2018 ANNUAL PROGRESS AND SERVICES REPORT

Office of Families and Children

June 30, 2017
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I. General Information

Ohio Department of Job and Family Services

The Ohio Department of Job and Family Services (ODJFS) supervises county offices, located throughout the state, that provide an array of services to Ohioans in need. The mission of ODJFS is to “improve the well-being of Ohio's workforce and families by promoting economic self-sufficiency and ensuring the safety of Ohio's most vulnerable citizens.”

Programs ODJFS supervises include: cash and food assistance; publicly funded child care; child support; unemployment compensation; workforce job-training programs; adult protective services; and child welfare services. ODJFS information systems support Ohio’s service delivery system. Information systems include the: County Finance Information System (CFIS); CRIS-E; Child Support Web Portal; Support Enforcement Tracking System (Child Support); Child Care Information Data System (CCIDS); Employer Resource Information Center (ERIC); ODJFS Benefits; OhioHereToHelp.com; OhioMeansJobs; and Statewide Automated Child Welfare Information System (SACWIS).

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

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

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

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

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

**Bureau of Automated Systems**


Available 24 hours a day, 7 days a week, SACWIS is a web-based system used by more than 9,091 individuals (mostly child welfare caseworkers). The system contains historical and current child abuse/neglect information and flags safety hazards to alert caseworkers in their daily assessment/investigation activities. SACWIS also initiates: (1) monthly adoption subsidy payments for over 18,000 adopted children; (2) monthly reimbursement payments for Title IV-E foster care maintenance; and (3) monthly reimbursement payments for foster care training.

The bureau is also responsible for: (1) generating and transmitting monthly Medicaid eligibility information to the Medicaid Information Technology System (MITS) for approximately 37,177 children; (2) maintaining and responding to requests generated through the SACWIS and OFC Help Desks; (3) responding to ongoing data requests; and (4) transmitting federally mandated reports (Adoption Foster Care Analysis Reporting, Child and Family Services Review Performance Measures, National Child Abuse Neglect Data Systems, National Youth in Transition Data).

**Bureau of Child and Adult Protection**

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

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

**Bureau of Foster Care Licensing**

The Bureau of Foster Care Licensing administers all foster care licensing functions. These include: (1) initial certification and recertification for foster homes, approval of adoption homes, and licensing agency functions for 8728 foster care and adoptive home providers and 277 public and private agencies; (2) conducting complaint and illegal operation investigations; (3) initiating enforcement actions; and (4) managing RAPBACK (Retained Applicant Fingerprint Database Information Exchange) for any foster caregiver and adult household member who is subject to a criminal records check.

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

**Bureau for Systems and Practice Advancement**

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

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

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

A new section within the Bureau was created to provide Medicaid technical assistance to support the transition of youth from Medicaid fee-for-service to Ohio’s managed care plans. This includes children currently in foster care, as well as children who have been adopted from foster care.

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

**Bureau of Fiscal Accountability**

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

The IV-E Policy Section: (1) develops policies and OAC rules governing the operation of programs serving Ohio’s children and families through Adoption Assistance and Title IV-E Foster Care Maintenance and Adoption Assistance; (2) oversees Ohio’s Title IV-E grant agreements with 36 Juvenile Courts to provide Title IV-E supported child welfare services on behalf of unruly and delinquent children; (3) oversees Ohio’s federal Title IV-E waiver program, ProtectOHIO; and (4) coordinates various OFC administrative functions.

**Young Adults and the Courts**

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

In addition, a new team has been established in this area to implement Ohio’s new Fostering Connections program entitled Bridges. Ohio’s extension of Title IV-E for the 18-21 year-old population is expected to be implemented by January 2018. This effort represents the first time in Ohio’s history that a child welfare program will be state-administered. The team is working to develop an implementation plan as well as the policy and program infrastructure needed to serve young adults as they emancipate from the custody of Ohio’s PCSAs.
Ohio Children’s Trust Fund

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

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

Child Welfare Service Delivery

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

Collaboration

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

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

**CFSP Implementation Workgroups**

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

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

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

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

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

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

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

**Ohio CFSP Collaboration Infrastructure**

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

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

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

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

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

2. **Programmatic Collaboration with Local & State Stakeholders**

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

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

**Permanency Roundtable Advisory Council:** Ohio continued its work with Casey Family Programs to expand the use of Permanency Roundtables and Youth-Centered Roundtables within the state. In launching this pilot initiative in 2014, OFC, the PCSAO and Casey Family Programs came together with interested Ohio counties to form a Permanency Roundtable Advisory Council. At quarterly council meetings all pilot agencies continue to bring successes as well as challenges to the group. The Advisory Council members work together to troubleshoot and come up with solutions for identified issues. The work of the Advisory Council is informing the implementation and evaluation of Permanency Roundtables and Youth-Centered Roundtables in Ohio – one of the key strategies included in the state CFSP.

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

3. **Collaboration with Youth, Parents & Caregivers**

**Ohio Youth Advisory Board:** The *Overcoming Hurdles in Ohio Youth Advisory Board* (OHIO YAB) is a statewide organization of young people (aged 14-24) who have experienced foster care. OHIO YAB exists to be the knowledgeable statewide voice that influences policies and practices that affect all youth who have or will experience out-of-home care. ODJFS continues to provide funding for OHIO YAB. OHIO YAB’s 2016-2017 Strategic Plan focus includes: outreach and policy, transitional housing, education, employment, independent living preparation, and increasing the youth’s voice in court. OFC highly values the perspective of the Youth Advisory Board and has worked to integrate several Advisory Board recommendations into policy and programming, including several strategies targeted in the CFSP.
**HOPE (Helping Ohio Parent Effectively) Primary Parent Workgroup:** OFC serves as a collaborating partner with the HOPE Workgroup. The workgroup defines “primary families” as any family who has a current or previously open child welfare case. The HOPE Workgroup’s mission is to build resources for child welfare-involved parents. Its vision is, “Parents helping parents reach successful outcomes.” The workgroup has identified key programmatic and structural elements to promote parent engagement work in Ohio. The HOPE Workgroup continues to work closely with OFC and six Ohio counties working to implement parent partner programs – a key strategy included in Ohio’s CFSP.

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

4. **Inter-Systems & Organizational Collaborations**

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

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

**Statewide Associations:** OFC has established strong collaborations with the PCSAO, the Ohio Job and Family Services Directors’ Association (OJFSDA), and the Ohio Association of Child Caring Agencies (OACCA). ODJFS regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the federal CFSR. In addition, OACCA, PCSAO and OJFSDA participate on a number of different stakeholder leadership bodies alongside ODJFS, including the Partners for Ohio’s Families Advisory Board and several of the programmatic collaborations noted above. Through these avenues, the associations are able to provide input on behalf of their membership on issues related to the implementation of the CFSP.
**Partnership with Casey Family Programs:** Casey Family Programs has been a strong partner to Ohio since 2007 on a number of important child welfare initiatives, including Differential Response, the Ohio Intimate Partner Violence Collaborative, and Permanency Roundtables. Casey assists Ohio in sponsoring regular convenings of the state’s metro counties. These “Metro County Strategy Days” provide an opportunity for the metro counties to discuss shared challenges and promising practices. These meetings have also become an important feedback loop in Ohio’s CFSR and CFSP implementation efforts. OFC regularly participates in these convenings and has utilized this venue as a forum for discussion regarding the CFSR, statewide outcomes, and implementation of the CFSP.

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

**Alignment with CFSR Collaboration Efforts**

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

OFC has shared information with child welfare partners and stakeholders on Ohio’s implementation of the CFSP. Presentations have been conducted on the CFSR for executive leadership and administrators of Ohio’s public children services agencies through PCSAO, Ohio’s juvenile court judges and magistrates through the Supreme Court of Ohio’s Judicial College, Ohio’s Title IV-E Courts, the Ohio Association of Child Caring Agencies’ conference, and the OFC Continuous Quality Improvement Advisory Team.

OFC has also published a series of articles on the CFSR in its “First Friday” newsletter. The articles have included an overview of the CFSR process and the selection of counties which are partnering with ODJFS in the review; announcement of the CFSR Peer Reviewers; and an article detailing the connections between the CFSR, the CFSP and CQI efforts.

OFC’s CQI Advisory Team examined both state options for the CFSR onsite review – a traditional review completed with federal partners or a review process conducted by the state. The CQI Advisory Team recommended that Ohio conduct its own review. As part of Ohio’s CFSP implementation efforts, the Advisory Team made recommendations for the development of an inter-agency peer review process. The concept of peer review was integrated into Ohio’s CFSR methodology, and the CQI Advisory Team will continue to examine how peer review may be leveraged as an ongoing resource for counties after the CFSR.
Collaboration on Ohio’s Title IV-E PIP

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

Ohio completed all activities for the four outcomes in the approved Program Improvement Plan in August 2015. The final report was submitted to ACF in September 2015.

During the week of October 31, 2016 the Children’s Bureau, Administration for Children and Families conducted a secondary review of Ohio’s Title IV-E foster care program. In a letter dated April 25, 2017, the Children’s Bureau determined the state’s Title IV-E foster care program was in substantial compliance with federal eligibility requirements for the period under review.

Ongoing Collaboration

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

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

These activities will be detailed in each year’s Annual Progress and Services Reports.
II. Update on Assessment of Performance

ODJFS submitted Ohio’s CFSR Statewide Assessment in February 2017 in preparation for Round 3 of the Child and Family Services Review. Pursuant to ACYF-CB-PI-17-05, dated April 10, 2017, Ohio has exercised the option outlined on page 6 of the PI to reference that assessment rather than repeat the information in this year’s APSR. Appendix A contains the CFSR Statewide Assessment submitted in February 2017.
III. Update to the Plan for Improvement and Progress Made to Improve Outcomes

Introduction

This update to Ohio’s Plan for Improvement includes a progress report on all activities scheduled for year three of the Child and Family Services Plan. Unless otherwise noted, interventions and benchmarks for years 4 through 5 are not included in this update. Revisions are noted within this section and are included in an updated chart of Goals, Objectives, Interventions and Benchmarks (Appendix H).

ODJFS has included updated performance data based on the state’s current performance on the CFSR data indicators and the results of the state’s ongoing case review process (CPOE Stage 10). Wherever possible throughout this section of the APSR, interim data or related performance measures are also included under the subheading Progress Measures.

For each objective and intervention identified in the CFSP, updates on Ohio’s progress on its Year 3 Benchmarks are noted under the subheading Progress Report. Where feedback loops were established in support of the goals and objectives of the CFSP, these are identified under the subheading Feedback Loops. Other, ongoing avenues for stakeholder feedback are also noted throughout this section within the progress reports for each benchmark.

Implementation Supports

As noted in the CFSP submission, the design of Ohio’s CFSP reflects the principles of implementation science. Thus, the required supports, or “drivers,” needed for quality implementation processes are embedded seamlessly throughout the plan. These include, but are not limited to:

- CQI tools to support staff performance improvement;
- Resources to address the unique needs of supervisory staff and agency leadership in facilitating change;
- Data system enhancements to support effective decision-making; and
- A variety of interventions designed to address systemic barriers and enhance inter-systems collaboration and supports.
Goal 1: Ohio will strengthen its child welfare statewide Continuous Quality Improvement (CQI) system to drive practice improvement resulting in better outcomes for the safety, permanency and well-being of Ohio’s children and families.

Measures:

1.) Development of a CQI Action Plan to track specific issues, identify action steps and anticipated results, and to document the actual results of the action steps and lessons-learned over time.

2.) Improved performance on targeted case review items and data indicators to be determined by Ohio’s CQI Advisory Team.

Updated Performance:

1.) Development of Ohio’s CQI infrastructure and action plan is ongoing. See narrative below.

2.) Updated performance data are included for each CFSP Goal. These measures reflect Ohio’s performance on the revised CFSR National Standards and results from CPOE Stage 10.

Goal 1: Objective 1

Further develop Ohio’s statewide CQI infrastructure.

Update on Progress Made to Improve Outcomes

Feedback Loops:

As noted in last year’s APSR submission, Ohio has instituted a CQI Advisory Team to support the ongoing development of Ohio’s statewide system of Continuous Quality Improvement in child welfare. The Advisory Team includes representatives of county public children services agencies of all CPOE size categories and regions across the state, private child welfare services agencies, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the statewide associations for Ohio’s public and private agencies, and all bureaus within the Office of Families and Children.

As set forth in its charter:

The OFC CQI Advisory Team is a leadership body dedicated to improving outcomes for the children and families served by Ohio’s child welfare system. The Advisory Team will accomplish this goal by guiding the implementation of the Continuous Quality Improvement (CQI) plan included within Ohio’s 2015-2019 Title IV-B Child and Family Services Plan. Through effective collaboration among child welfare partners, the Advisory Team will:

- Develop a fully-articulated, written framework to serve as the foundational document for Ohio’s statewide system of CQI for child welfare;
- Make recommendations to increase the accessibility and integrity of data for child welfare professionals in a variety of roles (front-line practitioners, supervisors, child welfare agency administrators, state staff and partners);
- Serve as champions for the development of a statewide “CQI Community” and make recommendations to support increased sharing of information and resources related to CQI across agencies;
• Make recommendations for the design of a multi-county Peer Review process and explore the feasibility of integrating county Peer Review with CPOE and/or CFSR Round 3 case reviews;
• Serve as an ongoing leadership forum to provide guidance on Ohio’s statewide system of CQI; and
• Promote a sustained focus on advancing practice and improving outcomes for children and families.

Four subcommittees of the CQI Advisory Team were established to focus on the following areas of Ohio’s CQI plan:

• **CQI Framework:** This Subcommittee was charged with developing a written CQI Framework to include a description of Ohio’s overarching CQI process and detailed recommendations based on CQI best practices, Children’s Bureau recommendations, the recommendations of national child welfare organizations (such as NAPCWA), and local CQI methods. This Subcommittee has completed its charge.

• **Statewide CQI Community:** This Subcommittee is responsible for establishing a mechanism for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources. Along with information-sharing, this Subcommittee is responsible for recommendations to support a statewide “CQI Community of Practice.” This Subcommittee’s work is ongoing.

• **Peer Partnership:** This Subcommittee was charged with designing a multi-county and/or regional Peer Review structure to be implemented on a pilot basis. With this Subcommittee’s input, Ohio has integrated a peer review component into its state-led CFSR. This Subcommittee will continue to plan for the feasibility of an ongoing Peer Review Network as a resource for counties after the CFSR.

• **Data Reports:** This Subcommittee is responsible for making recommendations to guide the development of user-friendly, standardized data reports; make data more accessible to practitioners, supervisors and agency administrators; and strengthen statewide use of performance data. This Subcommittee’s work is ongoing.

In addition to the four original Subcommittees noted above, the CQI Advisory Team has recently initiated a **New Initiatives Subcommittee.** This new Subcommittee is responsible for identifying, recommending and monitoring projects that will help the CQI Advisory Team test strategies for practice improvement. For its initial charge, the group will develop a theory of change about assessments and caseworker visits aimed at addressing recurrence through the use of better assessments.

*Intervention 1: Develop a written CQI Framework to include a description of Ohio’s overarching CQI process and detailed CQI recommendations.*

**Benchmarks:**

1) Completed in Year 1.
2) Completed in Year 2.
3) Completed in Year 2.
4) Completed in Year 2.
5) Completed in Year 2.

**Intervention 2: Establish a mechanism for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources.**

**Benchmarks:**
1) Completed in Year 2.
2) Completed in Year 2.
3) Implement best solution/option identified that matches stakeholder needs. (Years 3-5)

**Progress Report:**
In response to feedback from surveys administered by the Statewide CQI Subcommittee in 2015, the committee began offering a series of webinars to provide an overview of data reports available through SACWIS, ROM, and BIC and offered practical examples of how agencies have utilized data reports to enhance practice, improve outcomes and/or communicate with stakeholders. The first webinar was held in December of 2015. The webinar introduced statewide CQI efforts, provided foundational information on the CQI process, and included county and private agency examples of “CQI in action.” The second webinar was held in May of 2016. The webinar provided public agencies with a high level overview of SACWIS and ROM tools. The next webinar was held June of 2016. It provided private agencies with an overview of reports available to their agencies. The final webinar was held in August 2016 to provide a more in-depth review of ROM reporting.

OFC also continues to use the First Friday Newsletter to feature CQI news and updates in the CQI Corner section of the newsletter. Agencies also have access to CQI information and resources via a “CQI” section found on the OFC webpage. As recommended by the statewide CQI framework, a network of local CQI leads has been developed and posted to the CQI section of the OFC webpage. The Statewide CQI Community Subcommittee of the CQI Advisory Team continues to work on new methods for sharing CQI-related information, tools and resources and fostering a statewide community of practice around CQI in Ohio.

**Intervention 3: Establish CQI Coaching for ODJFS and county Public Children Services Agencies (PCSAs) through the Ohio Child Welfare Training Program (OCWTP).**

**Benchmarks:**
1) Collaborate with OCWTP to develop CQI Coaching goals, objectives and activities that are aligned with Ohio’s CQI Framework. (Year 3) (Year 4)
2) Collaborate with OCWTP to identify qualified CQI Coaches. (Year 3) (Year 4)

**Progress Report:**
The OCWTP is represented on ODJFS’s statewide CQI Advisory Team as well as the Data Reports and New Initiatives Subcommittees. The larger committee recently identified CQI priorities for the state that include a focus on strengthening assessments and caseworker visits as well as focusing on workforce
recruitment and retention challenges. ODJFS and the OCWTP will develop corresponding coaching goals, objectives, and activities that align with the State’s CQI priorities. Completion of these benchmarks has been moved to Year 4.

**Intervention 4: Develop and pilot test a multi-county/regional Peer Review process.**

**Benchmarks:**

1) Completed in Year 2.
2) CQI Advisory Team will develop Peer Review recommendations and standards. (Years 2-3)
3) Request county volunteers to pilot multi-county Peer Review of cases and provide feedback about the process. (Year 3)

**Progress Report:**
The decision was made by the CQI Advisory Team to align CQI peer review development efforts with Ohio’s CFSR. Qualifications and requirements to become a peer reviewer were developed by the Peer Partnership Subcommittee of the CQI Advisory Team. In order to serve as a peer reviewer, applicants were required to have a minimum of three years of experience (direct field and/or supervisory experience) and/or knowledge of at least two different areas of child welfare (e.g., screening, intake/assessment, ongoing services, foster care, adoption, independent living). In addition, a bachelor’s degree in social work, human services, public administration, counseling, or a closely related field was required. Applicants were required to complete an application and were evaluated based upon education and experience. Letters of recommendation referencing the applicant’s qualities/abilities were part of the application process. Additionally, a letter from each respective agency Director was required indicating the commitment of the agency to supporting peer reviewer participation in the CFSR.

As a result of these efforts, 22 county peer reviewers were selected. County peer reviewers, along with ODJFS staff, participated in three days of on-site CFSR training. Peer reviewers and ODJFS staff were also required to complete all CFSR Online training for States and pass the online test to receive certification as reviewers. Additionally, ODJFS staff and county peer reviewers participated in CFSR case review trial runs to practice the case review process.

Beginning on April 1, 2017, county peer reviewers partnered with ODJFS staff to conduct the third round of the CFSR. ODJFS staff and county peer reviewers are currently completing case reviews using the CFSR case review model. Each case selected for the CFSR is reviewed over the course of two days to ensure all requirements (Case Review, Interviews, and Documentation) are completed.

Following the CFSR, ODJFS plans to continue engaging this peer review network in ongoing CQI efforts across the state. Reviewers’ and county feedback will be instrumental in planning for the next phases of the peer review network.

**Goal 1: Objective 2**

*Increase accessibility of SACWIS data and improve data integrity to support CQI activities.*

**Update on Progress Made to Improve Outcomes**
**Intervention 1:** Update standardized data reports for new federal CFSR measures and develop user friendly reports on state and county performance on critical child and family outcomes to be shared regularly with stakeholders.

**Benchmarks:**
1) Completed in Year 2.
2) Completed in Year 2.

**Benchmark 3:** Provide counties with multiple options for reviewing/receiving performance reports based upon user preferences/needs. (Years 1-5)

**Progress Report:**
A variety of performance reports continue to be available to state and county staff through ROM, SACWIS, and BIC. These applications have a flexible structure to respond to a variety of query options. Some county agencies have provided feedback indicating that it is easier to act on information that is sent to them, rather than having to go to the various applications (e.g., SACWIS, BIC, ROM) to obtain the same information. This is particularly true for many smaller agencies that may not have dedicated CQI/QA staff to pull and review the data. To further increase options and access to performance reports, a direct link to BIC and ROM was added to SACWIS for users.

As noted above, e-mailing selected reports (i.e., visitation reports) has been effective in improving performance. To build upon this learning, the CQI Advisory Team is exploring the prospect of emailing a select number of additional reports directly to agency leaders. As there are numerous helpful management reports in ROM, ODJFS will be working with the University of Kansas over the next two years to create functionality to email reports from ROM to agency administrators. Once this functionally is developed, the CQI Data Reports subcommittee will determine which reports will be most helpful to agencies. The goal is to select 3-6 reports for emailing so that users do not become overwhelmed with all of the reports that they receive.

Additionally, ODJFS provides aggregate child welfare data to the Supreme Court of Ohio (SCO). The SCO is working to develop a data dashboard for judges and court personnel, to assist them in monitoring the performance of the juvenile courts and identifying areas where improvement is needed. The SCO data dashboard will include data provided by ODJFS as well as data provided by the court’s data tracking system.

**Benchmark 4:** Implement strategies to increase awareness of data trends, performance indicators and data integrity priorities in collaboration with stakeholders and state CQI, Monitoring, Policy and SACWIS staff. (Years 1-5)

**Progress Report:**
Ohio has been unable to take definitive action in providing Federal CFSR performance measures to its counties. This is attributable to the continued efforts of federal staff in the ODARE Unit to correct the computer code to calculate and validate the measures. Ohio has been pleased with the opportunity to provide technical assistance and consultation to the ODARE team in working on this challenging endeavor.
**Intervention 2:** Collaborate with the Ohio Child Welfare Training Program (OCWTP) to integrate SACWIS into identified OCWTP trainings to improve data entry and integrity.

**Benchmark 1:** OCWTP will develop a set of self-instructional tools to train staff on SACWIS, including:
- online modules, using detailed screen shots and accompanying verbal and print instructions, and
- quick-start guides for groups of SACWIS functions. (Years 1-5)

**Progress Report:**
“Quick Start Guides” were added for each video/pdf resource developed during Year 1 which provide a written series of step-by-step directions that caseworkers can read as they navigate through the SACWIS system. Before being published, each resource was vetted by SACWIS program staff.

The SACWIS “Just-In-Time” resources were published on a website linked to the Ohio Child Welfare Training Program’s website at [http://sacwistraining.knowledgeowl.com/help](http://sacwistraining.knowledgeowl.com/help). Being available on the stand alone website allows easier access and additional support at the time the knowledge is most needed in the field.

RTCs continue to report significant value in being able to direct staff to the Just-In-Time resources before providing SACWIS coaching. One RTC developed a flyer regarding the SACWIS videos to be distributed throughout the region. Some of the earlier video instructional tools are being revised to be consistent with recent changes in SACWIS screens. As of April 16, 2017, analytics for CFSP Year 3 indicate 4,037 views of 13 pages. Below is a list of the SACWIS Resources and corresponding number of views per resource:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linking Case Services to Case Plan Concerns</td>
<td>342</td>
</tr>
<tr>
<td>Quick Start Guides</td>
<td>397</td>
</tr>
<tr>
<td>Completing a Case Review</td>
<td>339</td>
</tr>
<tr>
<td>Completing a SAR</td>
<td>334</td>
</tr>
<tr>
<td>Adding Placement Information to the Case Plan</td>
<td>339</td>
</tr>
<tr>
<td>Recording a Case Service</td>
<td>271</td>
</tr>
<tr>
<td>Linking and Unlinking Visitation Plans to the Case Plan</td>
<td>300</td>
</tr>
<tr>
<td>Recording Person Characteristics Records *</td>
<td>407</td>
</tr>
<tr>
<td>Linking Intakes to an Adoption Case</td>
<td>276</td>
</tr>
<tr>
<td>Adding a Service Referral within a Case Service</td>
<td>278</td>
</tr>
<tr>
<td>Completing a Service Review within a Case Review</td>
<td>268</td>
</tr>
<tr>
<td>Completing Health Information for the JFS 1443 (Child’s Education and Health Information Report) *</td>
<td>246</td>
</tr>
<tr>
<td>Completing Education Information for the JFS 1443 (Child’s Education and Health Information Report) *</td>
<td>240</td>
</tr>
</tbody>
</table>

Quick Start Guides for CFSP Year 3
**Benchmark 2**: OCWTP will provide SACWIS learning labs for select prioritized trainings. (Years 2-5)

**Progress Report:**
OCWTP offered the learning lab *Documenting the Assessment for Child Placement in SACWIS* six times to a total of 47 participants. This learning lab is scheduled five times, in six of the eight regions between April 15, 2017 and June 30, 2017. This learning lab is highly specialized and provides instruction for assessors on how to document the Assessment for Child Placement.

Additionally, these learning labs followed a Caseworker Core workshop, and focused on completion of CAPMIS tools in SACWIS. During these learning labs, each participant entered case information into the SACWIS learning environment. The following table presents information on each Learning Lab held by March 15, 2017 or is scheduled to occur between March 16, 2017 and June 20, 2017.

<table>
<thead>
<tr>
<th>Name of Learning Lab</th>
<th>Workshops conducted by March 15, 2017</th>
<th>Workshops scheduled from March 16, 2017 to June 30, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Lab: Assessing Family Strengths and Needs and Risk of Future Harm</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Learning Lab: Assessing Safety and Controlling Safety Threats</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Learning Lab: Assessment Skills for Gathering Facts in Child Protective Services</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>Learning Lab: Service Planning</td>
<td>28</td>
<td>17</td>
</tr>
</tbody>
</table>

**Benchmark 3**: SACWIS coaches will be prepared and deployed through OCWTP to assist PCSA staff in person or through web-based interface. (Years 1-5)

**Progress Report:**
The OCWTP is responsible for maintaining a pool of SACWIS Coaches. Between July 1, 2016 and April 15, 2017, SACWIS coaching was requested and implemented in five counties across the state. One coaching event was specific to screening; the others were related to CAPMIS entry.

**Benchmark 4**: OCWTP trainers will be provided with information and technical assistance to help them integrate SACWIS screens into identified and prioritized, trainer-developed workshops. (Years 3-5)

**Progress Report:**
During this reporting period the following activities occurred:

- The Western Ohio Regional Training Center (WORTC) provided technical assistance to a trainer to develop and pilot a new training, *Searching and Documenting Your Family Tree*, which integrated SACWIS components. Piloting of the training was completed on October 16, 2016.

- Power Point slides and content on how to document tasks in SACWIS were incorporated into the revised assessor curricula *Pre-Finalization Adoption Services*, *Placement Strategies*, and *Adoption Assistance*. The revised curricula will be submitted to ODJFS by June 30, 2017.
• Identified additional trainer-developed workshops for integrating SACWIS screens remains a work plan activity of OCWTP’s Casework Practice Work Team.

The SACWIS Team continues to provide support and assistance to OCWTP on an as-needed basis.

**Benchmark 5:** ODJFS will collaborate with OCWTP to provide workshops for child welfare supervisors on SACWIS reports and how to use BIC and ROM to mine data from SACWIS to track case-related activities and generate reports to support agency CQI activities. (Years 1-5)

**Progress Report:**
Three sessions of *Managing for Outcomes: Using SACWIS Data to Improve Performance* will have been offered between July 1, 2016 and June 30, 2017 in the following regions:

- NEORTC: 2 sessions
- Statewide: 1 session (Note: “Statewide” sessions are held in Columbus, OH and are open to supervisors in all regions.)

As of April 11, 2017, 23 participants completed this course.

During this reporting period, the OCWTP added a new trainer for the course, *Managing for Outcomes: Using SACWIS Data to Improve Unit Performance*. The trainer attended a Training on Content (TOC) for the course and was observed and was provided with feedback on September 13, 2016.

*Intervention 3: Develop practice fidelity measures and companion reports based on Ohio’s Differential Response Practice Profiles that can be used by direct services staff and their supervisors to drive practice improvement efforts.*

**Benchmarks:**

1) Completed in Year 1.
2) Completed in Year 2.

**Benchmark 3:** Develop at least one data report to track performance on fidelity measures.

**Progress Report:**
ODJFS developed two data reports to assist counties in tracking critical measures related to the implementation of Differential Response. The *AR Intake Summary Report*, posted on the Business Intelligence Channel (BIC), can be used by counties and the State to determine the:

- total number of intakes received;
- total number of child abuse/neglect reported;
- total number/percent of child abuse/neglect reports screened in for investigation either through the Traditional or Alternative Response Path;
- Alternative Response Pathway switch count;
- percent of Alternative Response intakes that have pathway changes;
- total number of Alternative Response Ongoing cases; and
• total number of Alternative Response Assessment Cases that become Alternative Response Ongoing Cases.

The ROM Initiation Contact Timely Report allows counties to drill down to their own county data where they can obtain the percent/count of accepted reports for investigation or assessment initiated within the required time frames.

In addition, the DR Implementation and Practice Advancement Team developed two supplemental toolkits to assist with enhancing skills to support the practice fidelity of Differential Response. The Caseworker Self-Assessment and Supervisory Coaching toolkits were finalized and circulated to practitioners in December 2015.

The Supervisory Coaching toolkit includes a case record review tool to help supervisors assess and provide feedback to workers on skills noted in their SACWIS documentation of their work with families. The case review tool also will help caseworkers achieve fidelity to the Differential Response practice model and drive improvement in both their clinical competency and case documentation practice.

Alternative Response cases were monitored as a distinct category of case reviews in the CPOE Stage 10 (October 2014-September 30, 2016) review. Breaking the data out by case type (AR, TR In-home, and Foster Care) has helped shed light on statewide performance differences across case types. Results from statewide CPOE reviews assist the State in assessing fidelity, and this data has been shared with OFC’s CQI Advisory Team to examine as they consider strategies to support improvement. ODJFS, the DR Implementation and Practice Advancement Team, and the CQI Advisory Team continue to explore ways to assess, measure and improve fidelity to Ohio’s Differential Response practice model.

**Intervention 4: Continue SACWIS enhancements to improve data collection and timely and accurate reporting.**

**Benchmark 1:** Implement all steps required to complete Ohio’s AFCARS improvement plan. (Years 1-5)

**Progress Report:**
Final changes to Ohio’s AFCARS Improvement Plan were submitted to ACF on March 6, 2017. The final changes included:

1. The AFCARS code was modified to look at the youth’s independent living plan to determine whether he/she has a permanent adult connection if the youth has a case plan goal of ‘other planned permanent living arrangement’. If the youth does not have a permanent adult connection, the permanency goal is reported as ‘long-term foster care.’
2. Additional fields were added for non-recurring adoption assistance to capture privately adopted children effective July 1, 2016. The AFCARS code has been updated to report these additional fields to the appropriate value, i.e., if the child was privately adopted and received non-recurring adoption assistance.

On May 17, 2017, ODJFS received notification from the Children’s Bureau that Ohio had successfully completed and closed out its AFCARS improvement plan.
**Benchmark 2:** Provide timely and accurate submissions of federal data. (Years 1-5)

**Progress Report:**
Compliant AFCARS, NCANDS and NYTD files were submitted timely during State Fiscal Year 2017. Visitation percentages were also submitted timely and within compliance.

**Benchmark 3:** Collaborate with stakeholders to develop a plan to address SACWIS federal compliance findings and address ongoing user needs. (Years 1-5)

**Progress Report:**
Following Ohio’s SACWIS Assessment Review (SAR) held in August 2015 and receipt of the official SAR report in January 2015, the Ohio SACWIS Team created action plans for 22 findings documented in the SAR report. These action plans have been incorporated into the Ohio SACWIS Application Report and are being tracked with the assigned Federal analyst. As of this date, 16 of the 22 action plans have been repeated. These updates have been reported in the Annual Planning Document Update. The remaining 6 action plans are currently being addressed in current projects. The decision to transition Ohio’s SACWIS to a CCWIS or to become a non-CCWIS is being discussed prior to the July 31, 2018 deadline. The SACWIS team relies on several avenues for stakeholder feedback as new functionality and enhancements are developed and implemented.

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**Goal 1: Objective 3**
Further integrate CQI into Ohio’s Technical Assistance and CPOE Review Processes.

**Update on Progress Made to Improve Outcomes**

**Intervention 1:** Integrate Ohio’s Differential Response Practice Profiles and CAPMIS (assessment model) quality review into the Child Protection Oversight and Evaluation (CPOE) review process.

**Benchmarks:**
- 1) Completed in Year 2.
- 2) Completed in Year 2.

**Benchmarks:**
- 3) Form a workgroup to integrate practice fidelity measures and CAPMIS (assessment model) review into CPOE framework. (Years 1-3)
- 4) Pilot CAPMIS quality review and practice fidelity measures with volunteer PCSAs. (Years 2-3)
- 5) Revise new CPOE components as needed after pilot and implement statewide. (Years 3-5)

**Progress Report:**
OFC has formed three internal workgroups to plan for different components of CPOE Stage 11. The workgroups include: the Self-Assessment Workgroup, the Report Workgroup, and the Quality Improvement Plan Workgroup. These workgroups are also incorporating stakeholder input throughout the process of developing CPOE Stage 11. For example, a statewide survey gathering county feedback on the CPOE process was completed to inform the groups’ initial planning, and various draft products of the
workgroups are being shared through stakeholder groups, such as the CQI Advisory Team, for feedback and input.

A county self-assessment draft has been created which includes a cohesive assessment of agency practice, including screening decisions, CAPMIS assessments, family engagement, services to families, and the quality and timelines of caseworker visits. The ratings are based upon the Differential Response practice profiles spectrum of proficiency, defined in three categories: ideal, developmental and unacceptable and an addition of acceptable practice, in order to gauge the agency’s own cultural acceptance of practice. The tool has been edited and will be presented to the CQI Advisory Team for their input. This team is made up of private and public agencies as well as other external stakeholders. Once the assessment is finalized, it will be piloted with the fifteen CFSR counties and will be used at the start of CPOE Stage 11.

With the roll-out of CPOE Stage 11, PCSAs and IV-E Courts will also develop a strategic plan for practice advancement (PPA) referred to as a Quality Improvement Plan (QIP) which will be a working document designed to address areas of concern within a PCSA or Court, which could include the qualitative completion of the CAPMIS tools as well as the supervisory oversight of the CAPMIS model. The plan should address workflow issues, identify parties responsible for implementing the plan, and indicate how improvement will be measured.

The PCSA or Court will look at overall agency performance over time (e.g., performance during the last CPOE review, performance between CPOE reviews) and not just each individual item identified in the CPOE Stage 11 Final Report. The PPA/QIP should include a holistic approach to addressing identified items. In planning activities to be included in the PPA/QIP, the PCSA or Court should consider the following:

- PCSA or Court development needs, including professional development/training needs;
- Clinical supervision activities;
- Policies and Procedures;
- Development of PCSA or Court workgroups;
- Internal agency case reviews;
- Cross-county partnerships;
- Resources available through the Regional Training Center (e.g., coaching, GAP sessions, training); and
- Resources available through the OFC Regional Technical Assistance Team.

In addition, the plan for practice improvement, via the QIP, will include periodic reviews of the PPA/QIP implementation consisting of discussions regarding the practice improvement, the barriers to improvement and case reviews as well as provide a platform for integrating use of the Differential Response Practice Profiles and/or reinforcement of quality implementation of CAPMIS. At any point, the PPA/QIP can be modified to accurately reflect changes needed to improve agency practice. Formal reports will be issued to the agency and the appropriate oversight entities.

At this time, integrating any qualitative recommendations that emerge from the University of Cincinnati CAPMIS Evaluation related to the completion of the CAPMIS tools as well as the practice application of
the Practice Profiles is being explored. The CAPMIS evaluation was just recently completed with a final report due to ODJFS by June 30, 2017. Regional presentations of the findings from the evaluation are being offered to discuss the results of the evaluation with partners and to begin a dialogue about next steps.

**Intervention 2: Revise CPOE protocol to strengthen use of performance data.**

**Benchmarks:**
1) Completed in Year 1.
2) Completed in Year 2.

**Benchmark 3:** Prepare and provide all PCSAs with a county-specific performance report on key measures during the CPOE review cycle. Include comparison data for similar counties within the performance report. (Year 3-5)

**Progress Report:**
Each PCSA’s CPOE data is consolidated into a comprehensive report detailing key measures, findings, and factors contributing to a measure’s success. This report is widely distributed to all county directors and discussed at critical junctures during county meetings. The strength of this report is that it can be used by PCSAs when they are looking for effective practices to drive program improvement. Similarly, State administrators use the report to understand the impact of particular policies and practices.

**Intervention 3: Create an agency self-assessment tool for PCSAs to complete as part of the CPOE process. This tool would connect to and support agencies’ individual CQI or Quality Assurance processes.**

**Benchmarks:**
1) Partner with stakeholders to develop the self-assessment tool, which would encompass a cohesive assessment of agency practice, including screening decisions, CAPMIS assessments, family engagement, services to families, and the quality and timeliness of caseworker visits. (Years 1-3)
2) Pilot the agency self-assessment tool with volunteer sites. (Years 2-3) (Year 4)
3) Revise the self-assessment tool as needed after pilot testing and assess the feasibility of full statewide implementation. (Years 3-5) (Years 4-5)

**Progress Report:**
As noted above, a team of technical assistance specialists developed a self-assessment tool encompassing a cohesive assessment of agency practice, including screening decisions, CAPMIS assessments, family engagement, services to families, and the quality and timeliness of caseworker visits. The tool will be-presented to the CQI Advisory Team for their input. The CQI Advisory Team is made up of private and public agencies as well as other external stakeholders. Once the assessment is finalized, it will be piloted with the fifteen CFSR counties and will be used during CPOE Stage 11.
Intervention 4: Establish process to strengthen inter-rater reliability for CPOE reviews and Quality Improvement Plan (QIP) development.

Benchmarks:
1) Completed in Year 1.
2) Completed in Year 1.
3) Completed in Year 1.
4) Technical Assistance Managers will separately review (w/ each TAS) at least one case per quarter for accuracy. (Years 1-5)

Progress Report:
Thirty-five counties were reviewed and reports were issued in the third year of the CFSP. The completion of the Onsite Review Instrument (OSRI) was required beginning in July of 2015; however, staff were in various stages of comfort with using OSRI. All were very comfortable using the hard copy version of the OSRI. Some reviewers progressed to the point they were using the OSRI as they reviewed cases. Other reviewers were only using the hard copy version during the actual case review and transferring the responses to the OSRI after completing the review. Technical assistance managers reviewed at least one case per quarter for accuracy seventy-eight percent of the time. Due to staffing issues including the probationary staff who were not completing the review tool on their own, staff did not: (1) justify their decisions in the OSRI; and/or (2) complete the OMS 100 percent of the time.

In addition to the quarterly review of cases for accuracy, final CPOE reports were reviewed for accuracy, 100 percent of the time by the Technical Assistance Manager and the Bureau Chief. As has been the process for several years, the final reports were micro in nature and addressed case specific, trends, strengths and areas needing improvement. Upon review of the final report, areas requiring further clarification or were not consistent with the direction the bureau managers provided reviewers, reports were returned to reviewers for clarification, changes or further documentation.

As an outcome of the issues identified either through the OSRI or the final CPOE Reports, it was determined that as part of the training preparing Ohio to conduct its own CFSR, state review staff would be required to attend training on the application of the online review tool and how to document the justification for the rating. This training was also required for county reviewers in an effort to provide consistency and inter-rater reliability.

The state’s technical assistance team continues to focus on consistency, thorough documentation of ratings, and inter-rater reliability, as an ongoing focus on these issues is critical to ensuring the success of the state’s case review process.

Intervention 5: Enhance OFC Regional Technical Assistance process to incorporate CQI practices.

Benchmarks:
1) Regional Technical Assistance Teams will regularly review data (e.g., county self-assessments, SACWIS data, CPOE and licensing site visit results) for the PCSAs and private agencies within their region. (Years 1-5)
2) Team members will proactively offer the counties and agencies in the region an opportunity to jointly review and discuss their data. (Years 1-5)
3) Per county and agency requests, the team will consult with the private agency or PCSA to develop an appropriate action plan and assess progress. (Years 1-5)

**Progress Report:**
OFC has aligned staff from the bureaus of Systems and Practice Advancement, Foster Care Licensing, Child and Adult Protective Services, Automated Systems, and Fiscal Accountability into cross-program area Technical Assistance Teams. These teams serve public and private agencies in five regions of the state: Central, Northwest, Northeast, Southwest and Southeast.

To further integrate a CQI approach into OFC’s technical assistance process, the regional teams have incorporated in-depth reviews of performance data and practice trends for the agencies in their regions. During regional team meetings each team highlights a county and a private agency. The Technical Assistance Specialist and/or Licensing Specialist, responsible for the agency, leads the team in a data-driven discussion focusing on the strengths and needs of the agency. The team discusses how they can support the agency to improve outcomes.

Technical Assistance Specialists and/or Licensing Specialists regularly work with their assigned agencies to jointly review and discuss their data outcomes and identify any technical assistance needs. When technical assistance needs are identified they are brought to the attention of the RTA team to develop a plan to meet the agency’s needs.

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**Goal 1: Objective 4**

Apply CQI principles to improve casework practice and supervision.

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**Update on Progress Made to Improve Outcomes**

**Intervention 1: Strengthen implementation of Ohio’s CAPMIS assessment and case planning model.**

**Benchmark 1:** Evaluate CAPMIS to assess reliability and validity of the model. (Years 1-3)

**Progress Report:**
The University of Cincinnati’s (U of C) CAPMIS evaluation is winding down. The project concludes June 30, 2017. Although ODJFS does not have the final evaluation report at this point in time, preliminary results suggest the model is sound and the assessments of safety and risk as implemented in CAPMIS are largely consistent with child welfare assessment instruments used elsewhere. However, the researchers made recommendations on how Ohio could improve the application of CAPMIS in the field. For example, the researchers suggest that ODJFS focus training efforts on Ohio’s county supervisors who oversee the child protective services work in the field. The data suggest it is the supervisors who remain longer in the field of child welfare as compared to line caseworkers. A bolstering of this group’s CAPMIS knowledge has the potential to drive practice improvement specifically related to assessment and service planning.

Additionally, the recommendations include removing several of the actuarial risk assessment items and combining others. The recommendations to enhance the model will be made in the coming year and result in
a renaming of Ohio’s assessment model to the Comprehensive Assessment and Planning Model (CAPM). Lastly, the U of C project team suggests that SACWIS enhancements could substantially improve use of, and user support, for CAPMIS. For example, every time safety or risk is assessed or re-assessed, SACWIS could display the most recent assessment(s) side-by-side with the assessment underway. ODJFS will be exploring all final recommendations the U of C project team puts forth in the final evaluation report.

**Benchmark 2:** Gather stakeholder feedback to better understand current utilization and barriers to application of the CAPMIS toolset. (Year 1-2)

**Progress Report:**
The U of C project team conducted 25 focus groups around the state to gather input from the user community. One finding is that there is great variability in how individuals interpret safety and risk assessment items. This occurs even though the items are defined by the ODJFS. Another, barrier to CAPMIS application at the county level is that some caseworkers view the assessment tools as paperwork and do not consider that safety and risk concepts are critical to decision-making. Also, SACWIS was identified as a barrier to completing CAPMIS tools. Some county users describe SACWIS as cumbersome to navigate and report several CAPMIS tools do not present in SACWIS as they do on paper. This is accurate and will be addressed by future enhancements to SACWIS. Additionally, users report the direction as to how to complete CAPMIS tools and the expectations regarding tool completion vary from county to county and in some agencies from supervisor to supervisor.

ODJFS plans to address specific recommendations from the U of C project team regarding barriers to the utilization and the application of the CAPMIS toolset in the coming year(s). ODJFS is committed to strengthening the implementation of Ohio’s assessment model to drive practice improvement and services to children and families.

**Benchmark 3:** In collaboration with OCWTP, integrate CAPMIS, Differential Response, and SACWIS into Caseworker Core training modules. (Years 1-3) (Years 1-5)

**Progress Report:**
The OCWTP submitted a draft of Caseworker Core Module 3- Legal Aspects of Family-Centered Child Protective Services to ODJFS. This module includes the integration of CAPMIS, Differential Response, and SACWIS. The ODJFS, Office of Legal Services is currently reviewing the module. The module will subsequently be reviewed by child protective services policy. Caseworker Revisions to integrate CAPMIS, Differential Response and SACWIS are still planned for Core Module 1- Family Centered Child Welfare Practice, Core Module 7- Child Development, and Core Module 8- Separation, Placement, and Reunification in Family-Centered Child Protective Services. A pilot of the revised curricula for Core Modules 1, 3, 7 and 8 will be forthcoming as well. These items will require renegotiation to determine specific due dates during the next contract period.

The casework practice work team will continue to focus on identifying and developing trainers to train Caseworker Core Modules to support the integration of CAPMIS, Differential Response and SACWIS.

**Benchmark 4:** In collaboration with OCWTP, develop an implementation plan for roll-out of enhanced CAPMIS curricula as well as other coaching or training opportunities to support the use of CAPMIS. (Year 2)
**Progress Report:**

While this benchmark was achieving in Year 2, OFC continued to work on this benchmark due to its critical importance. Activities during this update period have primarily focused on setting a standard of expectation for existing and incoming Ohio Child Welfare Training Program trainers and the development of new practice and application focused CAPMIS trainings. The Ohio Child Welfare Steering Committee approved requiring all OCWTP trainers to attend the CAPMIS training of trainers (TOT). A process is under development to determine if any exceptions exist, if any trainer would require a more advanced knowledge of CAPMIS, and how to engage trainers in attending the CAPMIS TOT. In April of 2017 one CAPMIS TOTs was held.

Three enhanced CAPMIS trainings were to be developed to include case planning, case review and reunification assessment by June of 2017. Significant time has been spent in the development and review process for the case planning curriculum, handouts and activities. It is anticipated the case planning curriculum will be finalized by June 2017. As a result of the additional time spent in the review and development of the case planning curriculum, the case review and reunification assessment curricula deadlines will be renegotiated during the next contract period. They will be due in the next state fiscal year (SFY 2019).

The casework practice work team has developed a workshop review process for all new workshop proposals received by the OCWTP. The team has reviewed six workshop proposals to encourage a cross walk of CAPMIS concepts into pertinent non-standardized trainings with a focus on issues such as substance abuse, mental health, and domestic violence. This process has presented opportunities for the regional training center coordinators to engage several trainers in discussions regarding how their training may be impacted by CAPMIS and encourage attendance in the CAPMIS TOT.

The casework practice work team has met seven times during the year to support the development and rollout of enhanced CAPMIS curricula, coaching and training. The casework practice work team will continue to focus on the development of ongoing activities for the implementation plan for rollout of the enhanced CAPMIS curricula and trainers to include:

- Recruitment of additional CAPMIS trainers and coaches.
- Development of strategies for marketing the enhanced CAPMIS curricula.
- Bi-Monthly guidance and learning opportunities via a trainer CAPMIS list serve to CAPMIS trainers.
- Bi-annual information sharing “Curriculum GAP Sessions”.
- Monitor trainers of standardized CAPMIS workshops.
- Monitor coaching activities.
- Identify and pilot creative opportunities to train/coach staff and supervisors on the standardized CAPMIS workshop content in small counties.
- Provide GAP sessions regarding CAPMIS tools.
- Establish a process for ensuring communication between trainer of GAP session (prior to the GAP) and trainer who provided CAPMIS training (if different), and after the GAP.
- Establish a process for ensuring communication between trainer of GAP session (prior to the GAP) and TAS or agency director to ensure the trainer is aware of any issues regarding current
CAPMIS practice at agencies attending the GAP. Establish a process for follow up conversation, as needed, between the GAP trainer and the agency director and TAS.

- Work with trainers to implement CAPMIS knowledge and skill, to include assessment, safety planning and service planning, into non-standardized workshops as relevant.
- Communicate to PCSA Executive Directors, Supervisors and Administrators regarding the benefits of CAPMIS training.
- Explore the possibility of using E-Track to notify supervisors about resources for supporting CAPMIS practice (such as the benefits of team training) and to support transfer of learning.
- Explore ways to provide ongoing CAPMIS best practice updates to PCSA’s.
- Identify which counties have in-house trainers and coaches and develop their knowledge specific to CAPMIS and other child protection best practice concepts by inviting them to the CAPMIS TOT and providing existing resources.
- Identify advantages and disadvantages of a recommended post core menu of learning interventions (e.g., recommended learning for second year caseworkers; additional learning interventions to develop skill in topics taught in Core).
- Develop and implement marketing strategies to encourage agencies to support post-core skill building activities.

**Benchmarks:**

5) Completed in Year 2.
6) Completed in Year 2.
7) Completed in Year 2.

**Intervention 2: Develop resources to promote fidelity to the practices detailed in Ohio’s Differential Response Practice Profiles.**

**Benchmarks:**

1) Completed in Year 1.
2) Completed in Year 2.
3) Completed in Year 2.
4) Completed in Year 2.

**Intervention 3: Provide professional development resources to assist supervisors in implementing effective supervision practices.**

**Benchmark 1:** In collaboration with OCWTP, develop and provide training, coaching and Guided Application and Practice sessions for supervisors on the facilitation of group supervision and use of a case consultation and information sharing framework. (Years 1-5)

**Progress Report:**
The OCWTP offers a variety of standardized workshops and Guided Application and Practice sessions designed to support the ongoing knowledge and skill development of supervisors. The following workshops were held by March 15, 2017 or are scheduled to occur between March 16, 2017 and June 30, 2017:
<table>
<thead>
<tr>
<th>Name of Workshop</th>
<th>Conducted by March 15, 2017</th>
<th>Scheduled to occur between March 16, 2017 to June 30, 2017</th>
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</thead>
<tbody>
<tr>
<td>Guided Application and Practice (GAP): DR: Lessons Learned</td>
<td></td>
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</tr>
<tr>
<td>GAP: DR: What Now?</td>
<td></td>
<td></td>
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<tr>
<td>Clinical Group Supervision that Supports Family Engagement</td>
<td></td>
<td></td>
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<tr>
<td>Coaching in Child Welfare Supervision – Using the Practice Profiles</td>
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</tbody>
</table>

**Benchmark 2:** Completed Year 1.

**Intervention 4:** Improve the quality and frequency of caseworker visits with parents and children.

**Benchmarks:**

1) Completed in Year 1.
2) Completed in Year 2.
3) Completed in Year 2.
4) Completed in Year 2.

**Goal 1: Objective 5**

Implement innovative and evidence-based or evidence-informed child welfare practices to improve safety, permanency and well-being outcomes for children and families.

**Update on Progress Made to Improve Outcomes**

**Intervention 1: Strengthen Ohio’s implementation of Differential Response and expand use of the Alternative Response pathway statewide where appropriate.**

**Benchmarks**

1) Completed in Year 1.
2) Completed in Year 2.

**Benchmark 3:** Utilize DR Sustainability Consultation and other technical assistance opportunities to discuss screening and pathway assignment. (Years 1-5)

**Progress Report:**

ODJFS continues to provide technical assistance, consultation and one-on-one coaching to support DR systems within county agencies upon request. OFC Policy staff will also continue to participate in community forums and DR in-person meetings in each region to encourage peer to peer consultation and community collaboration. Additionally, the Institute for Human Services offers individual DR coaching and sustainability opportunities upon request.

**Benchmark 4:** Completed in Year 1.
Intervention 2: Strengthen and expand implementation of the Safe & Together model for working with families impacted by domestic violence.

**Benchmarks:**

1) Continue to work with Ohio Intimate Partner Violence (IPV) Collaborative partners to train additional counties in the *Safe and Together* model. Expand implementation from the current 34 counties and provide the opportunity for all Ohio counties to be trained. (Years 1-3)

2) Provide “refresher” training options for counties that have already had initial training in the model but may have new staff that needs training. (Years 1-3)

3) Provide advanced training and technical assistance opportunities to strengthen implementation of *Safe and Together* in communities across the state. (Years 1-3)

**Progress Report:**
Safe and Together training continues to be offered to counties that are interested. There were no new counties trained during this past year, but four previously trained counties were provided with refresher trainings.

Historically, the Ohio Intimate Partner Violence (IPV) Collaborative has invited all counties to participate individually, or as cohorts. As the IPV Collaborative administration has changed over this past year, so has the strategy for getting the training to all interested counties. Plans are underway to offer the Safe and Together Core 1-4 curricula at the eight regional training centers across the state, which will provide counties and PCSA staff with more flexibility to take advantage of this important training. Ten additional counties indicated, through a recent survey, they would be interested in receiving the 4-day Core training, nine of those would be willing to attend training at their RTC.

Intervention 3: Expand implementation of Casey Family Programs’ Permanency Roundtable model.

**Benchmarks:**

1) Completed in Year 1.

2) Completed in Year 2.

3) Partner with Casey Family Programs and OCWTP to expand implementation of Permanency Roundtables to additional cohorts of counties. (Years 2-5)

**Progress Report & Progress Measures:**
Ohio continues to partner with Casey Family Programs to expand the implementation of Permanency Roundtables (PRTs). PRTs provide counties with an opportunity for structured case consultation designed to generate solutions and overcome barriers to permanency faced by youth in foster care. The objective of the PRT approach is to expedite permanency and ensure that all options have been exhausted. PRTs also seek to ensure that each child or youth has at least one permanent connection in his or her life. Ten counties continue to be involved in the implementation of the PRT model as one Round One county had to drop out of the program. At quarterly meetings all pilot agencies continue to bring successes as well as challenges to the group. The counties continue to work together to troubleshoot and come up with solutions for each other’s issues.

This past year the advisory council has focused on evaluation and expansion. It was decided that in order to fully evaluate the program an external evaluator was needed. PCSAO contracted with Steven R.
Howe and Associates to conduct the evaluation and a data sharing agreement was signed with ODJFS. Mr. Howe presented the initial findings at the May 12, 2017 council meeting. The PRT website (www.ohiopr.org) was enhanced this past year and includes a variety of information on the project including history, reports and news articles, tools, tips and strategies, stories and a member page. Included on the site is a video titled, Permanency for Older Youth in Foster Care, produced with partners of the project from two round one counties and a PRT trainer who is also an Ohio foster care alumni. The video describes the project and the unique approaches being used to find permanency for older youth as a result of PRTs. Finally the council decided that a Readiness Assessment tool needed to be developed and provided to potential counties before they volunteer to participate as a Round Three county. This tool will allow the agency to assess its current state of readiness for implementation of Youth Centered Permanency Roundtables. The assessment is broken down into the following areas: Institutional Readiness, Leadership Commitment, Community Readiness, Staff Readiness and Infrastructure Readiness. The council finalized this tool at their May meeting.

Training System Implementation

Through leadership provided by the PRT Advisory Council, the Permanency Roundtable project expanded in 2015. Five counties joined the pilot to include Stark, Mahoning, Trumbull, Butler and Clark. These counties are considered Round Two pilot counties. Round One counties include Montgomery, Fairfield, Guernsey, Summit and Athens.

The OCWTP maintained a continuum of Permanency Roundtable trainings to include a values training for caregivers and community stakeholders, and values, skills and youth-centered skills trainings for staff. In 2017, members of the PRT Advisory Council requested additional training resources to help support the skill development of staff. A training needs survey was conducted. Evaluation data revealed the following high priority training needs:

- Preparing youth, support people, and other PRT meeting participants; dealing with ambivalence.
- Facilitator skill building; sustaining PRT practice within the agency.
- Re-engaging with birth families.

High priority training needs data was shared with PRT trainers who will develop new PRT Learning Labs and Guided Application and Practice (GAP) sessions. Two additional PRT trainers were recruited. The following chart presents information on PRT trainings held between July 1, 2016 and April 15, 2017 as well as those trainings scheduled between April 16, 2017 and June 30, 2017.
In the upcoming year, ODJFS plans to continue to partner with the pilot counties, the PCSAO, Casey Family Programs and the OCWTP to expand implementation of Permanency Roundtables including adding an additional cohort of counties. In addition, ODJFS and its partners will continue to work to track outcomes and evaluate the impact of the PRT pilot over the next year.

**Intervention 4: Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTM.**

**Benchmark 1:** Completed in Year 2.

**Benchmark 2:** In collaboration with OCWTP, expand training on the FTM model. (Years 3-4)

**Benchmark 3:** Provide technical assistance to support new counties in implementing FTMs effectively. (Years 3-5)

**Progress Report:**
During the previous year, the ProtectOHIO Consortium continued to maintain its focus on increasing fidelity to the core intervention strategy of Family Team Meetings (FTM). Consortium members established a goal of implementing the FTM strategy in the third waiver period with a more explicitly defined model and incorporating common training for all staff. The ProtectOHIO Consortium and the FTM workgroup developed an FTM Practice Manual, outlining core components and providing detailed instructions related to all aspects of the ProtectOHIO FTM model. Shortly after completion of the manual, the OCWTP developed and provided several two-day trainings on the FTM intervention. However, requests were made for variation in the training and to explore the possibility of on-line training as well.

The ProtectOHIO Family Team Meeting model was taught through a two-day classroom training titled *ProtectOHIO: Engaging Parents in the Process*. To expand offerings of this training, a blended learning course is being created in order to reduce the number of hours participants are required to be in class. Course design feedback was solicited from ProtectOHIO Consortium members, including Family Team Meeting Facilitators, and ProtectOHIO trainers.

The blended learning course will consist of two components:

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Number conducted between July 1, 2016 and April 15, 2017</th>
<th>Number cancelled</th>
<th>Number scheduled between April 16, 2017 and June 30, 2017</th>
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<tr>
<td>PRT Values for Staff</td>
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<td>3</td>
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<td>PRT Values for Caregivers</td>
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<td>Youth Centered PRT</td>
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<td>0</td>
</tr>
<tr>
<td>Facilitation Skill Building – Learning Lab</td>
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<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Engaging Youth and Support People in the Permanency Roundtable (PRT) Process – A Learning Lab</td>
<td>0</td>
<td>0</td>
<td>2</td>
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</tbody>
</table>
• **Self-directed online course for Family Team Meeting Facilitators and Caseworkers.**
  Course content will consist of an overview of the ProtectOHIO waiver and Family Team Meetings, the benefits of these meetings, and the roles and responsibilities of facilitators and caseworkers.

• **Six-hour classroom training for Family Team Meeting Facilitators.**
  Course content will consist of an overview of the phases of a Family Team Meeting including goals, tasks and facilitation skills, meeting practice, and skill-building activities for facilitators. This component is instructor-led due to the amount of facilitated practice involved.

The blended learning course is scheduled to be piloted in May/June 2017.

ODJFS submitted the following semi-annual evaluation reports that cover the following time periods; October 1, 2015 to March 31, 2016, April 1, 2016 to September 30, 2016, and October 1, 2016 to March 31, 2017. For Ohio’s fourth waiver period (October 1, 2015 through September 30, 2019) reports were submitted on May 30, 2016, November 30, 2016 and May 30, 2017. The semi-annual evaluation reports continue to explore fidelity of the ProtectOHIO FTM model.

**Intervention 5: Implement parent partner programming as a strategy to strengthen family engagement and improve permanency outcomes.**

**Benchmarks:**

1) Completed in Year 1.

2) Pending availability of resources, provide implementation awards to each of the planning grant sites to pilot their Parent Partner program. (Years 2-3)

3) Pending the outcomes of the pilot and resource availability, expand implementation of Parent Partner programming to new county cohorts. (Scheduled for Years 4-5)

4) Completed in Year 2.

**Progress Report:**
Primary parent partners are birth, adoptive or foster parents who were previously involved with the child welfare system and who now serve as mentors or supports for other child welfare-involved parents. For counties that seek their help, primary parents are an invaluable resource. They can use their own experiences to connect as advocates and mentors with parents who have open child welfare cases and help in a way that is affirming, fear-reducing and solution-focused. Counties that implement primary parent programming, recruit, train and prepare these parents to serve as resources for other parents.

ODJFS has committed significant staff resources to support the Primary Parent Partner Planning Grants, including a designated Project Coordinator, who co-facilitates quarterly HOPE workgroup meetings, provides local and statewide presentations on primary parent activities, and provides technical assistance to pilot counties.
Sustainability Phase

OFC continues to partner with Casey Family Programs to support agencies as they develop and work to sustain successful primary parent partner programs. Trumbull County Children Services, Cuyahoga County Department of Children and Family Services, and Richland County Children Services received funds to support execution and maintenance of their Helping Ohio Parent Effectively (HOPE) Parent Partner implementation plans.

Trumbull County developed a Parent Partner Independent Contractor Agreement to formalize the relationship between the HOPE partners. Subsequently, HOPE partners now have agency IDs, keycards, business cards, and their own working space. Trumbull HOPE partners continue to co-facilitate adolescent support groups with local community mental health providers. In addition, the HOPE partners are now formally being assigned to families and/or individual clients. In this role, HOPE partners serve as advocates and support to help families navigate the child welfare system and when applicable, navigate the path from a life of addiction to a life of recovery.

Cuyahoga County focused on ways to best utilize their HOPE partners. Currently, HOPE partners are assigned to 2 of the 15 Cuyahoga County Neighborhood Collaborative Centers located throughout Cuyahoga County. At the centers, HOPE partners attend family staffings, conduct comfort calls, and serve as a support to birth families involved in the child welfare system.

Richland County continues to utilize HOPE partners in Family Team Meetings to serve as a support to parents involved in the child welfare system. During this period, Richland focused on activities to recruit and retain HOPE partners. Some of the activities included mailing letters to parents identified as a potential recruit on their case closure report, meeting with community stakeholders to promote the HOPE program and to solicit recommendations, and meeting with agency staff to promote HOPE and to identify the best methods to recruit.

Implementation Phase

During this review period, Stark County received funds to support initial implementation of their HOPE plan. They continue to provide Orientation Sessions co-facilitated by a HOPE Parent Partner and county child welfare staff. During orientation, families new to child welfare will receive information about visitation, the court process, and case planning and child welfare requirements. Stark County also continues to use All About Us and All About Me packets when children are placed in a home. In these packets, parents and youth are asked to complete All About Me packets (about the child) at the time of removal or shelter care. These forms include: favorite food, dislikes, favorite toys, any triggers for the child. All About Us packets are also completed by foster parents to include items such as family rules, pictures of the house, where the child will sleep, family pets, etc. Stark began using Our Family Wizard (OFW) to increase communication between primary parents and substitute caregivers. OFW is a secure web based application that allows primary parents and substitute caregivers to share important events, appointments, and other information about children in custody.
Planning Phase

The newest sites, Athens County and Montgomery County, received funds to support the planning phase. Both sites were required to convene Listening Sessions with parents and others who would be integral to a successful primary parent partner program. Separate sessions were conducted with community stakeholders, agency staff, resource parents, and primary parents that currently or previously had an open case with the children services agency. These sessions were designed to elicit feedback from participants regarding their experiences with the child welfare system. County administrators had an opportunity to hear strengths within their agency practice as well as possible barriers to engaging families. Questions for each session were crafted for the particular audience. While the discussion varied depending on the group type, the end result in each group was a list of prioritized ideas for increased primary parent engagement.

Athens County held five listening sessions while Montgomery County held six. Community stakeholders viewed parent partners as individuals who can give clients hope for success and support when needed. They would also be helpful in explaining the legal system and supporting clients through the emotional trauma that can happen when a family unit is threatened.

Agency staff provided the following input regarding parent partner programs:

- Clients seem better able to hear information from a peer rather than from a caseworker.
- One-on-one support can be critical for a vulnerable client, including emotional support, information about resources, and helping clients access those resources.
- Parent partner support can offer a “light at the end of the tunnel” for clients, it might help the client buy-in, it can be motivational, and culturally acceptable to the client.
- The parent partner could attend meetings with the client, provide clarification, explanation, and empathy for what is happening and be an advocate to the professionals working with the client.

Resource parents agreed that parent partners would be very helpful to clients. They also believe that resource parents should not serve as parent partners because clients will respond better to people that they do not know.

Primary parents stressed the power of a parent partner’s lived experience for engaging parents involved in the child welfare system. Some primary parents also reported having a similar experience with peer partners as other agencies. They indicated that having a knowledgeable interventionist, and someone that had been through what they are experiencing, greatly alleviated stress and made them feel there was hope and that someone understood.

Other

To increase primary parent participation and further support HOPE work, ODJFS has partnered with the Ohio Family Care Association (OFCA). OFCA serves adoptive, foster, kinship, primary, and respite families throughout Ohio. The association is dedicated to improving the lives of children and their families by shaping policy and practice through support, advocacy and education. To this end, ODJFS
has provided financial assistance to OFCA for development and implementation of programming to support the HOPE project.

Specifically, OFCA has been tasked with:

- Developing a curriculum for individuals who have been identified as possible leaders of future primary parent support groups;
- Establishing criteria for primary parent leaders/facilitators;
- Developing and implementing a training manual for parent support groups; and
- Launching primary parent support groups in three counties.

**Intervention 6: Continue implementation of the Wendy’s Wonderful Kids (WWK) model for child-specific recruitment efforts.**

**Benchmark 1:** Provide training for caseworkers and administrators on the WWK model to foster increased support among practitioners and agency leaders. (Years 1-5)

**Progress Report:**
The Dave Thomas Foundation for Adoption (DTFA) developed online training for caseworkers and supervisors on the Wendy’s Wonderful Kids model. The online training was finalized and is now available to public and private agencies. DTFA sent language describing the training to ODJFS to disseminate to all adoption and independent living workers in August 2016.

To date, DTFA has presented the online training to referring caseworkers and supervisors at one county (Trumbull) and four additional counties (Butler, Clermont, Cuyahoga, and Fairfield) have requested and received access to the online training to share with their referring PCSA caseworkers and supervisors in the coming months.

Each year, DTFA implements Outcome Improvement Plans with WWK recruiters who do not meet their adoption goals. DTFA will require WWK recruiters who are struggling to meet goals due to issues with referring PCSAs to provide the adoption workers in that county with the training. This will target those counties where workers are resistant to the possibility of permanency for older youth and those youth with special needs. DTFA continues to explore options to disseminate the training and encourage referring PCSA workers across the state to take the online training.

**Intervention 7: Through Ohio Children’s Trust Fund, continue to support implementation of evidence-based prevention strategies.**

**Benchmark 1:** On an annual basis, convene a workgroup, including research partners, parent representatives, and evidence-based program providers to review and make recommendations regarding evidence-based prevention programs being implemented across the state as well as new programming. (Years 1-5)
**Progress Report:**
During FFY 2016, the Ohio Children’s Trust Fund (OCTF) continued to prioritize the implementation of evidence-based and evidence-informed promising practices as it worked to improve outcomes for children and families.

Understanding the importance of engaging key stakeholders and partners in reviewing the evidence-based child abuse prevention programming it is supporting and funding (over $3.5 million during FFY 2016), the Trust Fund held several application review workgroups that included approximately a dozen participants representing multiple fields including: statewide associations and organizations; community non-profit agencies, Ohio Universities as well as state and county agencies.

Application review workgroup participants included OCTF research partners and child abuse prevention providers from across Ohio who conducted thorough reviews of 26 local, regional and statewide funding applications containing over 30 different evidence-based child abuse prevention programs.

In examining the program(s) proposed within each application, reviewers evaluated applicant compliance with OCTF funding guidelines and measured applicant adherence to evidence-based program developer requirements. Each reviewer assessed whether the evidence-based program(s) proposed within each application for local implementation represented a logical and appropriate response to local and regional child abuse and neglect prevention needs.

Reviewers also shared their firsthand knowledge of and/or their experience in delivering specific evidence-based programming and they provided the Trust Fund with funding recommendations as well as suggestions for modifications to OCTF programming application criteria.

In addition to the application review workgroups previously mentioned, the OCTF also finalized its strategic planning process and began implementation of its new five-year plan. Through the launch of the new strategic plan, ideas for new evidence-based prevention programming will be discussed and evaluated to ensure that the OCTF is aware of the breadth of evidence-based programming being implemented across the state. As part of the strategic plan, and to ensure the OCTF addresses the needs of parents in its evidence-based prevention programming, the Trust Fund developed and implemented a parent feedback survey to be disseminated on an annual basis. In FFY 2016, Trust Fund grant partners were asked to provide this survey to the parents who participated in OCTF funded programming. As this was the first year of dissemination, the response rate was relatively low (n = 66 respondents), but was informative as to parents perceptions of the Trust Fund and the evidence-based programming they participated in.

Furthermore, the Trust Fund also convened regional needs assessment workgroups that were composed of research partners, child abuse and neglect prevention experts, and community members to conduct eight regional baseline comprehensive needs assessments that assess the current health and stability of Ohio families as they pertain to the prevention of child abuse and neglect statewide. Based on the results of the needs assessments, regional partners will review and make recommendations as to the needed primary and secondary child abuse and neglect prevention evidence-based and evidence informed services to be implemented in each county.
**Benchmark 2:** Provide training and technical assistance to county partners regarding the implementation of evidence-based prevention programming. (Years 1-5)

**Progress Report:**
In FFY 2016, the Ohio Children’s Trust Fund provided support and technical assistance to grantees on the following topics:

- Prevention programs and family support
- Promoting protective factors and reducing risk factors
- Marketing, messaging and public awareness
- Cultural competence, disproportionality
- Collaboration and partnerships for prevention
- Fiscal leveraging
- Research on prevention and child maltreatment
- Evidence-based and evidence-informed programs and practices
- Home visiting
- Program evaluation and data management (logic model)
- Program monitoring and continuous quality improvement
- Grant reporting requirements

Ohio Children’s Trust Fund staff provided programmatic guidance on day-to-day operational questions as well as provided substantive programmatic expertise and technical assistance. Guidance and technical assistance were provided through ongoing individualized technical assistance, online webinars and in-person trainings.

**Ongoing Individualized Technical Support and Technical Assistance**

Grantees received one-on-one support and technical assistance to address specific challenges and opportunities related to program delivery and management, including utilizing the OCTF’s SharePoint site, which stores grantee applications and reports. Topics addressed through individual support and technical assistance included evidenced-based practices, recruitment and retention, data collection, how to use the FRIENDS Protective Factors Survey database, evaluation and continuous quality improvement and community-building/collaboration. Staff also provided technical assistance to help local grantees improve compliance with OCTF April 2016 funding guidelines as well as incorporate OCTF April messaging into their local campaigns. Support was delivered via phone, email, GoToMeeting and site visits.

**Online Webinars**

The Trust Fund also held one webinar on February 25, 2016, for the evidence-based program, Strengthening Families Ohio Parent Cafés. This webinar was held to convene remotely the OCTF’s Parent Café Trainers to garner a better understanding of OCTF requirements, as well as discuss questions, share resources and best practices, and provide opportunities for trainers to network with one another. Webinars were also held for both grantees and their vendors for the OCTF’s SharePoint application and reporting database. Through the webinars and individualized technical assistance calls, the Trust Fund ensured grantees were adhering to fidelity requirements.
Trainings

The Trust Fund held one Strengthening Families Ohio Parent Café Coordinator Training from May 23-24, 2016. This training was offered free of charge and helped offset the cost of implementing this evidence-based programming at the local level.

Furthermore, the Trust Fund, in partnership with a local child care resource and referral agency, developed a Strengthening Families Ohio Parent Café Train-the-Trainer manual, which provides a roadmap for certified Strengthening Families Ohio Parent Café Coordinators to train other service providers to be Parent Café Coordinators in their communities, after they attend the two-day train-the-trainer training.

The Trust Fund also maintained the OCTF website, as well as the OCTF Facebook page and the OCTF Twitter and Instagram accounts (@OhioCTF), as a vehicle for all grantees to share information and resources. The OCTF website can be accessed at the following site: http://jfs.ohio.gov/octf/ and the OCTF Facebook page at: https://www.facebook.com/OhioChildrensTrustFund.

Benchmark 3: On a semi-annual basis, conduct peer review groups to assess model fidelity of evidence-based programs supported by the Ohio Children’s Trust Fund. (Years 1-5)

Progress Report:
The Ohio Children’s Trust Fund conducts peer review consultation calls at a minimum semi-annually to assess model fidelity of evidence based programs for the Strengthening Families Framework. These evidence-based programs are being implemented in 7 counties throughout the state, and through the Trust Fund’s coordination efforts, providers have access to a broad network of resources. These consultation calls are facilitated utilizing content experts who have detailed experience with the programming.

With efforts that began in FFY 2014 and continued through FFY 2016, the Ohio Children’s Trust Fund has been working to develop and expand the Strengthening Families Learning Network (SFLN), which is composed of Child Care Resource and Referral (CCR&R) agencies and other early childhood organizations across the state of Ohio, by contracting with program experts. Through this work, representatives from each participating resource and referral agency convene multiple times per year for statewide network meetings regarding the implementation of the Strengthening Families Framework, in addition to participating in statewide consultation phone calls.

The OCTF worked with four SFLN member CCR&R agencies throughout Ohio to begin training and onboarding activities to introduce early childhood organizations to the Strengthening Families Framework, where these new organizations would serve in the capacity of pilot sites to expand the framework for programs offering home visitation, early intervention, child care and prenatal care.

During the FFY 2016 implementation of the SFLN, each CCR&R worked with two pilot sites to create and implement their Strengthening Families Framework action plans and to deliver trainings to their provider staff.
On the local level, regional meetings are also conducted multiple times throughout the year. Through these peer group collaborations, providers have begun viewing each other as resources to share best practices and discuss model fidelity requirements. An Ohio Strengthening Families Framework Implementation Road map was developed in FFY 2016 incorporating the input provided from the peer review groups to help other organizations in the replication of this program, ensuring compliance to model fidelity.

Also during FFY 2016, the OCTF convened a peer review workgroup to assess and revise the six-hour training for the Keeping Children Safe: Child Abuse and Neglect Training for Early Childhood Professionals curriculum. A workgroup composed of partners from diverse backgrounds, such as current trainers, community service providers with expertise in the Strengthening Families Framework, law enforcement, legal, child care, child welfare, and child abuse and child neglect prevention, was convened in FFY 2016 to revise and update the curriculum. Workgroup members will continue to convene in FFY 2017 to complete the revisions to this curriculum. The Trust Fund will also continue collaborating with its partners to develop a three-hour child abuse and child neglect prevention review training. Overall, these enhancements in the curriculum and varying training implementation approaches will ultimately provide for a more effective training for early childhood professionals.
Goal 2: Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.

Measures:
1.) Percentage of all children who were the subject of a screened-in report of child maltreatment during a 12-month period (regardless of disposition type) who are the subject of an additional screened-in report within 12 months of the initial report.

2.) The rate of victimization per 100,000 days of all children in agency custody during a 12-month period.

3.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate timely investigations of reports of maltreatment.

4.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to provide services to the family to prevent children's entry into agency custody or re-entry after a reunification.

5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care.

Updated Performance:
1.) Recurrence of Maltreatment:
   - 9.5% (14A14B) - Observed Performance
   - 12.4% (14A14B) - Risk Standardized Performance

2.) Maltreatment in Care:
   - 11.55 victimizations per 100,000 days in care (14A14B) - Observed Performance
   - 15.74 (14AB,FY14) – Risk Standardized Performance

3.) 80% of cases reviewed demonstrated timely investigations of reports of maltreatment. (CPOE Stage 10)

4.) 94% of cases reviewed demonstrated concerted efforts to provide services to the family to prevent children’s entry into agency custody or re-entry after reunification. (CPOE Stage 10)

5.) 59% of cases reviewed demonstrated concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care. (CPOE Stage 10)

Goal 2: Objective 1
Improve screening and pathway assignment practices to assure accuracy in decision-making and to support high-quality assessments.

Update on Progress Made to Improve Outcomes
**Intervention 1: Enhance existing statewide screening guidelines to include sample screening questions and Differential Response pathway assignment examples.**

**Benchmark 1:** Completed in Year 1.

**Benchmark 2:** Completed in Year 1.

**Benchmark 3:** Develop, review and implement enhancements to the existing State of Ohio Screening Guidelines and gather stakeholder input through established feedback channels. (Year 3)

**Progress Report & Feedback Loops:**

In January 2015 a workgroup was formed and began meeting to address screening and pathway assignment practices. Since the inception of the workgroup, current members of the workgroup continue to include fifteen Public Children Services Agency (PCSA) staff representing all Ohio County population sizes (small, small-medium, medium, large, metro and major metro); Office of Families and Children (OFC) policy, Child Protection Oversight and Evaluation (CPOE) Technical Assistance, Foster Care Licensing, and SACWIS staff; and one member representing The Institute for Human Services (IHS)/Ohio Child Welfare Training Program (OCWTP). PCSA representation includes both line staff and management. In total there are 25 workgroup members.

Since the last reporting period, in-person workgroup meetings have taken place on July 28, 2016; August 31, 2016; September 28, 2016; October 27, 2016, March 6, 2017 and April 24, 2017. GoTo meetings were held on November 21, 2016 and December 15, 2016. There is an agenda for the workgroup meetings and meetings are followed up by meeting minutes.

During the course of the aforementioned workgroup meetings, the workgroup completed revisions to Neglect, Physical Abuse, Sexual Abuse, Domestic Violence, Out of Home Care, Dependency, Family In Need of Services (FINS), and Information and Referral (I&R) categories which have been implemented into the draft screening guidelines document. The workgroup reviewed, provided feedback and finalized screening guideline categories from the three smaller work teams pertaining to Neglect, Physical Abuse, Sexual Abuse, Domestic Violence, and Dependency. The large workgroup reviewed and finalized draft screening categories for Out of Home Care, FINS, and I&R classifications. Devising a separate category for Domestic Violence and Out of Home Care is one structural enhancement to the existing screening guidelines.

Other enhancements made to the existing Screening Guidelines include:

- A section after the screening categories dedicated to Pathway Assignment, providing screeners with guidance in determining the appropriate pathway, Alternative Response or Traditional Response, for screened in reports of child abuse and/or neglect. A flow chart related to pathway assignment was integrated within the Pathway Assignment section.
- An “introduction” was incorporated into the screening guidelines providing an overview of the screening process, identifying skills necessary for a screener, and providing direction to screeners on obtaining and documenting relevant information imperative to the screening decision.
A Frequently Asked Questions (FAQ) section in order to provide screeners with additional guidance and assistance regarding situations they may encounter when taking a call and processing an intake report.

Statutory requirements pertaining to Human Trafficking and the Comprehensive Addiction and Recovery Act (CARA).

The workgroup has completed a draft of the Screening Guidelines since the last reporting period. The draft document of the enhanced Screening Guidelines was submitted to ODJFS/Office of Families and Children (OFC) Senior Management staff and ODJFS Legal for review and feedback on May 3, 2017. Once the initial ODJFS-OFC review of the draft Screening Guidelines document is completed, the Screening Guidelines will be submitted for review to identified stakeholders.

It is this workgroup’s continued recommendation that the State screening guidelines be made interactive by populating SACWIS with screening questions and information specific to a screening category which would assist screeners when taking and documenting intake reports.

**Benchmark 4:** Disseminate to counties statewide. (Years 3-4) (Year 4-5).

**Progress Report:**
This benchmark could not begin due to the extensive amount of time it has taken to review and develop enhancements to the existing state screening guidelines. The benchmark will commence in Year 4.

**Intervention 2: Develop and implement specialized training for screeners.**

**Benchmark 1:** Develop brief online tutorials with content specifically designed for screeners. (Years 3-4)

**Benchmark 2:** In collaboration with OCWTP, develop an advanced training curriculum to complement revised statewide screening guidelines to include the following content:
- Assessment of safety at screening;
- The “who, what, why, when & how” of report documentation;
- Identifying family strengths;
- Beginning the family search and engagement process; and
- Identifying domestic violence and human trafficking.
- Learning Lab regarding entering information into SACWIS.

(Years 3-4)

**Progress Report:**
These benchmarks could not be completed during this reporting period due to the extensive amount of time it has taken to review and develop enhancements to the existing state Screening Guidelines. In review of these benchmarks with the Screening and Pathway Assignment workgroup, it was recommended that the advanced screening training curricula focus on screeners and screening decision makers’ skill set and critical thinking competencies related to taking and processing child protective services intake reports. This advanced training would incorporate the screening guidelines in relation to proper categorization of information obtained by the screener. The Screening Guidelines should be used as a complementary tool and reference guide for screeners when processing intake reports.
During the April 24, 2017 workgroup meeting, the workgroup commenced discussion related to essential training needs for screeners and screening decision makers. The workgroup began with identifying core competencies necessary for screeners and screening decision makers to be incorporated within advanced training curricula.

**Benchmark 3:** Create training implementation plan to include pilot testing, evaluation of training effectiveness, and revision of materials. (Year 3-4) (Year 4)

**Progress Report:**
This benchmark has been moved to Year 4 as OCWTP awaits the final version of the updated Screening Guidelines.

**Intervention 3: Provide ongoing peer support and technical assistance for screeners and screening decision makers**

**Benchmark 1:** Offer quarterly conference call or webinar opportunities for screeners and screening decision makers. (Year 3-4) (Year 4-5)

**Progress Report:**
This benchmark could not begin due to the extensive amount of time it has taken to review, develop, and implement enhancements to the existing state Screening Guidelines. The benchmark will commence in Year 4, 5.

**Benchmark 2:** Offer semi-annual opportunities for face-to-face learning and peer support for screeners through Guided Application to Practice (GAP) sessions. (Year 3, 4) This benchmark has been deleted. Refer to explanation below.

**Progress Report:**
The workgroup determined that this benchmark should be eliminated because offering quarterly conference calls or webinar opportunities, which are contained in Goal 2, Objective 1, Intervention 3, Benchmark 1, would be a better avenue to accomplish Intervention 3.

**Goal 2: Objective 2**
Improve casework practice to ensure safe environments for children either at home or in out-of-home care.

**Update on Progress Made to Improve Outcomes**

**Intervention 1:** Strengthen caseworker assessment skills and use of the CAPMIS Assessment model.

**Benchmark 1:** See update for Goal 1, Objective 4, Intervention 1.
Progress Report:
The reliability and validity study of the CAPMIS protocol was implemented on January 26, 2015. The impetus of the project included improving casework practice. The data collection and analyses are complete. The project team conducted several key informant interviews and stakeholder focus groups which included caseworkers and supervisors. Caseworkers and supervisors that use CAPMIS in practice have participated in the focus groups, which were held regionally throughout the state. These stakeholder meetings were used by the project team to gather information from PCSA staff regarding current utilization of the CAPMIS toolset, as well as the barriers and challenges to applying the model in practice. The project team has also collected user input on the strengths of the CAPMIS protocol in supporting casework practice. The voice of the field will be considered as changes to the assessment protocol are made in the spirit of enhancing casework practice and to help caseworkers build on their strengths and improve their skills to achieve the best outcomes for children and families.

The preliminary evaluation conclusions and recommendations were presented to ODJFS administrative and program staff in April 2017. The CAPMIS evaluation project will conclude on June 30, 2017. Next steps will include development of a plan to prioritize and implement recommendations from the final report. In addition, the on-going work to develop and deliver new CAPMIS trainings to Ohio’s child welfare practitioners continues with the goal of improving the quality and thoroughness of the assessments of child safety, risk and family strengths and concerns.

Intervention 2: Improve the quality and timeliness of initial face-to-face contacts with children and families.

Benchmark 1: Completed in Year 1.

Benchmark 2: Through CPOE and regional teams, provide technical assistance to identify barriers impacting quality and timeliness of initial contacts and work with agencies to develop Quality Improvement Plans on this item as needed. (Years 1-5)

Progress Report & Progress Measures:
During CPOE Stage 10, 792 cases were applicable for review of Item 1: Timeliness of initiating assessments/investigations. Results indicated that 80 percent of the cases (630) were rated as a Strength. Further examination of the data revealed that 84 percent of In-Home cases (238) were rated as a Strength, 74 percent of Alternative Response cases (272) were rated as a Strength and 85 percent of Substitute Care cases (120) were rated as a Strength. The majority of cases reviewed were screened in timely, and initial face-to-face contacts with the alleged child victim (ACV) or the child subject of the report (CSR) were completed timely as required by OAC rules 5101:2-36-03 and 5101:2-36-20.

Twenty-seven PCSA were required to develop QIPs to address Areas Needing Improvement for Item 1. It should be noted that when compared to the results from CPOE Stage 9 there were 12 more counties that had to develop a QIP for this item.

Using the CQI Cycle depicted below, PCSA QIPs identified multiple methods for addressing performance issues. These included:
• Training staff on investigation time frame requirements for cases screened in under the Traditional Pathway and the Alternative Response Pathway.
• Staff attend CAPMIS Safety Assessment Safety Training at the Regional Training Center.
• Utilizing CAPMIS Field Guides.
• Developing an Investigation Checklist and attaching the Checklist to each referral to ensure all caseworkers refer to initiation timeframes for screened in cases.
• Developing an Intake Checklist specific to each new investigation.
• Developing a Home Visitation Checklist.
• Developing a Case Assignment tool where caseworkers record the priority of the mandate, date of face to face contacts.
• Supervisors sending emails to workers when mandates are coming due.
• CQI staff/supervisors utilizing SACWIS Reports and ROM reports to monitor timeliness/face-to-face contacts and discussing results with staff.
• Supervisors conducting case reviews (e.g., looking at activity logs, randomly sampling cases monthly, examining screened in referrals and timeliness/initiation of face-to-face contact).
• QIP strategies are adjusted based upon data results.

Five month QIP reviews have indicated that the CQI method has resulted in improved performance or have identified that some strategies may need to be adjusted.

While reviewing timeliness, TASs have also provided technical assistance to agencies about the importance of conducting quality assessments. Discussions have focused on the completion of comprehensive safety assessments that reflect a holistic assessment of the family, rather than incident-driven assessments and decisions. The purpose and concepts of the CAPMIS tools are also discussed and how the tools should be utilized and made family-specific. TASs are encouraging agencies to attend CAPMIS training or request their OCWTP, RTC offer the training at their agency. Trainings conducted at a specific agency have been tailored to meet the needs of the agency without losing the core content of the training.

**Intervention 3: Promote fidelity to the practices detailed in Ohio’s Differential Response Practice Profiles**

Refer to update under Goal 1: Objective 4, Intervention 2.
Intervention 4: Improve the quality and frequency of ongoing caseworker visits with children and families.

Benchmark 1: Please see Goal 1: Objective 4, Intervention 4. (Years 1-2)

Progress Report:
Completed in Year 2.

Intervention 5: Develop and implement a standardized process for matching children with out-of-home providers.

Benchmarks:
1) Completed in Year 1.
2) Completed in Year 1.
3) Completed in Year 2.

Benchmark 4: Provide recommendations of the pilot evaluation to ODJFS leadership and the Ohio General Assembly, as required by statutory authorization for the pilot. (Year 3)

Progress Report:
The CANS Level of Care pilot completed formal collection of data on January 31, 2017. PCSAs participating in the pilot included: Athens County Children Services, Clark County Department of Job and Family Services, Franklin County Children Services, Greene County Department of Job and Family Services, Guernsey County Children Services, Knox County Department of Job and Family Services, Madison County Department of Job and Family Services, Montgomery County Department of Job and Family Services, Morrow County Department of Job and Family Services, Stark County Department of Job and Family Services and Summit County Children Services. Private agencies included in the pilot are: Sojourners, Oesterlen, Village Network, House of New Hope, Pathways for Children, Buckeye Ranch, Bair Foundation, SAFY, House of Samuel and Beech Brook. Meetings with pilot counties and their private agency partners occurred throughout the past year. Invitations to attend meetings continued to include interested stakeholders.

Ohio University (OU) held eight focus groups with a total of 53 individuals from participating agencies in order to solicit feedback regarding both the CANS assessment and use. OU also administered a follow-up worker satisfaction survey to those completing the CANS. The Ohio Association of Child Caring Agencies (OACCA) continued to be available for consultation regarding the use of the CANS database and to assist with any training needs. Both OU and OACCA provided a monthly newsletter to participants throughout the pilot.

OU is currently working on evaluating the pilot. The goal of the evaluation is to determine to what extent the chosen Child Placement Level of Care Tool, the Child and Adolescent Strengths and Needs (CANS), improves placement stability, length of stay, appropriateness and cost of placement, and worker satisfaction. Once the evaluation is complete, OU will provide a formal presentation of the findings to all participants as well as ODJFS staff. The completion is anticipated to occur by the end of June 2017.
Update on Progress Made to Improve Outcomes

**Intervention 1:** Completed in Year 1.

**Intervention 2:** Completed in Year 2.

**Intervention 3:** Ensure that central registry and criminal background checks are completed for all licensed out-of-home care providers and residential facility staffs.

**Benchmark 1:** Successfully complete all activities detailed in Ohio’s Title IV-E Program Improvement Plan when finalized and approved. (Years 1-3)

**Progress Report:**
As part of Ohio’s Program Improvement Plan for the IV-E review which determined noncompliance with 100% review requirements for background checks, there has been significant progress in addressing this issue. ODJFS obtained approval in June 2016 from the FBI to securely receive and store Bureau of Criminal Identification & Investigations (BCII) and FBI criminal records check information for private agency staff in facilities certified by the State of Ohio and foster/adoptive parents and applicants. This process was successfully piloted during the IV-E review and was fully implemented effective January 5, 2017 with the publishing of Families, Children and Adult Procedure Letter (FCASPL) 314 (Criminal Records Check Procedures for Child Care Staff, Foster and/or Adoptive Caregivers and Applicants). FCASPL 314 is available online at:


The procedure letter identifies the process to receive and review all BCII and FBI information for public and private agency direct care staff in facilities certified by the State of Ohio Department of Job and Family Services (ODJFS) and foster and/or adoptive caregivers and applicants as required in Ohio Administrative Code (OAC) 5101:2-5-09.1 and 5101:2-48-09.

ODJFS foster care licensing specialists will be reviewing criminal records checks for all current direct care staff, foster and/or adoptive caregivers and applicants to ensure agencies have completed these using ORC 2151.86 as the reason fingerprinted. Agencies are required to develop corrective action plans to address any findings of non-compliance related to RAPBACK or background checks. Each CAP submitted specifies:

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

Licensing will continue a process of reviewing household member criminal background checks through a sample record review of newly certified/recertified foster parents and newly approved/updated adoptive parents. The recertification reviews will include monitoring how each agency followed up on RAPBACK hits.

ODJFS continued conversations with the Ohio Attorney General’s office and was able to identify a process to receive this information from their office directly. However, due to limitations within their system in identifying whether the person/subject of the criminal records check was a provider, applicant or employee and their affiliated agency, the decision was made to utilize the background check system ODJFS-OIS staff specifically tailored for this purpose.
**Goal 3:** Families will have enhanced capacity to provide for their children’s needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to assure safety.

### Measures:

1. **Percentage of all children who enter agency custody within a 12-month period who are subsequently discharged to reunification, relative placement, or guardianship within 12 months.**

2. **Re-entry: Percentage of the above population that re-enters agency custody within 12 months of their discharge.**

3. **At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate concerted efforts to assess and address service needs to prevent children’s entry into agency custody or re-entry after a reunification.**

4. **At a minimum, 95% of cases reviewed will demonstrate child and family involvement in case planning.**

### Updated Performance:

1. **Permanency in 12 months for Children entering foster care:**
   - **48.8%** (14A14B) - Observed Performance
   - **48.7%** (14A14B) - Risk Standardized Performance

2. **Re-entry to foster care within 12 months:**
   - **9.2%** (14A14B) - Observed Performance
   - **10.5%** (14A14B) – Risk Standardized Performance

3. **94% of cases reviewed demonstrated concerted efforts to assess and address service needs to prevent children’s entry into agency custody or re-entry after reunification.** *(CPOE Stage 10)*

4. **81% of cases reviewed demonstrated child and family involvement in case planning.** *(CPOE Stage 10)*

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**Goal 3: Objective 1**

Promote safety-focused engagement and transparent partnering with families to assure safety, permanency and well-being.

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**Update on Progress Made to Improve Outcomes**

**Intervention 1:** Strengthen Ohio’s implementation of Differential Response and expand use of the Alternative Response pathway statewide.

**Benchmark:** Please see Goal 1, Objective 5, Intervention 1.

**Progress Report:**

Refer to update for Goal 1, Objective 5, Intervention 1.

**Intervention 2:** Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTMs.

**Benchmark 1:** Please see Goal 1, Objective 5, Intervention 4.
Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 4, Benchmark 3.

Intervention 3: Strengthen and expand implementation of the Safe & Together model for working with families impacted by domestic violence.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 2.

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 2.

Intervention 4: Implement parent partner programming as a strategy to strengthen family engagement and improve permanency outcomes.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 5.

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 5.

Goal 3: Objective 2
Improve casework practice to assure that parents and children are involved in the development and ongoing review of case plans.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen implementation of the CAPMIS assessment and case planning model.

Benchmark 1: Please see Goal 1: Objective 4, Intervention 1.

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 1.

Intervention 2: Build skills in effective Family Search and Engagement practices.

Benchmark 1: Completed in Year 1.
Benchmark 2: Completed in Year 2.
Benchmark 3: Completed in Year 1.

Benchmark 4: OCWTP will identify and work with trainers to develop additional Family Search and Engagement trainings that help workers develop critical skills. (Years 2-5)

Progress Report:
OCWTP staff participate on ODJFS' Family Search and Engagement (FSE) Work Team. This work team is comprised of two subcommittees:
• **Assessment of FSE Training Needs & Development of FSE Toolkit**: This team is charged with developing a toolkit to support effective FSE practices and completing work on an assessment of statewide training needs related to FSE.

• **Kinship Homestudy and Establishing and Maintaining Family Connections**: This team is charged with exploring the feasibility of a statewide kinship homestudy template. In addition, the team is charged with exploration of policy and practice issues concerning ways agencies may support family connections through visits or other forms of communication when a relative is not able to be approved as a placement option through the homestudy process.

OCWTP representatives participated in the planning of the 2016 Family Finding Convening Conference. There was one conference call on October 6, 2016 during the reporting time frame. Hosted by Waiting Child Fund, the convening is designed to further the advancement of authentic family-centered engagement in Ohio by educating, creating dialogue and building partnership among key stakeholders in the field of child welfare. The Waiting Child Fund had planned to host the convening in August/September 2016, but decided to move it to March 2017. This was again postponed until August 29, 2017. OCWTP representatives participate on the 2017 Convening Planning Committee meetings.

The chart below lists FSE trainings held between July 1, 2016 and April 15, 2017 as well as those trainings scheduled between April 16, 2017 and June 30, 2017.

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<thead>
<tr>
<th>Workshop</th>
<th>Number conducted between July 1, 2016 and April 15, 2017</th>
<th>Number cancelled</th>
<th>Number scheduled between April 16, 2017 and June 30, 2017</th>
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<tr>
<td>Family Search and Engagement: The Path to Best Practice</td>
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<td>Overview of Fatherhood: Empowering Fathers to Improve</td>
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<td>Searching and Documenting Your Family Tree: A Link to the Past</td>
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<td>Working with Kin: A Critical Resource for Children in Care</td>
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<td>Visitation with Incarcerated Offenders: Keeping the Family Together</td>
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The following chart presents information on the number of learners who completed and/or enrolled in the FSE Online course between July 1, 2016 and April 15, 2017.

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<th>Number cancelled</th>
<th>Number enrolled or in progress</th>
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<td>Family Search and Engagement Overview *</td>
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* RTCs have recommended that new staff take this online course. To date, Summit County has made it a requirement for new staff.

**Intervention 3: Build skills to support increased engagement of fathers and paternal relatives.**

**Benchmarks:**
1) Completed in Year 2.
2) Completed in Year 2.

**Benchmark 3:** Seek venues for focused dialogue with agencies and workers about implementation of strategies and techniques to engage fathers and paternal relatives recommended by the workgroup. (Years 2-3)

**Progress Report & Feedback Loops:**
As reported in the last APSR, the Engaging Fathers Subcommittee, which consisted of representatives from OFC, the Ohio Commission on Fatherhood, and 10 PCSAs of varying sizes and locations, developed the *Best Practice Guide for Engaging Fathers: A Toolkit for Children Services Staff*. The availability of the Guide was announced in the November 4, 2016 issue of *First Friday*.

A presentation titled *Strategies to Improve Identifying, Locating and Engaging Fathers and Paternal Family Members in Child Welfare* was given at the PCSAO Statewide Conference on September 22, 2016. The learning objectives of the training included:

- Improve casework practice to support increased engagement of fathers and paternal relatives.
- Identify skills, values and supports needed by caseworkers and agencies to engage fathers.
- Review and develop an understanding of the Best Practice Guide to engaging fathers.
- Learn tools and strategies to increase the ability to identify, locate and engage fathers.

Since the training, just over 115 printed copies of the Guide have been requested each month.

A shortened version of the presentation was given at the Northwest Regional Meeting on May 9, 2017 and the guidebook was distributed to participants.

**Intervention 4: Improve the quality and frequency of ongoing caseworker visits with children and families.**

**Benchmark 1:** Please see Goal 1: Objective 4, Intervention 4.
**Progress Report:**
Refer to update for Goal 1, Objective 4, Intervention 4.

**Intervention 5: Promote fidelity to the practices detailed in Ohio’s Differential Response Practice Profiles.**

**Benchmark 1:** Please see Goal 1, Objective 4, Intervention 2.

**Progress Report:**
Refer to update for Goal 1, Objective 4, Intervention 2.

<table>
<thead>
<tr>
<th>Goal 3: Objective 3</th>
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</thead>
<tbody>
<tr>
<td>Enhance systemic capacity to address service array and effectiveness.</td>
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</table>

**Update on Progress Made to Improve Outcomes**

**Intervention 1: Complete statewide needs assessment to identify availability of needed services and service gaps.**

**Benchmark 1:** Completed in Year 1.

**Benchmark 2:** Complete needs assessment in accordance with approved protocol. (Years 2-3)

**Progress Report:**
As reported in the last year’s APSR, the Needs Assessment was completed on June 30, 2016. Since that time, ODJFS, OFC has continued to share results with leaders of the PCSAs, sister agencies of the Department, and community groups like the Citizens Review Panel.

**Intervention 2: Increase use of data to inform program planning and implementation.**

**Benchmark 1:** Enhance data fields in SACWIS to allow improved documentation of educational, health care, and behavioral health needs and services as described in Ohio’s AFCARS review. Once these enhancements are complete, review the Med/Ed Form to ensure that data is populating correctly on the form. (Years 1-3)

**Progress Report:**
In January 2015, enhancements were made to Ohio’s SACWIS to improve the ability to capture medication usage amongst persons in the database. Following the enhancements made to SACWIS in January 2015, it has been confirmed that the information is appearing correctly on the form.

**Benchmark 2:** Conduct cross-system data analysis to identify educational, health care, and behavioral health care needs, service utilization, and gaps in programming for families in the child welfare system. (Years 1-3)
**Progress Report:**
This benchmark was completed in Year 2.

**Benchmark 3:** Work with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to jointly develop and evaluate programming designed to treat substance abuse within the child welfare population: child, youth and adult. (Years 1-5)

**Progress Report:**
The Ohio Department of Mental Health and Addiction Services (OhioMHAS), Office of Research and Evaluation conducts ongoing analyses of emerging trends, unmet needs and quality of services rendered. This information is used to inform policy and program development. During this past year, ODJFS and OhioMHAS continued to partner on several initiatives designed to effectively treat families in the child welfare system who are challenged by substance abuse. Some of these are described below; evaluators are identified within parentheses.

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

- **The Maternal Opiate Medical Support (MOMS) program** holistically addresses the needs of pregnant women addicted to opioids and their children (Evaluator: University of Cincinnati, College of Education, Criminal Justice and Human Services).

- **Ohio Minds Matter** promotes safe and appropriate use of psychotropic medications (Evaluator: The Ohio State University).

- **The Addiction Treatment Pilot Project** provides medication-assisted treatment to offenders participating in select certified drug court programs (Evaluator: Case Western Reserve University).

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

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

- **Mental Illness-Developmental Disabilities Coordinating Center of Excellence** enhances local communities’ capacity to effectively treat individuals with co-occurring diagnoses (Evaluator: Wright State University).

- **Substance Abuse and Mental Illness Coordinating Center of Excellence** provides technical assistance for implementation of best practices that improve outcomes for people with addiction, mental illness, and co-occurring disorders (Evaluator: Case Western Reserve University).

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

For additional information regarding these initiatives go to:
Update on Progress Made to Improve Outcomes

*Intervention 1: Examine child removal and placement data to analyze statewide and county trends.*

**Benchmark 1:** Completed in Year 2.

**Benchmark 2:** Completed in Year 2.

**Benchmark 3:** Share data analysis with stakeholders and gather their feedback to support interpretation of the data. (Years 2-5)

**Progress Report:**

ODJFS conducted an analysis of child removal and placement data to identify statewide and county trends. The table below presents information on the Number of Children Placed for the First Time in 2015 and the Rate of Children Placed in Each County in 2015 for every 1,000 Children.

The left side of the table depicts the number of children who were removed by each county from their homes for the first time in 2015 by age group (<5 years; 5–9 years; 10–14 years; 15–18 years; and <18). The right side of the table shows the rate per 1,000 children in the county for each age group. The rate was calculated by dividing the county’s number of child removals per age group into the number of children in each age group living in the county (U.S. Census Bureau), and multiplying the result by 1,000.

As expected, children under age five have higher rates of placement than the other age groups. What was unexpected were the counties that have exceptionally high rates of placement, with many of them having higher placement rates than the metropolitan counties. Initial interpretation is that substance abuse is a significant contributing factor in these high rates. PCSA Directors have requested subsequent analyses to clarify this interpretation.
<table>
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<tr>
<th>Age at Placement (years)</th>
<th>Number of Children Placed for the First Time in 2015</th>
<th>Rate of Children Placed in Each County in 2015 for Every 1,000 Children</th>
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**Intervention 2:** Examine data of children who entered agency custody in a 12-month period and were discharged within 12 months to reunification, living with a relative, or guardianship and then re-entered agency custody within 12 months of their discharge to determine root causes.

**Benchmark 1:** Completed in Year 1.
**Benchmark 2:** Completed in Year 1.

**Benchmark 3:** Examine safety and risk assessment data of the families and children entering care and re-entering care to identify the constellations of concerns that are most closely associated with entry and re-entry. (Year 3)

**Benchmark 4:** Share data analysis with stakeholders and gather their feedback to support interpretation of the data. (Years 2-5)

**Progress Report:**
ODJFS conducted an analysis of data on children who entered agency custody in a 12-month period and were discharged within 12 months to reunification, living with a relative, or guardianship and then re-entered agency custody within 12 months of their discharge to determine root causes. The following figures show the rate of re-entry for those children who entered care in and reunified within one year. Entry cohort years 2014 and 2015 show a nearly identical rate of re-entry. For both years, 7% of the children re-enter within six months of exit and 12% within twelve months of exit.

The following table shows: (1) the case profiles; (2) number of children entering care for the first time in 2014; (3) percent timely reunified (< 365 days); and (4) percent who returned to care within 1 year of foster care exit. Although 12% of the timely exits from foster care return within one year, 14 of the 20 profiles exceed that proportion.

There were 11 profiles where substance abuse is prominent. Of these 11 profiles, 8 (73%) profiles have rates of re-entry greater than 12%, and 2 of the 11 profiles had the lowest rates of re-entry. Of the 9 profiles that did not show a prominent occurrence of substance abuse, 6 (67%) had re-entry rates higher than 12%.
Therefore, using the profiles, substance abuse is not a clear indicator of foster care re-entry.

Although the profiles are informative in demonstrating the complex reasons contributing to foster care placement, they do not show strong associations for the performance outcomes.

When sharing preliminary data with county and state staff, it becomes clear the profiles are informative in demonstrating the complex reasons contributing to foster care placement. However, they do not show strong associations for the performance outcomes. Analyses that are more refined need to be conducted to clearly elucidate factors contributing to performance differences. This work is currently underway.

**Intervention 3: Evaluate completion of the CAPMIS Reunification Assessment tools, including a qualitative analysis of the content and application of the tool to the decision-making process.**

**Benchmark 1:** Please see Goal 1, Objective 4, Intervention 1.

**Progress Report:**
In SACWIS build 2.18, (March 2014) functionality was added to enable users to complete the reunification assessment within the SAR tool in lieu of the safety reassessment for a child placed out of his/her home. Users have the option to link a reunification assessment that was completed within 60 days preceding the SAR. If one has not been completed within the 60 days preceding the SAR, the user can add a reunification assessment from within the SAR. The reunification link displays in the SAR when any child linked to the SAR has been placed out of the home for thirty days or more and any of the following apply:

- An out of home safety plan with a plan status code of Effective or Effective-Final exists,
- The case plan permanency goal is Reunification,
- Any current legal status exists except: COPS/TCOPS/COPS Ext. / Permanent Custody/Permanent Surrender.

If a child meets the above criteria, the reunification assessment is required in order to complete the SAR. There has been great success regarding increasing the number of reunification assessments being
completed statewide. For example, in CY 2012, prior to the SACWIS enhancements there were 4,808 reunification assessments completed statewide. Post the 2014 build release that enabled users to complete the reunification assessment within the SAR tool, the number of reunification assessments completed in both CY 2015 and CY 2016 exceeded 17,500.

A review of a random sample of completed Reunification Assessments revealed a common theme. The Reunification Assessments lacked details related to the original safety issues that resulted in the placement of the child. Information concerning the alleviation or reduction of the safety issues that would support the reunification decision was lacking. The reunification assessment tools did not contain documentation that provides a snapshot of the family’s current situation. A review of prior safety and family assessments was required to determine the safety and risk factors present in the family systems. This suggests the quality and utility of the completed reunification assessments can be improved.
Goal 4: Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

Measures:

1.) Placement Stability: Of all children who enter agency custody in a 12-month period, what is the rate of placement moves per 1,000 days in care?

2.) Percentage of children who have been in foster care for 12-23 months that achieve permanency within 12 months.

3.) Percentage of children who have been in foster care for 24 months or more that achieve permanency within 12 months.

4.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will include appropriate permanency goals for each child in care.

5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to achieve reunification, guardianship, adoption or other planned permanent living arrangement.

6.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children’s relationship with these close family members.

7.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address the needs of children, parents and foster parents.

Updated Performance:

1.) Placement Stability:
   - 3.79 moves per 1,000 days in care (16A16B) Observed Performance
   - 3.72 moves per 1,000 days in care (16A16B) Risk Standardized Performance

2.) Permanency in 12 months for children in foster care 12-23 months:
   - 48.9% (16A16B) - Observed Performance
   - 48.6% (16A16B) - Risk Standardized Performance

3.) Permanency in 12 months for children in foster care 24+ months:
   - 34.5% (16A16B) - Observed Performance
   - 31.7% (16A16B) - Risk Standardized Performance

4.) 72% of cases reviewed included appropriate permanency goals for each child in care. (CPOE Stage 10)

5.) 80% of cases reviewed demonstrated concerted efforts to achieve reunification, guardianship, or other planned permanent living arrangement. (CPOE Stage 10)

6.) 89% of cases reviewed demonstrated concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children’s relationship with these close family members. (CPOE Stage 10)

7.) 79% of cases reviewed demonstrated concerted efforts to assess and address the needs of children, parents and foster parents. (CPOE Stage 10)
Goal 4: Objective 1
Increase quality and frequency of visitation between parents and children and sibling groups while children are placed in out-of-home care.

Update on Progress Made to Improve Outcomes

*Intervention 1: Provide technical assistance to PCSAs to support implementation of best practices for visitation.*

**Benchmarks:**

1) Provide technical assistance to PCSAs regarding policy requirements for visitation, accurate documentation of visits in SACWIS, and information about successful program models or practices implemented by other PCSAs. (Years 1-5)

2) Completed in Year 2.

**Progress Report & Feedback Loops:**
During the reporting period, the Family and Caseworker Visits Workgroup broke out into two sub-workgroups. The Resource Workgroup made recommendations to the CPS Policy area to revise the SACWIS Visitation Knowledge Base articles and the Documentation Subcommittee Workgroup developed recommendations to the SACWIS team to incorporate three templates within the SACWIS Application in order to streamline and support high quality documentation. The three suggested templates were: (1) *Visitation Observation Template* (used when observing parent/child supervised visits); (2) Home Visit Template for Intake (used for face-to-face and telephone contacts during the assessment phase of the case); and (3) Home Visit Template for Caseworker Visits with Parents/Guardians/Custodians/Caregivers and Children (includes unique fields based on the visit type – e.g., children on a Safety Plan, emancipated youth, parent/caregiver). OFC is currently examining options for implementing the template recommendations in a manner that would not create an unintended consequence of inadvertently encouraging greater use of “copy and paste” by staff entering visit information.

In addition to the workgroup’s efforts to identify resources and develop new methods to support quality visits and documentation of those visits, the state has taken a proactive approach to addressing performance on caseworker visits. As noted in previous sections of this report, the SACWIS *Comprehensive Visitation Report* was adapted to generate a monthly email summary report to agency directors and children services administrators. Technical assistance has been provided to PCSAs in a variety of venues on the *Comprehensive Visitation Report* and ways counties can ensure the accuracy of their data and track performance improvement.

**Benchmark 3:** Complete child support data system interface to enhance search capabilities to locate non-custodial parents. (Years 1-3)

**Progress Report:**
The Child Support Enforcement and Tracking System (SETS) and SACWIS Interface is currently under development and is now estimated to be completed in December 2017.
**Intervention 2: Collaborate with OCWTP to provide training for foster parents and caseworkers on the importance of encouraging the parent/child relationship and the necessity of participating in the case plan goal of reunification and “mentoring” biological parents in the process.**

**Benchmark 1:** Completed in Year 2.

**Benchmark 2:** Collaborate with OCWTP to expand use of the Fundamentals of Fostering course on working with birth parents and other specialized training curricula that support quality visitation between parents and children. (Years 1-5)

**Progress Report:**
In order to address educating caregivers, caseworkers and supervisors on the importance of conducting quality visitation between parents and children, OCWTP provided the following training:

**Caregiver Training**
- *Relating to Primary Families: Challenges, Issues, and Strategies*, one of the trainings in the Fundamentals of Fostering series, was offered five times (55 participants) and is scheduled six more times before June 30, 2017.
- Twenty-three other caregiver trainings have been offered and nine are scheduled by the end of June 2017 to support quality visitation between parents and children. Titles include:
  - *Promoting Developmentally Appropriate Transitions for Young Children*
  - *Effectively Dealing with Children’s Issues in Visitation*
  - *Helping Children to Deal with Feelings Before and After Visits*
  - *Impacting Visitation for Success*
  - *Working with Birth Parents: Making it Positive for Everyone*

**Caseworker and Supervisor Training**
- *Facilitating and Assessing Parent/Child Visitation*
- *Building Attachments in Visits*
- *Enhancing Visitation*

**Goal 4: Objective 2**
Improve services and supports for kinship caregivers to promote increased placement stability and permanency.

**Update on Progress Made to Improve Outcomes**

**Intervention 1:** Seek statutory revisions as recommended by the Supreme Court of Ohio’s Subcommittee on Responding to Child Abuse, Neglect and Dependency to address barriers for kinship caregivers and promote consistency among courts with jurisdiction over kinship caregiver relationships.
**Benchmark 1:** Completed in Year 2.

**Benchmark 2:** Upon enactment of statutory changes related to kinship care, review and update Ohio Administrative Code as needed. (Years 2-5)

**Progress Report:**
Legislation has been introduced in the House of Representatives requiring the Ohio Department of Job and Family Services to establish a statewide kinship navigator program. If passed, this legislation (House Bill 126) requires ODJFS to divide the state into as few as five or as many as twelve regions where kinship navigators will operate to provide information and referral services and assistance in obtaining support for kinship caregivers.

**Intervention 2:** Completed in Year 1.

**Intervention 3:** Review current data regarding kinship and other relative placements to identify trends.

**Benchmark 1:** Completed in Year 1.  
**Benchmark 2:** Completed in Year 2.

**Benchmark 3:** Conduct a placement pattern analysis to identify trends and correlations with re-entry and length of stay rates. (Year 3)

**Progress Report:**
ODJFS conducted a placement pattern analysis to identify trends and correlations with re-entry and length of stay rates. As shown in the figure below, there are substantial differences in the length of time children spend in care by the type of initial placement. The median length of stay for children placed with relatives is 270 days, compared to 390 days for children placed in foster homes.

![Graph](https://via.placeholder.com/150)

Not only is the length of time shorter for children placed with relatives, but the likelihood of these children returning to custody is less. This is shown in the figure below. Specifically, 4 percent of the children who were placed with relatives will return to care within six months, compared to 7 percent of children placed in foster homes.
The following table shows the placement sequence of children placed with relatives. 65% of children placed with relatives remain with those relatives until their custody episode ends.

<table>
<thead>
<tr>
<th>Placement Pattern of Children Initially Placed with Relatives</th>
<th>Percent of Children</th>
<th>Cumulative Percent of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rel</td>
<td>65.73</td>
<td>65.73</td>
</tr>
<tr>
<td>Rel - FOS</td>
<td>8.09</td>
<td>73.82</td>
</tr>
<tr>
<td>Rel - Rel</td>
<td>8.04</td>
<td>81.86</td>
</tr>
<tr>
<td>Rel - FOS - Rel</td>
<td>1.86</td>
<td>83.72</td>
</tr>
<tr>
<td>Rel - FOS - FOS</td>
<td>1.46</td>
<td>85.18</td>
</tr>
<tr>
<td>Rel - FOS - ADOP</td>
<td>1.21</td>
<td>86.38</td>
</tr>
<tr>
<td>Rel - Rel - Rel</td>
<td>1.06</td>
<td>87.44</td>
</tr>
<tr>
<td>Rel - NonR</td>
<td>1.01</td>
<td>88.44</td>
</tr>
<tr>
<td>Rel - Rel - FOS</td>
<td>0.90</td>
<td>89.35</td>
</tr>
<tr>
<td>Rel - ADOP</td>
<td>0.70</td>
<td>90.05</td>
</tr>
</tbody>
</table>

Legend
Rel = Relative
FOS = Foster Home
NonRel = Non-Relative
ADOPT = Adoptive Home

**Intervention 4: Utilize Ohio’s Title IV-E Waiver to strengthen services and supports for kinship caregivers and evaluate the impact of targeted strategies.**

**Benchmark 1:** Implement and evaluate a Kinship Supports Strategy through Ohio’s Title IV-E Waiver. (Years 2-5)
Progress Report:
During the third waiver period, implementation of a Kinship Supports strategy began in all 15 demonstration counties. While the kinship strategy was clearly more comprehensive in the third waiver period compared to the second, variation in implementation of the model remains across the demonstration counties during the fourth waiver period. While all demonstration counties have a designated kinship expert and have ensured that all direct and indirect components of the model are occurring, three primary models have been employed: a two-worker model, a one-worker model, and a hybrid approach. These different models were explained in detail in the last report.

Although the three different models have continued, there is a greater emphasis on kinship care usage/support overall in demonstration counties than in comparison counties. Whereas all demonstration counties have, at a minimum, a designated kinship expert, only a quarter of comparison counties indicated they have staff dedicated to serving kin in some capacity beyond home studies. This may be the most significant difference between demonstration and comparison counties, and a likely factor in the differences found in kinship-specific case services utilization and outcomes for children and families seen between demonstration and comparison counties.

In the broadest sense, the waiver enables the demonstration counties to expand and enhance activities to support kinship placements, including location and identification of kin, assessments of home safety and kinship family needs, home visiting, and the purchase and provision of services for children and kinship caregivers.

Final results of the phase 3 Kinship Supports intervention analyses suggested children:

- placed in out-of-home care in demonstration counties were more likely to be placed with kin;
- were more likely to experience their first placement setting within the episode with kin; and
- spent proportionally more time with kin when in out-of-home placement.

When comparing outcomes for children in the Kinship Supports intervention with those of comparison children placed in foster care, many beneficial results were seen. These include the following:

- demonstration children placed with kin received fewer substantiated or indicated re-reports of abuse or neglect;
- more placement stability;
- fewer days in out-of-home care; and
- had a lower likelihood of reentry into out-of-home care.

Although there was less differentiation between demonstration and comparison county children when both were placed with kin, demonstration county children who were involved with cases that received kinship intervention services continued to show more placement stability and fewer days in out-of-home care than their comparison county counterparts.

In summation, demonstration county agencies were more likely to use kinship care, and to use it more extensively than comparison counties. Kinship care appeared to produce better outcomes than foster care in terms of safety, stability, and permanency. The ProtectOHIO kinship strategy also appeared to
benefit children; children receiving strategy services experienced fewer placement moves and fewer days in out-of-home care than children placed with kin in comparison counties.

The Kinship Strategy Workgroup met regularly during the past year on July 26, 2016, September 27, 2016, November 5, 2016, January 24, 2017, February 6, 2017 and May 12, 2017 to continue to update each other and the Consortium about demonstration county practices and how best to promote the Kinship Support Strategy. This subcommittee was instrumental in working with SACWIS staff in creating Activity Log coding for consistent data entry and documentation of kinship supports and plans; which in turn will enhance the ability of the evaluators to determine the frequency of contacts, services, and plans implemented for this strategy.

### Goal 4: Objective 3
Achieve timely, legal permanency for children.

#### Update on Progress Made to Improve Outcomes

*Intervention 1: Continue to work with the Supreme Court of Ohio to improve permanency decision timeframes, including appellate decisions.*

**Benchmark 1:** Completed in Year 2.  
**Benchmark 2:** Completed in Year 2.

**Benchmarks:**
- **3)** Study the timeliness of appellate decisions for termination of parental rights cases in all districts. (Years 2-3)
- **4)** Report findings of timeliness study to stakeholders and present information on preferred practices. (Years 2-3)

**Progress Report:**

The Supreme Court of Ohio (SCO) has put the study of the timeliness of appellate data on hold. It was anticipated that much of the needed information could be extracted electronically; however, upon closer examination, it found that the targeted data could not be extracted. SCO did not wish to place the burden to collect and supply the data upon the appellate courts at this time.

After discussion, the state decided to shift focus on to the distribution of available data to juvenile courts and public children services agencies in order to promote and support data-driven discussions. If the decision is made to further explore the appellate data, SCO will review the options to ensure that only the most necessary information is collected from the appellate courts.

Beginning June 2017 SCO and ODJFS will jointly distribute the Permanency Quarterly. The report includes a combination of SACWIS and SCO data and some suggested strategies that might impact courtroom performance is included. Every judge will receive a copy of the state aggregate dashboard and their own county-specific dashboard from the SCO; ODJFS will send the same documents to each public children services agency director. Draft samples can be found below.
Intervention 2: Expand implementation of Casey Family Programs’ Permanency Roundtable and Youth-Centered Roundtable model.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 3.

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 3.

Intervention 3: Continue implementation of the Wendy’s Wonderful Kids model for child-specific recruitment efforts.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 6.

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 6.

Intervention 4: Enhance CPOE protocol to utilize data to address identified issues and highlight best practices.

Benchmark 1: Completed in Year 1.
Benchmark 2: Completed in Year 2.
**Intervention 5: Build skills in effective Family Search and Engagement practices.**

**Benchmark 1:** Please see Goal 3, Objective 2, Intervention 2.

**Progress Report:**
Refer to update for Goal 3, Objective 2, Intervention 2.

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**Goal 4: Objective 4**

*Improve outcomes for youth exiting foster care and transitioning to adulthood.*

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**Update on Progress Made to Improve Outcomes**

**Intervention 1: Develop a process to facilitate information-sharing about effective practices and services for transitioning youth with public children services agencies, private child placing agencies, and private non-custodial agencies.**

**Benchmark 1:** Completed in Year 1.
**Benchmark 2:** Completed in Year 2.
**Benchmark 3:** Completed in Year 2.

**Intervention 2: Increase the access of youth to Independent Living services.**

**Benchmark 1:** Completed in Year 2.
**Benchmark 2:** Promote use of the Youth-developed Transition Plan, which has been piloted through the Supreme Court Ohio, and retention of youths’ personal documents through the Ohio Benefit Bank. (Years 2-3)

**Progress Report:**
Combining the best elements of the two existing Transitional Plans being utilized throughout Ohio (Ohio Benefits Bank and the Foster Club tools), ODJFS policy and SACWIS staff designed and finalized a statewide template to capture the transition plan activities outlined for youth, prior to their emancipation from foster care. In addition to the Transition Plan, an Emancipation Plan template was developed in SACWIS. Other parts of this initiative included upgrades to the Independent Living Plan, improvements to NYTD and credit check sections as well as adding five additional reports. The reports include youth friendly versions of the plans. The SACWIS functionality went live in October 2016.

**Benchmark 3:** Completed in Year 2.

**Benchmark 4:** Continue support for the Ohio Youth Advisory Board. (Years 1-5)

**Progress Report:**
The Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people (age 14-24) who have experienced foster care. OHIO YAB is a self-governing organization but ODJFS partners with the organization to ensure youth voice is included in child welfare program and rule
OHIO YAB serves as a knowledgeable statewide voice that influences policies and practices that affect all youth who have or will experience out-of-home care. OFC highly values the perspective of the Youth Advisory Board and has worked to integrate several of the board’s recommendations into policy and programming, including several strategies targeted in the CFSP.

In the past year, OFC relied on OHIO YAB members for their insight in developing the annual Fostering Pathways to Success Conference and the Independent Living Toolkit. OHIO YAB members are also on the Bridges Advisory Council, as OFC develops Ohio’s Fostering Connections Program.

OHIO YAB’s focus for 2016, through their Strategic Plan, included: outreach and policy, transitional housing, education, employment, independent living preparation, and increasing the youth voice in court. OHIO YAB’s focus for 2017, through their Strategic Plan, includes:

- Recruiting and retaining Foster Parents and Host Homes for teens;
- Informing and Empowering youth on available resources and how to access them;
- Developing a foster parent/host home recruitment video with youth voice;
- Developing an OHIO YAB application.

ODJFS staff attend and participate in OHIO YAB quarterly meetings to stay in tune with the continuing needs of Ohio’s current foster youth population as they transition into adulthood. When asked, ODJFS also provides information on topics received from the youth.

During the last year, ODJFS provided funding to OHIO YAB to support their work cultivating youth skills and promoting opportunities for current and former foster youth to acquire future leadership roles. In SFY2018, ODJFS will continue to provide funding to OHIO YAB to support this organization’s development of future leaders who have experienced foster care and will continue to partner with OHIO YAB to ensure youth voice is present when developing child welfare programming.

**Intervention 3: Increase staff and caregiver awareness of Independent Living and Transitional Youth service and program needs.**

**Benchmark 1:** Completed in Year 2.

**Benchmark 2:** Completed in Year 2.

**Benchmark 3:** Collaborate with OCWTP to expand use of specialized trainings (e.g., Positive Youth Development, Maintaining Permanent Connections, and Transition Planning) for workers and caregivers on working with Independent Living Youth and Transitional Youth. (Years 1-5)

**Progress Report:**
OCWTP has created a series of Independent Living trainings that are co-facilitated by an Institute for Human Services (IHS) trainer and a former foster youth. The unique format in which these trainings are presented allows participants to get a real look at Independent Living topics from a former foster youth perspective. Transitional Youth Coordinators promote these trainings to all public and private agency
staff working with emancipating youth or those youth still in foster care, as well as foster parents and adult supporters. Workshop titles and descriptions of this training series includes:

**Positive Youth Development: The Vital Link**
Youth are a tremendous and often overlooked resource. Agencies can improve their independent/transitional living programs by utilizing the skills youth possess. Not only will youth enhance agency programs, youth themselves will develop confidence and self-esteem through the contribution of their experiences. Participants will learn creative ways of empowering youth by allowing them to take on leadership roles, aid in decision-making, and assist in program implementation. Barriers and benefits will be discussed, as well as attitudes regarding youth as resources. Participants will explore levels of youth involvement in independent/transitional living programs, which will include advisory boards, mentor programs, peer helping, and community involvement.

**Lifelong Connections: Permanency for Older Youth**
When planning for permanency with adolescents, we have to think and use approaches differently from when planning for younger children. Permanency for older youth is not centered around the living arrangement; it is not simply providing independent living services; and it is not just offering adoption. Instead, it provides youth with the opportunity to forge lifelong permanent connections to people they identify as important. This training allows participants to experience the impact of permanent connections and grasp why they are important. Finally, participants will come to understand how adolescent development relates to permanency.

**Engaging Youth in Transition Planning**
This training provides a definition of transition planning, examines the benefits of youth engagement, and outlines the transition planning process. In addition, participants will learn about the Foster Club's Transition Planning Toolkit - a document that helps transitioning adolescents develop their plans for the future. It is strongly recommended that participants attend 202-35-NOS (CW and FC 12 hr.) Positive Youth Development: The Vital Link prior to attending this workshop.

**Training of Caregivers and Case Managers**

The OCWTP offers four standardized trainings for caregivers of transitioning youth. The NRCYD Independent Living series is a set of three trainings (total 24 hours) and the other training, Fostering Self-Reliance in Children and Youth: Roots and Wings, is part of the Fundamentals of Fostering series.

In addition, the OCWTP maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on independent living. The table below provides statewide data on both standardized and non-standardized course offerings between July 1, 2016 and June 30, 2017 on independent living for staff, caregivers, and adoptive parents, including some joint sessions. By the end of FY 2017, 93 sessions will have been offered.
**OCWTP Standardized Courses**

<table>
<thead>
<tr>
<th>Independent Living Series/ Fundamentals of Fostering</th>
<th>Sessions Offered</th>
<th>Attendance</th>
<th>Sessions Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Youth Development: The Vital Link</td>
<td>5</td>
<td>39</td>
<td>2</td>
</tr>
<tr>
<td>Life Long Connections: Permanency for Older Youth</td>
<td>7</td>
<td>74</td>
<td>2</td>
</tr>
<tr>
<td>Engaging Youth in Transition Planning</td>
<td>5</td>
<td>67</td>
<td>4</td>
</tr>
<tr>
<td>Fostering Self-Reliance in Children and Youth: Roots and Wings</td>
<td>8</td>
<td>88</td>
<td>6</td>
</tr>
</tbody>
</table>

**OCWTP Non-Standardized Courses**

<table>
<thead>
<tr>
<th>Independent Living</th>
<th>Sessions Offered</th>
<th>Sessions Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Living sessions for caseworkers</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Independent Living for foster care and adoptive parents</td>
<td>28</td>
<td>9</td>
</tr>
<tr>
<td>Working with and Engaging Emancipating Youth</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nine Essential Connections to Independent Living</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note:** Report does not include Foster Parent College courses offered to Caregivers through the OCWTP.

The summary of available workshops for 2017-2018 are listed below:

**Opening the Door to Independent Living—Overview**
This workshop will introduce foster parents to the many challenges that adolescents face when leaving foster care and moving toward independent living. Be prepared for an interactive, hands-on workshop that will enlighten and encourage foster parents in helping your adolescent have a more successful transition to independent living.

**Nine Essential Connections to Independent Living**
Casework staff will learn how to coach children and youth on soft and hard skills needed for successful independent living. Skills that will be discussed are: knowledge, skills and information; maintaining relationships with significant people in their lives; connections to groups (family, community, work); meaningful roles; source of joy (what makes them happy); system of values; history (where they came from); sense of place (certain places that are important to us); and means of support.

**Adolescents in Foster Care and Emotional Resiliency**
Regardless of where young people are placed in the child welfare system, they need to develop boundaries, emotional health, and the skills to build lifelong relationships. These are specific tools that can help young people overcome the trauma of their pasts and navigate adult relationships. This workshop incorporates insights of foster care alumni throughout the nation to equip professionals to facilitate the emotional development of youth in care. National research on foster care alumni and Post-Traumatic Stress Disorder (PTSD) will be shared. Participants will leave with concrete tools to support adolescents in foster care with the development of personal boundaries and the skills to build trusting, restorative relationships.
Real Life 101: Preparing Adolescents for Independent Living
This workshop explores the risk factors, resources, and national best practices related to young people who are "aging out" of care. Hands-on activities include the creation of a personal mission statement and a life management plan, as well as The Bridge to the Future and The Ladder to Success. The workshop concludes with a board game, Real Life 101 that illustrates various paths that young people can take to map out a successful adulthood.

Fostering Self-Reliance in Children & Youth Roots & Wings
Parents must equip their children for independence as they grow into adulthood. The process of enhancing a child’s ability to be self-reliant begins around 18 months of age and continues into young adulthood. Parents begin this process with the simplest learning opportunities in daily living skills; they increase the complexity of the activities and skills as the child succeeds and matures. Building self-reliant adults is an intentional process. This workshop gives parents and caregivers specific tools to foster self-reliance in children of all ages and developmental levels.

Challenges Faced by Aging-Out Youth
This workshop explores barriers and resources related to emancipating foster youth during their journey into young adulthood, including:

- Federal requirements regarding essential elements to be covered in the development of a 90-day transition plan, as outlined in the Fostering Connections to Success and Increasing Adoptions Act of 2008.
- Federal, state, regional, and local resources to support the success of foster care teens and young adults related to health, higher education, employment, and legal needs, including Chafee funds, WIA funds, and existing state/local initiatives.
- Foster Club’s Permanency Pact as a tool to help young people identify supportive connections.

Transitioning Your Foster Child into Adulthood: What do I do Now?
Life skills training is crucial for all youth. Frequent contact and potential closeness between youth and foster parents make this environment a natural place for life skills training to occur. Participants will learn the Q-TIP (Quit Taking It Personally) method and how to build relationships with their children while teaching them to be resilient and independent.

Independent Living Issues for Caregivers
The experience of entering foster care can be the most traumatic event of a child’s life – even more traumatic than the abuse that led to removal. The transition from removal to reconnection (permanency) is a fragile process, especially when the permanence plan is independent living. If foster care was historically seen as “rescuing” a child from harm or injury that is not the whole picture in today’s foster care system. There is a growing expectation that foster parents will be able to prepare an adolescent for independent living, and that foster parents will actively support the adolescent in his/her efforts to live on his/her own. The goal of this workshop is to provide information about why the involvement of foster caregivers with adolescents is critical. This training will enhance the skills the foster caregiver already possesses in engaging adolescents, defusing issues, and developing strategies of support.
Working with and Engaging Emancipating Youth
This class will review effective case planning for emancipating adolescents. The essentials of various data collection strategies, including assessment measures and motivational interviewing, will be reviewed. Tools for assessing an adolescent's readiness for independent living, and assistance aides and strategies will be shared.

Navigating the Path to Independent Living Process
In this workshop, foster parents will learn about the tools and resources available to actually assist adolescents in reaching their goals of emancipation. The following will be introduced: Ansell Casey Life Skills Assessment, a scored report of the Assessment, guides for developing plans, the Independent Living Roadmap, and the Emancipation Preparation Goal Contract. Tips on motivating teens will be examined.

Benchmark 4: Completed in Year 2.
Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

Measures:
1.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate diligent efforts to meet children’s educational needs.

2.) At a minimum, 95% of cases reviewed will demonstrate diligent efforts to address children’s health needs.

3.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to address children’s behavioral health needs.

4.) At a minimum, 95% of cases reviewed will demonstrate adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody.

Updated Performance:
1.) 92% of cases reviewed demonstrated diligent efforts to meet children’s educational needs. (CPOE Stage 10)

2.) 85% of cases reviewed demonstrated diligent efforts to address children’s health needs. (CPOE Stage 10)

3.) 92% of cases reviewed demonstrated concerted efforts to address children’s behavioral health needs. (CPOE Stage 10)

4.) 100% of the foster care cases reviewed demonstrated adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody. (CPOE Stage 10)

Goal 5: Objective 1
Work collaboratively with partner agencies to address non-academic barriers to student success.

Update on Progress Made to Improve Outcomes

Intervention 1: Assess state and local capacity to address non-academic barriers to student success.

Benchmark 1: Completed in Year 1.

Benchmark 2: Identify gaps in needed services targeted to student and family members and develop strategies to address them. (Year 2-3)

Progress Report:
This benchmark was met in Year One when Ohio’ Safe Schools Healthy Students State Management Team (SMT) completed the needs assessment as required for implementation of the federal grant. Team members included:
- **Education**: The Ohio Department of Education (ODE), a local high school guidance counselor, local education authorities, and school personnel;
- **Mental Health and Substance Abuse**: The Ohio Department of Mental Health and Addiction Services (OhioMHAS), a local mental health provider, the Ohio Suicide Prevention Foundation, substance abuse prevention coalitions, and community-based provider agencies;
- **Juvenile Justice**: the Ohio Department of Youth Services (DYS) and the Juvenile Court Administrators Association;
- **Child Welfare**: Ohio Children’s Trust Fund, ODJFS, Office of Families and Children;
- **Early Childhood**: Early Childhood Mental Health specialists and Ohio Family and Children First staff;
- **Family and Youth Representatives**: Parent representatives and member of the ENGAGE Youth Advisory Council;
- **Other representatives**: The Ohio National Guard and a National SSHS evaluator.

To ensure alignment with related collaborative initiatives, the State Management Team (SMT) incorporated recommendations of existing plans into the foundation of the SSHS statewide needs assessment and environmental scan. The SMT then developed a specific assessment that identified unmet needs, gaps in services, and resources upon which to build capacity. To view this document, go to: [http://jfs.ohio.gov/PFOF/PDF/SafeSchoolsHealthyStudentsNAES.stm](http://jfs.ohio.gov/PFOF/PDF/SafeSchoolsHealthyStudentsNAES.stm)

**Intervention 2: Promote consistent use of comprehensive Early Childhood Assessments and application of social-emotional development standards developed by Ohio’s Early Learning Challenge grant.**

**Benchmark 1:** Increase the number of early childhood learning centers that implement the additional program standards associated with Ohio’s Tiered Quality Rating and Improvement System. (Years 1-5)

**Progress Report:**
Step Up To Quality (SUTQ) is a voluntary five–star quality rating system administered by ODJFS and the Ohio Department of Education (ODE). SUTQ recognizes child care programs which meet quality benchmarks that exceed minimum health and safety licensing standards. The steps are based on research-based programming that has demonstrated improved outcomes for children, and include:

- Early Learning Development Standards;
- A Comprehensive Assessment System;
- Early Childhood Education qualifications;
- Family engagement strategies;
- Health promotion practices; and
- Program quality assessments.

To view the program standards, go to: [http://jfs.ohio.gov/cdc/docs/ProgramStandards.stm](http://jfs.ohio.gov/cdc/docs/ProgramStandards.stm)

Programs eligible to participate in SUTQ include:

- State-funded preschool programs;
• Early Head Start and Head Start programs;
• Early Learning and Development programs funded under section 619 of part B IDEA and Part C IDEA;
• Early Learning and Development Programs funded under Title I of ESEA;
• Early Learning and Development Programs receiving funds from the State’s Child Care Development Fund program:
  o Center-based
  o Family-based

**Progress Measures:**
Since Ohio received its federal Early Learning Challenge Grant five years ago, the state has seen a 65% increase in programs meeting SUTQ eligibility standards. This increase translates to more than 5,600 SUTQ-rated programs statewide. Moreover:

• Ohio increased the number of programs achieving 3-, 4-, or 5-star ratings from 19% at baseline to 48% as of Dec. 31, 2016;
• Nearly 75% of state-funded preschool programs have achieved SUTQ star ratings (less than 1% had star ratings at the beginning of the grant);
• 50% of special education preschool programs are now SUTQ rated; and
• Ohio has grown from 9.8% of its publicly funded child care programs being SUTQ rated to more than 20%.

By July 1, 2020, all programs that receive subsidies from the ODE will be monitored through SUTQ and will be required to achieve a rating of 3, 4, or 5 stars to maintain financial support.

**Benchmark 2:** Implement statewide use of a formative assessment for children ages 36-72 months.
(Year 3)

**Progress Report:**
Ohio has created two formative assessments for early learning and kindergarten readiness. These tools have been designed to better prepare young children for school by teaching early care and education providers the skills needed to tailor instruction to individual students’ needs and strengths.

Partnering with the Maryland State Department of Education, Ohio designed an Early Learning Assessment (ELA), which is a formative assessment for children ages 36-72 months. To date, Ohio has trained more than 10,000 early care and education teachers in the use of the ELA and delivered a shorter refresher training to more than 2,800 professionals. Additionally, Ohio and Maryland created a Kindergarten Readiness Assessment (KRA) and trained more than 12,500 kindergarten teachers to use the assessment. Data, aggregated by district and summarized for the state, have been made available to the public since 2015.

Ohio’s Kindergarten Readiness Assessment includes the areas of mathematics, science, social studies, language and literacy, physical well-being and motor development, and social foundations (which includes social emotional development, approaches toward learning and executive functioning).
To view all of the resources created for parents, administrators and teachers, go to:


To view validity and reliability reports on the Kindergarten Readiness Assessment, go to:

http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Ohios-Kindergarten-Readiness-Assessment/Kindergarten-Readiness-Assessment-for-Data-Manager.

**Intervention 3:** Increase awareness of non-academic barriers to student success and establish mechanisms to address them.

**Benchmark 1:** Completed in Year 1.

**Benchmark 2:** Provide information to PCSAs re: potential establishment of regionally-based educational surrogates across counties. (Years 1, 3 & 5)

**Progress Report:**
On May 5, 2017, OFC distributed information about the Ohio Department of Education’s guidebook *A Guide to Parents Rights in Special Education* and disabilities and information about how to establish parent surrogates for children in foster care. To view the guide, go to:


**Benchmark 3:** Provide PCSAs with information regarding availability of IEP services for eligible children through Ohio’s Medicaid School Program. (Years 1, 3 & 5)

**Progress Report:**
An article regarding Ohio's Medicaid School Program was featured in the May 5, 2017 edition of OFC’s *First Friday*. Areas addressed included the following:

- financial mechanisms of Ohio’s Medicaid School Program which can provide federal reimbursement to educational entities for covered services; and
- specialized transportation provided to eligible children ages 3-21 years old.

Currently, there are over 600 Medicaid School Programs operating throughout the state. For more information about Ohio’s Medicaid School Program, go to:

http://education.ohio.gov/Topics/Finance-and-Funding/Programs/The-Ohio-Medicaid-Schools-Program.
**Benchmark 4:** Provide PCSA staff and parent advocates with information re: Ohio’s Positive Behavior Interventions and Supports program. (Years 1, 3 &5)

**Progress Report:**
Ohio’s Positive Behavioral Interventions and Supports (PBIS) program is a multi-tiered system that includes active supervision, structured reinforcement of positive behavior, use of logical consequences, and implementation of clear office referral procedures. Information regarding Ohio's Positive Behavior Interventions and Support program, as well as local resources, were featured in the May 5, 2017 edition of OFC’s *First Friday.* For more information about PBIS, go to: [http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources](http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources).

To identify and contact local members of community support teams, go to: [http://education.ohio.gov/Topics/School-Improvement/State-Support-Teams](http://education.ohio.gov/Topics/School-Improvement/State-Support-Teams).

**Benchmark 5:** Completed in Year 2.

**Benchmark 6:** Promote establishment of positive school climates and expanded models of school-based behavioral health services through implementation of OhioMHAS’ Safe Schools/Healthy Students grant. (Years 2, 3, & 4)

**Progress Report:**
To streamline cross-system needs assessment requirements and facilitate broad dissemination of best practices, Ohio chose to coordinate the activities of two federal grants designed to address non-academic barriers to student achievement. The Safe Schools Healthy Students and Project AWARE (Advancing Wellness and Resilience in Education) grants were aligned under the umbrella of Healthy Schools and Communities Resource Teams (HSCRT).

The goal of the Safe Schools Healthy Student initiative is to: (1) mitigate behavioral health problems for students in preschool through 12th grade through enhanced social/emotional development of youth; and (2) increase partnership among students, families, schools, and community resources. The five focus areas of this work are to:

- Promote healthy interpersonal relationships and improve academic achievement through the development of children’s social and emotional skills;
- Enhance students’ ability to master developmentally appropriate tasks and cope with adversity;
- Improve joint planning and implementation of student programs through increased family, school and community partner engagement;
- Prevent or reduce substance use through implementation of environmental strategies; and
- Identify and address issues and conditions that contribute to unsafe conditions and violence in schools.

Safe Schools Healthy Students is being piloted in the following three sites:

- Greene County Educational Service Center;
- Williams County Educational Service Center; and
• Harrison Hills City Schools.

The underlying tenet of Project AWARE Ohio is that early diagnosis and linkage to appropriate services can make a positive difference in the lives of students with mental disorders. Project AWARE Ohio is a partnership among the Ohio Department of Education, the Center for School Based-Mental Health Programs at Miami University, and the educational service centers within three pilot communities: Cuyahoga County, Warren County and Wood County. Funded through the U.S. Department of Health and Human Services, Project AWARE Ohio supports schools and communities in:

• Raising awareness of mental/behavioral health issues among school-aged youth;
• Providing training to detect and respond to mental health challenges and crisis in children and young adults; and
• Increasing access to mental/behavioral health supports for children, youth and families.

There are 2 components to this project:

1. **Coordinating Community Services to Address Mental/Behavioral Health Needs of School-age Youth.**

   Through a strategic process, communities:

   o Use data to identify the local mental health needs of youth and families;
   o Develop focused plans to address these needs;
   o Establish procedures to improve coordination and integration of behavioral health services for youth. These plans focus on activities, services and strategies to decrease risk factors, increase healthy youth development, and promote mental/behavioral wellness.

2. **Increasing Skills to Identify and Respond to Signs of Mental Health Problems in School Age Youth.**

   Statewide resources have been provided to school staff and community partners to raise awareness of the mental health needs of youth and how to intervene. Additionally, Youth Mental Health First Aid training has been made available statewide. Youth Mental Health First Aid training is an eight-hour training that teaches adults how to support a young person experiencing a mental health crisis until the student receives appropriate treatment and support. This 8-hour course reviews typical adolescent development, introduces common mental health challenges for youth and teaches a five-step action plan to help young people in both crisis and non-crisis situations.

For additional information about Safe Schools Healthy Students, go to:


For additional information about Project AWARE Ohio, go to:
**Intervention 4: Promote use of parent advocates to increase family participation in educational planning for their children.**

**Benchmark 1:** Continue support of Ohio’s Parent Advocacy Connection program and collect data regarding education-related service utilization. (Years 1-3)

**Progress Report & Progress Measures:**
Five hundred sixty one cases (561) were open and received PAC services from July 1, 2016 through December 31, 2016. Of those, nearly 40% (222) were education-related.

For additional information regarding the PAC program, please see Goal 5, Intervention 8, and Appendix B, Ohio’s Health Care Oversight and Coordination Plan.

**Benchmark 2:** Partner with Ohio’s Primary Parent Workgroup to promote use of educational advocates for families in need. (Years 2-5)

**Progress Report:**
A PAC representative sits on the Primary Parent Workgroup and provides updates and information to the group regarding PAC resources.

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**Goal 5: Objective 2**
Increase workforce capacity to address the educational needs of foster children.

**Update on Progress Made to Improve Outcomes**

**Intervention 1: Increase child welfare and school personnel’s awareness of educational issues impacting students involved in the child welfare system.**

**Benchmark 1:** Scheduled for Year 4.
**Benchmark 2:** Scheduled for Year 4.

**Intervention 2: Leverage programming targeted to older students transitioning from care.**

**Benchmark 1:** Promote use of Wrap-Around service coordination for youth and young adults in transition. (Years 1-3)

**Progress Report:**
To comprehensively address youth and young adults in transition, Ohio has chosen to implement the High Fidelity Wrap Around service coordination model coupled with the evidence-based Transition to Independence Process model statewide. Part of the implementation process is training counties on practice strategies to ensure fidelity to the models. Cohort site selections were based on a
comprehensive community readiness assessment process that was completed in 2013. The first map below illustrates active implementation as of October 24, 2016. The second map demonstrates sites that also received intensive coaching in an effort to enhance local service capacity.

For additional information about ENGAGE, refer to Appendix B, Ohio’s Health Care Oversight and Coordination Plan.
**Benchmark 2:** Provide information to PCSAs regarding potential partnerships with Opportunities for Ohioans with Disabilities, the Ohio Department of Education (Office of Exceptional Students, the Career Information System), WIA (The Ohio Apprenticeships Program), the Board of Regents (Ohio Reach) and other programming for youth aging out of care (ETVs, Chafee). (Years 1-5)

**Progress Report:**
OFC Transitional Youth Program staff collaborates with Ohio Reach and Workforce Development’s WIA (Ohio Apprenticeships Program) to offer an annual conference for foster youth ages 14 and older and their PCSA caseworkers and adult supporters (foster parents, mentors, etc.). The conference was held on July 28, 2016 and included vendors who provided youth with information on resume writing and post-secondary educational and vocational options to explore with hands-on demonstrations. Additionally, information was provided on the Comprehensive Case Management and Employment Program, housing options, Medicaid coverage, and job search opportunities through enrollment in OhioMeansJobs.com. Youth and PCSAs also received information about ETV, and how to use Chafee funding to support transitioning youth.

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**Goal 5: Objective 3**
Increase awareness of best health practices to facilitate informed decision-making.

**Update on Progress Made to Improve Outcomes**

**Intervention 1:** Increase awareness of child welfare staff regarding recommended timelines for health screenings and assessments.

**Benchmark 1:** Completed in Year 1.

**Benchmark 2:** Work with the Ohio chapter of the American Academy of Pediatrics to develop checklists and practice tools for PCSAs, caregivers and providers. (Year 3)

**Progress Report:**
The Ohio Chapter of the American Academy of Pediatrics (AAP) launched the Good4Growth website which features information about topics necessary to facilitate healthy child development. To view the website, go to: [http://www.good4growth.com/](http://www.good4growth.com/)

During this past year, the Ohio Children’s Trust Fund partnered with the AAP to promote use of the website as well as other programs and parent support activities to prevent child abuse and neglect.

**Intervention 2: Increase health care professionals’ knowledge of patient engagement techniques.**

**Benchmark 1:** Completed in Year 2.

**Intervention 3: Promote youth self-advocacy in regard to participation in health care decisions.**

**Benchmark 1:** Completed in Year 2.
**Benchmark 2:** Provide information to youth regarding self-advocacy via implementation of Ohio Minds Matter. (Years 1-3)

**Progress Report:**
To better address the health care needs of children in care, current and former foster youth co-authored a shared decision-making toolkit with contractors from the Health Services Advisory Group, a multi-state Quality Innovation Network. This toolkit was tested by select PCSAs as part of the Ohio Minds Matter demonstration project. The toolkit continues to be used throughout the state to promote the importance of personal responsibility for health outcomes, and to train youth on how to speak with providers about their health care needs and treatment options.

During this past year, the toolkit received national attention by the Patient-Centered Outcomes Research Institute (PCORI). Through PCORI, Rutgers University has received federal funding to conduct a comparative study on the effectiveness of state psychotropic oversight systems for children in foster care. The four states selected for this project are: Ohio, Texas, Washington, and Wisconsin. At the time of this writing, ODJFS and ODM are working with the Rutgers research team to schedule on-site focus groups and key informant interviews to better determine the impact of Ohio’s policies and procedures. Former foster youth, caseworkers, and caregivers are currently being recruited for participation in these events to ensure inclusion of individual perspectives.

To view the toolkit, go to:


For additional information about Ohio Minds Matter go to: http://ohiomindsmatter.org

Also, refer to Appendix B, Ohio's Health Care Oversight and Coordination Plan.

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**Goal 5: Objective 4**
Increase access to health care services.

**Update on Progress Made to Improve Outcomes**

**Intervention 1:** Monitor health care service utilization by children in custody of a PCSA.

**Benchmark 1:** Conduct cross system data analyses annually to determine level of health care service utilization and emerging needs. (Years 1-5)  Years 1-2

**Progress Report:**
This benchmark was achieved during Year 2 and will be repeated as Ohio prepares its next Child and Family Services Plan.
**Intervention 2: Promote Medicaid enrollment for eligible individuals.**

**Benchmarks:**
1) Work with the Ohio Department of Medicaid to develop marketing strategies to increase initial enrollment and re-determined eligibility for coverage. (Years 1-5)
2) Work with PCSAs to facilitate youth enrollment in a Medicaid Managed Care plan prior to emancipation from care. (Years 1-5)

**Progress Report:**
Youth who have emancipated from foster care are categorically eligible for Medicaid Managed Care coverage until age 26. During this reporting period, the Ohio Department of Medicaid (ODM), Bureau of Technical Assistance and Compliance continued to work with ODJFS, OFC to increase Medicaid enrollment of former foster care youth.

On January 1, 2017, Ohio’s foster care and adoption (from foster care) populations began the systemic migration from a fee-for-service to a Managed Care service delivery model. To better meet the unique needs of child welfare, ODM financially supported the establishment of a Medicaid section within the ODJFS, Office of Families and Children. This has enabled the departments to work more efficiently to address systemic issues (e.g., MITS-SACWIS interface) and coverage issues impacting individual children.

Additional information about this transition is included in Appendix B, *Ohio’s Health Care Oversight and Coordination Plan.*

**Intervention 3: Work with the Ohio Department of Health (ODH) and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure health concerns are addressed timely.**

**Benchmark 1:** Completed in Year 2.

**Benchmark 2:** Promote use of Wrap-Around service coordination for youth and young adults in transition via implementation of the ENGAGE project. (Years 1-3)

**Progress Report:**
The Substance Abuse and Mental Health Services Administration awarded Ohio a System of Care Implementation Grant on July 1, 2013. To facilitate long-term sustainability, the original proposal was amended to refine the target population and project focus. Engaging the New Generation to Achieve their Goals through Empowerment (ENGAGE) is designed to address the complex needs of multi-system youth and young adults in transition, ages 14-21, with serious emotional disturbance/mental illness, including those with co-occurring disorders. ENGAGE uses an evidence-based high fidelity Wrap Around service coordination approach along with components from the Transition to Independence Process (TIP) model.

Through a competitive process, the Center for Innovative Practice (CIP) at Case Western Reserve University was selected to develop the curriculum, training schedules and technical assistance processes. To date, the following counties have completed facilitator training:
- **Cohort 1**: Allen, Auglaize, Butler, Champaign, Coshocton, Erie, Franklin, Guernsey, Hancock, Holmes, Logan, Lorain, Lucas, Mahoning, Putnam, Richland, Sandusky, Seneca, Summit, Trumbull, and Wayne.

- **Cohort 2**: Ashland, Ashtabula, Athens, Carroll, Fairfield, Gallia, Geauga, Greene, Jackson, Licking, Madison, Meigs, Morrow, Noble, Preble, Union, and Washington.

- **Cohort 3**: Columbiana, Clark, Clinton, Crawford, Harrison, Henry, Hocking, Jefferson, Lawrence, Marion, Morgan, Muskingum, Paulding, Pickaway, Portage, Ross, Scioto, Tuscarawas, Warren, and Wyandot.

For additional information about ENGAGE, refer to Appendix B, *Ohio’s Health Care Oversight and Coordination Plan*.

**Intervention 4**: Encourage providers to work in under-served areas of the state via implementation of loan repayment and scholarship programs administered by the Ohio Departments of Health (ODH), and Mental Health and Addiction Services (OhioMHAS).

**Benchmark 2**: Collaborate with ODH to promote use of Advance Practice Nurses and Physician Assistants. (Years 3-5)

**Progress Report:**
Recent legislative actions have broadened the scope of Physician Assistant (PA) practice, added licensure status to PAs, and expanded the number of PAs a physician is allowed to supervise concurrently. Taken together, these changes permit greater flexibility in PAs’ roles in treatment, and increase availability of health care in underserved areas of Ohio. In addition, the Nurse Corps programs provides loan repayment and scholarship programs for nurses, including advance practices nurses.

**Benchmark 3**: Partner with ODH and OhioMHAS to promote the use of loan repayment programs which encourage providers to work in under-served areas of the state. (Years 1-5)

**Progress Report:**
The Ohio Department of Health (ODH) oversees both state and federal loan repayment programs as a means of recruiting health care professionals to work in under-served areas and/or with under-served populations. In calendar year 2016, 205 Ohio medical professionals, including primary care, dental and mental health providers, participated in the National Health Service Corps Loan Repayment and Scholarship Programs, which is an increase from last year’s number of 179. In addition, 34 doctors participated in the Ohio Physician Loan Repayment Program, and 7 dentists participated in the Ohio Dentist Loan Repayment Program. At the time of this writing, ODH is in the process of launching a new state program to incentivize dental hygienists to practice in under-served regions.

Additionally, state statute requires ODH to administer the J-1 Visa Waiver Program to recruit non-citizen physicians who received graduate medical education or training in the United States to serve in health professional shortage areas of this country. Under this program, ODH accepts and reviews applications for placement of physicians seeking to remain in the United States pursuant to the "Immigration and Nationality Act." Last year, 30 physicians participated in Ohio’s J-1 Visa Waiver Program.
During this past year, **17 psychiatrists** participated in OhioMHAS’ loan repayment program for those who choose to work in regional state hospitals.

To learn more about Ohio’s Regional Psychiatric Hospitals, go to:


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**Goal 5: Objective 5**

Increase workforce capacity to effectively address the issue of trauma within the child welfare population.

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**Update on Progress Made to Improve Outcomes**

**Intervention 1:** Work with OhioMHAS, the Ohio Association of County Behavioral Health Authorities (OACBHA), the Ohio Council of Behavioral Health and Family Services Providers, and higher education to improve identification and dissemination of effective trauma-informed practices.

**Benchmark 1:** Completed in Year 1.

**Benchmark 2:** Establish regional technical assistance pilot areas to facilitate development of collaborative trauma response/interventions. (Years 1-3)

**Progress Report & Feedback Loops:**
As noted in last year’s APSR, Ohio established six regional learning collaboratives in 2015. The map below illustrates how the regions are configured.
These sites serve to:

- Identify regional strengths, champions and areas of excellence to facilitate Trauma Informed Care (TIC) implementation;
- Identify regional gaps, weaknesses and barriers for TIC implementation;
- Develop a repository of expertise and shared resources within the region to facilitate local and statewide TIC implementation;
- Train individuals to disseminate TIC principles and best practices; and
- Develop specific implementation strategies to effectively address the needs of specialty populations (e.g., the developmentally disabled, children, older adults, and those challenged by addiction).

**Progress Measures:**
As of March 2017, 170 individuals completed the train-the-trainer curriculum designed to increase knowledge of trauma, the principles of trauma-informed care, and methods to promote healing and recovery. In addition, over 10,000 professionals from various disciplines (e.g., behavioral health, developmental disabilities, child welfare) have been trained in trauma-informed approaches to treatment and intervention throughout the state.

This past year, OhioMHAS and DODD also partnered with the Ohio Attorney General’s Office to increase awareness of trauma-informed responses by law enforcement personnel. Through this separate initiative, a six-hour curriculum entitled *Trauma-Informed Policing* was developed in partnership with the Ohio Peace Officer Training Academy. All sworn and commissioned law enforcement officers (approximately 34,000) were then required to complete this training in order to meet reimbursement requirements for their agencies. This training was specifically designed to provide an introduction to trauma and trauma-informed approaches in policing, increase understanding of the prevalence of trauma histories among the people served, improve recognition of how trauma can impact law enforcement personnel, and facilitate appropriate referrals for traumatized individuals to community services and supports.

For more information about Ohio’s trauma informed care work, go to:

[http://mha.ohio.gov/traumacare](http://mha.ohio.gov/traumacare)

Or refer to Appendix B, *Ohio’s Health Care Oversight and Coordination Plan*.

**Intervention 2:** Work with OCWTP and the National Child Traumatic Stress Network to provide training to PCSA staff on implementation of trauma-informed client engagement strategies and related case plan services.

**Benchmark 1:** Continue to expand offerings of the Trauma Tool Kit. (Years 1-5)

**Progress Report:**
The Institute for Human Services (IHS) is the coordinator of the Ohio Child Welfare Training Program (OCWTP). In partnership with OhioMHAS, IHS modified the National Child Traumatic Stress Network
(NCTSN) Child Welfare Training Toolkit to meet established timelines of the state’s program. The NCTSN Child Welfare Trauma Training Toolkit has been offered since 2010. Additionally, the following activities have occurred during this reporting period:

Caring for Children who have Experienced Trauma
- This series, a companion series for caregivers and adoptive parents, has been regularly offered since 2010.
- Modules I & II were offered three times this year and are scheduled three more times.
- Module III was offered two times and is scheduled three more times.
- Module IV was offered two times.

Learnings in E-Track
- There are 56 active caseworker trainings in E-Track that have the classification of trauma. Fifty sessions of these learnings have been offered or are scheduled this year.
- There are 77 active caregiver and adoptive parent trainings in E-Track that have the classification of trauma. Seventy-three sessions of these learnings have been offered or are scheduled for this year.

New Trauma-Related Trainings Implemented in CFSP Year 3
- A 12-hour series for caregivers, caseworkers, and supervisors based on Dr. Karyn Purvis’ Trust Based Relational Intervention Model.
- A nine-hour training for caseworkers entitled, Promoting Successful Futures by Addressing Child Traumatic Stress in the Child Welfare System.
- A three-hour training for caregivers and caseworkers entitled, Living out the Essential Elements of Trauma Informed Care.
- Vetted and entered into E-Track NCTSN’s online course, Adolescent Trauma and Substance Abuse.

Revisions to Curriculum
- Trauma language and concepts have been incorporated into trainings as they have been revised including:
  - Fundamentals of Fostering Series:
    - Adolescent Development, Child Development Fundamentals, Development of School Age Children, Early Childhood Development
  - Assessor Series:
    - Openness in Adoption, Pre-Finalization Adoption Services, Family and Child Assessment, Adoption Assistance, Placement Strategies

Building Trainer Capacity
- The theme for the April 10,2017 Trainer Conference was Training Through a Trauma Informed Lens. The conference focused on how to incorporate Trauma Informed Care (TIC) into all content areas, as well as how to model TIC in the learning environment.
- A three-part article on TIC was featured in the February 2017 trainer newsletter, Common Ground.
For additional information about the state’s Trauma-Informed Care initiatives, refer to Appendix B, *Ohio’s Health Care Oversight and Coordination Plan*.

**Goal 5: Objective 6**

Improve monitoring and oversight of psychotropic medication use for children placed in substitute care.

**Update on Progress Made to Improve Outcomes**

**Intervention 1: Continue implementation of the Ohio Minds Matter Initiative.**

**Benchmarks:**

1) Completed in Year 2.
2) Completed in Year 2.
3) Completed in Year 2.

**Intervention 2: Disseminate best practice information to PCSA staff, foster parents, caregivers, residential and group home staff, and other providers and team members.**

**Benchmark 1:** Work with PCSA Behavioral Health Leadership Group to provide guidance to PCSA staff regarding use of the Psychotropic Toolkit for Child Welfare. (Years 1, 3 & 5).

**Progress Report:**
This past year, Ohio was selected to participate in the Patient-Centered Outcomes Research Institute’s (PCORI) multi-state analysis of the impact of medication monitoring strategies on practice. (PCORI is an independent nonprofit, nongovernmental organization authorized by Congress in 2010. Rutgers University is the lead investigator for this work.) Other states participating in this effort include: Texas, Washington, and Wisconsin.

During this reporting period, ODJFS and ODM worked with Rutgers and other states’ representatives to finalize the research design. For Ohio, use and utility of the Psychotropic Toolkit for Child Welfare are identified elements to be examined as part of the project. At the time of this writing, Ohio is partnering with independent teams to schedule interviews with key informants and to conduct focus groups with those impacted by state policy. Proposed participants include: state and local level child welfare administrators; child welfare caseworkers; pharmacists; physicians; caregivers - including biological and foster parents; former foster youth; and treatment providers. Members of the Behavioral Health Leadership Group have been, and will continue to be, active in these efforts. The on-site review is anticipated to be completed in 2017.

**Benchmark 2:** Promote use of the *Ohio Minds Matter* website. (Years 1-5)

**Progress Report:**
In April 2016, staff of the Government Accounting Office (GAO) conducted an on-site review of Ohio’s
medication-related practices at the state and local levels. This was part of a multi-state assessment initiated at the request of Congress to determine:

- How Medicaid and child welfare agencies in selected states have worked to ensure the appropriate use of psychotropic drugs for children in foster care?
- What steps, if any, have selected states taken to measure the results of their efforts to ensure appropriate use of psychotropic drugs for children in foster care?
- To what extent has HHS taken steps to help states ensure appropriate prescriptions of these drugs to children in foster care?

The other states selected to undergo this review included: Arizona, California, Illinois, Maryland, New Jersey, and Washington.

In January 2017, the GAO released its findings to Congress. Among many recommendations, Ohio’s establishment and use of prescribing guidelines for physicians, and shared decision-making tools were featured. (These tools were developed as part of Ohio Minds Matter.) As a result of the GAO report, ODJFS was contacted by Dartmouth University’s Geisel School of Medicine to discuss the design and implementation of Ohio Minds Matter and potential application to their system. ODJFS has continued to update PCSAs and other stakeholders about national recognition of Ohio’s model and to promote its use locally.

Goal 5: Objective 7
Enhance Ohio’s response to the substance abuse within families served by the child welfare system.

Update on Progress Made to Improve Outcomes

Intervention 1: Monitor substance abuse service utilization by families involved with Ohio’s child welfare system.

Benchmark 1: Conduct cross system data analyses annually to determine level of substance abuse-related child maltreatment, service utilization, and emerging needs. (Years 1-5) (Year 1-2)

Progress Report:
Replicating the analysis completed in the Statewide Needs Assessment last year regarding substance abuse and service utilization was not possible due to the time and resource constraints of contributing agencies. However, beginning October 2016, Ohio improved its mechanism for capturing substance abuse information when the investigation begins. The collected information includes the following substance abuse types: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Codeine, Heroin, Hydromorphone, LSD, MDMA, Methamphetamine, Methadone, Morphine, Opiates, Other, Phencyclidine, Propoxyphene, Suboxone, Tetrahydrocannabinol, Unknown. Having these well-defined categories, rather than the generic categories in previous analyses yields an important perspective. The following table shows the number of screened-in investigations and the percentage of substance usage by suspected substance type.
Ohio plans to replicate its Statewide Needs Assessment methodology of cross-system data analysis on service utilization in conjunction with planning for Ohio’s next Child and Family Services Plan.

**Intervention 2: Work with OCWTP, OhioMHAS, and providers to develop training for child welfare personnel regarding addiction, family dynamics, and child safety.**

**Benchmarks:**

1) Completed in Year 1.
2) Completed in Year 2.
3) Completed in Year 2.

**Benchmark 4:** Integrate substance abuse information and learning opportunities into existing venues, newsletters and other communications. (Years 1-5)

**Progress Report:**
OCWTP engaged in the following activities during this reporting period:

- Developed and launched a monthly webinar series called Lunchtime LIVE (Learning Interactions with Valued Experts). This series uses state and national experts in substance abuse to present a topic and then examine how the topic applies to work with families across child welfare, court, and behavioral health systems. The series includes resources and tools to facilitate additional individual learning and team applications. The webinar series was introduced to twelve
communities participating in the Supreme Court’s Statewide System Reform Project (SSRP); to agency directors at their quarterly meeting and to new executives at their orientation meeting.

- Recruited and approved additional subject matter experts in the area of substance abuse. To date, the program has received new applications from fourteen individuals with strong backgrounds in substance abuse treatment and prevention settings to become trainers with the OCWTP. It is anticipated that 14 trainers will be approved by June 30, 2017.
- Participated in the Interdisciplinary Training Workgroup planning sessions for the Supreme Court’s Statewide System Reform Program. The importance of substance abuse screening and data collection will be integrated into one of the webinars to support the broader statewide change strategies originating from this initiative.
- Assisted OhioMHAS with identifying child welfare training needs for inclusion in their Federal CURES grant.
- Responded to a request from PCSAO to assist with training coordination for a new initiative (OhioSTART) that will encourage cross-system collaboration and peer recovery support with Appalachian counties using the Kentucky START model.
- Maintained the new website (www.osatg.org) as a “one-stop shop” that includes local, state and national resources to assist child welfare system staff and caregivers with families impacted by substance abuse. This year a new partner page was added for the Statewide System Reform Program and a distance learning tab for the webinar series.
- Developed and disseminated a document to OhioMHAS Leadership and the Supreme Court’s SSRP Interdisciplinary Training Workgroup which described a continuum of substance abuse training needs for the child welfare system in the hope of increasing resources through collaboration.

**Intervention 3: Partner with OhioMHAS, the Governor’s Cabinet Opiate Action Team, and the Supreme Court of Ohio to comprehensively address the growing problem of addiction, including but not limited to, opioid dependence.**

**Benchmark 1:** Completed in Year 2.

**Benchmark 2:** Partner with the Supreme Court of Ohio, OhioMHAS and local partners to establish and develop effective Family Treatment Courts. (Years 1-5)

**Progress Report:**
In January 2015, Ohio became one of five states nationwide to receive competitive federal funding to increase the scale and scope of family drug treatment courts. This two-year planning grant was provided through the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention as part of the Statewide System Reform Program (SSRP). In addition to funding support, the state is also receiving technical assistance from Children and Family Futures, a leading national researcher on the effects of substance abuse on children and families.

SCO, ODJFS and the Department of Mental Health and Addiction Services continue to jointly lead Ohio’s federal multisystem reform that improves outcomes for children and families in the child welfare system.
with substance abuse and mental health challenges. The focus is to expand the scale and scope of existing Family Dependency Treatment Courts (family drug courts), increase the number of family drug courts, and infuse the evidence-based principles of family drug courts into non-specialized dockets. The participating agencies have entered into a formal Memorandum of Understanding, updated in February 2017, to reflect the addition of Ohio’s Department of Medicaid to the leadership team.

Ohio established an agreement with the Ohio Colleges of Medicine Government Resource Center (GRC) to perform data analysis and a proof of concept evaluation for the SSRP. ODJFS worked with GRC to establish data usage agreements that would facilitate data access by GRC from SACWIS for the purpose of analysis and evaluation of the project. GRC also established data usage agreements/task orders with the Ohio Department of Medicaid, the Ohio Department of Mental Health and Addiction Services, as well as local courts to complete evaluation work. During the December 2016 all-site meeting, ODJFS presented data to show the early implications of collecting and analyzing screening data in SACWIS. Preliminary analysis indicated that the SACWIS intake enhancements instituted as a project support lead to improved data.

Ohio continues to work on developing the infrastructure within pilot sites and testing its selected strategies. In addition to site-specific work, a range of project-specific groups meet on established schedules:

1. **Executive Oversight Committee:** Comprised of top-level state leadership who are responsible for administrative oversight, facilitating access to resources, ensuring long-term sustainability, providing final policy review, and endorsing the Core Team’s solutions to system barriers.

2. **Joint Subcommittee:** Comprised of representatives from the fields of substance use treatment and child welfare, and members of both the Children and Families Advisory Committee and the Specialized Docket Commission. The Joint Subcommittee is responsible for the general oversight of grant activities. All State policy recommendations are finalized by the Joint Subcommittee.

3. **Core Team:** Comprised of representatives from the Supreme Court of Ohio and the Ohio Departments of Job and Family Services and Mental Health and Addiction Services. The Core Team serves as the project action team.

Workgroups are comprised of representatives from the twelve Phase 1 and Phase Two Pilot counties, state representatives and interested stakeholders.

1. **Data Workgroup:** Responsible for identifying data collection gaps in the child welfare, treatment and court systems, identifying existing data sources to assist the collaborative effort at the state and local levels in addressing scale and scope, and exploring and making recommendations to improve case management systems for Ohio Family Dependency Treatment Courts (FDTC).

2. **Phase I - Expansion Workgroup:** Responsible for gathering information about potential barriers and challenges, as well as providing support and developing potential solutions.
3. **Phase II Expansion Workgroup:** Responsible for gathering information about potential barriers and challenges, as well as providing support and developing potential solutions.

4. **Phase I - Infusion Workgroup:** Responsible for defining infusion, identifying the key FDTC concepts, and providing tools to local communities to assist in incorporating the concepts in local dependency case processing.

5. **Interdisciplinary Training & Education Workgroup:** Responsible for developing a family drug treatment court training model. The workgroup is to identify key concepts and adapt existing materials for Ohio specific implementation for new FDTC communities.

Additionally, SCO continues to utilize Court Improvement Program dollars to support the development of new family dependency treatment courts, and has instituted a required certification process to promote consistency in approach and quality assurance among specialized dockets.

<table>
<thead>
<tr>
<th>Goal 5: Objective 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance service coordination and delivery models to promote holistic responses to behavioral health needs.</td>
</tr>
</tbody>
</table>

**Update on Progress Made to Improve Outcomes**

**Intervention 1:** Work with ODH and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure behavioral health concerns are addressed timely.

**Benchmark 1:** Completed in Year 2.

**Benchmark 2:** Promote use of Wrap-Around service coordination for youth and young adults in transition through implementation of the ENGAGE project. (Years 1-3)

**Progress Report:**
Refer to the following Goals, Objectives, Interventions and Benchmarks found in this Section of the Report:

- Goal 3, Objective 3, Intervention 2, Benchmark 3.
- Goal 5, Objective 2, Intervention 2, Benchmark 1.
- Goal 5, Objective 2, Intervention 2, Benchmark 2.
- Goal 5, Objective 4, Intervention 3, Benchmark 2.

**Benchmark 3:** Continue to provide flexible funding to local partners to support needed non-clinical services and supports (i.e., Family Centered Services and Supports). (Years 1-3)

**Progress Report:**
ODJFS continued to partner with OhioMHAS, ODYS, and DODD to support Family-Centered Services and Supports (FCSS). This initiative braids Title IV-B, Parts 1 and 2 with state general revenue funds for the
purpose of providing non-clinical services and supports to multi-need children and their families. The program is locally administered by the Family and Children First Councils (FCFCs). Children and youth (ages 0-21) are the target populations for FCSS. Program eligibility requires that families be receiving service coordination through the FCFC. To be reimbursed through FCSS, all allowable services and supports must be included in the child’s Individualized Family Service Plan. Additional information on services provided and the program’s impact is provided in Section IV, Update on Service Description.

For additional information about FCSS, also refer to Appendix B, *Ohio’s Health Care Oversight and Coordination Plan*.

**Benchmark 4**: Continue to support and promote the use of parent advocates to increase family involvement in identifying issues and needed services. (Years 1-3)

**Progress Report**
ODJFS, OhioMHAS, ODYS, and DODD continued to jointly fund the PAC program this past year. To ensure statewide consistency, all PAC advocates are required to undergo training and are administered a Pre-Test for Core Competencies to establish a baseline for knowledge of these skill areas. All new advocates are required to complete four training sessions and shadow an experienced PAC advocate prior to assuming cases.

During the first half of SFY17 (July 1, 2016 - December 31, 2016), PAC expanded. New counties being served include: Marion, Morrow, Ashland, Huron and Washington. A new regional coordinator was hired in Hamilton County; in addition, three (3) new peer supporters joined the team. Statewide, 15 new peer supporters were added. As of December 31, 2016, 47 peer advocates and 7 regional coordinators were active throughout the state.

From July 1, 2016 - December 31, 2016, 561 cases were open and receiving PAC services. The average age of a child at the time of referral was 13.8 years old. The chart below illustrates the types of families receiving PAC services in the first half of SFY17.

<p>| Family Type Served through PAC |<br />
|------------------------------|----------------------------------|</p>
<table>
<thead>
<tr>
<th></th>
<th>Adoptive</th>
<th>Birth</th>
<th>Guardian</th>
<th>Kinship</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoptive</td>
<td>16</td>
<td>440</td>
<td>4</td>
<td>95</td>
<td>6</td>
<td>561</td>
</tr>
</tbody>
</table>

For additional information about PAC, please see Appendix B, *Ohio’s Health Care Oversight and Coordination Plan*.

**Intervention 2: Increase youth participation in behavioral health care decisions.**

**Benchmark 1**: Utilize ENGAGE’s Youth Advisory Council to encourage young consumers to take personal responsibility for their behavioral health care. (Years 1-3)
Progress Report

The ENGAGE Youth Advisory Council was formed with the intent of increasing youth voice in matters of public policy, program development and personal treatment decisions. To that end, the Council has launched several initiatives designed to increase awareness of children’s mental health issues and to decrease stigma. These include:

- Maintaining an ENGAGE Youth Facebook page;
- Implementing an ENGAGE Youth Text Alert System;
- Implementing the Resiliency Ring at the Ohio Statehouse (April 2017) to promote awareness of behavioral health recovery; and
- Designing and distributing a YouTube video to highlight the Council’s work. To view the video, go to: [http://www.namiohio.org/nami_ohio_mental_health_apparel](http://www.namiohio.org/nami_ohio_mental_health_apparel)

In addition, the ENGAGE Youth Advisory Council has been instrumental in testing OhioMHAS’ Peer Support Certification process, and establishing a cadre of trained individuals to assist other transition-age youth.

The ENGAGE Youth Advisory Council continues to be an affiliate of YouthMOVE National. The decision to do so was to ensure long term sustainability following the conclusion of the ENGAGE grant. As part of this process, recruitment activities were held throughout this reporting period to establish local YouthMOVE chapters. As of March 1, 2017, YouthMOVE Chapters were active in the following 27 counties: Athens, Butler, Clark, Clermont, Coshocton, Cuyahoga, Erie, Franklin, Greene, Hamilton, Harrison, Hocking, Lawrence, Licking, Lucas, Madison, Meigs, Montgomery, Ross, Sandusky, Stark, Summit, Trumbull, Union, Vinton, Wood, and Williams.

For additional information about the ENGAGE Youth Advisory Council, refer to Appendix B, Ohio’s Health Care Oversight and Coordination Plan.
IV. Update on Service Description

Child and Family Services Continuum

Ohio’s publicly-funded child welfare services continuum includes robust programming to support the following essential functions: (1) Child Abuse and Neglect Prevention; (2) Child Maltreatment Assessment and Intervention; (3) Child Placement and Family Reunification; (4) Efforts to Secure Permanent Homes for Children; and (5) Preparation and Support of Youth Transitioning from Care. Section III: Update to the Plan for Improvement contains information on activities directed to expanding and strengthening the range of existing services and developing and implementing services to improve child outcomes through service coordination across systems and within systems.

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)

Title IV-B, subpart I funds support development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. Programs and services are designed to:

- Protect and promote the welfare of all children;
- Prevent the neglect, abuse, or exploitation of children;
- Support at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner;
- Promote the safety, permanence, and well-being of children in foster care and adoptive families; and
- Provide training, professional development and support to ensure a well-qualified child welfare workforce.

ODJFS issues the federal Title IV-B, subpart 1 allocation to public children services agencies (PCSA) for expenditures incurred in the delivery of children services to ensure that all children are raised in safe, loving families. ODJFS issues Title IV-B funding in two separate allocations; one for direct services and one for administrative costs.

The methodology used to distribute available funds to counties statewide is as follows:

- 40% is distributed equally among all PCSAs; and
- 60% is distributed based upon the county's number of children below 100% of the federal poverty level as compared to the statewide total number of children below the federal poverty level, utilizing the most recent available United States Census Bureau figures.

Expenditures are reimbursed with 75% federal Title IV-B, subpart 1 funds. The county must use eligible state funding or provide local funds at a 25% match rate for the nonfederal share.
In addition, ODJFS utilizes Title IV-B, subpart I funds to support the Ohio Child Welfare Training program, Regional Training Centers, and the University Partnership Program and to reimburse both public and private agencies’ for their efforts in training foster and adoptive parents.

For FY 2017 information, refer to Part II of the CFS-101 Form (see Appendix G).

Promoting Safe and Stable Families Program (Title IV-B, subpart 2)

Family Preservation Services

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

Programs and services provided include:

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

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

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

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. ODJFS allocates State General Revenue Funds as a 25% match rate for the nonfederal share.
Family Support Services

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

Data regarding FCSS is derived from the 2017 mid-year report, released in May 2017. Findings reflect population demographics, services rendered and outcomes from July 1, 2016 – December 20, 2016.

**Number and Ages of Children Served:**
The total number of children served between the ages of 0-21 during the first half of SFY17 was **2,953**. This is **136 more children than were served during the first half of SFY16 (2,817)**.

The graph and table below show a comparison of the number of children served during the first half of SFY17 in each age group and the percent of the total children served in each age group.

<table>
<thead>
<tr>
<th>Ages of Children</th>
<th>0 – 3</th>
<th>4 – 9</th>
<th>10 – 13</th>
<th>14 – 18</th>
<th>19 - 21</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-SFY 2016</td>
<td>217</td>
<td>803</td>
<td>865</td>
<td>1036</td>
<td>32</td>
<td>2953</td>
</tr>
<tr>
<td>Percent of Total by Age Group</td>
<td>7.35%</td>
<td>27%</td>
<td>29%</td>
<td>35%</td>
<td>1%</td>
<td>100%</td>
</tr>
</tbody>
</table>
**Total Number of Families Served**
FCFC service coordination is a family focused process and addresses the needs of the identified child (ren) and the child’s family. The total number of families served in the first 6 months of SFY17 was 2,166, compared to 2,144 families served in the first half of SFY16.

**Children’s Service/Support Needs by Category Identified at Intake**
FCFCs are required to report the identified needs of the child at the point of intake, regardless of whether the child was receiving services or supports to address them at that time. To be eligible for service coordination, the child must be considered to have multi-system needs, as defined by having two or more identified needs at the time of intake.

At mid SFY17:

- There were **7,700 identified needs** (average 2.63 needs per child) during the first half of SFY17. The total needs are lower than the 7,980 needs identified in the first half of SFY16, and the average needs per child are down from the average of 2.83 per child.

- The top three categories of needs identified for the past six fiscal years, including the first half of SFY17, have consistently been **Mental Health (59.7% of children had this identified need)**, **Poverty (43.8%) and Special Education (40.7%)**. When combined, these three categories account for 4,265 of the needs identified, or 54% of the total identified needs in 13 categories.

- Beginning in SFY 2014, counties were asked to track how many children presented with a need for supports specific to those on the Autism Spectrum. In an effort to reduce duplication, they were only asked to include these children in the Developmental Disabilities category if the child/youth had additional needs above those on the Autism Spectrum. Autism Spectrum was identified in 13% of the children/youth (384), a decrease from M-SFY 16.

The table below present information on the number of needs identified by category:
<table>
<thead>
<tr>
<th>Category of Service/Support Need</th>
<th>Number of Children Presenting with this Need M-SFY17</th>
<th>Percent of Children with this Need M-SFY17</th>
<th>Percent of Children with this Need M-SFY16</th>
<th>Percent of Children with this Need M-SFY15</th>
<th>Percent of Children with this Need M-SFY14</th>
<th>Percent of Children with this Need M-SFY13</th>
<th>Percent of Children with this Need M-SFY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>1765</td>
<td>59.7%</td>
<td>57.9%</td>
<td>57.5%</td>
<td>56%</td>
<td>58.5%</td>
<td>62.4%</td>
</tr>
<tr>
<td>Poverty</td>
<td>1296</td>
<td>43.89%</td>
<td>48.6%</td>
<td>45.4%</td>
<td>50.3%</td>
<td>50.3%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Special Education</td>
<td>1204</td>
<td>40.77%</td>
<td>43.7%</td>
<td>39.4%</td>
<td>42%</td>
<td>44.1%</td>
<td>38%</td>
</tr>
<tr>
<td>Developmental Disability</td>
<td>773</td>
<td>26.1%</td>
<td>25.5%</td>
<td>24%</td>
<td>24.8%</td>
<td>27.6%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Unruly</td>
<td>600</td>
<td>20.3%</td>
<td>21%</td>
<td>20.1%</td>
<td>18.3%</td>
<td>16.4%</td>
<td>21%</td>
</tr>
<tr>
<td>Child Neglect</td>
<td>342</td>
<td>11.5%</td>
<td>15%</td>
<td>14%</td>
<td>12.7%</td>
<td>14.7%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>296</td>
<td>10.2%</td>
<td>11.8%</td>
<td>12.5%</td>
<td>11.6%</td>
<td>12.4%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Delinquent</td>
<td>328</td>
<td>11.1%</td>
<td>11.6%</td>
<td>11.2%</td>
<td>12%</td>
<td>10.5%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Autism</td>
<td>384</td>
<td>13%</td>
<td>15.2%</td>
<td>11%</td>
<td>10.8% (New)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>294</td>
<td>9.9%</td>
<td>10.5%</td>
<td>10.2%</td>
<td>9.5%</td>
<td>11.6%</td>
<td>8%</td>
</tr>
<tr>
<td>Alcohol/Drug</td>
<td>242</td>
<td>8.2%</td>
<td>7.4%</td>
<td>7.6%</td>
<td>8.3%</td>
<td>7.4%</td>
<td>8%</td>
</tr>
<tr>
<td>Help Me Grow E.I.</td>
<td>132</td>
<td>4.4%</td>
<td>5.3%</td>
<td>4.6%</td>
<td>6.1%</td>
<td>5.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>No Primary Care Physician</td>
<td>114</td>
<td>3.86%</td>
<td>9.8%</td>
<td>3.5%</td>
<td>5.4%</td>
<td>14.2% (New)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total Needs</strong></td>
<td>7770</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The **Bolded** percentages indicate an increase in the percentage of children presenting with the need compared to the previous fiscal year.
**FCSS Funded Services and Supports Provided through FCFC Service Coordination**

Family and Children First Councils are required to provide information about the number and different types of services and supports funded through this program. To be reimbursed, these services and supports must be written into the family’s individualized plan and processed through the local service coordination mechanism.

The **total number of various types of services/supports** provided with FCSS funds during the first half of SFY17 was **4,821**, an increase from the first half of SFY 16 (4,641). The chart below provides details of the frequency of all service types reported.

<table>
<thead>
<tr>
<th>Type of Service/Support Provided</th>
<th>Percent of Families Receiving This Service/Support M-SFY17</th>
<th>Percent of Total Services &amp; Supports M-SFY17</th>
<th>Percent of Families Receiving This Service/Support M-SFY16</th>
<th>Percent of Total Services &amp; Supports M-SFY16</th>
<th>Percent of Families Receiving This Service/Support M-SFY15</th>
<th>Percent of Total Services &amp; Supports M-SFY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination</td>
<td>63.7%</td>
<td>28.6%</td>
<td>62.8%</td>
<td>29%</td>
<td>68.3%</td>
<td>33.4%</td>
</tr>
<tr>
<td>Social/Recreational Supports</td>
<td>37.1%</td>
<td>16.7%</td>
<td>34.1%</td>
<td>15.8%</td>
<td>28.6%</td>
<td>14%</td>
</tr>
<tr>
<td>Respite</td>
<td>24.2%</td>
<td>10.8%</td>
<td>21.2%</td>
<td>9.8%</td>
<td>25.1%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Transportation</td>
<td>27.1%</td>
<td>12.2%</td>
<td>23%</td>
<td>10.6%</td>
<td>22%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Structured activities to improve family functioning</td>
<td>18%</td>
<td>8.1%</td>
<td>16.6%</td>
<td>7.7%</td>
<td>11%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Non-clinical in-home parenting/coaching</td>
<td>10.9%</td>
<td>4.9%</td>
<td>16.7%</td>
<td>7.7%</td>
<td>12.5%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Mentoring</td>
<td>12.6%</td>
<td>5.6%</td>
<td>12.8%</td>
<td>5.9%</td>
<td>10.4%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Parent Education</td>
<td>9.3%</td>
<td>4.1%</td>
<td>12.8%</td>
<td>3.9%</td>
<td>8.5%</td>
<td>3%</td>
</tr>
<tr>
<td>Parent Advocacy</td>
<td>8.3%</td>
<td>3.7%</td>
<td>9.2%</td>
<td>4.2%</td>
<td>10.4%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Safety and Adaptive Equipment</td>
<td>7.29%</td>
<td>3.2%</td>
<td>7%</td>
<td>3.3%</td>
<td>7.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Youth/Young Adult Peer Support</td>
<td>0.8%</td>
<td>0.3%</td>
<td>2.1%</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Non-clinical Parent Support Groups</td>
<td>1.6%</td>
<td>0.7%</td>
<td>1.7%</td>
<td>0.8%</td>
<td>1.5%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other</td>
<td>1.6%</td>
<td>0.4%</td>
<td>0.7%</td>
<td>0.3%</td>
<td>0.8%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>
**Number of Referrals by System**

Beginning in SFY 2017, analyses were conducted to determine the frequency of services and supports provided by identified categories of need/system involvement (i.e., mental health, developmental disability, poverty, child abuse, child neglect, alcohol/drug, unruly behavior, delinquency, physical health, special education, Help Me Grow—early intervention for ages 0-3 years, autism spectrum disorders, primary care physician linkage). The following graphs illustrates services rendered to children and families identified with needs related to neglect and abuse.
Number of Children in Out-of-Home Placement during Service Coordination

In addition to the data captured above, the FCSS Annual Report also includes analysis of the number of children who are placed in out of home care while actively receiving FCSS funded services and supports. For purposes of this report, out-of-home placements include residential treatment facilities, local or state correctional facilities, group homes and foster care, lasting longer than 72 hours (with the exception of respite care that can be provided up to seven consecutive days). The most recent Annual Report, SFY16, indicates that of the 5,091 children served, 263 (5.2%) were removed from their homes. Although no information was collected regarding the length of out of home stay, some councils reported removal was temporary, brief, and solely for the purpose of stabilization.

Summary

The children served through FCSS have complex needs, are involved with multiple systems, and require comprehensive interventions. Traditional service systems have not been effective in meeting the needs of these families; often the children are on the verge of placement. FCSS provides families with the opportunity to creatively design integrated service plans with trusted and unique teams so that their children can safely remain at home with provision of community-based services. From a system perspective, FCSS have consistently demonstrated cost-effectiveness and improved outcomes for the children and families being served.

Time-Limited Family Reunification Services

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

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

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

The methodology used to distribute available funds is as follows:

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

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. ODJFS allocates State General Revenue Funds at a 25% match rate for the nonfederal share

Adoption Promotion and Support Services

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

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

PASSS is funded 75% through Title IV-B, Part II and 25% through Ohio’s General Revenue Fund (GRF).

Adoptive families continue to secure last resort funds for services to address their child’s special needs. The service needs approved for PASSS included, but were not limited to the following:

- Acute EEG
- Building Modification
- Medical Equipment
- Mental health Counseling
- Occupational Therapy
- Physical Therapy
- Psychiatric Counseling
- Psychological Counseling
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. If the gross income of the child’s adoptive family is at or above two hundred per cent of the federal poverty guideline, the PCSA may lower the co-pay percentage of the total cost or waive it. If waived or lowered below five percent, this will result in a local share payment percentage for the county agency. If the service amount is higher than the approved amount, the adoptive parent is responsible for the co-pay percentage amount and the overage cost of the service. The determination of the Federal Poverty Guidelines for family size is based upon information published in the Federal Register, Vol. 82, No. 19, January 31, 2017, pp. 8831-8831.

Since the implementation of PASSS expenditure report into SACWIS in February 2015, SACWIS generates county specific information for use by ODJFS and counties. PCSA’s also enter application information into SACWIS and track payments.

Now fully implemented, agencies are able to process applications, claim reimbursement electronically, as well as produce detailed reports on funds (e.g., services requested and utilized, amounts approved or denied, and the demographics of the families that use PASSS). As of March 31, 2017, nearly 5,921 applications for PASSS have been received for SFY 2017. Over $6.3 million has been requested to cover special services for adopted children. ODJFS has paid $2.1 million of the funds requested.

Service Category Percentages and Rational

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

- Family preservation = 23.42%;
- Community-based family support = 24.41%;
- Time-limited family reunification = 20.43%; and
- Adoption promotion and support services = 21.74%.

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

For further information, refer to Part II of the CFS-101 form (see Appendix F).
Populations at Greatest Risk of Maltreatment

Child welfare organizations must determine who is at greatest risk of adverse outcomes and be nimble to adjust to changing needs in the population served over time. OFC utilizes various methods to identify at-risk groups, including data analysis based on known risk factors and conversations with PCSA leaders and stakeholders. OFC regularly conducts data analyses of the child welfare population by risk factors identified in the literature as contributing to poor outcomes for children.

Characteristics of Families and Children at Risk

Data on the cases of children placed between 2014 and 2016 were analyzed to determine if risk factors have changed over time. This analysis is shown below. There appears to be very little change across years in the percentage of Concerns presented by families who have children placed in out of home care. Major factors accompanying children in placement include Emotional and Mental Health of the Parent, Parenting Skills, and Substance Abuse.

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<td>Caretaker Abused As Child</td>
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<td>Physical Cognitive Social (child)</td>
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<td>Limited Resources</td>
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<tr>
<td>Stress</td>
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<td>Substance Abuse (parent)</td>
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The case profiles, described in another benchmark (i.e., Goal 3, Objective 4, Intervention 2, Benchmark 3) were used to show the percentage of children with each profile who enter care (regardless of spell) between 2014 and 2016. For the most part, the portions of children are across years vary slightly. However, most notable is the increase in children entering care from Profile 15. Cases in Profile 15 have high amounts of Substance Abuse, Parenting, and Family Resource problems. These patterns are shown below.
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Services for Children under the Age of Five

Data

ODJFS conducts extensive data analyses regarding the child welfare population, including identifying those children who are particularly vulnerable to maltreatment. A SACWIS point-in-time snapshot of Ohio’s population of children in care on April 1, 2017 shows 893 children ages 0-5 in permanent custody. When examining the length of time these children are in care, the mean number of days these children have spent in custody, to date, is 778 days while the median number of days is 734. The mean number of days that these children have spent in permanent custody, to date, is 226 days while the median number of days is 163.

The SACWIS point in time snapshot of Ohio’s population of children in care on April 1, 2017 identifies 4,867 children ages 0-5 in temporary custody. The mean number of days for children in this age group to be in custody, for all custody episodes to date, is 264 while the median number of days in custody is 214. The mean days in temporary custody for children ages 0-5 for the child’s current custody episode is 163 while the median days is 117.

Child Welfare Policy

Per Ohio Administrative Code 5101:2-40-02 Supportive Services for Prevention of Placement, Reunification and Life Skills, PCSAs must provide an array of supportive services for children and families (either directly or through community service providers). These mandated services include "Help Me Grow" early intervention services for children under the age of 3. "Help Me Grow" services include developmental evaluations and assessments, speech and hearing services, family training and counseling, home visits, occupational or physical therapy, social and psychological services and service coordination. Ohio policy requires PCSAs to refer all children under the age of three to "Help Me Grow" for early intervention services if there is a substantiated report of child abuse or neglect. PCSAs must also refer any infant who has been born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Cross-System Programming for Young Children

Early Learning and Development Standards

On October 9, 2012, the State Board of Education adopted Ohio’s Early Learning and Development Standards to advance the assessment and teaching of young children. These standards were designed through a collaborative process of child-serving agencies to better reflect the comprehensive development of children, birth through age 5. Team members included representatives from: ODE, ODJFS, ODH, Ohio Department of Mental Health (now known as OhioMHAS), the Ohio Department of Developmental Disabilities, and the Governor’s Office of Health Transformation. This team worked with national experts, providers, subject matter experts and other stakeholders to fully develop the standards and promote their consistent application statewide. Implementation sites included pre-school programs, Head Start centers, family-based child care settings, and day care programs.
The links below provide detailed descriptions of each of the standards.

- Introduction
- Social-Emotional Development
- Approaches Toward Learning
- Cognitive Development and General Knowledge (including Math, Science and Social Studies)
- Language and Literacy Development
- Physical Well-Being and Motor Development
- Implementation Guides

To view a short video about the standards, go to:

http://education.ohio.gov/Topics/Early-Learning/Early-Learning-Content-Standards

Ohio’s Kindergarten Readiness Assessment

At the beginning of each school year (through November 1), children enrolled in Ohio’s public school kindergarten programs undergo the Kindergarten Readiness Assessment (KRA). This tool is based on the early learning standards (above) and measures each student’s knowledge and abilities in: social skills, language and literacy, mathematics, science, social studies, physical well-being and motor development. While earlier iterations of the KRA were formalized, one-on-one evaluations of literacy, the current version is integrated into daily instruction. Most of it is completed via teacher observation of the child in class or during recess. As such, it is conducted in a more natural setting, and the students are less anxious. Completion of the tool facilitates development of individualized educational interventions based on each child’s responses. Teachers then share the results with the child’s parents/caregivers to foster partnership with family members and facilitate the child’s academic success.

To view a short video about Ohio’s KRA, go to:

http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Ohio’s-Kindergarten-Readiness-Assessment

Early Childhood Mental Health Consultation

Ohio’s Early Childhood Mental Health Consultation (ECMHC) Program is designed to improve outcomes for young children (infants - six years old) who are at risk for abuse or neglect, and/or who demonstrate poor social skills or delayed emotional development. ECMHC services include:

- Clinical consultation to early childhood programs regarding:
  - Problem identification;
  - Referral processes;
  - Classroom management strategies;

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Maternal depression;
- Parental substance abuse;
- Domestic violence; and
- Other stressors on young children's well-being.

- Guidance to family members (including parents, kinship caregivers and foster parents) to increase skills in creating nurturing environments for young children.

ECMHC promotes use of evidence-based behavioral health practices as a means of delivering effective, cost-efficient care. Some of these include: Devereux Early Childhood Assessments (DECA); The Incredible Years Program for Parents, Teachers, and Children; The Edinburgh Postnatal Depression Screen (EPDS); The Therapeutic Interagency Preschool Program; Trauma Focused Cognitive Behavioral Therapy; Positive Behavior Supports; and Teaching Tools for Young Children with Challenging Behaviors. In addition, OhioMHAS, ODJFS, and ODE continue to encourage use of the core competencies, established in 2009, as a staff development tool. To view the competencies, go to:

http://mha.ohio.gov/Portals/0/assets/Prevention/EarlyChildhood/core-competencies.pdf

During this past year, OhioMHAS provided an additional $9.1 million to support mental health consultants working with teachers, staff and families of at-risk children in preschools and other early learning settings. The goals of this effort were to reduce pre-school expulsion rates and promote kindergarten readiness. To this end:

- An additional 65 new FTE ECMH Credentialed Consultants were made available;
- 8 Master Trainers provided training to early learning professionals throughout the state;
- Ohio implemented a statewide Preschool Expulsion Prevention Hotline (one of only 2 in the nation); and
- The state instituted a statewide database and program evaluation.

Also during this reporting period, OhioMHAS continued to distribute Grow Power~ Ohio Kids Matter. This toolkit provides information to parents to promote their child’s social-emotional development. To view the materials, please click on the following links displayed on the right hand side of the graphic below.
Over the past several years, ODJFS, the Ohio Department of Mental Health and Addiction Services, the Department of Medicaid, and the Governor’s Office of Health Transformation have partnered together to comprehensively address the challenges of substance use disorders and child maltreatment. These efforts included a pilot project designed to holistically address the needs of pregnant women addicted to opioids and their children. The “MOMS” (Maternal Opiate Medical Support) project was an initiative designed to improve outcomes for 300 women and babies by engaging expectant mothers in a combination of counseling, medication-assisted treatment (MAT), case management, and non-clinical services that promote recovery (e.g., housing, transportation, child care).

The goals of MOMS were to improve maternal and fetal outcomes, increase family stability, and reduce costs associated with neonatal abstinence syndrome. Compared to a matched Medicaid comparison cohort, MOMS participants received more prenatal care and behavioral health services during pregnancy and after delivery; were more likely to receive MAT during pregnancy and after delivery; and
had better outcomes with child protective services post-delivery. In recognition of these findings, MOMS was featured in the *2017 Report to Congress on Medicaid and CHIP*.

Ohio plans to expand the MOMS program over the next two years to six new sites per year of the grant, utilizing a portion of funding received through the federal *21st Century Cures Act*. In addition, the Ohio Children’s Trust Fund is seeking to prevent child abuse and neglect by supporting components of MOMS programs in targeted regions of the state.

For additional information about the MOMS project, see Appendix B, *Ohio’s Health Care Oversight and Coordination Plan*.

**Services for Children Adopted from Other Countries**

Ohio continues to provide inter-country adoption services through training, homestudy and post-adoption services (e.g., Post Adoption Special Services Subsidy program).

To ensure the safety of children adopted abroad, agencies must conform to standards governed by ODJFS through the Ohio Administrative Code (OAC) and Ohio Revised Code (ORC). Every PCSA, private child placing agency (PCPA) and private non-custodial agency (PNA) approved or certified by ODJFS involved in processing international adoptions is to adhere to all state and federal requirements pertaining to adoption. PCPAs and PNAs undergo oversight and monitoring by ODJFS to include reviews of case records, policies and procedures to ensure compliance with the ORC, the OAC and their own agency policies.

**Update of Children Previously Adopted**

In calendar year 2016, 711 of the children in foster care for at least one day were reported as previously adopted. The custody start date of these children ranged from December 7, 2004 to December 29, 2016. Only nine of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 517 do not have their birth country listed.

The primary removal reasons for the children with previous adoptions were:

- Abandonment: 6
- Alcohol Abuse of Parent: 1
- Caretaker’s inability to cope: 37
- Child’s Behavioral Problem: 144
- Converted, value missing: 1
- Death of Parents: 5
- Delinquency: 88
- Dependency: 261
- Drug Abuse of Child: 1
- Drug Abuse of Parent: 3
- Emotional Maltreatment: 11
- Inadequate Housing: 2
- Incarceration of Parent: 1
- Neglect: 55
The current permanency goal (or last goal if the case is now closed) for those same children was:

- Adoption: 267
- Independent Living/Emancipation: 106
- Permanent Placement with a Relative: 15
- PPLA: 69
- Return Child to Parent: 229
- No goal listed (likely short term placements): 25

The age of the child when the previous adoption finalized:

- 0: 27
- 1-3: 206
- 4-6: 213
- 7-9: 132
- 10-12: 85
- 13-15: 25
- 16-17: 6
- Unable to determine: 17

Gender breakdown:

- Female: 386
- Male: 325

ODJFS policy continues to work with the SACWIS staff to enhance the reporting of children who were previously adopted that come back into the child welfare system. The Foster Care and Adoption Recruitment Plan developed for the CFSP indicated that ODJFS would initiate an International Adoption Agency stakeholder group in SFY 2015 for the purpose of gathering information regarding the needs and availability of services to children adopted abroad. Based on the information discovered since that time regarding the lack of data on children who were previously adopted, it has been decided to delay establishing a stakeholder group until better data gathering methods have been developed. The Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) added requirements of certain data for states to collect including:

- The number of children who enter foster care under supervision of the state after finalization of an adoption or legal guardianship.
- Information concerning the length of the prior adoption/guardianship.
- The age of the child at the time of the prior adoption/guardianship.
- The age of the child when the child subsequently entered foster care.
• The type of agency involved in making the prior adoption/guardianship.
• Other factors to better understand the issues associated with the child’s post-adoption/post-guardianship entry into foster care.

Some of the above data is already tracked in the SACWIS system. OFC policy and the SACWIS team will continue to work together to incorporate the data listed that is not already in the system as well as the following data:

• Date of previous adoption
• Reason for disruption/dissolution
• Plan for the child
• Type of adoption (public, private, international)
  o Document which agency/state involved.
  o For International - Document if adoption was finalized in other country or USA or not yet finalized.
  o For International - Document country of origin.

This initiative is on the SFY18 IDA for SACWIS development.

ODJFS currently has a form (JFS 01670) to collect information on inter-country adoption as required by federal law with regards to adoption disruption and dissolution. It is anticipated that by incorporating this form into SACWIS, the state will receive this data more consistently. During regional and statewide meetings as well as a variety of other venues, ODJFS adoption policy staff continue to address the need to track data in SACWIS and to submit the Inter-Country Adoption Data Collection form (JFS 01670) in the interim.
V. Program Support

Training and Technical Assistance Provided to Counties
Staff development, technical assistance and training activities in support of the goals and objectives of the CFSP are identified in Section III: Update to the Plan for Improvement and Progress Made to Improve Outcomes. Training and technical assistance provided to counties during the third year of the CFSP are discussed in detail in Section III of this report.

State Technical Assistance or Capacity Building Needs
No new state technical assistance or capacity building needs were identified during the third year of the CFSP.

Evaluation
Ohio has a strong tradition of participation in research and evaluation activities, which is continuing through the 2015 - 2019 CFSP cycle. Several new and continuing evaluation projects are directly connected to the interventions included in Ohio’s five-year strategic plan. These evaluation activities include:

- ProtectOHIO Title IV-E Waiver Demonstration with the Human Services Research Institute;
- Permanency Roundtable pilot evaluation in partnership with Casey Family Programs;
- CAPMIS evaluation;
- Predictive Analytics; and
- Level of Care Assessment Tool pilot evaluation.

In addition to the above evaluation activities, the statewide training and professional development offerings are assessed and evaluated. Evaluation results are used to revise curriculum. (Refer to Section III of the APSR).

Management Information System
Ohio is on target with the enhancements to SACWIS outlined in the 2015-2019 CFSP.

Quality Assurance System
Ohio is on target with strengthening its child welfare statewide Continuous Quality Improvement (CQI) system. Section III of this report provides information on CQI efforts during Year 3.
VI. Consultation and Coordination with Tribal Representatives

Demographic Data

There are no federally recognized tribes within the state of Ohio. The most recent data from the U.S. Census Bureau estimates that 0.3% of Ohio’s state population is of American Indian or Alaskan Native heritage alone. Another 2% identify as ‘two or more races,’ which may include individuals of Native American ancestry. A point-in-time data query of SACWIS reflects that on April 20, 2017, there were 209 children with ‘American Indian’ listed as a Race and/or Ethnicity in the custody of child welfare agencies across Ohio. Of those children in custody, ‘American Indian’ was the only race identified for 5 of the children. (The remaining 204 children had at least one other race identified.)

More than half of the children of Native American heritage in the custody of public children services agencies in Ohio were in three counties. On the date of the query, Franklin County had the highest number of Native American children in custody (59), followed by Clermont County (27) and Cuyahoga County (20). The remaining children of Native American heritage were in the custody of 36 other agencies across the state.

Compliance with ICWA

SACWIS Functionality and Data

Since July 1, 2016, 288 ICWA Records have been created in SACWIS on children in custody:

- 230 indicate a possible tribal affiliation; 32 indicate that the tribe name is not known
- 198 records indicate a potential tribal affiliation, as follows:
  - Apache Tribe of Oklahoma – 3
  - Blackfeet Tribe of Montana – 10
  - Cherokee Nation – 82
  - Choctaw Nation of Oklahoma – 7
  - Eastern Band of Cherokee Indians – 33
  - Fort Sill Apache Tribe of Oklahoma – 3
  - Jicarilla Apache Nation – 3
  - Lummi Nation – 2
  - Mescalero Apache Tribe – 3
  - Miami Tribe of Oklahoma – 1
  - Ponca Tribe of Oklahoma – 2
  - San Carlos Apache Tribe – 3
  - Seminole Nation of Oklahoma – 1
  - Seminole Tribe of Florida – 1
  - Shawnee Tribe – 1
  - United Keetoowah Band of Cherokee Indians in Oklahoma – 33
  - White Earth Reservation Business Committee – 3
- White Mountain Apache Tribe – 3
- Wyandotte Nation – 1
- Yavapai Apache Nation – 3

- Of the 230 that indicate possible tribal affiliation:
  - 2 children have been verified as tribe members
  - 92 have received a response from the tribe that the child is not eligible/not a member
  - 136 have not received/recorded a response from the tribe

Many of the children have multiple ICWA records as more than one potential tribe has been identified for the child. When looking at individual children, 154 records have been created for children in custody.

**ICWA State Standards Update**

Public Children Services Agencies, Private Child Placing Agencies, and Private Non-custodial Agencies are required to comply with ICWA as outlined in Administrative Code rules: 5101:2-53-01, 5101:2-53-03, and 5101:2-53-05 through 5101:2-53-08. Within these rules, Ohio Administrative Code:

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

ICWA Policy staff has incorporated the new federal regulations and the updated ICWA guidelines issued in June of 2016 by the Bureau of Indian Affairs into technical assistance provided to county staff on a case-by-case basis. Chapter 5101:2-53 Ohio Administrative Code rules are under review to incorporate the federal regulations and updated guidelines that went into effect in December of 2016.
Compliance with ICWA is assessed through Ohio’s Child Protection Oversight and Evaluation (CPOE) case review process. CPOE Stage 10 commenced in October 2014 and concluded in September 2016. The CPOE Stage 10 reviews were conducted using the CFSR Onsite Review Instrument. Item 9, Preserving Connections, captures information on ICWA compliance. As of the date of this report, all 88 county CPOE Stage 10 reviews have been completed. The following comments were made with regards to ICWA compliance:

**Strength Comments:**

- The agency does an excellent job documenting any ICWA tribal affiliation and knows what to do if a youth in care is reported to have any tribal affiliation.
- The agency developed a form, signed by parents, to document ICWA information from parents. This form was consistently located within the case records.
- The agency conducted sufficient inquiry to determine if a child may be a member of, or eligible for membership in, a federally recognized Indian Tribe.
- The agency employs a novel way to handle ICWA inquiries by using forms in blue and pink paper to differentiate between the maternal and paternal side of the family. This practice has assisted workers in making sure both sides of the family are asked about potential Native American heritage.
- The agency gathers Native American Heritage information during the assessments in most cases to ensure this information is readily available should removal ever happen.
- The agency asks the family about possible ICWA eligibility on every intake, and the information is documented in the case file.

**Areas Needing Improvement Comments:**

- The agency needs to ensure that the Native American heritage inquiry is made of both maternal and paternal relatives throughout the life of the case.
- The agency needs to contact the tribe or possible tribes within fourteen days of the date the information is obtained that suggests a child is of Indian heritage.
- No documentation was found in any of the records reviewed that indicated families were asked about Native American heritage. Technical assistance was given to the agency that caseworkers should ask about Native American heritage directly, as some families may identify by another race but have ties with a tribe.
- The agency should utilize functions in SACWIS for the documentation of ICWA.

**Strategies to Improve ICWA Compliance**

New rule 5101:2-53-09 "Procedures for the transfer of Indian children to a tribal Title IV-E agency or an Indian tribe with a Title IV-E agreement" went into effect on November 1, 2016. This rule incorporates policies and procedures for transferring jurisdiction and/or responsibility for placement and care of an Indian child from an Ohio Title IV-E agency to a Title IV-E Tribal agency or an Indian tribe with a Title IV-E agreement.
Chapter 5101:2-53 of the Administrative Code is currently under review and revision to incorporate the federal regulations governing ICWA and the accompanying updated guidelines that went into effect in December of 2016. It is expected that these revised rules will go into effect in the fall of 2017.

Policy staff provided an ICWA presentation, including a review of SACWIS functionality, to PCSA attorneys at a seminar on May 12, 2017. Additionally, policy staff will provide updates and guidance during a statewide rules training in the fall of 2017. Participants in this training will include staff from public children services agencies, private child placing agencies, and Title IV-E courts.

ODJFS will seek to continue to improve ICWA compliance through:

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

In addition, ODJFS will share promising practices and educational resources gathered through its participation on the State Indian Child Welfare Managers Workgroup. Furthermore, the Ohio Child Welfare Training Program will continue to provide PCSA staff with access to the National Indian Child Welfare Association’s (NICWA) online training course on ICWA.

Consultation and Collaboration on the CFSP –

During this reporting period, ODJFS has continued to develop its partnership with the Native American Indian Center of Central Ohio (NAICCO). NAICCO’s mission is “to serve, protect, and promote American Indian and Alaska Native (AI/AN) interests, concerns, needs, and services; and to advocate for the preservation and revitalization of AI/AN identities, cultures, values, rights, traditions, belief systems, spirituality, and wellness.” As such, NAICCO seeks to address the needs of native peoples regardless of specific tribal lineage. This is especially important since there are no federally recognized tribes in Ohio, and AI/AN are often isolated throughout the state’s urban and rural areas. NAICCO implements the following culturally-specific programs:

- **White Bison** - a “Wellbriety” initiative designed to prevent substance use and facilitate chemical dependence recovery for Native and Non-Native peoples through the use of the Healing Forest Model and community healing;
- **Sweat Lodge Ceremonies** - Inipi ceremonies designed to bring mental, emotional, and spiritual purification;
- **Talking Circles** - Weekly meetings designed to increase protective factors for individual participants through education and support; and
- **Creative Circles** - Weekly meetings to promote communal empowerment through the teaching of traditional native skills (e.g., beadwork, quilting, pottery, sewing, basketry, singing).

Last year, NAICCO continued its partnership with the ODJFS, Office of Family Assistance as an *Ohio Benefit Bank* (OBB) site. Through this partnership, NAICCO is able to assist community members in filing
applications for needed services and supports. OBB utilizes an on-line application process to determine eligibility for state and federal assistance programs, including:

- **Food and Nutrition Programs:**
  - Food Assistance;
  - Women Infants and Children (WIC); and
  - USDA Child Nutrition Programs.

- **Healthcare Assistance Programs:**
  - Health Care Programs for Families and Children;
  - Medicaid for the Aged, Blind and Disabled;
  - Medicare Premium Assistance;
  - Child and Family Health Services (CFHS);
  - Bureau for Children with Medical Handicaps (BCMH);
  - Extra Help for Medicare Part D; and
  - Ohio’s Best Rx.

- **Other Programs:**
  - Home Energy Assistance Program (HEAP);
  - Child Care Assistance;
  - Ohio Works First Cash Assistance (OWF);
  - Golden Buckeye Program;
  - Senior Community Service Employment Program (SCSEP);
  - Big Brothers / Big Sisters “Amachi” Youth Mentoring Program; and
  - Voter Registration.

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

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

This past year, NAICCO was awarded a grant through the Health and Human Services Administration to support their *Honoring Our Past to Ensure Our Future* program. With this additional support, NAICCO seeks to: develop a strategic plan, increase service delivery, build community partnerships, and enhance education to the public regarding programs and events. To that end, OFC is continuing to explore development of regional training opportunities for child welfare staff, foster parents, and adoptive families. Proposed topics under consideration include workshops to increase awareness of Native American culture, and improve engagement skills when working with AI/AN families.
To learn more about NAICCO, go to: http://naicco1975.org/

To view, Staying Indian in Ohio, a documentary produced by NAICCO, go to: https://www.youtube.com/watch?v=hp15X7VMwak.
VII. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

*Monthly Visits Data*

Ohio reports monthly visit numbers on an annual basis as required. Please see the chart below for the data submitted in December of 2016.

| Aggregate number of children (unduplicated) who met the visitation criteria | 20,975 |
| Total number of monthly caseworker visits made to children | 142,343 |
| Total number of complete calendar months children in the reporting population for FY2016 spent in care | 149,285 |
| Total number of monthly visits made to children in the reporting population that occurred in the child’s residence | 125,521 |

Ohio achieved 95.35% compliance and surpassed the 95% federal target goal. The data also shows that Ohio is far exceeding the requirement that 50% of the visits occur within the child’s residence. Ohio’s data reflects that 84% of the monthly visits made to children occurred in their residence. Summary statistics were pulled from Ohio’s SACWIS as of December 6, 2016 and met the compliance criteria described in ACYF-CB-PI-12-05. A sampling methodology was not utilized to fulfill the revised monthly caseworker data reporting requirements.

*Status Update*

As the data above indicate, Ohio is meeting both visitation performance standards. Ohio utilizes a variety of methods to ensure the monthly caseworker visits performance standards are met. Two Ohio Administrative Code (OAC) rules 5101:2-42-65 *Caseworker visits and contacts with children in substitute care* and 5101:2-48-17 *Assessor visits and contacts with children in adoptive homes prior to finalization* describe statewide standards for the content and frequency of caseworker visits for children in foster care. As will be described below, Ohio also continued use of the monthly caseworker visit grants.

*Monthly Caseworker Visit Grant*

Ohio continues to use the Monthly Caseworker Visit Grant funding as outlined in the CFSP. At this time, no changes have been made to the program.

Caseworker Visit Grants will be provided to PCSAs over the next five years to support staff salaries, travel expenses and other costs related to meeting the federal performance standards for caseworker visitation of children in substitute care. ODJFS issues caseworker visits funding in two separate allocations – one for direct services and one for administrative costs.

ODJFS communicates grant availability and liquidation periods for these allocations through the county finance information system (CFIS). Funds must be expended by the grant availability period and
reported no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the PCSA.

The following methodology is used to distribute available funds: PCSAs receive their portion of the total allocation based on the number of unduplicated children in substitute care by county divided by the total number of unduplicated children in substitute care in Ohio, based on the previous calendar year.

The caseworker visits allocation reimburses the PCSA for the direct cost of caseworker visits to children who are in the PCSA’s custody. PCSAs report direct service expenditures on the JFS 02820 Children Services Quarterly Financial Statement and/or the JFS 02827 Public Assistance (PA) Quarterly Financial Statement.

The caseworker visits administrative allocation reimburses PCSAs for the administrative costs related to caseworker visits to children who are in the agency's custody. PCSAs may claim reimbursement of administrative costs for caseworker visits through the social services random moment sample (SSRMS) reconciliation/certification of funds process. Additionally, PCSAs may also request to transfer the caseworker visits administration allocation to the caseworker visits direct services allocation. A request to transfer funds is to be made by submitting a JFS 02725 Family Service Agencies and WIA Local Area Budget Transfer Request prior to the end of the period of availability.

Expenditures are reimbursed with 75% federal Title IV-B Subpart 2 funds. The PCSA must use eligible state funding or provide local funds at a 25% match rate for the non-federal share.

Ohio Administrative Code Rule Changes

Since the last APSR update, Ohio has not made additional changes to the visitation requirements contained in Ohio Administrative Code (OAC) rules.

Other Efforts to Ensure Performance Standards are Met

Through the work of Ohio’s statewide CQI Advisory Team and OFC’s SACWIS team, agencies now receive monthly data reports on caseworker visitation (beginning in June 2015). A summary report of the SACWIS Comprehensive Visitation Report is emailed directly to each PCSA director and children services administrator on the 15th of each month. This report provides each agency’s percentages of visits met for children and parents for both in-home and custody cases each month. The visitation summary report contains aggregate data for each county agency – no case-specific information is available through this emailed summary. However, the full SACWIS Comprehensive Visitation Report is a powerful management tool that provides agencies with the ability to “drill down” to generate additional reports identifying which children and/or parents need visits completed each month. The monthly summary report enables PCSA leaders to keep close track of their agency’s data, providing PCSAs greater opportunity to improve their practice in this area.
VIII. Adoption and Legal Guardianship Incentive Payments

On September 18, 2015, Ohio was notified of receipt of FFY2015 Adoption Incentive funds in the amount of $128,176, and on September 2, 2016, Ohio was notified of receipt of FFY2016 Adoption Incentive funds in the amount of $219,837. ODJFS is currently determining how to utilize these funds. ODJFS plans to fully obligate and liquidate these funds by the end of the grant periods in 2018 and 2019 respectively.

In January 2017, the Office of Families and Children convened the Post Adoption Workgroup comprised of a number of public and private agencies and non-profit organizations serving adoptive families across Ohio. The goal of the Workgroup is to propose a continuum of services available to adoptive families from the point of first contact by prospective parents to post-adoption services available in response to the needs of the family.
IX. Child Welfare Waiver Demonstration Activities

On March 8, 2011, a five year extension, Phase III of Ohio’s Title IV-E Waiver Demonstration Project titled ‘ProtectOHIO’, was approved by the Children’s Bureau, Administration for Children and Families, U. S. Department of Health and Human Services (ACF). This was the third five-year waiver extension, and was effective retroactive to October 1, 2010 and through September 30, 2015. On April 10, 2015, ACF approved a short-term extension from October 1, 2015 through July 31, 2016, and on April 1, 2016 ACF approved a further short-term extension through September 30, 2016 to allow for consideration of Ohio’s request for approval of a fourth phase of the demonstration project from October 1, 2016 through September 30, 2019.

ProtectOHIO participation is currently comprised of 15 of Ohio’s 88 county public children services agencies, which amounts to over one-third of Ohio’s child welfare population, and 16 control counties for comparison. The 15 demonstration counties continue to use Title IV-E funds flexibly in order to prevent the unnecessary removal of children from their homes and to increase permanency rates for children who are in out-of-home care. Of the 15 counties participating, 14 are the original counties that participated in the initial five-year project (i.e., Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland and Stark), along with 1 additional county, Hardin, that joined in 2006.

In 2006, there were 4 additional counties that joined the Waiver demonstration (Coshocton, Hardin Highland and Vinton counties). Vinton County (VCDJFS) began Phase III but withdrew its participation effective October 1, 2012 due to ‘The New County Collaborations.’ House Bill 225 of the 129th General Assembly permitted the board of county commissioners of Hocking, Ross and Vinton counties to form a joint tri-county department of job and family services. As a result, ODJFS requested and was granted approval by ACF to withdraw Vinton County as a demonstration county and Hocking County as a comparison county. The withdrawal of Vinton County (demonstration) and Hocking County (comparison) has had minimal effect on the evaluation aspects of the project based upon their low caseload numbers.

In December 2014, ODJFS requested approval to amend the terms and conditions to withdraw Highland County Department of Job and Family Services from the ProtectOHIO Waiver Demonstration Program at the county’s request due to fiscal concerns at the county level. ACF approved the request to amend the terms and conditions to remove Highland County from the demonstration, effective October 1, 2014. Removing Highland County from ProtectOhio had minimal impact on cost neutrality, and their exit from the waiver program did not have a significant impact on the evaluation, given their small number of cases. In September 2015, ODJFS requested approval to amend the terms and conditions to withdraw Coshocton County Department of Job and Family Services from the ProtectOHIO Waiver Demonstration Program based on the county’s request regarding fiscal and placement impact concerns. ACF approved the request to amend the terms and conditions to remove Coshocton County from the demonstration, effective October 1, 2015. The removal of Coshocton County has also been determined to have minimal impact on the evaluation of the project due to their small number of cases.
During Phase III of Ohio’s Title IV-E Waiver Demonstration Project (October 1, 2010 through September 30, 2015), ODJFS and the ProtectOHIO Consortium selected two distinct “core intervention strategies” to serve as the focus of waiver activities. All 15 participating counties have implemented 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.

During Phase IV of Ohio’s Title IV-E Waiver Demonstration Project (October 1, 2015 through September 30, 2019), ODJFS and all 15 of the ProtectOHIO Consortium counties continued to focus on the two distinct “core intervention strategies” – Family Team Meetings and Kinship Supports.

In addition to these core strategies, participating counties have also had the option to spend flexible funds on other supportive services that prevent placement and promote permanency for children in out-of-home care.

**Integration of Waiver Activities and the CFSP**

*ProtectOHIO Consortium*

The Consortium is a very important component of the project which provides oversight for the demonstration. It consists of agency directors and/or upper level administrative staff of the 15 counties participating in the waiver, ODJFS staff, and members of the Human Services Research Institute (HSRI) evaluation team. Meetings are county driven and are usually chaired by one of the county agency directors. The meetings continue to provide an opportunity for the demonstration counties to share information and provide support, guidance and discuss emerging trends and practices with one another.

As the guiding body for Ohio’s Title IV-E Waiver Demonstration, the Consortium also serves as a critical component of the CFSP’s collaboration infrastructure, as described in Section I. The consortium has continued to be an important partner in the ongoing assessment and implementation of Ohio’s five-year CFSP. During this reporting period, the ProtectOHIO Consortium met on May 24, 2016, July 26, 2016, September 27, 2016, November 15, 2016, January 24, 2017, March 28, 2017, and May 23, 2017. The focus of these meetings was to continue discussion on ways to increase fidelity to the strategies to improve outcomes for the Phase IV waiver extension, identify evaluation data, and share placement and fiscal data. Quarterly meetings were also held during this period among three different subcommittees (Family Team Meeting, Kinship, and Fiscal) to plan for continued implementation of the intervention strategies and continuation of the waiver and evaluation. Of primary consideration for the Fiscal subcommittee will be evaluation of fiscal impact, budget neutrality, placement day costs, and long-term
sustainability. The Consortium identified a primary consideration to be identification of issues and impact that the impending loss of Title IV-E waiver funding will have and plans for transition of agencies to the reimbursement model of Title IV-E funds versus the current model of up front flexible funding.

In addition, six Consortium and evaluation members attended the Eighteenth Annual Child Welfare Waiver Demonstration Projects Meeting held in Washington, D.C. in September 2016.

On November 30, 2016, Ohio’s Semi-annual Report (for the period of April 1, 2016 through September 30, 2016) was submitted to the Children’s Bureau of the federal office of the Administration for Children and Families (ACF). With Phase III of the waiver extension ending during the previous review period (September 30, 2015), the final evaluation report was reviewed by the ProtectOHIO Consortium and submitted to ACF in March 2016. In addition, six Consortium and evaluation members attended the Eighteenth Annual Child Welfare Waiver Demonstration Projects Meeting held in Washington, D.C. in September 2016.

Coordination of Activities

Ohio’s CFSP includes several activities that will continue to be integrated with the state’s Title IV-E Waiver project. These include, partnering with the ProtectOHIO demonstration sites to:

- Expand the availability of training on the FTM model through the Ohio Child Welfare Training Program.
- Provide technical assistance to support effective implementation of FTMs in new areas of the state.
- Review current data regarding kinship placement to identify trends, including the kinship caregiver survey findings analyzed by the ProtectOHIO research team.

In order to assure the effective coordination of these activities with the waiver demonstration project, the work plan to accomplish these CFSP benchmarks will be implemented in consultation with the Consortium and its various Subcommittees. These include the ProtectOHIO Subcommittee on High Fidelity FTMs, the Kinship Strategy Subcommittee, and the Fiscal Subcommittee - each described below.

- High Fidelity FTM Subcommittee: OCWTP staff have developed a new blended training program which will include classroom training and web-based training on the FTM practice manual. The Subcommittee continues to formulate ideas on how to increase fidelity to the FTM model across counties. The evaluation team conducted additional analyses to explore whether ‘attendee’ or ‘timeliness’ fidelity components have more bearing on positive outcomes. Since the interim report findings were disseminated, showing that high fidelity FTM is associated with positive outcomes, the facilitator workgroup has taken several steps towards increasing fidelity to the model, including developing a subcommittee focused on conceptualizing strategies that could be implemented across rural and urban counties, and continually strategizing methods to overcome barriers naturally associated with family team meeting interventions.

- Kinship Strategy Subcommittee: The Kinship Strategy Subcommittee continues its focus on improving methodologies and best practices for serving kinship caregivers and the children who are in their care due to an open child welfare case, regardless of custody status or supervision
orders. The process and outcomes findings will inform decision making regarding potential ways in which the kinship strategy could be refined. To enhance fidelity and service delivery, the Subcommittee developed the ProtectOHIO Kinship Strategy (Self-Directed): Implementing the ProtectOHIO Kinship Manual course in partnership with the Ohio Child Welfare Training Program. This online tool is a resource for caseworkers in ProtectOHIO counties and consists of three components: a workbook for caseworkers, a supervisor companion guide, and seven online presentations.

- Fiscal Subcommittee: This committee will continue to review and discuss current usage of funding and flexibility/creative ideas being utilized for services to children and families. The primary focus for this waiver period will be on identifying issues related to loss of waiver funding, determining strategies for how counties will transition to the non-waiver funding model, and identifying priorities for transition planning for the Consortium. However, it has already been identified that a great disparity exists between what research suggests is best for children and families and the reimbursement strategy behind the federal funding approach to the child welfare system in America.

  o In traditional child welfare practice, the large majority of federal funds are title IV-E, designated for foster care services, and only a fraction of federal dollars can be spent on prevention and reunification services.
  o This is in direct conflict with an extensive amount of research that suggests that keeping children in their homes or placing them in the care of relatives is in the best interest of the child.

**Coordination of IV-E Waiver & IV-B Programs and Services**

Participation in the Title IV-E waiver demonstration has maximized counties’ ability to provide services typically only funded through Title IV-B, including family preservation, family support, family reunification and adoption support. The fiscal flexibility provided to the state’s ProtectOHIO sites facilitates the delivery of needed services to prevent the unnecessary removal of children from their homes and increase permanency for those children who are placed in out-of-home care. Moreover, ProtectOHIO’s core intervention strategies are founded on the essential components of family-driven case planning and service selection, which have been shown to result in positive child welfare outcomes.

ProtectOHIO continues to be seen by the demonstration counties as a vital funding source and impetus for creativity and partnerships. Several themes continue to emerge from evaluation reports:

- It has been a validation of long-time processes and beliefs about best practice.
- In practice, it is the two strategies, FTM and Kinship Supports that represent a better way of interacting with and engaging families, and at the same time provide more support for casework staff. Both of these changes contribute to quicker permanency.
- It is an invaluable resource because it is flexible, enabling agencies to have more to offer families and kinship caregivers, providing an opportunity to do something different, challenging workers and agencies overall to be creative and to do nontraditional things, and allowing the agencies to do prevention and to front-load services.
- It is systemic reform in that funding is not tied to one model of intervention and it gets funders (state and federal) out of case-level decisions.
• It has meant a culture change, involving more people in case decisions and in responding to individual needs, looking at new possibilities in community networks and enabling the PCSA to partner with other agencies.
X. Quality Assurance System

OFC Continuous Quality Improvement Initiative

Beginning with the development of Ohio’s 2015-2019 Child and Family Services Plan, OFC launched a Statewide Continuous Quality Improvement (CQI) initiative. As noted in the CFSP, OFC’s CQI initiative seeks to develop a statewide approach to CQI in Ohio’s child welfare system that is:

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

The CQI initiative is an extension of the efforts initiated under Ohio’s work with the Midwest Child Welfare Implementation Center through the Partners for Ohio’s Families project. OFC and our public and private agency partners have made great strides over the past few years through the Partners for Ohio’s Families initiative working together to improve outcomes for children and families. The CQI initiative represents the progression of that effort through the development of a formalized structure to sustain continuous cycles of learning and improvement in partnership between the state and our public and private agency partners at the local level.

The CQI objectives outlined within Ohio’s CFSP are to:

- Further develop Ohio’s statewide CQI infrastructure for child welfare;
- Increase accessibility of SACWIS data and improve data integrity to support CQI activities;
- Further integrate CQI into OFC’s technical assistance and CPOE review processes;
- Apply CQI principles to improve casework practice and supervision; and
- Implement innovative and evidence-based or evidence-informed practices to improve safety, permanency and well-being outcomes for children and families.

To accomplish these objectives, OFC formed a CQI Advisory Team which includes representation from all OFC bureaus, PCSAs from all CPOE size categories and regions of the state, private agency partners, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the Public Children Services Association of Ohio, and the Ohio Association of Child Caring Agencies. The Advisory Team’s Charter includes a commitment from members to:

- Develop a fully-articulated, written framework to serve as the foundational document for Ohio’s statewide system of CQI for child welfare;
- Make recommendations to increase the accessibility and integrity of data for child welfare professionals in a variety of roles (front-line practitioners, supervisors, child welfare agency administrators, state staff and partners);
- Serve as champions for the development of a statewide “CQI Community” and make recommendations to support increased sharing of information and resources related to CQI across agencies;
- Make recommendations for the design of a multi-county Peer Review process and explore the feasibility of integrating county Peer Review with CPOE and/or CFSR Round 3 case reviews;
- Serve as an ongoing leadership forum to provide guidance on Ohio’s statewide system of CQI; and
- Promote a sustained focus on advancing practice and improving outcomes for children and families.

As noted in the Update to the Plan for Improvement section of this APSR (Section III), four Subcommittees of the CQI Advisory Team were formed to accomplish the statewide CQI benchmarks outlined in Ohio’s CFSP. A status update on the progress of each of these subcommittees is included within the Update to the Plan for Improvement section of this APSR (Section III).

**Child Protection Oversight and Evaluation (CPOE)**

As noted in Ohio’s *CFSR Statewide Needs Assessment* submitted in February 2017, the Ohio Child Protection Oversight and Evaluation (CPOE) process is the centerpiece of Ohio’s Statewide Quality Assurance System. Ohio’s CPOE system was implemented more than twenty years ago as a systematic and consistent method to review child welfare practice at the county level. The CPOE quality assurance system provides a continuous cycle for assessment and improvement of performance. Each of Ohio’s eighty-eight (88) PCSAs is required by Ohio Revised Code (ORC) to participate in this review process, which operates on a twenty-four month cycle. CPOE is designed to improve services and outcomes for Ohio’s families and children through a coordinated review between the PCSAs and ODJFS. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four month period.

Significant changes were made for CPOE Stage 10, which was initiated in October 2014. These included:

- An overall increase in the number of cases reviewed for each county. Small counties now have 9 cases reviewed; 10 for medium-small counties; 13 for medium-sized counties; 15 for large and metro-sized counties; and 18 for the major metro counties.
- Alternative Response cases are included in the review sample – cases must have been open for at least 45 consecutive days.
- Title IV-E juvenile courts are also included in the CPOE review.

With the increased sample size and inclusion of Title IV-E juvenile courts, 1,204 cases will be reviewed through CPOE Stage 10 (an increase of 456 cases over CPOE Stage 9). Following is an annual comparison of cases reviewed in each year of CPOE Stages 9 and 10:
CPOE Stage 9: Total Cases: 757

CPOE Stage 10: Total PCSA cases: 1,067 (88 PCSAs)
   Total IV-E Court cases: 88 (Brown, Shelby, Warren had no children under custody and control during the Period under Review)

In addition to the above noted changes, the CPOE Stage 10 Framework includes a stronger focus on counties’ administrative performance data and CFSR outcomes. The Framework for CPOE 10 also includes several strategies aimed at increasing inter-rater reliability among reviewers. These include use of the federal Online Monitoring System (which facilitates quality assurance reviews), new supervision strategies and regular meetings with reviewers focused on consistency and inter-rater reliability issues (please see Update to Plan for Improvement in Section III).

The CFSR Statewide Assessment included an assessment of the functioning of Ohio’s Quality Assurance System. It is important to note that an examination of county progress from CPOE Stage 9 to CPOE Stage 10 demonstrated improvement on all items for which the highest number of PCSAs were required to develop a QIP (20 and above). This is evidence of the effectiveness of Ohio’s CPOE process, which includes not only the case review itself and issuing of a county-specific CPOE report, but also:

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

QA/CQI Results and Ohio’s CFSP

The CFSR Statewide Assessment provided a thorough and comprehensive description of how statewide administrative data and QA results from the CPOE review process have been used to assess statewide performance on each of the safety, permanency and well-being outcomes and the systemic factors. This comprehensive assessment has affirmed the overall direction of Ohio’s strategic Child and Family Services Plan with minor adjustments as noted in the Update to the Plan for Improvement Section of the APSR (Section III).
XI. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

Refer to Appendix E: Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update
CFCIP Accomplishments and Planned Activities for FY 2018

In the 2015-2019 CFSP, Ohio outlined ten goals with regards to CFCIP services. Two of the goals have been achieved. A few of the goals are ongoing, with supportive activities that will continue on an annual basis. Goal 1 below has been achieved and will be removed from next year’s report. The information provided below details the state’s specific accomplishments achieved and provides information on the planned activities for Fiscal Year 2018. ODJFS engages with partners in both the public and private sectors, including foster youth themselves, in a variety of ways to enhance programming to assist youth in the transition from foster care to achieved independence. Some of the goals also show how ODJFS coordinates services with other federal and state programs to bolster additional benefits for youth.

**Goal 1: Ohio will develop a statewide Transition Plan template in SACWIS to assist in service planning for youth emancipating from foster care.**

Combining the best elements of the two existing Transitional Plans being utilized throughout Ohio (Ohio Benefits Bank and the Foster Club tools), ODJFS policy and SACWIS staff designed and finalized a statewide template to capture transition plan activities outlined for youth, prior to their emancipation from foster care. In addition to the Transition Plan, an Emancipation Plan template was developed in SACWIS. Other parts of this initiative included upgrades to the Independent Living Plan, improvements to NYTD and credit check sections as well as adding five additional reports. The reports include youth friendly versions of the plans. The SACWIS functionality went live in October 2016.

**Goal 2: Development of a statewide Independent Living Skills Toolkit for IL practitioners and caregivers which encompasses hands-on activities and best practices to foster IL skill development for transitioning foster youth.**

In an effort to enhance independent living services for foster youth and emancipated young adults, ODJFS Transitional Youth Program staff developed an *Independent Living Skills Toolkit for Ohio’s Transitioning Youth* that can be used as a supplemental resource for IL practitioners and caregivers. With a goal of improving lifelong outcomes for transitioning foster youth, we have developed this toolkit to be used along with the agency’s independent living classes and structured curriculum, not a replacement of IL classes.

The toolkit contains best practice engagement approaches and “hands on” activities to foster a youth’s skill development in each of the eleven IL skill areas, as defined within Ohio Administrative Code 5101:2-42-19 *Requirements for the Provisions of Independent Living Services to Youth in Custody*. The toolkit also offers suggested “soft skills” activities for younger adolescents.

Application of these effective hands-on activities and toolkit resources will support the practice of normalcy and assist caseworkers and caregivers in meeting the youth’s Independent Living Skills and Final Transition Plan services prior to emancipation from foster care. Utilization of the IL toolkit will not
be mandated, but this resource will aid in supporting priorities previously identified by stakeholders as keys to strengthening the current IL programming statewide. These include the following:

- Increasing foster parents’ awareness of and participation in IL programming;
- Working with foster parents to ensure that youth in their care are allowed to participate in activities that will enable them to develop life skills, including cooking, laundry, budgeting and shopping; and
- Developing new training or enhancing current training for foster parents in the above areas. (Workshop presentations to demonstrate utility of the IL Toolkit are being scheduled currently.)

Goal 3: Continue to host statewide and regional forums with CFCIP stakeholders, to include current and former foster youth.

ODJFS Transitional Youth (TY) Coordinators annually host five regional Independent Living (IL) forums and one statewide event with all stakeholders. Participants invited to these events include public and private agency staff, juvenile court staff and foster parents/adult supporters who work with transitioning youth. Current and former foster youth are asked to present and/or participate at the statewide event as well. During these meetings, TY coordinators facilitate discussions about services and resources for current and former foster youth and provide technical assistance regarding new or current federal and state mandates. These meetings also provide a forum for peer-to-peer learning with opportunities for participants to share best practices. TY coordinators are joined at these meetings by other ODJFS staff from the policy, program and technical assistance areas. Each year the regional forum agenda is created based on the current and expected needs of the transitioning youth population. Presentations during both the regional forums and the statewide event are facilitated by community partners and service providers that are relevant to the transitional youth population. This year’s key discussion topics at the 2016 Independent Living and Transitional Youth Fall Regional Meeting series focused on Independent Living Policy updates, new state program initiatives, and education that will serve our youth in transition. The meeting agenda and topic outline is as follows:

**IL Policy Updates**

- **NYTD**
  ODJFS successfully completed the second cycle of NYTD surveys for the 19 year old cohort group. This cycle ended September 30, 2016, in which Ohio met the federal standards by achieving 69% survey completion. ODJFS is very grateful to all the counties who assisted in finding former foster youth and encouraging them to complete their survey. It is very important that youth complete these NYTD surveys in order for Ohio to meet the federal standards. States that do not meet the federal reporting standard could potentially have their Chaffee funding reduced by 2.5%. We are pleased to report that Ohio has been federally compliant. The next cohort (baseline) group to participate in the NYTD survey will include foster youth who will reach their 17th birthday during FFY 2017 (October 1, 2016-September 30, 2017), and are in foster care within 45 days following their 17th birthday. All youth in this baseline group are to complete the survey, regardless of the amount of time the youth has been in foster care or whether the youth has received independent living services. The survey contains questions
regarding homelessness, substance abuse referrals, incarceration and if the foster youth has children. Responses should be based on the youth’s lifetime experiences.

- **Credit Report**
  The credit reporting mandated language was removed from the Semiannual Administrative Review (SAR) rule 5101:2-38-10 and added to 5101:2-42-19 *Requirements for the Provisions of Independent Living Services to Youth in Custody* rule. The expectation is that all foster youth who are 14 years old and older will have at least one credit report requested from the identified Credit Reporting Agencies (Equifax, Experian, and Trans Union) before their first SAR, and then annual requests from all three CRA’s while remaining in agency custody. If a youth’s identity or information has been misused, detailed instructions are included to also notify the Ohio Attorney General’s Office and the expectation is for the PCSA to assist with any needed activity to resolve inaccuracies within the youth’s credit record.

- **Foster Youth Rights Handbook**
  The Foster Youth Rights Handbook (JFS 01677) will have a Spanish edition available electronically to meet the needs of our Spanish speaking youth and families.

- **Personal Responsibility Education Program (PREP)**
  PREP is a free program administered by the Ohio Department of Health and the Ohio Department of Youth Services aimed at reducing teen pregnancy and the sexually transmitted disease rates of Ohio’s at risk youth 14-21 years of age, who reside in foster care and the juvenile justice systems. ODJFS partners with the other two state departments to design and implement this initiative. Youth are educated with a 16 hour evidenced-based training curriculum entitled “Reducing the Risk” (RTR), which serves as the foundation for pregnancy prevention education, as well as, adulthood topics such as:

  1. Healthy relationships
  2. Financial literacy
  3. Educational and Career Development

  In addition to PREP, the Ohio Department of Health also offers a one day, six hour Trauma Informed Care training for child welfare professionals, foster parents, and juvenile detention staff. The training combines Think Trauma with essential elements from the National Child Trauma Stress Network Child Welfare training that outlines: Trauma and Delinquency, Trauma’s Impact on Development, and Survival Coping Strategies.

- **SACWIS Updates**
  The SACWIS Project team made changes and improvements to the Independent Living module and Credit Reporting functionality in SACWIS to be more efficient and user friendly. The enhancements also included, creating and incorporating the new Final Transition Plan and Emancipated Youth Plan. In addition, NYTD surveys can be documented in SACWIS and users are now able to record the youth’s outcomes with the new functionality. The new IL tools went live in SACWIS on October 27, 2016. The modifications made to the current IL Reports included:

  1. Streamlining the Independent Living Plan while reducing data entry.
2. Changing the way the Independent Living Goals function.
3. Allowing user to add Contacts in multiple areas to be displayed in four areas (NYTD, IL Plan, Final Transition Plan, and Emancipated Youth Plan).
4. Credit Reports will no longer be captured in the SAR/Case Review, rather it will now be captured in the Independent Living module and pulled into SAR/Case Review.

**New Program Initiatives**

- **Managed Care**
  Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services. Effective January 1, 2017, children in the custody of the public children services agency and adopted children who are eligible for Title IV-E Federal Adoption Assistance or State Adoption Maintenance Subsidy (SAMS) were required to receive their benefits through a Managed Care Plan (MCP). There are five managed care plans in Ohio: Care Source, Buckeye, Molina, United Health Care and Paramount. Children in custody could be enrolled in managed care prior to the January 1 date at the discretion of the PCSA, to promote a smooth transition and continuity of care. Prior to January 1, PCSAs selected the plans for which they want the child enrolled and submitted this information to ODM. ODM contacted adoptive parents to enroll their children in managed care.

- **Comprehensive Case Management and Employment Program (CCMEP)**
  Comprehensive Case Management and Employment Program (CCMEP) is a program designed to help the emerging workforce prepare for and find meaningful employment and become the key to Ohio’s economic success, by breaking the cycle of poverty for thousands of Ohioans. Ohio addressed this challenge by creating a new framework for serving low-income Ohioans ages 16 to 24, through an integrated intervention program that combines the Temporary Assistance for Needy Families (TANF) program and the Workforce Innovation and Opportunity Act (WIOA) Youth program. CCMEP provides employment and training services to eligible, low-income individuals based on a comprehensive assessment of employment and training needs, as well as a basic skills assessment. Participants are provided services to support goals outlined in their individual opportunity plan, which may include support to obtain a high school diploma, job placement, work experience, and other supportive services such as child care and transportation. Effective July 1, 2016, individuals served by TANF and the WIOA Youth programs are served through CCMEP as a single population under a consolidated system of service delivery.

- **Fostering to 21 (Newly titled as Bridges)**
  The Fostering Connections to Success and Increasing Adoptions Act was enacted in 2008 by the U.S. Department of Health and Human Services. This allowed states the option to extend their eligibility for Title IV-E payments up to the age of 21 when young adults who emancipate from the foster care system meet certain education, training or work requirements. With the passage of Substitute House Bill 50 on May 25, 2016, ODJFS is developing a program that will provide housing and case management assistance to young adults age 18-21 that qualify. HB50 also
allows Ohio to extend the Adoption Assistance Subsidy to young adults 18-21 that meet the same education, training or work requirements. Extending federal funding for youth through the age of 21 will allow these young adults to increase their opportunities for success as they transition to adulthood. To participate in the program, a young adult must meet the following criteria:

**Adoption Assistance:**
- Adopted person was 16 or 17 when adopted and had been in the custody of a PCSA and the parent entered into an adoption assistance agreement.
- The person has attained the age of eighteen but not attained the age of twenty-one.
- Parent maintains parental responsibility to adopted person.
- Must meet at least one of the following criteria:
  - Is completing secondary education or a program leading to an equivalent credential;
  - Is enrolled in an institution that provides post-secondary or vocational education;
  - Is participating in a program or activity designed to promote, or remove barriers to, employment;
  - Is employed for at least eighty hours per month;
  - Is incapable of doing any of the activities described due to a medical condition, which incapacity is supported by regularly updated information in the person's case record or plan.

**(Bridges) Housing and Case Management:**
- The person has attained the age of eighteen but not attained the age of twenty-one;
- The person was in the custody of a public children services agency upon attaining the age of eighteen;
- The person signs a voluntary participation agreement; and
- Must meet at least one of the following criteria:
  - Is completing secondary education or a program leading to an equivalent credential;
  - Is enrolled in an institution that provides post-secondary or vocational education;
  - Is participating in a program or activity designed to promote, or remove barriers to, employment;
  - Is employed for at least eighty hours per month;
  - Is incapable of doing any of the activities described due to a medical condition, which incapacity is supported by regularly updated information in the person's case record or plan.

Once a young adult has been determined eligible, a Voluntary Participation Agreement (VPA) must be signed by both the Young Adult and the Bridges’ Case Manager stating the activities that each individual will accomplish to ensure the young adult continues to be eligible for the program. The VPA has to be reviewed every 180 days by either a judge or through an administrative review to ensure that the best interest of the young adult is being considered, and that the young adult is involved in the process. If it has been determined that a young adult doesn’t meet the eligibility requirements or has been terminated from the program, the young adult may request a State Hearing to appeal the decision. In the meantime, the young adult will be referred to the CCMEP program or Post Emancipation Services through their local public children services agency.
**Education**

- **Every Student Succeed Act (ESSA):**  
  In December 2015, Congress passed the Every Student Succeeds Act, which reauthorized the Elementary and Secondary Education Act of 1965 and instituted new protections for students in foster care. The requirements under Title I, Part A of ESEA, as amended by ESSA, highlight the need to provide educational stability for children in foster care, with particular emphasis on collaboration and joint decision making among school districts, individual schools and custodial agencies to ensure that foster youth have the equitable opportunities for academic achievement and social development. These provisions took effect on Dec. 10, 2016.

- **Education Training Voucher (ETV)**  
  Foster Care to Success staff informed participants that the ETV Program is not just financial aid, it offers a system of academic and social support designed to help students successfully complete their education and become independent contributing members of society. Statistics were provided on several Ohio students who were noted for their academic achievement. Those achievements consisted of ETV students earning the following certifications or degrees: Underwater Welding Certificate; Bachelor’s degree from Ohio University, completion of a Medical Assisting Program including earning a X-ray tech certificate; a mom of two children earned an Associate’s degree, transferred to Miami University all while working at a full-time job. However, it was noted that with all the success and supports of the ETV program, there are many students who face Post-Secondary challenges. Challenges include: struggle to adjust in college (e.g., making new friends and feeling a sense of belonging); mental health issues; stressors including housing and homelessness; limited academic progress due to lack of college preparedness skills; and for-profit schools which are significantly more expensive than public institutions, forcing students to take out student loans and failing to provide credentialed programs and job placements. Research has shown that a majority of foster youth nationwide are not positioned for success. Seventy percent of 17-18 year olds from foster care read at a 7th grade level; fifty percent of foster youth do not complete high school by the age of 18; and seventy-two percent of foster youth who enroll in higher education, do not earn a degree/credential within 6 years of first enrollment.

Strategies for improving educational outcomes were identified by Prioritize Educational and Career Planning such as: 1) The Ohio Department of Education offers extensive resources for K-12 and post-secondary and career exploration. Programs include: AVID and Upward Bound help youth develop academic and life skills. At the county level, JFS and school districts need to coordinate and prioritize enrolling youth in school-based programs and services; 2) Career Technical Training Opportunities through Ohio’s Community College System and Career Technical Education Centers, Ohio Means Jobs, Workforce Training (at no cost), Job Corp, AmeriCorps, and military services; and 3) Stacked credentials.

- **Ohio Reach Mentoring Initiative.**  
  This project is detailed below in goal # 7.

OFC’s Transitional Youth (TY) Coordinators continued to partner with other organizations and hosted the Transitional Youth Programs Statewide Meeting with stakeholders in 2017. The annual Statewide
Transitional Youth Meeting was held on May 8, 2017 to provide updated information on Ohio’s new program initiatives that were introduced during the regional meetings last fall, and the focus centered on highlighting new housing initiatives across Ohio. Specific presentation topics included: CCMEP, Bridges, Cuyahoga County’s 100 day Challenge to End Youth Homelessness, Balance of State Continuum – Housing Demonstration Grant, Lighthouse for Youth Services – Housing Demonstration Grant, U.S. Department of Housing and Urban Development, and Ohio Reach Mentoring Initiative and Scholarship Program.

**Goal 4: Continued Support for the Ohio Youth Advisory Board (OHIO YAB).**

The Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people across Ohio ages 14-24. Their mission statement is: “We exist to be the knowledgeable statewide voice that influences policies and practices that effect all youth who have or will experience out of home care.” The OHIO YAB believes in the power of youth voice and actively works to establish and develop county and regional youth advisory boards. It also works to influence policies and practice that impact current and former foster youth. OHIO YAB meets quarterly, and the ODJFS Transitional Youth (TY) staff regularly attend these meetings to gather and share valuable programming and service information with the youth. ODJFS continues to provide funding for OHIO YAB.

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

Bridges staff has conducted several youth focus groups that were held throughout Ohio. Participants were current foster youth ranging from the ages of 14-18, former foster youth between the ages of 19-26 and also adult supporters from various community resources. The primary purpose of these focus groups was to facilitate conversation surrounding services the youth felt they would need when they emancipate from foster care as well as help develop the culture and environment of Bridges. The questions and talking points centered on: youths’ experience in care and their transition out of custody, housing and the qualities an effective Bridges worker should possess. Especially useful was the information shared by young adults who had already emancipated, as they were able to share what they wish they had known beforehand and what services were helpful. Bridges staff will continue to organize and hold youth focus groups as program planning continues through the implementation of Bridges. Staff is also in the process of coordinating focus groups that will incorporate youth in residential settings with the goal of obtaining relevant information from youth aging out from congregate care.

**Goal 5: Continue to host and support statewide training venues that promote CFCIP services.**

OCWTP has created a series of Independent Living trainings that are co-facilitated by an Institute for Human Services (IHS) trainer and a former foster youth. The unique format in which these trainings are presented allows participants to get a real look at Independent Living topics from a former foster youth perspective. Transitional Youth Coordinators promote these trainings to all public and private agency staff working with emancipating youth or those youth still in foster care, as well as foster parents and adult supporters. Workshop titles and descriptions of this training series includes:
POSITIVE YOUTH DEVELOPMENT: THE VITAL LINK
Youth are a tremendous and often overlooked resource. Agencies can improve their independent/transitional living programs by utilizing the skills youth possess. Not only will youth enhance agency programs, youth themselves will develop confidence and self-esteem through the contribution of their experiences. Participants will learn creative ways of empowering youth by allowing them to take on leadership roles, aid in decision-making, and assist in program implementation. Barriers and benefits will be discussed, as well as attitudes regarding youth as resources. Participants will explore levels of youth involvement in independent/transitional living programs, which will include advisory boards, mentor programs, peer helping, and community involvement.

LIFELONG CONNECTIONS: PERMANENCY FOR OLDER YOUTH
When planning for permanency with adolescents, we have to think and use approaches differently from when planning for younger children. Permanency for older youth is not centered on the living arrangement; it is not simply providing independent living services; and it is not just offering adoption. Instead, it provides youth with the opportunity to forge lifelong permanent connections to people they identify as important. This training allows participants to experience the impact of permanent connections and grasp why they are important. Finally, participants will come to understand how adolescent development relates to permanency.

ENGAGING YOUTH IN TRANSITION PLANNING
This training provides a definition of transition planning, examines the benefits of youth engagement, and outlines the transition planning process. In addition, participants will learn about the Foster Club’s Transition Planning Toolkit - a document that helps transitioning adolescents develop their plans for the future. It is strongly recommended that participants attend 202-35-NOS (CW and FC 12 hrs.) *Positive Youth Development: The Vital Link* prior to attending this workshop.

Training of Caregivers and Case Managers
The OCWTP offers four standardized trainings for caregivers of transitioning youth. The NRCYD Independent Living series is a set of three trainings (total 24 hours) and the other training, *Fostering Self-Reliance in Children and Youth: Roots and Wings*, is part of the Fundamentals of Fostering series.

In addition, the OCWTP maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on independent living. The table below provides statewide data on both standardized and non-standardized course offerings between July 1, 2016 and June 30, 2017 on independent living for staff, caregivers, and adoptive parents, including some joint sessions. By the end of SFY 2017, 93 sessions will have been offered.
### OCWTP Standardized Courses

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<th>Independent Living Series/ Fundamentals of Fostering</th>
<th>Sessions Offered</th>
<th>Attendance</th>
<th>Sessions Scheduled</th>
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<td>Positive Youth Development: The Vital Link</td>
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<td>2</td>
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<tr>
<td>Life Long Connections: Permanency for Older Youth</td>
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<td>Engaging Youth in Transition Planning</td>
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<td>Fostering Self-Reliance in Children and Youth: Roots and Wings</td>
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### OCWTP Non-Standardized Courses

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<tbody>
<tr>
<td>Independent Living sessions for caseworkers</td>
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<td>4</td>
</tr>
<tr>
<td>Independent Living for foster care and adoptive parents</td>
<td>28</td>
<td>9</td>
</tr>
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</table>

**Note:** Report does not include Foster Parent College courses offered to Caregivers through the OCWTP.

The summary of available workshops for 2017-2018 are listed below:

**OPENING THE DOOR TO INDEPENDENT LIVING – OVERVIEW**

This workshop will introduce foster parents to the many challenges that adolescents face when leaving foster care and moving toward independent living. Be prepared for an interactive, hands-on workshop that will enlighten and encourage foster parents in helping your adolescent have a more successful transition to independent living.

**NINE ESSENTIAL CONNECTIONS TO INDEPENDENT LIVING**

Casework staff will learn how to coach children and youth on soft and hard skills needed for successful independent living. Topics that will be discussed are: knowledge, skills and information; maintaining relationships with significant people in their lives; connections to groups (family, community, work); meaningful roles; source of joy (what makes them happy); system of values; history (where they came from); sense of place (certain places that are important to us); and means of support.

**ADOLESCENTS IN FOSTER CARE AND EMOTIONAL RESILIENCY**

Casework staff will learn how to coach children and youth on soft and hard skills needed for successful independent living. Skills that will be discussed are: knowledge, skills and Information; maintaining
relationships with significant people in their lives; connections to groups (family, community, work); meaningful roles; source of joy (what makes them happy); system of values; history (where they came from); sense of place (certain places that are important to us); and means of support.

ADOLESCENTS IN FOSTER CARE AND EMOTIONAL RESILIENCY
Regardless of where young people are placed in the child welfare system, they need to develop boundaries, emotional health, and the skills to build lifelong relationships. These are specific tools that can help young people overcome the trauma of their pasts and navigate adult relationships. This workshop incorporates insights of foster care alumni throughout the nation to equip professionals to facilitate the emotional development of youth in care. National research on foster care alumni and Post-Traumatic Stress Disorder (PTSD) will be shared. Participants will leave with concrete tools to support adolescents in foster care with the development of personal boundaries and the skills to build trusting, restorative relationships.

REAL LIFE 101: PREPARING ADOLESCENTS FOR INDEPENDENT LIVING
This workshop explores the risk factors, resources, and national best practices related to young people who are "aging out" of care. Hands-on activities include the creation of a personal mission statement and a life management plan, as well as The Bridge to the Future and The Ladder to Success. The workshop concludes with a board game, Real Life 101 that illustrates various paths that young people can take to map out a successful adulthood.

FOSTERING SELF-RELIANCE IN CHILDREN & YOUTH: ROOTS & WINGS
Parents must equip their children for independence as they grow into adulthood. The process of enhancing a child’s ability to be self-reliant begins around 18 months of age and continues into young adulthood. Parents begin this process with the simplest learning opportunities in daily living skills; they increase the complexity of the activities and skills as the child succeeds and matures. Building self-reliant adults is an intentional process. This workshop gives parents and caregivers specific tools to foster self-reliance in children of all ages and developmental levels.

CHALLENGES FACED BY AGING-OUT YOUTH
This workshop explores barriers and resources related to emancipating foster youth during their journey into young adulthood, including:

- Federal requirements regarding essential elements to be covered in the development of a 90-day transition plan, as outlined in the Fostering Connections to Success and Increasing Adoptions Act of 2008.
- Federal, state, regional, and local resources to support the success of foster care teens and young adults related to health, higher education, employment, and legal needs, including Chafee funds, WIA funds, and existing state/local initiatives.
- Foster Club’s Permanency Pact as a tool to help young people identify supportive connections.

TRANSITIONING YOUR FOSTER CHILD INTO ADULTHOOD: WHAT DO I DO NOW?
Life skills training is crucial for all youth. Frequent contact and potential closeness between youth and foster parents make this environment a natural place for life skills training to occur. Participants will learn the Q-TIP (Quit Taking It Personally) method and how to build relationships with their children while teaching them to be resilient and independent.
INDEPENDENT LIVING ISSUES FOR CAREGIVERS
The experience of entering foster care can be the most traumatic event of a child’s life – even more traumatic than the abuse that led to removal. The transition from removal to reconnection (permanency) is a fragile process, especially when the permanence plan is independent living. If foster care was historically seen as “rescuing” a child from harm or injury that is not the whole picture in today’s foster care system. There is a growing expectation that foster parents will be able to prepare an adolescent for independent living, and that foster parents will actively support the adolescent in his/her efforts to live on his/her own. The goal of this workshop is to provide information about why the involvement of foster caregivers with adolescents is critical. This training will enhance the skills the foster caregiver already possesses in engaging adolescents, defusing issues, and developing strategies of support.

WORKING WITH AND ENGAGING EMANCIPATING YOUTH
This class will review effective case planning for emancipating adolescents. The essentials of various data collection strategies, including assessment measures and motivational interviewing, will be reviewed. Tools for assessing an adolescent’s readiness for independent living, and assistance aides and strategies will be shared.

NAVIGATING THE PATH TO INDEPENDENT LIVING PROCESS
In this workshop, foster parents will learn about the tools and resources available to actually assist adolescents in reaching their goals of emancipation. The following will be introduced: Ansell Casey Life Skills Assessment, a scored report of the Assessment, guides for developing plans, the Independent Living Roadmap, and the Emancipation Preparation Goal Contract. Tips on motivating teens will be examined.

Ohio Reach is continuing to offer a series of trainings for Higher Education staff, child welfare professionals and other professionals that are preparing current and former foster youth for post-secondary learning. In calendar year 2016, Ohio Reach completed the following trainings:


More than 450 foster youth, former foster youth, adult caregivers and professionals participated in the 2016 Fostering Pathways to Success Conference on July 28, 2016. This was the fifth annual conference ODJFS has hosted for youth ages 14 to 24 who have experienced foster care.
The conference had two keynote speakers, Kevin Brown and Adrian McLemore. Brown is an entrepreneur, speaker and author. McLemore is a motivational speaker and former president of the Ohio Youth Advisory Board, a statewide group of young people ages 14 to 24 who have experienced foster care. McLemore shared how he overcame many challenges, including a prolonged illness and taking custody of his niece and nephew, throughout the 12 years it took him to graduate from Wright State University in May 2016.

The conference featured workshops for both youth and professionals. Youth workshop topics included how to apply for college and financial aid, how to use OhioMeansJobs.com to plan for careers and search for jobs, and how to take advantage of apprenticeship programs.

The conference once again featured “Suits for Success,” a large room where youth could “shop” for new or gently worn professional clothing to wear to job interviews, school engagements and other important functions. More than 4,000 clothing items were donated through a partnership with the Ohio State Bar Foundation along with donations from ODJFS staff and other central Ohio agencies.

Ohio Reach and ODJFS will again partner to co-host the Pathways to Success Conference on October 12, 2017. This one day event brings together current and former foster youth, child welfare professionals, high school guidance counselors, foster parents/adult supporters, and post-secondary education and vocational trades professionals under one roof. The conference has become a successful and well attended annual event that Ohio’s foster youth look forward to.

In addition to the activities outlined above, ODJFS also offers webinars and online training opportunities to public and private agency staff regarding policy, fiscal procedure and SACWIS application updates.

**Goal 6: Promote the uniform application of CFCIP programming across jurisdictions (e.g., regions and counties).**

Through technical assistance and best practice discussions at all Transitional Youth and IL events, OFC’s TY Coordinators and policy staff strive to support uniformity in programming across the state. Despite differences in demographics and resources in each region, TY Coordinators hope by introducing and sharing standard practices and resources with all five regions, youth in Ohio will have more uniform services and opportunities throughout the state. Counties continue to learn from one another through these peer-to-peer discussion opportunities.

**Goal 7: Support special initiatives aimed at improving outcomes for children emancipating from foster care.**

**Safe and Supported:** Lighthouse Youth Services’ Safe and Supported Initiative is a pilot program that is inter-connected with the YARH project and aimed at addressing the disproportionate number of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) homeless youth in Hamilton County. This group includes youth who ran away because of family rejection of their sexual orientation or gender identity (46%); youth who were forced out by parents because of their sexual orientation or gender identity (43%); youth who have experienced physical, emotional, or sexual abuse at home (32%); youth who aged out of the foster care system (17%); and youth who have experienced financial or emotional neglect from family (14%). Consequences of family rejection include: suicide, drug use, unsafe sex and
depression. The Safe and Supported initiative addresses these issues by providing prevention and intervention services to homeless youth.

**Ohio Reach Mentoring:** Ohio Reach supports foster youth reaching for higher education through collaboration and partnerships with child welfare and private stakeholders. Ohio Reach continues to fund and monitor the progress of four colleges selected in 2015 to pilot Ohio Reach Mentoring Programs on their campuses. The four colleges selected include: Central State University, Columbus State Community College, Cuyahoga Community College and Ohio University.

In 2016, each pilot received $20,000 to manage the second year of their developed mentorship program that were designed to help emancipated foster care students on their campus be successful in college by improving the retention and graduation rates for former foster youth.

**Central State University**

Central State University had experienced a large increase in scholar participation, 4 scholars in year one as compared to 32 active scholars in year two. Central State attributes their growth to “word of mouth” as well as proactive and intentional recruitment by the Counseling Service Center of students that have self-identified as a youth in transition.

**Columbus State Community College**

Columbus State Community College also saw enrollment growth with 22 scholars in year one to 31 scholars in year two. Columbus State Community College also attributes their growth to the development of strong internal and external partnerships as well as the leadership of current scholars and their continued outreach to other non-participating scholars.

**Cuyahoga Community College**

The 2016-17 mid-year report indicates that Cuyahoga Community College saw an increase in scholar participation from 12 scholars in year one to 37 scholars in year two. Cuyahoga Community College attributes the increased participation to the cultivation of internal campus partnerships such as the Financial Aid Office, Transfer Center and Student Life Office and external partnerships formed with Cleveland State University and the Cuyahoga County Department of Children and Family Services.

**Ohio University**

Ohio University in Athens saw an enrollment increase from 10 year one scholars to 15 year two scholars despite their re-location of their program which caused a short delay in year 2 activities. Ohio University has added two additional support staff to assist with budget, event planning and scholar communication. Ohio University attributes the program re-location to the Office of Diversity and Inclusion and additional outreach by the program staff for their year two program enrollment increase.

In 2016 Ohio Reach established the Ohio Reach Mentee Scholarship program and awarded five $1000 scholarships to former foster students currently enrolled in post-secondary education and participating in an Ohio Reach mentoring program at their educational institution. Scholarship awards are renewable.
for up to five years as long as the recipient is on track for their certificate or degree as defined by the institution, has satisfactory academic progress and completes a new one page essay updating their vision and future goals.

In addition to OFC’s progress on the CFSP goals outlined above, there have been several other accomplishments and activities throughout the past year, which are detailed below.

**Homelessness Prevention**

**YARH:** The Youth At Risk of Homelessness (YARH) Implementation Grant is an opportunity awarded to Lighthouse Youth Services (LYS) to strengthen and coordinate state and local systems in Ohio to meet the needs of youth at risk of, or experiencing homelessness. ODJFS is represented as one of the key strategic partners in implementing this initiative with LYS. In researching and developing an implementation plan, over 35 community partners were identified and are participating in this process. In addition to the community partners, current and former foster youth have participated in planning and implementation.

The YARH grant provides funding to serve populations that historically have chronic homelessness. These populations include youth entering foster care between the ages of 14-17, youth aging out of foster care, and youth who are currently homeless (up to the age of 21). ODJFS participates in the monthly key partner meetings. The primary focus of these meetings is to discuss serving these populations by defining sub-populations and intervention services that will improve outcomes. The areas of improvement have been defined as: social and emotional well-being; permanent connections; stable housing; and education and employment. The interventions that have been identified for implementation to improve the above listed outcomes are Structured Sensory Interventions for Children, Adolescents and Parents (SITCAP) trauma therapy, high fidelity wraparound services, and hands-on life skills trainings. ODJFS staff will continue to be a part of the YARH partnership with LYS through the remainder of the YARH grant (September 2018) and will assist in providing data if LYS is selected for Phase 3, which will be a rigorous evaluation.

**Family Unification Program Vouchers:**

On January 21, 2016, the U.S. Department of Housing and Urban Development notified PCSAs and Public Housing Agencies (PHAs) that approved Family Unification Program (FUP) agencies are eligible to participate in a National Demonstration Project that could positively impact Ohio’s transition age youth. The biggest change to the existing FUP voucher is that youth will be eligible for 5 years of housing instead of the current eighteen months. A youth must be at least age 18 and younger than 22 when applying for the program and must have left foster care at age 16 or older. The youth must be engaged with the Family Self-Sufficiency program that provides case management and a savings account to the youth throughout their participation.

Ohio has 13 PHAs that have been approved for FUP vouchers in the following counties: Cuyahoga, Fairfield, Guernsey, Lake, Lucas, Mahoning, Montgomery, Muskingum, Pickaway, Ross, Summit, Washington, and Wayne. As of December 2015, Ohio PHAs had a total allocation of 974 vouchers. FUP vouchers can be used for families or transition-age youth. Transitional Youth Coordinators reached out to the 13 PHAs to determine if any of these sites had specific processes to prioritize vouchers for transition-age youth. Two PHAs, Cuyahoga Metropolitan Housing and Akron Metropolitan Housing,
stated that they have a process to prioritize transition-age youth. PHAs that do not currently have a specific process reported being open to further discussion about developing a process to prioritize transition-age youth applications.

OFC has been working with several of our housing partners to introduce the transition-age youth population to developers and housing organizations that can create and develop housing opportunities across the state. In coordination with the Ohio Housing Trust Fund (OHTF) and Ohio Housing Finance Agency (OHFA), OFC has been afforded the opportunity to present to members and developers about the unique needs of the transitional youth population. The OFC staff were also invited and attended the 2016 Ohio Housing Conference in Columbus where workshops were available on a variety of housing programs and funding options. It is through these collaborative efforts OHFA has included youth transitioning from foster care as a priority population for their 2018 planning and preservation grants.

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OFC staff and Ohio Workforce staff are representing ODJFS on the Ohio's Housing and Homeless Collaborative group as well as a smaller team that is focusing on ending homelessness for at risk youth including transition-age youth. These groups are focusing on creating collaborative action items to address the lack of safe and stable housing.

A Place 4 Me, a collaborative in Cleveland, Ohio was awarded A Way Home grant to address the homeless crisis in their city by way of the 100 Day Challenge. A Place 4 Me set a goal to house 100 homeless youth (18-24 years old) with a special focus on youth involved with DCFS. They also planned that by day 66, no youth would age out of foster care into homelessness in Cuyahoga County. This collaborative was successful in securing housing for 103 youth during the 100 Day Challenge as well as assisting DCFS with developing rock solid housing plans for youth aging out of foster care. A Place 4 Me claims the key to their success was the creation of a by-name list which included 229 young adults who were assessed for housing during those 100 days. The collaborative used 12 navigators who walked hand in hand with every youth on the by name list as they took steps in searching for stable housing. They created a resource guide to support access to services necessary for housing stability such as a fund for purchasing bed, lodging kits, food care and bus tickets. Additionally, they worked with landlords who previously were reluctant to work with young adults and worked with child welfare to identify how they can strengthen their support for at risk youth aging out of foster care.

In addition to the efforts in Cleveland, two other areas in Ohio have recently been awarded HUD grants. On January 13, 2017, the U.S. Department of Housing and Urban Development awarded $33 million to help ten communities nationwide build systems intended to end youth homelessness, with two of these located in Ohio. Six of the grants were awarded to urban areas, while 4 went to rural areas. HUD’s Youth Homelessness Demonstration Program (YHDP) is intended to support a wide range of housing programs including rapid re-housing, permanent supportive housing, transitional housing, and host homes to
unaccompanied youth experiencing homelessness that are under the age of 24. In March 2017, ODJFS staff attended events in Hamilton County and Southeast Ohio to celebrate each community being awarded a grant. Hamilton County was awarded $3.8 million to support a plan to provide shelter to any young person alone and on the streets by 2020. Southeast Ohio, made up of Athens, Vinton, Gallia, Jackson, and Meigs counties, was awarded $2.2 million to utilize trauma-informed care and positive youth development to serve youth experiencing homelessness. ODJFS will continue to support and collaborate with these grantees to end youth homelessness in Ohio. Hamilton County and ODJFS currently have a data sharing agreement, which will continue in 2017 in order for Hamilton to use State generated data to track the HUD grant’s progress.

ODJFS will also be partnering with the Coalition on Homelessness and Housing in Ohio (COHHIO) and the Ohio Housing Finance Agency (OHFA) in 2017 in an effort to develop housing to meet the needs of Ohio’s foster youth aging out of care. In May 2017, staff participated in a webinar hosted by COHHIO to introduce Bridges to the housing providers with whom COHHIO works. OHFA has also requested staff present Bridges to its building developers to discuss what housing needs young adults that age out of foster care in Ohio need to move towards self-sufficiency.

Pregnancy Prevention:

The Ohio Department of Health has partnered with both ODJFS and the Ohio Department of Youth Services to implement the Personal Responsibility Education Program (PREP) through an ACF Family and Youth Services Bureau grant. As a continued program partner, Transitional Youth Programs staff collaborate with PREP to serve foster youth who are either in PCSA or Juvenile Court custody. PREP’s goal is to reduce teen pregnancy and the sexually transmitted disease rates of Ohio’s at-risk youth 14-19 years of age who reside in foster care or who are in the juvenile justice system. PREP offers an evidence-based curriculum entitled Reducing the Risk (RTR), which serves as the foundation for pregnancy prevention education, as well as, adulthood topics such as: healthy relationships, financial literacy, and educational career success.

As of September 2016, PREP statistics showed that there were a total of 263 PREP agencies, 1400 trained PREP facilitators, and 4,000 youth who have received PREP training. PREP programming responsibilities will transfer from ODH to ODYS on August 1, 2017. Additional information on the PREP initiative is detailed in Ohio’s Health Care Oversight and Coordination Plan.

Goal 8: Continue to Collaborate with ENGAGE

The Substance Abuse and Mental Health Services Administration awarded Ohio a System of Care Implementation Grant on July 1, 2013. To facilitate long-term sustainability, the original proposal was amended to refine the target population and project focus. Engaging the New Generation to Achieve Their Goals through Empowerment (ENGAGE) is designed to address the complex needs of multi-system youth and young adults in transition (YYAT), ages 14 – 21, with serious emotional disturbance/mental illness, including those with co-occurring disorders (substance use and/or developmental disabilities). To ensure programming for those most at risk, the population to be served through ENGAGE now also requires past, current, or risk of involvement with child welfare, juvenile/criminal justice, and/or homelessness. To ensure statewide consistency, the implementation strategy for ENGAGE has been streamlined to use of evidence-based High-Fidelity Wrap Around service coordination with incorporated components from the Transition to Independence Process (TIP) model.
Ohio’s multi-level approach to statewide system of care implementation has four components:

- Workforce development;
- Capacity building;
- Evaluation and continuous improvement; and
- Fidelity.

Through a competitive process, the Center for Innovative Practice at Case Western Reserve University was selected to develop the curriculum, training schedules and technical assistance processes. In 2013, a comprehensive community readiness assessment was conducted to identify counties for inclusion of the various project cohorts. The map below illustrates active implementation as of October 24, 2016.

In addition, the ENGAGE Youth Advisory Council continues to be an affiliate of YouthMOVE National. The decision to do so was to ensure long term sustainability following the conclusion of the ENGAGE grant. As part of this process, recruitment activities were held throughout this reporting process to establish local YouthMOVE chapters. As of March 1, 2017, YouthMOVE Chapters were active in 27 counties: Athens, Butler, Clark, Clermont, Coshocton, Cuyahoga, Erie, Franklin, Greene, Hamilton, Harrison, Hocking, Lawrence, Licking, Lucas, Madison, Meigs, Montgomery, Ross, Sandusky, Stark, Summit, Trumbull, Union, Vinton, Wood, and Williams.

For additional information about the ENGAGE project, see Appendix B, Ohio’s Health Care Oversight and Coordination Plan.
Data on the CFCIP and ETV population in Ohio

On March 1, 2017, Ohio had 4267 youth ages fourteen to twenty-one in the custody of public children services agencies (PCSAs) throughout the state. This accounts for just under 29% of the total number of youth in custody in Ohio on that day.

The custody types of these youth are:

<table>
<thead>
<tr>
<th>Custody Type</th>
<th>Number of Youth</th>
<th>Percentage of Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary Custody</td>
<td>2524</td>
<td>59%</td>
</tr>
<tr>
<td>PPLA</td>
<td>712</td>
<td>17%</td>
</tr>
<tr>
<td>Permanent Custody</td>
<td>1031</td>
<td>24%</td>
</tr>
</tbody>
</table>

The placement settings of the youth are:

<table>
<thead>
<tr>
<th>Placement Setting</th>
<th>Number of Youth</th>
<th>Percentage of Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship care</td>
<td>431</td>
<td>10%</td>
</tr>
<tr>
<td>Adoptive placement</td>
<td>55</td>
<td>1%</td>
</tr>
<tr>
<td>Independent Living</td>
<td>158</td>
<td>4%</td>
</tr>
<tr>
<td>Foster home</td>
<td>1623</td>
<td>38%</td>
</tr>
<tr>
<td>Group care</td>
<td>1734</td>
<td>41%</td>
</tr>
<tr>
<td>Detention</td>
<td>44</td>
<td>1%</td>
</tr>
<tr>
<td>Runaway/AWOL</td>
<td>183</td>
<td>4%</td>
</tr>
<tr>
<td>Trial home visit</td>
<td>39</td>
<td>1%</td>
</tr>
</tbody>
</table>

Human Trafficking Prevention Efforts and Collaboration

According to SACWIS, between July 1, 2016 and March 31, 2017, twenty-seven children with substantiated or indicated case dispositions were victims of human trafficking. Two of the children also had been previously adopted (1 at the age of 5 and the other at the age of 12). The following tables present information of trafficking designation counts, gender codes, race codes, ethnicity codes, and age at time of the report.

**Trafficking Designation Counts for the 27 Victims**

<table>
<thead>
<tr>
<th>Designation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trafficked Child – Sexual Abuse</td>
<td>25</td>
</tr>
<tr>
<td>Trafficked Child – Forced Labor</td>
<td>0</td>
</tr>
<tr>
<td>Both Sexual Abuse and Forced Labor</td>
<td>2</td>
</tr>
</tbody>
</table>
### Gender Codes

<table>
<thead>
<tr>
<th>Designation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>23</td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
</tr>
</tbody>
</table>

### Race Codes

<table>
<thead>
<tr>
<th>Designation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African-American</td>
<td>9</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>2</td>
</tr>
<tr>
<td>White</td>
<td>16</td>
</tr>
</tbody>
</table>

### Hispanic/Latino Code

<table>
<thead>
<tr>
<th>Designation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>0</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>27</td>
</tr>
</tbody>
</table>

### Age at Time of Report

<table>
<thead>
<tr>
<th>Designation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>17</td>
<td>8</td>
</tr>
</tbody>
</table>

The Office of Families and Children continues to collaborate with the Ohio Human Trafficking Task Force as well as many other state and county organizations to work on combating human trafficking in Ohio. Detailed information on the task force can be found at: [http://humantrafficking.ohio.gov](http://humantrafficking.ohio.gov).
As a part of this effort, the Ohio Children’s Trust Fund continues to issue prevention grants to fund human trafficking prevention programs to meet the Governor’s Task Force Recommendation that called for the provision of youth prevention services to the at-risk youth population. A third round of funding will be issued in 2017. As reported in the previous APSR in the first two years of funding, a total of $180,000 in grants were awarded to 17 organizations that received funding to implement four key prevention strategies in communities throughout Ohio. During the first two years, grant partners made significant strides in implementing prevention strategies:

- 39 potential victims were referred for services
- 645,499 individuals were reached through outreach and awareness efforts
- 2,915 youth and 1,693 adults received trafficking training

**Grantee Highlight: Crime Victim Services of Northwest Ohio’s Peer Mentorship Program**

Crime Victim Services of Northwest Ohio, a human trafficking prevention grantee, trained peer mentors to provide education on human trafficking, including tips for prevention methods in three schools: Bluffton High School, Lima High School and Lima Middle School. The youth received t-shirts and white ribbons to help bring awareness to their schools. Bluffton High School students also created posters addressing institutional-level risks surrounding human trafficking and presented them to the rest of the student body during their lunch hour.

**Promising Practices for Organizations Working with At-Risk Youth**

The Ohio Children’s Trust Fund continues to lead the Governor’s Task Force initiatives to prevent the exploitation of at-risk youth and children. As a part of these prevention efforts, the University of Toledo’s Human Trafficking and Social Justice Institute was supported by the Ohio Department of Higher Education, in collaboration with the Ohio Children’s Trust Fund and the Governor’s Ohio Human Trafficking Task Force, to assess human trafficking youth prevention focused literature, analyze the Ohio Children’s Trust Fund’s prevention mini grants, and share promising practices for effective human trafficking prevention.

As a result, the University of Toledo created a compendium of promising practices focusing on awareness, coalition building, direct prevention services, and data collection. The compendium also consists of essential components to include when providing direct prevention services to at-risk youth. The curriculum engages youth to see, think, judge, and act in the best interest of themselves and others when confronted with risky situations, including the potential for trafficking, as well as other forms of exploitation and abuse.

While significant progress has been made in Ohio’s fight against trafficking, it is critical that the state continues to build on existing efforts and focus on long-term recovery and employment options for survivors. Looking to 2017 and 2018, the Task Force will focus on supporting effective prevention programs, expanding the state’s capacity to protect and empower victims and survivors and strengthening the resources available to prosecute traffickers. Child welfare focused priorities include:
• Continue to support the development of effective prevention efforts aimed at reaching at-risk youth and children, and promote a compendium of promising practices on reaching vulnerable youth.
• Continue to deliver relevant human trafficking training to staff and alternative placement staff, including trauma-informed care training where appropriate.
• Strengthen the response for minors through continued support of the Ohio Network of Children’s Advocacy Centers.
• Build capacity of public children’s services agencies to respond and care for exploited children by strategically communicating and providing key human trafficking training opportunities.

Ohio Network of Child Advocacy Centers (ONCAC)
As reported in last year’s APSR, ODJFS continued its grant with the Ohio Network of Child Advocacy Centers (ONCAC). Due to the successes in those initial years, ONCAC was issued a continuation of that grant that remains to this day.

Today, the state partnership with children’s advocacy centers is a cornerstone of the Governor’s Task Force priority to identify and serve exploited children and youth. Between July 2013 and September 2016, Ohio’s children’s advocacy centers have identified 251 children and young adults as survivors of human trafficking and referred them for services. Importantly, the partnership continues to strengthen and inform the broader child welfare system response by providing training support, identifying system gaps and serving as a catalyst for change and increased awareness in local communities.

In addition to serving as a safe space for children and youth to receive services, it is encouraging that many of Ohio’s children’s advocacy centers are leading local community anti-trafficking efforts. Since the program’s start in July 2013, a number of the centers are now driving local anti-trafficking coalitions in areas of the state formerly lacking a coordinated response effort. A map of Ohio’s anti-trafficking coalitions and contacts can be found at [http://www.humantrafficking.ohio.gov/coalitions.html](http://www.humantrafficking.ohio.gov/coalitions.html).

National Youth in Transition Database (NYTD) Update
All demographic, youth characteristic and outcome data for youth who have received independent living services is stored in the Ohio SACWIS Database and the National Youth in Transition Database Portal. To date, Ohio’s youth participation in follow-up Cohort Surveys has exceeded federal compliance standards. For Cohort 1 and Cohort 2 Surveys, ODJFS opted to survey a sample of the baseline population.

The 17 year-old baseline survey information for Cohort 3 is being collected at this time. The data collection began October 1, 2016 and will continue through September 30, 2017. The participation rate for Ohio’s baseline youth in Cohort 2 was 58%. There is no federal outcome participation rate standard for the baseline population. States are required to survey each youth in the baseline population within 45 days following the youth’s 17th birthday (45 CFR 1356.82(a) (2) (ii). Ohio recognizes the need to improve on baseline survey completion.

ODJFS has engaged in an ongoing process of coordination with state and county staff to provide more clarity, technical assistance, and encouragement regarding NYTD requirements. Over the past year, ODJFS staff have partnered with public children service agencies to encourage continued efforts on
survey completion for the baseline population for Cohort 3 in addition to the Cohort 2 follow-up populations. State staff members (policy, SACWIS and technical assistance) routinely monitor survey return results and alert each county agency as to the agency’s specific NYTD population and survey requirements in the existing FFY period. Methods of communication have included emails, one-on-one telephone calls, statewide and regional meetings and utilization of the SACWIS Helpdesk. On December 21, 2016 ODJFS held a NYTD webinar. Topics that were covered included understanding the National Youth in Transition Database, compliance, and cohort management. A recording of the webinar and all the handouts, slides, and the Q&A document from the webinar have been posted online and are available to all caseworkers in the state. Specific points of contact in SACWIS and Policy are publicized to each county agency for one-on-one guidance if needed. Additionally, peer-to-peer guidance is encouraged between county agencies.

SACWIS staff attended the Ohio Fostering Pathways to Success conference on July 28, 2016 with the goal of informing youth about the NYTD Surveys as well as obtaining on the spot survey completion for eligible youth. During this event, youth had the opportunity to speak one-on-one with SACWIS staff about the NYTD Survey and submit the NYTD Survey, if eligible. A paper copy of the survey was given to those youth not yet eligible to take the survey. This effort is a reminder to the youth of the need for future survey completion and to prepare and inform the youth of the type of questions that are asked on the NYTD Survey.

The NYTD Statistical Report informs county child serving agencies of the total NYTD Cohort population details and statistics. The NYTD Statistical Report exists in SACWIS and can be accessed by each county child serving agency as an aid in cohort management and identification of outcomes. The report also identifies outcomes. The statistics can be monitored throughout each Federal Fiscal Year period. Additionally, SACWIS has a notification that prompts the user to survey eligible youth in agency custody.

Enhancements to the Independent Living Module in SACWIS were implemented in October of 2016. The enhancements allow agency users to more accurately record information regarding youth surveys including the ability to record exceptions for outcome responses such as incapacitation, incarceration, deceased, etc. Additionally, the enhancements allow the agency user to identify survey completion as a part of the user’s daily work in SACWIS. The enhancements serve as an additional reminder that the NYTD survey needs to be completed and provide a way for caseworkers to verify that the survey was submitted.

NYTD data has been shared with Lighthouse Youth Services, Inc. to support the Youth at Risk of Homelessness Planning Grant (YARH) that ended in 2015. Data continues to be shared to support the three-year YARH implementation grant.

ODJFS continues to train Title IV-E court staff to utilize Ohio SACWIS. An overview and explanation of the NYTD Survey requirements are a part of the training. Also, ongoing technical assistance is offered to each court that is now live in SACWIS. Additionally, both ODJFS Policy and SACWIS staff attend the quarterly Title IV-E Court meetings.

Ohio reports basic information to NYTD regarding youth who received at least one independent living service paid for or provided by the state Chafee Foster Care Independence Program (CFCIP). The independent living services data snapshot for Ohio for FFY 2016 is shown on the following graphs:

162
Data Snapshot
Ohio

Youth Services
(FY 16 total served: 2,716 youth)

Includes information about all youth who received at least one independent living service paid for or provided by the state CFCIP agency.

Characteristics of youth receiving services (FY 16)

- Male: 50%
- Female: 50%
- White: 55%
- Black: 52%
- American Indian: 1%
- Hispanic: 5%
- Other Race: 1%
- In foster care: 55%
- In federally recognized tribe: 0%
- Adjudicated delinquent: 16%
- Receiving special education: 12%
- Age range: 12-25
- Mean age: 18

Number of services received (FY16)

- Under 9th Grade: 51%
- 9th Grade: 17%
- 10th Grade: 17%
- 11th Grade: 17%
- 12th Grade: 32%
- Post 12th Grade: 0%
- College: 0%
- Blank: 5%

Education level of youth receiving (FY 16)
This snapshot was prepared by the Children’s Bureau and contains a summary of highlights from NYTD data reported by states between Fiscal Year (FY) 2012 and 2016. The data are current as of March 2017. Please contact NYTDinfo@acf.hhs.gov if you have any questions about information in this data snapshot.

Youth Outcomes

Includes information about all youth who were eligible to take the NYTD survey at ages 17 and 19

Survey participation, FY 14-16

Baseline Population
(17-year-olds in foster care, FY 14)

Follow-Up Population
(19-year-olds, FY 16)

Sample State

1010 eligible
442 surveyed
44% surveyed

219 eligible
159 surveyed
73% surveyed
### Characteristics of survey participants

<table>
<thead>
<tr>
<th>Category</th>
<th>Survey Participants</th>
<th>Reference Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>54%</td>
<td>55%</td>
</tr>
<tr>
<td>Female</td>
<td>46%</td>
<td>45%</td>
</tr>
<tr>
<td>White</td>
<td>57%</td>
<td>60%</td>
</tr>
<tr>
<td>Black</td>
<td>48%</td>
<td>45%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>In foster care</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Reasons for non-participation

<table>
<thead>
<tr>
<th>Reason</th>
<th>Survey Participants</th>
<th>Reference Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth declined</td>
<td>38%</td>
<td>27%</td>
</tr>
<tr>
<td>Parent declined</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Incapacitated</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Incarcerated</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Runaway/missing</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Unable to locate</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Invalid participant</td>
<td>18%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Outcomes reported

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Survey Participants</th>
<th>Reference Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed full- or part-time</td>
<td>16%</td>
<td>40%</td>
</tr>
<tr>
<td>Receiving public assistance</td>
<td>N/A</td>
<td>33%</td>
</tr>
<tr>
<td>Finished high school or GED</td>
<td>2%</td>
<td>49%</td>
</tr>
<tr>
<td>Attending school</td>
<td>95%</td>
<td>42%</td>
</tr>
<tr>
<td>Referred for substance abuse treatment in lifetime</td>
<td>29%</td>
<td>20%</td>
</tr>
<tr>
<td>In incarcerated (in lifetime)</td>
<td>55%</td>
<td>38%</td>
</tr>
<tr>
<td>Outcomes reported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had children (in lifetime)</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Homeless (in lifetime)</td>
<td>15%</td>
<td>29%</td>
</tr>
<tr>
<td>Connection to adult (in lifetime)</td>
<td>94%</td>
<td>91%</td>
</tr>
<tr>
<td>Medicaid coverage</td>
<td>84%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Moving forward, PCSAs are asked to survey all 17 year-olds within 45 days of their 17th birthday, regardless of whether the youth is receiving IL services and/or is in the sample cohort population. ODJFS will continue offering statistical reports to counties to accurately identify NYTD populations. This creates a rhythm that will not be lost by staff re-assignments, staff turnover and the break between cohort group surveys and federal fiscal year reporting.
NYTD Review Update:

Based on the information in ACYF-CB-PI-17-01 issued on January 13, 2017, Ohio anticipates our NYTD Review will occur no sooner than 2019. ODJFS will inform stakeholders and others of the review in a variety of ways. General communication about the review will be transmitted via an email from Carla Carpenter, the OFC Deputy Director to agency directors including PCSA, Title IV-E courts and private agency directors, PCSAO and OACCA. An email will also go out to all county IL coordinators as well as Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) informing them of the upcoming review and providing them with the program instruction and guide. An article will also be written for First Friday newsletter to inform a more general but wider audience. The review will also be a topic at a variety of meetings including PFOF Advisory Board, IL/TY Regional and Statewide meeting, Ohio YAB and OHILA quarter meetings and PFOF Regional Team meetings.

Education and Training Vouchers Program (ETV)

The Ohio Education and Training Voucher Program is a federally and state-funded, state-administered program designed to help former foster youth with school-related expenses. ODJFS has been the agency responsible for ETV since its inception in Ohio. ODJFS currently supports ETV at the rate of $1,593,013 (80% federal dollars provided to Ohio, plus an additional 20% in state General Revenue Funds). Through contracted services with the Orphan Foundation of America (OFA), entitled Foster Care to Success (FC2S), ODJFS ensures that the Ohio-ETV program operates efficiently as follows:

- ODJFS promotes ETV online (www.fc2sprograms.org) and through community awareness activities. OFA coordinates with ODJFS on the development of materials outlining eligibility requirements and the implementation of community awareness and outreach programs directed toward qualified scholarship applicants.

- OFA (FC2S) ensures that eligibility requirements are met prior to each enrollment. Funding is limited and available on a first-come, first-served basis to eligible applicants. Students may receive up to $5000 a year for qualified school-related expenses. Eligible individuals are those ages eighteen to twenty-one who are eligible for Chafee Independent Living Services and who exited foster care at age eighteen, or whose adoption from foster care was finalized after their sixteenth birthday. Students participating in the ETV program on their twenty-first birthday will remain eligible until their twenty-third birthday, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completing their course of study. In addition, eligible ETV applicants must:
  - Be either U.S. citizens or qualified non-citizens;
  - Own personal assets (bank account, car, home, etc.) worth less than $10,000; and
  - Be accepted into or enrolled in a degree, certificate or other accredited program at a college, university, technical, or vocational school.

- Ohio ETV utilizes a standard application process which includes a review of in-state resources that can support students’ academic goals and provide personal support and enrichment opportunities. This includes collaborating with colleges, federal programs, civic organizations, community services and independent living programs located in the area.
• Applicants must complete the standardized ETV form and submit documentation for each semester directly from the school to ETV confirming enrollment, including the cost of attendance and unmet need. Students from Ohio attending out-of-state institutions are eligible on the same basis as students who attend in-state schools. Required entrance and exit interviews are conducted for all students.

• Awards are allotted on an annual basis to students who maintain at least a 2.0 Grade Point Average (GPA) or equivalent, demonstrate satisfactory progress toward achieving their degree or certificate, and who remain in good standing at the school. At the discretion of the program manager and the state coordinator, ETVs may be awarded for one semester to students whose grades fall below a 2.0 GPA.

• During enrollment, Ohio ETV ensures enrollees maintain connections with needed supports through OFA. Students are enrolled in a mentoring program aimed at providing them with necessary educational assistance. In addition, eligible students are enrolled in the Care Package Program. Each enrollee is provided with three care packages per year containing age-appropriate necessities and extras that students want. The regularly scheduled packages are delivered as follows:
  - Fall: Back to school or within 14 days of acceptance into the ETV Program;
  - February: Valentine’s Day; and
  - Late April: Final exams.

To avoid duplication of benefits and ensure that the total amount of ETV assistance to a youth does not exceed the total cost of attendance, ODJFS through contract with OFA, monitors the use of ETV funds to ensure:

1. Program funds are used for the purposes for which they were authorized, including, but not limited to, direct payment of tuition and other educational, living, and health-related expenses to the institution or service provider;

2. No student receives more than five thousand dollars ($5,000.00) in ETV funds; and

3. ETV funds are not used to supplant any other existing federal funding designated for the same purpose.

Monthly reports are reviewed prior to issuance of payment to the OFA vendor. Program reports that are submitted to ODJFS’ Ohio Independent Living State Coordinator are encrypted and password-protected. These reports detail:

• Student disbursements; and

• Administrative cost reimbursement.

Additionally, ODJFS can access, on-line, a real-time report that details:

• The number and status of every application;

• The amount and purpose of funding provided to each student; and
• Student reports, including contact information, grades, academic challenges, parenting information.

A comprehensive year-end report is also submitted, which includes the results of the program and the evaluation form. Details from the annual report for academic year 2015 to 2016 are outlined below.

ODJFS will continue to review monthly, quarterly and/or annual reports to ensure that the intended outcomes of the ETV program are met (i.e., to provide support and guidance to youth participating in the program throughout the students’ post-secondary schooling, to build on the services of the Ohio Independent Living Program, and to provide a continuum of state services that help educate and train youth to enter the workforce). Information to be compiled and reviewed will include:

1. All ETV applications awarded in accordance with 42 USC Part 677, et seq. Each completed application includes a Student Financial Aid form, and after each funded semester, an official transcript is required. A review of the student’s budget is completed to determine financial need and plan, including verification of student expenditures, prior to the issuance of a voucher package. Vouchers are then to be used only for allowable expenses such as housing, transportation, and child care.

2. The actual names of students assisted through the ETV Program listed with the actual college or vocational institution to receive payment, to be maintained on file for the duration of the CFSP period and/or in accordance with the program’s retention plan.

3. The percentage of participating students graduating or successfully completing the academic or vocational program.

4. The number of students who, if they decide to discontinue their studies, complete the term rather than dropping out. Every attempt is made to work with the youth and help them develop a plan that includes next steps, career goals, opportunities, and available resources as determined by the exit interview and school records.

5. Post-program information regarding the students’ completion/graduation and the percentage of students pursuing graduate studies is tracked.

6. Every attempt is made to collect data on employment and employment stability.

As of January 31, 2017, the following numbers of youth received funding to support their higher education needs through this program in:

• SFY 2009 482 students: Paid $1,849,403.00
• SFY 2010 548 students: Paid $1,917,508.75
• SFY 2011 543 students: Paid $2,030,283.73
• SFY 2012 532 students: Paid $2,030,284.00
• SFY 2013 442 Students: Paid $1,627,008.00 (federal grant was reduced this year)
• SFY 2014 393 Students: Paid $1,576,653.00
• SFY 2015 376 Students: Paid $1,433,712.00
• SFY 2016 335 Students Paid $1,433,712.00
• SFY 2017 299 Students Paid $1,056,213.25
Annual Report Details:  ETV Awards July 1, 2015 to June 30, 2016

Total Ohio ETV Applications:  667  
Ineligible Applicants:  332  
Funded Students:  335  
  • 146 New Students (48%)  
  • 189 Returning Students (52%)  

In academic year 2015-2016, all eligible Ohio youth who completed their applications and attended school were funded. Applications were reviewed per the ETV program plan with a goal of fully funding those with the greatest need and students who are progressing in their course of study as well as those soon to graduate. The class ranking of all students based on credit hours is:

202 freshman 60%  
55 sophomore 17%  
24 junior 7%  
24 senior 7%  
28 First Year Career/Tech 8%  
2 Second Year Career/Tech 1%  

Student Demographics:

Age of funded students:

<table>
<thead>
<tr>
<th>Age</th>
<th># of Students</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>110</td>
<td>33%</td>
</tr>
<tr>
<td>19</td>
<td>73</td>
<td>22%</td>
</tr>
<tr>
<td>20</td>
<td>77</td>
<td>23%</td>
</tr>
<tr>
<td>21</td>
<td>49</td>
<td>15%</td>
</tr>
<tr>
<td>22</td>
<td>26</td>
<td>8%</td>
</tr>
</tbody>
</table>

Race of funded students:

<table>
<thead>
<tr>
<th>Race</th>
<th># of Students</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>185 (55%)</td>
<td>8 (2%)</td>
</tr>
<tr>
<td>Asian-American</td>
<td>3 (1%)</td>
<td>Mixed Race 28 (8%)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>109 (33%)</td>
<td>N/American 2 (1%)</td>
</tr>
</tbody>
</table>
Gender of funded students:

| Male: 111 (33%) | Female: 224 (67%) |

Health Insurance:

Medicaid expansion legislation made coverage for all former foster youth up to age 26. If any respondent indicates they do not have health insurance it is a matter of information and application to enroll in a health insurance program.

Volunteerism and Work:

Studies show that youth who volunteer have increased self-esteem, engage with positive contacts and role models and develop workforce-transferrable skills and a better understanding of potential careers. In a competitive job market, volunteer work shows initiative and can be the experience needed to get a first job. FC2S urges students to get involved in campus and community-based activities and accurately record those experiences—tasks and skills, dates and duration, and to include this information on scholarship applications and their resumes.

Student Volunteering:

<table>
<thead>
<tr>
<th>No</th>
<th>190</th>
<th>57%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>145</td>
<td>43%</td>
</tr>
</tbody>
</table>

Work (Sixty-eight percent of students reported they worked during the school year.) Of those 68% who work the number of hours are:

<table>
<thead>
<tr>
<th>Hours worked</th>
<th>Percentage of Working Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td>18%</td>
</tr>
<tr>
<td>26-35</td>
<td>12%</td>
</tr>
<tr>
<td>16-25</td>
<td>40%</td>
</tr>
<tr>
<td>10-15</td>
<td>27%</td>
</tr>
<tr>
<td>Less than 10</td>
<td>3%</td>
</tr>
</tbody>
</table>

Parenting Students

Of the 335 funded students, 70 or 21% reported they are parents (65) or pregnant (5).

The barriers to success that face pregnant and parenting students are significant. At least 10% of parenting ETV students have partners that are incarcerated, and 47% report that they suffer from mental health issues. These concerns exist in addition to the child-centered responsibilities that they
must manage and their urgent need to obtain education and training that will lead to self-sustaining employment.

Without support from ETV to explain the potential difficulties that lie ahead, parenting students routinely withdraw or fail out because they lack child care, get into serious financial difficulties or do not know how to access and maintain the social service supports they need to pursue education and training. The ETV Team helps young parents anticipate, identify and work through the challenges they may encounter. The majority of obstacles they are likely to meet – such as child care, transportation and housing – must be addressed before they can actually attend classes and progress toward their goals.

- ETV helps student parents put together a daily schedule. For many, it is an hourly account of the responsibilities and obligations that are essential to their educational and personal success.
- All children get sick – this is a reality that young parents must be prepared to face. ETV works with them to develop and update back-up plans so that they know what they will do if they cannot take their child (ren) to daycare. Additionally, ETV helps them learn how to ask the right questions when their child is sick, how to access reliable information on the Internet (CDC, Mayo Clinic, etc.) and when to seek medical care.
- Often parenting students borrow excessively. As parents, their Cost of Attendance is higher than that of other students, thereby making them eligible for more student loan money. They are unaware of or do not understand how much they will have to pay back when they graduate, stop out, or fail out. ETV helps these students develop a monthly budget based on their combined funding and explains how they can pay for school and live without incurring excessive debt.
- ETV works with parenting students to help them identify and pursue a career path that will promote success.

**End of year (2015-2016) Survey**

Every year OFA conducts a survey of all funded youth.

335 Funded Students
179 (53%) response rate to survey

*Results*

89% - Without ETV funding, students report they would not have the financial resources needed to finish college.
75% - ETV funding reduced or eliminated student amount borrowed.
99% - Ohio’s ETV program is well organized and managed.
98% - Liked their ETV coordinator.
98% - Their coordinator was responsive to them.
96% - Felt that FC2S program is helping me be a better student.

3% - Wanted changes to the ETV program:
- Increase the annual amount of funding
- Increase the age limit to receive funding
When asked the question, “Overall, how satisfied are you with FC2S’ OH ETV program services?” the responses were:

- Highly Satisfied: 131 (73%)
- Satisfied: 45 (25%)
- Dissatisfied: 0 (0%)
- Extremely Dissatisfied: 0 (0%)
- No Opinion: 3 (2%)

**Consultation with Tribes**

While there are no federally recognized tribes within the state of Ohio, CFCIP services are provided to all eligible youth statewide as required by OAC. Independent living services are required for all youth in care, beginning no later than age fourteen. Less than 1% of Ohio’s ETV applicants identified as Native American. This is proportionate with Ohio’s statewide population demographics.

As noted in Section VI: Consultation and Collaboration with Tribal Representatives, ODJFS continues to work on developing partnerships with tribal representatives within the state.
XIII. Targeted Plans

Targeted Plans

Please see the appendices to this APSR for the following targeted plans:

- Appendix B: Health Care Oversight and Coordination Plan Update
- Appendix C: Foster and Adoptive Parent Diligent Recruitment Plan Update
- Appendix D: Update to the 2015-2019 Staff Development and Training Plan

*Please note Ohio’s Disaster Plan was reviewed, and there are no updates needed to the plan that was submitted with Ohio’s 2015 – 2019 CFSP.*

Ohio has not been affected by a disaster and therefore has no information to report as to the utility or effectiveness of the existing disaster plan. During calendar year 2016 and to date in calendar year 2017 Ohio’s ODJFS OFC staff have participated in meetings hosted by the Ohio Emergency Management Agency concerning the Ohio Emergency Operations Plan (Ohio EOP). ODJFS maintains the requirements that agencies maintain disaster preparedness plans. The requirements and guidance to agencies on the minimum processes for the agency to continue to operate during a disaster are outlined in Ohio Administrative Code rule.
XIV. Statistical and Supporting Information

- The number of child protective service personnel responsible for the:
  - Intake of reports filed in the previous year: 467
  - Screening of such reports: 800
  - Assessment of such reports: 2,714
  - Investigation of such reports: 2,714

- Data on the education, qualifications and training of personnel and demographic information of personnel (section 106(d)(10)(A-C))

Ohio has statutorily mandated educational requirements for child protective services casework staff hired after October 2000. Pursuant to section 5153.112 of the Revised Code, caseworkers must possess a bachelor’s degree in human services-related studies at the time of hire; have a bachelor’s degree in any field and been employed for at least two years in a human services occupation; have an associate’s degree in human services-related studies; or have been employed for at least five years in a human services-related occupation. Individuals hired without a bachelor’s degree in human services-related studies are required to obtain a job-related bachelor’s degree within five years of the date of hire. Requirements for advancement are county defined. The Revised Code statute can be viewed at: http://codes.ohio.gov/orc/5153.112.

Training requirements for caseworkers are outlined in section 5153.122 of the Revised Code and rule 5101:2-33-55 of the Administrative Code. Caseworkers are required to complete 102 hours of Core training within the first year of employment and 36 hours of training each year thereafter. Caseworkers are also required to complete 12 hours of training on domestic violence within the first two years of employment.

Training requirements for supervisors are outlined in section 5153.123 of the Revised Code and rule 5101:2-33-56 of the Administrative Code. Supervisors are required to complete 60 hours of in-service training within the first year of continuous employment as a PCSA supervisor. After the first year of continuous employment, supervisors are required to complete 30 hours of training annually in areas relevant to the supervisor’s assigned duties. During the first two years of continuous employment as a PCSA supervisor, the supervisor is required to complete 12 hours of training in recognizing the signs of domestic violence and its relationship to child abuse.

Training records for individual CPS personnel are maintained by the county agency through the Ohio Child Welfare Training Program’s learning management system (e-Track). Although this system has the capability of tracking the education, training and demographic information for county agency staff participating in training, the fields for collecting this information are not required.

At this time, some education and demographic information on the statewide CPS workforce has been entered into individual person records created in SACWIS. However, this is not mandatory information for a person record and is not included for all caseworker person records entered by each agency. The
The following tables reflect the available socio-demographic and educational level data of protective services caseworkers. The following tables outline the information that is accessible from the system:

<table>
<thead>
<tr>
<th>RACE</th>
<th># EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi race</td>
<td>8</td>
</tr>
<tr>
<td>African American</td>
<td>104</td>
</tr>
<tr>
<td>White</td>
<td>464</td>
</tr>
<tr>
<td>Undetermined</td>
<td>124</td>
</tr>
<tr>
<td>Unknown</td>
<td>31</td>
</tr>
<tr>
<td>Missing Data</td>
<td>2374</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3105</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE</th>
<th># EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30 Years</td>
<td>192</td>
</tr>
<tr>
<td>31-40 Years</td>
<td>165</td>
</tr>
<tr>
<td>41-50 Years</td>
<td>80</td>
</tr>
<tr>
<td>51-60 Years</td>
<td>34</td>
</tr>
<tr>
<td>61 Years &amp; Over</td>
<td>8</td>
</tr>
<tr>
<td>Missing Data</td>
<td>2626</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3105</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER</th>
<th># EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>274</td>
</tr>
<tr>
<td>Female</td>
<td>1653</td>
</tr>
<tr>
<td>Unknown/Missing Data</td>
<td>1178</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3105</strong></td>
</tr>
</tbody>
</table>

- The average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B))

Caseload and workload requirements are defined by each county, and not tracked at the state level. For this reporting year, Ohio again used SACWIS data to report workload data.

In compiling the information, it was noted that personnel data fields are not mandatory, and are frequently left blank. In addition, counties use different nomenclature to identify work units. Some counties use generic categories (e.g. Intake, Assessment, Ongoing) and others use county specific
categories (e.g. Unit A, West Section, FAS 1). Staff was able to identify correct categories for some agencies by calling the counties directly.

As recorded in SACWIS (taking into consideration the inconsistencies with data recording noted above), the average caseload for an Intake Worker (screening, assessment/investigation) is 9.69 cases; and 25.54 cases for assessment/investigation Supervisors.

- The average number and the maximum number of cases per worker and supervisor (section 106(d)(10)(D))

As a state-supervised, county-administered CPS system, staffing and workload policies are established by local agencies. The 2017 PCSAO Fact Book (13th edition) assembled by the Public Children Service Association of Ohio indicated that Ohio’s average caseload was 12 cases. It does not differentiate between Intake and Ongoing Workers nor does it provide an average caseload size for Supervisors.

- The number of children referred to child protective services under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d)(15))

There are data fields Ohio’s SACWIS that capture information on children alleged at the time of the report, to be affected by illegal substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder (FASD). The number of children alleged to be impacted by FASD, illegal substance abuse or withdrawal symptoms was 1,035.

- The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16))

Ohio identifies children eligible for referral to early intervention services under part C of the Individuals with Disabilities Education Act in SACWIS based on age and child abuse or neglect report disposition. SACWIS generates a “tickler” for every case where the identified child victim in a substantiated child abuse or neglect report was under the age of three.

In FFY 2016, 5154 children under age three (3) who had a substantiated child abuse/neglect report were eligible to receive services under Help Me Grow.

In FFY 2016, 36,274 reports linked to 31,830 different cases were screened in for Alternative Response and referred to preventive services.

- Juvenile Justice Transfers

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

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

In FFY 2016, 37 children exited from PCSA custody to commitment to the Ohio Department of Youth Services.

CAPTA Fatality and Near Fatality Public Disclosure Policy
Rule 5101:2-33-21 of the Administrative Code (OAC) outlines provisions for public disclosure of information about a child abuse or neglect case that results in a child fatality or near fatality. The specific minimum information required to be released as a result of the changes to Section 106(b) (2) (B) (x) of CAPTA have been incorporated into rule effective July 1, 2014.

Sources of Data on Child Maltreatment Deaths
Ohio continues to use SACWIS data to report child fatalities as a result of child maltreatment to NCANDS via the child file.

ODJFS has explored other options for obtaining additional child maltreatment fatality data from sources other than public children services agencies for inclusion in the NCANDS Agency File. Through these efforts, it has been determined that:

1. Law enforcement data would not provide accurate child maltreatment fatality information. There is no statewide organization that collects child fatality data from law enforcement agencies (e.g., municipal, county and township entities). Reporting by the law enforcement agencies is voluntary and inconsistent. In addition, the information is limited only to those maltreatment fatalities that were the subject of a criminal investigation.

2. Data analysis and reporting by the Statewide Child Fatality Review Committee (SCFRAC) is on a two-year delay. Information provided in the SCFRAC annual report is from the calendar year two years previous, and therefore, not applicable to the NCANDS reporting year.

3. Information from the county medical examiners’ offices is contained in the death records maintained by the Office of Vital Statistics (OVS) housed within the Ohio Department of Health. Currently, Ohio does not have the ability to crosswalk fatality data between SACWIS and Ohio’s vital statistics. ODJFS requested and received child fatality data from the OVS. The report includes all deaths, regardless of cause, occurring in individuals 18 years of age and under. However, the children were not able to be reconciled with the child fatality data in Ohio’s SACWIS. Pending user interface between systems or cross-walk functionality Ohio relies on child fatality data as entered into SACWIS.

In the summer of 2016, enhancements were made in Ohio’s SACWIS to better capture information regarding child fatalities and near fatalities. When a screener records a report of child abuse or neglect
in SACWIS, he or she is prompted to answer a question asking, ‘Does this report allege a child fatality or near fatality?’ If the screener selects yes, they will be required select which allegations are pertinent to the fatality or near fatality. Fatality and near fatality information will also be able to be recorded at disposition.

Additionality, a work item to record information about child fatalities and near fatalities was added to Ohio’s SACWIS. The work item includes fields to capture the following questions or topics:

1. Has law enforcement, medical, or PCSA personnel suspected the child’s death was the result of abuse/neglect?
2. Describe the cause and circumstances regarding the fatality or near fatality, as well as the situation of any siblings (or other children in the home).
3. Information describing the findings of any previous reports of child abuse or neglect assessment/investigations that are pertinent to the child abuse or neglect that lead to the fatality or near fatality.
4. Information regarding services provided by the PCSA on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.
5. Any actions including, but not limited to, court filings, removals, or implementation of safety plans on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.

An aggregate report to capture information regarding fatalities and near fatalities has also been created. The Child Fatality or Near Fatality Summary Report was released in March 2017. The report displays detailed data for all recorded incidents of fatalities and near fatalities in a single report. The report can be generated by both agency and state users. State users can generate a statewide report as well as an agency specific report. The report displays details of each fatality or near fatality such as the location of the fatality and near fatality, the child’s demographic information, incident date, roles and relationships of involved parties, and custody status. The report currently displays fatality and near fatality statistics for reports of child abuse and/or neglect on additional Excel tabs. The state team is working on other statistically significant data to add in the future.

**Education and Training Vouchers**

**Name of State: Ohio**

<table>
<thead>
<tr>
<th>Final Number: 2014-2015 School Year (July 1, 2014 to June 30, 2015)</th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>376</td>
<td>179</td>
</tr>
</tbody>
</table>

| Estimated 2015-2016 School Year* (July 1, 2015 to June 30, 2016) | 349               | 195               |

**Comments:**
Please see Section XII: Chafee Foster Care Independence Program for additional information.
Inter-Country Adoptions

In Calendar Year 2016, 711 of the children in foster care for at least one day were reported as previously adopted. The custody start date of these children ranged from December 7, 2004 to December 29, 2016. Only nine of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 517 do not have their birth country listed.

The primary removal reasons for the children with previous adoptions were:

- Abandonment 6
- Alcohol Abuse of Parent 1
- Caretaker's inability to cope 37
- Child's Behavioral Problem 144
- Converted, value missing 1
- Death of Parents 5
- Delinquency 88
- Dependency 261
- Drug Abuse of Child 1
- Drug Abuse of Parent 3
- Emotional Maltreatment 11
- Inadequate Housing 2
- Incarceration of Parent 1
- Neglect 55
- Physical Abuse 36
- Relinquishment 14
- Sexual Abuse 27
- Sibling Removal 5
- Unruly Status Offender 13

The current permanency goal (or last goal if the case is now closed) for those same children was:

- Adoption 267
- Independent Living/Emancipation 106
- Permanent Placement with a Relative 15
- PPLA 69
- Return Child to Parent 229
- No goal listed(likely short term placements) 25

The age of the child when the previous adoption finalized:

- 0 27
- 1-3 206
- 4-6 213
- 7-9 132
- 10-12 85
- 13-15 25
16-17 6
Unable to determine 17

Gender breakdown:

- Female 386
- Male 325

ODJFS policy continues to work with SACWIS staff to enhance the reporting of children who were previously adopted that come back into the child welfare system. The Foster Care and Adoption Recruitment Plan developed for the CFSP indicated that ODJFS would initiate an International Adoption Agency stakeholder group in SFY 2015 for the purpose of gathering information regarding the needs and availability of services to children adopted abroad. Based on the information discovered since that time regarding the lack of data on children who were previously adopted, it has been decided to delay establishing a stakeholder group until better data gathering methods have been developed. The Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) added requirements of certain data for states to collect including:

- The number of children who enter foster care under supervision of the state after finalization of an adoption or legal guardianship.
- Information concerning the length of the prior adoption/guardianship.
- The age of the child at the time of the prior adoption/guardianship.
- The age of the child when the child subsequently entered foster care.
- The type of agency involved in making the prior adoption/guardianship.
- Other factors to better understand the issues associated with the child’s post-adoption/post-guardianship entry into foster care.

Some of the above data is already tracked in the SACWIS system. OFC policy and the SACWIS team will continue to work together to incorporate the data listed that is not already in the system as well as the following data:

- Date of previous adoption
- Reason for disruption/dissolution
- Plan for the child
- Type of adoption (public, private, international)
  - Document which agency/state involved.
  - For International - Document if adoption was finalized in other country or USA or not yet finalized.
  - For International - Document country of origin.

This initiative is on the SFY18 IDA for SACWIS development.

ODJFS currently has a form (JFS 01670) to collect information on inter-country adoptions as required by federal law with regards to adoption disruption and dissolution. It is anticipated that by incorporating this form into SACWIS, the state will receive this data more consistently. During regional and statewide
meetings as well as at a variety of other venues, ODJFS adoption policy staff continue to address the need to track data in SACWIS and to submit the Inter-Country Adoption Data Collection form (JFS 01670) in the interim.
XV. Financial Information

Please see

- Appendix G:
  - Excel workbook:
    - CFS-101, Part I for FY 2018;
    - CFS-101, Part II with planned expenditures for the use of FY 2018 funds;
    - CFS-101, Part III with estimated and actual expenditures of FY 2015 grants for the title IV-B, and, at state option, the CFCIP and ETV programs.

- Appendix G:
  - PDF format copies of the CFS-101, Parts I and III, signed by the appropriate official.