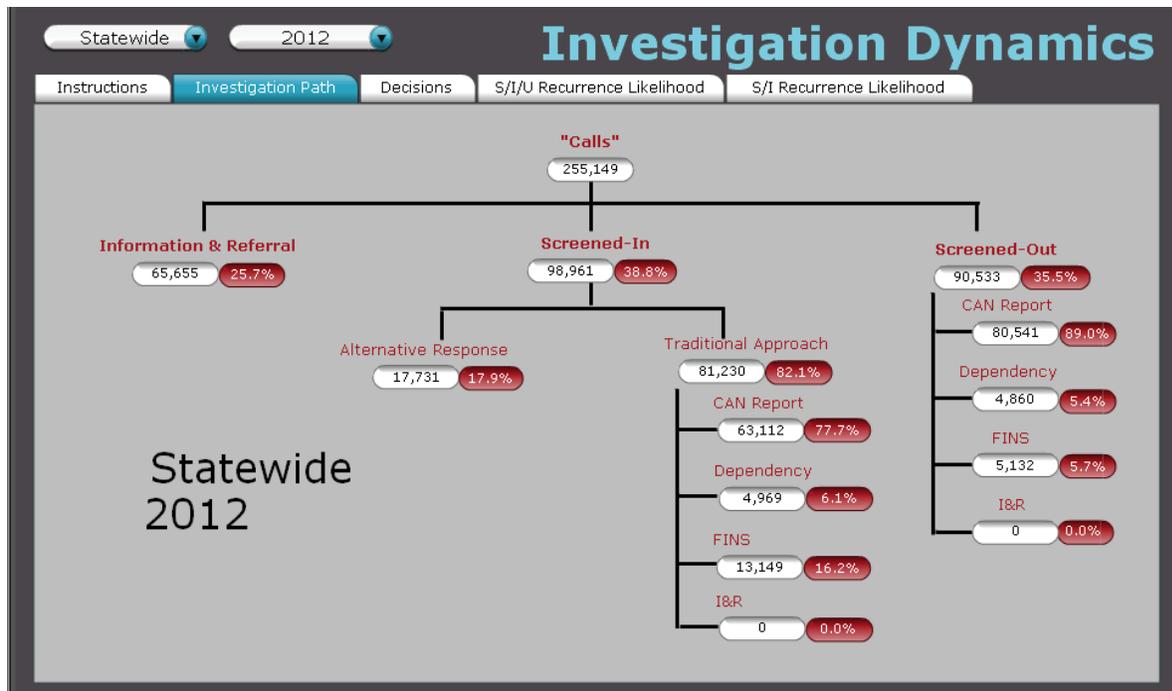
Statistical forecasts were generated from past data without weighing the important influences of changing community demographics, or modifications in policy or programs. The introduction tab strongly recommends that program and policy experts examine and modify these statistical forecasts by factoring in predicted community and program changes.

Questions for Local Planning Teams posed in the Introduction, included the following:

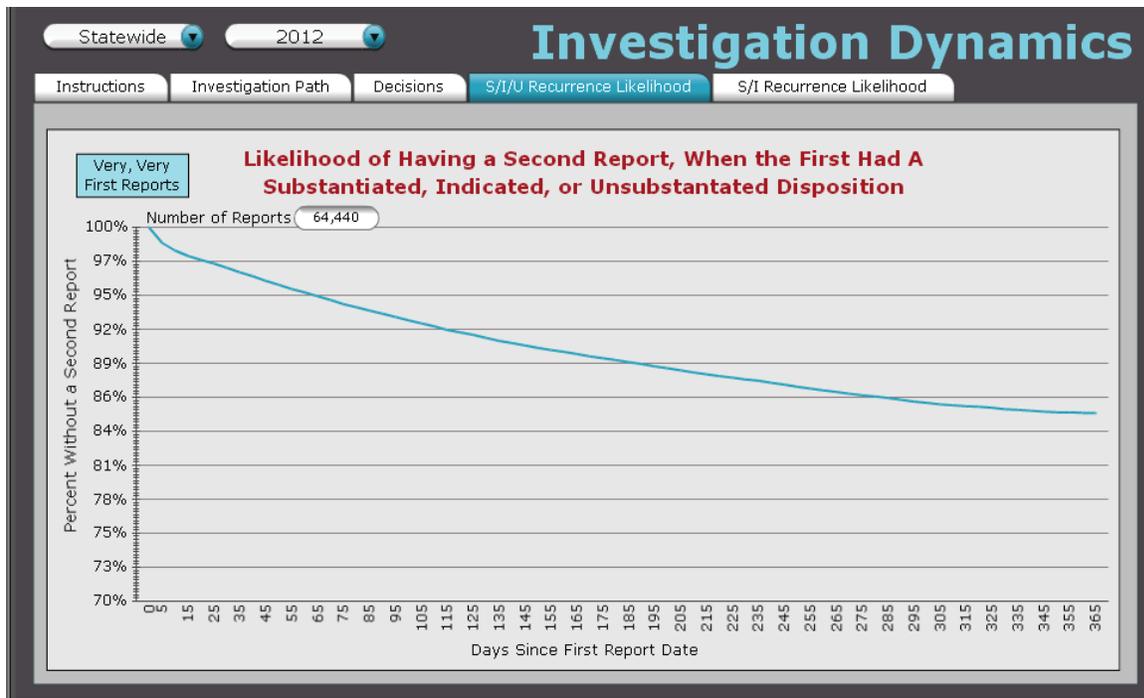
- How have policies, programs, court and community events contributed to the volatility of the number of Investigations?
- What policies affect the number of Screened-In Investigations? Are these policies subject to change in the next two years?
- How much of an impact does the economy have in the number of Screened-In Investigations?
- How much of an impact does the local news media have on the PCSA?

Investigation Dynamics

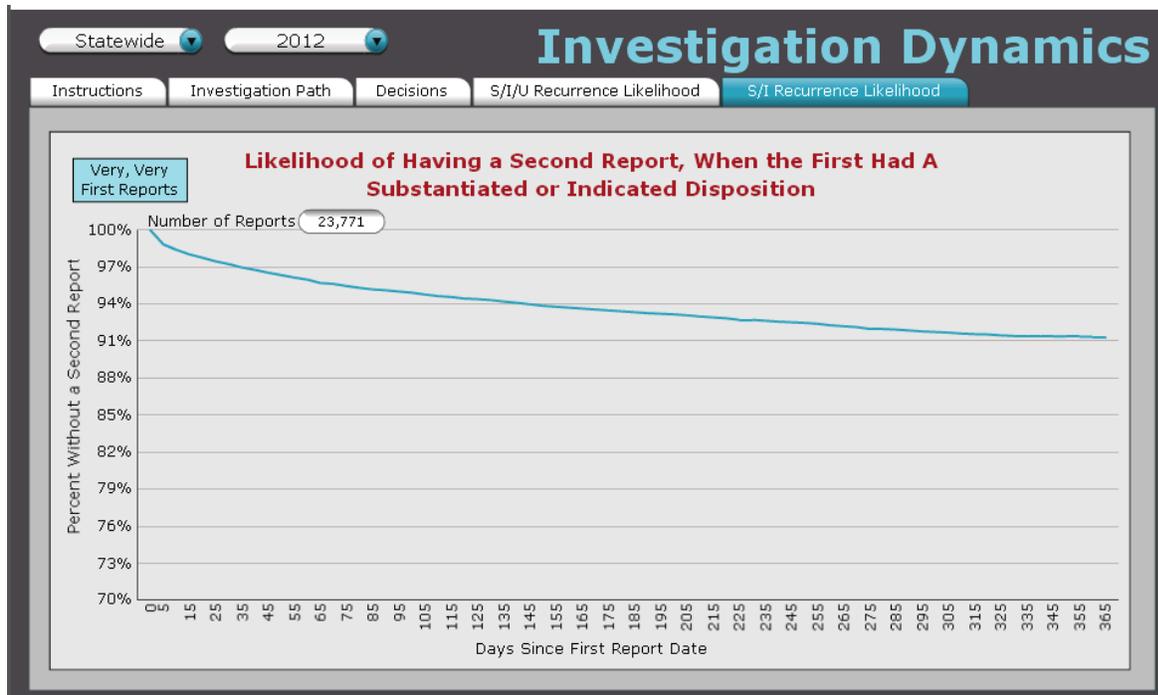
This tool provides a Statewide view as default, and counties can select their county for their trends, and see over a four year period, the number of “calls” received, how many were Information and Referral, number Screen-Out and the decision reason, and the number Screened-In by approach (AR or TR) and the type of report. The second tab of this report shows the decisions of each of the allegations that were Screened-In. The figures below demonstrate this.



An extension of the Investigation Dynamics tool mentioned above shows two event history analyses on the length of time to recurrence. The first analysis examines the likelihood of recurrence from the “very first” report to the subsequent report, regardless of the disposition. In this regard, this analysis includes substantiated, indicated, and unsubstantiated decisions. Statewide results are shown below.



The second event history analysis show the length of time from the very, very first substantiated or indicated report to the subsequent substantiated or indicated report. Statewide analysis is shown below.



Recurrence Data and Evaluation

To gain a deeper understanding of the underlying factors contributing to recurrence, Ohio analyzed the NCANDS data sets for 2009AB, 2010AB, 2011AB, 2009BA, 2010BA, and 2011BA.

With the exception of the 2009AB time period, the ODJFS results precisely match the results shown in the “Ohio Child and Family Services Review Data Profile: April 2, 2012” (Report). For the 2009AB time period, the results very closely match. The Report shows a denominator of 15,347, while ODJFS shows a 15,358. Similarly, the Report shows a numerator of 14,224, and ODJFS shows a numerator of 14,231. These minute differences result in the same performance level (92.6%) and are attributed to data cleaning. Because the 2009AB (October 1, 2008 – September 30, 2009) performance was less than the 94.6% National Standard, a negotiated Improvement Goal was established. This Improvement Goal is calculated by multiplying the ODJFS rate (92.6%) and the 1.006 weighting factor. Thus, the ODJFS benchmark is 93.3%. For the 2010AB time period (October 1, 2009 – September 30, 2010), the numerator was 14,226 and denominator was 15,297. To achieve the goal, the numerator needed to be 14,272. ODJFS’s performance was 93.0%. In other words, ODJFS had 46 reports over the target. For the 2011AB time period (October 1, 2010 – September 30, 2011), the numerator was 13,805 and denominator was 14,953. To achieve the benchmark, the numerator needed to be 13,951. ODJFS’s performance was 92.3%. ODJFS was 146 reports over the target. These results are extremely close to the negotiated benchmark. Specifically, for 2010AB, Ohio missed the benchmark by 0.3% reports. For 2011AB, Ohio missed the benchmark by 1.0%. Given that Ohio is State supervised-County administered, it can be deduced that this difference is attributable to a combination of factors including: (1) seasonality based on the six month observation window on this measure; (2) simple oversights in the casework practice; (3) caseworkers’ misunderstanding of how to record reports; and (4) implementation of Alternative Response.

It is well documented that PCSAs experience an increase in allegations when the school year begins and a decrease in allegations in summer months. Because of this seasonality, ODJFS wondered if seasonality was a contributing factor in the higher than expected rate of recurrence. ACF offered ODJFS the option of analyzing the BA (April 1 through March 30) time periods. In other words, if Ohio used the BA time period, rather than AB (September 1 through October 30),

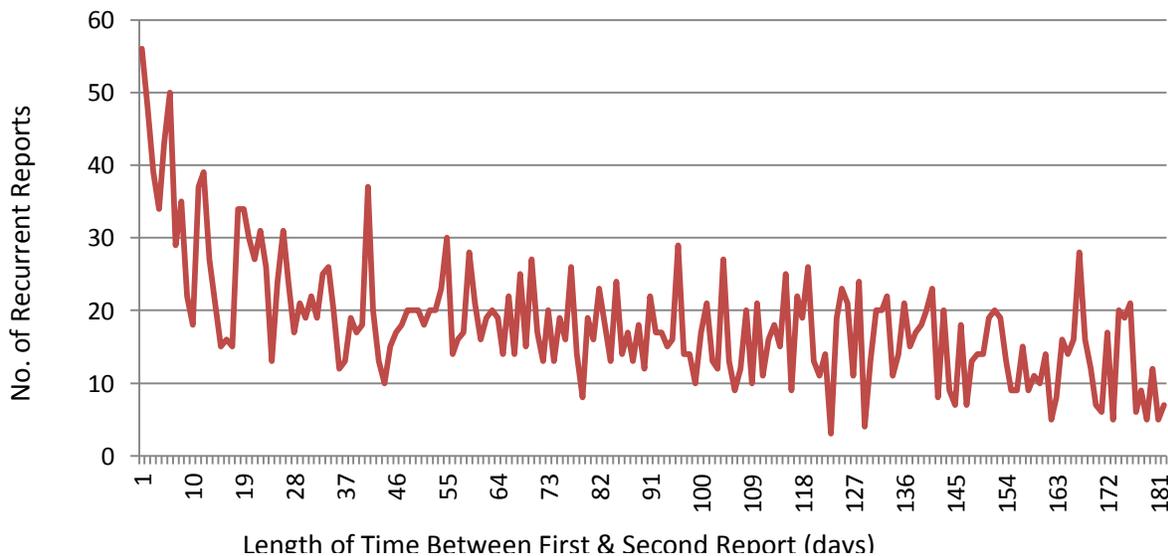
would there be a change in the absence of maltreatment performance? The result for the BA cycle are shown below:

Time Period	% Recurrence
2009B2010A: April 1, 2009 – March 30, 2010	92.8%
2010B2011A: April 1, 2010 – March 30, 2011	92.9%
2011B2012A: April 1, 2011 – March 30, 2012	92.7%

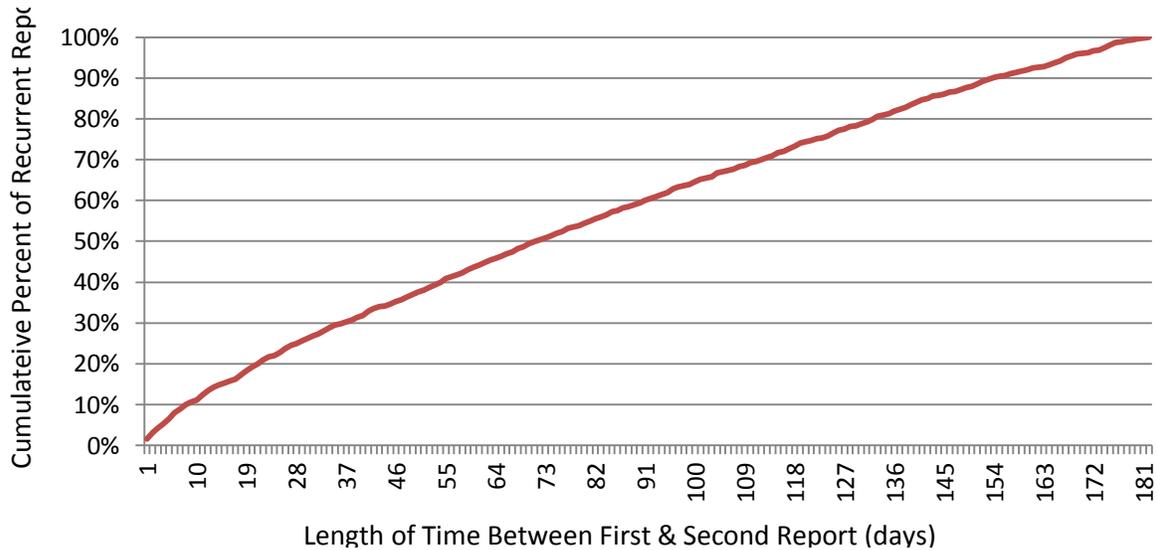
Similar to the AB findings, BA results are stable and narrowly miss the benchmark.

Given that Ohio has approximately 15,000 reports per year, with decision making dispersed across 88 counties, determining if a substantiated/indicated report is recurrent is likely to differ from one county to another. The Ohio consensus is that when subsequent reports that are received in a short period of time from the first report, they are likely reporting the same event. To examine this issue, Ohio examined the length of time between first and second reports. This is discussed in the following section.

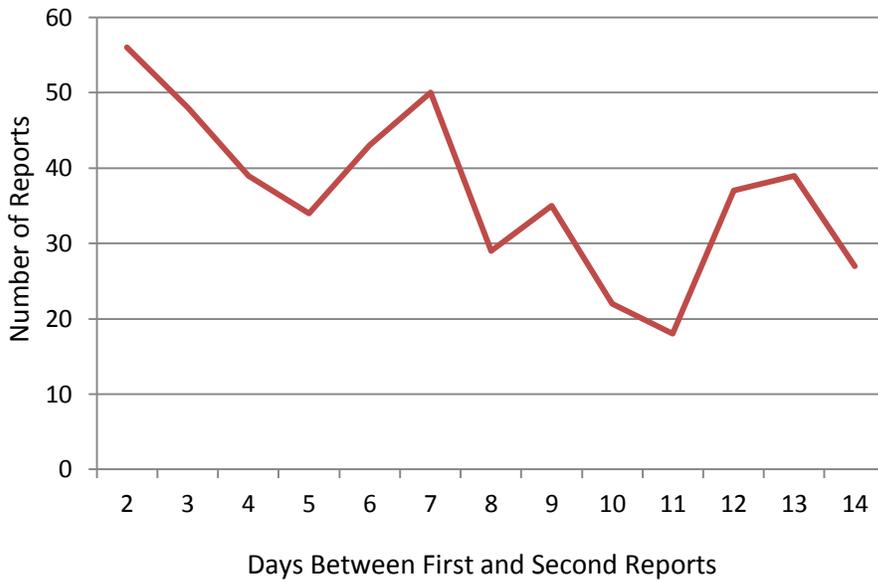
The graph below shows the number of recurrent reports for 2009AB, 2010AB and 2011AB by the length of time (in calendar days) between the first and second report. The length of time between first and second reports is positively skewed: Many second reports are received shortly after the first report.



The graph below shows the cumulative percent of recurrent reports over time. About 20% of the recurrent reports occur within the first 20 days of the first report. **This does not mean that 20% of the first reports have a recurrent report within 20 days.** It means 20% of those having a second report had it within 20 days.



By Ohio policy, when abuse and neglect allegations are received, a Safety Assessment must be completed within four business days of the Intake Report. If an additional allegation is received before the completion of the Safety Assessment, that allegation may be “attached” to the first Intake Report. If allegations are received after the completion of Safety Assessment, a second report is triggered. By examining the data presented in the graph below from 2009AB – 2011AB, it is clear there are second reports within four business days of the first report. If all PCSAs attached all allegations occurring within four days, would the benchmark be achieved?



Had the allegations contained in the second report been combined with the allegations in the first report in the 2009AB baseline year, Ohio’s performance would have been 92.9%, rather than 92.7%. Since this performance is still below the Federal standard of 94.6%, the renegotiated target would be 93.46% ($92.7\% \times 1.006$). Making the same adjustments Ohio did in 2010AB in 2009AB, Ohio’s performance would have been 93.3%, rather than 93.0%. For 2010AB, our performance would have been 92.7%.

As noted above, allegations received before the completion of the Safety Assessment can be attached to the Intake report. The Safety Assessment must be completed within 4 **business** days. If counties aligned their practice with policy, the rate of recurrence would not be sufficient to meet the Federal standard or the negotiated benchmark. Here are the statewide results if counties have attached allegations received prior to the completion of the Safety Assessment:

2009AB: 45 reports occurred within 4 **business** days. = 92.95%. Negotiated benchmark = 93.5% ($92.95\% \times 1.006 = 93.5\%$)

2010AB: 55 reports occurred within 4 **business** days = 93.4%.

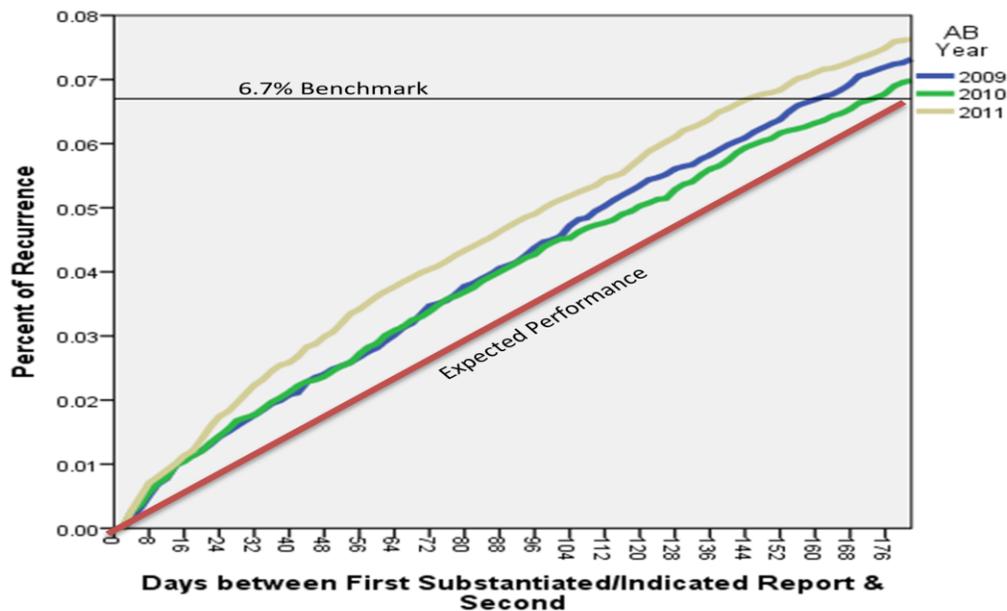
2011AB: 68 reports occurred within 4 **business** days = 92.8%

Recurrence is a rare event. Of all the children having a substantiated or indicated report, very few have a second substantiated or indicated report. Given its rarity, it is important to understand the likelihood over time of having a second report. The graph below shows the likelihood of obtaining a second substantiated/indicated report after receiving the first substantiated/indicated report over 183 days. After receiving a substantiated/indicated report, there is a 1% chance of

having a second substantiated/indicated report within 16 days. In 2009 (**blue line**) and 2010 (**green line**), the likelihoods are identical for the first 100 days, but children in 2010 have slightly higher risk of recurrence than children in 2009. The most apparent deviation is in 2011 (**gold line**). Although the rates for the first three weeks in 2011 are consistent with previous years, children were more likely to have a second substantiated/indicated report. In other words, at 70 days after the first report in 2011, there is a 4% chance of recurrence at 70 days, compared to 86 days in 2009 and 2010.

The 6.7% Benchmark (**black line**) indicates where Ohio experiences a 6.7% rate of recurrence. For 2009, it was 164 days (19 days from the target); for 2010, it was 170 (13 days from the target), and for 2011, it was 150 days (33 days from the target). To achieve the benchmark, Ohio had to be less than 6.7% at 183 days.

The Expected Performance (**red line**) indicates the rate of recurrence over time if recurrence was uniformly distributed. This means children would be just as likely to have recurrence at day 10 as they would be at day 100. In other words, we would expect a 1% recurrence by day 28, a 2% recurrent at day 56, 3% recurrence at day 84. Ohio sees a 1% rate of recurrence at day 16, indicating that “recurrence” is happening sooner than predicted, but the “recurrence” could be a misclassification.



Ohio conducted 72 case reviews of reports that had a recurrent report in less than four days of the first report. The group of reports was chosen because of Ohio’s policy (5101:2-36-01 and 5101:2-37-01). This policy specifies that when abuse and neglect allegations are received, a Safety Assessment must be completed within four business days of the Intake Report. If an additional allegation is received before the completion of the Safety Assessment, that allegation

may be “attached” to the first Intake Report. If allegations are received after the completion of Safety Assessment, a second report is triggered. Therefore, the four-day rule could easily cause the percent of recurrence to increase (**False Positive**).

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

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

When Ohio examined the “recurrent” reports, a few second reports actually concerned an event that happened before the first report, but was reported to the PCSA after the first report. In other words, the events were reported to the PCSA out of sequence by time: The true-first report was reported after the true-second report. When this type of report is required to be included, Ohio is penalized for events that it could not have known about, and therefore had no opportunity to engage in preventive efforts. After consultation with NRCCWDT, it is clear this methodological problem is not specific to Ohio, but shared across all States. However, when just a few of these events occur, the scales are tipped and Ohio is penalized without warrant.

Ohio also examined all reports of recurrence to determine the percent of recurrence occurring prior to the Intake Disposition Date: 32% of the recurrence occurs prior to the Disposition Date. The Intake Report’s Disposition, by policy, must occur within 30 days of the Report Date, although supervisors may grant a 15-day extension if critical decision making information has not been received. Additionally, it was determined of the 1,250 children with recurrence, 25% had the recurrence with 27 days after the first report. Fifty-percent had recurrence within 66 days of the first report.

County level performance was examined across the three observation periods to determine if some counties were more likely to experience higher rates of maltreatment. Twenty two % of counties (19 of 88) were below the national standard in each of the last three observations years. Three% of the counties (3 of 88) were below the national standard in the last two of the three most recent observation years. With these results, it appears that some counties are more likely to have a pattern of high recurrence.

To identify factors affecting recurrence data an analysis of data from FFY2011 and FFY2012 was done and data was reviewed with PCSA leadership. A basic, but highly important, lesson learned from PCSAs is to be absolutely clear in discussing the evaluation timeframes. The department frequently use Federal Fiscal Year terms. PCSAs pointed out that these terms introduce cognitive dissonance, because they must use calendar year, state fiscal year, county fiscal year. To respect county wishes, the Department (at least for the purposes of recurrence of maltreatment), will refer to Federal Fiscal Year in a slightly different way. The conventions adopted for this report are this: When referencing "Starting October 2010", we are referring FFY2011. When referencing "Starting October 2011", we are referring to FFY2012. When only the year is addressed, for example in a title in figures, we are again referring to "Starting in October" of the year noted in the title.

The figure below is the result of an event history model predicting the length of time between the first substantiated/indicated report and a second such report over four years. As can be seen in Figure 1, 2011 (that is "Starting in October 2011" or "FFY2012") is nearly identical to 2010, with an important decreasing trend after day 160. In consideration of the right censoring occurring in the 2011 data set, we estimate the final rate of maltreatment will be closer to 7.7%, or 92.3% Absence of Maltreatment.

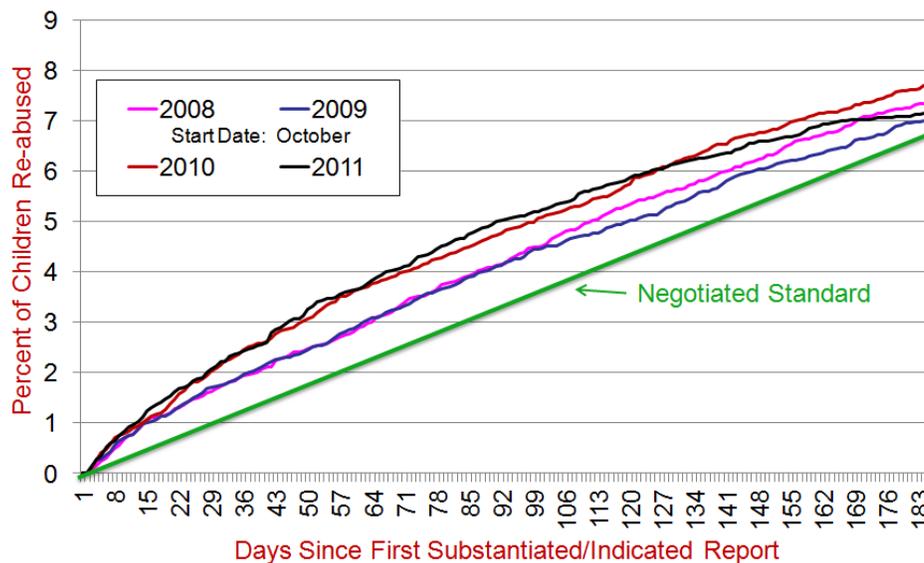


Figure 1

In our work with PCSAs to continue data analysis efforts to determine how data quality is affecting performance on recurrence maltreatment data we parsed maltreatment recurrence performance by county size: Metro and non-Metro. We subsequently worked with the Metro counties, since they are responsible for a sizable number of reports. Figure 2 shows the rate of recurrence between Metro and non-Metro counties for 2010 and 2011. For both years, and by

the end of the evaluation period, non-Metros had higher rates of maltreatment than Metros. However, non-Metros do not always have a higher rate. For both years, the rates of Metros and non-Metros are indistinguishable for select time periods. It is only after 42 days for 2010 and 84 days for 2011 that real differences appear. These differences become magnified until the end of the evaluation cycle.

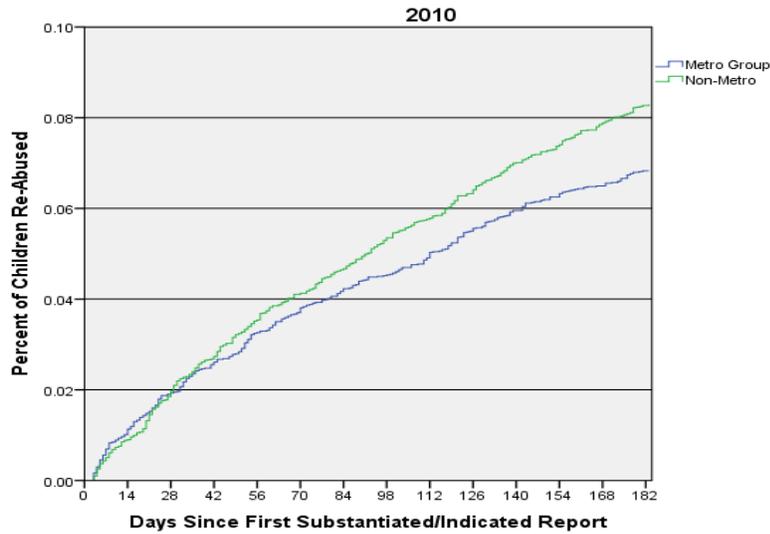


Figure 2: (FFY2011)

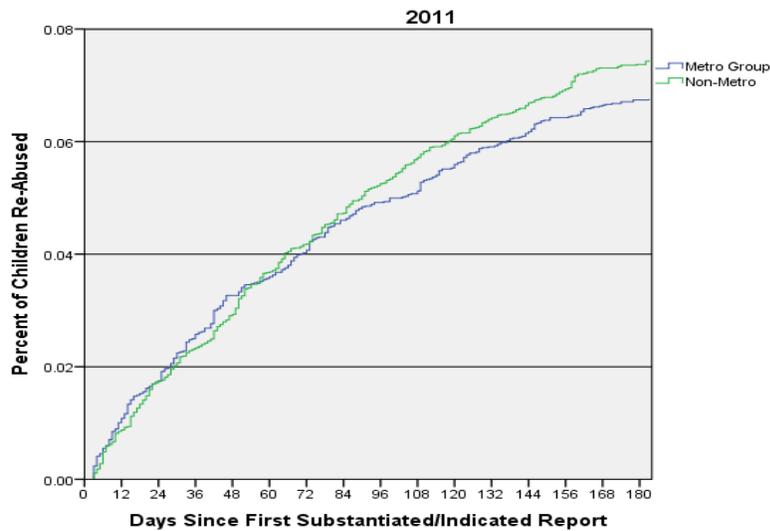


Figure 3 (FFY2012)

When grouped, Metro county data are disaggregated, and specific Metro counties are analyzed, it becomes clear that not all Metro counties have rates consistent with national standards, or consistent with other Metro counties. Figures 4 and 5 depict large differences in performance between and among Metro counties. One important pattern that will be helpful in our continued

monitoring efforts is that counties, who have high rates of recurrence by day 40, have the highest rates by the end of the evaluation period. In 2010 and 2011, Cuyahoga (Cleveland) has the highest recurrence rate, and Lucas (Toledo) has the lowest.

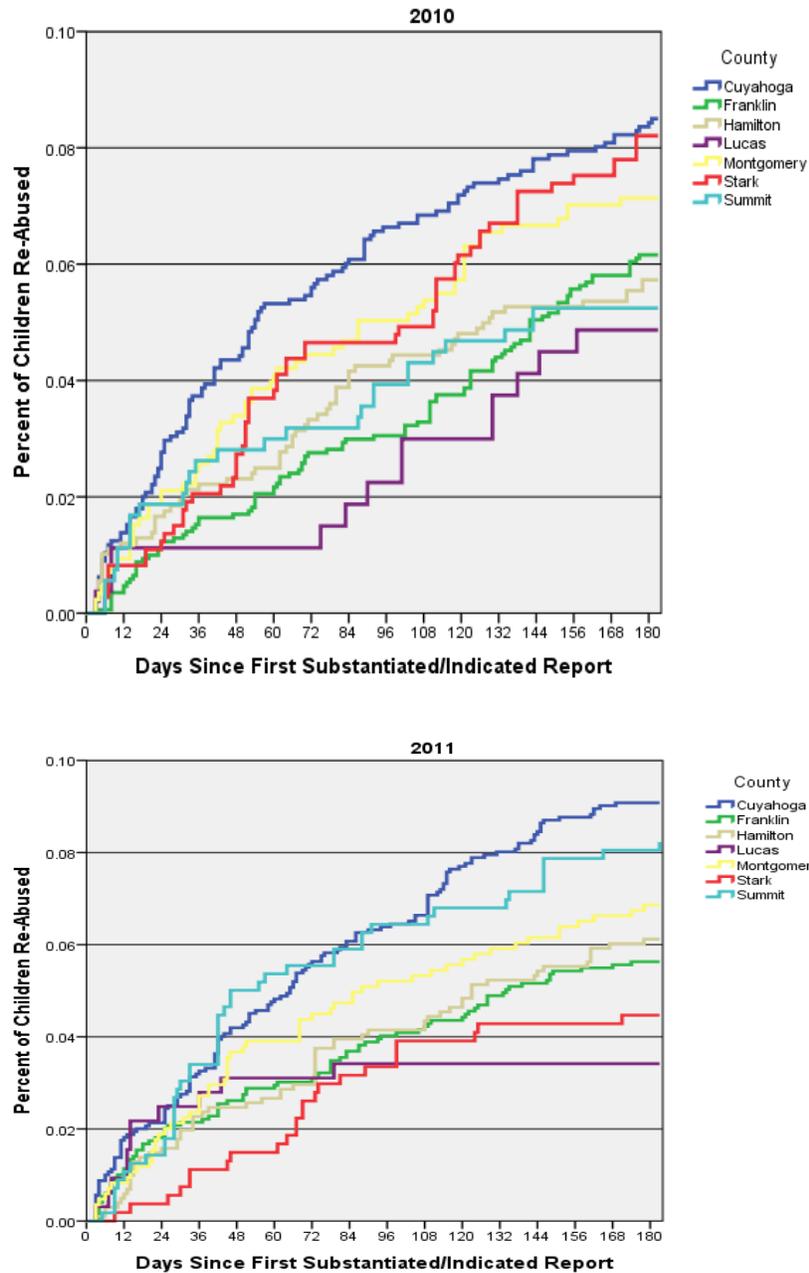


Figure 5 (FFY2012)

These findings, as well as more historical results, were discussed with all Metro and selected non-Metro directors. Other participants including Office of Families and Children (OFC) policy staff and Public Children Services Association of Ohio (PCSAO) staff enriched the discussion. Metro and Non-metro leaders felt the recurrence rates could be the result of services being

delivered to families after the first substantiated/indicated report. Metro counties, having a broader scope of resources, are better suited to provide a wider array of services than non-Metros. Other viable reasons include social work staff may be unaware of the trigger points for this measure, and staff may not be visiting families as they need to because of fiscal constraints and staff shortages. The metro group meeting generated a list of research questions to guide their monitoring efforts. These included the following:

- How much of a role do sibling groups have on the recurrence measure?
- What role do past disclosures have?
- Since local clinical risk management teams have been examining cases, should we write a summary of their observations and distribute it to other counties?
- Do domestic violence, substance abuse, and mental health play a role in the rate of recurrence?
- What are the service delivery patterns of families after the first substantiated/indicated report?
- How is the rate of recurrence influenced by substantiated only and indicated only dispositions?
- Should we continue to analyze the impact of Alternative Response?
- What is the case disposition (open versus closed) at the time of the second substantiated/indicated report?
- Was a Safety Plan enacted?
- When presenting the analysis, associate the measure with good practice.
- Should we add Safety Assessment and Family Assessment data to the child level recurrent spreadsheets for local county use?
- Would it be helpful to scan text fields for critical words ('domestic violence', 'drug abuse', 'mental health', etc.) and create flags in the spreadsheet indicating which word is associated with each child?

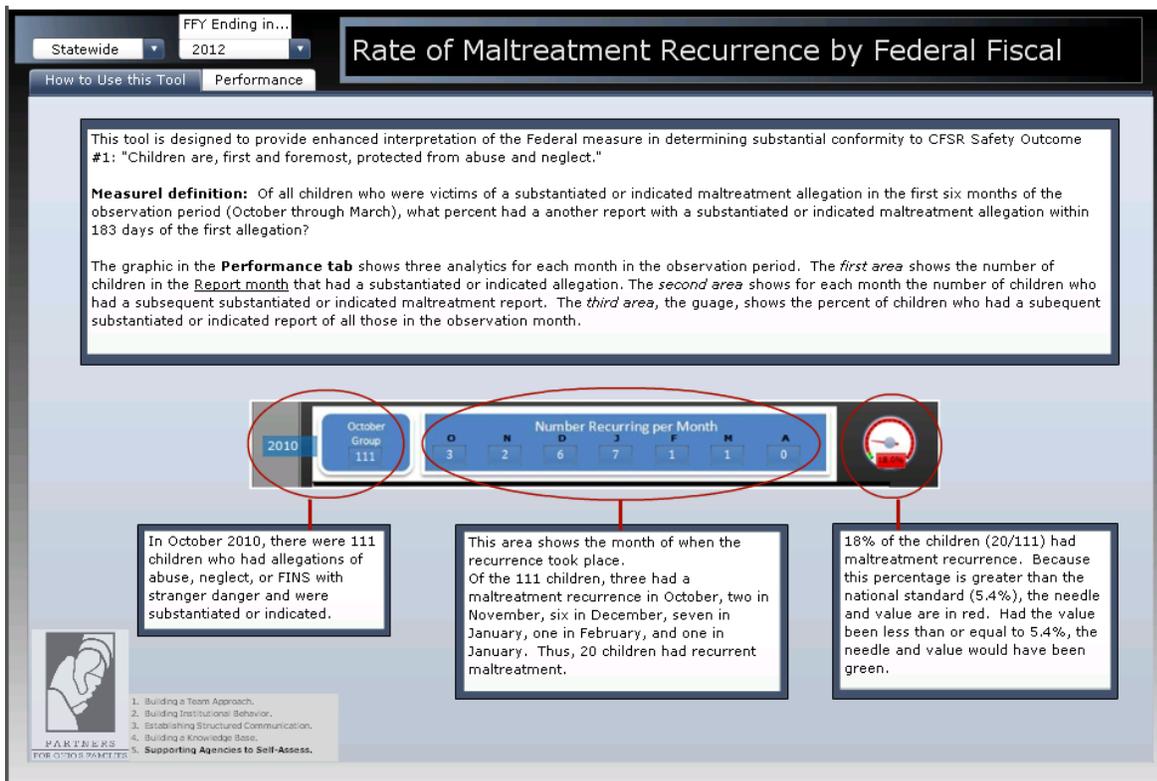
ODJFS is currently reviewing the above list, and determining which items will provide the largest return by using the fewest resources. On September 28, 2012, ODJFS held another meeting with eight Metropolitan counties in collaboration with Casey Family Programs. A general overview of Ohio's recurrence performance was shared. County staff shared successful program improvement strategies (e.g., record reviews, mentoring/improvement reviews with county staff) as well as additional SACWIS data (service information, visitation trends, initiation timeliness) that would be helpful in better understanding particular recurrence trends. County staff agreed to review current quality improvement activities to increase the focus on recurrence performance.

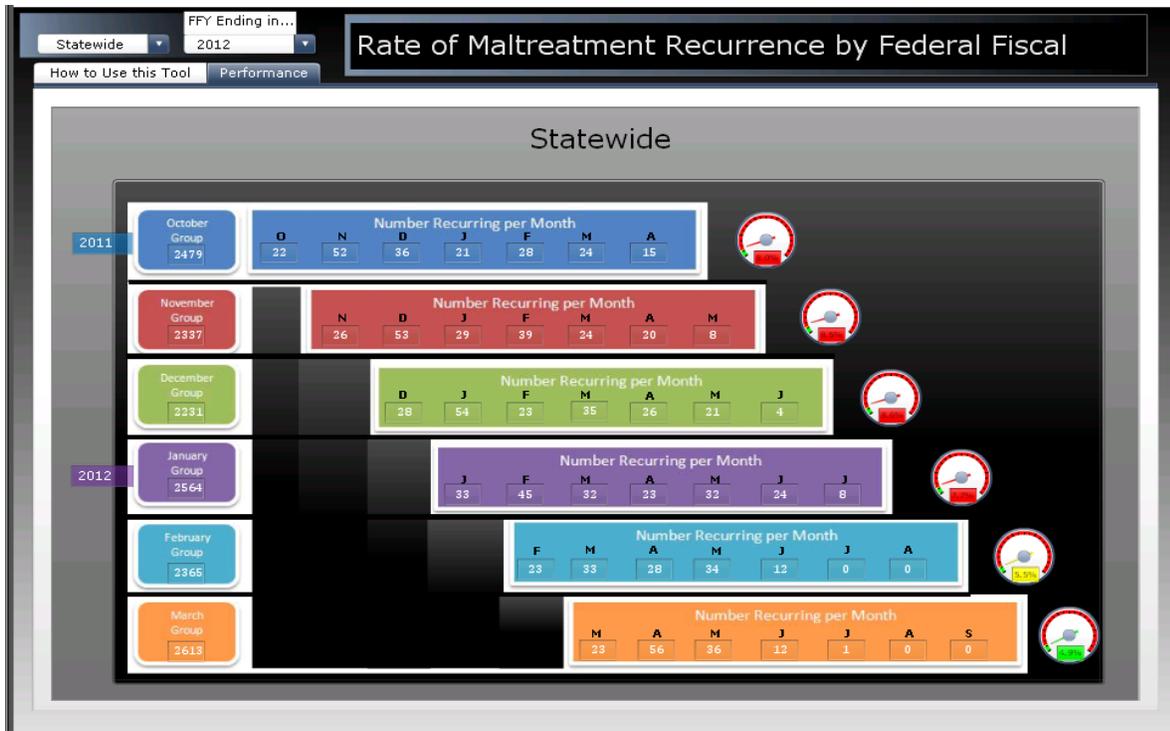
Due to the inability to identify consistent causal factors statewide, it is imperative that county specific analysis and review occurs. The deputy director continues to send out emails to each PCSA director with county specific recurrence information, both present and historical, in order to raise awareness about the maltreatment recurrence measure, Ohio's performance and potential federal CFSR financial penalties. All e-mails request that each county complete a case review of

all children who experienced recurrence of maltreatment along with a review of a random sample of children who did not experience recurrence of maltreatment. Beginning in November 2012 the OFC data analysis staff sent a list of children who have a recurrent maltreatment experience to each PCSA director monthly. The PCSA director was asked to review the list to determine the accuracy of the report. Upon identification of any inaccuracies, the PCSA director was instructed to contact the county assigned Technical Assistance Specialist (TAS) and discuss the best method to correct the inaccuracies.

Internal meetings are held two times a month with SACWIS, Policy and Monitoring staff representatives to review Ohio’s activities addressing recurrence performance.

The following interactive PDF, entitled *Advanced Analysis on the Rate of Recurrence* is being used by counties. This interactive present’s county specific data, using an event history model.





Outcome 1: Safety (continued)

Quality Visits

The following Practice Guidance Articles were developed to increase staff skills and competencies in case planning and facilitating productive visits among parents, children, siblings, and others who play a critical role in achieving children’s permanency plans:

[Effective Visitation between Caseworker and Parents](#)

[Guidance Article on Effective Home Visitation between Caseworker and Child](#)

[Locating and Notifying Relatives When a Child is Placed in Substitute Care](#)

[Guidance Article on Maintaining Sibling Connections When a Child is in Substitute Care](#)

[Guidance Article on Educational Stability and Continuity for Children in Substitute Care](#)

[Fostering Connections to Success](#)

[Effective Visitation between Parent and Child](#)

The Practice Guidance articles were finalized and posted to the SACWIS Knowledge Base (<http://jfskb.com/sacwis>). Field staff also distribute the Practice Guidance Articles during site-visits to agencies who need to improve their performance in one of the areas identified.

Additional resources were developed by CPS staff for casework and supervisory staff as part of the Assessment of Safety training workshops offered. Following training, attendees received electronic copies of the handouts used to support this strategy including: Partnership Guide, Techniques for Building Rapport, Fostering Connections, and Federal Parent Locator Service.

A training curriculum was developed by policy staff addressing the foundational concepts and critical components in completing a clinical risk assessment. Risk assessment is critical in the development of a case plan and in the ongoing provision of services for a family in CAPMIS. The training identifies the importance, and relevance, of the identified categories and their associated elements as required to be assessed in CAPMIS tools. Thorough and detailed risk assessment supports quality decision making for cases throughout the continuum of child welfare, including case plan services. The curriculum informs participants of the importance in properly identifying risk contributors, non risk contributors, and strengths of a family and identifies each element's function in the service planning processes. The curriculum provides supportive research regarding the relevance of the elements in the CAPMIS tools when assessing the likelihood of future child maltreatment. The interrelationships between certain elements are identified. A guide was developed to provide clear definitions of each category and the associated elements, and concrete examples of risk contributors for each element. The guide is multi-functional. It can be utilized by caseworkers in the field, serve as a training tool for supervisors, and assist with staffing cases as a reference document.

Safety Assessment for Children in Substitute Care

On September 29, 2011, the Office of Families and Children hosted the *Symposium on Meaningful Visitation in Substitute Care: Continuous Assessment of Safety in Substitute Care*. Therese Roe Lund, Associate Director of the National Resource Center for Child Protective Services (NRCCPS), facilitated the day's events and presented information on continuous assessment of safety in substitute care. Ms. Roe Lund provided expert consultation, technical assistance and training regarding systemic implementation of practice reform, particularly regarding safety decision making throughout the life of the child welfare case.

Along with three youth who served on a youth panel; 139 staff attended the Symposium representing ODJFS, OCWTP, the Public Children Services Association of Ohio (PCSAO) and 55 Public Children Services Agencies. Evaluations showed that overall the information presented was very useful. At the close of the symposium, participants were given a form asking of their interest in serving in a work group to develop a safety assessment field guide for children in substitute care. Thirty participants volunteered at that time. Each volunteer was then contacted via email in January 2012 to confirm continued interest in participation.

On January 17, 2012, 14 of the original 30 volunteers participated in a webinar as the first meeting of the work group. An overview of the symposium was given and group members had the opportunity to discuss the critical issues to be addressed in the field guide. Group members consisted of ODJFS staff as well as OCWTP and Public Children Services Agency staff from various counties. Following the initial webinar meeting, the group met monthly either in-person or via conference call and email. The final conference call was held on May 24, 2012.

Based on group feedback and participation, the *Safety Assessment for Children in Substitute Care* was developed. The group used samples in current practice by states and also samples provided by participating county agencies as models. The final product consists of a three page safety assessment and is accompanied by a four page guidance article both of which are posted to the online SACWIS Knowledge Base.

The statewide webinar regarding the addition of the *Safety Assessment for Children in Substitute Care* and accompanying guidance article was held on June 29, 2012. In total, there were 109 participants from both public and private child welfare agencies in Ohio. During the 95 minute webinar, participants were presented an overview of the symposium, background on the work group, and instructions on use and incorporation of the safety assessment. Participants were also given the opportunity to ask questions or seek clarification throughout the webinar. Copies of the *Safety Assessment for Children in Substitute Care*, guidance article, and power point presentation were distributed to the 206 registrants on June 28, 2012.

**Ohio Department of Job and Family Services
Safety Assessment for Children in Substitute Care
Visitation Review Tool**

Contact Information

Child's Name:		Date of Visit:	
Location of Visit:		Announced Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individuals Present at Visit:			
Date of child's last physical exam:		Date of child's last dental & vision exam:	
Medications (name, purpose, dosage, physician who prescribed):			
Worker's observations, including child's physical appearance:			

Caregiver's observations/concerns (emotional or behavioral changes, changes in treatment):
Any changes in the child's characteristics (self-protection, physical/cognitive/social development, emotional/behavioral functioning):
Any changes in the caregivers' ability to meet the child's specific needs:

During this visit be sure to follow up on these **top priorities** from last visit:

- _____
- _____
- _____

Basic Needs

<p><u>Well-being:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Have someone to turn to for help & advice <input type="checkbox"/> Have social & emotional support <input type="checkbox"/> Have a consistent respite resource <input type="checkbox"/> Feels supported in continuing positive relationships developed prior to placement <input type="checkbox"/> Have access to adequate food/drink/etc. <input type="checkbox"/> Have season appropriate clothing <p>Comments:</p>	<p><u>Changes in Substitute Care Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> New pets <input type="checkbox"/> New childcare <input type="checkbox"/> Marital status change <input type="checkbox"/> Death or Birth within the household <input type="checkbox"/> New residence <input type="checkbox"/> New people in household <input type="checkbox"/> Household member has left <input type="checkbox"/> Physical changes to home or room <input type="checkbox"/> Job change(s) <input type="checkbox"/> Criminal charges/arrest <input type="checkbox"/> Change in child's daily activities <p>Comments:</p>	<p><u>Relationships in Home:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Individuals in the residence get along <input type="checkbox"/> People speak nicely to others <input type="checkbox"/> Everyone is treated fairly <input type="checkbox"/> The general attitude is good <input type="checkbox"/> Conflict is resolved <input type="checkbox"/> People in the home do not get along <input type="checkbox"/> Conflict is constant in the home <p>Comments:</p>
<p><u>Communication:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Access to contact caseworker <input type="checkbox"/> Know when next court date is <input type="checkbox"/> Have contact with GAL <input type="checkbox"/> Feel like my voice has been heard <input type="checkbox"/> Aware of any upcoming events <p>Comments:</p>	<p><u>School:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Has concerns about school <input type="checkbox"/> Need a tutor <input type="checkbox"/> Is missing school <input type="checkbox"/> Needs services to increase academic success <input type="checkbox"/> Participates in extra-curricular activities <p>Comments:</p>	<p><u>Physical/Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication concerns <input type="checkbox"/> Know when appointments are <input type="checkbox"/> Changes in mood or behavior <input type="checkbox"/> Frequency of mental health services <input type="checkbox"/> Physical, dental, or vision concerns <p>Comments:</p>
<p>Spend time speaking privately with child: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Viewed child's bedroom: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Follow-Up Activities Identified During Visit

Activity	Person Responsible	Target Date

Child/Youth’s Signature:	Date:
Caregiver Signature:	Date:
Agency Representative Signature:	Date:

Assessing Safety in Substitute Care

Visitation between Worker and Child

Requirements

The PCSA and PCPA are required to make monthly face-to-face visits with the child within the substitute care setting to ensure the child’s safety and well-being, and to assess whether the placement and services continue to meet the child’s need in accordance with the case plan. At least one contact must occur within each month.

The minimum frequency of visits shall be as follows, with individual time for the child as appropriate to his or her ability to communicate:

A child placed in a relative or non-relative home or a foster home:

During the first week of placement (not including the first day of placement) in the substitute care setting.

During the first four weeks of placement.

Monthly in the substitute care setting.

A treatment or medically fragile foster home:

During the first week of placement (not including the first day of placement) in the substitute care setting.

Twice monthly, but not within the same week (one of which occurs in the treatment or medically fragile foster home).

A residential facility:

One contact within ten days of placement (not including the first day of placement).

Monthly face-to-face visits within the residential facility.

An independent living arrangement:
One face-to-face visit with the child within the living environment within the first week of placement (not including the first day of placement).
Monthly within the living environment.

Purpose

A visit with a child in substitute care is a face-to-face contact within the substitute care setting. It provides an opportunity to ensure children are safe and that their evolving needs are being met. It aids in the relationship building and should allow for quality one-on-one time between the child and caseworker. A substitute care visit should include the ongoing assessment of :

Child's emotional, physical, and social well-being
Safety
Risk
Services

Strategies for Accomplishing

Techniques for Building Rapport

Approach each child involved with an open mind.
Engage the child and ask about his/her likes and interests.
Actively listen to the child without interruption.
Clarify expectations and purposes by explaining the caseworker's role in working together toward solutions.
Help the child retain a sense of comfort.
Ask the child if you can speak with him/her and how they would like to be addressed (such as a nickname).
Use language that is at the child's developmental level.
Set aside time at each visit to speak with the child privately.
Consider the child's schedule when making visitation arrangements.
Be consistent, persistent, and follow through.
Avoid canceling appointments if at all possible.

Assessing Safety

Ongoing assessment of safety and risk through observation and information obtained during the visit:

The child's current behavior, emotional functioning and current social functioning.

The child's current vulnerability.

The protective capacities of the caregiver.

Any changes in the substitute care setting or changes in the child's daily activities.

Speak privately with the child and address the child's concerns.

The Safety Assessment for Children in Substitute Care- Worker and Child Visitation Tool is available on the SACWIS knowledge base for use during visits.

Things to Consider

Frequency and Location of visits

A caseworker is required to have face-to-face contact with the child in substitute care monthly in the following situations:

For a child placed in a relative or non-relative home.

For a child placed in a foster home.

For a child placed in a residential facility.

For a child in an independent living arrangement.

A caseworker is required to have a face-to-face visit twice monthly for children placed in a treatment or medically fragile foster home.

Resources

Ohio Administrative Code Rule:

- 5101:2-42-65 Caseworker visits and contacts with children in substitute care.
- 5101:2-9-16 Visiting and communications.
- 5101:2-38-05 PCSA case plan for children in custody or under protective supervision.

- 5101:2-39-10 PCPA case plan for children in custody or under court-ordered protective supervision.

- 5101:2-39-11 Required contents of a private PCPA case plan document

Ohio Revised Code:

- 5153.16 Duties of agency.
- 5103.03 Rules for adequate and competent management of institutions or associations.
- 2151.412 Case plans.

Resources

D.C. Child and Family Services Agency, Out-of-Home Practice Model, 2009 @ www.cfsa.dc.gov
Wentz, Rose Marie. Parent Child Visits: Summary of Laws, Research and Best Practices.
National Resource Center for Permanency and Family Connections @ www.nrcpfc.org
State of North Carolina, Department of Health and Human Services, Child Placement Services Manual, Section on Parent/Child Visitation @ <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/css1201c5-10.htm>
Child Welfare Information Gateway, Introduction to Parent-Child Visits @ <http://www.childwelfare.gov/outofhome/casework/birth/visiting.cfm>
Ohio Department of Job and Family Services SACWIS Knowledge Base @ <http://jfskb.com/sacwis/>

OAC Exit Interview

5101:2-42-65.1

Effective June 1, 2013, both PCSA's and PCPA's will begin conducting exit interviews with every child within seven days of leaving a foster care placement. In order to continue to strive for safety in foster care placements, each child will be asked a series of questions, based on their developmental level, regarding their time at the placement. The exit interview form and associated questions seek to gain more information from the child about the placement such as

what they liked and did not like about the placement, how they were treated, and what, if anything, could have made the placement better. The information will be recorded on the paper form until an electronic version is made available in SACWIS.

**Ohio Department of Job and Family Services
FOSTER CARE EXIT INTERVIEW**

The JFS 01678 FOSTER CARE EXIT INTERVIEW form is to be used by all Public Children Services Agencies (PCSA) and Private Child Placing Agencies (PCPA) in conjunction with completing the FOSTER CARE EXIT INTERVIEW outlined in OAC 5101:2-42-65.1. The face-to-face interview is to be completed within seven days after the child’s exit from each foster care placement. The form can be used as a template to initiate a conversation between the caseworker and the child/youth. Wording can be adjusted based on the age and developmental level of the child.

Exit Interview	
Person Conducting the Interview	Recommending Agency
Child’s Name	Date
Name of Foster Home Child Just Left	
Date Placed in this home	Date Removed from this home
Reason child left placement	
What did you like the most about living in this foster home?	
What did you like the least about living in this foster home?	
When you were good, how were you rewarded?	

<p>If you did something wrong, how were you disciplined?</p>
<p>What else would you like to tell me about this home?</p>
<p>Was there anything else that could have been done to make this placement better?</p>
<p>Additional comments:</p>

<i>Respond based on the child's experience</i>	YES	NO	Additional Information
1. Were you comfortable in this foster home?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were the other children in the home nice to you?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Did the foster parents allow you to do activities that you liked to do?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did they feed you healthy meals and was there plenty of food in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Were you treated fairly in this foster home?	<input type="checkbox"/>	<input type="checkbox"/>	

6. Was the foster mother nice to you?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Was the foster father nice to you?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you think this is a good foster home for other children?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Were you allowed to call your family/caseworker/counselor/GAL?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Did you feel safe in this home?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Did the foster parents help you to understand why you were leaving this home?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Did anyone talk to you about the move?	<input type="checkbox"/>	<input type="checkbox"/>	
Referral Information			

Action plan/Follow up

Signatures	
Printed Name	Date
Agency Representative Signature	Date

Outcome 2: Permanency

Goal 2: **Children have permanency in their living situations; family relationships and connections are preserved.**

Strategy 1: Improve permanency planning process to develop appropriate and timely permanency plans for children.

Strategy 2: Improve placement resources and family visitation for children in foster care.

Strategy 3: Provide older youth and those aging out of foster care with needed supports and connections to achieve self-sufficiency.

Strategy 4: Increase staff skills and competencies in case planning and facilitating productive visits among parents, children, siblings, and others who play a critical role in achieving children’s permanency plans.

Progress:

Practice Guidance Articles, Application Guides and Checklists

Practice Guidance Articles were finalized by ODJFS policy staff and uploaded to the SACWIS Knowledge Base website in July 2012. The articles are designed to support specific areas of case practices and provide information within a structured template format. Each article identifies the purpose of the practice area being addressed and the rule requirements supporting the practice. Additionally, the reader is provided with strategies to assist with application of the guidance in the field, as well as a list of additional resources. Several articles were developed to address case practice areas that have a direct impact on permanency outcomes. Practice areas addressed include: building rapport with family members; visitation and contacts between caseworkers and all family members; effective visitation between parent and child, locating and notifying relatives when a child is placed in substitute care, maintaining sibling and familial connections; and involving fathers and paternal relatives. Practice Guidance Articles are used on a regular basis by ODJFS field office staff in the provision of technical assistance to agencies.

Additionally, ODJFS policy staff developed application guides to provide clear definitions and examples of the clinical risk assessment elements, addressing the four categories and 16 sub-categories. The application guides are multi-functional. They can be utilized by caseworkers in the field, serve as a reference guide when completing and reviewing assessments, function as a training tool for supervisors and staff and assist with case supervision and staffing. The application guides were also uploaded to the SACWIS Knowledge Base website in July 2012.

The Strengths and Needs Risk Assessment List is an application guide that supports thorough assessment of risk throughout the life of a case. The guide provides definitions to each category

and concrete examples of risk contributors are provided for each element. The assessment of risk and the effectiveness of services are critical components of the case planning and case review processes for children and their families.

The Partnership Guide was developed to reinforce principles of partnership when working with families. This guide is designed to be implemented by a caseworker and family members. It maintains the core components determined necessary when having a true partnership and encourages the engagement of the family members in the scheduling of dates, location, frequency, duration and agenda of worker visits/meetings. This guide also provides the opportunity for families to review the effectiveness of the meeting and plan for the next meeting. Additionally, the guide can be modeled by supervisors during supervision and case conferences with workers.

Practice Guidance Articles:

[Strategies to Build Rapport](#)

[Effective Visitation between Parent and Child,](#)

[Guidance Effective Home Visitation between Caseworker and Child,](#)

[Effective Visitation between Caseworker and Parents,](#)

[Fostering Connections to Success](#)

[Educational Stability and Continuity for Children in Substitute Care](#)

[Locating and Notifying Relatives When a Child is Placed in Substitute Care](#)

To ensure that the content contained in the Guidance Articles, Application Guides, and Checklists developed continue to assist agencies in developing appropriate and timely permanency plans with families, ODJFS reviewed the results from CPOE Stage 8 (Item #7, Item #8, and Item #17). It was determined that the materials were still relevant in assisting PCSAs to address their Areas in Need of Improvement. It should be noted that some PCSA QIPs referenced the use of this information.

FCCC Permanency Roundtables

In 2010, with the assistance from Casey Family Programs, Franklin County Children Services (FCCS) conducted 110 Permanency Roundtables (PRTs), which focused on 120 youth in the legal custody status of Planned Permanency Living Arrangement (PPLA). When there were siblings in PPLA, a single PRT was used to generate action plans for all the siblings. Hence, the higher number of youth than PRTs. In 2011, with assistance from Casey Family Programs, FCCS conducted 90 PRTs, which focused on 100 youth in PPLA. In 2012, FCCS conducted a third and final round of PRTs specifically targeting PPLA youth. A total of 63 PRTs were held for PPLA youth in 2012. FCCS also continues to plan for fully integrating PRTs into daily practice to better address permanency planning for all youth in care. As of December 31, 2012 there were 185 children in PPLA status at FCCS. Of those 185, 132 or 71.4% of those children had a PRT conducted on their case in the previous two and a quarter years.

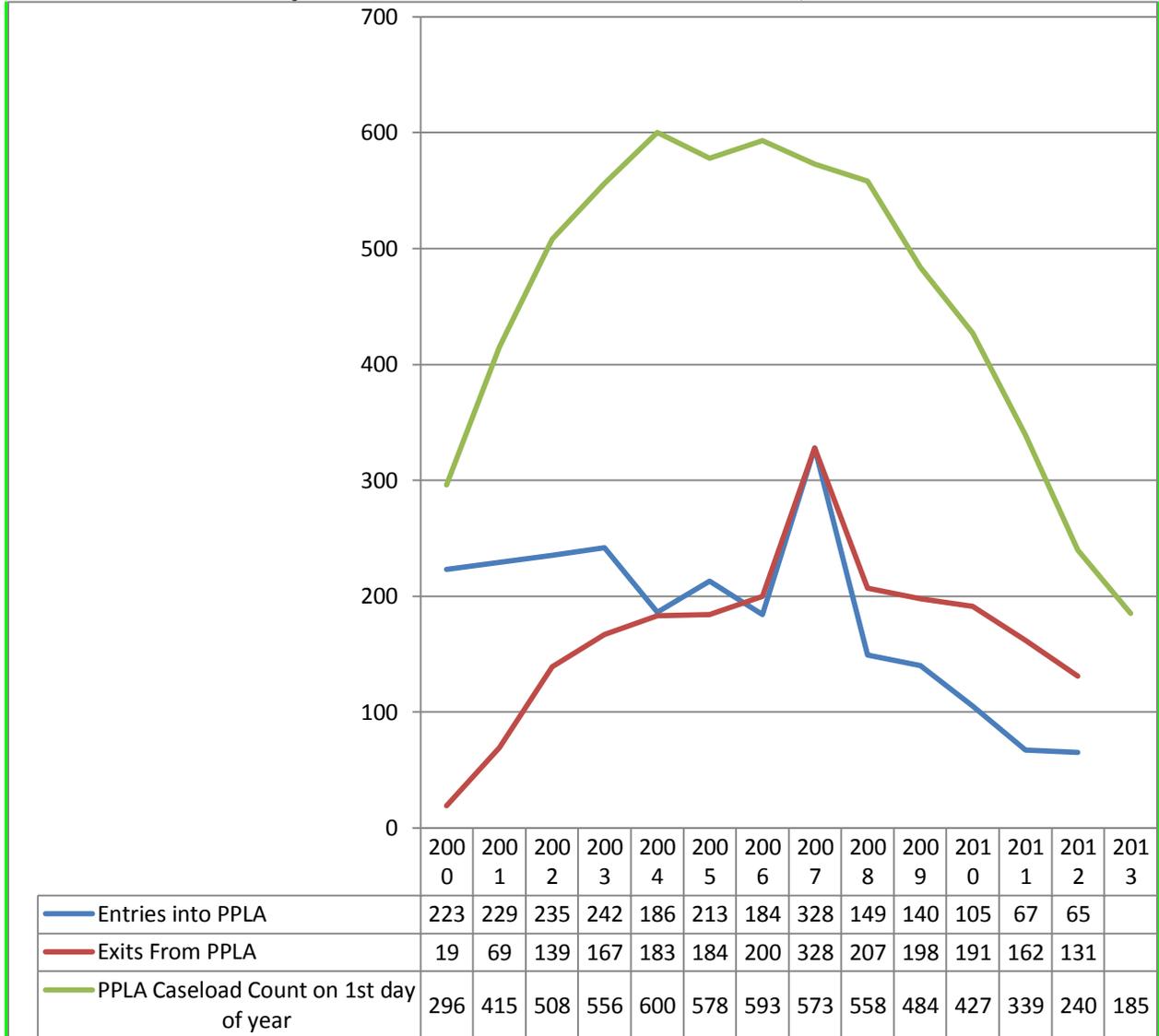
FCCS continued its informal assessment of the impact that PRTs had on permanency for youth who had the legal custody status of PPLA. For PRTs conducted in 2010, data indicate that of the 120 children who participated in PRTs; 21 achieved permanency, 63 did not achieve permanency, and 34 are still working on permanency 24 months later. For PRTs conducted in 2011, data indicate that of the 100 children who participated in PRTs; 9 achieved permanency, 43 did not achieve permanency, 38 are still working on permanency 12 months later, and 9 were repeat or a later cohort. FCCS will continue to monitor the permanency outcomes for youth who have PRTs in the third round in 2012 and in all future PRTs.

The tables below present information on the permanency status for youth who were in PPLA status as of 9/1/2010, and had PRTs held in 2010 and 2011 and their status as of 12/31/2012.

Total Children in PPLA Status as of 9/1/2010 who had PRTs in 2010 (status as of 12/31/2012).		
Achieved legal permanency	21	17%
Emancipated	63	50%
County relieved of legal custody	1	1%
AWOL	7	6%
Still in care	34	27% (*includes 6 youth reunified but returned to care)
Total	120	
	(*126)	
Total Children in PPLA Status as of 9/1/2010 who had PRTs in 2011 (status as of 12/31/2012).		
Achieved legal permanency	9	10%
Emancipated	43	48%
AWOL	1	1%
Still in care	38	42% (*includes 1 youth reunified but returned to care)
Total	90(*91)	
**repeat PRT or later cohort	9	**Total PRT youth:100

FCCS also continued to monitor the status of all entries into and exits from PPLA for youth in agency custody. The chart below provides a historical comparison of the total number of youth in PPLA status as well as the number of entries into and exits out of PPLA status from 2000- 2012.

History of Entries and Exits into PPLA Status, 2000-2012



Key points represented in the chart include:

- The total number of youth in PPLA status increased from 2000 through 2004 then remained steady from 2005 through 2008. From 2009 through 2012, there has been a significant decline in the number of youth entering into PPLA status, as well as the total caseload of PPLA youth.
- From 2000 through 2007, the number of entries into PPLA outpaced or was nearly the same as the number of exits out of PPLA.
- Since 2007, the number of exits out of PPLA has outpaced the number of entries into PPLA.

- Entries into PPLA in 2011 (66) and 2012(65) were far less than half the number of entries into PPLA in 2008 (149) or 2009 (140).

FCCS has also monitored the total number of youth in FCCS custody to determine the distribution of legal status types and the trends for PPLA as a proportion of the total child population. The table below represents the distribution of legal status types for youth in agency custody from 2008 through 2012 by number and percent. The data illustrates that PPLA legal status has declined both in number and percent relative to all legal status types. PPLA youth have declined from a high of 10% in 12/31/2009 to a steady 4% as of 12/31/2012.

Print Date:4/18/2013
**FCCS--Active Ongoing Cases Child Counts & Legal Status Snapshot
History (Ongoing, AR Ongoing, and Adopt Cases)**

	6/30/08	12/31/08	6/30/09	12/31/09	6/30/10	12/31/10	6/30/11	12/31/11	6/30/12	12/31/12
Total	5549	4548	4428	4152	4436	4360	4538	4269	4370	4193
EMERCUSTA GNCY	0 0%	0 0%	0 0%	0 0%	0 0%	1 0%	0 0%	0 0%	0 0%	1 0%
EXPARTE	10 0%	6 0%	2 0%	6 0%	13 0%	4 0%	2 0%	1 0%	2 0%	3 0%
FRSTVAC	18 0%	5 0%	4 0%	6 0%	15 0%	8 0%	16 0%	3 0%	17 0%	14 0%
OA	17 0%	12 0%	2 0%	3 0%	5 0%	1 0%	4 0%	2 0%	2 0%	6 0%
TCO	358 6%	306 6%	298 6%	276 6%	351 7%	318 7%	301 6%	340 7%	310 7%	282 6%
TC	782 14%	718 15%	683 15%	682 16%	712 16%	761 17%	802 17%	860 20%	817 18%	845 20%
TCFRSTEXT	285 5%	296 6%	290 6%	220 5%	212 4%	198 4%	234 5%	224 5%	250 5%	242 5%
TCSECNDEXT	213 3%	212 4%	208 4%	175 4%	131 2%	134 3%	156 3%	160 3%	130 2%	147 3%
PPLA	528 9%	484 10%	415 9%	427 10%	389 8%	339 7%	294 6%	240 5%	200 4%	177 4%
COPS	689 12%	603 13%	546 12%	585 14%	509 11%	624 14%	643 14%	611 14%	627 14%	535 12%
TCOPS	280 5%	199 4%	245 5%	179 4%	292 6%	271 6%	261 5%	242 5%	295 6%	234 5%
PC	102 1%	200 4%	215 4%	188 4%	200 4%	192 4%	158 3%	122 2%	170 3%	157 3%
VPS	2290 41%	1507 33%	1520 34%	1405 33%	1607 36%	1509 34%	1667 36%	1464 34%	1550 35%	1550 36%

As of December 31, 2012, the agency looked at youth who discharged from the PPLA status to determine if they have achieved permanency or not. These youth exited PPLA status between September 2010 and September 1, 2012. Additionally, the agency wanted to track whether these same youth discharged from the PPLA status had a PRT held for their permanency planning or not. The table below illustrates that 285 exited PPLA status between September, 2010 and September, 2012. Sixty-two (62) or 22% of the youth achieved permanency prior to their exit from PPLA while 229 or 80% of the youth did not. When considering PRTs, of the 285 youth, 145 youth had a PRT held while 140 had exited and had no PRT held for permanency planning. The data also indicates that 21% of the youth with a PRT held achieved permanency while 23% of the youth with no PRT held had achieved permanency. FCCS will continue to monitor this data to determine if any positive results are sustained.

Youth exiting PPLA between Sept. 2010 and Dec. 2012						
	PRT		No PRT		Total	
	#	%	#	%	#	%
Permanency Achieved	30	21%	32	23%	62	22%
Permanency Not Achieved	115	79%	108	77%	223	80%
Total	145	100%	140	100%	285	100%

* Data does not include children who reunified but were returned to agency care.

Connection between PRTs and CFSR Composite 3

As discussed, FCCS is operating under the premise that as values underlying PRTs infuse practice decisions at FCCS, it can be expected that, over time, fewer youth would enter into the PPLA status and that fewer youth would remain in foster care for long periods of time. In short, it can be expected that, over time, FCCS’ performance on CFSR Permanency Composite 3 would improve. Specifically, the pattern of scores would look like:

- Increases in the percentage of children in foster care for 24 months or longer who are discharged to a permanent home prior to their 18th birthday.
- Increases in the percentage of children legally free for adoption at the time of discharge from foster care who are discharged to a permanent home prior to their 18th birthday.
- Decreases in the percentage of children who spend 3 or more years in foster care prior to being emancipated or turning age 18.

As a result, evidence that the permanency values of PRTs are influencing practice at FCCS would be found in the pattern of scores of the three measures for Composite 3, which focuses on the outcomes for children and teens in foster care for long periods of time. FCCS’ scores for the measures comprising Composite 3 from 2007 – 2013 are shown in the table below.

End month for rolling-12 month view

	end 9/2007	end 3/2008	end 3/2009	end 3/2010	end 3/2011	end 3/2012	end 3/2013
C 3-1 Exits to permanency prior to 18th birthday for children in care 24+ month (goal: 29.1% or higher)	23.9%	23.5%	24.5%	22.6%	30.0%	34.70%	34.70%
C 3-2 Exits to permanency for children with TPR (goal: 98% or higher)	98.4%	100.0%	97.1%	94.8%	94.2%	92.10%	92.70%
C 3-3 Children Emancipated who were in foster care for 3 years or more (goal: 37.5% or lower)	36.9%	36.4%	36.0%	41.3%	34.0%	27.50%	22.60%

Source: ODJFS BIC CFSR Report Tools, as of 4/19/2013

As discussed, the table shows that for the 12 months ending in March 2011, the agency achieved compliance with measure C 3-1 for the first time since the agency started tracking the measure and maintained compliance for each of the 12 month periods ending March 2012 and March 2013. Though it would be affirming to the efforts at FCCS to declare that the improvement was due to PRTs, it is still premature to make that attribution. The differences observed for measure C.3-1 may be due to natural variation. Discerning whether PRTs have a sustained impact will require tracking the measures that make up Composite 3 over a longer period of time. However, additional increase in the score for C.3-1 to 34.7% through March 2013 is a step toward determining that PRT improvements may become consistent and maintained.

FCCS Team Decision Making

Team Decision Making (TDM) was introduced at FCCS in partnership with Assessment/Investigation (AI) in July, 2010 and was fully implemented by October, 2010. As of May 31, 2012, TDM continues at the agency's "front door" through collaboration with Performance Improvement Department (PID) and Assessment/Investigation (AI). The goal remains to integrate of permanency values into daily practice through enhanced family engagement and involvement in decision-making, fewer unnecessary removals and placements, and increased utilization of extended family and kinship resources for placement and support. There are continued improvements to the TDM process and increases in the number of TDMs held. Community partners are included in the process and recent efforts to involve staff from various community hospitals and educate them about TDMs at FCCS were well received. As a result, there has been increased participation by hospital staff and other community partners, which aids in the quality and effectiveness of TDMs held.

There are two outcome measurements being monitored for TDMs at FCCS; custody and placement. Data from FCCS TDM data reports reflect TDM custody and placement outcomes for 2010, 2011, and for 2012.

For 2010, the total number of TDMs held was 112, representing 159 children. For 2010, the custody outcomes depict the number and percent of custody types for children with TDMs held. Notably, 57 percent of children with TDMs held remained in the custody of their parent, guardian, or custodian with no custody change (FCCS did not receive custody). The data also depict the number and percent of placement outcomes for children as a result of the TDM. For 2010, 35 percent of children remained in placement in their own home, with an additional 31 percent placed with either relatives or non-relatives.

For 2011, the total number of TDMs held was 233, representing 341 children. For 2011, the custody outcomes depict the number and percent of custody types for children with TDMs held. Again, 57 percent of children with TDMs held remained in the custody of their parent, guardian, or custodian with no custody change (FCCS did not receive custody). The data also depict the number and percent of placement outcomes for children as a result of the TDM. For 2011, 35 percent of children remained in placement in their own home, with an additional 27 percent placed with either relatives or non-relatives.

For 2012, the total number of TDMs held was 187, representing 280 children. For 2012, the custody outcomes depict the number and percent of custody types for children with TDMs held. Again, 65 percent of children with TDMs held remained in the custody of their parent, guardian, or custodian with no custody change (FCCS did not receive custody). The data also depict the number and percent of placement outcomes for children as a result of the TDM. For 2012, 38 percent of children remained in placement in their own home, with an additional 33 percent placed with either relatives or non-relatives.

Supreme Court

Courts play a critical role in ensuring that each child's case is handled expeditiously and that safety, permanency and well-being are paramount. The Supreme Court of Ohio (SCO) and ODJFS had identified numerous activities to address court processes at multiple levels in order for children to have appropriate permanency goals established and achieved in a timely manner. During the past year the following activities occurred:

Dependency Docket Bench Cards

The Supreme Court of Ohio's Judicial College provided training on the Dependency Docket Bench Cards (Cards) in a variety of forums, and distributed the Cards to collective gatherings of judges and magistrates. The Cards are a resource – reference tool—that can be easily accessed by the judge during proceedings, as well in preparation for or in consideration of hearings. Thus, judicial officers training is on the preferred practice that is reflected in the Cards' content. Judges and magistrates are advised that this tool exists as a working guide to support and reinforce the instruction provided through the training.

The Judicial College curriculum for judges and magistrates, *Abuse, Neglect and Dependency 101*, is organized to parallel the Cards, which are used as a complement to and resource for the training. This course's educational content outline mirrors the Cards' narrative and content. Through the progress of the course, participants are walked through the stages of hearings, as well as their statutory basis and considerations. The Cards are referenced throughout the process.

The revised Cards were distributed in hard copy to participants at the annual meeting of Ohio juvenile judges. (Note: The Cards are also available in an electronic version that is preferred by some judges for use on the bench.) This session featured a presentation by the American Bar Association's Andrea Khoury on meaningful engagement of youth in court. The Cards were also used to reinforce effective court processes during the September 7, 2012 Permanency Custody Video Conference. This video teleconference included Justice Lansinger, an appellant Judge, two Juvenile Judges and a magistrate as faculty. The course's goal was to help judicial officers conduct their hearings in a way that would hold up on appeal and not add time by being remanded back to the trial court for additional proceedings.

The Supreme Court of Ohio has also been working to expand its Docket Bench Cards to address: Independent Living Skills for Older Youth; the Interstate Compact on the Placement of Children; and Education. Early drafts have been completed regarding independent living skills.

Child, Families and the Court Bulletin

The lead article in the Fall 2012 issue of *Children, Families and the Court Bulletin* was entitled *Permanency – A Forever Home for Children in Foster Care: What Courts Can Do*. Of particular importance is the article's distinction between the purpose of the case review hearing and the permanency hearing. Co-written by Judge Denise Navarre Cubbon, Lucas County Juvenile Court (Toledo) and Steve Hanson, Manager of SCO's Children, Families and the Courts Programs, the article provides a solid grounding of the purpose, content, and elements of an effective permanency hearing. In addition, the article references several Ohio-based initiatives that courts might wish to consider to support permanency efforts for children in their jurisdictions. The permanency focus is continued throughout the bulletin, featuring several related articles, including a synopsis of the Summer Permanency Forums sponsored by PCSAO, Legal Orphans, Wendy's Wonderful Kids, and the Ohio Kinship Care Study.

PCSA Data Support

The following analytic tools were developed: CFSR Data Profile, by county; Length of Stay in Care; Re-entries to foster care; Length of time to adoption; Children in care 17+ months, adopted by end of year; Children in care 17+ months achieving legal freedom within 6 months; Legally free children adopted in less than 12 months; Exits to permanency with TPR, Placement Stability of Children; and Number of Children entering care.

CFSR Data Profile

Three different venues were used to disseminate CFSR data. In the first venue, aggregate CFSR data across three evaluation years was posted to the Supreme Court of Ohio site:

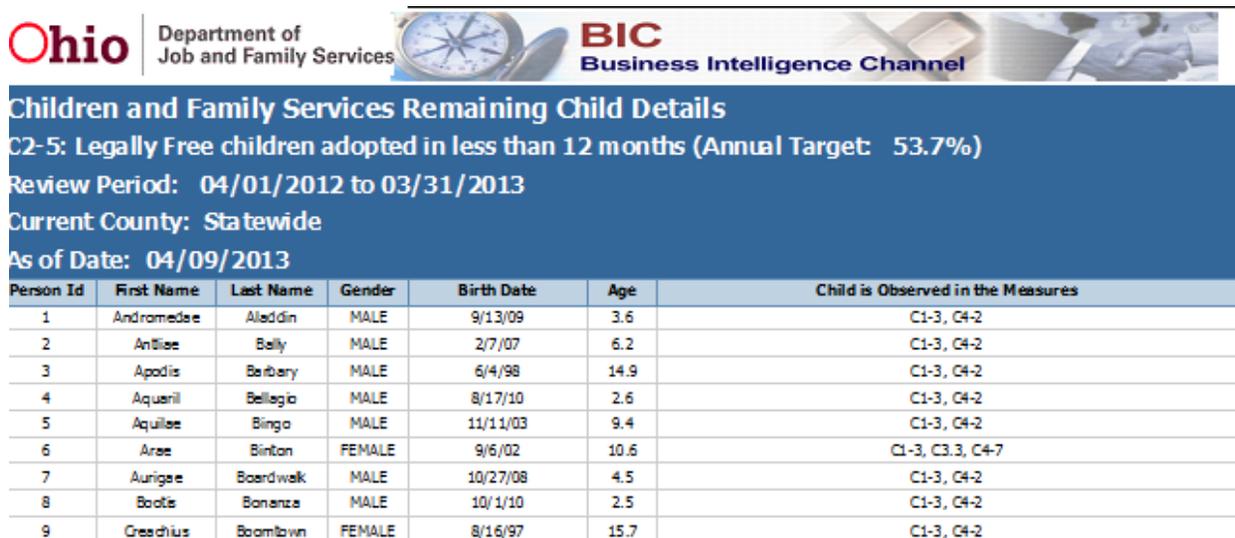
www.SummitOnChildren.ohio.gov. This interactive tool provides the results on all CFSR permanency measures for each county and statewide, and is designed to assist individuals who are unfamiliar with the CFSR measures. For instance, to explain each measure, ODJFS augmented ACF's definition with a flow chart depicting the questions posed to the database. In addition, detailed performance across the last three evaluation years and the numerators and denominators were provided. To assist counties in making needed changes to policy and programs, recommendations were provided to spark county improvement. The dashboard is updated once per year, consistent with the CFSR evaluation cycle.

The second venue used to provide CFSR outcome data is on the ODJFS Intranet, Business Information Channel (BIC). Only state and county PCSA staff can view aggregate performance data and are able to drill through the reports and obtain detailed information on each child. In this tool set, there is one Cognos data cube representing each of the CFSR permanency measures, with the exception of C1-2, and C2-2. This flexible tool allows users to create custom reports by selecting from a variety of dimensions and can easily convert information into a graph to include in presentations to their county commissioners or boards. Custom reports for these permanency measures can include any of the following variables: child age (current), child age (at entry), number of removals, family structure, case goal, discharge reason, and number of placements. The tool is updated weekly.

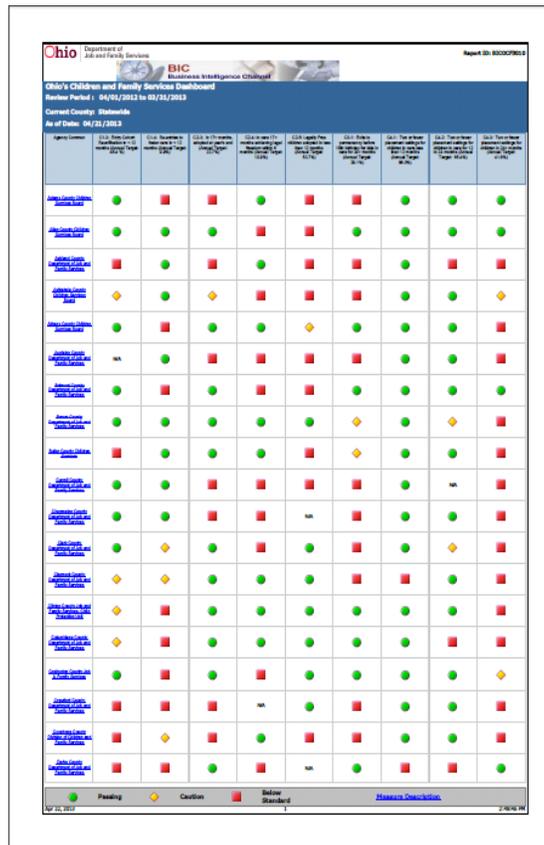
The third venue consists of two real-time CFSR Dashboards. Both Dashboards are updated each weekend and ready for use on Monday mornings. The first Dashboard shows a county's current performance on nine of the statistically valid permanency measures. This Dashboard allows PCSAs to determine their current performance and identify the children who are currently being included in the measure for the observation window. An extensive guide for using the Dashboard was written. The diagram below shows a sample statewide view.



From this Dashboard, staff may drill thru to obtain a list of children who are being tracked for each measure. The following figure provides a sample drill-thru.



The second Dashboard shows the performance of each county by each of the nine measures. With this Dashboard, it is easy to determine which counties are having the most difficulty and which measures are most troublesome. A screenshot of this Dashboard follows.



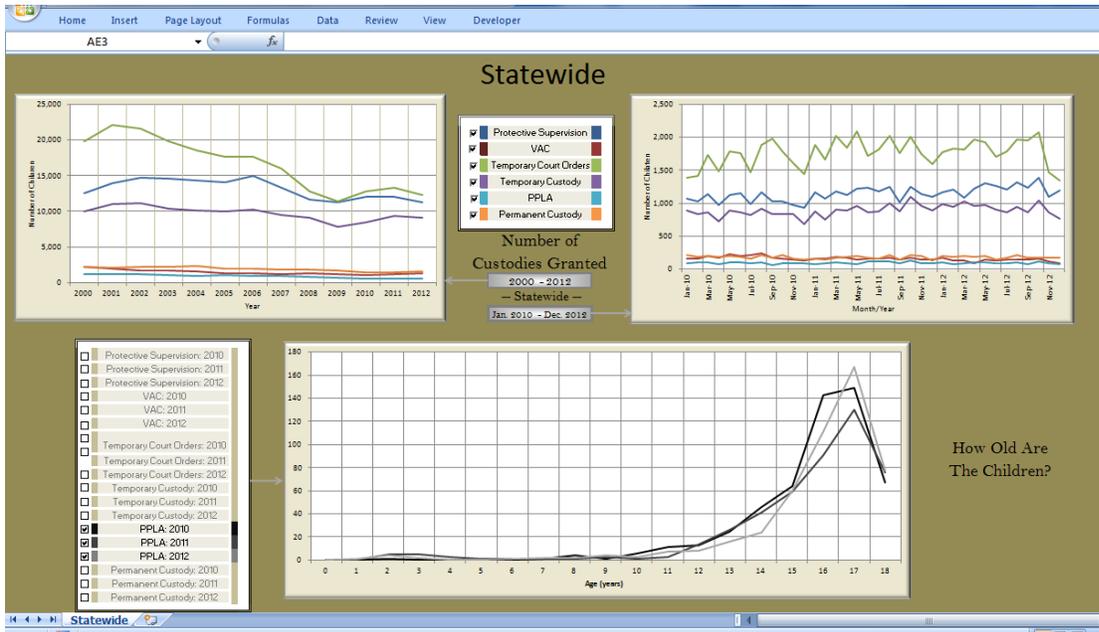
Length of Stay in Care; Re-entries to foster care; Length of time to adoption; Children in care 17+ month, adopted by end of year; Children in care 17+ months achieving legal freedom within 6 months; Legally free children adopted in less than 12 months; Exits to permanency with TPR; Placement Stability of Children.

These analytic tools are posted on BIC where county/state data staff has the ability to drill down to child specific information as well as create their own reports. Availability of child specific information allows county/state data staff to: identify specific areas needing attention, design targeted interventions, use proactive methods to monitor results, initiate case reviews on a sample of those cases to learn subtle issues about county performance; and discover data entry errors and correct information in the reporting system.

Number of Children Entering Care

The Number of Children Entering Care Analytic Tool was updated to include data up through May 2012. Counties can examine their trend data from January 2007 through May 2012. Additionally, counties can examine their trends in relationship to like size CPOE county groupings (e.g., small, medium-small, medium, large, metro, major-metro).

Training and technical assistance was provided on-site throughout the year to PCSA staff and court staff.



Older Youth Supports

The Ohio Department of Job and Family Services recently launched a comprehensive initiative, known as “*Connecting the Dots... From Foster Care to Education and Employment*”. The goal of this initiative is to dramatically improve the educational and employment outcomes for youth in or emancipated from foster care. In addition, the initiative aims to better support foster youth’s transition to adulthood, prevent and reduce the incidence of early pregnancy, and break down program and funding silos so cross-system strategies are effective.

The initiative includes four tiers of activities:

- 1) Statewide training to build common, foundational knowledge to include:
 - Cross-program training for foster care case managers and Workforce Investment Act (WIA) youth program staff;

- Training in Ohio’s many self-service career exploration and employment assistance tools for One-Stop Career Center youth staff, service providers, foster care youths parents and case managers; and
 - A conference for 250 youth, planned with strong youth voice;
- 2) Pilot programs designed to integrate WIA youth program and foster care independent living services. Five pilot counties were selected in February 2012. They were: Cuyahoga, Hamilton, Montgomery (along with Greene, Clinton, and Preble), Lake, and Summit Counties.
 - 3) Comprehensive website providing youth access to self-service information and resources.
 - 4) Statewide implementation of best practice model, in a phased approach using six critical elements:
 - Integrated system design
 - Blended funding streams
 - Synchronized policies
 - Strategic case practice
 - Meaningful youth engagement, voice and input
 - Collaborative planning

CTD utilizes Chafee, TANF and WIA funds and is delivered through Workforce Investment Act (WIA) youth employment and training services, foster care independent living services, Big Brothers Big Sisters volunteer mentors, and the Ohio Department of Health program to reduce pregnancy and sexually transmitted infections. Key service components consist of educational supports (e.g., tutoring, study skills and dropout prevention aimed at increasing high school or GED completion rate, enrollment and retention in post-secondary education, and attainment of degree or industry-recognized credentials), career exploration, and work readiness training and job placement with the following benefits:

- Increased employment during and after high school;
- Increased wage level to enable independent living; and
- Reduced percentage receiving public assistance.

Other aims of CTD are to:

- Increase the pool of trained mentors recruited and matched with youth
- Increase developmental assets for youth to avoid early parenting and other risky behavior
- Increase number of youth with an adult to support them as they transition to a 13th year of education
- Build the capacity of youth service agencies
- Increase coordination of services by multiple agencies
- Improve continuity in plans of service for youth

- Increase knowledge of case managers and front-line staff of the full range of services and resources available to older youth in foster care, and
- Improve inter-agency organizational infrastructure to comprehensively serve young people aging out of foster care.

Youth Involvement in Providing Input on Child Welfare Policies and Practice

ODJFS staff regularly participates in quarterly Ohio Youth Advocacy Board (OYAB) meetings to hear youth concerns and also to provide information and obtain input regarding policy impacting children and youth who are involved with the child welfare system. OYAB is comprised of youth who are currently in foster care, as well as, those who have emancipated. Ohio's chapter of the Foster Alumni coordinates the meetings.

ODJFS provided information to the OYAB regarding requirements for caseworkers to regularly visit children in foster care and solicited youth involvement in statewide training, as well as planning efforts to address the housing crises youth face beyond foster care. Youth from the OYAB as well as the Youth Empowerment Program and Ohio Foster Care Alumni Board serve on key committees hosted by ODJFS, such as the Transitional Youth Housing Taskforce.

Fatherhood Programs

Grantees

In April 2012, the Ohio Commission on Fatherhood (OCF) funded eight fatherhood programs at \$112,500 for fifteen months. The current grant cycle will expire June 30, 2013. In the Request for Grant Applications OCF emphasized the importance of collaboration with children services agencies. Section 3.2 F of the Request for Grant Application reads, "... Additional points will be awarded if applicants include letters of support from other county agencies such as Children Services and Workforce Development." The score sheet includes 3 additional points for applicants to include a letter of support from their county's Children's Services agency.

The following chart below shows OCF’s current grantees and their service areas by county. To date the current grantees have served a total of 15,122 fathers.

Current Ohio Commission on Fatherhood Grantees	
Fatherhood Program	Service Areas by County
1. Action For Children	Franklin, Delaware, Fairfield
2. Columbus Urban League	Franklin
3. FameFathers	Summit
4. HARCATUS	Harrison, Carroll, Tuscarawas
5. Spirit of Peace	Montgomery
6. Talbert House	Hamilton
7. Urban Light Ministries	Clark
8. Wood Seneca Ottawa Sandusky Community Action Agency	Wood, Seneca, Ottawa & Sandusky

Evaluation

The Ohio Commission on Fatherhood began using a new assessment tool during the 2012-2013 grant cycle. The grantees are currently administering the Protective Factor Survey (PFS) to fathers who enroll and complete courses that use curriculums such as Nurturing Fathers, 24/7 Dads, Inside Out Dads, Father Factor, and On My Shoulders. The PFS is a product of the University of Kansas Institute for Educational Research and Public Service collaborating with the FRIENDS Network. As outlined below, the instrument measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development.

Protective Factor	Definition
Family Functioning/ Resiliency (5 items)	Having adaptive skills and strategies to persevere in times of crisis. Family’s ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.
Social Support (3 items)	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
Concrete Support (3 items)	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Child Development/ Knowledge of Parenting (5 items)	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children’s abilities.

Nurturing and Attachment (4 items)	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
---------------------------------------	--

The primary purpose of the Protective Factors Survey is to provide feedback to agencies for continuous improvement and evaluation purposes. The survey results are designed to provide agencies with the following information:

- A snapshot of the families they serve
- Changes in protective factors
- Areas where workers can focus on increasing individual family protective factors

The following information presented in Table 1 and Table 2 reveals preliminary data on information collected thus from the Protective Factor Survey. Further evaluation is currently being conducted by Dan Houston & Associates. This evaluation will be more formal and extensive with valuable hard facts and conclusions drawn.

Table 1

PFS Summary Report: Participant Data

Check to select program begin dates	Beginning: 2/1/13	Ending: 3/20/13
Check to select program completed dates	Beginning: 2/1/12	Ending: 3/20/13
Family Housing:	Pre-Test Percent	Post-Test Percent
Percent of families reported on:	98.04%	97.21%
Own	12.25%	10.92%
Rent	31.91%	30.46%
Shared housing with relatives/friends	26.21%	29.60%
Temporary (shelter/temporary)	14.25%	12.93%
Homeless	15.38%	16.09%
Family Income:		
Percent of families reported on:	94.69%	95.81%
\$0 - \$10,000	67.55%	62.97%
\$10,001 - \$20,000	17.40%	18.37%
\$20,001 - \$30,000	6.19%	8.45%
\$30,001 - \$40,000	4.42%	5.25%
\$40,001 - \$50,000	2.36%	2.92%
More than \$50,001	2.06%	2.04%
Highest Level of Education:		
Percent of families reported on	98.04%	99.16%
Elementary or junior high school	2.85%	2.25%
Some high school	22.79%	23.38%
High school diploma or GED	39.60%	39.44%
Trade/Vocational training	8.55%	7.61%
Some college	19.94%	20.85%
2-year college degree (Associate's)	3.70%	3.38%
4-year college degree (Bachelor's)	1.42%	1.69%
Master's degree	1.14%	1.41%
PhD or other advanced degree	0.00%	0.00%
Services Currently Receiving:		
Food Stamps	32.68%	32.12%
Medicaid (State Health Insurance)	12.29%	11.17%
Earned Income Tax Credit	5.87%	4.19%
ANF	0.00%	0.00%
Head Start/Early Head Start Services	1.96%	2.51%
None of the above	51.40%	48.88%

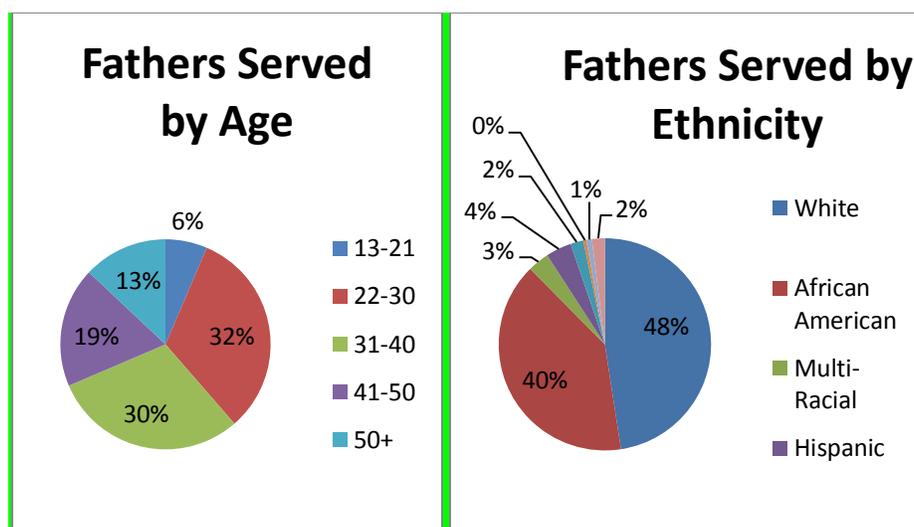
Table 2**PFS Summary Report: PFS Subscales**

Check to select program begin dates	Beginning: 2/1/12		Ending: 3/20/13		
Check to select program completed dates	Beginning: 2/1/12		Ending: 3/20/13		
Change Scores (%)	PRE-TEST		POST-TEST		
	Mean	StDev	Mean	StDev	Improved
Family Functioning*	4.47	1.46	4.90	1.39	55.39%
Emotional Support**	5.15	1.56	5.44	1.35	46.53%
Concrete Support**	4.59	1.72	4.93	1.60	49.71%
Nurturing and Attachment*	5.63	1.35	5.96	1.12	51.71%
Knowledge of Parenting Item 12: There are many times when I don't know what to do as a parent**	4.70	1.88	4.94	1.76	39.94%
Item 13: I know how to help my children learn**	5.37	1.68	5.66	1.44	34.16%
Item 14: My child misbehaves just to upset me**	5.70	1.53	5.71	1.49	22.67%
Item 15: I praise my child when he/she behaves well*	5.65	1.53	5.92	1.24	27.81%
Item 16: When I discipline my child, I lost control*	6.10	1.27	6.19	1.19	22.43%

* 1 = Never; 4 = About Half the Time; 7 = Always

** 1 = Strongly Disagree; 4 = Neutral; 7 = Strongly Agree

The charts below shows preliminary demographic data of fathers served as of April 2013.



The Ohio Commission on Fatherhood hired an Evaluator (Dan Houston and Associates) to develop a more efficient way to collect data from the participants of the program. The evaluators recently developed a new intake and outtake tool as well as recommended an assessment tool, Inventory of Father Involvement, for current and future practitioners to implement if funded by OCF. Training was held on March 19, 2013 for all eight grantees regarding the use of the instruments.

The Inventory of Father Involvement focuses on many of the domains the curriculums address. It is short and no fee to use it. The *Inventory of Father Involvement* was created in an initial effort by a team of scholars to address the need for broader and richer conceptualizations of father involvement. The accreditation and validity of the *Inventory of Father Involvement* is credited to Alan J. Hawkins and Kay P. Bradford, School of Family Life, Brigham Young University, Provo, Utah; Rob Palkovitz, Department of Individual and Family Studies, University of Delaware, Newark, Delaware; Shawn L. Christiansen, Department of Family and Consumer Studies, Central Washington University, Ellensburg, Washington; Randal D. Day, School of Family Life, Brigham Young University, Provo, Utah; and Vaughn R. A. Call, Department of Sociology, Brigham Young University, Provo, Utah.

The tool measures the following metrics:

Discipline and Teaching Responsibility

- Disciplining your children
- Encouraging your children to do their chores
- Setting rules and limits for your children's behavior
- Teaching your children to be responsible for what they do

- Paying attention to what your children read, the music they listen to, or TV shows they watch
- Enforcing family rules

School Encouragement

- Encouraging your children to succeed in school
- Encouraging your children to do their homework
- Teaching your children to follow rules at school

Mother Support

- Giving your children's mother encouragement and emotional support
- Letting your children know that their mother is an important and special person
- Cooperating with your children's mother in the rearing of your children

Providing

- Providing your children's basic needs (food, clothing, shelter, and health care)
- Accepting responsibility for the financial support of the children you have fathered

Time and Talking Together

- Being a pal or a friend to your children
- Spending time just talking with your children when they want to talk about something
- Spending time with your children doing things they like to do
- Working with your children on chores around the house
- Helping your children find purpose and direction in their lives
- Taking your children to interesting places (your work, parks, museums, ocean, etc.)
- Talking to your children about what's going on in their lives
- Listening to your children's views or concerns

Praise and Affection

- Praising your children for being good or doing the right thing
- Praising your children for something they have done well
- Telling your children that you love them
- Showing physical affection to your children (touching, hugging, kissing)

Developing Talents and Future Concerns

- Encouraging your children to develop their talents
- Encouraging your children to continue their schooling beyond high school
- Planning for your children's future (education, training)

Reading and Homework Support

- Encouraging your children to read
- Reading to your younger children
- Helping your older children with their homework

Attentiveness

- Attending events your children participate in (sports, school, church events)
- Being involved in the daily or regular routine of taking care of your children's basic needs or activities (feeding, driving them places, etc.)
- Knowing where your children go and what they do with their friends

Inventory of Father Involvement Article- <http://udel.edu/~robp/downloads/IFI.pdf>

Some further supplemental questions in addition to the Inventory of Father Involvement include measures on **addressing barriers & equipping fathers to be responsible. The following measures include:**

- Parent Skills
- Parent Time Orders
- Awarded Custody
- Child Support Compliance
- Paternity Establishment
- Driver's License Reinstatement
- Education Obtainment
- Child Welfare Involvement
- Domestic Violence Counseling

The evaluator also recommended a software package (NCSS) to store and run analysis from the data collected by the Responsible Fatherhood practitioners. The software package will allow the Ohio Commission on Fatherhood to analyze and report statistics on individual participants, by individual program and collectively for all programs funded.

OCF has included an evaluator in the upcoming SFY 14 and SFY 15 budget. The evaluator will be responsible for analysis of the data collected by the newly created instruments as well as report qualitative data from the participants as a result of the quantitative outcomes.

Goal 3: Families have enhanced capacity to provide for their children’s needs as a result of improved practices.

Strategy 1: Increase provision of family-driven services by ensuring case plans are developed, implemented, and reviewed in partnership with families and children, including fathers and paternal relatives.

Strategy 2: Increase staff skills and competencies in conducting frequent and quality visits with custodial parents, non-custodial parents, children who are in their own homes, and children who are in substitute care to assure children’s safety and well-being, to assure their needs are being met, and to assure that there is ongoing permanency planning.

Strategy 3: Improve staff skills and competencies in family search and engagement techniques and in preserving family connections.

Progress:

Increase Staff Skills

Practice Guidance Articles and Resources

The following Practice Guidance articles were finalized and posted to the SACWIS Knowledge Base to address increasing staff skills and competencies in conducting visits with children in their own homes to assure their safety and well-being and to assure their needs are being met with the following broadcast message on Ohio’s SACWIS:

- [Guidance Article on Child Vulnerability](#)
- [Guidance Article on Protective Capacities](#)
- [Guidance Article on Effective Home Visitation between Caseworker and Child](#)

Additional resources developed by CPS staff for casework and supervisory staff as part of the Assessment of Safety training workshops included: *Safety Assessment Factors, Child Vulnerability Checklist, Protective Capacities Checklist, Partnership Guide, and Techniques for Building Rapport*. A training curriculum developed by policy staff addressed the foundational concepts and critical components in completing a clinical risk assessment. Risk assessment is critical in the development of a case plan and in the ongoing provision of services for a family in CAPMIS. The training identifies the importance, and relevance, of the identified categories and their associated elements as required to be assessed in CAPMIS tools. Thorough and detailed

risk assessment supports quality decision making for cases throughout the continuum of child welfare, including case plan services. The curriculum informs participants of the importance in properly identifying risk contributors, non risk contributors, and strengths of a family and identifies each element's function in the service planning (case plans and safety plans) processes. The curriculum provides supportive research regarding the relevance of the elements in the CAPMIS tools when assessing the likelihood of future child maltreatment. The interrelationships between certain elements are identified. A guide was developed to provide clear definitions of each category and the associated elements, and concrete examples of risk contributors for each element. The guide is multi-functional. It can be utilized by caseworkers in the field, serve as a training tool for supervisors, and assist with staffing cases as a reference document.

CAPMIS Tool Kit

The CAPMIS Tool Kit continues to be promoted and utilized by county agencies. To date, 48 counties have participated in some way beyond attending Tool Kit training at a RTC. IHS, the state coordinator for the Ohio Child Welfare Training Program, has developed an interactive map of Ohio counties to identify learning activities conducted by the counties, the RTCs and IHS using the CAPMIS Tool Kit. Red dots indicate the county's participation in a CAPMIS Tool Kit online regional demonstration; Blue dots represent scheduled CAPMIS learning events (workshops, coaching) in the county agency; Yellow dots indicate those events that have already occurred; and Green dots highlight counties that have used the Tool Kit in creative ways. The map is updated regularly and will soon include videos/voice-overs of agency and RTC staff testimonials. [Click here to view the CAPMIS Interactive Map](#). The Safety Assessment training content provided in the regional forums will be incorporated in the CAPMIS Tool Kit and offered through the RTCs.

OCWTP Training/Coaching

The Ohio Child Welfare Training Program has developed a variety of innovative training methods to assist in developing the skills of PCSA staff including learning labs, guided application and practice sessions, self-directed online courses, blended courses that combine online technology with field-based practice, and coaching activities implemented in a number of formats. An example of some self-directed learning topics include: *Family Search and Engagement*, *Guiding the CAPMIS Process: The Jackson Family*, *Engaging Families in Planned and Purposeful Visitation*, and *Effective Use of Home Visits*. The blended learning course, *Effective Use of Home Visits* was developed to increase staff skills and competencies in conducting visits with parents. OCWTP continues to promote this course via several venues:

Web Page: The OCWTP has maintained a web site for over 15 years. The distance learning page was added in 2011 to highlight courses offered by the program that use alternative delivery methods. Click [here](#) to view the web page.

Presentations: OCWTP staff regularly attends regional and statewide meetings. At each of these meetings, the course, *Effective Use of Home Visits* was discussed and promoted. In addition, the course is discussed when the RTCs conduct site visits to PCSAs in their regions.

Print Announcements: The availability of this blended course was announced in several statewide publications including the weekly email update published by the Public Children's Services Association of Ohio; The Forum, OCWTP's supervisor newsletter, RTC training calendars; email solicitations and flyers announcing upcoming offerings of the course.

Additionally, the OCWTP implemented the following three specific engagement coaching pilots:

- Family Search and Engagement (FSE) coaching in a large metropolitan PCSA;
- Coaching on engaging parents during family interaction in a PCSA in the northeast region of Ohio; and
- Coaching motivational interviewing strategies to engage clients with caseworkers across Ohio using an online classroom setting.

A report was developed by OCWTP on the results of coaching interventions and included an analysis of coaching interventions.

Learning Management System (E-Track)

OCWTP's learning management system (E-Track) completed implementation in 2012, and is now fully operational. In calendar year 2012, E-Track managed 4,528 individual training sessions (22,258 hours) around the state, delivered training to 67,550 participants (caseworkers, supervisors, adoption assessors, caregivers, and adoptive parents). The system cataloged 1,847 unique courses, each of which is tied to specific competencies in the system's competency catalog (comprised of 3,000+ competencies arranged by topic and skill set). Each course is also tied to trainers certified to train that course (428 trainers cataloged). Each course also has a specific training certificate (reflecting licensure approval) and an evaluation survey associated, both of which are delivered electronically to registrants.

CPOE Stage 8 Results

At the conclusion of CPOE Stage 8, ODJFS conducted another analysis of results of Item #18, Item #19 and Item #20 to determine if content contained in the CAPMIS Tool Kit, Guidance Articles and training/coaching still addressed the areas identified in need of improvement by PCSAs. It was determined that these materials and training/coaching were still relevant in assisting staff in improving their skills and competencies in: (1) developing, implementing and reviewing case plans with families; (2) conducting quality visits with parents and children to assure children's safety and well-being; (3) preserving family connections; and (4) conducting on-going family search and engagement activities. However, it should be noted that in addition to utilizing these resources there has to be ongoing monitoring of staff to determine if fathers, paternal/maternal relatives and children are involved in case planning and the identification of

services as well as ensuring visits to families and children are being conducted in accordance with OAC rules.

Family Search and Engagement

Following the September 20, 2010 and September 21, 2010 Training of Trainer workshop entitled *Family Search and Engagement: Creating Connections-Pursuing Permanency* participants were invited to be part of an ongoing Family Search and Engagement Workgroup. Workgroup participants have been meeting via bridge every other month since November 2010. These bridge line meetings have turned out to be a coaching and mentoring support group as staff discussed what they have done at their agency to implement Family Search and Engagement practices, and to gain ideas from others and share successes. It should be noted that during the course of sponsoring the bridge line calls other agencies heard about the calls and have requested to join the group. Recent topics discussed included: adding FSE as a sub-category in SACWIS; Cuyahoga County's Circles of Support document, Summit County Children Services Family Search and Engagement Procedure, Cyber Guidelines from Patty Harrelson; and two upcoming trainings on Child Specific Recruitment: Employing Family Search and Engagement Strategies to Insure Permanence for Children.

The workgroup developed a brochure entitled *Family Search and Engagement Lessons Learned in Support of Ohio's Child and Family Services Review Program Improvement Plan for Purposes of Dissemination to PCSAs*. This brochure was disseminated by the Deputy Director, Office of Families and Children to county agencies, published in the PCSAO Weekly Update, posted on the OCWTP Website, and has also been posted on the NRC- Permanency and Fostering Connections Website.

FCCS Facilitated 90- Day Reviews and SARs

FCCS partnered with Ohio University (OU) to conduct focus groups to determine strengths and areas needing improvement for facilitated reviews conducted at the agency including initial Case plans, 90 day reviews, and Semi-annual Reviews (SARs). The OU report and feedback from Program Services and FCCS' Performance Improvement Department (PID) facilitation staff were compiled to produce the FCCS Facilitated Case Plan and Review Guidance Document submitted for CFSR PIP Q6.

FCCS staff in PID, Program Services and the Professional Development Department then collaborated to develop an Implementation and Training Plan for the Guidance Document and related improvements to the facilitated review process. Given the differences in meeting type, goals, requirements, and documentation for Case Plans, Case Reviews and SARs. the Implementation and Training Plan calls for a phased approach. **Phase One** of the Implementation and Training Plan addressing Case Review/SAR training and improvements to be implemented first. For **Phase Two**, the Case Plan training and improvements will be implemented after the FCCS Case Plan workgroup completes their work. There will be a two

prong approach for training and implementation with a facilitator focus and a program service focus for 90 day reviews/SARs and then Case Plans.

The Implementation and Training Plan details Facilitator training and Program Services training for the Case Review and SAR Guidance Document improvements and includes all the training materials. The Plan also: (1) details the training evaluations received for each of the sessions demonstrating participant satisfaction; and (2) describes the implementation steps for the 90 day review and SAR improvements. In addition, training for Case Plan improvements and implementation are introduced pending the Case Plan workgroup's efforts.

FCCS is committed to establishing uniform expectations for conducting facilitated 90 day reviews and SARs to promote safety, permanency, and well-being. To accomplish this goal, FCCS has taken specific steps to improve facilitated 90 day reviews and SARs. Starting with the assessment of current practice and focus groups held to obtain feedback on the current process looking for strengths and areas needing improvement through development of the Guidance Document and the plan for training and implementation, FCCS's goal has been improvements in the facilitation process, increased value of the facilitated reviews, and improved outcomes. For the current benchmark, FCCS considered all the activities completed and the improvement goals to develop an evaluation plan. FCCS presents a two prong approach to the evaluation plan assessing; fidelity to the "model" and improvements in outcomes. The Guidance Document will be the basis for the definitions, expectations, and goals for the facilitated meetings and desired improvements in the outcomes for children and families. The Guidance Document details expectations in three categories; requirements, meeting, and product as important considerations when planning for evaluation. To aid in the process of evaluation planning, FCCS will utilize a logic model for facilitated meetings to detail the intervention; inputs, activities, outputs, outcomes and possible measures. The outcome most likely to have occurred as a result of the facilitated meeting intervention was identified as: Timely, specific case planning and case plan progress. The logic model also identifies four possible measures for the specified outcome:

- Timely facilitated case plan and review meetings
- High quality facilitated case plan and review meetings
- Timely, quality documentation
- Customer satisfaction/feedback

Finally, specific plans for evaluating facilitated reviews and the improvements discussed in the Guidance Document, training, and implementation are detailed for model fidelity and outcome measures. Model fidelity will be evaluated by assessing timeliness and quality of the meetings and documentation. Improvement in the identified outcome; timely, specific case planning and case plan progress will be evaluated through feedback gathered from participants informally and formally.

FCCS CAPMIS Tool Quality Assurance Reviews

FCCS focused on the goal of improving timeliness and quality in completion of CAPMIS tools, which included Safety Assessments (SA), Safety Plans (SP), Family Assessments (FA), Case Plans (CP) and Reunification Assessments (RA), given the significant role high quality, timely assessments and planning impact the delivery of effective child welfare practice. The intervention FCCS designed to motivate improvements in CAPMIS, and ultimately in casework practice was to transform the existing case review process into a “true” peer review. Here, the word “true” refers to **the involvement of front-line supervisors as reviewers**, not merely recipients of review information compiled by others. The transformation to a “true” peer review process was designed to enhance buy-in and program improvements.

The improvement goal of a “true” peer review intervention was two-fold:

- Integration/enhancement of supervisor’s role in the QA peer review process
- Improvement in the quality and timeliness of CAPMIS tools

Enhancement of Supervisor’s Role in Peer Review- Strengths and Challenges

First and foremost, true peer review with enhanced supervisor involvement has been very well received at FCCS; however, some challenges have been identified during planning and implementation. The process of true peer review with supervisor involvement and a continuous quality improvement approach definitely takes more time than the prior Quality Assurance (QA) desk review approach. There were some initial discussions regarding too much of a supervisor’s time would be diverted from casework practice.

These discussion points presented during planning and implementation have been identified and addressed. Overall, FCCS has found that there is increased buy-in and successful outcomes associated with true peer review and enhanced supervisor involvement. The agency continues to address challenges regarding the initial change in the peer review process and when ongoing changes are made staff are informed of this through education and communication.

The additional time required for the true peer review process is decreasing as the process becomes more refined and the agency maximizes technology using scantron and other tools. It has been found that involvement of Program Service supervisors in peer review is feasible and the workload is manageable. Additionally, inclusion of supervisors in the process has engaged supervisors in meaningful discussions and reflections about quality standards, how to promote improvements in quality and how to balance demands for quality with demands for timeliness. Having supervisors involved in the process has also increased results in the activities related to CAPMIS tool improvements.

As part of the process, FCCS policies and procedures are reviewed and revised to support Ohio Revised Code/Ohio Administrative Code (ORC/OAC) requirements and agency consistency. In addition, there are steps to identify and implement performance improvement activities including; data analysis and reporting, identifying communication strategies, policy revision, and

developing job aids (e.g., a Red Letter Guide, quality tips or Q-tips). Program Service endorsed trainings and updates have been provided in unit and management meetings. The FCCS Professional Development Department has collaborated in providing agency wide trainings or refreshers on the CAPMIS tools as needed. There has been ongoing communication about timeliness and quality results and improvements in outcomes and “awards” for high quality CAPMIS tools. Frequent discussions are occurring about SACWIS, data entry and reporting to monitor progress and maintain improvements. The strengths and improvements associated with true peer review far outweigh concerns about change, additional process time, and the supervisor’s time.

Improvements in Quality and Timeliness of CAPMIS Tools

Improvements in timeliness and quality outcomes for the CAPMIS tools have been significant. The challenges have been changing to the new process, continually learning how to improve the true peer review process and refining improvement efforts for each of the CAPMIS tools. FCCS has determined that true peer review with enhanced supervisor involvement yields better outcomes and results than prior methods of QA reviews by non program service staff. The improvements start with supervisors playing a key role in determining quality standards and defining timeliness relevant to each of the tools.

- **Assessing quality.** The process for assessing quality begins with thorough review of the CAPMIS tool and quality standards as defined in OAC/ORC, CPOE/CFSR, COA, and FCCS policies and procedures. Following quality discussion and definition of quality standards, comes development of the peer review tool and instructions. Each question on the peer review tool corresponds to an element on the CAPMIS tool which is assessed to be fully, partially or not addressed or whether correct or not. The peer review tool can then be scored as fully, partially or not addressed OR correct yes or no by element or section of the CAPMIS tool or as an overall quality score as appropriate.
- **Assessing timeliness.** The process for assessing timely completion of the CAPMIS tools also begins with thorough review of timeliness mandates as defined in OAC/ORC, CPOE/CFSR, COA and FCCS policies and procedures. In addition, the initial look at timeliness comes through supervisor desk review and peer reviews as part of the process. The limitation with using peer review and desk review solely has been the time intensive methodology and the small sample size. As a result, the approach has involved supervisors in the peer review process of defining timeliness and establishing baseline data. Simultaneously, FCCS’ Evaluation Department worked on creating programming that would generate accurate, aggregate reports of timeliness from SACWIS data. The process for coding a program for generating reports from SACWIS of accurate, aggregate reports of timeliness is not straightforward given the complexities for each of the tools regarding submission, approval, and extensions. There is also considerable work to validate data and *operationally* define “timeliness” for each of the tools based on supervisors and peer review. Ultimately, when the work is completed, the Evaluation Department can produce timeliness data for the CAPMIS tools that allows for historical comparison and tracking future performance on the timely completion. The reports represent all the CAPMIS tools completed for a given time period, thus eliminating peer review timeliness concerns of small sample size and being labor intensive. These reports

also assist Program Services in analysis and management of the timely completion by staff as the reports “drill down” to the supervisor and worker level.

Safety Plans

Safety Plans was the last CAPMIS Tool FCCS incorporated into their peer review process. FCCS remains committed to utilization of true peer review with front line supervisors intimately involved in all aspects of the process. The focus of the peer review and performance improvement efforts has been the CAPMIS tools given their importance to assessment and planning in the delivery of effective child welfare practice. The approach involves assessing timeliness and quality of the CAPMIS tools utilized by caseworkers and supervisors in their child protection work with children and families. The first steps involve defining timeliness and quality standards and establishing a baseline for each tool. FCCS’ plan for the CAPMIS safety plan is described below:

Timeliness

FCCS staff were involved in the process of defining timeline requirements for safety plans. Initial considerations regarding safety plans indicate that there is not a set timeframe/due date for safety plans as they are required to be developed and implemented immediately whenever a child is assessed to be in immediate danger of serious harm, per OAC.5101:2-37-02. There is a requirement to obtain signatures from parents/guardians/custodians within 24 hours of a verbal safety plan agreement. Additionally there are requirements detailing a one-time, 5 working day extension to obtain signatures if the parents/guardians/custodians are unavailable. As with the other CAPMIS tools, there is a need to operationally define the timeliness measures. Some of the important information needed to determine timeliness will involve understanding FCCS data regarding safety plans. How many safety plans are completed per month, per year? How many safety assessments are completed? How do the safety assessments help determine that safety plans are due and when? How/when are safety plans due without a safety assessment? What is the timeline for signatures required for safety plans? What is the timeframe for required entry into SACWIS? After these questions and others are addressed, safety plan timeliness requirements and measures would be determined.

Possible timeliness measures could be:

- time between a safety assessment marked as not safe and entry of the safety plan in SACWIS
- time between safety plan completion date and SACWIS entry

Once the timeliness measure is determined, baseline data will be obtained through desk reviews and/or a SACWIS query if possible. FCCS does not currently have a Dashboard report for safety plans, but this may be an area for future development.

Quality

The first step in assessing quality involved program service supervisors and workers collaborating with Performance Improvement staff to review OAC/ORC, COA, CAPMIS, and FCCS safety plan policies and procedures. Any baseline quality information from the CPOE or CFSR reviews will also be considered. The quality standards for safety plan completion will be determined and the safety plan peer review tool developed. The peer review tool is designed to answer the question, "What makes a high quality safety plan?" Each question on the peer review tool will correspond to an element of the safety plan. Each safety plan element will receive a peer review rating of strongly agree, agree, disagree, or strongly disagree or be identified as completed correctly or not. Utilizing the same methodology, each item and section will be scored and an overall quality rating determined as appropriate.

Once the quality standards are determined and the peer review tool completed, the baseline will be established from the first round of desk reviews of a representative number of safety plans.

To best address CAPMIS safety plans; FCCS is taking a global approach through the CQI committee. The safety plan is applicable to all program services areas; so, the topic is appropriate for the cross-pollination groups planned through Continuous Quality Improvement Committee (CQI). At earlier CQI meetings, committee members decided that the CQI cross-pollination group would meet quarterly, the third month of each quarter (March, June, Sept, and December). In an attempt to utilize existing committees and timeframes, the quarterly CQI meeting was determined to be the appropriate meeting to address cross-pollination topics. The CQI group also determined that safety plans would be the first cross-pollination topic. Further, the group decided that to meet CFSR timelines for the peer review of all CAPMIS items; safety plan work would begin in 2013. Initial baseline data regarding safety plans was gathered and presented at the January CQI meeting for discussion. The March CQI meeting was slated for further review of the safety plan topic for peer review and continuous quality improvement efforts.

The March CQI meeting was held on Tuesday, the 19th, as the first quarterly cross-pollination meeting and included all CQI members. The agenda began with an overview of Council on Accreditation (COA) feedback and the shift from a departmental focus to a more broad-based, global agency-wide approach. There was also discussion and agreement regarding changing the name from cross-pollination to quarterly CQI to address specific topics as needed. There was discussion about safety plans as the first quarterly, global topic. There was information presented regarding the drivers for safety plan peer review and CQI including COA, OAC/ORC, CFSR and the PIP, CPOE, and best practice. Similar to the other CAPMIS tools, it was determined that the safety plan focus would be on timeliness and quality and that supervisors' involvement would be key. Given previous CAPMIS peer reviews, it was determined that timeliness would be the initial focus, while quality questions and parameters were clarified.

First steps involved a review of OAC and the requirements and expectations for timely safety plan completion and data entry. There was also initial discussion regarding FCCS policy and procedures, the agency's expectations for timeliness, and workflow relevant to safety plans. There was discussion regarding safety plans and the status of safety plans in SACWIS. There was considerable discussion regarding initial safety plan data submitted from Evaluation. The tables below represent FCCS's initial look at safety plans for 2012. As illustrated, there were 400 completed in SACWIS by FCCS and Managed Care partners. FCCS completed 92% with an average duration of 1.6 months. The data also reflect that 88% of the safety plans completed by FCCS are approved at Intake, with an average duration of 1.5 months. Data also detail the reasons/prompts for the safety plans, with 59% linked to a safety assessment. Further discussion is needed regarding data on safety plan response; as 84% show as blank. CQI members reported that SACWIS previously had not required that a response be selected. The status of safety plans was also reported by quarter with 79% or better as discontinued. There is additional clarification needed regarding other statuses of safety plans; refused, effective-finalized, and complete and the workflows associated with each.

Safety Plans Completed 2012				
By Agency	N	%	>>>	By Plan Duration (Months)
Franklin County Children Services Board	369	92%	>>>	1.6
Franklin County Children Services - NYAP	21	5%	>>>	3.6
Franklin County Children Services - PFSN	10	3%	>>>	1.4
Grand Total	400	100%	>>>	1.6
By Agency Unit	N	%	>>>	
Intake	325	88%	>>>	1.5
West - 1919	17	5%	>>>	1.7
East - 205	15	4%	>>>	2.8
Central - 525	9	2%	>>>	To few to evaluate
NYAP/PFSN with FCCS As Agency	3	1%	>>>	To few to evaluate
Grand Total	369	100%	>>>	1.6
By Reason for Safety Plan	N	%		
Safety Assessment	234	59%		
Screened in Report	63	16%		
(blank)	30	8%		
Safety Plan Modification	29	7%		
Safety Re-Assessment	27	7%		
Case Review	13	3%		
Family Assessment	4	1%		
Grand Total	400	100%		
By Safety Plan Response	N	%		
(blank)	336	84%		
In Home Safety Plan	44	11%		
Out-of-Home Safety Plan	20	5%		

Grand Total	400	100%		
	2012-1		2012-2	
By Plan Status By Quarter Approved	N	%	N	%
Discontinued	90	88%	96	94%
Refused	7	7%	0	0%
Effective-Finalized	4	4%	6	6%
Complete	1	1%	0	0%
Grand Total	102	100%	102	100%
	2012-3		2012-4	
	N	%	N	%
Discontinued	90	90%	76	79%
Effective-Finalized	10	10%	19	20%
Complete	0	0%	1	1%
Refused	0	0%	0	0%
Grand Total	100	100%	96	100%

There was also discussion about barriers to achieving timely safety plan completion and SACWIS data entry. There was initial information that safety assessments and re-assessments are difficult for new workers and the link to safety plans presents a learning opportunity. Based on data and practice, CQI members felt that Ongoing workers and supervisors were not utilizing the safety re-assessments as a prompt for safety plans. Often, the recognition of an immediate safety need would be documented in activity logs or conference notes. There is also a need for clarification regarding safety plans, the entry into SACWIS, and the need for timeliness and quality. There are specific questions regarding ending safety plans, kinship care, children hospitalized, and questions between effective date and SACIWS approval date.

Next steps for determining the timeliness of safety plans were discussed and included:

- Posting of Intake's data on safety assessments
- Pulling data for SACWIS safety plans to determine if there is; safety assessment, safety re-assessment, family assessment, or reunification assessment completed
- Recognizing that determining when ANY safety plan was needed is a more difficult task. Also, beyond the safety assessment, safety re-assessment, family assessment, or reunification assessment, that workers /supervisors would be documenting in activity logs or conference notes.
- Consideration of pulling hard copy safety plans for verification/validation of timeliness
- Begin discussions regarding the quality of safety plans while working on the timeliness

Family Assessments

FCCS focused on the goal of improving timeliness and quality in completion of the CAPMIS tools given the significant role high quality, timely assessment and planning plays in the delivery of effective child welfare practice. The intervention FCCS designed to motivate improvements in CAPMIS, and ultimately in casework practice was transformation of the existing case review process. The previous desk review and QA process by FCCS Performance Improvement Department staff was changed to a “true” peer review process to enhance buy-in and program improvements. Specifically, FCCS sought to enhance the role front line supervisor’s played in the peer review process by instituting true peer review focused on the CAPMIS tools.

FCCS Intake & Assessment/Investigation Department (I& A/I)is the agency’s front door and work most often with the CAPMIS Safety Assessment, Safety Plans, and Family Assessments. I& A/I determined that Safety Assessments would be their initial focus and have recently begun working on the Family Assessments. For FCCS, Regions reflects the ongoing child protection work with families. The CAPMIS tools most used in Regions are the Case Plans and Reunification Assessments (RA). Region administrators identified RAs as their initial focus and are now working with the CAPMIS case plans.

Family Assessments in Intake & Assessment/Investigation

I& A/I began work with the Family Assessment (FA) in July, 2011. FA timeliness is measured by supervisor approval of the completed FA compared to OAC timeframe requirements. The 4 quarters of peer review demonstrate that FA Timeliness has improved from 3Q 2011 to 2Q 2012 for Alternative response from 81% to 89% completed timely and Traditional cases from 75% to 81% completed timely. Overall, FA timeliness has improved from 77% to 84% completed timely.

FA quality is assessed with the peer review tool which focuses on various sections of the Family Assessment to determine if items were completed correctly and/or addressed fully. Peer reviews were conducted for both types of cases; Traditional and Alternative Response. While an overall quality score has not been determined given the various sections of the FA, there have been demonstrated improvements in the majority of items over the 4 quarters of peer review. The quality improvements are detailed for items being completed correctly and for items being fully addressed.

Case Plans in Regions

FCCS Regions began their work with peer review of Case Plans in second quarter 2012. The Regions CQI short term plan group reviewed the Case Plan, CAPMIS guides, and agency policies and procedures to develop the timeliness and quality standards. Requirements from ORC/OAC, OAC and CPOE/CF SR were also considered. As with I& A/I, the reviews reflect a true peer review process with supervisors and worked instrumental in the definitions, tool development, and reviews. The Case Plan peer review tool is developed and updated to focus on

various sections of the Case Plan with a similar approach as items are determined to be addressed, not addressed, or partially addressed OR completed correctly or not. Once again, timeliness is measured by the supervisor approval of the completed Case Plan compared to operationally defined timeliness measures.

Assessing Quality: Beginning early in 2012, FCCS staff in PID, Evaluation, and Program services have been working to define quality standards for the Case Plan. As reported for the CFSR PIP in Q 5, the baseline for quality of FCCS Case Plans would be based upon results from the ODJFS' Child Protection Oversight & Evaluation (CPOE) review conducted during the summer of 2011. The needs for improvement identified in the CPOE reviews were similar to the needs for improvement identified in the 2008 CFSR on-site review. In addition, FCCS gathered baseline information from those sections of the reviews that focus on case planning. The baseline information will be used to focus improvement initiatives. Regions CQI STP used the baseline information and practice discussions to develop the case plan quality peer review tool. The table below illustrates results for Q3 and Q4 2012 and the initial peer review tool.

3Q & 4Q2012 Initial Case Plan Review			3Q Performance Addressed			4Q Performance Addressed		
Regional Case Plan Peer Review Questions			Fully	Partial	Not	Fully	Partial	Not
SACWIS Case Plan Documentation	1 Opportunity To Participate	Indicate the required case plan development participants who were provided an opportunity to participate in this case plan as documented on the Family Participation Details Tab in SACWIS?						
		Mother	47%	N/A	53%	67%	N/A	33%
		Father	20%	N/A	80%	37%	N/A	63%
		Guardian / Custodian	55%	N/A	45%	73%	N/A	27%
		Child	25%	N/A	75%	46%	N/A	54%
		GAL / CASA	0%	N/A	100%	9%	N/A	91%
		Substitute Caregiver	0%	N/A	100%	15%	N/A	85%
		Other	29%	N/A	71%	44%	N/A	56%
	2 Participation	Indicate the required case plan development participants who participated in this case plan as documented on the Court / Signature Details tab in						

	SACWIS?						
	Mother	69%	N/A	31%	67%	N/A	33%
	Father	26%	N/A	74%	30%	N/A	70%
	Guardian / Custodian	67%	N/A	33%	70%	N/A	30%
	Child	27%	N/A	73%	28%	N/A	72%
	GAL / CASA	5%	N/A	95%	11%	N/A	89%
	Other	50%	N/A	50%	33%	N/A	67%
	Indicate the following obtained signatures on the Case Plan as documented on the Court / Signature Details tab in SACWIS?						
3 Signatures Obtained	Mother	64%	N/A	36%	63%	N/A	37%
	Father	23%	N/A	77%	23%	N/A	77%
	Guardian / Custodian	64%	N/A	36%	55%	N/A	45%
	Child	24%	N/A	76%	21%	N/A	79%
	GAL / CASA	5%	N/A	95%	11%	N/A	89%
	Other	38%	N/A	62%	21%	N/A	79%
	Comments	Over the past two quarters the agency has observed an increase in overall engagement. Through the reviews FCCS has identified that there has been an increase in the areas of Fathers and GAL/CASA, there continues to be Opportunities to Increase the Father's, GAL/CASA's involvement throughout the Case Plan Process. The agency has also recognized that Children are recognized in the Opportunity to Participate and have a valued voice in the development of the case. There has also been discussion on when a child should sign a case plan due to the sensitivity of the Case and would their knowledge of these sensitive issues cause more harm to them. FCCS has recognized that continued training on how to document in all areas continues to be needed and is currently developing support trainings and support tools to increase overall knowledge.					
3Q & 4Q2012 Initial Case Plan Review		3Q Performance Addressed			4Q Performance Addressed		
Regional Case Plan Peer Review Questions		Fully	Partial	Not	Fully	Partial	Not

NON-SACWIS Documentation	4 Hard Copy	Was a signed Initial Case Plan located?						
		Yes	80%	N/A	N/A	68%	N/A	N/A
		No	20%	N/A	N/A	32%	N/A	N/A
	5 Signatures Captured	Indicate who signed the Hard Copy Case Plan?						
		Mother	68%	N/A	32%	76%	N/A	24%
		Father	25%	N/A	75%	29%	N/A	71%
		Guardian / Custodian	63%	N/A	37%	57%	N/A	43%
		Child	18%	N/A	82%	22%	N/A	78%
		GAL / CASA	16%	N/A	84%	22%	N/A	78%
		Other	57%	N/A	43%	74%	N/A	26%
Comments	<p>The Agency has identified that there is a need to ensure that there is a consistent practice of filling Case Plans throughout the agency to ensure that all Hard Copies of the Case Plan are able to be located.</p> <p>The Agency has also identified Areas of Opportunity to improve Capturing Signatures on the Hard Copy of Case Plans. There has also been an identification of who the agency should have sign the Case Plan (Mother, Father, Guardian/Custodian, Child (if age / developmentally appropriate, and GAL/CASA), and who should not sign the Case Plan (Therapist, Teachers, Substitute Caregivers, Additional Family Supports, or Friends of the Family) as they could be held responsible for action steps on the Case Plan. Agency can determine appropriate ways of Capturing these individuals participation in the Case Plan Development.</p>							
Overall	<p>FCCS has determined several steps that will increase the engagement of the families for Case Plan Development. FCCS has set a starting goal of 75% for Mothers in the areas of Opportunity, Participation, and Signature. FCCS has also set a starting goal of 50% for Fathers in the areas of Opportunity, Participation, and Signatures. FCCS is also looking at barriers for Father's and GAL/CASA engagement and how to successfully overcome those barriers. FCCS is working to expand the knowledge of Caseworkers in regards to the above findings. FCCS is currently developing a support tip sheet for the areas of Opportunity, Participation, and Signature along with how to document in SACWIS. FCCS Training and Performance Improvement is working with Program Services on attending Management/Unit Meetings to share the information and the importance of the work that is being completed on a daily basis.</p>							

Assessing Timeliness: As reported for CFSR PIP, the baseline data for timeliness will be based upon the FCCS Dashboard for Initial Case Plans Due. The report was updated and data from 1/4/12, 8/24/12, and 4/24/13 are compared in the table below. As illustrated, 40% (63) of 157 total initial case plans were overdue per the January Dashboard report. In the 9/24/12 report, there were fewer total initial case plans due, 104, but a larger percentage, 47% (49) were overdue. As of 4/24/13, a larger number of initial case plans are due 142; but a smaller percentage 32% (45) were overdue. However, FCCS staff recognizes the limitations of using this report to monitor timeliness of Case plans and improvements associated with peer review.

Initial Case Plans Due Date Status for All Active Cases (as of 01/04/2012)		
<i>Status</i>	<i>Number</i>	<i>Percent</i>
Due in 7 Days	23	15%
Due in 8 Days or More	71	45%
Overdue	63	40%
Total	157	100%

Initial Case Plans Due Date Status for All Active Cases (as of 09/24/2012)		
<i>Status</i>	<i>Number</i>	<i>Percent</i>
Due in 7 Days	14	13%
Due in 8 Days or More	41	39%
Overdue	49	47%
Total	104	100%

Initial Case Plans Due Date Status for All Active Cases (as of 04/24/2013)		
<i>Status</i>	<i>Number</i>	<i>Percent</i>
Due in 7 Days	17	12%
Due in 8 Days or More	80	56%
Overdue	45	32%
Total	142	100%

As with all the CAPMIS tool peer reviews, the process to operationally define timeliness and develop accurate coding and reporting to monitor timeliness and improvements in completion reflects collaborative efforts between FCCS Program services, PID, and Evaluation staff. To better assess and address Case Plan timeliness, a new Dashboard report is being developed and validated with expected completion to coincide with the Case Plan quality peer reviews. The Draft initial Case Plan timeliness report will provide the number of days between the trigger event and Case Plan approval by the supervisor. The report summarizes at the Agency, Region, and Supervisor level and also drills down to the individual worker and case level.

Outcome 4: Community Collaboration

Goal 4: **Stakeholders jointly design and coordinate policies, practices, and services to improve child-well being.**

Strategy 1: Improve identification and statewide dissemination of practices which result in improved outcomes for children and families.

Strategy 2: Increase access to effective community-based treatment, including physical and behavioral health care and family support services.

Strategy 3: Improve assessment of children’s educational needs and the provision of services designed to address them.

Strategy 4. Decrease fragmentation of policies and procedures impacting youth who are aging out of care.

Progress:

Improved Identification and Statewide Dissemination of Practices

Website Development and Technical Assistance:

ODJFS continues to work with the Supreme Court of Ohio (SCO) and Ohio Family and Children First (OFCF) to identify and disseminate practices which demonstrate improved outcomes for children and families. Information, including CFSR performance data, is distributed quarterly to sister agencies, PCSAs, local courts, and Family and Children First Councils to serve as a foundation for community planning to address the multiple needs of families who come to the attention of local child welfare agencies.

During the PIP development process, the Supreme Court of Ohio established a CFSR webpage: <http://www.summitonchildren.ohio.gov/cfsr/default.html>. This site contains information regarding the CFSR process; highlights the Review’s relevance to multiple systems; features information regarding preferred practices; and provides state and county-specific data analyses of the following child welfare elements:

- Length-of-Stay;
- Children in Custody at Month’s End;
- Reunification and Re-entry;
- Children in Care Longer than One Year;
- Using Data to Control Costs;
- Point in-Time Forecasts of Children in Care; and
- Forecasts on the Number of Children Entering Care Each Month.

Confidential, child-specific data is also made available to PCSAs monthly through the ODJFS Business Intelligence System (BIC). These data profiles enable agency staff to determine unique child characteristics which impact local CFSR performance. In addition, ODJFS' Technical Assistance Specialists provide individualized guidance to PCSAs on use of local data for monitoring and program planning purposes.

Behavioral Health/ Family Support Services

Ohio has identified community collaboration as the vehicle by which to address child-well being findings associated with physical and behavioral health care. Strategies are based upon coordinated policies, practices and services that are jointly designed with stakeholders, including:

- Improved identification and statewide dissemination of practices which result in better outcomes for children and families;
- Increased access to effective community-based treatment and family support services; and
- Decreased fragmentation of policies and procedures impacting youth who are aging out of care.

Family-Centered Services and Supports:

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, Alcohol and Drug Addiction Services, Youth Services, and Developmental Disabilities, exceeding \$8 million over the biennium. These dollars are braided through the ODMH and appropriated to local Family and Children First Councils to provide non-clinical, family-centered services and supports. Use requires identification of needs on a local service coordination plan jointly developed with the family. FCSS include, but are not limited to: respite care; in-home visits; parent support groups, services to improve parenting skills; structured activities to strengthen the parent-child relationship and/or family functioning; non-therapeutic individual or group interventions; and service coordination.

SFY12 program results include:

- **5,520 children**, between the ages of 0-21, were served;
- **4,169 families** were served;
- **12,889 needs** were identified, averaging 2.33 per child;
- The top three categories of identified needs were **Mental Health (63.4%), Poverty (39.9%) and Special Education (35.5%)**. These have remained constant for the past three fiscal years;

- **9,171 types of services/supports** were provided with FCSS funds;
- **Service Coordination, Respite Care and Transportation** were the top 3 services utilized; and
- **95.7% of children served with FCSS funds remained in their own homes in SFY 12.**

Parent Advocacy Connection:

A portion of the FCSS dollars are allocated to the Ohio Chapter of the National Alliance on Mental Illness (NAMI) to support the Parent Advocacy Connection (PAC) program. PAC provides support and education for parents of multi-need children being served by local Family and Children First Councils, and assists them in navigating the multiple systems necessary to secure help for their children. To view a map of regional PAC resources, go to: http://www.namiohio.org/images/publications/brochures/PAC_brochure.pdf.

In July 2012, the National Alliance on Mental Illness provided a report of services rendered during SFY12. Key findings included:

- 2309 children were served by PAC advocates.
- **1002 families** were served, representing an increase of over 20% from the previous year.
- PAC advocates attended **7316 meetings** with family members of children with multiple needs, representing an increase of over 775 this past fiscal year.
- Advocates provided significant telephone support to families enrolled in the program (**2176 calls**).
- **21 statewide/multi-region PAC trainings** were held. Topics included: general program orientation, educational advocacy/IEP development, juvenile justice, medical diagnoses, and boundaries and ethics.
- **33 regional PAC trainings** were held. Topics included: PAC orientation/core competencies, PAC policies and procedures, boundaries/ethics, educational advocacy, grievance procedures, community resources, crisis planning, custody issues, domestic violence, benefits and resources, developmental disabilities, cultural competency/sensitivity, juvenile justice, and working with juvenile sex offenders.
- **89% of families** indicated that they were highly satisfied with PAC services rendered, 11% were satisfied; **96% of advocates** reported that the training provided met their needs; and **100% of PAC Regional Coordinators** reported that they had high job satisfaction.
- Comments from family members about the PAC program include:
 - ❖ My PAC was wonderful and very helpful to me and my family
 - ❖ I enjoyed working with Jody and am very glad she was involved or I wouldn't have felt comfortable at some of our wraparound meetings. I was pleased with her help
 - ❖ PAC has helped my family be heard concerning issues with my child

- ❖ I am more confident since I've received services for my daughter with the help of my advocate
- ❖ There was no help until PAC came into my life
- ❖ This is a great program, I would recommend it
- ❖ PAC has helped my family be heard concerning issues with my child
- ❖ I am more confident since I've received services for my daughter with the help of my advocate
- ❖ There was no help until PAC came into my life
- ❖ This is a great program, I would recommend it
- ❖

In order to meet families' needs more effectively, FCCS and PAC are required to:

- Be culturally-competent, home and community based, child and family focused, strength based, and accountable;
- Demonstrate interagency collaboration; and
- Have families as partners.

Lifespan Respite Care:

In 2011, the Ohio Department of Aging was awarded a three-year (\$200,000.00/year) grant from the U.S. Administration on Aging to improve access to respite care regardless of age, disease or disability through development of a statewide infrastructure. The goals of the initiative are: to:

- To raise public awareness about the need for, and importance of, respite services; and
- To develop new ways of recruiting, training, and supporting paid and volunteer respite providers.

Partners include Ohio Family and Children First Cabinet Departments, and the Ohio Respite Coalition.

Additional Initiatives:

Please refer to the attached state healthcare plan for additional information.

Evidence-based Services

There is value in using practices that are considered evidence-informed and/or evidence-based (EBP). FCCS continued to secure evidence-based service contracts using pooled funds from local Alcohol and Mental Health Board (ADAMH), Juvenile Court, and Franklin County Children Services (FCCS). The agency has four evidence-based contracts which support the provision of the following services to youth and families:

1. Functional Family Therapy (FFT)

2. Multi-Systemic Therapy (MST)
3. Multi-Systemic Therapy for Problems Sexual Behaviors (MST-PSB),
4. Multi-Dimensional family Therapy

The following chart contains information on evidence based service end totals for 2012:

Collaborative Managed Services	Total				
	Count of Referrals	Provider Accepted Referrals	Referrals Pending Linkage	Linked Referrals	Linkage Rate
Total	176	160	55	56	52%
FFT	74	68	14	32	57%
MST	67	63	30	11	33%
MST-PSB	13	9	9	0	
MaryhavenMDFT	22	20	2	13	72%

Linked Referrals is defined as the referral is sent from service team (caseworker) via Family Services Network Administration (FSNA), (an FCCS administrative department) to a provider. A provider then accepts the referral (based on various criteria, information provided). Once they accept, the provider then tries to contact and link with the family and actually begins services.

The linkage % is defined as the number of referrals that a provider links out of the number of referrals that they accept.

Evidence Based Survey Results - Survey results are from the November 2012 Family Support Services Caseworkers Satisfaction Survey. Results for MST-PSB are not shown as the numbers represent either very low numbers, or a significant numbers of staff did not respond for this particular service. Table 4 below from the survey represents caseworker satisfaction for both EBT and non-EBT services. The complete survey is attached. It is the intent of the agency to continue the partnership, and at some point expand our evidence based services.

The following Table presents information on the results of the Caseworker Satisfaction Survey with Family Support Services provided to their clients:

Table (1 to 4 point scale)

Provider	Mean Satisfaction Score	Standard Deviation	N	Satisfaction Rating
Buckeye Ranch Residential Intensive Family Support Program	3.52	0.68	26	Well Above Average
Buckeye Ranch Therapeutic Intervention	3.50	0.73	40	Well Above Average
Columbus Health Dept Family Ties Program	3.46	0.61	36	Well Above Average
Nationwide Children's Hospital Comprehensive Parenting	3.31	0.74	27	Average
COVA's Life Skills & Asset Building Program	3.30	0.59	18	Average
St. Vincent Family Center Parenting Services	3.30	0.68	26	Average
Cornell Abraxas Asset Building Development Services	3.28	0.66	24	Average
Huckleberry House Respite Support Services	3.25	0.77	35	Average
Maryhaven ACC Residential Aftercare Services	3.24	0.83	33	Average
Cornell Abraxas Therapeutic Intervention Services	3.22	0.77	17	Average
Rosemont, Buckeye Ranch, & Children's Hospital Multi-Systemic Therapy (MST)	3.22	0.76	46	Average
Maryhaven Multi-dimensional Family Therapy (MDFT)	3.15	0.68	14	Average
Buckeye Ranch Asset Building Services	3.13	0.68	17	Average
Berea Early Childhood Intervention	3.12	0.92	29	Average
Nationwide Children's Hospital Parent-Child Interaction Therapy (PCIT)	3.09	0.67	26	Average
Village Network Respite Support Services	3.07	0.83	57	Average
Berea Parent Mentor Plus	3.05	0.81	81	Below Average
YAS HomeBase Program	3.01	0.65	18	Below Average
Rosemont Functional Family Therapy (FFT)	3.01	0.68	18	Below Average

Berea Parent Mentor Program	2.99	0.95	80	Below Average
Community Refugee & Immigration Services (CRIS)	2.93	0.73	13	Below Average
Cornell Abraxas Residential Aftercare Services	2.85	0.91	11	Below Average
Southeast Juvenile Sex Offender Treatment Services	2.78	1.19	14	Below Average

Psychotropic Medication

Over the past year, Ohio has undertaken a comprehensive approach to addressing the issue of psychotropic medication use within the foster care population. In this regard, promotion of trauma-related developmental screenings and improved access to evidence-based, non-pharmacological therapeutic interventions are also key components of this work. The Office of Families and Children continues to work with Medicaid, the Ohio Department of Health, the Ohio Department of Mental Health, and in partnership with child health care providers to reduce the inappropriate use of medication. To this end, two primary projects are working simultaneously to address this issue. These are: BEACON (Best Evidence for Advancing Child health in Ohio Now), and Ohio’s Medicaid Technical Assistance and Policy Program (MEDTAPP). Each is described below.

BEACON

BEACON is a statewide public-private partnership which facilitates collaboration among more than 21 key children’s provider organizations, four state agencies, and several children’s advocacy groups. Partners include: the Ohio Academy of Family Physicians; the Ohio Chapter of the American Academy of Pediatrics; Voices for Ohio’s Children; Ohio Children’s Hospital Association; the American College of Obstetricians and Gynecologists; The National Alliance for the Mentally Ill- Ohio Chapter; the Government Resource Center; The Ohio State University; and the Ohio Department of Job and Family Services (Medicaid and child welfare), the Ohio Department of Health, the Ohio Department of Mental Health, and the Ohio Department of Developmental Disabilities. BEACON’s mission is to improve the quality of care leading to improved health outcomes and reduced costs. Medicaid-eligible children are a targeted population for this initiative.

BEACON members have targeted the inappropriate use of psychotropic medication, with particular emphasis on the foster care population, as a priority. The initial focus of this work is on reducing:

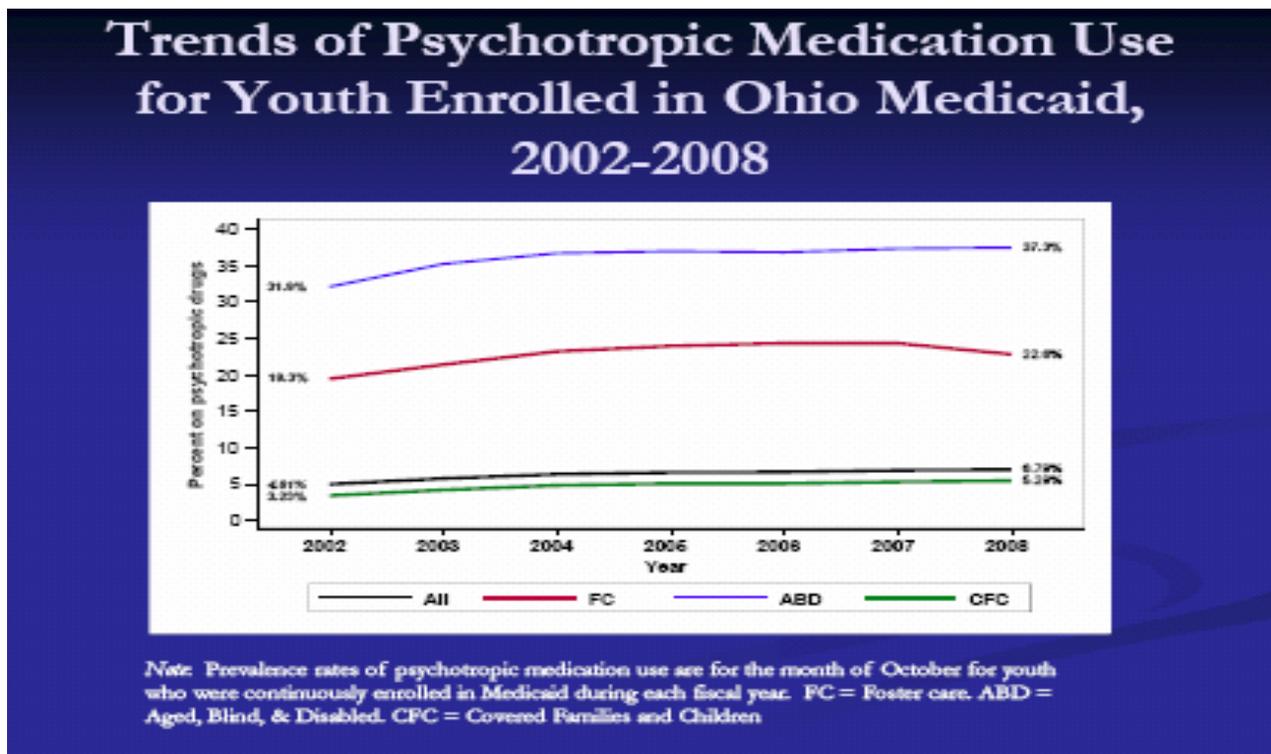
- The number of children receiving antipsychotic medications under the age of six; and
- The number of children receiving two or more concurrent antipsychotic medications.

Given the rates of prescription, off-label use and adverse side-effects, atypical antipsychotics (AAPs) have been identified as requiring special attention.

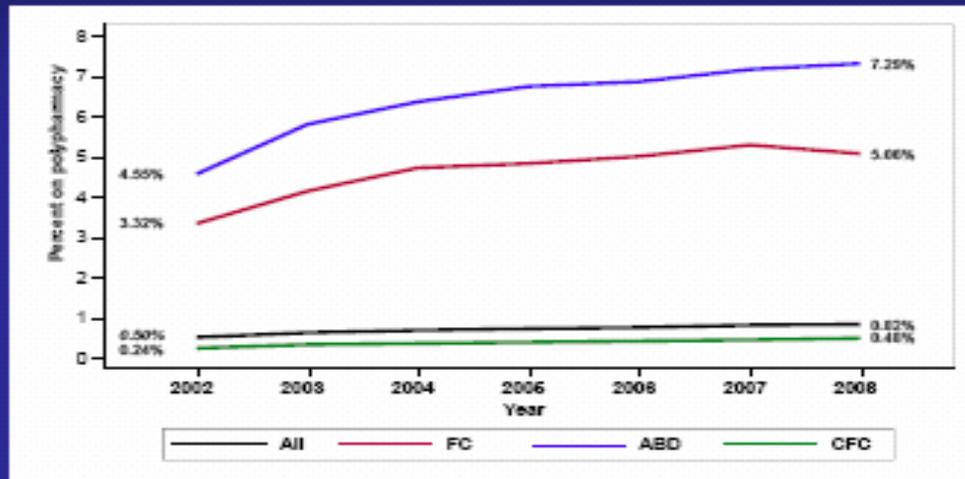
A BEACON retreat in February 2012 featured:

- Review of national and state-level prescription data;
- Presentations on pediatric use of antipsychotics-Indications, Guidelines and Options;
- Identification of best practices and methods for informed decision-making; and
- Development of prioritized goals, strategies, and evaluation methods.

Dr. Cynthia Fontenella, of The Ohio State University, presented research findings illustrating psychotropic medication use among Ohio's child Medicaid groups. The comparison populations were: foster youth (FC), those covered under the Aged, Blind and Disabled (ABD) program; and those enrolled under Covered Families and Children (CFC). The time period under review was 2002-2008. The results are illustrated in the following charts; foster children are represented by the red lines, except for slides five and six where the foster population is coded by a black line.



Trends in Polypharmacy for Youth Enrolled in Ohio Medicaid, 2002-2008



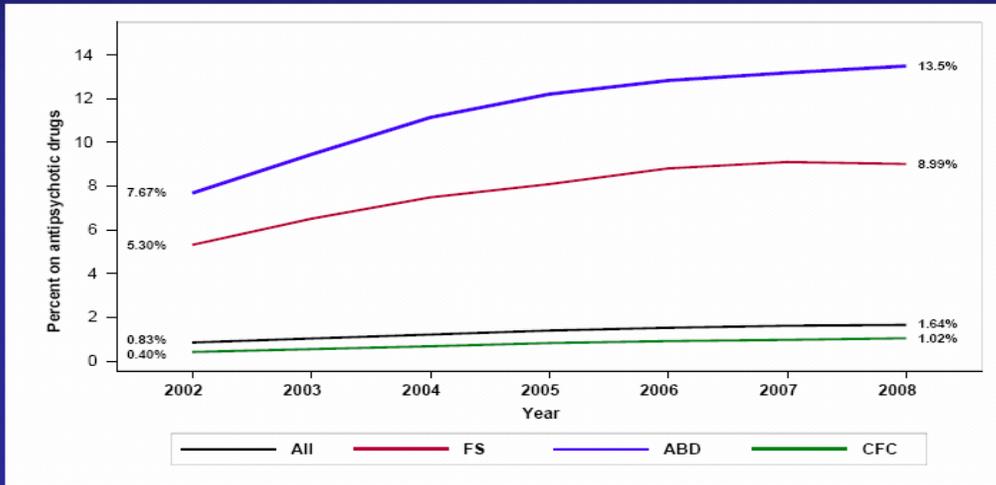
Note: Prevalence rates of polypharmacy are for the month of October for youth who were continuously enrolled in Medicaid during each fiscal year. Polypharmacy is defined as ≥ 3 medications from different drug classes. . FC = Foster care. ABD = Aged, Blind, & Disabled. CFC = Covered Families and Children

Medication Combinations Prescribed to Youth with Polypharmacy Regimens by Medicaid Eligibility Group, 2002-2008

	FC		ABD		CFC	
	2002	2008	2002	2008	2002	2008
Total on ≥ 3 drug classes	660	1,097	865	1,679	1,199	3,327
Within medication class combinations						
≥ 2 stimulants	14.9	25.6***	14.1	21.6***	15.8	24.7***
≥ 2 antipsychotics	17.4	25.5***	20.8	21.5	13.3	16.1***
≥ 2 antidepressants	13.2	10.0***	14.0	9.0***	13.0	9.5***
≥ 2 mood stabilizers	2.3	3.9	5.3	2.9***	2.7	1.9
Between class combinations						
Stimulant/antipsychotic/alpha-agonist	8.3	14.6***	8.7	15.1***	9.2	17.4***
Stimulant/antipsychotic/antidepressant	12.9	16.8	11.7	10.2*	16.3	15.2
Stimulant/antipsychotic/anticonvulsant	11.4	14.0***	10.8	12.5	9.6	14.1***
Stimulant/alpha-agonist/antidepressant	7.7	5.5	7.6	4.5***	13.4	9.2***
Antipsychotic/anticonvulsant/antidepressant	16.2	12.2***	13.8	8.8***	10.4	7.8***
Antipsychotic/alpha-agonist/anticonvulsant	5.6	8.5**	6.9	11.8***	4.5	6.9***
Antipsychotic/alpha-agonist/antidepressant	7.7	8.0	6.5	8.2*	4.8	6.0***
Anticonvulsant/alpha-agonist/antidepressant	6.4	4.1***	7.5	6.2	5.7	3.6***

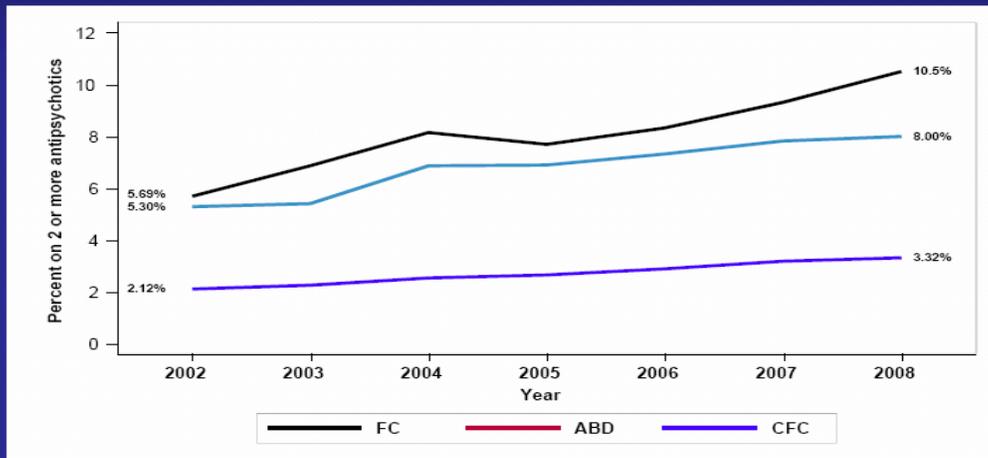
Note: FC = foster care. ABD = Aged, Blind, and Disabled. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Polypharmacy defined as ≥ 3 medications from different drug classes

Trends in Antipsychotic Use Among Youth Enrolled in Ohio Medicaid by Eligibility Group, 2002-2008



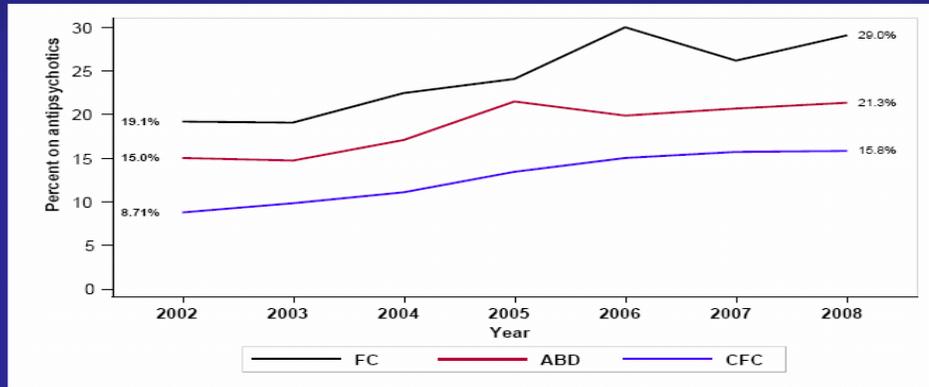
Note. FC = Foster care. ABD = Aged, Blind, and Disabled. CFC = Covered Families and Children. Percentages are based on the month of October for youth who were continuously enrolled in Medicaid during each fiscal year. Trend test for all three groups were significant ($p < 0.001$)

Trends in Use of Two or More Antipsychotics Among Youths Prescribed Psychotropic Medication by Medicaid Eligibility Group, 2002-2008



Note. Percentages are for the month of October for youth who were continuously enrolled in Medicaid for each fiscal year and prescribed psychotropic medications. FC = Foster care. ABD = Aged, Blind, and Disabled. CFC = Covered Families and Children

Trends in Antipsychotic Use Among Young Children Prescribed Psychotropic Medication, 2002-2008



Note: Percentages are based on prescription patterns for the month of October for children (aged 0 to 6 years) who were continuously enrolled in Ohio Medicaid during each fiscal year. Result from the trends test are significant for all three groups (p -value < 0.001). FC = Foster care. ABD = Aged, Blind, and Disabled. CFC = Covered Families and Children

These charts illustrate significant use of pharmacologic interventions for foster children, particularly in the use of multiple medications, AAPs, and for children under age six (6).

Subsequent analyses of additional pharmacy claim data through 2011 were completed in January 2012. The draft findings are presented in the following utilization profiles. As noted, caution is to be used in regard to interpreting diagnostic information.

Medicaid Enrolled Foster Children (age 0-17) with Atypical Antipsychotics Scripts, SFY 2011

Relative Risk of Mental Health Diagnosis¹ for children 0-17 receiving an AAP, SFY 2011

	Foster AAP recips compared to non-foster AAP recips	Foster AAP recips compared to foster non-AAP recips
Antisocial Behavior	1.92	3.26
Anxiety Disorder	1.01	2.53
Autism	0.43	8.05
Bipolar Disorder	1.64	24.26
Depression	1.47	1.70
Eating Disorders	1.17	–
Obsess-Compulsive	0.30	5.74
Neuroses, NEC	1.28	2.40
Schizophrenia	1.98	54.87
Substance Abuse	2.41	2.53
Psychoses, NEC	1.40	11.79

Interpreting relative risk

In the table at right, foster kids with AAP scripts are just as likely to have an anxiety disorder claim as non-foster AAP recipients (RR = 1.01). Foster kids with AAP scripts are 2.5 times *more* likely to have an anxiety disorder claim than foster kids who do not get AAP meds (RR = 2.53). Foster kids with AAP scripts are about 1/3 as likely to have obsessive compulsive disorders as non-foster kids with AAP scripts. (RR = 0.30)

Relative Risk of Selected Clinical Conditions¹ Foster children (0-17) receiving an AAP, SFY 2011

	Comparison group:		
	non-foster AAP recips age 0-17	foster children NOT on AAPs	non-foster, non AAP age 0-17
Injury - Head/Spinal Cord	1.27	2.29	2.18
Neurological Disorders, NEC	0.74	1.51	3.79
Infect/Inflam - Skin/Subcu Tiss	1.12	1.27	1.31
Diabetes	1.53	5.94	5.35
Thyroid Disorders	2.52	8.16	10.78
Endocrine Disorders, NEC	1.50	2.21	4.07
Infections - ENT Ex Otitis Med	0.70	0.75	0.69
Otitis Media	0.59	0.29	0.35
ENT Disorders, NEC	0.97	0.96	1.17
Functional Digest Disord, NEC	1.39	1.88	2.24
Gastritis/Gastroenteritis	0.49	0.76	0.58
Gastroint Disord, NEC	0.98	1.60	1.49
Prevent/Admin Hlth Encounters	1.56	1.00	1.55
Arthropathies/Joint Disord NEC	1.18	2.28	2.28
Fracture/Disloc - Ankle/Foot	0.89	2.47	1.83
Fracture/Disloc - Upper Extrem	1.34	2.93	2.39
Injury - Chest Wall	1.06	3.03	2.89
Injury - Knee	0.85	1.96	1.69
Injury - Musculoskeletal, NEC	1.11	2.75	2.26
Infections - Respiratory, NEC	0.56	0.53	0.49
Asthma	0.77	0.87	0.97
Overweight/Obesity	1.43	4.06	4.00
Nutritional Disorders, NEC	1.03	2.05	2.24
Adverse Drug Reactions	1.00	3.19	3.44
Toxic Effects of Substances	1.52	3.18	3.89
Effects of External Conditions	1.01	2.20	1.55
Injury, NEC	1.28	1.34	1.77

Atypical Antipsychotics:

Abilify (aripiprazole)
Saphris (asenapine)
Clozaril, Fazacllo, etc. (clozapine)
Fanapt (iloperidone)
Zyprexa (olanzapine)
Symbyax (olanzapine/fluoxetine)
Invega (paliperidone)
Seroquel (quetiapine fumarate)
Risperdal (risperidone)
Geodon (ziprasidone)

Foster Children and Mental Health Diagnoses¹

Rate per thousand, SFY 2011

Rate	Clinical Condition
152.7	Antisocial Behavior
30.0	Anxiety Disorder
7.6	Autism
78.5	Bipolar Disorder
194.7	Depression
0.1	Eating Disorders
0.8	Obsess-Compulsive
517.4	Neuroses, NEC
6.4	Schizophrenia
64.8	Substance Abuse
120.1	Psychoses, NEC

Information presented here is draft for tabletop discussion only. Use caution when interpreting raw rates and information on diagnoses from administrative claims data.

1. Source: Ohio Medicaid Bureau of Health Svc. Research, January 2012.

Medicaid Pediatric Psychotropic Medication Utilization and Patient Profiles, October, 2008

Ohio Medicaid Pediatric Psychotropic Medication Use²

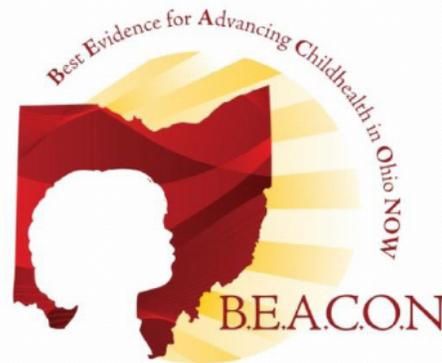
Age 0-17, October 2008

	Foster Care		ABD		CFC	
	n	%	n	%	n	%
Enrollees	21,678	100	29,085	100	673,741	100
Any Psychotropic Rx	4,906	22.63	8,592	29.54	36,813	5.46
Prescriptions						
1	1,976	40.28	3,434	39.97	20,997	57.04
2	1,236	25.19	2,378	27.68	9,439	25.64
3	810	16.51	1,406	16.36	3,789	10.29
4	440	8.97	692	8.05	1,528	4.15
5	191	3.89	341	3.97	610	1.66
6	127	2.59	176	2.05	261	0.71
>7	126	2.57	165	1.92	189	0.51
> 3 Meds	1,694	34.53	2,780	32.36	6,377	17.32
Medications (%)						
Alpha agonists		13.56		16.53		15.68
Antidepressants		16.48		13.75		15.64
Anticonvulsant		14.54		16.37		13.98
Anxiolytics		0.97		2.83		1.64
Lithium		3.19		2.65		2.22
Neuroleptic		26.44		25.09		24.12
Stimulants		24.83		22.79		26.72
Drug Classes						
1	2,406	49.0	4,279	49.8	24,959	67.8
2	1,403	28.6	2,634	30.7	8,526	23.2
3	806	16.4	1,202	14.0	2,686	7.3
4	264	5.4	409	4.8	554	1.5
5	27	0.6	59	0.7	84	0.2
6	—	—	9	0.1	4	0.0
>=3 drug classes	1,097	22.36	1,679	19.54	3,328	9.04
Drug combinations						
>=2 antidepressants	224	4.57	274	3.19	965	2.62
>=2 antipsychotics	515	10.5	687	8	1,224	3.32
>=2 stimulants	882	17.98	1,139	13.26	5,585	15.17
>=3 mood stab.	62	1.26	170	1.98	143	0.39

Ohio Medicaid Psychotropic Polypharmacy²

Age 0-17, October 2008

	Foster Care	Disabled	CFC
	2008	2008	2008
>=3 different drug classes	22.36	19.54	9.04
Between Class Combinations			
Antidep + Antipsych + Stim	16.77	10.18	15.24
Anticon + Antidep + Antipsych	5.75	4.35	3.94
Antidep + Alpha agonist + Stim	5.47	4.53	9.2
Alpha agonists+ Antipsych + Stim	14.6	15.13	17.44
Anticonvul+ Antipsych+ Stim	14.05	12.51	14.1
Within Class Combinations			
>=2 antidepressants	4.57	3.19	2.62
>=2 antipsychotics	10.5	8	3.32
>=2 stimulants	17.98	13.26	15.17
>=3 mood stabilizers	1.26	1.98	0.39



Information presented here is draft for tabletop discussion only. Use caution when interpreting raw rates and information on diagnoses from administrative claims data.

2. Source: adapted from C. Fontanella, OSU Coll. Social Work, Jan 2012

Child psychiatrists attending the BEACON retreat presented the following principles for prescribing AAPs:

- AAPs are to be prescribed in the context of the overall status of the patient’s health;
- The lowest effective dose is to be used;
- Prescribers are to use caution with polypharmacy given limited data on long-term combination treatments;
- Prescribers are to carefully monitor potential adverse side-effects (e.g., body mass index, fasting glucose, lipids);
- AAPs are to be prescribed for a determined duration of treatment; and
- Abrupt discontinuation is to be avoided.

Following the retreat, BEACON workgroups were established to advance Ohio’s efforts to reduce the inappropriate use of psychotropic medication, especially for children in out of home care. Key tenets of this work include: cross-system collaboration; use of data to improve practice; peer support among medical practitioners; and promotion of evidence-based, non-pharmacological treatments. Current activities target improving data transparency, establishing standardized prescription guidelines, accessing psychiatric services; promoting telepsychiatry in under-served areas; and improving research.

Outcome 5: Child Welfare Legislative Reform

Goal 5: **State laws are modified to reduce fragmentation of child maltreatment definitions and improve consistency of child welfare practice statewide.**

Strategy 1: Move Ohio from an incident-based statutory framework to a “child in need of protective services” (CHIPS) system that eliminates inconsistent, overly broad, overly narrow and undefined categories of child maltreatment and provides more concise categorization of reports.

Progress:

During the first year of the CFSR PIP it was determined that Goal 5: Child Welfare Legislative Reform: *State laws are modified to reduce fragmentation of child maltreatment definitions and improve consistency of child welfare practices statewide* could not be achieved. On November 4, 2011 notification was received via email that the Children’s Bureau approved Ohio’s request to remove Goal 5 from the PIP.

Outcome 6: **Licensing**

Goal 6: **Children are safe while placed in out-of-home care settings due to increased oversight of placement providers.**

Strategy 1: Amend rules governing the issuance of waivers and variances in the Ohio Administrative Code.

Strategy 2: Enhance Ohio’s process for ensuring agency compliance with requirements for conducting background checks.

Progress:

No waivers or variances have been issued by the ODJFS Foster Care Licensing Section since late 2010. In 2010 ODJFS re-evaluated its policy of granting waivers and/or variance of OAC rules in the certification of foster care agencies. The waiver and variance rules were amended and/or rescinded with the goal of reducing, and eventually eliminating, the need for certified agencies to request a waiver and/or variance. Foster Care Licensing/Certification Specialists were informed that in 2011 ODJFS would no longer honor nor accept agency requests to waive OAC rules. In the past 18 months ODJFS has not received any requests for waivers or variances.

Agency Compliance with Criminal Background Checks

On July 27, 2012 the Department released a PCSA, PCPA and PNA Compliant Report summarizing all findings of noncompliance for the first quarter of 2012. This report will be released quarterly as a means of highlighting all areas of noncompliance identified in certified agencies each quarter. During this time period there were seven agencies who were not in compliance with the criminal record check requirements contained in OAC 5101:2-5-09.1.

RAPBACK

RAPBACK is the “retained applicant fingerprint database information exchange” which was set up pursuant to ORC section 109.5721. RAPBACK was created to regulate the information exchanged between the Bureau of Criminal Identification and Investigation (BCII), ODJFS, and agencies that recommend or approve foster or adoptive homes.

RAPBACK notifications are received in an online folder and reviewed by the ODJFS, OFC Enforcement Coordinator. The RAPBACK folder is checked daily for notifications (hits). An advisement is sent to the agency to which the foster or adoptive home belongs and to the assigned ODJFS certification specialist or Technical Assistance Supervisor. The notification is logged in the “RAPBACK Hits Log”. When a response is received on the JFS 01301 “Retained Applicant Fingerprint Database Post-Notification Report” form a review is conducted by the ODJFS, OFC Enforcement Coordinator. The review includes a determination regarding whether the agency was properly notified by the foster parent and if the response contained sufficient

information for ODJFS to assess the matter. The form is logged by the ODJFS, OFC Enforcement Coordinator and a determination is made whether the conviction is a prohibited offense. Additionally, the ODJFS, OFC Enforcement Coordinator reviews the case to determine if a revocation of the foster care certificate is necessary.

There have been 112 RAPBACK hits on active homes or on an individual who is a current household member. To date, all agencies have responded to ODJFS' requests on the JFS 01301 form. However, some agencies have not notified ODJFS within 10 business days after receiving information from BCII. If a response is not received a follow up email is sent to the agency.

During Federal Fiscal Year 2012 sixteen agencies had compliance findings associated with criminal records check requirements for prospective employees and certified foster caregivers which were identified during: certification reviews, recertification reviews, site visits, complaint reviews, PCSA Reviews, or amendment of certification reviews.

Findings of noncompliance included one or more of the following:

- The appointing or hiring officer or administrative director of an agency did not request the bureau of criminal identification and investigation (BCII) conduct a criminal records check with respect to any person subject to a criminal records check and any person providing respite care for a specialized foster care program that is not a certified foster caregiver [5101:2-5-09.1 (A)]
- The agency did not request that BCII obtain information from the Federal Bureau of Investigation (FBI) as a part of the criminal records check for any entity that appoints or employs any person responsible for a child's out-of-home care if either of the following are applicable:
 - (1) The person does not present proof of residency in Ohio for the five-year period immediately prior to the date upon which the criminal records check is requested.
 - (2) The person does not provide evidence that within that five-year period, BCII has requested information about the person from the FBI in a criminal records check. [5101:2-5-09.1.(J)]
- The agency did not request conducting a criminal records check for a certified foster caregiver and each adult who resides with the foster caregiver every four years within six months prior to the upcoming recertification of the caregiver. [5101:2-5-09.1 (L)(2)]
- The agency did not request that BCII include information from the FBI in the criminal records check for each foster care applicant and each person eighteen years of age residing in the applicant's household subject to a criminal records check. [5101:2-5-09.1 (M)]
- The recommending agency submitted a recommendation to ODJFS requesting issuance of a certificate to operate a foster home before requesting that the superintendent of BCII conduct a criminal records check with respect to the prospective foster caregiver and all other persons eighteen years of age or older who reside with the foster caregiver. [5101:2-5-09.1 (E)]

Foster care licensing conducted the yearly New Agency/Administrator Orientation on June 25, 2012. Fifty administrators participated in the orientation program. During the orientation program Central Registry and background check requirements for foster care and adoption applicants, foster care and adoptive caregivers, and household members was addressed. During the session a discussion of BCII background check requirements for agency staff also occurred.

Statewide Quarterly Licensing Meetings were conducted on March 19, 2012 and July 30, 2012. At each meeting a description of the requirements for agencies to conduct BCII background checks on staff occurred.

Three methods were used to heighten ODJFS oversight of compliance with BCII requirements. These included: (1) review and monitoring of RAPBACK hits; (2) on-site review of agency certification/licensing studies to assess agency compliance with background check requirements; and (3) provide on-going training on background check requirements to agencies.

COLLABORATION

Round 2 CFSR findings identified the strong partnerships among state child-serving agencies, the courts, local agencies and service providers as a solid foundation for advancing needed improvements to Ohio's child welfare system. To demonstrate inter-departmental commitment to these efforts, the Cabinet served as an advisory council to the development and implementation of Ohio's Program Improvement Plan. Throughout the process, these entities continued to support the state's CFSR efforts.

While each system remains challenged by multiple priorities, Ohio's CFSP is based on an integrated initiatives model that decreases fragmentation and duplication of scarce resources. Specific inter-system programs are described throughout this section.

Key Concerns

The CFSR process examined the state's assessment of children's educational, physical (including dental) and mental health needs, as well as the provision of services to address those needs. HHS identified the following concerns based on information contained in the statewide assessment, interviews with state and local stakeholders, and onsite review findings:

- The State did not consistently ensure that children's educational needs were met. Key issues identified pertained to cases in which children demonstrated school-related behavioral problems, developmental delays, learning disabilities, and/or academic performance not commensurate with ability. Specific factors of non-compliance included:
 - Transitional education plans;
 - Inconsistent coordination of screening and interventions; and
 - Limited service capacity.

- The state’s efforts to assess and address mental health needs of children receiving both foster care and in-home services were inconsistent. Key issues identified included:
 - Mental health services were not consistently provided to address identified behavioral health needs;
 - Mental health services were delayed for some children;
 - At times, services were provided too infrequently to be effective;
 - Behavioral health care services were not sufficiently accessible across the state; and
 - In some cases, services rendered to children and families were not individualized.

Ohio’s response to these findings is highlighted below.

System Infrastructure to Support Ohio’s Program Improvement Plan

Ohio Family and Children First (OFCF):

OFCF is a partnership of state and local government, communities, and families that enhances the well-being of Ohio’s children and families by:

- Building community capacity;
- Strategically coordinating systems and services;
- Engaging and empowering families; and
- Sharing accountability.

At the state level, OFCF is comprised of the directors of all child-serving departments: Job and Family Services, Alcohol and Drug Addiction Services, Health, Mental Health, Developmental Disabilities, Youth Services, Rehabilitation and Corrections, Education; and the Office of Budget and Management. Each county operates a local council consisting of the local directors of these agencies (plus the PCSA director in separated agencies), municipal and county officials, Head Start representatives, a representative of a local non-profit agency serving children and families, a representative of the local early intervention program, and family representatives. In addition, a local juvenile judge may serve in an advisory capacity to the council. OFCF works toward the fulfillment of the following commitments:

- Expectant Parents and Newborns Thrive;
- Infants and Toddlers Thrive;
- Children Are Ready for School;
- Children and Youth Succeed in School;
- Children and Youth Engage in Healthy Behaviors; and
- Youth Successfully Transition into Adulthood.

In order to streamline and coordinate governmental services for families seeking assistance for their children, OFCF has:

- Increased requirements for family engagement and empowerment;
- Increased expectations regarding improved service coordination for children with multi-system needs and their families;
- Aligned programming targeting transition-aged youth; and
- Increased community capacity to address local priorities based on needs assessments, gap analyses, and resource assessments.

The OFCF Cabinet served as an advisory council for the implementation of Ohio's Program Improvement Plan. Other key OFCF accomplishments achieved during this reporting period include: increased family engagement in policy development, training, and service delivery; development of a strategic plan to better serve transition-aged youth; and implementation of a flexible funding pool at the local level to provide needed services to families and youth based on community priorities.

Education

ODJFS, the Ohio Department of Education (ODE), the Ohio Department of Mental Health (ODMH), and the multi-systemic Fetal Alcohol Spectrum Disorders Steering Committee have identified the following strategies to improve assessment of children's educational needs and the provision of individualized services designed to address them:

- Promotion of an integrated network of school-based support services to address non-academic barriers to educational success; and
- Improved access to IEP-related services for children who are Medicaid eligible.

Shared Agenda

ODMH and ODE jointly support *Shared Agenda*, a project designed to improve behavioral and academic outcomes for children and youth by removing non-cognitive barriers to learning. *Shared Agenda* project components include school-based mental health services, and activities designed to increase awareness of behavioral health issues by students and school personnel. Ohio has been nationally recognized for this effort to improve children's mental health and academic success by enhancing collaboration among education, mental health, and family-serving organizations.

Highlights of the *Shared Agenda* project include:

- The *Eliminating Barriers Initiative*- a previously federally funded project to address the stigma of mental illness in school-based settings.

- Establishment of a legislatively commissioned Educator Standards Board.
- Development of Initiative Principles, Goals and Objectives:
 - a. Guiding Principles:
 1. Mental health is crucial to school success; and
 2. Shared opportunities exist for improvement.
 - b. Goals and Objectives:
 1. Develop common understanding among education, mental health, families and other stakeholders of key concepts related to mental wellness and school success;
 2. Expand implementation of evidence-based practices;
 3. Positively influence allocations at the state and local levels; and
 4. Increase capacity of school-based mental health programming through professional development.

FASD Resources for Educators

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term used to describe the range of effects that may occur in individuals whose mothers consumed alcohol during pregnancy. Many of these effects, which include physical, mental, behavioral, and/or learning disabilities, have lifelong consequences. While FASD prevalence within the child welfare system is not currently known, it has been estimated that substance abuse is a contributing factor in up to 80% of out of home placements.

In 2004, Ohio launched a statewide initiative to prevent FASD and improve services for individuals affected by prenatal alcohol exposure. Multi-system partners remain committed to this work, which includes but is not limited to, targeted educational outreach efforts. The following training opportunities are offered in both traditional and web-based formats:

- Educating Preschool Children with FASD;
- Strategies for Educating Children with FASD; and
- Strategies for School Staff.

These training sessions are targeted to teachers and school personnel. The courses provide information about how to more effectively respond to FASD-related neurological impairment, including:

- Organizing the physical space so that it is conducive to learning;
- Reinforcing routines and assisting with transitions;
- Making needed accommodations for learning; and
- Promoting social development to improve student behavior.

Comprehensive System of Learning Supports

The ODE's Comprehensive System of Learning Supports targets the following nonacademic barriers to learning: student mobility; absences; retention; and behavior, particularly incidents associated with out of school suspensions and expulsion. As students enter middle and high school, additional indicators include being over age for grade level and under-credited. To be most effective, the ODE has recommended districts weave these supports into a comprehensive, multifaceted system of classroom, school, and community-based interventions.

Specific supports are designed to increase student success by improving access to non-traditional opportunities, addressing barriers to learning, and enhancing teaching methods. The resources, strategies, and practices foster physical, social, emotional, and intellectual student development. The goals of this initiative are to:

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

Supplemental Educational Services (SES) – Parents

Low-income students who attend Title I-served schools undergoing mandated improvement efforts are eligible for Supplemental Educational Services (SES). Priority is given to the lowest achieving eligible students.

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

The Medicaid School Program (MSP)

MSP serves Medicaid eligible children between the ages of 0-21. The program permits reimbursement of allowable services identified on the child's individualized education program (IEP) and provided in the school setting. Approved school providers can receive reimbursement for:

- Direct services delivered to eligible children with an IEP, or those undergoing evaluation for a disability;
- Targeted Case Management for children with developmental disabilities;

- Administrative claiming; and
- Limited transportation services.

As of May 2013, 658 providers had enrolled in Ohio’s Medicaid School program (MSP). These providers represent a variety of school settings statewide including: city, local and exempted village school districts; state schools; and community schools. MSP is administered jointly by ODJFS’ Office of Ohio Health Plans and ODE.

Child Welfare, Education, and the Courts

In November 2011, Ohio participated in the national 2-day meeting to address educational stability for foster youth. Following that event, the Supreme Court of Ohio convened a workgroup to advance the state’s plan. Workgroup participants include: state staff from the ODJFS/Office of Families and Children, ODE, and the Supreme Court of Ohio; local judges; PCSA directors; service providers; and advocates. Key activities of the workgroup to date have included:

- Clarifying the definition of “enrollment” to include attendance and provision of services;
- Identifying barriers to transportation;
- Exploring shared funding (IV-E and Title 1) to support educational liaisons;
- Developing key questions about education for Judicial Officers’ use in child protection hearings;
- Identifying and promoting use of best practices; and
- Establishing protocols for cross-systems data sharing.

Behavioral Health/ Family Support Services

Ohio has identified community collaboration as the vehicle by which to address child-well being findings associated with physical and behavioral health care. Strategies are based upon coordinated policies, practices and services that are jointly designed with stakeholders, including:

- Improved identification and statewide dissemination of practices which result in better outcomes for children and families;
- Increased access to effective community-based treatment and family support services; and
- Decreased fragmentation of policies and procedures impacting youth who are aging out of care.

Family-Centered Services and Supports

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, Alcohol and Drug Addiction Services, Youth Services, and Developmental Disabilities, exceeding \$8 million over the biennium. These dollars are braided through the ODMH and appropriated to local Family and Children First Councils to provide non-clinical, family-centered services and supports. Use requires identification of needs on a local service coordination plan jointly developed with the family. FCSS include, but are not limited to: respite care; in-home visits; parent support groups, services to improve parenting skills; structured activities to strengthen the parent-child relationship and/or family functioning; non-therapeutic individual or group interventions; and service coordination.

SFY12 program results include:

- **5,520 children**, between the ages of 0-21, were served;
- **4,169 families** were served;
- **12,889 needs** were identified, averaging 2.33 per child;
- The top three categories of identified needs were **Mental Health (63.4%), Poverty (39.9%) and Special Education (35.5%)**. These have remained constant for the past three fiscal years;
- **9,171 types of services/supports** were provided with FCSS funds;
- **Service Coordination, Respite Care and Transportation were the top 3 services** utilized; and
- **95.7% of children served with FCSS funds remained in their own homes in SFY 12.**

Parent Advocacy Connection

A portion of the FCSS dollars are allocated to the Ohio Chapter of the National Alliance on Mental Illness (NAMI) to support the Parent Advocacy Connection (PAC) program. PAC provides support and education for parents of multi-need children being served by local Family and Children First Councils, and assists them in navigating the multiple systems necessary to secure help for their children. To view a map of regional PAC resources, go to:

http://www.namiohio.org/images/publications/brochures/PAC_brochure.pdf

In July 2012, the National Alliance on Mental Illness provided a report of services rendered during SFY12. Key findings included:

- 2309 children were served by PAC advocates.
- **1002 families** were served, representing an increase of over 20% from the previous year.
- PAC advocates attended **7316 meetings** with family members of children with multiple needs, representing an increase of over 775 this past fiscal year.
- Advocates provided significant telephone support to families enrolled in the program (**2176 calls**).
- **21 statewide/multi-region PAC trainings** were held. Topics included: general program orientation, educational advocacy/IEP development, juvenile justice, medical diagnoses, and boundaries and ethics.
- **33 regional PAC trainings** were held. Topics included: PAC orientation/core competencies, PAC policies and procedures, boundaries/ethics, educational advocacy, grievance procedures, community resources, crisis planning, custody issues, domestic violence, benefits and resources, developmental disabilities, cultural competency/sensitivity, juvenile justice, and working with juvenile sex offenders.
- **89% of families** indicated that they were highly satisfied with PAC services rendered, 11% were satisfied; **96% of advocates** reported that the training provided met their needs; and **100% of PAC Regional Coordinators** reported that they had high job satisfaction.
- Comments from family members about the PAC program include:
 - ❖ *My PAC was wonderful and very helpful to me and my family.*
 - ❖ *I enjoyed working with Jody and am very glad she was involved or I wouldn't have felt comfortable at some of our wraparound meetings. I was pleased with her help.*
 - ❖ *PAC has helped my family be heard concerning issues with my child.*
 - ❖ *I am more confident since I've received services for my daughter with the help of my advocate.*
 - ❖ *There was no help until PAC came into my life.*
 - ❖ *This is a great program, I would recommend it.*

In order to meet families' needs more effectively, FCSS and PAC are required to:

- Be culturally-competent, home and community based, child and family focused, strength based, and accountable;
- Demonstrate interagency collaboration; and
- Have families as partners.

Lifespan Respite Care

In 2011, the Ohio Department of Aging was awarded a three-year (\$200,000/year) grant from the U.S. Administration on Aging to improve access to respite care regardless of age, disease or disability through development of a statewide infrastructure. The goals of the initiative are:

- To raise public awareness about the need for, and importance of, respite services; and
- To develop new ways of recruiting, training, and supporting paid and volunteer respite providers.

Partners include Ohio Family and Children First Cabinet Departments, and the Ohio Respite Coalition.

Additional Initiatives

Please refer to the attached state healthcare plan for a detailed description of Ohio's efforts to address concerns identified in the CFSR related to behavioral health care. Highlighted updates include: trauma informed care; Early Childhood Mental Health Consultation; the Early Childhood Mental Health-Child Welfare Demonstration projects; and Ohio's Fetal Alcohol Spectrum Disorders State Systems' Initiative.

Physical Healthcare and Services for Young Children

Please refer to the attached state healthcare plan for a detailed description of Ohio's efforts to address concerns identified in the CFSR related to physical health care. In addition to screening timelines and monitoring requirements, the plan features: Ohio's efforts to address medication use in the foster care population; progress toward integrating physical and behavioral healthcare; projects to improve care coordination across systems; the Personal Responsibility and Education Program (PREP) to reduce pregnancy and sexually transmitted infections in the foster care population; and BEACON, a public-private partnership designed to improve health outcomes and reduce costs.

Improved Identification and Statewide Dissemination of Practices

Website Development and Technical Assistance:

ODJFS continues to work with the Supreme Court of Ohio (SCO) and Ohio Family and Children First (OFCF) to identify and disseminate practices which demonstrate improved outcomes for children and families. Information, including CFSR performance data, is distributed quarterly to sister agencies, PCSAs, local courts, and Family and Children First Councils to serve as a foundation for community planning to address the multiple needs of families who come to the attention of local child welfare agencies.

During the PIP development process, the Supreme Court of Ohio established a CFSR webpage: <http://www.summitonchildren.ohio.gov/cfsr/default.html>. This site contains information regarding the CFSR process; highlights the Review's relevance to multiple systems; features information regarding preferred practices; and provides state and county-specific data analyses of the following child welfare elements:

- Length-of-Stay;
- Children in Custody at Month's End;
- Reunification and Re-entry;
- Children in Care Longer than One Year;
- Using Data to Control Costs;
- Point in-Time Forecasts of Children in Care; and
- Forecasts on the Number of Children Entering Care Each Month.

Confidential, child-specific data is also made available to PCSAs monthly through the ODJFS Business Intelligence System (BIC). These data profiles enable agency staff to determine unique child characteristics which impact local CFSR performance. In addition, ODJFS' Technical Assistance Specialists provide individualized guidance to PCSAs on use of local data for monitoring and program planning purposes.

Ohio Children's Trust Fund

The mission of the Ohio Children's Trust Fund (OCTF) is to prevent child abuse and neglect through investing in strong communities, healthy families and safe children; their work is guided by the following three principles: viewing child maltreatment as a public health problem, promoting protective factors and investing in evidence informed practices.

The OCTF was created in 1984 and is Ohio's sole public funding source dedicated to the primary and secondary prevention of child abuse and neglect. The OCTF is governed by a board of fifteen members, including eight public appointees by the Governor, four legislative members and three agency directors (Ohio Departments of Health, Job and Family Services and Ohio Department of Mental Health & Addiction Services). The Board supervises the policies and programs of the Trust Fund and the Ohio Department of Job and Family Services serves as the administrative agent for procurement and budgeting purposes.

In Oct 2010, the OCTF became the Prevent Child Abuse America provisional Ohio Chapter. In February 2012, the Trust Fund achieved full membership. The OCTF and Prevent Child Abuse America share a common mission and the OCTF Board was excited for the opportunity to align Ohio's statewide prevention efforts under one entity and to further the work of Prevent Child Abuse Ohio.

The OCTF is funded with fees collected at the local level on certified copies of birth certificates, death certificates and divorce decrees and dissolutions which annually yield approximately \$3 million in revenue. In addition, the Trust Fund is Ohio's lead agency on the United States Department of Health and Human Services Community Based Child Abuse Prevention (CBCAP) grant, under CAPTA Title II which annually yields approximately \$1 million.

These dollars are invested in prevention programs at the local level by partnering with Ohio's 88 local county child abuse and child neglect prevention advisory boards for primary and secondary prevention. In addition the Trust Fund partners with child advocacy centers to provide start-up grant funding and focuses on several other statewide discretionary projects identified by their Board.

In FFY 2012, the Trust Fund provided community based child abuse and neglect prevention programs and services at the local level, as well as, continued to invest in statewide prevention programming. These statewide initiatives address four key areas: parenting education, home visiting, child sexual abuse prevention and building the infrastructure for child abuse and neglect prevention in Ohio.

OCTF continues to collaborate closely with the Office of Families and Children in efforts to align our prevention work with the continuum of statewide child welfare services and initiatives. Most recently we have co-chaired a Human Trafficking Workgroup that is coordinated with OFC staff from the Bureau of Adult and Child Protection. Governor Kasich's office released the "Ohio Human Trafficking Task Force Recommendations" in June of 2012. These recommendations were a companion to H.B. 262, "The Ohio Human Trafficking Act of 2012". The comprehensive tasks included several prevention components which interfaced with child protection policy. The joint venture with OFC has resulted in multi-state agency protocols as it pertains to Human Trafficking. This is the first coordinated effort within Ohio's various state departments to provide a structure and expectation for education and training in this vital area of national concern. OCTF's participation and leadership will continue until Governor Kasich's recommendations have been implemented statewide.

Within the IV-B plan, the Trust Fund continues to be actively involved with "Partners for Ohio's Families". The mission, "through partnership with public and private agencies, we support the delivery of services to improve outcomes that promote safety and well-being" encompasses not only a shift in how the state does business with stakeholders. It also represents a change in culture and climate internal to the organization. OCTF participates in this paradigm shift incorporating all aspects of the principles of partnerships, internal and external to the department.

In December 2010, the Ohio Children's Trust Fund (OCTF) physically relocated their offices into the Ohio Department of Job and Family Services, Office of Families and Children and became part of the Office of Families and Children. This move resulted in increased partnership and collaboration as both the Trust Fund and the Office of Families and Children worked

together to conduct strategic, long-term and outcome focused planning in order to promote sustainable systems change for child maltreatment prevention in the state of Ohio.

Supreme Court Collaboration

GAL Training

The completion of approved pre-service and annual continuing education training has been established as a requirement of appointment through Rule 48 of the Rules of Superintendence for the Courts of Ohio (Sup.R. 48) The rule became effective March 1, 2009 to govern guardian ad litem standards in Ohio, including the appointment, responsibilities, training and reporting requirements of guardians ad litem. Sup. R. 48 applies in all domestic relations and juvenile cases in common pleas courts when the court appoints a guardian ad litem to protect and act in the best interest of a child. The rule requires each court to enter an Order of Appointment, which identifies the capacity in which the guardian ad litem is appointed.

In order to assist attorneys in meeting the requirements of this rule, regional training is provided through the Supreme Court of Ohio Judicial College. Additional information about the program and Sup. R. 48 can be accessed through <http://www.supremecourt.ohio.gov/GAL/default.asp>.

In 2012, the Ohio Guardian ad Litem Education Program developed the session *Understanding Child Protective Services to be a More Effective Advocate*, to ensure guardians' ad litem are better prepared to:

- Define child abuse and neglect, safety, risk, and contributing factors; explain the types of assessments and treatments available.
- Provide a foundation for understanding the services provided by CPS, the goals at each stage of a case, and what drives the various approaches and priorities of a public children services agency.
- Create a permanency-based perspective for understanding how decisions and communication today influence outcomes and well-being of children, families and communities generations from now.

This course was offered on November 2, 2012 in Athens, Ohio. The course is taught by a public children services agency manager and family law attorney with experience as a guardian ad litem. This course will be offered periodically on a rotating course schedule established by the Judicial College.

ODJFS also supports the development of guardians' ad litem as an integral component of permanency through financial and program support of Ohio CASA. In addition to supporting local pre-service training of Ohio's volunteer guardians' ad litem, ODJFS supports the annual "Celebrate Kids" conference. In September 2012, approximately 375 participants, primarily comprised of volunteers and CASA program staff from across Ohio, were offered a range of workshops aimed at improving the practice of volunteer guardian ad litem to achieve better and more timely outcomes for children and families.

Youth Engagement in Court

In August 2012 the Supreme Court of Ohio's Judicial College released a new self-study continuing judicial education course, called *Ensuring Meaningful Opportunities for Youth Engagement in Court*. The course focuses on children's involvement in court during major permanency decisions including adoption, foster care or emancipation. The course is designed to explain the value of engaging youth in court proceedings in an age appropriate manner. It also examines potential issues of involving children in court proceedings while offering solutions to those concerns. It is open to judges and magistrates in all jurisdictions and has been approved for two general CJE credit hours. A video of Chief Justice O'Connor encouraging judges to take advantage of this court was distributed.

The Judicial College currently is working with the Ohio Government Channel to refine the final product's quality and presentation. Commitment has been made to share the final product with Casey Family Programs and the American Bar Association.

PROGRAM SUPPORT

Ohio's Child Welfare Workforce

Presently, Ohio's Public Children Services Agencies (PCSAs) employ 3811 direct service caseworkers (note: information from the Ohio Child Welfare Training Program's automated management information system E-Track). Ohio also employees 740 direct service supervisors also according to the OCWTP information system E-Track.

Recruitment and Selection - A variety of methods are used by PCSAs to recruit child welfare caseworkers. These include: contacting individuals who are participating in the University Partnership Program sponsored by ODJFS, posting vacant positions in the Public Children Services Association of Ohio Newsletter and in the Ohio National Association of Social Worker Newsletter and other local venues. Each PCSA has its own procedures they follow for selection of staff to fill caseworker and supervisory positions; however the minimum educational requirements outlined in the Ohio Revised Code must be met.

Minimum Educational Requirements – Section 5153.11 of the Ohio Revised Code requires all newly hired public children services agency (PCSA) casework employees to have or achieve a four- year human services related degree within five years of hire. It is estimated that 95% of Ohio's casework staff have at least a four-year degree, and strategies to assist staff to obtain master's degrees are aggressively pursued by the larger counties in the state.

Caseworker Training Requirements – All newly hired public children services agency casework employees are required under Section 5153.122 of the Ohio Revised Code to complete 102 hours of competency-based training within the first year of employment. Training could consist of:

recognizing and preventing child abuse and neglect, assessing safety, interviewing persons, investigating cases, and providing services to children and their families. After the first year of employment caseworkers are required to complete 36 hours of training annually in job-related subject matters.

Supervisor Training Requirements – Section 5153.123 of the Ohio Revised Code requires PCSA caseworker supervisors to complete at least 60 hours of in-service training during the first year of the supervisor’s continuous employment as a PCSA caseworker supervisor. The training shall include courses in screening reports of child abuse, neglect, or dependency. After a PCSA caseworker supervisor’s first year of continuous employment as a PCSA caseworker supervisor, the supervisor annually shall complete thirty hours of training in areas relevant to the supervisor’s assigned duties. During the first two years of continuous employment as a PCSA caseworker supervisor, each PCSA caseworker supervisor shall complete at least 12 hours of training in recognizing the signs of domestic violence and its relationship to child abuse.

Updated Training Plan - (Please refer to the attachment Updated Training Plan which lists all workshops provided over the past 18 months.)

Technical Assistance to Counties - ODJFS uses a number of methods to provide technical assistance to public children services agencies. The CPOE Quality Assurance System is an ongoing and continual set of activities with the goal of identifying both positive and challenging child welfare practices in PCSAs. Through joint assessment and enhancement planning, it is expected that PCSAs and ODJFS/OFC will promote the effective and efficient service delivery of child welfare services in the State of Ohio. Technical assistance (TA) to PCSAs is a vital part of the CPOE process.

Each PCSA in Ohio is now assigned to one of five regional technical assistance teams. Midwest Child Welfare Implementation Center (MCWIC) partnered with OFC to develop and implement a new team approach for providing technical assistance (TA) called “Partners for Ohio’s Families”. This project was part of Ohio’s systemic effort to improve its child welfare outcomes, and is intended to materially alter how OFC works with Ohio’s capacity to implement evidence-informed and promising child welfare interventions. Rollout of these teams began in late February and all five regional teams have now met with partners from public and private agencies as well as IV-E courts. The teams are comprised of staff from policy, fiscal accountability, SACWIS and licensing and monitoring. This cross team approach will ensure a more comprehensive and consistent delivery of technical assistance.

Ultimately, ODJFS’ Foster Care Licensing Section is still responsible for assessing and inspecting the condition, management and competency of agencies to adequately care for children and/or families in foster care, adoption and residential services agencies. Technical assistance is a vital part of the licensing process. Public and private agencies found to be out of

compliance with Ohio Revised Code during or after certifications are provided information aimed at bringing them into compliance. Agencies may also request TA.

Anticipated Technical Assistance from the CB Training and Technical Assistance Network

The following technical assistance was requested during this FFY and will continue in the upcoming FFY:

Midwest Child Welfare Implementation Center (MCWIC)

ODJFS will continue to seek technical assistance during the remainder of the three-and-half year MCWIC award to develop and implement Ohio's new model for the provision of technical assistance to the state's public and private children services agencies. MCWIC has been able to link Ohio with the associated NRCs as issues have arisen in developing and implementing the model. Technical assistance requested will support all Child and Family Services Plan (CFSP) Goals.

National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR).

Technical assistance will continue to be sought from QIC-DR for the Six Ohio Alternative Response (SOAR) consortium counties. Technical assistance requested will support Goal 1.

National Resource Center for Youth Development (NRCYD)

On behalf of Cuyahoga County Department of Children and Family Services ODJFS will continue to seek technical assistance from NRCYD to: (a) conduct an assessment of Cuyahoga County's programs and services related to older youth; and (b) obtain recommendations for reorganization, reallocation of resources, or other actions leading to structural and practice improvements within their system which would in turn result in better outcomes for youth. This work commenced this year and the NRCYD is currently working with the agency on reviewing their current organizational structure, policies, procedures and data. Technical assistance requested will support Goal 2.

ODJFS will continue to work with the NRCYD to obtain on-site technical assistance for the upcoming Connecting the Dots conference scheduled for July 25, 2013 and all needed follow-up from the conference. Technical assistance requested will support Goal 2.

During this year ODJFS has been working closely with the NRCYD to integrate the NRCYD three workshops (Positive Youth Development, Life Long Connections, Transition Planning for Youth) into core content areas within our training program workshop offerings and develop youth trainers who would co-lead the workshops. Technical assistance has been completed and it supported Goal 2.

National Resource Center for Child Protective Services (NRC-CPS)

ODJFS will continue to request consultation from the NRC-CPS on restructuring the citizen review panel program. An on-site visit occurred on May 9, 2013 and further work will need to occur. Several options were discussed and CPS is currently considering the merits of each. The eventual goal is to submit a proposal to administration that best represents the goals we have identified for the citizen review panel. Technical assistance will support Goal 1.

Information Systems/Research Support

Ohio implemented significant development enhancements to improve SACWIS and local implementation over the past year, major accomplishments are summarized below:

TANF Interface

A real-time bi-directional interface with the state's TANF system (CRIS-E) was fully implemented August 23, 2012 to comply with SACWIS federal interface requirement (84). Many counties participated in multiple rounds of testing as well as critical design/requirements sessions. Access to the interface is dependent upon the identification of a custodial youth in SACWIS.

Platform Upgrade

The migration of existing SACWIS data onto a new supported platform was completed over the Memorial Day (May 28, 2012) weekend. New servers, middle ware and software were deployed to ensure SACWIS remains supported. The system is now housed on IBM servers, moved from WAS 5 to WAS 7 and migrated from Oracle 9i to 11g. The infrastructure upgrade work ensures SACWIS remains supported and leverages tools to improve system performance in all federal compliance areas, including SACWIS federal compliance element administrative support (75).

Managed Care Contracts/Dual Licensed Providers

Changes were made to support counties who contract with agencies holding multiple state certifications (Alcohol and Drug, Developmental Disabilities, Mental Health, Juvenile Justice/Youth Services, etc.). Previously SACWIS restricted providers to hold only one state certification, creating difficulties in managing agencies with multiple state certifications. Additional functionality was also needed to enable the existing Managed Care Contract (Franklin County) access/use of new court functionality.

Adoption Foster Care Analysis Reporting System “AFCARS” Field Indicator and Data Control/Entry Prompts

Modifications were made to clearly identify/highlight required AFCARS fields on the SACWIS screens. If users hover over applicable field indicators, informational prompts are displayed. These changes were made to increase system data controls and improve local data entry practice for federally required adoption and foster care information.

Tickler Jump

Significant work to streamline data editing/corrections/additions were made throughout the application in August 2012. This work falls within multiple SACWIS federal compliance elements where notices, alerts and actions are required as well as administration/staff management workload requirement. Changes were requested by county caseworkers to make it easier to understand data fields/required actions associated with various system alerts/tickers and to improve data quality. Tickler Jump work is incorporated in the budget under the Data Integrity Tickler Jump List line item.

Expanded Screens/Text Views

In response to caseworker requests and efforts to comply with federal SACWIS administration/staff management workload requirement (68), changes were made throughout the application to view narrative information on full screens. Functionality enables caseworkers to click on “expand full screen” throughout the application to view critical case activity with less screen to screen movement and provides additional editing capability. Expanded text views are available for most critical documents including: family assessments, attorney/client communications, case plans, activity logs, recruitment plans, family team meetings, provider rule violations, provider activity logs, and family descriptions. Expanded text work is incorporated in the budget under the Data Integrity Expanded Text line item.

Family Team Meetings

Additional functionality was created to consistently capture Family Team Meeting strategies and was deployed in July 2012. As this approach is a major Protect Ohio – IV-E Waiver initiative, SACWIS changes were needed to reduce reliance upon a stand-alone federal researcher data base (PODS). Counties can now record strategies consistently in the application and federal pilot/waiver evaluation data are increasingly drawn from SACWIS.

Data Mart/Business Intelligence Channel “BIC”

The team implemented an upgraded child welfare data mart and automated extract routines to download refreshed data every 24 hours. The tool enables counties to produce Child and Family Services Review “CFSR” outcome, custody visitation, placement counts and drill down capability at the child/county level. An additional “case services to clients” report was deployed on August 31, 2012 to enable counties to easily pull SACWIS service information. Expanded data are being added to the data mart to support additional requests from federal researchers/media/counties. The team is working on additional reports to support the

Differential/Alternative Response initiative, as well as visitation reports for protective/in-home cases, over the next reporting cycle.

Results Oriented Management “ROM”

Many counties participated in requirements planning activities, mapping documentation and testing to support the Results Oriented Management “ROM” report tool (implemented in collaboration with Casey Family Programs and University of Kansas). The ROM initiative resulted in modifications to improve SACWIS itself and continues to offer counties current child level and aggregate data to better understand trends impacting federal child welfare outcomes. Ohio is currently actively participating in a partnership with other states to develop disproportionality and disparity reports in ROM. ROM training was provided throughout the year. At this time, more than 300 users are accessing ROM reports. Ohio has also utilized ROM implementation to facilitate expanded use of “BIC” data reporting.

Online 4280 Financial Report

The Title IV-E Foster Care Expenditure report (4280) displays foster care expenditure information and may be generated per county or statewide per cost quarter. Refinements over the past year enable staff to analyze cost information by multiple placement types. Assessing average placement costs by type and breaking down maintenance, administration and other categories is now possible in the application. Adoption payment information is also displayed for Title IV-E AA subsidies and state-funded subsidies. Improvements currently underway include the addition of reimbursed amounts for maintenance and administration as well as reimbursement totals for all reimbursed payments. The team is currently developing additional test routines for this report as well as a statewide detail report displaying additional detailed expenditure information for each county per quarter.

Online AFCARS Exception Report

An online error/exception report was deployed in August 2012 to assist caseworkers and supervisors in monitoring AFCARS compliance regularly. Ohio’s error percentages and missing data has decreased significantly since the report was implemented and Ohio’s AFCARS file submissions have been compliant.

Online Duplicate Persons Report

A report to assist end users in monitoring, identifying and resolving potential duplicate persons has been deployed and is providing data to assist counties with merging records.

Online Report Upgrade to COGNOS 10

System reports were upgraded to COGNOS 10 and the team continues to monitor report performance.

Activity Log Overhaul

According to responses from 500 end users in a June 2011 SACWIS survey, new Activity Log functionality was identified as the most critical/important work to accomplish in the last budget biennium. The activity log is the most heavily used part of the application and was described as “brittle” posing day-to-day risks in the application. New functionality was released during the past year to enable new screens/tabs to support additional work items, capture report information (initiation), expand editing capability, and improve navigation. Based upon responses from 1400 end users in a more recent SACWIS survey (administered in April 2013), changes to the activity log were noted by case workers as the most helpful enhancement implemented over the past year.

Custody/Court/Living Arrangement Overhaul Phase 2

New functionality was introduced to record court appeals and is particularly important for understanding federal permanency outcomes, time frames and barriers. This work also reduced redundant data entry and improved business flow/visual grouping of court legal actions.

COORDINATION WITH TRIBES

Although Ohio has no federally recognized tribes, the Department ensures that there are statewide policies and training available to support local agencies in their practice in complying with the Indian Child Welfare Act. Online training from the National Indian Child Welfare Association is offered to local agency staff through the Ohio Child Welfare Program (OCWTP). Each local agency has a point person that interfaces with Ohio's ICWA Liaison for specialized technical assistance as needed.

HEALTH CARE SERVICES

Oversight and Coordination Plan:

The Office of Families and Children (OFC) monitors compliance with state mandates designed to ensure youth in the child welfare system (foster children and those receiving in-home services) acquire timely health evaluations and needed follow-up treatment. To fulfill this responsibility, OFC has established a collaborative oversight and coordination plan with partners from the Office of Ohio Health Plans (OHP-Medicaid), the Ohio Department of Health (ODH), health care providers, and consumers to evaluate the provision of health care services. In addition, these partners continue to work together to jointly address the on-going health care needs of these children through program development and revisions to Ohio Administrative Code rules.

Please refer to the attached state healthcare plan for a detailed description of Ohio's efforts to address concerns identified in the CFSR related to physical health care. In addition to screening timelines and monitoring requirements, the plan features: Ohio's efforts to address medication use in the foster care population; progress toward integrating physical and behavioral healthcare; projects to improve care coordination across systems; the Personal Responsibility and Education

Program (PREP) to reduce pregnancy and sexually transmitted infections in the foster care population; BEACON, a public-private partnership designed to improve health outcomes and reduce costs; and “Because Minds Matter” plans.

DISASTER PLANS: No changes are necessary.

FOSTER AND ADOPTIVE PARENT RECRUITMENT

Recruitment – The Dave Thomas Foundation Partnership

In order to prevent so many children from aging out of the foster system in Ohio, ODJFS began a partnership with the Dave Thomas Foundation for Adoption in July, 2012. ODJFS allocated \$2.3 million, including \$1.1 million in state funding, to hire specialized, child-focused recruiters whose sole mission will be to find adoptive families for older children in foster care. Using the renowned child-focused, *Wendy’s Wonderful Kids* program model, 35 recruiters across Ohio work to match and place children in foster care between the ages of 9 and 17, who have been awaiting adoption for more than two years.

Recruitment efforts are coordinated across the state on behalf of nearly 800 adoptable children over the age of nine, who are part of a sibling group, and/or in permanent custody of a PCSA for two or more years. 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-focus recruitment plans. To date, 260 children have been enrolled in Ohio’s WWK program. Twenty-nine matches, three placements, and 3 finalizations have occurred of the WWK’s third quarter.

Ohio’s recruitment efforts range from individualized, local efforts to statewide campaigns. Today’s strategies go beyond traditional approaches of general recruitment for potential foster/adoptive families to encompass child-specific efforts which explore possible placements with family and friends known to the child.

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 reflects the diversity of the children for whom homes are needed. These recruitment plans must be submitted to ODJFS by May 1st of each even-numbered year and identify the specific recruitment strategies each agency will employ to find appropriate families for waiting children. These plans must also comply 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 in other counties when prospective adoptive families cannot be identified locally.

ODJFS conducts bi-annual reviews of public and private agencies' recruitment plans to ensure practices are consistent with state and federal laws. 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 compare and discuss the agency's data profiles with state level data to determine whether changes are needed in the recruitment plan's design or implementation.

ODJFS also supports the Ohio Family Care Association (OFCA). OFCA serves as the statewide voice for thousands of adoptive, foster, and kinship families. OFCA's role is to advocate on behalf of its members at the state level, to ensure children have safe, caring families available to protect them for as long, and as often as needed. OFCA educates Ohio's policymakers about the needs of abused, neglected and dependent children and the resource families that care for them; testifies before legislative committees on pending legislation which impacts resource families; and represents resource families at state agency meetings held in which regulatory changes are being considered. During this fiscal year, OFCA attended statewide meetings pertaining to transitional youth, licensing, and adoption. OFCA is also included on all notices relative to policy changes, child welfare initiatives, and foster home licensing.

The National Center for Adoption Law and Policy (NCALP) houses the Ohio Adoption Photolisting website. The photolisting 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 are listed for each child as well as contact information.

General information such as to who may adopt, the adoption home study process, adoption subsidies available, costs associated with adopting, access to adoption records and information on interstate adoptions can also be found on this website. In addition, the photolisting website provides links to Ohio Department of Job and Family Services publication such as the "Ohio Adoption Guide" and the "Adoption Subsidies Guide" and lists information about ongoing events, trainings and meetings.

Local Agency Recruitment Efforts

As previously noted, Ohio agencies employed several strategies to recruit families for waiting children during this past year. Some of these included:

- Registering children with the U.S. Health and Human Services' AdoptUSKids Website;
- Placing the children on the local agency's website;
- Distributing child specific recruitment flyers at adoption events;

- 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;
- Publishing agency calendars which feature harder to place youth who are available for adoption;
- Collaborating with community partners (e.g., schools, churches, service organizations) to promote recruitment events; and
- Working with foster parent associations to identify recruitment strategies and ensure retention of existing resource families.

Inter-Country Adoptions

Ohio continues to provide inter-country adoption services through regulatory compliance, sharing of information, and administering post-adoption services (e.g., PASSS, the Post Adoption Special Services Subsidy program). Each public children services agency (PCSA), private child placing agency (PCPA) or private non-custodial agency (PNA) involved in processing international adoptions is mandated to be licensed and certified by ODJFS to perform these functions. Agencies undergo bi-annual reviews of case records, policies and procedures to ensure compliance with the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC).

In May 2008, ODJFS released *Procedure Letter No.143 “Inter-country Adoption Data Collection Pursuant to the Title IV-B State Plan”* which requires PCSAs, PCPAs and PNAs to report the following information to ODJFS:

- The identification of the child who was adopted from another country and entered agency custody as a result of a disruption of the adoptive placement or a dissolution of the adoption (42 USC 622[b] [12]);
- A description of the permanency plan for the child, including reasons for the disruption/dissolution and the steps taken to achieve permanency after the disruption/dissolution occurred;
- The identification of the PCSA, PCPA or PNA which approved the adoptive placement or finalized the adoption; and
- A description of the activities undertaken by the PCSA, PCPA, PNA or any other agency on the child’s behalf, including the provision of adoption and post-adoption services. (42 USC 622[b] [11]).

ODJFS has not received any reports of inter-country adoption disruptions or dissolutions to date in SFY12/13.

Strategies for the continuation of services for inter-country adoptions include cooperating with the United States Department of State and the Council on Accreditation (COA) in matters related to compliance with the Hague Convention on Inter-Country Adoption and processes related to Hague Accreditation.

MONTHLY CASEWORKER VISITS

Ohio’s Program Improvement Plan (PIP) supports the charge of increasing staff skills and competencies in conducting visits with children in substitute care to assure their safety.

FFY 2012 Monthly Visits

Ohio reports monthly visit numbers on an annual basis as required. Please see the chart below for more specific information last submitted in December of 2012.

Aggregate number of children (unduplicated) who met the visitation criteria	18,497
Total number of monthly caseworker visits made to children	129,764
Total number of complete calendar months children in the reporting population for FY2012 spent in care	134,612
Total number of monthly visits made to children in the reporting population that occurred in the child’s residence	117,476
Percent of visits completed	96.4%
Percent of visits completed in child’s residence/placement setting	90.5%

ADOPTION INCENTIVE PAYMENTS

Ohio does not receive any Federal Adoption Incentive Payments.

CHILD WELFARE WAIVER DEMONSTRATIONS APPROVED UNDER SECTION 1130 OF THE ACT

ProtectOHIO

Introduction

On March 8, 2011, a five year extension, Phase III of Ohio's Title IV-E Waiver Demonstration Project entitled 'ProtectOHIO', was approved by the Children's Bureau, Administration for Children and Families, U S Department of Health and Human Services. The waiver extension was effective retroactive to October 1, 2010 and will continue through September 30, 2015.

The demonstration operates in the original 14 Ohio counties that participated in the initial five-year project (i.e., Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland and Stark). Hamilton County began Phase II but temporarily discontinued its participation from October 2005 to October 2007. The original 14 counties continue to use Title IV-E funds flexibly in order to prevent the unnecessary removal of children from their homes and to increase permanency rates for children who are in out-of-home care. In October 2006, four additional counties joined the Waiver demonstration: Coshocton, Hardin, Highland and Vinton. 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 county department of job and family services. The new department of job and family services includes three joint county agencies that will work together under a common agreement to process and manage administrative workloads as one project area. As a result, the Ohio Department of Job and Family Services (ODJFS) requested and were granted approval to withdraw VCDJFS from ProtectOHIO. Withdrawal of VCDJFS will have minimal impact on the fiscal and evaluation aspects of the project. While only 17 of 88 Ohio public children services agencies participate in ProtectOHIO, they comprise more than one-third of Ohio's child welfare population.

For Phase III, ODJFS and the ProtectOHIO Consortium has selected two distinct "core intervention strategies" to serve as the focus of waiver activities. All 17 participating counties will 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 will have the option to spend flexible funds on other supportive services that prevent placement and promote permanency for children in out-of-home care.

Below is a chart that depicts the strategies each county has selected to implement, as well as a county profile which includes statistical and demographic data available as of September 30, 2012:

AGENCY	COUNTY PROFILE	STRATEGY				
		FAMILY TEAM MEETINGS	KINSHIP SUPPORTS	VISITATI ON	ENHAN CED MH/SA SERVIC ES	MANAG ED CARE
ASHTABULA	http://jfs.ohio.gov/county/cntypro/pdf12/Ashtabula.stm	X	X			
BELMONT	http://jfs.ohio.gov/county/cntypro/pdf12/Belmont.stm	X	X		X	
CLARK	http://jfs.ohio.gov/county/cntypro/pdf12/Clark.stm	X	X	X		
COSHOCTON	http://jfs.ohio.gov/county/cntypro/pdf12/Coshocton.stm	X	X		X	
CRAWFORD	http://jfs.ohio.gov/county/cntypro/pdf12/Crawford.stm	X	X			
FAIRFIELD	http://jfs.ohio.gov/county/cntypro/pdf12/Fairfield.stm	X	X			
FRANKLIN	http://jfs.ohio.gov/county/cntypro/pdf12/Franklin.stm	X	X			X
GREENE	http://jfs.ohio.gov/county/cntypro/pdf12/Greene.stm	X	X			
HAMILTON	http://jfs.ohio.gov/county/cntypro/pdf12/Greene.stm	X	X	X		
HARDIN	http://jfs.ohio.gov/county/cntypro/pdf12/Hardin.stm	X	X			
HIGHLAND	http://jfs.ohio.gov/county/cntypro/pdf12/Highland.stm	X	X	X		
LORAIN	http://jfs.ohio.gov/county/cntypro/pdf12/Lorain.stm	X	X			
MEDINA	http://jfs.ohio.gov/county/cntypro/pdf12/Medina.stm	X	X			
MUSKINGUM	http://jfs.ohio.gov/county/cntypro/pdf12/Muskingum.stm	X	X	X		
PORTAGE	http://jfs.ohio.gov/county/cntypro/pdf12/Portage.stm	X	X			
RICHLAND	http://jfs.ohio.gov/county/cntypro/pdf12/Richland.stm	X	X			
STARK	http://jfs.ohio.gov/county/cntypro/pdf12/Stark.stm	X	X			

ProtectOHIO Consortium

During this reporting period, the ProtectOHIO Consortium met on July 24th, September 25th, November 27th, January 29th, March 26th, and May 21st. The focus of these meetings was to fine tune the goals and practice strategies for Phase III waiver extension, identify evaluation data, and share placement and fiscal data. Additional subcommittee meetings were held during this period to plan for implementation of the intervention strategies and continuation of the waiver and evaluation.

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 17 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 facilitated by one of the county agency directors. The meetings continue to provide an opportunity for the demonstration counties to share information and provide support, guidance and discuss emerging trends and practices with one another.

Budget Neutrality/Internal Savings

For the 12 month period ending March 2013 (first count data), the cost neutrality control group experienced a preliminary placement day usage declining rate of negative .62% from the prior 12 month period. Over the same period of time, the experimental group's preliminary placement day usage declining rate was negative 1.16%. The experimental group's capitation budget assumes that the cost neutrality group's usage rate for FFY '13 will be a negative 4.5%. If the cost neutrality group's final rate of growth for FFY '13 remains a negative .62% (at second count data), then the experimental group will have been under capitated by \$1,944,751 federal share.

For the 18 month period ending March 2013 (first count data), the experimental group has generated preliminary internal savings of 43,566 placement days over the budgeted amount. Since the inception of the demonstration, the experimental group, as presently composed, has generated internal savings 616,611 days. (Note: The placement day savings do not take into consideration Hamilton County days as Hamilton County has not participated in ProtectOHIO throughout the entire project)

Evaluation

In the past six months, the Evaluation Team has primarily focused on (1) conducting site visits in the demonstration and comparison counties, (2) assisting in the development of the ProtectOHIO Kinship Strategy Training, (3) testing the ProtectOHIO Data System (PODS) and Ohio's SACWIS data files for accuracy and compatibility, and (4) preparing for the Interim Evaluation Report. A listing of all major evaluation activities is presented below:

Ongoing Management and Communication Tasks

- Evaluation team members attended all Consortium meetings, providing updates on evaluation activities and participating in Consortium discussions of various issues related to data systems, program policies, and Phase III of ProtectOHIO.
- Maintained ongoing communication among evaluation team members.
- Periodically met with ODJFS staff, including the Project Manager and SACWIS staff, to assure ongoing communication and coordination around evaluation tasks.

Research Tasks

- Site Visits: HSRI completed one-day or 1 ½-day site visits in the 17 demonstration counties as well as seven of the comparison counties during October-December 2012. Each site visit included interviews with agency directors, top management staff, staff assigned to FTM and Kinship, and general casework staff. In the remaining ten comparison sites, managers participated in two-hour telephone interviews; HSRI determined that these sites have less activity related to family meetings or kinship services and thus did not require on-site visits to interview multiple types of staff.
- Fiscal Study: HSRI and Chapin Hall have continued gathering expenditure data from both demonstration and comparison counties, covering 2009-2012 calendar years. As each county submits its fiscal data file, the team reviews the file for completeness and seeks any needed clarification from the county fiscal contact person. Data through Calendar Year 2012 will be analyzed and results will be included in the Interim Evaluation Report due in November 2013.
- Strategy Workgroups: HSRI staff participated in quarterly meetings of the FTM Facilitator Workgroup and the Kinship Coordinator Workgroup. HSRI staff presented initial findings from the FTM site visit interviews to the FTM Workgroup, addressing progress demonstration counties have made related to critical event meetings, quality assurance activities, and caseworker training. Similarly, HSRI staff presented initial site visit findings to the Kinship Strategy Workgroup, related to the congruence of demonstration county Kinship Strategy practices with the Kinship Strategy Practice Manual.
- ProtectOHIO Kinship Strategy Training: HSRI staff participated in planning the ProtectOHIO Kinship Strategy Training. The Ohio Child Welfare Training Program (OCWTP) led a workgroup of demonstration county staff and ODJFS staff, with HSRI helping to clarify evaluation-related aspects of the strategy (e.g. data collection forms) and PODS data collection activities. In addition, a member of the Evaluation Team observed two of the trainings in two different counties in February 2013. In this reporting period, three trainings were held with a total of 27 Kinship Coordinators and Workers

attending from six of the demonstration counties. Six additional trainings are scheduled in spring 2013.

- PODS data collection for FTM and Kinship strategies:
 - In January 2013 HSRI downloaded PODS Kinship and FTM data and is in the process of creating analytic files for the ProtectOHIO Interim Report.
 - HSRI worked closely with ODJFS staff and the seven demonstration counties who volunteered to pilot the SACWIS FTM module to explore the viability of substituting the SACWIS module for the PODS FTM data. HSRI received several test data downloads over the course of several months and was successfully able to merge PODS and SACWIS FTM data. All seventeen demonstration counties will stop using PODS on April 15th, 2013.
 - HSRI has continued to provide technical assistance and training on PODS as issues arise for the demonstration counties, changes are made to the system, or new reports are created.

- SACWIS Tasks:
 - The evaluation team has continued to keep abreast of changes to SACWIS by attending webinars (most recently a training webinar to describe data entry into the newly designed FTM module), and by monitoring SACWIS update release notes and new Knowledge Base articles as they are uploaded to the state website.
 - Much effort continues to be expended in ensuring that dates within each file are logically and accurately ordered and that all data elements needed for future analyses are present in the files. SACWIS has undergone multiple updates since its implementation thus testing has also involved ensuring that data elements that have migrated from one location in SACWIS to an alternate location, or that have been entered in alternate forms over the past several years, are also present in the data received. This iterative process has included evaluation team members and data programmers at ODJFS.
 - The evaluation team has received several iterations of SACWIS data from ODJFS at this point. As the evaluation team continues to conduct in-depth tests to ensure that data files received from ODJFS are complete, logically constructed, and contain all necessary linkages for future merging, new challenges with the data continue to emerge. Most recently, problems have surfaced associated with the change in software used by the state for transmission of data, and the misalignment of data columns as the state's CSV data is converted into SAS.
 - The evaluation team is currently in the final stages of constructing merged analysis files derived from the SACWIS tables; these will undergo final testing within the next few weeks in preparation for the 2013 interim evaluation report.

- HSRI and Westat continue to meet weekly by phone to discuss data issues, especially the quality of the data in the files for analysis. This time is also used by HSRI to clarify with Westat any questions that we may have about the data, including information about variables as they are extracted from the SACWIS tables, and coding of the variables.
- HSRI continues to discuss data issues with counties in order to deepen our understanding of the SACWIS system and any issues that are found with particular data elements.
- HSRI also began the process of developing a deeper understanding of the new services module in preparation for a services data request from the state in the fall.

Upcoming Activities for the period April 2013 through September 2013

In addition to the recurring meetings and ongoing management tasks, the evaluation team anticipates the following special activities for the coming six months:

- Attend and observe a FTM training (The FTM Workgroup determined that additional trainings are needed because there has been some facilitator turnover in the demonstration counties).
- Conduct and analyze a web-based survey of FTM facilitators and caseworkers on county policy regarding communication and collaboration between facilitators and caseworkers, preparation for FTMs, and the sharing of FTM related responsibilities.
- Share findings from the web-based survey of FTM facilitators and caseworkers with the FTM Workgroup.
- Continue to work with ODJFS SACWIS staff to obtain a full set of workable SACWIS files for analyses to be included in the Interim Evaluation Report.
- Develop a systematic model for measuring fidelity to the Kinship Strategy.
- Continue to analyze site visit and phone interview data from all demonstration and comparison counties utilizing the qualitative data analysis program Dedoose.
- Continue to collect and analyze Fiscal Study data through 2012.
- Continue to analyze PODS data and match cases in PODS with cases in SACWIS for analysis and, if necessary, contact counties with questions about identification numbers that do not match.
- Complete and submit the Interim Evaluation Report in November 2013 to the Children's Bureau.

Work Plans and Activities

ProtectOHIO agencies completed and submitted work plans for each strategy to be implemented by the agency. These work plans which focused on the agency activities completed and future

activities planned for the reporting periods of April 1, 2012 through September 30, 2012 and October 1, 2012 through March 31, 2013 were highlighted in semi-annual reports submitted to HHS's Children's Bureau, and Region V, Chicago.

Summary/Next Steps

Summary

During this reporting period, much progress has been made implementing Phase III "core intervention strategies" selected by ODJFS and county partners. The evaluator's efforts primarily focused on (1) completion of the Annual Evaluation Report, (2) testing the ProtectOHIO Data System (PODS) and Ohio's SACWIS data files for accuracy and compatibility, (3) preparing and conducting site visits in the demonstration and comparison counties, (4) assisting in the development and delivery of the ProtectOHIO Kinship and FTM Strategy Training, and (5) preparing for the Interim Evaluation Report.

The collaborative effort between ODJFS, the Consortium, Ohio Child Welfare Training Program and the Institute for Human Services continues developing and coordinating the delivery of three, two-day training workshops, 'ProtectOHIO Family Team Meetings (FTM)' and nine, two-day training workshops, 'ProtectOHIO Kinship Strategy'. The outcome of each workshop is to encourage fidelity to the models, and develop specific skills in facilitation and understanding and supporting kinship caregivers.

ODJFS renewed a SFY2014-2015 ProtectOHIO Evaluation Agreement with the HSRI team.

ODJFS established a SFY2014-2015 ProtectOHIO Data Sharing Agreement with HSRI team regarding SACWIS.

Submitted the FFY '12 Budget Cost Neutrality/Internal Savings Report and supporting detail related to ProtectOHIO as outlined under Section 1130 of the Social Security Act.

In response to comments and questions pertaining to the semi-annual report for the period of April 1, 2012 – September 30, 2012, ODJFS, HSRI, Core Strategy (FTM and Kinship) Leadership and the Consortium decided to highlight general comments regarding the evaluation, each core strategy and specific county responses in order to provide a clearer picture of strategy implementation. An appendix was included as part of the semi-annual report for the period of October 1, 2012 – March 31, 2013.

Next Steps

- Continue staffing the Consortium meetings. The focus of these meetings is to fine tune the goals and intervention strategies for the Waiver Demonstration project.
- Continue planning and implementation of Phase III ProtectOHIO Waiver Demonstration project.

- Continue the collaborative effort between ODJFS, the Consortium, Ohio Child Welfare Training Program and the Institute for Human Services in developing training opportunities related to the “core intervention strategies” practice manuals and other related topics.
- Continue to work to obtain a full set of workable SACWIS files for analyses to be included in the Phase III Interim Evaluation Report.
- Complete and submit Phase III Interim Evaluation Report to the HHS’s Children’s Bureau, and Region V, Chicago. (November 2013), in accordance with the federal Waiver Terms and Conditions.

All evaluation reports associated with Ohio’s demonstration, such as the Phase I ProtectOHIO 5Y Evaluation Plan, the Phase II Interim Evaluation Report, the Phase II Comprehensive Final Evaluation Report, and the Phase III ProtectOHIO Evaluation Plan are available at the following Web site: <http://jfs.ohio.gov/ocf/pohio.stm>.

QUALITY ASSURANCE SYSTEM

Introduction

In August 2012 Administration on Children, Youth and Families’ Children’s Bureau issued an Information Memorandum (IM) ACYF-CB-IM-12-07 entitled, “Continuous Quality Improvement in Title IV-B and IV-E Programs”. A purpose of releasing IM-12-07, according to ACF, was “...many State QA systems need extensive refinements to assess and measure improvements on an ongoing basis specifically with regard to CFSR outcomes and systemic factors.” (IM-12-07, page 1) The IM requires that State operated Continuous Quality Improvement (CQI) systems have the following five components:

- Foundational Administrative Structure
- Quality Data Collection
- Case Record Review and Data Process
- Analysis and Dissemination of Quality Data
- Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

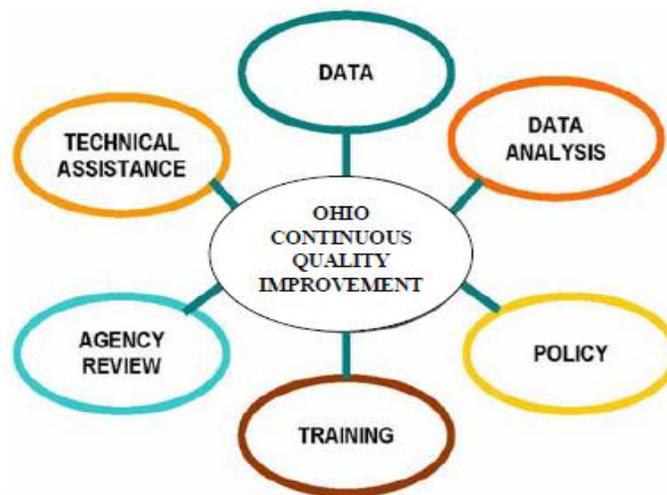
An analysis and comparison of Ohio’s CQI practice with the requirements of IM-12-07 is provided below. Ohio has maintained a Total Quality Management process for over twenty-five years as a means to respond to the Row vs. Staples consent decree and more recently, the federal Child and Family Services Review through its Program Improvement Plan (PIP). Explained below are first, Ohio’s Child Protection Oversight and Evaluation (CPOE) process which is a key component of CQI in the state. Second, this report will provide an analysis of the five requirements of IM-12-07 with current Ohio practice. Finally, a summary report of CPOE Stage 8 which gives a detailed summary of the results of CPOE 8 county level review.

Section 1: The Ohio Child Protection Oversight and Evaluation (CPOE) Process

CPOE is one component of Ohio's statewide Continuous Quality Improvement System (see Figure 1 below). Other components included in Ohio's CQI system include:

- **Data and Data Analysis:** The provision of county specific **information, data analysis and outcome reports** (using SACWIS, BIC and ROM). Reports on child welfare outcomes are produced, explained and/or made available for PCSA staff to produce their own local reports.
- **Training:** On-site and regional training by ODJFS staff, Ohio's regional training contractors and the National Resource Centers.
- **Policy: Ohio Revised Code and Ohio Administrative Code policy** guide child welfare practice in Ohio. The state share national, state and local PCSA best practices.
- Producing articles on areas of policy and best practice by the OFC Policy Bureau and the SACWIS Knowledge Base.
- **Agency Review:** On-site monitoring of practice and outcomes in **88 Ohio PCSAs** every 24 months using the CPOE review cycle.
- **Technical Assistance:** Providing **technical assistance** through staff specifically assigned to each of the 88 local county agencies. Recently, the technical assistance in Ohio was expanded to include an interdisciplinary team of OFC licensing, monitoring, SACWIS, IV-E and policy staff assigned geographically to five defined regions in the state.

Figure 1



In 2010 for the implementation of the CPOE Stage 8 review, ODJFS/OFC redesigned its twenty-five year old CPOE system in an effort to improve child welfare outcomes for children and families in Ohio. Traditionally, CPOE reviews have focused on assessing the PCSA's compliance with Ohio Administrative Code (OAC) rules, as evidenced by documentation in the case record and related files. CPOE Stage 8 restructured that tradition and focused on three primary areas. First, CPOE 8 was structured to provide local child welfare agencies with

information and data on safety, permanency and well being measures from a federal, state and local perspective. This information allowed PCSAs to concentrate on achieving progress in specific outcome areas and local practice identified as areas needing improvement. Second, the CPOE Stage 8 process was more open than previous reviews by including PCSA staff as case reviewers with ODJFS staff; interviewing families, youth, service providers and agency staff to enhance information reviewed in case records; and inviting staff from the Ohio Child Welfare Training Program to participate in the CPOE exit conference and offer immediate training opportunities to meet the specific needs of the county agency. Third, CPOE 8 provided the qualitative data necessary for Ohio to measure the following Ohio PIP outcomes:

Safety Outcome 1: Item1: Timeliness of Initiating investigations or reports of maltreatment.

Safety Outcome 2/Item 3: Services to Family to protect children in the home and prevent removal or reentry into foster care.

Safety Outcome 2/Item 4: Risk of Harm to Child

Permanency Outcome 1/Item 7: Permanency goal for child.

Permanency Outcome 1/Item 10: Permanency Goal other than PPLA.

Well Being Outcome 1/Item 17: Needs and Services of Child, Parent and Foster Parent.

Well Being Outcome 1/Item 18 Child and Family involvement in Case Planning

Well Being Outcome 1/Item 19 Caseworker Visits with Child

Well Being Outcome 1/Item 20 Caseworker Visits with Parents

The outcome and results of CPOE 8 findings related to the CFSR PIP will be discussed in detail in Section 3 below.

At the heart of CPOE Stage 8 is a case review tool based on the federal CFSR onsite review instrument which focuses on outcomes and services for children and families. The CPOE 8 review tool incorporates OAC requirements into each federal outcome. Previously, the CPOE review tool collected information from PCSA case records with little to no input from PCSA staff during the record review process. CPOE 8 requires a preliminary review of case information in the Statewide Automated Child Welfare Information System (SACWIS) system prior to going on-site to a county. Once on-site in the county, PCSA staff participate in reviewing cases with the ODJFS staff. Concomitantly, CPOE 8 placed an emphasis on the federal outcome indicator data, described in the *Federal Child Welfare Performance Measures* section of this report, and a check of the integrity of SACWIS data at the local level. That is, an evaluation as conducted to determine if PCSAs are entering all required information in the SACWIS data fields needed to measure Ohio's statewide performance on CFSR outcomes. The revised CPOE 8 process should support Ohio's endeavor to attain statewide substantial conformity with all CFSR measures and enhance the PCSA's capacity to assist children and families achieve positive outcomes.

CPOE Continuous Quality Improvement System comprises an ongoing and continual set of activities as defined in the CPOE 8 Framework. The Framework describes pre on-site activities; on-site activities and post on-site requirements staff must follow to ensure consistency. Through joint assessment and enhancement planning, it is expected that PCSAs and ODJFS will promote the effective and efficient service delivery of child welfare services in the State of Ohio. In summary, CPOE Stage 8 activities included:

- Entrance Conference to discuss the CPOE process, local, state and federal outcome indicators;
- In-Home case record review for compliance with OAC rules involving Safety; Permanency and Well-Being reviewed jointly with PCSA staff;
- Substitute Care case record review for compliance with OAC rules involving Safety, Permanency and Well-Being reviewed jointly with PCAS staff;
- A review of the case records in SACWIS prior to or during the on-site review;
- Case-related Interviews (a minimum of two cases and a maximum of four cases depending upon the county size), and
- Exit Conference discussion of findings with issuance of a final report to agency administration, juvenile court judge and County Commissioners.

Listed below is a more detailed description of the steps in the CPOE 8 process.

Pre On-site Activities

- **Notification Letter**
 - At least four weeks prior to the entrance conference date, the CATA field office Technical Assistance Specialist (TAS) develops a formal **CPOE Stage 8 Entrance Conference Confirmation Letter** documenting the negotiated entrance conference date. (Standard two week timeframe unless there is an agreement between the PCSA and ODJFS to shorten the timeframe).
 - The entrance conference letter contains a list of the In-Home Services and Substitute Care cases to be reviewed (including In-Home Services and Substitute Care case over samples).
- **Data Preparation: ODJFS**
 - Prior to releasing the notification letter, TAS staff will generate the In-Home Services and Substitute Care Universes/Case Samples, utilizing SACWIS.
 - The TAS staff will review information which includes but is not limited to the following:
 - Child and Family Services Data (Ohio's aggregate CFRS data as well as the public children services agency's data).
 - The PCSA's CPOE Stage 7 Quality Improvement Plan (QIP) implementation.
 - Child Welfare data reports listed on the Ohio Supreme Court's website (i.e., Dashboard Reports), BIC reports, etc.
 - A preliminary case review of all the cases listed in the In-Home Services and Substitute Care case samples.
- **Data and Other Preparation: PCSA**
 - PCSA staff should prepare to provide and discuss local data reports, policies

- and/or internal self-assessment findings to augment the discussion with the TAS.
- PCSA staff should participate or make selected materials available for the reviewers as needed.
- The PCSA will designate a primary contact person to assist with questions that may arise during the SACWIS case record review.
- If available, the PCSA may designate a primary case record reviewer to assist with the SACWIS case record review.

On-Site Activities

- **Entrance Conference**

- Consists of an overview of the CPOE on-site and post-onsite review process including but not limited to expectations, timelines, federal Child Welfare Performance Measures, Ohio's CFSR Program Improvement Plan (PIP), CPOE Stage 7 QIP, CPOE Stage 8 review tools, the reconciliation process and QIP development.
- The TAS clarifies the responsibilities of each staff in scheduling and arranging on-site activities.
- Identification of the Core Review Team Members comprising both OFC/ BCATA field office and PCSA staff. (Names and titles need to be identified on the sign-in sheet)

- **Case Record Review and Reconciliation**

- A case record review for In-Home Services and Substitute Care cases will be conducted on the three outcome domains: Safety, Permanency and Well-Being. (An onsite case record review will be conducted **after** the SACWIS desk case record review).
- The PCSA's county size determines the number of cases to be reviewed during CPOE 8. This number may vary slightly based on the available cases statewide per quarter.
 - Small – 4 cases
 - Small/Medium – 5 cases
 - Medium – 7 cases
 - Large – 8 cases
 - Metro – 10 cases
 - Major Metro – 10 cases
- SACWIS Case record reconciliation provides the PCSA with an opportunity to examine and respond to any requirements which have been marked as an *Area Needing Improvement (ANIs)* on the completed review tools. Different reconciliation methods are discussed at the entrance conference and the preferred approach is determined by mutual agreement between the OFC/BCATA lead reviewer and the PCSA.

- **Stakeholder Interviews and Reconciliation**

- The review team conducts case-related interviews with children, parents, foster caregivers, caseworkers, supervisors, and other professionals working with the child and family. Priority is given to youth in an independent living situation and/or paternal relatives.
- In order to support a child through the interview process, the PCSA will attempt to have the child's caseworker available *after* the interview to meet with the child.
- Participants are provided with an overview of the interview process. This is accomplished by explaining that the federal and state governments review how well the State of Ohio is helping children and families reach their goals.
- The interview information is confidential and the participant is not identified by name in the final report. However, if concerns arise regarding the safety of a child, the concerns are brought to the attention of the PCSA since such information is subject to mandatory reporting laws.
- If an interviewee raises a complaint during the interview process, the lead PCSA reviewer or PCSA primary contact person, if the PCSA reviewer is unavailable, is responsible for referring the participant to the proper agency employee in accordance with provisions set forth in the OAC.

Post On-site Activities

- **Exit Conference**

- TAS staff will present and discuss with the PCSA the on-site review findings in the Draft CPOE Stage 8 Report (A draft report is provided to PCSA prior to date of Exit Conference).
- The Draft CPOE Stage 8 Report will identify the PCSA's strengths and Areas Needing Improvement (*ANI*). The PCSA must address agreed upon *ANIs* in its QIP.

- **PCSA QIP Submittal**

- PCSA's QIP are developed and submitted electronically to the TAS utilizing a required format.
- The QIP is due within 30 days from the receipt of the Final CPOE Stage 8 Report by mail.
- The QIP details the PCSA's planned activities to effect positive change in response to the CPOE Stage 8 Report.
- The CPOE QIP activities must address any requirements which have been marked as an *ANI*.

- **ODJFS QIP Approval or Disapproval**

- Upon receipt, the TAS reviews the PCSA's QIP and either approves or disapproves the QIP based upon whether the required elements are present. The Technical Assistance Manager (TAM) must agree with the QIP approval.
- If the QIP is not approved, the TAS notifies the PCSA of identified areas and reasons of disapproval. The TAS also clarifies with the PCSA the next steps of

action needed to create an acceptable QIP. The PCSA and the TAS participate in needed activities to develop an acceptable plan.

- The PCSA is notified of the approved/disapproved QIP by a formal letter under the signature of the OFC Deputy Director.

Quality Improvement Plan (QIP) Implementation & Oversight

- **Five (5) Months QIP Oversight**

- Five (5) Months QIP Review Implementation Discussion (On-Site)
 - The TAS will, at a minimum, discuss and review with the PCSA the following: CPOE Stage 8 approved QIP, QIP updates and implementation, BIC and Dashboard Reports (as applicable), and supporting documentation of the PCSA's benchmark achievements since the CPOE Stage 8 on-site visit.
- Five (5) Months QIP Progress Review Report
 - The TA issues a written five month QIP review in a format similar to the PCSA's initial QIP.

- **Ten (10) Months QIP Oversight**

- Ten (10) Months Case Record Review (SACWIS Desk Review)
 - The TAS randomly selects and reviews a maximum of two (2) In-Home Services and two (2) Substitute Care cases prior to the on-site QIP implementation discussion.

Section 2:

Foundational Administrative Structure:

In Ohio the Child Protection Oversight and Evaluation (CPOE) CQI system has as its core the continuous improvement of Ohio programs and services based on statewide child welfare data collection, data analysis and data reporting. CPOE county level reviews are required in Ohio Revised Code and use a combination of case record reviews, interviews, reporting and corrective action to identify and encourage best child welfare practice in the state. Ohio Revised Code 5101:2-33-02, requires each of Ohio's eighty-eight public children services agencies (PCSA) to participate in a quality assurance review no less than every twenty-four months. Over its twenty-seven years of existence the CPOE process has changed as needed to improve data collection and reporting. In addition, programs and services for families and children have changed based on CPOE reports to local county agencies. Most recently the CPOE review tool changed to focus specifically on the safety, permanency and well being outcomes defined in the federal child and family services review. Results of the most recent two year CPOE Stage 8 review (2010-2012) show that Ohio's performance on many outcome measures have improved as a result of an intentional focus on federal outcomes. This report will use Ohio's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) and its recently completed CPOE 8 review process to demonstrate how the requirements of IM 12-07 are met in the State.

The CPOE review must include an examination and analysis of outcome domains involving child safety, child permanency, and child and family well-being; compliance with statutorily mandated PCSA responsibilities; and selected child welfare services on a continuum from pre-placement prevention services to independent living and adoption services. Procedures for

conducting the CPOE review process are written in a framework in order to provide consistency among staff conducting the reviews. Each PCSA is given an overview of the CPOE process prior to beginning the review. One element missing from the Ohio CPOE process is a consistent method for reviewing the IV-E courts that provide child welfare services in the state. In addition, while the CPOE process is written in Ohio law, other components of Ohio's CQI process are not.

Quality Data Collection:

CPOE is one method used in Ohio to coordinate regular data collection, analysis and verification, reporting and continuous feedback upward to the federal ACYF-CB and downward to Ohio's 88 public children services agencies (PCSA). ODJFS staff conducts on-site reviews of child welfare activities at the local level with a focus on joint case record review by PCSA and ODJFS staff, reconciliation, interviews with families, youth, service providers and court personnel as well as technical assistance. In addition to ongoing data reports, management letters and correspondence, the ODJFS' Office of Families and Children Bureau of Child and Adult Technical Assistance (CATA) staff meet with each county to offer technical assistance and to review the Quality Improvement Plan (QIP) developed as a result of the on-site CPOE activities. CPOE is one component of Ohio's statewide Continuous Quality Improvement System Data used to provide child welfare services and assess federal, state and local child welfare compliance is required to be entered into SACWIS, the Statewide Automated Child Welfare Information System. Some data may also be found in local paper case records, mostly supporting documentation, court entries and service reports. Federal AFCARS and NCANDS data is collected from SACWIS. For the first time the CPOE 8 review contained a new process to assess SACWIS data entry at the county level to ensure required AFCARS information was entered appropriately. A SACWIS compliance report was shared with each PCSA with encouragement to enter any missing SACWIS data. Other federally required data systems such as National Youth in Transition Database (NYTD) are also used to collect information for reporting and dissemination to PCSA.

Some Ohio projects collect data using research studies. ProtectOHIO, the Ohio IV-E Waiver project collects data on how flexible federal IV-E funding can impact child and family outcomes. The Differential Response (DR) project collects information on the impact of DR on child welfare practice in the state.

Case Record Review and Data Process:

A review of case records in SACWIS and onsite in counties is an important part of the CPOE process. A random sample of in-home and substitute care case records are reviewed in each county. Statewide the random sample from each county is provides a representative sample of Ohio children with open child welfare cases. There have been complaints from some PCSAs that the local case sample is not large enough to actually measure practice locally. The sampling period for the case record review is a 12 month period ending two months prior to the first day of

the entrance conference month (See example below). The period under review is the same as the sampling period. For example:

Entrance Conference Month: July 2011
Sampling Period: May 1, 2010- April 30, 2011
Period Under Review: May 1, 2010-April 30, 2011

The case universe and case sample are both generated from SACWIS.

In-Home Cases: In-home cases are drawn by family name, and include voluntary and court-ordered protective supervision cases that were open for at least 60 days during the period under review and did not have any child in the family in substitute care during the period under review. In-home cases also included cases in which protective supervision was granted during the period under review.

Substitute Care Cases: Substitute care cases are drawn by individual child names, and include children in substitute care for at least 30 days during the period under review. Substitute care cases are identified by the following Categories established by the federal government:

Category 1 – Children who were ages 16 – 17 as of the last day of the period under review or the date that they exited care. These children could have any permanency goal and could have entered care before or during the period under review.

Category 2 – Children who were under age 16 as of the last day of the period under review or the date they exited care. These children have a current permanency goal of adoption and entered care either before or during the period under review.

Category 3 – Children who were under age 16 as of the last day of the period under review or the date they exited care, and entered care during the period under review. These cases could have any permanency goal except adoption.

Category 4 – Children who were under age 16 as of the last day of the period under review or the date that they exited care and entered care prior to the period under review. These cases could have any permanency goal except adoption. These cases can include case plan goals of guardianship, permanent placement with relatives, and other types of cases involving children younger than age 16 with a goal of Planned Permanent Living Arrangement.

Use of the four categories above helped to assure the CPOE statewide review included a variety of case plan goals (e.g., reunification, adoption, planned permanent living arrangement). Once the sample is pulled, agencies are provided with a list of cases scheduled for review. Prior to going on-site State staff review cases in SACWIS to assess compliance. On-site review of case records occurs after a determination has been made that information is not contained in SACWIS or a reconciliation of findings is required. During CPOE Stage 8 agencies were encouraged to identify staff to participate in joint review of cases.

Areas where Ohio’s practice should improve in case record review include:
 Strengthening inter-rater reliability of case reviews. The CPOE Framework defines the step by step process to conduct a CPOE case record review but there is no comparable process to measure if all staff is implementing the process consistently.

Analysis and Dissemination of Quality Data:

Each PCSA is expected to meet or exceed the performance standards on Federal Performance Measures established by the Administration for Children, Youth and Families Children’s Bureau. These permanency outcomes measure the timeliness to reunification, permanency of reunification, timeliness of adoptions, permanency for children and youth in substitute care for long periods of time and placement stability.

Information on federal, state and local performance is provided to each PCSA during the CPOE Entrance Conference to assist them in understanding federal outcome measures. Local PCSA performance data is provided in the last column of the table to allow each PCSA to measure their own performance against federal expectations and State of Ohio performance on the most current federal data profile. Reports analyzing statewide and local data are provided to PCSAs to point them in the direction of federal outcomes. The table below is included in each CPOE final report.

Table 1 – CFSR Federal, State and Local Outcome Data Report

Federal Measure	Federal Performance Expectation	Ohio’s Performance CPOE 8 Implementation 10/1/2010	Ohio’s Performance Most Recent Data Profile	<PCSA Name> Performance as of <date of most CPOE entrance conference>
Permanency Measures				
Timeliness and Permanency of Reunification				
Timeliness of Reunification				
C1-1: Exits to reunification in less than 12 months	75.2% or higher	69.9%	72.8%	
C1-2: Exits to reunification, median length of stay	5.4 months or lower	7.2 months	Data Not Available	Data Not Available
C1-3: Entry cohort reunification in less than 12 months	48.4% or higher	47.7%	48.1%	
Permanency of Reunification				
C1-4: Re-entries to foster care in less than 12 months	9.9% or lower	12.2%	13.7%	

Federal Measure	Federal Performance Expectation	Ohio's Performance CPOE 8 Implementation 10/1/2010	Ohio's Performance Most Recent Data Profile	<PCSA Name> Performance as of <date of most CPOE entrance conference>
Timeliness of Adoptions				
Timeliness of Adoption of Children Discharged from Substitute Care				
C2-1: Exits to adoption in less than 24 months	36.6% or higher	33.2%	32.4%	
C2-2: Exits to adoption, median length of stay	27.3 or lower	29.7 months	Data Not Available	Data Not Available
Progress Toward Adoption for Children in Substitute Care for 17 Months or Longer				
C2-3: Children in care 17+ months, adopted by the end of the year	22.7% or higher	13.5%	20.6%	
C2-4: Children in care 17+ months of achieving legal freedom within 6 months	10.9% or higher	13.5%	Data Under Modification	Data Under Modification
Progress Toward Adoption of Children Who Are Legally Free for Adoption				
C2-5: Legally free children adopted in less than 12 months	53.7% or higher	43.1%	43.9%	
Permanency for Children and Youth in Substitute Care for Long Periods of Time				
Achieving Permanency for Children in Substitute Care for Long Period of Time				
C3-1: Exits to permanency prior to 18 th birthday for children in care for 24+ months	29.1% or higher	21.1%	23.9%	
C3-2: Exits to permanency for children with termination of parental rights	98% or higher	89.6%	Data Under Modification	Data Under Modification
Children Growing Up in Foster Care				
C3-3: Children emancipated who were in substitute care for 3 years or more	37.5% or lower	42.2%	41.9%	
Placement Stability				
Placement Stability				
C4-1: Two or fewer placement settings for children in care less than 12 months	86% or higher	91.8%	90.8%	

Federal Measure	Federal Performance Expectation	Ohio's Performance CPOE 8 Implementation 10/1/2010	Ohio's Performance Most Recent Data Profile	<PCSA Name> Performance as of <date of most CPOE entrance conference>
C4-2: Two or fewer placements settings for children in care for 12 to 24 months	65.4% or higher	73.6%	73.1%	
C4-3: Two or fewer placement settings for children in care for 24+ months	41.8% or higher	39.8%	38.9%	

In addition to the federal, state and local CPRS outcome data presented in the CPOE final report, PCSAs have access to a variety of other reports as evidenced below.

TABLE 2: EXAMPLE OF OFC/ CFSR BIC Reports

Report Name	Functional Area/Business Process	Type	Report Availability	Report Generation
CFSR Performance Dashboard	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
CFSR Performance Dashboard: County Comparison	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 1-1: Exits to Reunification in < 12 Months (AFCARS)	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 1-2: Entry Cohort Reunification in < 12 Months (AFCARS)	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 1-4:	Management	Report	On-Line	Refreshed on the

Re-Entries to Foster Care in < 12 Months (AFCARS)				15 th & 30 th of each Month
Permanency Measure 2-1: Exits to Adoption in < 12 Months (AFCARS)	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 2-3: In-Care 17 + Months, Adopted by Year's End (AFCARS)	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 2-4: In-Care 17 + Months of Achieving Legal Freedom within 6 Months (AFCARS)	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 2-5: Legally Free Children Adopted in <12 Months (AFCARS)	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 3-1: Exits to Permanency Before 18th Birthday of Kids in Care for 24 Months (AFCARS)	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 3-2: Exits to Permanency for Children with TPR (AFCARS)	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 3-3: Emancipated Who were in Foster Care for 3 Years or More (AFCARS)	Management	Report	On-Line	Refreshed on the 15 th & 30 th of each Month
Permanency Measure 4-1: Two or Fewer Setting for Children in Care < 12	Management	Report	On-Line	Refreshed on the 15 th & 30 th of

Months (AFCARS)				each Month
------------------------	--	--	--	------------

Feedback to Stakeholders and Decision Makers and Adjustments of Programs and Progress

The CPOE Stage 8 Final Report is issued under the signature of the OFC Deputy Director to the PCSA director, the local Juvenile Court Judge, the Board of County Commissioners, and if applicable, the chairperson of the county Children Services Board in an attempt to ensure that the report is viewed by those in authority. In 2010 upon receipt of the final Ohio CFSR on-site review results, Ohio sponsored a series of five county level meetings to share the report and to solicit feedback on how Ohio should prepare a response to deficiencies identified in the report. Much of the feedback from the forums was written into Ohio’s CFSR Program Improvement Plan.

The guidance articles posted on the SACWIS Knowledge Base are available to all PCSA staff. These articles are used to provide technical assistance to counties during CPOE reviews and training provided by ODJFS, OFC staff on a regional or county by county basis.

Ohio is currently implementing several of the requirements identified in IM-12-07. There are some areas where improvement is needed as identified below.

- Include IV-E Courts in CPOE reviews.
- No established procedures in place to compare quantitative and qualitative data findings from CPOE in a systemic manner across all 88 Ohio counties.
- Increase the number of interviews during the CPOE review process. Compare and report case interviews from ProtectOHIO and Differential Response to CPOE findings.
- Provide a standardized method for PCSA to discuss CFSR and CPOE reviews across counties.
- Ohio’s PIP developed methods for dissemination of federal measures which should be included in formal process through rule or procedure.
- There is a need for additional data analysis staff.

Section 3: Summary of Findings from CPOE 8

Attached is a summary of the findings of the entire CPOE 8 two year reviews. Various findings throughout the two year review period led to changes, improvements in services, policy and practice.

SERVICES FOR YOUNG CHILDREN UNDER FIVE

OFC has conducted extensive data analyses regarding the child welfare population, including age ranges for those in foster care and those receiving in-home services. This data is used to guide program development in partnership with sister agencies in effort to reduce the number of

children placed in out of home care and the length of time in substitute care, as well as to promote adoption for those children who cannot be reunited with their families.

Please refer to the attached state healthcare plan for a detailed description of state efforts to specifically address concerns of young children in Ohio's child welfare system. In addition to assessment timelines and monitoring requirements, the plan features: Ohio's efforts to address medication use by young children; Early Childhood Mental Health Consultation; the Early Childhood Mental Health-Child Welfare Demonstration projects; Ohio's Fetal Alcohol Spectrum Disorders State Systems' Initiative; projects to improve care coordination across systems; and BEACON, a public-private partnership designed to improve health outcomes and reduce costs.

CHILD MALTREATMENT DEATHS

Child maltreatment deaths reported in Ohio's NCANDS submission are compiled from the data maintained in the statewide child welfare information system (SACWIS). The SACWIS data contains information only on those children whose deaths were reported to and investigated by a Public Children Services Agency (PCSA); or children involved in a CPS report that died during the assessment/investigation period. As a county administered CPS system, Ohio PCSAs have discretion in which referrals are accepted for assessment/investigation. Often, the PCSAs will not investigate a child fatality report unless there are other children in the home who may be at risk of harm or require services. Cases not accepted by the PCSA are investigated exclusively by law enforcement.

The Statewide Child Fatality Review Advisory Committee (SCFRAC) was created by statutory authority in 2002 with the mission to reduce the incidence of preventable deaths in Ohio. Local boards in each county or region are mandated to review all deaths of children under eighteen years of age, from all causes. The SCFRAC receives reports from each county/regional child fatality review team that examines what specific changes the local team believes should occur to prevent other deaths and keep children safe, healthy and protected. The data available to the local or regional boards, and subsequently reported to the SCFRAC, includes information from the vital statistics department, law enforcement agencies, and medical examiners or coroners. A child fatality review board may not conduct a review of a child's death while an investigation of the death or prosecution of a person for causing the death is pending unless the prosecuting attorney agrees to allow the review. This could create a delay in the data submitted to and reported by the SCFRAC. The demographic information gathered by county/regional child fatality review boards and submitted to the SCFRAC does not include the child's name or any other identifying information by which the child's identity could be inferred.

For all the reasons noted above, there is no way to align the annual NCANDS and SCFRAC data reports. Although the SCFRAC data could be reported via the NCANDS Agency File, there is no effective method to ensure the county would be unduplicated from the NCANDS Child File.

SECTION C

CHILD ABUSE AND PREVENTION ACT STATE PLAN REQUIREMENTS

Please refer to the 2013 State CAPTA Plan as attached.

SECTION D

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAMS

Chafee Foster Care Independence Program(s)

As noted in prior plans, Independent Living programs in Ohio are administered by 88 county children service agencies and private care providers. Pursuant to Ohio Administrative Code rules (5101:2-42-19, 5101:2-42.19.1, 5101:2-42-19.2, 5101:2-39-09, and 5101:2-39-11), PCSAs and PCPAs must, within the case plan, identify the programs and life skill services that will be provided to assist older children to prepare for transition from substitute care to independent living. Ohio requires each local PCSA to evaluate the need for, and provide life skill services to youth in their custody and to those emancipated from their custody. In a broad context, ODJFS requires PCSAs and private agencies holding custody (private child placing agencies - PCPAs) to make available services to youth who are likely to remain in foster care until age 18, or who have emancipated from care until their 21st birthday.

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

Agencies are responsible for conducting a life-skills assessment for each youth in substitute care who has attained the age of 16 or whom the agency feels is ready to receive IL services, if the youth is younger than 16. The assessment establishes the need for certain services, and is based on an objective tool completed by the youth (or on the youth's behalf), with documented input from the youth, his/her caregiver, and the case manager. The assessment is to be completed no later than 90 days after the youth turns sixteen years old or 90 days from entering into agency custody at the age of 16 or older. For emancipated young adults, agencies are directed to develop a mutually agreed upon written plan for the provision of services identified as being needed based on an evaluation of the young adult's strengths and needs. This plan is to outline the responsibility of the young adult and the agency, and is signed by the young adult and a representative of the agency as an indication that the young adult will take personal responsibility for achieving independence.

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

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

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

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

Eligibility for services is addressed in OAC rules and agencies are directed to, when requested, provide a range of services and support for former foster care recipients who emancipated from the agency's custody due to attaining age 18. The agency is required to evaluate the current needs of the young adult to determine the range of services to be provided. Services and supports are to complement the young adult's own efforts to achieve self-sufficiency, and are to be provided as needed up to their 21st birthday. Agencies are directed to develop a mutually

agreed upon written plan for the provision of services, and are to coordinate services with community resources as available. PCSAs have discretion to provide room and board assistance.

In Ohio, assistance with room and board is defined as including, but not limited to; assistance with rent, initial rent deposit, utilities, and utility deposits for youth ages 18 - 21. Ohio allows PCSAs to use no more than 30% of their IL allocations for assistance with room and board.

National Youth in Transition Database (NYTD)

Basic demographics, youth characteristics and all prescribed NYTD services are being captured in the SACWIS database. SACWIS is utilized to report baseline data and provide an online NYTD portal in which outcome surveys are implemented. In addition to SACWIS, ODJFS has engaged in an ongoing process of coordination with state and county staff to implement the requirements of NYTD.

Over the past year, ODJFS staff have partnered with county child services agencies to ensure the first follow up cohort outcome survey youth standards were met. State staff members (Policy, SACWIS and Monitoring) routinely monitor survey return results and alert, encourage and work with counties to implement outreach efforts and assist as needed to ensure youth are contacted when they leave care to successfully complete the survey. Regular performance data and best practice efforts were mutually shared among county agencies throughout the year.

A presentation of the merits of NYTD was presented at the *Connecting the Dot Conference for Youth* as held on August 3, 2012. Statewide webinars were also hosted by ODJFS to report progress to independent living partners and to provide updates to county directors on the status of NYTD compliance. ODJFS staff also participated in numerous TA calls as provided by the National Resource Centers, as well as provided individual TA to counties on the subject of NYTD, beginning in December, 2012.

To date, Ohio has submitted compliant NYTD files as required for the baseline population as well as for the follow up cohorts. For the Federal “National Youth Transition Database” NYTD 19 year old follow up youth surveys, Ohio opted to use the target population sampling method. Ohio’s first cohort sample population includes 202 youth who are required to complete the survey between October 1, 2012 and September 30, 2013. There are two 6 month reporting periods, the first period is referred to as (2013A) and ran from October 1, 2012 to March 31, 2013. The file must be submitted by May 15, 2013. If the youth’s 19th birthday fell within the 2013A period, they were eligible to be surveyed during the time frame. Of the 202 youth in the sample population, 105 youth from 25 counties were eligible to complete the survey for the 2013A reporting period.

Based upon the May, 2013 submission NYTD portal compliance results, Ohio is showing “compliant” for all applicable populations (Federal target goal is a returned survey rate of 80% for 19 year olds still in care [Ohio achieved 100%] and 60% for those who are no longer in care

[Ohio achieved 64%]) during the (2013A) period. At this time, state staff members continue to work with county agencies to ensure compliance is retained/met for the current period (which began on April 1, 2013 and ends September 30, 2013.)

Ohio Youth Advisory Board

The Overcoming Hurdles In Ohio (OHIO) Youth Advisory Board continues to be the statewide organization of young people (aged 14-24) in Ohio who have experienced foster care. There are eleven counties with active youth advisory boards: Allen, Athens, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark, and Summit. Representatives from the Ohio Youth Advisory Board have partnered with ODJFS to train casework staff, coordinate efforts relative to statewide initiatives for Older Youth, and participated in many advocacy activities to support foster peers and alumni. The engagement of youth who serve on the Ohio Youth Advisory Board has been critical to the inclusion of the youth perspective. These youth continue to be engaged in the ongoing development of these state-wide initiatives. In return, ODJFS is committed to supporting OYAB's mission (to be the knowledgeable statewide voice that influences policies and practices that affect all youth who have or will experience out of home care) and to assist the organization in meeting its educational, workforce development, resource management, housing, and advocacy goals as written by OYAB for January 2012-2014:

Education:

- Expand educational advocacy focus to include middle and high school professionals, including at least one pilot project.
- Advocate for Ohio Attorney General's Office and Ohio Board of Regents to establish a paid Ohio Reach Liaison for the state.
- Collaborate with Ohio Reach regarding ongoing education for child welfare and higher education staff, including continued development of Campus Liaisons.
- Promote and advocate for the implementation of Best Practices in Higher Education, particularly those having to do with retention, resource knowledge and availability of support.
- As ODJFS continues to develop their mentor program, partner with them and encourage them to include a special emphasis on education.

Workforce Development:

- Build upon the success of the 2011 Career and Entrepreneurship Conference for Foster Care Youth and Alumni, by partnering with allies to hold one or more future events that include this focus.

- Meet with ODJFS Director to discuss strategies for further progress of the Aging Out Initiative, including exploring opportunities with the “Dream It, Do It” program.
- As part of MCWIC Rule Review, advocate for a review of agency policies and practices that either help or hinder teenage youth in foster care in attaining and maintaining employment.

Finance and Resource Management

- Work with state and regional partners to design impactful independent living classes, including hands-on activities, to teach finance/budgeting skills.
- Establish an Independent Living Clearinghouse online, posted on PCSAO website in order to reach county directors.
- Connect interested youth/young adults with opportunities to become Getting Ahead trainers, or otherwise involved in the Bridges Out of Poverty initiative.
- Encourage counties to utilize their existing resources, such as TANF-Independent Living funds, YAB funding and WIA funds (including IDAs).
- As part of MCWIC Rule Review, advocate for a review of agency policies and practices that either help or hinder teenage youth in foster care from having a bank account and being able to access their balance.

Housing

- Follow up on 2011 Housing Partnership Forum to strongly advocate for and support implementation and information sharing.
- Seek to build partnerships with CPO Management and county metropolitan housing authorities to establish more housing options for transition-age youth.
- Keep apprised of and promote Best Practices in Youth Housing throughout the state.

Advocacy Opportunities

- Advocate for starting independent living training at a younger age and offering opportunities for emancipated youth to request additional independent living training.
- Advocate for OCWTP Core Curriculum for foster parents and caseworkers to include mandatory Independent Living Preparation.
- Advocate for ODJFS to ensure state compliance with the 2011 Child and Family Services Improvement and Innovation Act, HR 2883.

- Seek to enact legislation that will provide tax exemptions to employers who employ current and former foster youth.
- Seek to enact legislation that will provide tax exemptions to landlords/realty companies who rent or lease to current and former foster youth.

Youth Voice in Court

- Participate in videotaping for Ohio Supreme Court judicial teleconference.
- Work with Ohio Supreme Court to develop and pilot a Youth Developed Discharge Plan.
- Work with Ohio CASA to ensure foster care alumni participation in Citizen's Review Panels and Strategic Sharing preparation for court.
- Meet with Ohio Bar Association to discuss legal assistance to former foster youth throughout Ohio.

State and County Youth Advisory Board Development

- Regional outreach to NW, SW, NE, SE and Central Ohio to train youth and adult supporters about creating and maintaining Youth Advisory Boards, including the roles of youth officers and adult supporters.
- Seek partnering organizations who can assist in the continued development of youth advisory board members on a local or state level.

Education and Training Vouchers

The Ohio Education and Training Voucher (ETV) Program is state-administered through a subgrant agreement with the Foster Care to Success Foundation/Orphan Foundation of America (OFA). The subgrantee assists ODJFS in marketing the programs, determining eligibility, disseminating funding to students, and coordinating volunteers who provide mentoring support. Under the contract, OFA's responsibilities include the following:

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

The primary mission of ETV in Ohio is to help youth who were in foster care attain post-secondary learning opportunities. To be eligible for ETV in Ohio, applicants must be a current or former foster student who was in foster care on your 18th birthday and aged out at that time, or was adopted from foster care with the adoption finalized after his/her 16th birthday. Other applicants are eligible if their foster care case closed between the ages of 18 and 21. Other

criteria include U.S. citizen or qualified non-citizen, personal assets (bank account, car, home, etc.) worth less than \$10,000, and with the ages of 18 and 21 to apply for the first time. Applicants may reapply for ETV funds up to the age of 23. In order to receive additional support, the ETV recipient must be accepted into or be enrolled in a degree, certificate or other accredited program at a college, university, technical, vocational school. To remain eligible for ETV funding, applicants must demonstrate progress toward a degree or certificate.

Up to \$5,000 per year, per youth, is available to help cover the cost of participation in post-secondary education. ETV funds may cover tuition and fees, room and board, rental or purchase of required equipment, materials or supplies, including a computer, allowance for books, supplies, and transportation; required residential training, and special student projects. Funding is limited and available on a first-come, first-served basis to eligible students. Applicants must complete the ETV application which includes documentation each semester that is sent directly from the school to ETV confirming enrollment, the cost of attendance (COA) and unmet need(s). Aside from the traditional colleges and universities, these funds may also be used for post-secondary vocational and proprietary schools.

As of May, 2013, 296 new youth were awarded ETVs for the 2012 School Year, raising the total number of ETVs awarded by ODJFS for the same year to 532. (Refer to Attachment E). It is estimated the numbers will continue to rise (350/600 respectively) as ODJFS continues to raise awareness regarding the availability of ETV funds, and support post-secondary educational options for foster youth through OhioReach.

SECTION E

STATISTICAL AND REPORTING INFORMATION

Annual Reporting of State Education and Training Vouchers Awarded

Name of State: Ohio

	Total ETVs Awarded	Number of New ETVs
Final Number: 2011-2012 School Year (July 1, 2011 to June 30, 2012)	532	296
2012-2013 School Year* (July 1, 2012 to June 30, 2013)	Not at the end of the year N/A	Not at the end of the year N/A

Comments:

Ohio continues to assess the AFCARS Assessment Review Improvement Plan to determine needed code and system modifications. Several changes are already complete and were corrected based upon August, 2012 preliminary review findings. Ohio continuously reviews AFCARS compliance/accuracy, makes system enhancements, and educates end users of requirements/issues. A detailed AFCARS Improvement Plan is currently being drafted and will be submitted as required. Specific data quality improvement strategies are noted below:

- SACWIS business team will continue to review AFCARS files, including data frequency and data quality reports. When problems are identified, collaboration with state monitoring staff as well as county agency staff will occur to address issues.
- Monitoring staff will assess AFCARS data when conducting monitoring visits, encouraging accuracy, data entry and identify technical assistance/training needs.
- SACWIS Knowledge Base articles have been developed to assist users with AFCARS data entry issues. Additional articles will be developed as data quality issues are identified.
- The AFCARS Exception Report is available in SACWIS and provides a comprehensive list of data exceptions for specific counties and cases. The state SACWIS/AFCARS team has made numerous report modifications to ensure all exceptions are captured and the report is accurate.
- Validations were added to SACWIS to support the entry of complete and accurate data. One example is that a user can no longer enter a non-ODJFS provider (such as a relative caregiver) into SACWIS without entering a data of birth and race and ethnicity information for the caregivers. Additional validations are being added in the future, such as preventing the entry of a date of birth of 1900 for the applicants on a provider home study.
- SACWIS and data quality trainings are being developed through the Ohio Child Welfare Training Program.
- Results Oriented Management application (ROM) and the Business Intelligence Channel (BIC) trainings continue. These reporting applications provide users with greater exposure to data and help to improve data accuracy.
- Data control and extraction comparisons were implemented to improve data accuracy.
- AFCARS informational hover icons are visible on SACWIS screens. If the user hovers over these icons, a pop-up message identifying the AFCARS element number and definition displays.
- An AFCARS utility was developed and is available online. The utility allows users to search for a specific child and view all AFCARS reported information.

SECTION F

FINANCIAL INFORMATION

1. Payment Limitations – Title IV-B, Subpart 1:

- States may not spend more title IV-B, subpart 1, funds for child care, foster care maintenance and adoption assistance payments in FY 2014 than the State expended for those purposes in FY 2005 (section 424(c) of the Act). The APSR submission should include information on the amount of FY 2005 title IV-B, subpart 1, funds that the State expended for child care, foster care maintenance, and adoption assistance payments for comparison purposes. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.
- **FY 2005**
- **Child Care - \$0**
- **Foster Care Maintenance - \$0**
- **Adoption Assistance - \$0**
- The amount of State expenditures of non-Federal funds for foster care maintenance payments that may be used as match for the FY2014 title IV-B, subpart 1 award may not exceed the amount of such non-Federal expenditures applied as State match for title IV-B, subpart 1 for the FY 2005 grant (section 424(d) of the Act). The APSR submission should include information on the amount of non-Federal funds that were expended by the State for foster care maintenance payments and used as part of the title IV-B, subpart 1 State match for FY 2005. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal.
- **State or local funds used as match for foster care maintenance are not used to match Title IV-B subpart 1 expenditures. Other allocated state or local funds are used for matching purposes.**
- States may spend no more than ten percent of title IV-B, subpart 1 Federal funds for administrative costs (section 424(e) of the Act).
- **Ten percent of the Title IV-B subpart 1 funds are allocated to county agencies in a separate allocation. This separate allocation allows for distinct expenditure tracking and allows for better accountability regarding the use of funds for program activities and for administrative activities.**

- States must provide the FY2011 State and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the State's 1992 base year amount, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

The State's accounting and reporting procedures and processes do not support the classification of child welfare costs financed with exclusively with county funds into categories that align themselves with subpart 2 programs. Accordingly, the State cannot provide a complete comparison of state and local share spending for subpart 2 programs when comparing fiscal 2001 costs to the fiscal 1992 base year. The State's accounting and reporting procedures and processes, do however, allow the State to trace some costs financed with state level funds to subpart 2 programs. In fiscal 1992, Ohio appropriated \$3,700,000 in state funds for post-adoption services, plus an additional \$757,952 for adoption placement supports. In fiscal 2011 \$6,568,240 in state funds was appropriated to support Pre and Post adoption supports for adoptive families. These supports include state funds for Non-Recurring Adoption, Post Adoption Special Services Subsidy and the State Adoption Maintenance Subsidy. In fiscal 1992, Ohio also appropriated \$32,868,599 in state funds as a general subsidy for county level child welfare costs. These funds are distributed to counties in the form of a general unrestricted block grant that may be used for any child welfare service. Such services, may, or may not, have included, at each county's option, subpart 2 type services. In fiscal 2011, Ohio appropriated \$49,208,591 for this purpose. Though the limitation of our accounting structures impede our ability to fully respond to this plan point, Ohio does assure that subpart 2 funds provided to the State will not be, and have not been, used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.