

# Ohio Child and Family Services Plan (FY2005 – 2009)



Ohio Department of Job and Family Services  
Office for Children and Families  
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## GLOSSARY

<b>ACT</b>	Assertive Community Treatment is services provided by mental health providers for prevention, intervention and treatment services.
<b>AFCARS</b>	Adoption and Foster Care Analysis Reporting System is the federal reporting requirements for adoption and foster care.
<b>ASFA</b>	Adoption and Safe Families Act required states to provide children in foster care with a safe, permanent home in a timely manner.
<b>BFS</b>	Bureau of Family Services is a bureau within the Office for Children and Families that oversees the administration of child welfare and adult protective services.
<b>BOM</b>	Bureau of Outcome Management is a bureau within the Office for Children and Families that is responsible for data reporting, data analysis and quality control Programs.
<b>CAFS</b>	Community Alternative Funding System is using child welfare dollars as a flexible funding source.
<b>CA/N</b>	Child Abuse/Neglect is a term used to identify child abuse and/or neglect.
<b>CAP</b>	Corrective Action Plan used in the BAR Licensing Section, is a plan of action developed to respond to a deficiency or weakness.
<b>CAR</b>	Comprehensive Annual Report (CAR) is an annual summary of the state of child welfare in Ohio.
<b>CFSR</b>	Child and Family Service Review is the Federal review of the state of child welfare.
<b>CFSR ELC</b>	Child and Family Service Review Executive Leadership Committee is the leadership committee selected to lead Ohio's effort throughout the Child and Family Service Review process.
<b>CPOE</b>	Child Protection Oversight and Evaluation is the child welfare quality control program.
<b>CPS</b>	Child Protective Services is a term used to describe a wide range of social services coordinated and delivered on behalf of a child who is at risk or is being abused or has been abused or neglected.
<b>COA</b>	Council on Accreditation. COA's accreditation process is designed to facilitate organizational improvement.
<b>CQI</b>	Continuous Quality Improvement is the process of continually improving and informing each link or process within a system or organization.
<b>CSI</b>	Child Study Inventory is the comprehensive written account of information about a child in the custody of an agency.
<b>CRP</b>	Comprehensive Recruitment Plan is a plan used to recruit foster caregivers or prospective adoptive parents.
<b>DART</b>	Data Analysis Reporting Tool is a data mining tool used to analyze child welfare data.
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment provide prevention and treatment services to eligible youth.

<b>FAC SIS</b>	Family and Children Services Information System is the data reporting system that captures child welfare information.
<b>FAPM</b>	Family Assessment and Planning Model is a new protocol designed to determine the safety and protection of a child.
<b>FDMM</b>	Family Decision Making Model is a strength based/family centered model used to determine the safety and protection of the child throughout the life of a case.
<b>FRED</b>	Foster Caregiver Resource Education Database is a computer system used to capture the education training requirements for foster caregivers.
<b>FFTQM</b>	Framework for Total Quality Management for OCF.
<b>FFY</b>	Federal Fiscal Year is October 1- September 30.
<b>GAL</b>	Guardian Ad Litem is a guardian appointed by the juvenile court to represent and protect the best interest of an alleged or adjudicated abused, neglected or dependent child.
<b>GRF</b>	General Revenue Funds is the State of Ohio General Assembly appropriated funding over a two year budget period.
<b>IHCBS</b>	Intensive Home and Community Based Services are services provided by mental health providers for prevention, intervention and treatment services.
<b>JFS01443</b>	ODJFS Form for gathering and updating a child's educational and medical history
<b>JFS01616</b>	ODJFS Form for gathering a child's social and medical history
<b>MEPA</b>	Multi-Ethnic Placement Act requires that race not be a factor in the placement making decision process except in limited circumstances.
<b>OAC</b>	Ohio Administrative Code contains rules that provide direction to agencies on policy and practice issues.
<b>OAPL</b>	Ohio Adoption Photo Listing is a recruitment tool which features a listing and description of Ohio's children available for adoption and approved adoptive families in Ohio.
<b>OCF</b>	Office for Children and Families is the Office within the Ohio Department of Job and Family Services that oversees child welfare services and child care services in Ohio.
<b>OCF ELC</b>	Office for Children and Families Executive Leadership Committee advises the Office for Children and Families on the direction of child welfare/child care practice at the local level.
<b>OCWTP</b>	Ohio Child Welfare Training Program provides child welfare training.
<b>ODADAS</b>	Ohio Department of Alcohol and Drug Addiction Services oversee the administration of drug and alcohol services.
<b>ODE</b>	Ohio Department of Education administers education services.
<b>ODJFS</b>	Ohio Department of Job and Family Services oversee the administration of employment and family services.
<b>ODMH</b>	Ohio Department of Mental Health oversees the administration of mental health services.
<b>OFCF</b>	Ohio Family and Children First were established to promote coordination and collaboration among state and local governments.

<b>ORC</b>	Ohio Revised Code are all statutes of a permanent and general nature of the state as revised and consolidated into general provisions, titles, chapters, and sections.
<b>PCPA</b>	Private Child Placing Agency is an agency certified by ODJFS to provide child welfare services.
<b>PCSA</b>	Public Children Service Agency is a county agency who is responsible for providing child welfare services.
<b>PCSAO</b>	Public Children Service Association of Ohio is an advocacy organization for Public Children Service Agencies.
<b>PIP</b>	Program Improvement Plan is the corrective action plan developed in response to the Child and Family Service Review.
<b>PNA</b>	Private Non-custodial Agency is an agency certified by ODJFS to provide child welfare services.
<b>PPLA</b>	Planned Permanent Living Arrangement is a planned placement for a child when it has been determined the child cannot return to his own home or placed for adoption.
<b>QIP</b>	Quality Improvement Plan is the corrective action plan developed in response to the Child Protection Oversight and Evaluation Final Report.
<b>RTC</b>	Regional Training Center are locations throughout Ohio where child welfare training is administered.
<b>SACWIS</b>	Statewide Automated Child Welfare Information System
<b>SIS</b>	SACWIS Interim Solution
<b>SAMI</b>	Substance Abusing Mentally Ill is used to define a mental health diagnosis.
<b>SAR</b>	Semi-Annual Administrative Review is a re-assessment of the case plan that occurs every 6 months.
<b>SCO</b>	Supreme Court of Ohio is the legal body that administers legal and judicial issues in Ohio.
<b>SFY</b>	State Fiscal Year is July 1 through June 30.
<b>TA</b>	Technical Assistance is provided to support Ohio's goals and objectives.
<b>TPR</b>	Termination of Parental Rights is the termination of a parents' right to custody of a child.

## **I. ADMINISTRATION AND SERVICE DELIVERY**

### **OVERVIEW**

Ohio's Child and Family Services Plan (CFSP) developed in conjunction with the federal Child and Family Services Review (CFSR) Final Report and the PIP (Program Improvement Plan), focuses on achievement of positive outcomes for children and families. In identifying strategies to achieve positive outcomes for Ohio's children and families, the Ohio Department of Job and Family Services (ODJFS) had to take into account that child welfare services are delivered in a state-supervised county-administered environment. The ODJFS is the designated state agency responsible for overseeing the operation of 88 public children services agencies (PCSAs), which are responsible for:

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

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

- Ohio's 88 PCSAs differences in population size, demographics, community values and norms.
- Fiscal and human resources are established at the state and local levels.
- Services needed by families and children involved with PCSAs may be provided by other agencies, and the support for system change needs to be obtained from agencies at the state and county level that provide mental health, alcohol and drug addiction, mental retardation and

developmental disabilities, and educational services. In addition, support is received from domestic violence shelters, child care, public assistance, child support enforcement, the judicial system, probations and law enforcement. The majority of the services are provided at the local level, not at the state level.

- Courts may be configured differently (e.g., combined juvenile and probate courts, separate juvenile courts) and may have diverse procedures for handling PCSA and private child placing agency (PCPA) actions.

The Office for Children and Families (OCF), has been instituting a systematic approach for using data to drive decision-making. In April 2000, OCF staff were organized to address the CFSR requirements. To continue this proactive stance, all monitoring and data analysis responsibilities for OCF were moved into one bureau, the Bureau of Outcome Management.

To maintain the focus on achievement of positive outcomes for children and families, the OCF continued to implement and plan concurrent initiatives. A Child and Family Services Review Executive Leadership Committee (CFSR ELC) was formed. The committee was comprised of state level PCSA directors, other state department directors or appointees, a Juvenile Court Magistrate, other court personnel, child welfare advocates, and ODJFS staff. This committee advised the OCF regarding implementation of the CFSR requirements. The committee also reviewed and made recommendations for approval of the Statewide Assessment prior to submission to HHS. The actual hands-on development of the Statewide Assessment was completed by the ten CFSR ELC Subcommittees that were comprised of subject matter experts in the field of child welfare.

Prior to the release of the CFSR Final Report, the CFSR ELC was reconstituted into the ODJFS, Office for Children and Families Executive Leadership Committee (OCF ELC). The role of this ELC is to advise the OCF on the direction of child welfare/child care practice at the local level and participate in workgroups to create/revise policies to achieve the desired outcomes. The OCF ELC committee reviewed and made recommendations for approval of this CFSP prior to submission to HHS. The OCF ELC also assists the OCF in securing PCSA oversight and compliance with Ohio's CFSP as well as the PIP. This ELC has a more comprehensive goal and function than the CFSR ELC. The CFSR ELC now serves as a subcommittee of the OCF ELC. This has allowed better utilization of scarce county and state resources. The OCF ELC has a similar membership structure as that of the CFSR ELC, e.g., county agency directors, child welfare advocates, stakeholders, and ODJFS staff. The ELC is jointly chaired by the Public Children Services Association of Ohio (PCSAO) Director and the OCF Deputy Director.

Another step in the systematic approach to using data to drive decision-making is the initiation of monthly meetings of OCF staff to monitor Ohio's achievement of the

“National Standards.” Staff reviewed and discussed the relationships between federal and state policies, data in FACSIS (Family and Children Services Information System) and DART, (Data Analysis Reporting Tool) the CPOE (Child Protection Oversight and Evaluation) data indicators, CPOE reports and agency approved Quality Improvement Plans (QIP). These discussions have been an initial step in building staff’s capacity to conduct data analysis.

The choice to use data to drive decision-making has laid the foundation for the ODJFS, Office for Children and Families’ Framework for Total Quality Management.

In order to achieve the established CFSP goals, it was identified that the Total Quality Management strategy needed to be continued, in whole or in part, across Safety, Permanency, Well-Being, and Systemic Outcomes. Below are the six strategies that comprise Ohio’s approach to the Framework for Total Quality Management:

### ***Data***

Data on clients, families, incidents and resources are supported by FACSIS. FACSIS, which was established in 1986, does not provide automated decision-making support. It is an event driven system with limited integration of case information. FACSIS does provide data to meet the federal reporting requirements – AFCARS and NCANDS. The counties input of data into FACSIS is the first component in the Framework for Total Quality Management (FFTQM).

Ohio’s FFTQM begins with and ends its cycle with data. After all the components of the FFTQM are completed, the quality of the data that the counties input in the information system should improve, and take Ohio closer to achieving positive outcomes for children and families.

### ***Data Analysis***

The second component in the FFTQM is data analysis. FACSIS was not designed to provide analysis and reporting of the information at the county level. Data in the mainframe system is accessible for analysis and reporting at the state level. Access by state staff requires specific skills and knowledge of the system to write programs to extract data in the specific event order, and produce meaningful reports. To address this problem, a Business Intelligence software tool, COGNOS, was utilized. COGNOS, referred to as the DART in Ohio, was developed and made available to PCSAs and ODJFS staff who need to examine, track, report and analyze data from HostFACSIS (mainframe FACSIS). Established data sets can be accessed at a statewide aggregate level or be analyzed down to an agency’s specific case identifying information level (e.g., names, ages). This software tool gives users the flexibility to explore multiple combinations of data within a topical data set across two or more dimensions.

Data drawn from HostFACSIS and contained in DART is organized into cubes that allow users to see data on at least two dimensions. Each cube has reporting capabilities. The following thirteen cubes were developed based on the CPOE outcome indicators (Refer to Section X, Quality Assurance and Evaluation for additional information on CPOE):

- *Reports and Investigations* - measures the timeliness of investigation initiation and completion of reports of child abuse and neglect.
- *Recidivism of Child Abuse and Neglect Reports* - measures the recurrence of reports of child abuse and neglect.
- *Recidivism of Substantiated or Indicated Child Abuse and Neglect Reports* - shows differences between opened and unopened cases for substantiated and indicated child abuse and neglect cases, as well as recidivism on closed cases.
- *Child Abuse and Neglect and Subsequent Removal* - determines the percentage of child abuse and neglect cases in which children are removed from their homes.
- *Duration of Temporary Custody **Not** Including PPLA (Planned Permanent Living Arrangement)* - illustrates the length of time children are in temporary custody status and excludes PPLA status.
- *Duration of Temporary Custody Including PPLA* - illustrates the length of time children are in temporary custody status and includes PPLA status.
- *Child Abuse or Neglect by Foster Parent* - tracks child abuse and neglect incidents by foster parents.
- *Duration of Placement* - measures how long children placed out of the home are in placement.
- *Moves by Degree of Restrictiveness* - measures moves in foster care from one degree of restrictiveness to another degree.
- *Custody Episodes Terminated* - measures length of time in custody and reasons for custody termination.
- *Permanent Custody* - tracks the length of time in permanent custody status.
- *Children Currently in Placement* - contains information on children currently in placement.

- *Child Reunification* - contains information on children who have been reunified within 12 months of their placement episode.

Each cube contains dimensions that are usually geographic, demographic, dates, or status related to case history. Data in DART can be manipulated in order to examine trends, as well as conduct entry and exit cohort analysis.

The information contained in DART will be used by State and county staff to monitor and evaluate quantitative performance on achievement of select PIP/CFSP activities, develop focused technical assistance strategies, develop policy recommendations, develop alternative courses of action during PIP/CFSP roll-out and implementation, and guide CPOE quality improvement efforts. This new technology has allowed data to be easily distributed to the counties.

### ***Policy***

The third component in the FFTQM is Policy, which includes the Code of Federal Regulations, the Ohio Revised Code (ORC), the Ohio Administrative Code (OAC), best practice guidelines, procedure letters, and child welfare manuals, e.g., Family, Children and Adult Services Manual. An example of best practice guidelines is the PCSAO's *Child Protective Services Standards for Effective Practice*.

### ***Training***

The fourth component in the FFTQM is training, which consists of OAC rule briefings, DART training, data analysis training, automated systems training, and training offered to caseworkers, supervisors, other PCSA/PCPA/PNA (Private Non-Custodial Agency) staff through the Ohio Child Welfare Training Program (OCWTP) and ODJFS sponsored training events. The DART training and data analysis training has already been addressed in the Data Analysis section of this document. The OAC rule briefings are not the same as the skill building approach to training offered through the OCWTP. For rule briefings, OCF staffs that have the expertise related to the revised OAC rules provide an overview of rule changes to county and state staff and OCWTP trainers. This training is traditionally offered prior to the effective date of the rule, thus allowing the county time to develop implementation strategies. Refer to Section VIII, Staff Development and Training for additional information regarding OCWTP (Ohio Child Welfare Training Program).

### ***Agency Reviews***

The fifth component in the FFTQM is agency reviews. PCSAs may be accredited by COA. However, PCSAs will have a CPOE review and possibly a review by Children Services Licensing if the PCSA has foster homes, group homes or children residential care facilities. For PCPAs and PNAs, they will engage in a children services licensing review.

## **COA**

ODJFS offered to reimburse PCSAs for a portion of cost incurred for accreditation of their programs by the COA for Child and Family Services. COA promotes standards; champions quality services for children, youth and families; and advocates for the value of accreditation. Nine PCSAs are accredited by COA, while nineteen PCSAs are currently seeking accreditation. ODJFS long term goal is to have all 88 PCSAs accredited. ODJFS, at the state level, has applied for accreditation as well. The COA onsite review is scheduled for fall 2006.

## **CPOE**

The Child Protection Oversight and Evaluation (CPOE) system is designed to improve services and outcomes for families and children by approaching solutions through partnership between the PCSA and ODJFS staff. The review process focuses on key delivery processes and essential client outcomes within a continuous quality improvement framework. CPOE allows PCSAs and the state to move toward a self-evaluating process, rather than a rule-based monitoring process. The PCSA strengths and opportunities for improvement are supported through the provision of technical assistance by ODJFS staff. CPOE reviews of a PCSA continue to occur every 18 months. During each of the 18-month review period, core indicators are reviewed.

The CPOE process utilizes core indicators which provide necessary information to support county practice and management. In each review stage, a core set of indicators is chosen. PCSAs also have the ability to evaluate past indicators or additional programmatic areas at their discretion.

The CPOE process is comprised of an ongoing set of activities. Joint assessment and enhancement planning by the PCSA and ODJFS are expected to promote the effective and efficient service delivery of child protection services (CPS). Critical operative concepts of CPOE include regular data collection, analysis and verification, and continuous feedback

An on-site review process concludes with a detailed report of the activities and findings of the review. The report provides documentation of the review events and supported findings tailored to the needs of the PCSA and ODJFS program/ policy sections.

Quality Improvement Plans (QIPS) are created by PCSAs based upon findings contained in the final report and are focused on the individual county's identified areas of improvement, or areas that require effort to maintain progress. Any areas of concern that are addressed in the CPOE report are required to be included in the QIP and must be addressed by the PCSA. QIPS include steps for addressing effective change to the issues contained in the CPOE report and areas of strategic

activity as prioritized by the PCSA. The QIPS are submitted to ODJFS and are then reviewed for approval. ODJFS has the responsibility for monitoring the PCSAs progress in achieving the specific goals identified in the plan. Several PCSAs have incorporated their CPOE QIPS into their five-year strategic planning process. Refer to Section X, Quality Assurance and Evaluation for additional information regarding CPOE

### **Children Services Licensing**

The Children Services Licensing Section of the Bureau of Accountability and Regulation monitors and enforces compliance with OAC rules that govern PCSAs, PCPAs and private noncustodial agencies (PNA). The rules are considered minimum standards designed to provide safe, twenty-four hour out-of-home care for all children in Ohio when placement in out-of-home care has been deemed necessary. The OAC rules are written under the authority of Sections 5103.02-5103.19 of the ORC. Meeting these standards is therefore required by state law and the OAC.

Private agencies are certified as one of the two types of private agencies, PCPAs and PNAs are certified to perform specific functions. PCPAs are certified to accept temporary, legal and permanent custody of children and to place children for foster care or adoption. PNAs do not accept custody of children and do not place children for foster care and adoption; however, a PNA may be certified “to participate in the placement of children for foster care and /or adoption.” To participate means to facilitate a placement but not to make the actual placement decision.

For a PCSA, the foster home program on-site review is completed every 18 to 24 months. The timeframe for this review is flexible in that there is at least 18 months and no more than 24 months between the last entrance date to the current entrance date. This 18-24 month window of time is usually referred to as entrance to entrance. For the certified functions of PCSAs, PCPAs and PNAs the on-site review is scheduled according to the certificate date. In the two-year certificate period, three on-site reviews, including at least one unannounced review, are completed. The reviews, while compliance and enforcement driven, are also performance and strength based. The reviews identify the areas where an agency is operating in substantial compliance (90%-100%) with the rules. The reviews also identify areas where improvement could be made (75%-89% compliance). Agencies that are found to be in substantial compliance with the rules are often used as resources for agencies who are struggling to maintain compliance.

A corrective action plan (CAP) is required for record review noncompliance that is below 75% for each individual line item on the record review forms. Policies must be found in 100% compliance. There is also no percentage score for on-site physical site rule requirements, such as beds for children. This noncompliance must be immediately corrected. CAPs are designed to prevent future noncompliance and to correct current noncompliance. CAPs must be systemic and case specific and must

include a time frame for correction of the noncompliance, no more than 30 days unless special approval is granted. Implementation of the CAP is monitored during each subsequent on-site review until compliance is achieved. If for some reason the agency fails to implement a CAP, denial or revocation of the agency's certificate may be initiated.

### ***Focused Technical Assistance***

The sixth component in the FFTQM is focused technical assistance. Focused technical assistance is provided to PCSAs with the highest percentage of noncompliance with the six core CPOE indicators and the non-core indicator on timeliness of initiating investigations of reports of child maltreatment. Data is reviewed in DART to select the two agencies that have the greatest adverse impact on overall statewide performance for each indicator. The steps in the process of focused technical assistance include:

- Development of a county profile [e.g., whether child welfare levy (a tax targeted to the Child Welfare Program) is in effect, CPOE reports, staffing patterns].
- Review and analyze the data in DART for each of the six core CPOE indicators and the non-core indicator on timeliness of initiating investigations of reports of child maltreatment. For each of the identified counties, conduct an analysis of trends, entry and exit cohort data, and longitude data.
- Contact the identified counties to mutually identify possible factors causing the county to fall below the state standard for the outcome.
- Form a team which has expertise to address some of the issues identified. Teams could consist of state staff or county staff that has expertise in: fiscal planning, management information systems, data analysis, program design, training and mentoring. Additionally, ODJFS may seek assistance from one of the Resource Centers for on-site technical assistance.
- Evaluation of focused technical assistance through evaluation of county data prior to and following technical assistance.
- Share initiatives and strategies learned from the focused technical assistance with PCSAs and PCPAs.

The two counties targeted for focused technical assistance is Franklin (Columbus Metro) and Cuyahoga (Cleveland Metro) counties. Based upon the "August 2003 Ohio County Indicators" study released by Ohio Development of Development, these two counties represent 22% of the population base in Ohio and have the largest number of children under the age of 18. These two counties had the highest

percentage of non-compliance with the “National Standards” and have the greatest adverse impact on overall statewide performance. In addition, these counties have the largest out-of-home care population in the state and would have the greatest adverse impact on overall statewide performance. The focused technical assistance will be for CFSR PIP Items: #1, *Timelines of Initiating Investigations of Reports of Child Maltreatment*; #2A, *Repeat Maltreatment: Recurrence of Child Maltreatment*; #2B, *Repeat Maltreatment: Child Abuse and/or Neglect In Foster Care*; #5, *Foster Care Re-entries*; #6, *Stability in Foster Care*; #8, *Reunification, Guardianship, or Permanent Placement with Relatives*. Based upon “lessons learned” from these two counties during the focused technical assistance, ODJFS will disseminate information via regional and statewide meetings with PCSA/PCPA staff, on the results of the TA strategies used by the two agencies.

## **PROCESS**

Outcomes, goals and strategies contained in the CFSP, which are in part the integration and enhancement of CFSR PIP and CFSR PIP Quarterly Report (April 2004), were developed by work teams comprised of state staff. Teams focused on the items which were identified in the CFSR PIP and the CFSR PIP Quarterly Report (April 2004) as needing improvement. Teams identified strategies which could be implemented within the two to five year time frame beyond the PIP timeline that would have an impact on achieving substantial conformity. Draft CFSP documents were disseminated for review and comment to the: ODJFS, Office for Children and Families Executive Leadership Committee; CFSP State Review Team Members; North American Indian Cultural Center, Akron (Ohio); Public Children Services Association of Ohio; Ohio Association of Child Caring Agencies; Ohio Family and Children First; Public Children Service Agency Directors; stakeholders; advocates and other state departments who serve children.

## **PUBLIC INSPECTION**

Ohio’s CFSP is available for review and inspection by any citizen of the state of Ohio by accessing the internet at [www.jfs.ohio.gov](http://www.jfs.ohio.gov). During usual working hours, a copy is available for inspection at the Bureau of Family Services, 255 East Main Street, 3<sup>rd</sup> Floor, Columbus, 43215. Copies are also available upon request from ODJFS, Office for Children and Families, 255 East Main Street, 3<sup>rd</sup> Floor, Columbus, 43215.

## II. VISION

The Office for Children and Families (OCF), within the Ohio Department of Job and Family Services (ODJFS), joined with the Public Children Services Association of Ohio (PCSAO) to sponsor a collaborative state and county planning and implementation effort for children, adult and family services in Ohio. This process continues the work of the Child Welfare Reform Shareholders Group (initiated in 1999), considers issues facing at-risk adults, and focuses on improving the ways we serve Ohio's most at-risk children, adults and families and their communities. This effort responds to the ongoing need to consciously accelerate our system's capacity to deliver effective services that are guided by federal and state laws, best practice standards, and federal and state outcome measures.

In December 2001, OCF convened an Executive Leadership Forum to discuss the strategic planning model. This group included top level administrators from several state agencies, advocacy groups and professional organizations. These leaders were asked to support the planning process by committing staff time for leadership/guiding activities and by communicating the process and encouraging their partners and constituents to become involved in the community environmental scans.

A Guiding Group was formed to lead the development and full implementation of the strategic program plan in the years ahead. The Guiding Group is composed of approximately 40 people and includes the Deputy Director of the Office for Children and Families and other administrative and program personnel. It also includes representatives from many segments of the public children, adult and family services system and key stakeholder groups, such as foster parents, providers, child advocates, Child Welfare Reform Shareholder Group members, and others with an interest in improving our system. The Guiding Group may also enlist others to participate in ongoing planning/work groups clustered around the strategic initiatives identified through this process.

This two-year strategic planning process for children, adult and family services began with a series of fifteen Environmental Scans in January 2002. Over 500 individuals attended these scans and provided information on their hopes for Ohio's children, adults, families and communities. They also identified the strengths and weaknesses of the children, adult and family services system. They then identified the opportunities and barriers that are present in the current economic, social and political environment. The data compiled from these scans were used by the Guiding Group in developing this strategic plan.

To help ensure that the strategic planning process supports achieving federal and state priorities related to child welfare, the first guiding group meeting began by reviewing the outcome measures used for the Federal Child and Family Service Reviews (CFSR ) and Ohio's Commitments to Child Well-Being. The federal

measures include three areas - safety, permanency and well being and are outlined below.

**I. SAFETY**

- Children are first and foremost protected from abuse and neglect.
- Children are safely maintained in their own homes whenever possible and appropriate.

**II. PERMANENCY**

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

**III. WELL BEING**

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

These federal goals reflect many of Ohio's Commitments to Child Well-Being as outlined by Governor Taft. Ohio's commitments are broad based and achieving them will take the concerted efforts of state and local governments and their partners and stakeholders. These commitments are:

- Expectant parents and newborns thrive.
- Infants and toddlers thrive.
- Children are ready for school.
- Children and youth succeed in school.
- Youth choose healthy behaviors.
- Youth successfully transition into adulthood.

Using the data from the environmental scans and maintaining a focus on the federal outcomes and Ohio's commitments, the Guiding Group developed a shared vision that defines our hopes for the future and quality of life for all of Ohio's children, adults, families and communities. Achieving a vision of this magnitude will require the efforts of many individuals, organizations and systems.

The Guiding Group then crafted a mission statement that articulates the unique contribution the Ohio Public Children, Adult and Family Services System can make toward achievement of the vision.

Finally, the Guiding Group analyzed the strategic character of issue areas identified by the Environmental Scan participants and developed action plans for the three issue areas that were determined to be most strategic. The action plans will be implemented over the next two years.

### ***A VISION for Ohio***

*Ohio citizens will thrive in safe and stable communities because...*

Communities will...

- Recognize, respect and value children, adults and families as their highest priority.
- Invest and support all in achieving their full potential.
- Build on the strengths, diversity and unique contributions of all members.

Families will...

- Nurture, protect, support and provide for the basic needs of their members.
- Help members achieve their full potential.
- Contribute to the well-being of their community

Adults will...

- Have opportunities for personal growth and contribution.
- Be connected to family, social group and/or community.
- Be responsible for the care of themselves and others.

Children will...

- Feel valued as respected individuals within their families and communities.
- Succeed in learning environments (home, childcare, school) from birth to adulthood.
- Become responsible, connected and contributing adults.

### ***A MISSION for the Office for Children and Families***

We will work to achieve safety, permanency, self-sufficiency and well-being for families, adults and children by mutually engaging and educating communities and systems to jointly provide services.

#### ***Definitions:***

- **We:** The state-supervised county-administered public children, adult and family services system.
- **Safety:** The individual is protected from harm.
- **Permanency:** A stable living environment.
- **Self-Sufficiency:** Achieving self reliance based on an individual's capacity.
- **Well-Being:** Developmental needs are addressed to assure prevention, protection and treatment as appropriate.

### ***Child and Family Services Review/Program Improvement Plan***

We are currently working on revisions to the 2002 – 2004 Strategic Plan and will

incorporate the findings and goals stated in the Child and Family Services Review and our federally approved Program Improvement Plan. In addition, these findings and goals have been incorporated into the Child and Family Services Plan for 2005 - 2009. The Child and Family Services Review and the Program Improvement Plan have assisted us in the coordination of efforts aimed at the safety, well-being and permanency of children and families. This coordination will continue through the life cycle of the CFSP 2005 - 2009.

### **III. SERVICES AND PROGRAMS**

This section provides a discussion of Ohio's Social Security Act Title IV programs and services including: Title IV-B, Subparts 1 and 2; CFCIP, ETV and CAPTA. Although not included as formalized components of Ohio's CFSP, Title XX and Title XIX of the Social Security Act are program and service supports to Ohio's child protective services system and are so identified in this section. This section further analyzes service frequency and differences throughout the state of Ohio on services planned; services provided and reported barriers to the provision of services.

#### ***Title IV-B, Subpart 1***

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

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

The Title IV-B, Subpart 2 program provides family preservation and family support services. OCF's practice instructions for family preservation activities presently funded under Title IV-B, Subpart 2, allow "family preservation activities" to include services in support of maintaining adoptive placements and services in support of time-limited reunification goals. The program's aim is assuring the safety of the child; promoting healthy child development; assisting children and families to resolve crises; preventing unnecessary out-of-home placement of children; helping children already in out-of-home care to be returned to and maintained with their families; and prevention activities designed to alleviate stress and promote parental competencies and behavior that will increase the ability of families to successfully nurture their children.

#### ***CAPTA***

OCF develops statewide policy and program initiatives to address the problem of child abuse and neglect. Program goals include: promoting inter-agency coordination to protect children from abuse and neglect; allowing more effective delivery of services to families; providing strength-based, family-focused casework practice with an emphasis on child safety, permanency, and child and family well-being; and promoting statewide child abuse and neglect prevention through public education and public awareness campaigns. Additionally, the CPS program provides leadership in policy development to address the problem of child abuse and neglect. Refer to Section VI, Child Abuse Prevention and Treatment Act (CAPTA) for additional information regarding CAPTA and the CFSP.

In addition, the Ohio Children's Trust Fund serves as the Ohio's lead agency for the Community-Based Child Abuse prevention (CB-CAP) grant, under CAPTA Title II, which focuses on strengthening and supporting families to reduce child abuse and neglect.

### ***CFCIP/ETV***

OCF's implementation of the Chafee Foster Care Independence Program (Independent Living Program) provides services to assist youth preparing to live independent, self-sufficient lives upon leaving substitute care. Services include: outreach; individual and group counseling; preparation for GED or higher education; job search assistance and placement programs; instruction in basic living skills; parenting; health care; transportation; housing; self-esteem and self-confidence counseling; and interpersonal and social skills training and development. Refer to Section VII, "Chafee Foster Care Independence and Education and Training Voucher Programs" for additional information regarding CFCIP/ETV and the CFSP.

### ***Title XIX***

The Title XIX program permits the availability of childhood medical care programs. Medicaid funds are claimed for health-associated child welfare services.

### ***Title XX***

The Title XX program offers a wide range of services directed at improving the quality of life for families and their children. More than 32% of the Title XX funds provide services to children known and unknown to the PCSAs. The Title XX program also supports ODJFS' statewide child welfare and adult services training programs.

### ***Adoption Promotion and Supports***

A permanent family is an inherent right of every child, and for the children entering the child protection system, the family of choice is the child's birth or kin family. However, at any given time, more than 3,500 children are in the permanent custody of a PCSA or PCPA, where returning to a birth or kin family is not an option.

When a suitable relative cannot be found, the PCSA or PCPA works to locate a suitable non-relative to assume custody, primarily through adoption.

### **AdoptOHIO**

AdoptOHIO is a multi pronged approach to address the challenges related to finding homes for more than 3,500 children waiting for a permanent home statewide. The Office for Children and Families contracts with 135 public and private agencies under AdoptOHIO.

Due to budgetary constraints, AdoptOHIO was significantly restructured effective SFY04 (July 1, 2003). SFY 04 contracts were provided to private agencies only for the finalization and post finalization fees for children who were placed on or before June 30, 2003. Public agencies did not receive the additional fees for finalization and post finalization services. Instead, the Office for Children and Families presented the conceptual framework of the new AdoptOHIO Kids program and received input from the PCSAO, the Ohio Association of Child Caring Agencies

(OACCA), and the Executive Leadership Council (ELC).

The new AdoptOHIO Kids is a statewide program in which all 88 counties received an initial unrestricted allocation of funds to work towards the AdoptOHIO Kids goals. PCSAs are eligible to receive additional incentive dollars based on meeting certain outcome measures. AdoptOHIO Kids goals include increasing the overall number of children adopted each year with a special emphasis on:

- Meeting the Child and Family Review (CFSR) national standard of 32 percent for finalizing the adoption of children within 24 months from their initial custody, and
- Finalization of children who are both ages ten or older and who have been in the custody of the agency for 24 months or longer.

### **Special Needs Children**

Effective July 1, 2004, House Bill 95 repeals the state special services subsidy. The legislation being repealed enables counties to enter into agreements with families who adopt special needs children to pay such parents for "...medical, surgical, psychiatric, psychological, and counseling expenses, and may include maintenance costs if necessary and other costs incidental to the care of the child." The payment of the maintenance subsidy is further conditioned on the family being income eligible and not eligible for an IV-E adoption subsidy.

### **Specialized Support Services**

#### *Quality Assurance Vendor:*

The quality assurance vendor provides specialized administrative support for the implementation of AdoptOHIO. The vendor monitors and evaluates the effectiveness of the various components of the AdoptOHIO program to ensure that it is having the intended effect and to continuously improve and enhance the program in an ongoing effort to reduce the number of children awaiting adoption in Ohio (i.e., statistical updates, evaluation of short and long term outcomes, effectiveness of promotion of collaboration.)

The vendor has produced several reports that have been distributed, including:

- 2003 Adoption Performance Report
- Focus Group Result on Ohio AdoptOHIO Photo Listing Children's and Feature Books
- Results of Agency Survey
- Results of Phone Survey

The AdoptOHIO Program was restructured and the quality assurance vendor Request for Proposal was changed to reflect these changes. This is the first year that ODJFS has ever released information comparing the waiting adoptive parent

population with the children who are available for adoption. This type of analysis is needed as we continue analyzing our successes against the CFSR outcome measures.

*Marketing Contract:*

Due to budgetary constraints, the marketing vendor's responsibilities were reduced to include only the Statewide Adoption and Foster Care Conference in November 2003 and 2004.

*OAPL Contract:*

Due to budgetary constraints ODJFS will no longer produce the Ohio Adoption Photo Listing Children's Book. This decision is supported by the comments in the Adoption Focus Groups conducted by the Quality Assurance vendor and by agency staff. ODJFS continues to maintain the AdoptOHIO Photo Listing Web Site which currently features over 2500 waiting children. Additionally, ODJFS publishes between 15 to 20 OAPL Features Books each year which provide more extensive narratives and pictures of children who have been waiting the longest.

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

The Post Adoption Special Services Subsidy Program (PASSS) is a State adoption preservation initiative successful in meeting the needs of post adoptive families. During State Fiscal Year 2003, \$3.7 million was allocated to be used to provide services to post adoptive families in Ohio. During State Fiscal Year 2004 PASSS encumbered \$4,813,632.

A workgroup was formed by the Executive Leadership Committee (ELC) to review the PASSS expenditures and determine ways for the program to run more efficiently. It was decided that ODJFS will promote greater accountability of agencies' encumbrance procedures by providing quarterly data on their expenditures. Additionally, a procedure letter is being prepared to remind agencies that PASSS is a program to provide services which will prevent disruptions and those services such as routine summer camp and orthodontia should not be covered.

Several changes in House Bill 95 regarding PASSS, will be effective on July 1, 2004, include but not limited to: implementation of (in most instances) a co-pay of at least 5% on services and a reduction in the cap from \$15,000 to \$10,000.

**Multiethnic Placement Act**

Multi-Ethnic Placement Act (MEPA) staff developed the action steps and measures relative to recruitment, as captured in the CFSR, PIP. The goal of the recruitment action steps is to increase the number of minorities in the statewide pool of approved adoptive applicants and families.

### ***Services Needs and Barriers Assessment***

The Comprehensive Annual Report (CAR) is an annual summary of the state of child welfare in Ohio. Its purpose is to provide feedback on findings obtained during the Child Protection Oversight and Evaluation (CPOE) on-site activities and other review activities that occurred in the previous year. The CAR is targeted to the Ohio Department of Job and Family Services (ODJFS) program/policy sections for prevention, child safety and child permanency, the 88 public children services agencies (PCSAs), and other stakeholders who are advocates for the protection of Ohio's children.

The CPOE quality assurance system is based on modern quality methods, such as continuous quality improvement and the incorporation of automated child welfare process and outcome measures. The system is designed to improve the services and outcomes for families and children coming to the attention of PCSAs. It focuses on key delivery processes and essential client outcomes within a continuous quality improvement framework. Improvement opportunities for the PCSAs are supported through the provision of technical assistance by ODJFS staff.

Critical operative concepts of CPOE include regular data collection, analysis and verification, and continuous feedback. On-site activities focus on data validation, outcome indicator discussions and other review activities. Initial discussion with key PCSA personnel focuses on exploring the factors that contribute to and explain the measures in each county. It is anticipated that in addition to ongoing data reports, management letters, correspondence, and formal on-site joint assessment activities, ODJFS staff will periodically meet with PCSA staff to offer focused technical assistance and solve challenging service delivery issues.

The effectiveness of these activities is critical to the overall quality improvement of the statewide child protection system. Application of these findings within the ODJFS program/policy areas is necessary for planning, training, budgeting, and technical assistance.

The most recent CAR Report, which reviewed a sizable amount of the 2003 CPOE Stage Four reports, identified the following barriers or lack of services in the communities:

- There are not adequate services in the county to provide family preservation services.
- There is limited availability and long waits for chemical dependency programs, mental health services, parent education classes, and services for low-functioning families. (Treatment providers are not accepting Medicaid, which is a barrier to services.)
- The services identified on the case plan are not readily available to the parents or the parents cannot access the services because of the hours of services provision or the location of the service.

## **Service Needs Review**

A Service Needs Review was conducted to examine the reporting of data to the state Management Information System regarding services planned and provided by the 88 PCSAs for the period of January 1, 2002 through December 31, 2002. This analysis examined service frequency and differences throughout the state on services planned, services provided, and any reported barriers to the provision of services. The entire database, containing data from all 88 counties, was examined for this review.

The review sought to examine trends in service planning and delivery. It is important to note that several upgrades have been made to the Management Information System that expand the array of service options and include the capture of barriers to service delivery. Currently six Management Information System events capture the following services planned and provided.

- Child services planned
- Family services planned
- Caregiver services planned
- Child services provided during review period
- Family services provided during review period
- Caregiver services provided during review period

Service types for all of the above events are maintained in a single listing. This listing has 54 service types.

Services planned are to be entered into the Management Information System, upon the completion of an initial or amended case plan, or upon the holding of a Semi-Annual Review (SAR). The recording of services provided is to be entered upon the completion of the SAR. Any identified barriers to prior planned services are also to be recorded upon the completion of the review. These events may be entered as many times as necessary to adequately capture the services being planned or provided, along with any barriers that may complicate the delivery of these services. The following listing identifies the service types available for entry:

<b>Adoption Services</b>	<b>Alcohol In-Patient Treatment</b>
<b>Alcohol Out-Patient Treatment</b>	<b>Alcohol Diagnostic Services</b>
<b>Alcohol Support Services</b>	<b>Alcohol Prevention Services</b>
<b>Budgeting Training</b>	<b>Career Exploration</b>
<b>Case Management Services</b>	<b>Community Education Services</b>
<b>Counseling Services</b>	<b>Crisis Services</b>
<b>Crisis Nursery Services</b>	<b>Day Treatment Services</b>
<b>Day Care/Employment Services</b>	<b>Diagnostic Services</b>
<b>Drug Prevention Services</b>	<b>Drug In-Patient Treatment</b>
<b>Drug Out-Patient Treatment</b>	<b>Drug Diagnostic Services</b>
<b>Drug Support Services</b>	<b>Educational Services</b>

<b>Emergency Caretaker Services</b>	<b>Emergency Shelter Services</b>
<b>Employment and Training Services</b>	<b>Environmental Management Services</b>
<b>Financial Assistance</b>	<b>Financial Management</b>
<b>Homemaker/Home Health Aid</b>	<b>Housing</b>
<b>Info and Referral Services</b>	<b>Interpretative Services/Limited English Proficiency</b>
<b>Job Retention</b>	<b>Job Placement</b>
<b>Life Skills/Independent Living</b>	<b>Medical Treatment</b>
<b>MRDD Diagnosis</b>	<b>MRDD Services</b>
<b>Nutritional Education</b>	<b>Other Community Services</b>
<b>Parent Education Services</b>	<b>Parent Aide Services</b>
<b>Pregnancy Prevention Services</b>	<b>Protective Day Care Services</b>
<b>Public Assistance/TANF</b>	<b>Respite</b>
<b>Smoking Avoidance Services</b>	<b>Substitute Care Services</b>
<b>TANF Extension</b>	<b>Therapeutic Services</b>
<b>Transportation</b>	<b>Unmarried Parent Services</b>
<b>Vocational Training</b>	<b>Volunteer Services</b>
<b>“Not Applicable”</b>	

ODJFS examined all services reported to the Management Information System as planned during the 12 months between January 1, 2002 and December 31, 2002. Questions to be answered from the analysis included:

- *What were the most frequently planned services for children and families?*
- *What were the most frequently planned services for children and families when the child was not in an out-of-home care placement?*
- *What were the most frequently planned services for children and families when the child was in an out-of-home care placement?*
- *What services planned were reported as being provided?*
- *Were there additional services provided that was not reported as being planned?*
- *Were any differences noticed due to county size (population)?*

Also examined were all services reported to the Management Information System as being provided during the 12 months between January 1, 2002 and December 31, 2002. Questions to be answered from this analysis included:

- *What were the most frequently provided services for children and families?*
- *What were the most frequently provided services for children and families when the child was not in an out-of-home care placement?*
- *What were the most frequently provided services for children and families when the child was in an out-of-home care placement?*
- *Were any differences noticed due to county size (population)?*

All data for the review were pulled in December 2003 from the centralized database

of the Management Information System. The time period of study for the two universes of planned and provided services is the 12 months between January 1, 2002 and December 31, 2002. Barriers are reported for the time period of January 1, 2002 and December 31, 2002.

Findings from review questions:

*Services Planned:*

- *What were the most frequently planned services for children and families?*

All services reported as being planned for the child or family for the review period was tallied. The most frequently planned service for all cases was Case Management Services. This service is used to denote the activities performed by the PCSA for the purpose of providing, recording, and supervising services to a child and his or her family. The remaining services are those customarily provided by the PCSA are diagnostic in nature. Therapeutic services, as indicated in the Management Information System, are psychiatric or psychological services performed by a licensed or certified psychiatrist, psychologist, professional counselor, or independent social worker, but do not include drug or alcohol-related services.

**Table 1: Frequency of Services Planned**

<b>Service Type</b>	<b>Total Services Planned</b>	<b>Frequency Ranking</b>
<b>Case Management Services</b>	<b>153,041</b>	<b>1</b>
<b>Info and Referral Services</b>	<b>88,155</b>	<b>2</b>
<b>Counseling Services</b>	<b>86,178</b>	<b>3</b>
<b>Substitute Care Services</b>	<b>30,982</b>	<b>4</b>
<b>Therapeutic Services</b>	<b>30,354</b>	<b>5</b>
<b>Diagnostic Services</b>	<b>23,377</b>	<b>6</b>
<b>Parent Education Services</b>	<b>22,155</b>	<b>7</b>
<b>Adoption Services</b>	<b>7,376</b>	<b>8</b>
<b>Drug Diagnostic Services</b>	<b>4,309</b>	<b>9</b>
<b>Life Skills/Ind. Living Services</b>	<b>4,040</b>	<b>10</b>

- *What were the most frequently planned services for children and families when the child was not in an out-of-home care placement?*

This subset of the total universe of cases with services planned during the period, examines the services planned for children and families when the

child was not in an out-of-home care placement setting at the time of the service planning. The top seven services show only slight variation in the frequency ranking of all services planned from Table 1. This data reflects slightly more emphasis on services planned to support parenting skills and the home setting. Two additional services to the most frequently planned services from Table 1 are included for this non-placed universe. These include Environmental Management Services and Protective Day Care Services. Adoption and Life Skills services are absent from the list for the non-placed universe.

**Table 2: Frequency of Services Planned for Children Not in a Placement Setting**

<b>Service Type</b>	<b>Services Planned for Children Not Placed</b>	<b>Frequency Ranking for Not Placed Cases</b>	<b>Frequency Ranking for All Cases</b>
<b>Case Management Services</b>	<b>89,157</b>	<b>1</b>	<b>1</b>
<b>Info and Referral Services</b>	<b>52,100</b>	<b>2</b>	<b>2</b>
<b>Counseling Services</b>	<b>47,558</b>	<b>3</b>	<b>3</b>
<b>Therapeutic Services</b>	<b>15,350</b>	<b>4</b>	<b>5</b>
<b>Parent Education Services</b>	<b>12,540</b>	<b>5</b>	<b>7</b>
<b>Diagnostic Services</b>	<b>11,971</b>	<b>6</b>	<b>6</b>
<b>Substitute Care Services</b>	<b>3,738</b>	<b>7</b>	<b>4</b>
<b>Protective Day Care Services</b>	<b>2,614</b>	<b>8</b>	<b>11</b>
<b>Drug Diagnostic Services</b>	<b>2,536</b>	<b>9</b>	<b>9</b>
<b>Environmental Management Services</b>	<b>2,226</b>	<b>10</b>	<b>12</b>

- *What were the most frequently planned services for children and families when the child was in an out-of-home care placement?*

When examining the universe of children in an out-of-home care placement setting at the time of service planning, we see only a slight deviation in the ranking of the services from the total universe of Table 1. As might be expected, for the children in the placement population, more focus is given to Life Skills/Independent Living and Adoption Services.

**Table 3: Frequency of Services Planned for Children in a Placement Setting**

Service Type	Services Planned for Children Placed	Frequency Ranking for Placed Cases	Frequency Ranking for Not Placed Cases	Frequency Ranking for All Cases
Case Management Services	63,524	1	1	1
Counseling Services	38,620	2	3	3
Info and Referral Services	36,055	3	2	2
Substitute Care Services	27,244	4	7	4
Therapeutic Services	15,004	5	4	5
Diagnostic Services	11,406	6	6	6
Parent Education Services	9,615	7	5	7
Adoption Services	7,186	8	43	8
Life Skills/Ind. Living Services	3,481	9	30	10
Drug Diagnostic Services	1,773	10	9	9

- *What services planned were reported as being provided?*

The table below indicates the number of services provided for the overall most frequently planned 10 services outlined in Table 1. The two universes of placed and not-placed children at the time of service planning are broken out as well, for each of the service types.

**Table 4: Services Planned That Were Provided**

Service Type	Services Provided for All Cases	Provided for Not Placed Cases	Provided for Placed Cases
Case Management Services	101,636	48,582	53,054
Counseling Services	44,785	21,245	23,540
Info and Referral Services	41,010	21,665	19,345
Substitute Care Services	17,536	830	16,706
Therapeutic Services	15,197	6,461	8,736
Diagnostic Services	9,816	4,365	5,451
Parent Education Services	7,876	3,873	4,003
Adoption Services	4,312	22	4,290

**Table 4: Services Planned That Were Provided**

Service Type	Services Provided for All Cases	Provided for Not Placed Cases	Provided for Placed Cases
Life Skills/Ind. Living Services	1,915	78	1,837
Drug Diagnostic Services	1,362	795	567

- *Were additional services provided that were not reported as being planned?*

The review indicated that services were provided, but were not reported as planned. These service types are the same as those planned (Table 1) and those provided (Table 7). The table below shows the 10 most frequent additional service types that were not planned, but were provided during the review period.

**Table 5: Services Provided But Not Planned**

Service Type	Services Provided But Not Planned for All Cases	Services Provided But Not Planned for Not Placed Cases	Services Provided but Not Planned for Placed Cases
Case Management Services	26,247	13,596	12,651
Counseling Services	13,858	6,870	6,988
Info and Referral Services	13,042	7,618	5,424
Substitute Care Services	7,389	784	6,605
Therapeutic Services	5,443	2,203	3,240
Diagnostic Services	4,319	1,738	2,581
Parent Education Services	3,381	1,545	1,836
Adoption Services	1,851	42	1,809
Life Skills/Ind. Living Services	987	124	863
Environmental Mngt Services	895	455	440

- *Were any differences noticed due to county size (population)?*

The counties were clustered into six groupings: Major Metro, Metro, Large, Medium, Medium-Small, and Small, based on county overall population. The

most frequently planned services were examined to determine whether there were differences in the planning rate among varying population sizes. The table below depicts the percent of services planned, attributed to each of the county groupings. It would generally be expected that percentages would be consistent for an individual grouping across all service types; however, some differences are evident.

**Table 6: Proportion of Planned Services by County Population Grouping**

Service Type Planned	Major Metro	Metro	Large	Medium	Medium/ Small	Small
Case Management Services	45%	27%	12%	10%	3%	4%
Info and Referral Services	39%	36%	10%	8%	4%	4%
Counseling Services	29%	35%	16%	13%	3%	4%
Substitute Care Services	41%	32%	12%	9%	3%	3%
Therapeutic Services	12%	44%	19%	17%	4%	4%
Diagnostic Services	24%	37%	19%	14%	2%	3%
Parent Education Services	40%	29%	13%	11%	3%	5%
Adoption Services	36%	37%	12%	9%	3%	3%
Drug Diagnostic Services	20%	34%	30%	13%	2%	2%
Life Skills/Ind. Living Svcs	26%	35%	16%	13%	3%	7%

*Services Provided:*

- *What were the most frequently provided services for children and families?*

The review examined the services provided, regardless of their planning status, from all 88 counties during the January 1, 2002 to December 31, 2002 review period. The 10 most frequently reported service types are listed in Table 7. These are very similar to the frequency rankings of services planned during that same time period.

**Table 7: Frequency of Services Provided**

Service type	Total Services Provided	Frequency Ranking
Case Management Services	107,676	1
Counseling Services	53,211	2
Info and Referral Services	49,963	3

**Table 7: Frequency of Services Provided**

<b>Service type</b>	<b>Total Services Provided</b>	<b>Frequency Ranking</b>
<b>Substitute Care Services</b>	<b>26,737</b>	<b>4</b>
<b>Therapeutic Services</b>	<b>21,794</b>	<b>5</b>
<b>Diagnostic Services</b>	<b>17,563</b>	<b>6</b>
<b>Parent Education Services</b>	<b>13,519</b>	<b>7</b>
<b>Adoption Services</b>	<b>6,471</b>	<b>8</b>
<b>Life Skills/Ind. Living Services</b>	<b>3,325</b>	<b>9</b>
<b>Environmental Mgt Services</b>	<b>2,654</b>	<b>10</b>

- *What were the most frequently provided services for children and families when the child was not in an out-of-home care placement?*

As with the planning of service types (Table 2), emphasis on the provision of service was focused on community service involvement and home management skills. Absent from this listing for the non-placed children are Adoption and Life Skills services.

**Table 8: Frequency of Services Provided to Children Not in a Placement Setting**

<b>Service Type</b>	<b>Services Provided to Children Not Placed</b>	<b>Frequency Ranking for Not Placed Cases</b>	<b>Frequency Ranking for All Cases</b>
<b>Case Management Services</b>	<b>50,789</b>	<b>1</b>	<b>1</b>
<b>Info and Referral Services</b>	<b>26,885</b>	<b>2</b>	<b>3</b>
<b>Counseling Services</b>	<b>24,710</b>	<b>3</b>	<b>2</b>
<b>Therapeutic Services</b>	<b>9,113</b>	<b>4</b>	<b>5</b>
<b>Diagnostic Services</b>	<b>57,204</b>	<b>5</b>	<b>6</b>
<b>Parent Education Services</b>	<b>6,254</b>	<b>6</b>	<b>7</b>
<b>Substitute Care Services</b>	<b>2,743</b>	<b>7</b>	<b>4</b>
<b>Protective Day Care Services</b>	<b>1,226</b>	<b>8</b>	<b>16</b>
<b>Environmental Mgt Services</b>	<b>1,197</b>	<b>9</b>	<b>10</b>
<b>Drug Diagnostic Services</b>	<b>1,177</b>	<b>10</b>	<b>12</b>

- *What were the most frequently provided services for children and families when the child was in an out-of-home care placement?*

Analysis on the universe of children in an out-of-home care placement setting is fairly consistent with the previous tables. For the children in placement population, more focus is given to Life Skills/Independent Living and Adoption Services.

**Table 9: Frequency of Services Provided to Children in a Placement Setting**

<b>Service Type</b>	<b>Services Provided to Children Placed</b>	<b>Frequency Ranking for Placed Cases</b>	<b>Frequency Ranking for Not Placed Cases</b>	<b>Frequency Ranking for All Cases</b>
<b>Case Management Services</b>	<b>56,887</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Counseling Services</b>	<b>28,501</b>	<b>2</b>	<b>3</b>	<b>2</b>
<b>Substitute Care Services</b>	<b>23,994</b>	<b>3</b>	<b>7</b>	<b>4</b>
<b>Info and Referral Services</b>	<b>23,078</b>	<b>4</b>	<b>2</b>	<b>3</b>
<b>Therapeutic Services</b>	<b>12,681</b>	<b>5</b>	<b>4</b>	<b>5</b>
<b>Diagnostic Services</b>	<b>10,359</b>	<b>6</b>	<b>5</b>	<b>6</b>
<b>Parent Education Services</b>	<b>7,265</b>	<b>7</b>	<b>6</b>	<b>7</b>
<b>Adoption Services</b>	<b>6,331</b>	<b>8</b>	<b>39</b>	<b>8</b>
<b>Life Skills/Ind. Living Services</b>	<b>2,985</b>	<b>9</b>	<b>27</b>	<b>9</b>
<b>Environmental Mgt Services</b>	<b>1,457</b>	<b>10</b>	<b>9</b>	<b>10</b>

- Were any differences noticed due to county size (population)?

The counties were clustered into the same previously described six groupings, based on county overall population from the 2000 census. The most frequently provided services were examined to determine whether there was a difference in rates among varying population sizes. As in Table 6, the following table depicts the percent of services provided attributed to each of the county groupings. Highlights of the differences in expectations include:

- Major Metro and Metro provided nearly all Adoption Services.
- The greater share of Parent Education Services is provided by the Metro grouping.

**Table 10: Proportion of Provided Services by County Population Grouping**

<b>Service Type Provided</b>	<b>Major Metro</b>	<b>Metro</b>	<b>Large</b>	<b>Medium</b>	<b>Medium/ Small</b>	<b>Small</b>
<b>Case Management Services</b>	24%	41%	16%	12%	3%	4%
<b>Info and Referral Services</b>	29%	37%	18%	11%	2%	3%
<b>Counseling Services</b>	13%	69%	12%	5%	0%	1%
<b>Substitute Care Services</b>	25%	49%	10%	8%	4%	4%
<b>Therapeutic Services</b>	17%	44%	18%	15%	3%	3%
<b>Diagnostic Services</b>	16%	44%	10%	20%	2%	7%
<b>Parent Education Services</b>	7%	79%	9%	3%	0%	1%
<b>Adoption Services</b>	91%	9%	0%	0%	0%	0%
<b>Drug Diagnostic Services</b>	59%	23%	3%	7%	1%	7%
<b>Life Skills/Ind. Living Services</b>	17%	24%	24%	25%	4%	7%

**Barriers to Services**

A review was conducted to examine how service data was reported to the state Management Information System. This review of data included services planned and provided by the 88 PCSAs for the period of January 1, 2002 to December 31, 2002. This analysis examined service frequency and differences throughout the state on services planned, services provided, and any reported barriers to the provision of services. There are three new Management Information System events included to address barriers to the provision of services.

- **Barriers to Planned Child Services**
- **Barriers to Planned Family Services**
- **Barriers to Planned Caregiver Services**

The following listing of barrier options was implemented:

- |   |  |
|---|--|
| <b>Child Care</b>                       | <b>Client Refusal</b>                  |
| <b>Client Schedule Conflict</b>         | <b>Court-Ordered Different Service</b> |
| <b>Not Culturally Sensitive</b>         | <b>Eligibility Exclusion</b>           |
| <b>Frequent Worker Turnover</b>         | <b>Further Assessment Needed</b>       |
| <b>Inability to Place Sibling Group</b> | <b>Insufficient Service Quality</b>    |
| <b>Insufficient Service Quantity</b>    | <b>Lack of Transportation</b>          |

Language Barrier	More Monitoring Needed
Not Offered in Area	Other
Other Assessment Needed	Provider Refused Client
Service Provider Opinion	Severe Problem Requiring PC
Special Needs	Too Expensive
Unused	Waited One Month or Less
Waited Six Months or Less	Waited More Than One Month
Waited More Than Six Months	No Worker Follow-Through
“Not Applicable”	

Reported barriers were examined to get an indication of the types of barriers being entered, the questions included:

- *What were the overall most frequently reported barriers to the provision of service?*
- *For specific services not provided after being planned, what were the most frequently reported barriers to the provision of service?*

*Barriers to Service Provision:*

- *What were the overall most frequently reported barriers to the provision of service?*

These barriers are reported from the caseworker perspective. The frequent use of the “Other” category denotes that the barrier is other than the options available with this event. Strong emphasis, nearly half of all barriers, is placed on the caseworkers’ perception that the client refuses services.

**Table 11: Top 10 Frequency of Reported Barriers to Providing Service**

<b>Barrier</b>	<b>Frequency of Use</b>	<b>Percent of All Barriers</b>
Client Refusal	5,441	44%
Not Applicable	2,047	17%
Other	1,370	11%
Further Assessment Needed	764	6%
Unused	527	4%
More Monitoring Needed	411	3%
Lack of Transportation	362	3%
Client Schedule Conflict	344	3%
Clients Waited More Than Six Months	146	1%

**Table 11: Top 10 Frequency of Reported Barriers to Providing Service**

Barrier	Frequency of Use	Percent of All Barriers
Service Provider Opinion	108	1%

- *For specific services not provided after being planned, what were the most frequently reported barriers to the provision of service?*

The top two most frequently cited barriers per service type are reported below. Client refusal and “Other” were the most cited.

**Table 12: Frequently Cited Barriers to Specific Planned Services**

Service Type	Percent Provided for All cases	Most Frequently Cited Barrier (%)	Second Most Frequently Cited Barrier (%)
Case Management Services	66%	Client Refusal (40%)	N/A (17%)
Counseling Services	51%	Client Refusal (49%)	Other (13%)
Info and Referral Services	47%	Client Refusal (52%)	N/A (22%)
Therapeutic Services	50%	Client Refusal (43%)	Other (15%)
Substitute Care Services	57%	Other (34%)	N/A (33%)
Diagnostic Services	42%	Client Refusal (51%)	Other (10%)
Parent Education Services	35%	Client Refusal (54%)	Other (11%)
Adoption Services	57%	Other (31%)	Special Needs (22%)
Drug Diagnostic Services	25%	Client Refusal (69%)	Unused (7%)
Life Skills/Ind. Living Services	48%	Other (29%)	Client Refusal (23%)

*Systemic Barriers to Provision of Mental Health and Substance Abuse Services:*

Each county in Ohio is served by a mental health board and an alcohol and drug addiction board. Some counties are served by multi-county agencies, others are not. In some counties, the mental health board and the alcohol and drug addiction boards are combined; others are separate. Some county mental health boards are levy funded in a manner similar to those of children services. As a result, significant variation exists across the state in the provision of mental health and substance abuse services. While basic mental health and substance abuse services are provided in each county, most counties are not able to maintain a full spectrum of care (e.g., detoxification, out-patient, in-patient, residential treatment). Consequently,

the PCSA has to make travel arrangements over significant distances for ordinary and necessary services hindering accessibility and intensity of services. In addition, the lack of local services often limits the ability of family members to participate in therapy and consequently may negatively impact upon the effectiveness of treatment.

### **Program Development for Gaps in Services**

ODJFS is currently involved in several joint initiatives with our sister agencies and community partners to assess gaps in service provision and to develop programming to meet identified needs. Some of these are described below.

#### **Access to Better Care**

The *Access to Better Care* project was convened by the Public Children's Services Agency of Ohio (PCSAO) in the fall of 2003 and is currently being promoted by the Governor to specifically address behavioral health care programming issues. Partners in this effort include: ODJFS (Office of Ohio Health Plans, Office for Children and Families, and the Directors' Office), the Ohio Department of Mental Health, the Ohio Department of Health, the Ohio Department of Education, the Ohio Department of Alcohol and Drug Addiction Services, the Ohio Department of Youth Services, the Ohio Department of Mental Retardation and Developmental Disabilities, Ohio Family and Children First, PCSAO, the Association of County Behavioral Health Providers, the Ohio Federation for Children's Mental Health, the Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment, and the Center for Innovative Practice. The goals of this group are to: define needed services throughout the State by specific population groups; develop coordinated funding mechanisms among the child serving departments; and to promote effective, research-based interventions.

#### **Intensive Home and Community-Based Services**

The establishment of *Intensive Home and Community-Based Services* is currently being undertaken by ODJFS and the Ohio Department of Mental Health. An amendment to Ohio's Health Plan will be sought to enable the provision of Medicaid - reimbursable bundled mental health services that can be provided in the child's natural environment. The goal of this project is to increase the availability of local, holistic services which can be tailored to better address the unique needs of each family.

#### **Shared Agenda and Mental Health Networks for School Success**

ODJFS is working with the Ohio Department of Education and the Ohio Department of Mental Health to promote the expansion of school-based mental health services via the *Shared Agenda and Mental Health Networks for School Success* projects. In addition, ODJFS is working with the Ohio Department of Mental Health and other

partners to improve the provision of services to the 0-6 years of age population. The *Early Childhood Mental Health Initiative* is designed to promote healthy child social-emotional development, improve the detection of mental health problems, and provide necessary early intervention programming in a timely manner.

### **ODJFS-Ohio Department of Health Partnership**

ODJFS is working with the Ohio Department of Health to increase utilization of public health care services by families involved in the child welfare system. The goal of improving accessibility to oral health care is being particularly targeted in these efforts.

Each of these projects, as well as others, is specifically addressed in Section IV, Outcomes and Goals, Outcome 3: Child and Family Well-Being.

## IV. OUTCOMES AND GOALS

### Outcomes and Goals (CFSP FY2005 – FY2009)

<b>Outcome 1: Safety</b>
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**Goal 1**

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

*Objective 1.1*

Improve the timeliness of initiating investigations of non-emergency reports of child abuse and neglect.

*Objective 1.2*

Reduce incidents of repeat maltreatment.

*Objective 1.3*

Improve the assessment of risk of harm to children through the use of new assessment tools.

*Objective 1.4*

Promote greater understanding about child maltreatment and stimulate activity in support of prevention.

<b>Outcome 2: Permanency</b>
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**Goal 2**

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

*Objective 2.1*

Reduce the number of children re-entering foster care within 12 months.

*Objective 2.2*

Increase the recruitment and retention of resource families to assure safe, stable placements for children who are unable to remain safely in their own homes.

*Objective 2.3*

Increase the percentage of finalized adoptions.

*Objective 2.4*

Continue to provide for intercountry adoptions.

*Objective 2.5*

Increase the percentage of timely reunifications, guardianships or permanent placements with relatives within 12 months of entry into foster care.

*Objective 2.6*

Preserve the child's primary connections to family, community, and heritage.

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

**Goal 3**

**Families have the enhanced capacity to provide for their children's physical, behavioral and educational needs.**

*Objective 3.1*

Increase parent, child and caregiver participation in case planning.

*Objective 3.2*

Increase caseworkers' visits with all parties listed on the case plan.

*Objective 3.3*

Increase the capacity of medical, mental health, rehabilitative and family preservation resources for adoptive families.

*Objective 3.4*

Work with the Office of Ohio Health Plans, the Ohio Department of Health and local agencies to address the physical health care needs of children in the child welfare system.

*Objective 3.5*

Work with the Ohio Department of Education and local agencies to address the educational services needs of children in the child welfare system.

*Objective 3.6*

Work with the Office of Ohio Health Plans, the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services and local agencies to address the behavioral health care needs of children and families in the child welfare system.

*Objective 3.7*

Provide family support and prevention-focused services to under-served populations across Ohio's 88 counties.

*Objective 3.8*

Actively collaborate with other prevention-focused entities in order to exchange ideas and resources, share expertise, coordinate prevention efforts statewide, eliminate duplication and competition, and maximize available

resources.

*Objective 3.9*

Provide information and education to OCTF “Prevention Partners.”

*Objective 3.10*

Provide funding for prevention and family support services at the local/county levels.

<b>Outcome 4:            Systemic</b>
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**Goal 4**

**The Ohio Department of Job and Family Services will work with state and local child serving agencies to provide and support services and programs that ensure the safety, permanency, and well-being of children and families.**

*Objective 4.1*

Establish a state level team that works towards and coordinates a permanency continuum of services that meet the permanency needs of Ohio’s children.

*Objective 4.2*

Develop, implement and monitor compliance of the Multi-ethnic Placement Act (MEPA).

*Objective 4.3*

Ensure that every Guardian Ad Litem that is appointed in a judicial proceeding involving an abused or neglected child has received training appropriate to the role.

**Outcome 1: Safety**

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

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

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

While the CFSR on-site review showed Ohio meeting this indicator 84.4% of the time, the baseline for the PIP (approved December 2003) was only 77%. The CFSR Final Report stated that case reviewers were concerned about “the large number of child maltreatment reports that are not assigned for full assessment/investigation and the absence of clear and consistent statewide criteria for making this initial screening decision.” It was also noted that new maltreatment reports on cases already open for services with the public children services agencies (PCSA) are not assigned for full assessment/investigation.

Because Ohio is a state supervised, county administered child welfare system, interpretation of state policy on screening referrals and initiating reports of child maltreatment widely varies from county to county across the state. Major factors contributing to this variance in the timeliness of initiating investigations include:

- County specific screening processes and application of child abuse and neglect definitions; and,
- A disconnect between agency authority to intervene (Ohio Revised Code) and types of situations that PCSAs are expected to handle (community standards).

The second factor is of particular concern for county agencies that heavily rely on levy funds.

Strategies for improving the timeliness of initiating investigations of non-emergency reports of child abuse and neglect include:

- Provide focused technical assistance to PCSAs to identify hypotheses around why they are not meeting the initiation timeframes. Once the hypotheses are tested, action plans to address the causal factors will be developed and implemented. The information and experience gained from working with individual PCSAs will then be shared during regional and statewide meetings

and conferences in order to assist other PCSAs that may be struggling with this issue.

- Convene an Ohio Supreme Court Task Force charged with developing recommendations for changes to the Ohio Revised Code to address problems in the fragmentation of child maltreatment definitions among various sections of Ohio law; and, establishing a work group comprised of county and state staff to review the Child Protection Oversight and Evaluation (CPOE) Stage 5 findings and develop recommendations for changes to the Ohio Administrative Code to include comprehensive statewide policies to guide PCSAs in taking appropriate uniform action in screening reports of maltreatment.

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

The statewide data indicator for repeat maltreatment at the time of the CF SR was 8.59%. By the time this baseline was established for the PIP, Ohio had improved performance to 8.2%. PCSA interpretation of state screening policy creates variation in how they respond to reports of child maltreatment on open cases. In addition, PCSAs have different systems for tracking and logging reports not accepted for assessment/investigation. Some PCSAs use FACSIS – the current statewide child abuse and neglect database – to track multiple reports of the same incident which may have a negative impact on this data indicator.

In meetings with stakeholders regarding this issue, PCSA staff reported that major factors contributing to non-conformity include:

- Unclear direction and expectations from the ODJFS regarding how reports on open cases are to be handled;
- Lack of definition for what constitutes a “new incident” versus what is an ongoing concern (e.g., information that the home is dirty for an open cases where housing conditions are consistently a concern); and,
- Lack of PCSA workers’ skill in safety planning.

Strategies for reducing incidents of maltreatment include:

- Clarifying the ODJFS’ expectations and the definition of “new incident”. The unclear direction and expectations from the ODJFS and the question of what constitutes a “new incident” will be addressed by developing state level policy (Ohio Administrative Code) including the outlining of criteria for identifying and the requirements for documenting duplicate report information. Practice guidelines on screening and documenting information on open cases are also being developed.
- Increasing caseworkers’ skills in safety planning by implementing a new safety assessment protocol currently under development. In addition, training

curricula are being revised and updated to include activities around safety assessment and planning.

- Developing and providing focused technical assistance to caseworkers. The ODJFS Central and Field Office staff will work with PCSAs to identify reasons why children and families recidivate and develop strategies to address the presenting issues.

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

Although the two CFSR items assessed for Safety Outcome 2 were individually rated as Strength, the number of cases in which both items was rated as Strength was insufficient to meet the 90% requirement for substantial conformity. PCSA staff and other stakeholders acknowledged the concerns rose in the CFSR Final Report and they identified the following major factors contributing to non-conformity:

- Service needs are not always adequately addressed;
- Identified services are not always provided;
- Families do not always participate in recommended services;
- There is a need for a separate and distinct safety assessment protocol;
- The current risk assessment tool is too complex; and,
- There is a need to enhance workers' skill in the effective use of assessment tools.

The primary strategy to improvement the assessment of risk of harm to children involves the development and implementation of a safety assessment tool and protocol. The ODJFS began development of a new safety assessment tool and protocol in 2002 and the goal of the project is to have a comprehensive assessment, planning and service review model focusing on child safety throughout the life of the case. The end result, the Family Assessment and Planning Model (FAPM), is currently being piloted in four PCSAs.

Strategies for improvement the assessment of risk of harm to children through the use of new assessment tools include:

- As part of the pilot, the ODJFS reviewed baseline data on repeat maltreatment, foster care re-entries, and average length of placement for each of the pilot PCSAs. These data will be tracked during the duration of the pilot, officially ending in March 2004 (PCSAs will continue to use the model; however, the data collection activities will cease). The data will be outlined in the pilot evaluation report due to the ODJFS in June 2004 and will assist the ODJFS in determining whether this model helps workers to accurately identify and address service needs for children and families.
- Revisions to the tools may be made based on the findings from the evaluation

report as well as other information received as a result of an independent review of research by Dr. Mark Testa, Children and Family Research Center in Chicago, Illinois. Once the FAPM is finalized, the ODJFS will provide statewide briefings on the FAPM and evaluation findings for PCSAs and stakeholders.

- Statewide training and implementation of the new assessment and planning model is tentatively scheduled for 2006. The training will include information on the constructs and philosophies of safety and risk assessment as well as guidance on completing the tools. It is anticipated that PCSAs will require on-going technical assistance to implement the model as designed, and the implementation planned developed by the ODJFS will include strategies for providing this support.
- At this time, the duration of the provision of follow-up technical assistance is unknown; however, in the interim, the ODJFS Field Offices will continue to work with PCSAs on improving these outcome indicators via our CPOE process.

**Objective 1.4: Promote greater understanding about child maltreatment, and stimulate activity in support of prevention**

The Ohio Children's Trust Fund (OCTF) Board is the public entity that is statutorily vested with responsibility for providing statewide leadership and funding to prevent child abuse and neglect (CA/N). OCTF efforts are exclusively directed at primary and secondary prevention activities and services through a comprehensive approach which occurs at both a statewide level and at the local/county level. These activities include but not limited to: sponsoring statewide CA/N prevention awareness campaigns; providing educational materials designed to promote greater understanding of child maltreatment; collaborating with other prevention-focused entities; providing training and technical assistance for OCTF prevention partners; and, providing funding for prevention and family support services. Refer to Attachment H, '**Comprehensive Approach to Preventing Child Abuse and Neglect-2004**' in the Appendices for additional information.

OCTF efforts at both the statewide and local levels address: Outcome 1: Safety; Goal 1, that children will be protected from abuse and neglect, and Outcome 3: Child and Family Well-Being; Goal 3 that families will have enhanced capacity to provide for their children's needs.

The Trust Fund maintains a strong focus on sponsoring awareness activities and distributing educational materials designed to promote greater understanding about child maltreatment, and stimulate activity in support of prevention. Target audiences for these efforts include the *general public*, *stakeholders* and *policymakers*. In line with the goal of stimulating prevention-focused activity, a new campaign theme was

adopted, which announces

**“Attention Adults: YOU are the **KEY** to preventing child abuse and neglect”.**

This message was designed to prompt action by Ohioans, and supports the theme of the awareness campaign. Campaign materials offer suggestions for specific things people can do in the course of their everyday. Promotional materials provide suggestions for prevention-focused actions people can take, in the course of their everyday lives:

- in their family,
- in their neighborhood,
- in their spiritual community,
- in their workplace, and
- In their larger community.

OCTF also developed a chapter on preventing child abuse and neglect which will be added to the revised edition of *Child Abuse and Neglect: a Reference for the Community*, currently in publication, and will also be posted on the OCTF web site.

In addition to spotlighting April as Child Abuse/ Neglect Prevention Month, The Children’s Trust Fund works to keep the importance of prevention visible in the public eye during each of the other eleven months of the year. This is accomplished in part by distribution of annual Family Well-Being Calendars, which went to 200,000 Ohio households in 2004. A sample page from the calendar, which features suggested activities each month to strengthen family relationships, is contained in the Appendices as Attachment I. The visual foundation for the calendars is artwork done by 5<sup>th</sup> graders, which depicts their unique conceptualization of the prevention theme. Coloring contests are held at the county level, with each county winner going on to compete in a statewide competition which selects the 12 most popular pieces for the upcoming calendar. Through this process, multiple levels of the public (students, classes, schools, counties, and eventually the recipients of the calendars); all become engaged in prevention-focused activities.

Similarly, OCTF sponsorship of the annual ***Beyond the Blue Ribbon*** Awards functions to recognize those who have made outstanding contributions to preventing child abuse/neglect, and promote additional attention on the cause. These awards honor five categories of recipients:

- Outstanding *Prevention Volunteer*,
- Outstanding *Media Contributor*,
- Outstanding *Business Contributor*,
- Outstanding *Prevention Professional*, and
- Outstanding *Prevention Program*.

Nominations are widely solicited throughout the state, and anyone can submit a nomination, which, once again, fosters a broad base of involvement from the community in general. The award winners are publicly applauded at a special

***Beyond the Blue Ribbon*** Luncheon & Awards Ceremony conducted each April, to kick off Prevention Month; press releases are forwarded to all media outlets in each winner's region of the state. The Family Well-Being Calendar contest winners are also honored at this event. A copy of the Call for Nominations and a Newsletter which highlights the awards luncheon and ceremony is enclosed. Refer to Attachment J, in the Appendices.

Awareness about child abuse, neglect and prevention is further promoted via the OCTF web site which can be accessed at [www.odifs.ohio.gov/octf](http://www.odifs.ohio.gov/octf) The site offers a variety of educational information such as:

- child abuse & neglect statistics,
- free prevention publications,
- tip sheets for parents,
- quick facts about the Ohio Children's Trust Fund,
- a comprehensive chapter on prevention, and
- tips for conducting a successful prevention campaign.

Various brochures and other handouts (Examples are part of the Appendix as Attachment K) are distributed through a variety of channels, such as at conferences, through personal contacts, during presentations to a variety of audiences, by OCTF service providers, and at community information fairs.

Strategies for promoting a greater understanding about child maltreatment and stimulating activity in support of prevention include:

- Maintaining a strong focus on sponsoring awareness activities and distributing educational materials;
- Spotlighting April as Child Abuse/Neglect Prevention Month, while working to keep prevention visible in the public eye during each of the other eleven months of the year;
- Engaging multiple levels of the public (students, classes, schools, counties, communities, and eventually recipients) in prevention-focused activities; and,
- Sponsoring the annual ***Beyond the Blue Ribbon*** Luncheon and Awards Ceremony conducted each April to kick off Prevention Month and to recognize those who have made outstanding contributions to preventing child abuse/neglect, and promote additional attention on the cause.

<b>Outcome 2:            Permanency</b>
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<b>Goal 2:</b> <i>Children live in permanent and stable situations where the continuity of family relations and connections is preserved.</i>
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**Objective 2.1:**        *Reduce the number of children re-entering foster care within 12 months.*

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

Differences between PCSAs and their local courts were cited by stakeholders as a major factor influencing foster care re-entries. Some PCSAs stated that their courts will only order unruly/delinquent children into PCSA custody, often at the request of the parent (s). Due to the lack of safety and risk concerns, the PCSA will reunify these children only to have the court place them in PCSA custody the next time the child gets into trouble.

The second major factor noted by stakeholders was the failure of PCSAs to develop adequate after care plans to help stabilize the reunified family whether or not the PCSA has continued involvement.

Strategies for reducing the number of children re-entering foster care within 12 months include:

- Piloting a Reunification Assessment as part of the Family Assessment Planning Model (FAPM). This tool addresses progress on the issues which brought the children into care as well as service needs and/or other issues anticipated as a result of the reunification. Results of the FAPM evaluation will inform the ODJFS as to the efficacy of this Assessment. The FAPM is tentatively scheduled for implementation in FFY 2006.
- Developing and providing county specific, focused technical assistance assistant around their rates of re-entry. ODJFS will work with identified PCSAs to develop and test hypotheses related to foster care re-entries. Strategies for addressing the issues will be implemented in the targeted counties and shared with the remaining PCSAs to assist those struggling with this indicator.

**Objective 2.2:**        *Increase the recruitment and retention of resource families to assure safe, stable placements for children who are unable to remain safely in their own homes.*

In response to the CFSR, Ohio, in its Program Improvement Plan (PIP) has committed to the recruitment of resource families to meet the needs of children in care. An expanded pool of families in which to place children provide agencies with more choices to allow for matching of skill and expertise to better meet children's needs at the first placement.

Foster and adoptive families need training and support to be able to provide appropriate services to the children in their care, particularly those with serious emotional or behavior problems. Training and educational opportunities will be provided to foster families to enhance the skills to meet the needs of children as a way of preventing placement moves and retaining families.

Strategies for increasing the recruitment and retention of resource families include:

- Analysis of data of PCSAs with significant populations of children in care as indicated by FFY 2002 AFCARS data submissions.
- Collecting, compiling and sharing information from other states regarding their practices around the recruitment and retention of resource families.
- Developing and disseminating a best practice resource manual.
- Providing presentations at annual workshops including the Public Children Services Association of Ohio's Annual Child Welfare Conference and the ODJFS' Annual Foster and Adoption Conference.
- Integrating efforts to recruit and retain resource families by partnering with the Adopt US Kids initiative to promote permanency by increasing the number of available resource families for children. The first strategic planning session was held on March 17 - 18, 2004 in partnership with Ohio's major metropolitan counties – the counties representing the largest number of children in custody. ODJFS, as well as each county represented, developed goals to begin working toward retaining foster families and diligent recruitment of foster families. These goals are congruent with ODJFS' commitments in its PIP developed in response to the CFSR, which are as follows:
  - Kinship, foster and adoptive parents are empowered to effectively parent children from the foster care system.
  - Kinship, foster care and adoption are fully integrated and functioning as one system.
  - Practice and policy for kinship, foster care and adoption are supported by data and resources.

- Providing and promoting public awareness materials to local agencies to supplement their efforts during May, Foster Care Recruitment Month.

**Objective 2.3      *Increase the percentage of finalized adoptions.***

Ohio did not meet the 32% national standard for the CFSR item “Improving the Length of Time to Achieve Adoption”. In FFY 2000, Ohio achieved 29.2% of adoptions within 24 months from initial entry into custody; the percent dropped slightly in FFY 2003 to 28.3%. While Ohio continues to increase the overall number of finalized adoptions, ODJFS recognizes and acknowledges the urgency to achieve permanent custody in a timely manner, if appropriate, and to reduce the barriers to finalizing adoptions.

Strategies for increasing the percentage of finalized adoptions include:

- Partnering with the Supreme Court of Ohio to improve the timeliness of hearing cases.

During a statewide planning session in March 2001, which included representatives from the public, private agencies, foster and adoptive parents, it was anecdotally reported that the court system played a role in delaying adoption finalizations, due to the timelines associated with hearing cases. Other PCSAs have indicated that there is a delay due to continuances and receiving journal entries.

With these issues in mind, the ODJFS is seeking to determine how the PCSAs can enhance their relationships with the courts and to determine if there are any practices or policies within the agencies that are creating barriers to timely court hearings and decisions.

- Receiving technical assistance from the National Resource Center for Permanency and provide training to county agencies to assist them in developing effective concurrent processes that establish viable primary and secondary case plan goals.

In the 2003 Adoption Performance report by Steven Howe, analysis indicates that foster to adopt placements are completed more quickly than adoptions with an unknown individual. Additionally, if a child is placed with a relative the adoption can proceed more quickly. The ODJFS has requested assistance from the National Resource Center for Permanency Planning to assist Ohio in determining increased efficiency in transitioning foster parents to adoptive parents and for assistance in promoting the use of concurrent case planning in Ohio.

- Providing funding and developing relationships with local agencies to assist in the recruitment of potential resource families. The ODJFS will increase the

amount of adoption incentive funding provided to PCSAs to develop faith based partnerships. Over the next five years the ODJFS will coordinate efforts at the state level to provide the PCSAs with opportunities to strengthen existing partnerships with the faith based community.

- Enhancing the OAPL website to add components that make the system user friendly for kinship, adoptive and foster families.
- Developing a hybrid of the previous AdoptOHIO and current AdoptOHIO Kids initiatives that represents a strong legislative, financial and administrative commitment to reducing the number of waiting children.
- Partnering with PCSAs and private agencies to target recruitment efforts at addressing the diverse needs of children in foster care, adoption and kinship care placements.

**Objective 2.4      *Continue to provide for intercountry adoptions.***

Ohio provides intercountry services to international agencies and families adopting abroad. Three areas in which Ohio provides for intercountry adoptive services are through regulatory compliance, the provision of information, and the provision of post-adoption services, such as, the Post Adoption Special Services Subsidy program. Services are provided to adoptive agencies, adoptive applicants pursuing home study assessment, and to the adoptive child and his/her family after finalization.

Each agency involved in an international adoption is mandated to be licensed and certified by the ODJFS to perform adoption duties. These agencies are monitored on a bi-annual basis, including a review of their policies, case records and procedures to ensure compliance with the Ohio Administrative Code. See *Section I, Administration and Service Delivery, Agency Reviews* for additional information. Agencies are required to adhere to placement rules, including collaboration, pre and post placement activities. For example, agencies are only permitted to collaborate with and/or accept home studies and post-placement services from other providers licensed in accordance with state regulations. Adoption studies are conducted by an assessor in the employment of or under the contract of a licensed PCSA, PCPA or PNA. All applicants pursuing adoption, including those adopting abroad, must complete pre-service training. In addition, agencies are expected to comply with the U.S. Immigration and Naturalization Services requirements leading to and following finalization in the child's country of origin.

ODJFS' expectation is to develop a relationship with private and public entities that focus on international adoption in order to assist Ohio in obtaining compliance with the Hague Convention.

Strategies for the continuation of services for intercountry adoptions include:

- Cooperating with the United States Department of State and other Central Authorities in matters related to compliance with the Hague Convention on Intercountry Adoptions.
- Tracking data, including the number of children who were adopted from other countries; children who enter into State custody as a result of the disruption of a placement for adoption or the dissolution of an adoption; the names of agencies who handled the placement or the adoption; and the plans for the child, and the reasons for the disruption or dissolution.
- Providing Post Adoption Special Services Subsidy to eligible families that reside in Ohio who have adopted a special needs child, including those families that have adopted abroad.
- Continuing to provide information to agencies and persons interested in adopting internationally.

**Objective 2.5      *Increase the percentage of timely reunifications, guardianships or permanent placements with relatives within 12 months of entry into foster care.***

Data from the CFSR and PIP indicate a need for improvement in the percentage of timely reunifications, guardianships or permanent placements with relatives within 12 months of entry into foster care. This outcome measure was rated by reviewers as a strength in 92% of the cases reviewed on-site; however, the state data profile indicated that the percentage of reunifications occurring within 12 months of entry into foster care was 74% - which is below the national standard of 76.2%.

In addition, the Statewide Assessment reports that over the previous three years, there has been an increase in the number of children reunified with their families within 6 and 12 months. This can be attributed to the provision of intensive services to children and families.

Factors contributing to non-conformity include:

- Limited availability of mental health, drug and alcohol and other identified service needs to families;
- Lack of early identification and assessment of kinship resources in the case planning process;
- Lack of involvement of the prospective caregiver in the permanency planning process;
- Lack of early and appropriate assessment of families' strengths;
- Lack of timely determination of a permanency goal and implementation of concurrent case planning;
- Lack of caregiver effort to comply with the case plan; and,
- Lack of adequate post-placement supports to permanent caregivers.

The baseline AFCARS data for State Fiscal Year 2002 show Ohio to be at 73.0%. The goal, over the next two years, is to increase the percentage of timely reunification, guardianships or permanent placements with relatives within 12 months of entry into foster care from 73.0% to 75.4%.

Strategies to increase the percentage of timely reunifications within 12 months include:

- Proposing legislation to change discretionary “supplemental planning” to mandatory “concurrent case planning” to standardize the use of concurrent case planning by PCSAs. Approval from HHS has been received for technical assistance from the National Resource Center for Permanency to develop best practices and to provide strategies on the use of concurrent planning. The ODJFS will continue to work with the OCWTP to assure the integration of concurrent case planning into the CORE training curriculum for caseworkers and supervisors. Emphasis will be on the early identification, assessment and involvement of kinship caregivers in the placement selection and permanency planning process.
- Standardizing the process of informing parents of their rights by developing and providing a pamphlet for parents – highlighting the parent’s involvement in the case planning process. Caseworkers will distribute this information upon initial contact with the parents.
- Providing support to the PCSAs and the kinship caregivers.

Identification of and placement of children with kin allows an agency to maintain continuity of family relationships, preserve connections and expedite reunification and/or permanency. Based on the 2000 U. S. Census Bureau data, Ohio had 86,000 grandparents raising 165,000 children without a parent in the home. Many of these placements are informal and not known to Ohio’s child welfare system. Some kinship caregivers have assumed legal responsibility of these children from the PCSA to provide a permanent placement for the child, or to facilitate the reunification of the child with the parent(s). ODJFS will provide support, through policy and technical assistance, to the PCSAs and the kinship caregivers in order to meet the goal for this objective.

- Utilizing data to identify those PCSAs that are successful with reunification efforts and work with them to develop a best practice guide for statewide use. Data will also be utilized to identify PCSAs that are not meeting the goal of reunification within 12 months and provide focused technical assistance. The data will be monitored on a quarterly basis to determine improvement.

**Objective 2.6      *Preserve the child's primary connections to family, community, and heritage.***

While Ohio's data indicates that 85.9 % of all children in foster care for 12 months or less had not more than two placement settings, the state did not meet the national standard of 86.7% during the CFSR.

Furthermore, case review resulting from the CFSR regarding the preservation of connections and relative placements achieved substantial outcomes in 84% of the cases, but did not meet the 90% required for substantial conformity. Twenty-seven percent of the cases reviewed indicated that agencies did not notify Tribes of Native American children in foster care, therefore, failure to facilitate relationships and maintain children's connections to family, community, and heritage contributed to a percentage of the non-conformity.

PCSAs efforts to locate and assess relatives as potential placement resources as identified in the CFSR will be an active part of their everyday practice, as the OAC which now specify guidelines for the agency in placing children with relatives and non-relatives.

Strategies for preserving the child's primary connections to family, community and heritage include:

- Increasing caseworkers' skills in engaging families in the areas of visitation and placement with non-custodial parents (generally fathers), unless it is not in the child's best interests; and, utilizing family group decision making to engage parents and others in addressing the needs of children and allow children to remain in their own homes or be safely reunified.
- Monitoring the preservation of connections and relative placements via the CPOE case record review instrument.
- Increasing caseworkers' knowledge of the Indian Child Welfare Act (ICWA). ODJFS has begun providing training sessions aimed at increasing caseworkers' knowledge of ICWA. In addition, the ODJFS created and distributed a guidance letter containing background information regarding the ICWA and a protocol for contacting Tribal representatives.
- Follow up analysis will occur of statewide data to determine the number of children identified in AFCARS as having Indian heritage. ODJFS will provide any needed technical assistance to PCSAs to comply with ICWA.

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

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

**Enhanced capacities to provide for their children's needs....**

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

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

*Objective 3.1:*

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

PCSA staff and stakeholders reported the major factors contributing to the issue of not involving parents and foster parents in the case planning process include:

- A need for workers to enhance their skills necessary to engage families and to help families connect the identified concerns with the recommended services;
- Worker difficulty in meeting with all required parties, writing the plan and getting the plan signed and filed by the mandated timeline;
- Lack of cooperation from families (often upon the advice of attorneys); and,
- Workers' view of the case plan being mandated from the PCSA for the family to follow rather than a cooperative agreement.

*Objective 3.2:*

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

The Ohio Administrative Code mandates the frequency of worker visits with parents of children in substitute care and court ordered protective supervision and the activities that must occur during the worker visits. Although many caseworkers'

contact with parents exceeded State requirements, in 34% of the applicable reviewed cases for the CFSR, workers did not consistently meet rule requirements for conducting visits with parents or guardians.

PCSA staff and stakeholders identified several factors that may have influenced Ohio's performance, including:

- Prior to December 1, 2001, the ODJFS did not mandate frequency of worker visits between caseworkers and families for in-home and out-of-home cases or that caseworkers address case plan objectives during visits;
- Case records lack documentation indicating the monitoring of case plan objectives (content and participants in visits) when it may, in fact, be occurring;
- The case plan document is too complex and too difficult for families to understand; and,
- The case plan structure is not designed to measure progress.

Strategies to increase parent, child and caregiver participation in the case planning process and to increase caseworkers' visits include:

- Collaborating with the National Resource Center for Foster Care and Permanency Planning to develop discussion guides and summary tools for PCSA workers to use with families. The discussion guides will assist workers in engaging families to participate in the development of the case plan while the summary guides will help families and caregivers link safety and risk assessment concerns to their case plan activities. Both documents will require caseworkers to conduct outcome-based, focused visits with families.
- Developing and providing Ohio Child Welfare Training Program (OCWTP) CORE training for new caseworkers and supervisors. Refer to Section VIII, Training and Staff Development for additional information about OCWTP.
- Developing and providing skill enhancement training for experienced caseworkers and supervisors.

**Objective 3.3      *Increase the capacity of medical, mental health, rehabilitative and family preservation resources for adoptive families.***

As noted during the CFSR case reviews and the Statewide Assessment, adoption delays can be attributed to a variety of reasons. The primary challenges center around recruiting, nurturing and retaining prospective families which are willing and able to provide for children in need of permanent homes. The ODJFS recognizes that the challenge of providing permanency for children does not stop after adoption finalization. Once a child is placed in a permanent living situation, it is imperative that supportive services are in place to promote safety, stability and the families'

ability to sustain a permanent living situation.

Previous statewide forums and surveys with adoptive, kinship, foster caregivers and child welfare advocates have identified the lack of behavioral health, medical and rehabilitative resources as causing the of adoption finalizations.

Strategies for increasing the medical, behavioral health, rehabilitative and family preservation resources include:

- Implementing changes to the Interstate Compact on Adoption and Medical Assistance (ICAMA) to ensure that families have access to Medicaid providers that can meet the treatment needs of adopted children.

As an active member of ICAMA, the ODJFS provides reciprocity to special needs children in receipt of an adoptive assistance agreement. Over the past five years, the process has been simplified; however, the consensus is that a system similar to the families' receiving Medicaid through the Title IV-E program would be of greater benefit to children and families. Additionally, the perception of numerous adoptive families in receipt of an Ohio Medicaid card is that there are insufficient Medicaid providers to meet their treatment needs.

- Continue funding and developing the Mental Health Institute focusing on adoption-related issues and specifically targeted to mental health providers. In addition, the ODJFS hopes to expand the Mental Health Institute to include State University Partners.

For the past two years, the ODJFS has worked with the Ohio Department of Mental Health to educate mental health providers on adoption related issues via the Mental Health Institute. The Mental Health Institute is a six hour educational training venue for therapists focusing on many of the diagnoses and traditional or newer treatments including cognitive/behavioral, EMRD, and many others. Participants have very positively rated the Mental Health Institute and have expressed an interest for its continuation.

- Revise the Post Adoption Special Services Subsidy program to preserve, support and prevent imminent disruption of an adoption placement after finalization.

It is imperative that Ohio increase the number of resources designed to meet the needs of adoptive special needs children. There are many special needs children in Ohio that are adopted and do not receive financial adoption assistance or Medicaid.

To meet the needs of these children, in 1992, the Post Adoption Special Services Subsidy (PASSS), a state subsidized program unique to Ohio, was implemented.

PASSS is funded at 75% through Title IV-B funding, subpart II and 25% through GRF (General Revenue Funds), funding, therefore, the yearly amount allotted to the program is subject to change depending on the status of the state's budget bill. However, for the past five years, PASSS has been funded at \$3.7 million. PASSS funds are dispensed to eligible families (which are experiencing serious issues that potentially will cause a disillusionment of the adoption) on a first come, first serve basis and are available to all adoptive families, regardless of the type of adoption (international, attorney, public or private). PASSS funds are to be as a last resort, after other resources have been explored and are either not available or the family is deemed ineligible. Through PASSS funding, adoptive families can receive medical, surgical, psychiatric, psychological and counseling services, including residential treatment, for their special needs adopted children.

Over the past several years several funding changes have been made to the PASSS program due to the depletion of funds prior to the end of the fiscal year. During the next five years, the ODJFS plans to implement a system that will allow maximized utilization of the limited amount of funding, and ODJFS is currently in the process of including specific requirements to better track and evaluate the overall effectiveness of the program.

#### **Enhanced capacities to provide for their children's physical needs...**

***Objective 3.4 Work with the Office of Ohio Health Plans, the Ohio Department of Health and local agencies to address the physical health care needs of children in the child welfare system.***

The CFSR determined that ODJFS does not adequately address the health care needs of children in foster care and in - home services cases. While PCSAs are completing assessments in a timely manner, keeping medical files in the child's case records, providing medical records to foster parents at the time of placement, they are not doing an adequate assessment of the child's health care needs. In addition, key problems identified with respect to physical health services include:

- Health screening and services are delayed for some children;
- Some children are not receiving preventive healthcare services; and
- Some children are not receiving services to meet identified health needs.

Stakeholders interviewed in the CFSR identified access to, the availability and provision of oral health as a problem. The number and accessibility of medical personnel willing to accept Medicaid payments is limited, and this situation worsens in rural areas where the number of medical personnel decreases and the travel requirements increase to seek services.

Inconsistent coordination of screenings, diagnoses and treatment interventions, as well as under-utilization of inter-departmental programming compromised Ohio's

ability to meet the physical needs of children in the child welfare system.

Strategies to enhance health care services for foster children include:

- Reviewing the Ohio Administrative Code rules governing health care screening to determine whether revision is required to clarify expectations in assessing health care needs; coordinate the provision of appropriate services to meet health care needs; and document services needed and provided or services needed but unable to be provided and the reason.
- Reviewing CPOE reports to determine compliance with health care requirements. PCSAs not in compliance will be required to do a Quality Improvement Plan (QIP) - within 30 days of the final report; and the ODJFS will monitor PCSAs' progress in achieving compliance.
- Increasing awareness of available, local health care services and providers.
- Meeting with the Ohio Department of Health staff to increase their knowledge regarding the needs of families in the child welfare system.
- Working with the Ohio Department of Health to forward information to local providers regarding child welfare needs.
- Working with the Ohio Department of Health to analyze, through monitoring of utilization reports, the local capacity to provide oral health services.
- Promoting the utilization of public dental providers via awareness campaigns.

**Enhanced capacities to provide for their children's educational needs...**

***Objective 3.5 Work with the Ohio Department of Education and local agencies to address the educational services needs of children in the child welfare system.***

The ODJFS did not achieve substantial conformity with regards to children receiving appropriate services to meet their educational needs. Specifically, the PCSAs were inconsistent in assessing children's educational needs and providing appropriate services to meet those needs.

While some stakeholders expressed the opinion that the PCSAs assign a high priority to meeting children's educational needs, particularly children in foster care; however, key problems identified pertained to cases in which children showed evidence of school-related behavioral problems, developmental delays, learning disabilities, and/or poor school performance yet no assessment of needs was completed and services were not provided.

Strategies to address the educational services needs of children in the child welfare system include:

- Partnering with the Ohio Department of Mental Retardation and Development Disabilities (ODMRDD) to assist school districts which are/would like to become Community Alternative Funding System (CAFS) providers. For such school districts, dedicated funding is available to provide services for Medicaid-eligible children who are mentally retarded/developmentally disabled or who have specialized educational needs.
- Assisting PCSAs in understanding students' rights and how to request development of an Individual Education Plan (IEP). The improved documentation of needs and services via the IEPs will assist the PCSAs and local school systems in the development of reasonable accommodations and services needed for a child's academic success.
- Analyzing PCSAs' compliance in providing a child's updated educational needs information to all individuals involved with the case plan.

PCSAs are required to complete the JFS 01443, "Child's Education and Health Information" form at the time a child is placed into substitute care. In addition, the PCSAs are required to update the information at the time of a semi-annual administrative review (SAR), any time there is a placement change, or any time there is a change in any of the information contained on the JFS 01443.

ODJFS will monitor the completion of the JFS 01443 through the statewide CPOE process.

- Supporting the Ohio Department of Mental Health's Alternative Education Challenge Grant Program and the Ohio Mental Health Network for School Success Initiative targeted to children at risk of academic failure.

Untreated mental health issues compromise educational achievement of Ohio's students. Ohio's Alternative Education Challenge Grant Program funds projects that provide behavioral health services to students who are at high risk of academic failure.

The Ohio Mental Health Network for School Success is co-sponsored by the Ohio State University Center for Learning Excellence, the Substance Abuse and Mental Health Services Administration, the Ohio Departments of Mental Health and Education. Through this project, regional collaborative networks have been developed to identify local needs and opportunities to provide a continuum of supportive services. Memberships to the regional networks include families, educators, mental health boards, mental health providers and other community partners.

**Enhanced capacities to provide for their children’s behavioral health care needs...**

**Objective 3.6**      ***Work with the Office of Ohio Health Plans, the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services and local agencies to address the behavioral health care needs of children in the child welfare system.***

The CFSR found that ODJFS was not consistently effective in meeting children’s behavioral health needs. The key problems identified were:

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

In addition, all stakeholders commenting on this issue expressed the opinion that there are significant problems pertaining to obtaining behavioral health services for children because of the scarcity of resources. In some areas, limited array of services is available, and there may be waiting lists before families can access services. Specifically, in rural areas, the necessity to travel long distances to access services and limited transportation services present significant challenges to local child welfare agencies’ efforts in accessing services for children and families.

Although basic mental health and substance abuse services are provided in each county, most are unable to maintain a full spectrum of care (e.g., detoxification, home-based, outpatient, inpatient and residential treatment). The varying array of services often limits the ability of family members to participate in treatment and consequently may negatively impact the effectiveness of treatment. The need for psychological and mental health assessments was identified as critical in the CFSR.

Strategies to address the behavioral health care needs of children in the child welfare system include:

- Partnering with the Ohio Department of Mental Health on their efforts to increase the consistent utilization of assessment tools.
- Providing training to therapists, caseworkers, adoptive and foster parents regarding the special behavioral health care needs of children in out-of-home care and in adoptive placements. These presentations will target specific, identified needs and will be tailored to individual audiences. These workshops will be presented through various venues including department sponsored trainings, conferences, and on request.

- Working with the Ohio Department of Alcohol and Drug Addiction Services to promote the provision of specialized substance abuse programming for families involved with the child welfare system.

Amended House Bill 484, Ohio's response to the Adoption and Safe Families Act, exceeded federal standards by specifying that child abuse or neglect associated with parental substance abuse and failed treatment could be grounds for termination of parental rights. House Bill 484 also emphasized the need to provide timely and appropriate treatment necessary to facilitate family reunification.

Since its inception in 1999, the Ohio General Assembly has allocated \$4 million annually to the Ohio Department of Alcohol and Drug Addiction Services for the provision of such programming at the local level – the dollars are passed through to local Alcohol and Drug Addiction Services and/or Mental Health Services Boards. To better meet the special needs of children in the child welfare system whose parents struggle with substance abuse, the Ohio Department of Alcohol and Drug Addiction Services expanded the use of these dollars to fund prevention and educational services.

Meetings will occur with service providers, prevention coalitions, board associations and provider councils to promote the use of House Bill 484 dollars to expand the provision of Alcohol and Drug prevention and education services to parents of children in the child welfare system.

- Working with advocacy groups and the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services to identify behavioral health care treatment capacity, gaps in services and needs for specialized programming.
- Working with the Ohio Department of Mental Health to jointly expand the continuum of care to allow Medicaid reimbursement for bundled, community-based mental health services. Once federal approval is received, providing cross-systems training with PCSAs and local mental health providers around effective utilization of these services.
- Establishing multi-disciplinary teams and other collaborative models for assessments, case planning and the monitoring of service provision to address issues that require the involvement of multiple agencies (e.g., domestic violence, mental health, education, substance abuse, mental retardation/developmental disabilities).
- Providing technical assistance to local communities to increase utilization of resources and promote effective programming for families in the child welfare system who struggle with substance abuse.

**Objective 3.7: Provide family support and prevention-focused services to**

### ***under-served populations across counties***

The Ohio Children's Trust Fund (OCTF) Board is the public entity that is statutorily vested with responsibility for providing statewide leadership and funding to prevent child abuse and neglect (CA/N). OCTF efforts are exclusively directed at primary and secondary prevention activities and services through a comprehensive approach which occurs at both a statewide level and at the local/ county level. These activities include but not limited to: sponsoring statewide CA/N prevention awareness campaigns; providing educational materials designed to promote greater understanding of child maltreatment; collaborating with other prevention-focused entities; providing training and technical assistance for OCTF prevention partners; and, providing funding for prevention and family support services. Refer to Attachment H, '***Comprehensive Approach to Preventing Child Abuse and Neglect-2004***' in the Appendices for additional information.

OCTF efforts at both the statewide and local levels address: Outcome 1: Safety; Goal 1, that children will be protected from abuse and neglect, and Outcome 3: Child and Family Well-Being; Goal 3 that families will have enhanced capacity to provide for their children's needs.

From a broad perspective, OCTF provides funding for programs with statewide significance, which has an impact on under-served populations across counties. Examples of these types of programs include:

- education and support groups for parents who are incarcerated in the state prison system,
- an age-paced newsletter for Spanish-speaking parents in the ten counties with the highest number of births to Hispanics,
- shaken baby prevention materials for higher risk parents, and
- lending libraries of resource books for teen parents.

***Objective 3.8: Actively collaborate with other prevention-focused entities in order to exchange ideas and resources, share expertise, coordinate prevention efforts statewide, eliminate duplication and competition, and maximize available resources***

As the state's public leader for prevention, the OCTF is engaged in numerous collaborative endeavors with both public and private sector counterparts. Specifically, OCTF:

- participates on the Child Fatality Review Advisory Council, under the auspices of the Ohio Department of Health,
- co-sponsors (in conjunction with the Department of Health) an annual training for members of county child fatality review boards,
- collaborates with the Department of Health on development of the *Child Fatality Review Annual Report*,

- is an active member of the Family Violence Prevention Center Advisory Council under the Office of Criminal Justice Services,
- is co-sponsor of an annual Prevention Month Conference with Prevent Child Abuse Ohio,
- provides leadership to the Prevention Partners Leadership Group (see membership list in Appendices as Attachment L), and
- has provided support and resources for the *Authentic Voices* initiative of the *National Call To Action*.

**Objective 3.9: Provide information and education to OCTF Prevention Partners**

Under the federal CB-CAP grant (formerly CBFRS), the Children's Trust Fund conducts at least one statewide training each year for agencies providing family support and prevention-focused services. During 2003, the topic was "*Becoming a Father-Friendly Organization*". During 2004, emphasis will be on parent leadership training and how to develop productive partnerships with parent leaders.

OCTF Program Specialists provide consultation and technical assistance regarding family support and prevention to the OCTF County Agent and funded service providers in each of Ohio's 88 counties. Guidance is provided on topics such as: how to identify and measure individual outcomes, how to conduct an assessment of unmet and under-met prevention-related needs, and how to assess customer satisfaction. OCTF conducts regional training sessions every other year to assist the County Agents conduct a needs assessment and develop their Local Allocation Plan.

**Objective 3.10: Provide funding for prevention and family support services at the local/county level**

Annual allocations are based on each county's percentage of the state's child population. The Children's Trust Fund Board authorized a distribution of \$3.8 million for SFY 2005, which provides a minimum of \$15,000 to the 36 smallest counties. In the absence of any unusual budget outcomes, we expect this level of funding to remain stable for the duration of the 2005-2009 plans. The county allocations are used to provide:

- family-focused services,
- parent-focused services,
- child-focused services, and
- awareness materials and activities.

More than twenty different types of primary and secondary prevention services are supported with OCTF monies at the county level. The '*Prevention Works*' insert in the Appendices as Attachment M which identifies the most frequently-funded types of services.

Strategies for providing family support and prevention-focused services include:

- Funding for programs with statewide significance, which have an impact on under-served populations across Ohio's 88 counties;
- Engage in collaborative endeavors with both public and private sector counterparts ;
- Conduct at least one statewide training each year for agencies that deliver family support and prevention-focused services;
- Provide consultation and technical assistance regarding family support and prevention to the OCTF County Agent and funded service providers in each of Ohio's 88 counties; and,
- Provide annual allocations based on county percent of state child population.

<b>Outcome 4:            Systemic</b>
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<b>Goal 4:</b> <i>The Ohio Department of Job and Family Services will work with state and local child serving agencies to provide and support services and programs that ensure the safety, permanency, and well-being of children and families.</i>
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**Objective 4.1**        *Establish a state level team that works towards and coordinates a permanency continuum of services that meet the permanency needs of Ohio's children.*

Over the past five years, the ODJFS has revised and implemented many strategies to promote adoption and supportive services. In an effort to increase permanency for Ohio's children, a state level team – consisting of PCSA staff, stakeholders and public/private agencies - will be created to primarily focus on the permanency continuum of services, including the organization of the Ohio Administrative Code, training, and resources.

Strategies on coordinating a permanency continuum of services include:

- Development of an infrastructure comprised of licensing, adoption, kinship and foster care state level personnel to develop a common agenda to achieve safety, permanency, and stability for Ohio's children.
- Partnering with public and private agencies to ensure that training needs are met for kinship, foster care and adoptive parents.
- Development of mechanisms - supported by statistical data- to ensure that limited resources are directed to the geographical areas with the greatest need and to assist public/private agencies in supporting kinship, foster care and adoptive parents. The ODJFS will involve its Quality Assurance vendor to determine gaps of services in specific geographical regions of Ohio.

**Objective 4.2**        *Develop, implement and monitor compliance of the Multi-ethnic Placement Act (MEPA).*

In April 1999, the HHS Administration for Children and Families (ACF) provided the HHS Office of Civil Rights (OCR) information regarding allegations contained in a Cincinnati, Ohio, newspaper report and in a complaint filed in John Doe v. Hamilton County Department of Human Services (DHS). This complaint alleged that Hamilton County DHS was individually and systematically violating Title VI, MEPA and/or Section 1808. Consequently, OCR commenced an investigation.

In October 2003, as a result of that investigation, OCR issued a letter of findings concluding the Hamilton County DHS committed numerous violations of Title VI and

MEPA in individual cases. The letter also concluded that the ODJFS committed systemic violations in two Ohio Administrative Code Rules that were subsequently amended in 1999 and found to be in compliance. In November 2003, the ACF issued a letter incorporating the findings of the OCR and citing the ODJFS for failure to supervise and ensure that all of its agencies adhere to the anti-discrimination provisions of the Ohio Title IV-E State Plan and MEPA. The letter assessed a penalty against the ODJFS for 2% of the quarterly IV-E budget, approximately \$1.8 million.

Since the receipt of these letters, the ODJFS has been negotiating with OCR and ACF regarding a corrective action plan. ODJFS submitted its most recent Corrective Action and Resolution Plan (CARP) on March 18, 2004. If executed as it is currently written, the CARP would require the ODJFS to amend and develop rules around placement, home study assessment and data tracking. The CARP extends over a period of five years and calls for monitoring and oversight of PCSAs, Private Child Placing Agencies (PCPAs), and Private Non-Custodial Agencies (PNAs). Once approved by OCR and ACF, the ODJFS will begin to execute the CARP.

In addition, to executing the statewide CARP, Ohio has engaged in an improvement plan which in part, aims to increase the number of African-American families in Ohio's pool of available foster and or adoptive resources. According to the requirements of MEPA, all states in receipt of federal funding albeit direct or indirectly, must have in place a process for ensuring the diligent recruitment of families that reflect the racial and ethnic background of children in need of foster and or adoptive homes. In Ohio, minority families constitute approximately 27 percent of the pool of available foster and adoptive resources, while minority children make up nearly 55 percent of the population of children in care awaiting a foster or adoptive placement. According to the Child and Family Services Review, Ohio must improve recruitment efforts until its pool of families reflects the ethnic and racial diversity of the children in the state awaiting placement.

According to a forum compiled in response to the CFSR, statewide, data indicates that the majority of waiting children are of African-American descent, older, and/or part of a large sibling group. In comparison, the statewide pool of prospective foster and or adoptive parents consist of:

- Prospective adoptive parents which a significant percentage are classified as foster-to-adopt parents;
- Potential adoptive parents contained in the databases were missing race data;
- Parents of the Caucasian descent with a preference to parent a Caucasian child with no perceived special needs, such as white infant or an international child; and,
- Race data was missing for 3,352 persons included in the overall pool.

Other factors interfering with conformity include jurisdictional issues, lack of knowledge and resources and PCSA worker biases. PCSAs, especially those

where the majority of children in care are classified as Caucasian, at times overlook diligent recruitment responsibilities and their role in developing diverse families for children within and outside county borders. Some PCSAs reported that they are not aware of how to recruit needed families

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

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

agencies to continuously improve county and private agency response to families.

**Objective 4.3**      ***Ensure that every guardian ad litem that is appointed in a judicial proceeding involving an abused or neglected child will receive training appropriate to the role.***

An ongoing priority of the ODJFS is to ensure adequate representation of the best interests of children in court due to child abuse and neglect allegations. Over the past years, Basic State Grant and Children's Justice Act funds have been used to promote the development of Court Appointed Special Advocate (CASA) programs in Ohio's court jurisdictions.

Both ODJFS and the Supreme Court of Ohio provided the start-up and maintenance funding for the Ohio CASA/GAL Association until an ongoing source of revenue was located through the sale of Ohio license plates. The ODJFS continues to use CAPTA funds to annually support the Association's statewide conference and local programs' pre- and in-service training. The Ohio CASA/GAL Association has established and implemented program standards and a site review process, as well as volunteer curriculum with 30 required hour's pre-service training. Active CASAs must take a minimum of 12 hours annual in-service training.

Volunteers serving Ohio's 33 CASA programs are monitored to ensure adequate knowledge about their appropriate role as Guardian Ad Litem (GAL) and minimum performance standards required to represent a child's best interest. Attorney GALs, not serving as CASA volunteers, currently do not have a uniform system of regulation. In response, the Supreme Court of Ohio Chief Justice Thomas Moyer created the Guardian Ad Litem Standards Task Force to establish standards for those who represent children in court "at times when they are most vulnerable – in cases involving custody, visitation and domestic violence." The Task Force was asked to develop uniform standards and financial accountability for the GAL programs in Ohio. The 13-member panel was chaired by Common Pleas Judge David Ellwood of Guernsey County. The report assembled by the group was released for a period of public comment and those comments were assimilated into a final report assigned to the Supreme Court of Ohio's standing Advisory Committee on Children, Families and the Courts for implementation.

The Advisory Committee studies the proposed standards to determine the best methods of implementation. Currently, it appears that this will be achieved through a mix of statutory and Rule of Superintendence language. Since standards also require pre- and in-service training, the committee also has been challenged with ensuring that instruction is appropriate to the role and is provided in a manner that does not discourage attorneys from agreeing to serve in the capacity of GAL.

Criminal Justice Act funds are being used to develop a curriculum that satisfies the training requirements of the Advisory Committee's final standards. These funds will

also support the initial trainer recruitment and instruction. CAPTA funds will be used to support an ongoing system for ensuring that the curriculum is offered in a manner that is financially and geographically accessible to Ohio's attorneys and which promotes attorney participation in the role of GAL.

Strategies for ensuring the training of GALs include:

- Establishing standards for GALs, including training requirements.
- Implementing training standards through statute and Rule of Superintendence.
- Developing training curriculum.
- Developing evaluation measures for participants, methods of measurement, and minimum performance criteria.
- Establishing an ongoing training program.

## V. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

### CAPTA (CFSP FY2005 - FY2009)

- *Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation, including - (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings*

#### Community Evaluation Teams and Citizen Review Boards

As it has done since 1999, ODJFS will fund three (3) Community Evaluation Teams (CETs) established by Public Children Services Agencies (PCSAs) to fulfill the CAPTA requirement for Citizen Review Panels (CRPs). In addition, ODJFS is launching a pilot project to determine if Citizen Review Boards (CRBs) operated by county juvenile courts under Ohio Revised Code Section 2151.417 can be used to meet the requirements for CRPs.

ODJFS will contract with two (2) CRBs that will determine the degree to which PCSAs are meeting their mandate to protect children by conducting case reviews for court involved cases. The boards will gather data from the cases reviewed, prepare semiannual and annual reports, and make recommendations for improvements to state and local policy and procedures to ODJFS. Pending the outcome of the pilot, ODJFS may contract with other CRBs to meet the CRP requirements for years two (2) through five (5) of the plan period. Funds for the CRB contracts and operation of the CETs will be allocated from Basic State Grant.

#### Guardian *ad litem* and Court Appointed Special Advocate Training

Ensuring adequate representation of the best interests of children in court because of child abuse and neglect allegations is an ongoing priority of ODJFS. Over the past years, a pool of Basic State Grant and Children's Justice Act grant funds has been used to promote the development of Court Appointed Special Advocate (CASA) programs in Ohio's court jurisdictions. Both ODJFS and SCO provided the start-up and maintenance funding for the Ohio CASA/GAL Association until an ongoing source of revenue was located through license plate sales. Ohio CASA/GAL Association has established and implemented program standards and a site review process, as well as a volunteer curriculum with 30 hours required hour's pre-service training. Active CASA volunteers must take a minimum of 12 hours annual in-service instruction. ODJFS will continue to use CAPTA funds to annually support both the association's state-wide conference and local programs' pre- and in-service training.

It appears that the volunteers serving Ohio 33 CASA programs are monitored to ensure adequate knowledge about their appropriate role as guardian *ad litem* and minimum performance standards required to represent a child's best interest as guardian *ad litem*.

Attorney guardian's *ad litem*, not serving as CASA volunteers, currently do not have a uniform system of regulation. In response, Supreme Court Chief Justice Thomas Moyer created the *Guardian ad litem Standards Task Force* to establish standards for those who represent children in court "at times when they are most vulnerable - in cases involving custody, visitation and domestic violence." The task force was asked to develop uniform standards and financial accountability for the guardian ad litem programs across the state. The thirteen-member panel was chaired by Common Pleas Judge David Ellwood of Guernsey County. The report assembled by the group was released for a period of public comment and the comments were assimilated into a final report assigned to the Supreme Court of Ohio's standing *Advisory Committee on Children, Families and the Court* for implementation.

The Advisory Committee studied the proposed standards to determine best methods of implementation. Currently, it appears that this will be achieved through a mix of statutory and Rule of Superintendence language. Since standards also require pre- and in-service training, the committee also has been challenged with ensuring that instruction is appropriate to the role and is provided in a manner that does not discourage attorneys from agreeing to serve in the capacity of guardian ad litem. CJA funds are being used to develop a curriculum that satisfies the training requirements of the Advisory Committee final standards. These funds also will financially support initial trainer recruitment and instruction. CAPTA funds will be used to support an ongoing system for ensuring that the curriculum is offered in a manner that is financially and geographically accessible to Ohio's attorneys and which promotes attorney participation in the role of guardian ad litem for Ohio's abused and neglected children.

CAPTA funds will be allocated each year of Ohio's five year CAPTA plan to support the following action plan. CAPTA funded activities are designated in **bold print**:

Activities:

1. ***Establish standards for guardian's ad litem, including training requirements.***  
This activity will be completed prior to the close of FFY 04. The *Advisory Committee on Children, Families and the Court* (Advisory Committee) established by Supreme Court (SCO) of Ohio Chief Justice Thomas J. Moyer currently is engaged in this activity.
2. ***Implement training standard through statute and Rule of Superintendence.***  
It is expected that this activity will be completed prior to the close of FFY 04. The Ohio Department of Job and Family Services currently is working with Ohio General Assembly members to insert language that reflects CAPTA

requirements for training and the Advisory is developing recommendations for SCO rule changes.

3. *Develop training curriculum.*

It is expected that this activity will be completed FFY 05. The Advisory Committee has identified curriculum topics and is working with SCO to release a Request for Proposals for the development of specific curriculum content.

4. Develop evaluation measures for participants, methods of measurement, and minimum performance criteria. (Year 1)

5. **Establish ongoing training program.**

a. **Identify training program administrator. (Year 1)**

**This program will need to be permanent and ongoing but, because of the nature of Ohio's court, child welfare and geographic jurisdiction, managed by an entity outside the state system. A number of entities are being explored. Current criteria include:**

**i. Local offices or programs distributed throughout Ohio.**

**ii. Experience recruiting and training instructors.**

**iii. Experience administering an ongoing training system.**

**iv. Program connection to Ohio's judicial system.**

**v. Access to instructors with expertise in child development; interviewing skills; psychodynamics of child abuse and neglect; and, Ohio's legal and child welfare systems.**

b. **Develop evaluation measures for program and minimum performance criteria.**

c. **Establish advisory committee for program. (Year 1)**

d. **Recruit and train pool of instructors (Year 1)**

e. **Develop ongoing maintenance and update program for instructors (Year 1)**

f. **Identify training sites and registration procedures. (Year 1)**

g. **Develop promotional materials and distribution plan. (Year 1)**

h. **Sponsor a minimum of ten sessions throughout the state and annually thereafter (Years 1-5).**

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

Family Assessment and Planning Model

As part of the Family Assessment and Planning Model (FAPM) project, ODJFS has revised the risk assessment protocol and developed a new Case Review tool that requires review of the case plan services every three months (90 days). The Case Review tool supports a structured review and analysis of the impact of services

(progress) on reducing safety and risk concerns. The structure of the new protocol allow workers to assess service needs more quickly, review progress in a more timely manner and document case decision making in a more succinct format. Workers and supervisors are prompted to evaluate more quickly whether services rendered are effectively addressing the identified service needs. The protocol also encourages family involvement in case planning by addressing the family's perception of their functioning and issues in addition to the worker's identification of their strengths.

Basic State Grant funds will be used to fund continued development of the FAPM and support statewide implementation of the model in 2006.

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

A general finding of the Child and Family Services Review (CFSR) held in May 2002 was that ODJFS is not consistent in its efforts to ensure that families have enhanced capacity to provide for their children's needs. An identified problem is that parents and foster parents in the State are not involved in developing the case plan.

ODJFS will strengthen workers' skills in engaging families in the case planning and case plan review processes in order to increase parent, caregiver and child involvement in case plan development and reassessment. To make the tools more understandable by families and caregivers, ODJFS will be revising the case plan and Semiannual Administrative Review.

Basic State Grant funds will be used to develop, publish and distribute discussion guides to assist workers in engaging families in discussion of case plan activities. ODJFS will also fund development, publishing and distribution of summary tools to help the family and caregivers link safety and risk assessment concerns to case plan activities through Basic State Grant.

#### Worker Visits with Parent(s)

The CFSR found that PCSA caseworkers did not consistently meet policy requirements for conducting visits with parents. Furthermore, the quality of the visits was not sufficient to promote the safety and well-being of the children.

ODJFS will enhance a family's capacity to provide for their children's needs by providing guidelines regarding frequency of visits with each parent involved in the case plan. The purpose of the visits is to discuss progress on case plan goals.

ODJFS will include information on conducting outcome focused visits with parents, children and caregivers in the guides developed, published and distributed to assist workers in engaging families.

#### Caseload Analysis Initiative

ODJFS will continue to support the Case Load Analysis (CLA) initiative which began in 1998. The counties involved in the initiative have developed a model which

focuses on family-centered, strength-based practice in the delivery of child protective services to children and their families. The CLA model also emphasizes providing up-front services with expected results being a reduction in caseload size and more timely permanence for children. Tools in the model provide a structure to assess families holistically; identifying strengths, resources and supports, concerns and service needs from the onset of child protective service intervention. Full implementation of the CLA model requires the use of Family Group Conferencing to develop and review case plan services.

The Implementation Leadership Forum for the initiative has worked to expand the model to other Ohio counties. ODJFS will use Basic State Grant funds to continue supporting expansion of the initiative.

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

#### Safety and Risk Assessment Protocols

Ohio currently utilizes a comprehensive and sophisticated risk assessment process, the Family Decision Making Model (FDMM), to assess child safety and risk throughout the life of the case and identify the need for services. In a validity and reliability study conducted on the FDMM in 2001, it was determined that the tool was not valid and reliable after the Intake (investigation) period and that workers find the tool cumbersome and difficult to complete. A review by the National Resource Center on Child Maltreatment found weaknesses in the safety assessment and planning components of the FDMM and recommended development of a focused safety assessment and planning protocol as well as revisions to the existing risk assessment. ODJFS continues to review current research of risk assessment technologies and has convened a Risk Assessment Symposium in May 2004.

ODJFS began development of the new FAPM in January 2002. The pilot of the draft FAPM occurred began July 1, 2003 and concluded on March 31, 2004 with the pilot evaluation due in June 2004. Outcomes to be evaluated during the pilot include: repeat maltreatment; number of children in out-of-home care; number of children entering care during the pilot period; and number of children re-entering foster care. Statewide implementation training for the FAPM is tentatively scheduled for 2006. Funds to support model and training development, provision of training and other statewide implementation activities for the FAPM will be allocated from Basic State Grant.

#### Quality Assurance Tools for Safety and Risk Assessment

The CLA initiative has developed risk assessment quality tools designed to improve the quality of risk assessments being completed by line staff. The quality of risk assessments completed by PCSA staff is compiled and tracked via software developed by the Implementation Leadership Forum for this initiative. Through the use of the quality rating tool and accompanying software, CLA agencies are able to identify the most problematic areas of risk assessment and tailor training sessions to

meet the needs of specific units and/or individuals. The quality assurance system developed in this model was adapted for the draft FAPM, and will be included in the safety and risk protocols that will be implemented statewide in 2006. ODJFS will continue to support the CLA initiative with Basic State Grant funds as outlined above.

#### Child Welfare Program and Policy Development

CAPTA funds will be used for current and expanded staff resources in the child protective services (CPS) program. CPS staff are responsible for implementation of the PIP activities; the FAPM development, pilot, statewide implementation training and related activities; review and revision of statewide policy pertaining to screening of reports; training and technical assistance on case planning and case plan review practices; development of support tools for casework supervisors; Citizen Review Panel (Community Evaluation Team) program activities; review of Child Protection Oversight and Evaluation report information; and child abuse and neglect prevention activities. Basic State Grant funds will also be allocated for CPS staff to attend meetings, training workshops and conferences on child protective services practice initiatives and projects.

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

#### Child Abuse and Neglect Publications

ODJFS publishes three booklets pertaining to child abuse and neglect to be used for education and training purposes with a variety of audiences. One booklet provides the general public with information in about defining, preventing, identifying and reporting child abuse and neglect. Each of the other booklets contains the same information with additional information targeted for either medical or educational professionals. During the next five years, costs associated with updating these booklets to reflect changes in child welfare practice in Ohio will be paid from Basic State Grant funds.

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

#### Community Evaluation Teams

ODJFS continues to enhance the capacity of community-based programs to work in cooperation with parents and professionals through Community Evaluation Teams (CETs). Three CETs in Ohio bring community agencies and stakeholders together to look at issues related to abuse or neglect. In addition to parents participating on the CETs to become aware of child protective services (CPS) agency policies and procedures, services available with the community and service needs in the

Community, parent involvement and leadership is an issue discussed in team meetings and at community stakeholder meetings with teachers, counselors and foster parents. The parents, professionals and volunteers work together to review local CPS agency practice and make recommendations to assist the agencies in the prevention and treatment of child abuse and neglect in their communities. Funds to support CET activities will be allocated from the Basic State Grant as outlined above.

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

Develop, strengthen and support child abuse and neglect prevention, treatment and research programs in the public and private sectors.

ODJFS will continue to collaborate with consortium of professionals brought together for the 2001 – 2004 campaigns. Prevention Partners Leadership Group (PPLG), a committee comprised of representatives from public children services agencies (PCSA); various private agencies specializing in parenting, child abuse and neglect prevention and education; Family and Children First Councils; Ohio Department of Health and ODJFS will develop strategies for year round child abuse and neglect awareness activities, plan the state level Child Abuse and Neglect Prevention Month activities and purchase educational materials for state and local campaigns.

Basic State Grant funds will be used for the allocations provided to each of the 88 PCSAs to assist with local prevention and awareness efforts that may include: promotional materials, county wide public education events, and establishment of community supports.

**OHIO  
COMPREHENSIVE CHILD AND FAMILY SERVICE PLAN  
FY 2005 - 2009**

<b>CAPTA/BASIC STATE GRANT BUDGET</b>					
<b>PROGRAM</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
Personnel/Associated Costs	\$350,000				
FAPM Development and Implementation	\$507,000				
PIP Projects and Activities	\$10,000				
CET/CRB	\$60,000				
CASA/GAL Training (Pre-/In-Service)	\$70,000				
GAL Training	\$75,000				
Caseload Analysis	\$40,000				
CA/N Prevention	\$50,000				
CA/N Prevention Month - County Allocations	\$176,000				
CA/N Book Printing Costs	\$25,000				
Staff Training and Conferences	\$10,000				
Miscellaneous					
<b>TOTAL</b>	<b>\$790,000*</b>				

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

## **VI. CHAFEE FOSTER CARE INDEPENDENCE (CFCIP) AND EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAMS**

### **CFCIP/ETV (CFSP FY2005 - FY2009)**

1. a) ***Statement that identifies the State agency (or agencies) that administers, supervises, or oversees the programs carried out under the plan. [Section 477 (b)(2)]***
- b) ***Statement that indicates that the State agency will cooperate in national evaluations of the effects of the independent living programs implemented to achieve its purposes. [Section 477 (b) (2) (F)]***

The Ohio Department of Job and Family Services (ODJFS) is the State Agency that will administer, supervise and oversee the programs carried out under the plan, and ODJFS will cooperate in national evaluations of the effects of the programs implemented to achieve its purpose. ODJFS is the single Ohio agency administering the Title IV-E program and will administer the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Voucher program (ETV) under Section 477 of the Social Security Act.

2. ***How Ohio has designed and conducts its programs to achieve the purposes of:***
  - ***Helping youth make the transition to self-sufficiency***
  - ***Helping youth receive the education, training and services necessary to obtain employment***
  - ***Helping youth prepare for and enter post-secondary training and education institutions***
  - ***Providing personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults***
  - ***Providing financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age. [Sections 477 (b) (2) (A) and 477 (a) (1-6)]***

Ohio is a state-supervised, county-administered system where service provision is carried out by 88 county public children services agencies (PCSAs). ODJFS staff will continue to supervise and provide technical assistance to the local Independent Living (IL) programs administered by these PCSAs. The structure of individual IL programs is not overtly prescribed by ODJFS, so there is some diversity among the 88 agencies with regard to the components of the various programs. In broad measure, ODJFS requires PCSAs and private agencies holding custody (private child placing agencies - PCPAs) to evaluate the need for and make available

commensurate life-skill services to youth who are likely to remain in foster care until age 18 or who have emancipated from care. This includes daily life-skills training and program support to render them socially and economically self-sufficient.

Because the majority of Ohio's counties are rural in nature, the regionalization of services is encouraged so that barriers such as unavailability or inaccessibility of services can be decreased. PCSAs are encouraged to work together, both across counties, and across agencies system-wide to develop service systems that will meet the needs of youth in care. An example of some of this collaboration can be found in the sharing of clients between the PCSA and the local Workforce Investment Act (WIA) boards. ODJFS and WIA bureau staff have begun providing assistance to local agencies on how they can best work together and develop good service plans for youth in care and for youth who have recently emancipated. This will continue over time as needed by local agencies.

ODJFS does not expend any funds specifically earmarked for the operation of IL programs other than funds provided directly by the federal government through Section 477 of Title IV-E of the Social Security Act. These funds are specifically earmarked for the delivery of IL program services to youth (up to age 21) in agency custody or emancipated from agency custody and are distributed to the 88 county PCSAs.

IL funds are distributed to PCSAs based upon the number of children 15 1/2 years of age and older who are in substitute care in each county, as compared to the total number of children in substitute care in the state. Each county receives a minimum of \$5,000 to operate its program. As a condition for receipt of these funds, agencies are required to:

- Certify that the funds will NOT be used to replace any local or state funds already used for IL services;
- Certify that the funds will NOT be used to provide room and board for the recipient youth under age 18;
- Certify that an IL program exists in the agency's substitute care program and the program components are consistent with the minimum standards identified by CFCIP and ODJFS; and
- Certify that a non-federal, state or local match is available if matching funds are utilized.

Pursuant to Ohio Administrative Code (OAC) rules, PCSAs and PCPAs are required to use their IL allocations to provide services such as:

- Outreach, individual and group counseling
- Education and vocational training (i.e., preparation for a General Equivalency Diploma (GED), or for higher education, job readiness, job search assistance and placement programs)
- Counseling and instruction in basic living skills, parenting, health care (e.g.,

- preventative health care, substance abuse prevention, family planning, etc.)
- Access to community resources
- Transportation
- Housing options (and optional “room and board” assistance for emancipated youth up to age 21)
- Counseling and training on such subjects as self-esteem and self-confidence, interpersonal and social skills training and development
- Matching each youth with an adult/peer who can serve as an advocate, resource, and mentor in daily living skills
- Culture and gender specific activities
- School dropout prevention programs

Agencies that provide aftercare services will use various methods to reach clients, such as public assistance programs, foster parents, group homes, etc. They will be encouraged to develop and participate in community organizing efforts and ongoing support networks for youth leaving substitute care. The need for intersystem collaboration is greatly encouraged, and ODJFS will continue to work with counties to promote a cross-system approach. ODJFS will also continue to collaborate with other state agencies that have successful programs that serve the youth population.

Services to Youth Ages 18-20, including Room and Board: As stated above, PCSAs, under, ODJFS rules are required to provide services to young adults who have emancipated from foster care. The agency that the youth emancipated from is responsible to provide for services. ODJFS will continue to work with agencies regarding issues of collaboration and service provision in these instances.

In Ohio, assistance with room and board has been defined as including, but not limited to; assistance with rent, initial rent deposit, utilities, and utility deposits for youth ages 18 - 21. Ohio will certify that it will use no more than 30% of its IL allocation for assistance with room and board. This option is being passed on to PCSAs to exercise as needed locally. OAC rules will state specifically that under no circumstances shall the PCSA use any of its independent living allocation for room and board for youth under the age of eighteen or beyond the young adult’s twenty-first birthday.

Education and Training Voucher Program (ETV): ODJFS has contracted with the Orphan Foundation of America to administer this program in the state of Ohio. Under the contract, the foundation’s responsibilities include the following:

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

The foundation will also develop and implement a community awareness program and outreach programs directed toward soliciting qualified applications and providing ETV program information to youth and organizations with links to eligible youth.

**3. *How youth of various ages and at various stages of achieving independence will be served [Section 477 (b) (2) (C)]:***

PCSAs and PCPAs are directed by OAC Section 5101:2-42-19 to provide for youth ages 16-18 in care (no matter the custody type -- temporary custody, planned permanent living arrangement, or permanent custody) to receive services that will prepare them for their transition from substitute care to self-sufficiency. Administrative code rules address agency responsibility for providing for the needs of youth "likely to remain in care" and for young adults aged 18 and over who emancipated from the system. Ohio will allow local agencies to utilize their own discretion in determining which youth under 16 in their care are likely to remain in foster care until age 18, and when to begin assessing and providing services for them. In working with PCSAs, ODJFS staff has identified several factors such as age, presenting problems, case history, and case plans/goals as items to be examined when determining if a youth is likely to remain in foster care until 18. Agencies are responsible for conducting a life-skill assessment for each youth in substitute care who has attained the age of 16 or whom the agency feels is ready to receive IL services. The assessment will establish the need for certain services, and will be based on an objective tool completed by the youth (or on the youth's behalf), and documented input from the youth, his/her caregiver, and the case manager. The assessment is to be completed no later than 90 days after the youth turns sixteen years old or 90 days from entering into agency custody. For emancipated young adults, agencies are directed to develop a mutually agreed upon written plan for the provision of services identified as being needed based on an evaluation of the young adult's strengths and needs. This plan is to clearly outline the responsibility of the young adult and the agency, and will be signed by the young adult and a representative of the PCSA as an indication that the young adult will take personal responsibility for achieving independence.

Ohio law allows for the use of concurrent planning as a tool to be used by caseworkers when they are working with families. In the case of youth in care who are likely to remain in custody until age 18, concurrent planning is a valuable tool. It allows for the worker, the youth, and the youth's family to make decisions based on the input of the youth. Permanency can be best achieved if all parties involved understand that the decisions made are in the youth's best interest. Therefore concurrent planning will be encouraged for all youth in care so that should parental rights be terminated, each youth will have the opportunity for stability and permanence. Many foster families in Ohio are also beginning to "specialize" in the type of youth they work with. Ohio law requires extensive training of foster families and agency workers. For those families who will be working with youth transitioning to adulthood, OAC rules require that training be provided relative to the needs and

issues of such youth. ODJFS recognizes that working with youth in care is different from working with children under the age of 16. Therefore, foster parents and workers will continue to be trained on how to address the specific issues of adolescents, and how to function as mentors and teachers for youth transitioning to adulthood. Treatment foster homes, which will only take children and youth with a very high level of need, will also be equipped to address the transition issues of the special needs youth they serve.

**4. *How Ohio involves the public and private sectors in helping adolescents in foster care achieve independence [Section 477 (b)(2)(D)]:***

ODJFS participates in meetings with both public and private child welfare agencies, as well as other child serving agencies, to determine the best course of action in implementing the IL program. Extensive communication with state level representatives from MRDD, mental health, substance abuse prevention/treatment, education, job training (i.e., Workforce Investment Act), and the Native American community is also utilized to garner input regarding service needs and provision. ODJFS staffs function as a liaison between the state and the Public Children Services Association of Ohio (PCSAO), the Ohio Association of Child Caring Agencies (OACCA), the Ohio Independent Living Association (OHILA) and the Ohio Family Care Association (OFCA). The latter two groups assist in providing input from foster/adoptive parents and youth as ODJFS and county agencies work together to develop and implement strategies to enhance Ohio's IL program and help adolescents in foster care achieve independence.

Young people represent a frequently untapped resource for information about what works and what does not work in preparing them for adult life. In recognition of this fact, ODJFS has worked with OHILA as they encourage local Ohio regions to develop Youth Advisory Boards. Because each county within the state administers its own programs, each county is encouraged to develop these programs by working with local housing, educational, abstinence, and school-to-work programs.

**5. *Objective criteria Ohio uses for determining eligibility for benefits and services under the programs, including the process for developing the criteria [Section 477 (b)(2)(E)]:***

Under OAC rules, PCSAs and PCPAs are directed to provide for youth ages 16-18 in care (no matter the custody type -- temporary custody, planned permanent living arrangement, or permanent custody) to receive services that will prepare them for their transition from substitute care to self-sufficiency. OAC rules addresses agency responsibility for providing for the needs of youth age 16 and up, as well as those who are under the age of 16. Each agency is required to conduct or obtain an assessment for each youth who is in agency custody and who has attained the age of 16, or who the agency has identified as appropriate to receive independent living services, to prepare for transition from agency custody to self-sufficiency. A life skills assessment is establish the need for services, and is required to consist of an

objective tool completed by the youth or on the youth's behalf, documented input from the youth's caregiver, and the youth's case manager. ODJFS has identified several factors such as age, presenting problems, case history, and case plans/goals as items to be examined when determining if a youth is likely to remain in foster care until 18. These factors will be covered in worker training that is provided at the local level through the Ohio Child Welfare Training Program, or through training purchased by individual county agencies for their staff.

For young adults aged 18 and over, OAC rules also address eligibility for services. Agencies are directed to, when requested, provide a range of services and support for former foster care recipients who emancipated from the agency's custody due to attaining age 18. The agency is required to evaluate the current needs of the young adult to determine the range of services to be provided. Services and support are to complement the young adult's own efforts to achieve self-sufficiency, and are to be provided as needed up to the young adult's 21<sup>st</sup> birthday. Agencies are directed to develop a mutually agreed upon written plan for the provision of services, and to coordinate services with community resources as available. ODJFS provides the PCSA the option of providing room and board. The minimum requirement put forth by ODJFS is that no portion of the agency's IL allocation can be utilized for room and board for youth under the age of 18. Room and board may include but are not limited to assistance with rent, initial rent deposit, utilities, and utility deposits.

The eligibility requirements in OAC rules were developed by the Rules Subcommittee of the Statewide IL Planning Workgroup based on Ohio's political structure -- state-supervised and county-administered. Due to the diversity of localities, the fact that each local service area has different needs and access to services, flexibility in service provision requirements is necessary. Therefore, OAC rules provide for the minimum level of care. Each local PCSA has different funding bases besides state and federal funds, such as local operating levies, and may be able to provide more than the basic required services. Best practice standards are being developed by the Public Children Services Association of Ohio (PCASO) that agencies will be encouraged to follow so that youth and young adults receive the highest level of assistance an agency is capable of providing.

**6. *How Ohio ensures fair and equitable treatment of benefit recipients [Section 477 (b)(2)(E)]:***

PCSAs and PCPAs will continue to identify youth to receive IL services based on requirements of the OAC, which will ensure provision of services to all eligible youth in care or out of care. Former foster care youth who have been emancipated and return for assistance will be integrated into existing programs. Counties are encouraged to reach out to offer services to this population; and, strong efforts will be made to keep contact with youth after age 18 to ensure them that if they need services they may return. Proposed OAC rules also require local agency policies to include information on agency grievance procedures, and that a copy of the procedures is provided to each young adult returning for services.

ODJFS has also begun development of an ongoing evaluation/monitoring process that can be used to look at the strengths and needs of the system over time. Such monitoring will include:

- Mechanisms for corrective action for the IL local allocations program when spending and/or program objectives are not being met.
- Provision for an independent evaluation to assess success, quality, and cost benefit of local allocation program and interagency collaborative programs.

**FFY 2005 CFCIP FUNDS REQUESTED for the State of OHIO**

**Federal Funds Requested \$** 5,336,864

**State match Amount \$** 1,067,372

**Sources:** State appropriation

**Amount of Federal Funds to be Used for Room and Board:** A total amount not to exceed \$ 1,601,059

**I certify that I am authorized to submit for the State of Ohio, the FY 2005 application for CFCIP funds.**

**Application submitted by:**

**Thomas J. Hayes**

**Name**

**Director, Ohio Department of Job and Family Services**

**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Signature ACF Regional Administrator or Hub Director

## VII. CHILD WELFARE WAIVER DEMONSTRATIONS APPROVED UNDER SECTION 1130 OF THE ACT

### ProtectOHIO (CFSP FY2005 - FY2009)

***#9. Child Welfare Waiver Demonstration activities (applicable states only). If the State has been awarded a demonstration waiver under Title IV-E authority, it must provide a description of its coordination efforts to integrate the activities under the CFSP with the goals and objectives of the demonstration. In particular, the state must discuss how Title IV-B monies are used to maximize the use of flexible Title IV-E dollars in the demonstration.***

The department is currently operating the waiver under a bridge extension that is scheduled to end on September 30, 2004. If the department's request for a five year extension of the waiver is approved, the CFSP and the goals and objectives of the demonstration will be integrated so that the activities of both are complimentary and promote the successful implementation of the CFSP. ProtectOHIO continues to enjoy the unanimous support of the department, the demonstration counties and the communities they serve and all are hopeful that it will continue.

The instruction to discuss how Title IV-B monies are used to maximize the use of flexible Title IV-E dollars in the demonstration is not applicable to Ohio. The department was granted a flexible waiver and Title IV-E funding is as flexible as Title IV-B funding

#### **Background Information**

On February 14, 1997, the U.S. Department of Health and Human Services (HHS) approved Ohio's proposal to conduct a child welfare demonstration under Section 1130 of the Social Security Act. Implementation of this proposal, which is known as ProtectOHIO, was started on October 1, 1997, when 14 counties via agreements with the department placed a portion of their child welfare programs under the budget neutrality conditions of the demonstration agreement with HHS and received waivers of certain federal regulatory and statutory requirements.

ProtectOHIO ended on September 20, 2002; however the waiver continued to operate under a bridge extension that was granted until October 31, 2003. Following the procedures noted in Information Memorandum 02-06, in July 2003, the department submitted a formal request for a five year extension of the waiver. A second bridge extension was approved and scheduled to end on March 31, 2004. As previously mentioned, the current bridge extension is scheduled to end on September 30, 2004.

## **VIII. TRAINING AND STAFF DEVELOPMENT**

One of the ongoing initiatives of the Ohio Child Welfare Training Program (OCWTP) is to promote the development and mastery of skills in Ohio's child welfare workforce. In 2003, the OCWTP began implementing its model continuum of skill building and transfer of learning, a product of extensive literature reviews, interviews with national key informants, and input from statewide child welfare administrators, supervisors, caseworkers, human resource personnel, and trainers.

The model promotes the planned, sequential acquisition of knowledge and skills to promote learning and retention.

In July 2003, the revision of Caseworker, Supervisor/Manager and Family Support Worker competencies was completed. These competencies form the basis for the re-write of the Ohio Child Welfare Training Program's Caseworker and Supervisor/Manager Core curricula. The competency revisions resulted from information gleaned in the Ohio Child Welfare Training Program's Statewide Training Assessment, Ohio's Child and Family Services Review, the Council on Accreditation Standards, the Public Children Services Association Standards for Practice, key informant focus groups of Ohio's child welfare professionals, trainers and literature reviews. The revised competencies reflect the latest best practice standards and emerging issues in child welfare. The competencies are more discrete, to allow staff members to precisely communicate their specific training needs.

The OCWTP began re-design of the caseworker and supervisory core curriculum in 2003, with completion expected in June of 2005. After completion of the re-design, implementation will begin in 2005, and continue through 2009. During this timeframe, additional work will also take place on system evaluation, training for foster caregivers, adoptive parents and expansion of the university partnership program.

The following training plan components will be carried out:

### **A. Ohio Child Welfare Training Program (OCWTP)**

The goal of the Ohio Child Welfare Training Program is to promote the delivery of high quality, culturally responsive, family-centered child welfare training to Ohio's public agency professionals, caregivers and adoptive parents. The program provides competency-based training geared towards assisting child welfare caseworkers and supervisors to meet the challenges of working with children and families who may have experienced safety issues related to physical, mental and sexual abuse, neglect and dependency.

The OCWTP provides caseworker and supervisory core training to every new child

welfare worker and supervisor in the state, as mandated by state law (caseworkers must take 90 hours of training and supervisors must take 60 hours). Training for the OCWTP is provided through eight regional training centers (RTCs) located at Athens County Children Services, Athens; Cuyahoga County Department of Family and Children Services, Cleveland; Franklin County Children Services, Columbus; Greene County Children Services, Xenia; Guernsey County Children Services, Cambridge; Hamilton County Department of Job and Family Services, Cincinnati; Lucas County Children Services, Toledo; and Summit County Children Services, Akron. In addition to core training, the program offers specialized and related workshops on culture and diversity, sexual abuse, adoption and foster care as well as a number of other topical areas designed to assist child welfare professional enhance their service delivery skills.

One strategy ODJFS is using to meet the goals identified in Ohio's program improvement plan (PIP) is a review and redesign of the OCWTP caseworker and supervisor core training. This initiative was started in 2001, with the introduction of the child and family service review outcomes. In the first two years (2001-2003), the OCWTP conducted a statewide training assessment to: identify trends and conditions of Ohio's child welfare agencies and practices; and gain information to assist in the redesign of the core training program. To date, findings from the statewide training assessment and the OCWTP's Comprehensive Review of Core Curricula Report, the results from CPOE reviews, and Ohio's Child and Family Service Review have been used to revise the core competencies to better address existing and emerging issues in child welfare practice with an emphasis on meeting the CFSR outcomes.

Competency-based training addresses deficiencies in staff knowledge and skills. The statewide training assessment identified a number of areas where caseworker supervisor knowledge and/or skills need to be strengthened, including:

- Casework practice
- Coaching and mentoring
- Cultural competency
- Ohio child welfare laws and rules (state policy) and their impact on practice
- Federal laws, e.g. MEPA and their impact on practice
- Federal or state initiatives (e.g. welfare reform, kinship care, Family Center Neighborhood Based) and their impact on practice

The level of staff skill and knowledge is not the only factor that affects staff performance. The statewide training assessment clarified issues identified in other OCWTP studies that indicated the following barriers exist when implementing best practice procedures:

- Lack of supervisory time to coach staff as they work to transfer learning from the classroom to the workplace.
- Too few staff

- High caseloads.
- Local agency practice that inhibits or prohibits staff from implementing practice ideas learned in the classroom.
- High staff turnover
- New caseworkers who do not have a degree in social work.

The current core program includes a series of workshops on child welfare and/or supervision issues (e.g. separation, placement and reunification). Continued work is being done to make our training methods more effective in training new workers and supervisors. The goal of the core redesign is to develop a sequence of training interventions that result in the mastery of all core competencies and prepares caseworkers and supervisors to contribute to the achievement of CFSR outcomes. These training interventions may include pre-workshop activities, workshops, and post-workshop on-the-job training activities.

The OCWTP is engaging in the following activities during the current two year cycle (2003-2005):

- Collaborate with PCSAs to develop a menu of core skill developmental interventions and resources that can be used in supervisors' day-to-day activities (e.g., incorporating transfer of learning strategies during case conferences and unit meetings).
- Secure formal endorsement from PCSAO for the OCWTP's skill building and transfer of learning efforts.
- Collaborate with the PCSAs to secure county specific plans to implement and evaluate skill building and transfer of learning activities.
- Coordinate training interventions on rules, policies and forms that are properly sequenced with the caseworker core curriculum initiatives.
- Implement the core curriculum (SFY2005-2009).

Additionally, the OCWTP is working to enhance the importance of program evaluation and make it an integral part of:

- Evaluating the skill demonstration and skill transfer of staff;
- Evaluating the effectiveness of OCWTP initiatives and trainers; and
- Communicating the importance and effectiveness of training in helping staff reach skill demonstration and skill transfer.

To accomplish this, the OCWTP will use pre and post-testing of selected caseworker core workshops and will be revising the workshop evaluation questions and process as needed. Consideration will also be given to adding imbedded evaluations and six-month post-training evaluations identifying those aspects of the program evaluation system that can support measuring the State's progress in achieving the CFSR outcomes by complying with the activities outlined in the PIP.

The OCWTP has developed a timeline for core revision that will result in the first

core module being field tested in the second quarter of 2004 with an identified cohort group. The group will complete a new training module every quarter ending with the second quarter of 2005. As the core is being redesigned, the OCWTP will continue to provide training using the current workshop offerings.

The OCWTP will work collaboratively to develop or adapt key workshops needed to address issues that were raised in the PIP that would not otherwise be addressed in the rewrite of the core curricula. Immediately after piloting, evaluating, and revising the workshops, the state training coordinator for the OCWTP will work with PCSAO to promote statewide use of these workshops. Implementation of the revised core curricula for both caseworkers and supervisors will begin in 2005. Additionally, OCWTP will sponsor training events which address issues raised in the PIP.

**B. Training Activities Which Will Be Cost Allocated to Title IV-E**

The following is incorporated into the state's Title IV-B plan per the requirement of 45 CFR 1356.60 (b)(2) and represents training activities, and estimated costs for same, that the state intends to cost-allocate to Title IV-E during the plan period.

Ohio Child Welfare Training Program

The OCWTP will be cost allocated to Title IV-E and IV-B. Costs for both the state training coordinator and the operation of regional training centers will be included in that allocation which will be performed in accordance with the state's approved cost allocation plan. Costs related to ODJFS personnel who directly oversee implementation of the OCWTP and other OCWTP training activities will also be allocated as a training cost, in the manner noted in the state's cost allocation plan.

County Training Costs

Training and staff development costs for staff employed by county child welfare agencies will be allocated to Title IV-E. Such costs will include staff tuition and education costs, travel and per diem costs, registration fees, curriculum costs, seminar or conference costs, etc. Except in the case of tuition and education costs, county level training costs will be allocated to Title IV-E through the use of the state's Social Services Cost Pool (SSCP) and Social Services Time Study (SSTS) as reflected in the state's cost allocation plan for county-level costs.

Conference Sponsorship Costs

From time to time ODJFS may bulk purchase conference registrations for foster parents, adoptive parents, and county agency staff to allow such persons to attend conferences surrounding child welfare practice issues. Costs related to such purchases, will be allocated to Title IV-E per the state's approved cost allocation plan.

### Foster Parent Training

State law requires each foster caregiver holding a certificate for a family foster home to annually receive not less than twenty hours of in-service training. The law also requires each foster caregiver holding a certificate for a specialized foster home to annually receive not less than thirty hours of in-service training. As a result of this training, the state of Ohio is required to reimburse public children services agencies, private child placing agencies and private noncustodial agencies the cost of stipends paid to foster caregivers for attending the training. The payment shall be based on a stipend rate established by ODJFS. The stipend rate shall be the same regardless of the type of foster home certified by an agency. These payments will be made for each foster caregiver who attends a training episode.

The state reimburses foster caregiver expenses or per diems for up to a maximum of twenty-four hours for pre-placement training for family foster homes and twenty hours for annual training. Maximum reimbursement for specialized foster caregivers will be thirty-six hours for pre-placement training and thirty hours for annual training.

### Adoptive Parent Training

Adoptive parents in Ohio receives the same twenty-four hour pre-service training offered to foster parents through the OCWTP's regional training centers. Adoptive parents also have to complete an additional nine hours of training to fulfill their requirements. The additional hours of training cover issues of sexual abuse and permanency planning.

### Adoption Assessor Training

Ohio law requires ODJFS to provide training to individuals seeking to become adoption assessors in the state of Ohio. Training for adoption assessors is offered through the OCWTP regional training centers. Individuals wanting to be assessors must be in the employment of, appointed by, or under contract with a court, public children services agency, private child placing agency, or private noncustodial agency. The training curriculum for this program includes courses on adoption placement practice, federal and state adoption assistance programs and post adoption support services. Revisions to the training is ongoing to keep in line with current practice. Cost for this training will be distributed to Title IV-E consistent with the state's cost allocation plan for the distribution of adoption related training costs.

### Scholarship Assistance

Ohio has become increasingly concerned with the public sector's growing inability to recruit and retain persons for entry level social work positions in county child welfare agencies. In an effort to assist county public child welfare agencies with this growing problem, ODJFS created the Child Welfare Workforce Professional Education

Program (CWWPEP). The program reimburses tuition and mandatory lab fees to undergraduate students who successfully complete the program and go to work for a public child welfare agency. To receive the reimbursement, the student promises to work for the agency for the number of years of reimbursement received. The universities involved in the program will establish partnerships with local public children services agencies to deploy field practicum supervisors, cultivate the appropriate learning environment for students in their placements, ensure the achievement of desired competencies by students, and promote the rapid and smooth job placement of students in a public children services agency immediately after graduation. The terms of such scholarships will include the requirements noted in 45 CFR 1355.30, as applicable.

## **IX. EVALUATION AND TECHNICAL ASSISTANCE**

In order to achieve the established goals, ODJFS needed to implement the Total Quality Management (TQM) strategy. The foundation of the TQM strategy is based upon the use of data to drive decision-making. Data will be used to:

- Evaluate the impact a policy or program has on achieving desired outcomes.
- Monitor and evaluate quantitative performance on achievement of goals and objectives.
- Develop technical assistance strategies.
- Develop policy recommendations.
- Develop alternative courses of action during implementation of the CFSP.
- Guide CPOE quality improvement efforts
- Evaluate the effectiveness of training.

### **Evaluation**

Ohio's CFSP Program Improvement Plan (PIP) contains the following activities ODJFS is or will be engaged in which are designed to evaluate achievement of: (1) PIP goals and action steps; and (2) CFSP goals and objectives:

- Conduct an outcome evaluation of the Family Assessment and Planning Model (FAPM) pilot. In order to assess the effectiveness and impact of the FAPM, the following outcomes will be examined: repeat maltreatment, number of children in out-of home care, number of children entering care during the pilot period and number of children re-entering care.
- Evaluate whether strategies outlined in the PIP have an impact on: reducing recurrence of child abuse and neglect; reducing the incidence of abuse and neglect in foster care; reducing re-entry of children into foster care; increasing the stability of foster care placements; increasing the number of children reunified with their families; increasing the number of children placed in adoptive homes; and increasing the 24 hour investigation response time.
- Evaluate the use of supplemental case planning in achieving permanence for children.
- Evaluate whether strategies in the PIP have an effect on the case review system.
- Evaluate whether strategies in the PIP have an effect on enhancing accessibility of local supportive services throughout the state.
- Evaluate whether strategies in the PIP have an effect on increasing the number of African-American families applying and being approved for adoption.
- Evaluate the effectiveness of the ProtectOhio waiver.

## **Technical Assistance**

Technical assistance on program, fiscal, or management information system issues is provided to PCSAs, PCPAs, and PNAs through: (1) on-site consultation by central office or field office staff; (2) through the FACSIS/SACWIS Help Desk; or (3) through the OCF Help Desk. Both Help Desks have an e-mail box where agencies can request the provision of written technical assistance. Technical assistance may be provided as a result of an agency's request or as a result of ODJFS review of agency performance. Provision of technical assistance is based upon federal and state laws and regulations, state policies, research, and data.

Additionally, the following technical assistance activities outlined in the CFSR PIP will support the goals and objectives contained in the CFSP:

- Provide focused technical assistance to two counties that have the greatest adverse impact on overall statewide performance in the areas of: initiation of 24 hour investigations of child abuse and neglect, recurrence of child abuse and neglect, abuse and neglect of children while in foster care, re-entry of children into foster care, stability of foster care placements; and reunification of children with their families.
- Provide technical assistance to FAPM pilot counties.
- Provide technical assistance to 5 counties with the highest number of state hearings related to adoptions.
- Provide technical assistance to counties that are not complying with the ICWA Protocol.
- Provide technical assistance sessions to local providers regarding special needs child welfare families who struggle with substance abuse. (ODADAS HB484 funding).
- Provide technical assistance to counties to enhance their ability to use data to drive recruitment efforts.

## **X. QUALITY ASSURANCE AND EVALUATION**

### **QUALITY ASSURANCE SYSTEM:**

The Ohio Department of Job and Family Services (ODJFS) have developed a systematic process for monitoring and oversight of public children services agencies'(PCSAs) compliance with the Ohio Revised Code (ORC) and Ohio Administrative Code (OAC) rules. The monitoring and oversight process, called CPOE, Child Protection Oversight and Evaluation mandated by (OAC) 5101:2-57-02 which states that ODJFS shall implement an oversight and evaluation system which is based upon a continuous quality improvement process, focusing on specific service delivery processes and client outcomes within the county child protection and permanency program.

The CPOE review occurs at least every 18 months for each PCSA and is conducted by ODJFS staff. Each 18 month review cycle is called a Stage review and is followed by the current cycle number of the review (e.g., Stage 5). Following an on-site review, ODJFS prepares a final report that is shared with the PCSA. The PCSA is then required to submit to ODJFS, and implement, a quality improvement plan (QIP) to correct findings of noncompliance. The 18 month review schedule for the next 5 years follows:

<b>Stage 5</b>	<b>July 1, 2004 - December 31, 2005</b>
<b>Stage 6</b>	<b>January 1, 2005 - June 30, 2006</b>
<b>Stage 7</b>	<b>July 1, 2006 - December 31, 2007</b>
<b>Stage 8</b>	<b>January 1, 2008 - June 30, 2009</b>
<b>Stage 9</b>	<b>July 1, 2009 – December 31, 2010</b>

The Child Protection and Oversight Evaluation (CPOE) quality assurance system is based on modern quality methods, such as continuous quality improvement and the incorporation of automated child welfare process and outcome measures. The system is designed to improve the services and outcomes for families and children coming to the attention of PCSAs. It focuses on key delivery processes and essential client outcomes within a continuous quality improvement framework. Improvement opportunities for the PCSAs are supported through the provision of technical assistance by ODJFS staff.

Different outcomes and review elements are focused on for each review cycle. A framework is developed for each cycle on the elements and outcomes to be reviewed. Critical operative concepts of CPOE include regular data collection, analysis and verification, and continuous feedback. CPOE On-site review activities consist of identifying systemic, policy or practice areas of strength, weakness, and concern for each core indicator along with jointly developed strategies that affect positive improvement of the outcome indicators. A review of case records for rule compliance may occur and quality improvement plans are prepared for areas

needing improvement. Benchmarks based on national standards found in the Federal Child and Family Services Review (CFSR), are used to determine compliance.

In response to the on-site CPOE review, quality improvement plans (QIPs) are required to indicate each PCSA's planned course of action to effect positive change in their agency during the 18-month period between formal CPOE on-site reviews. The QIP indicates:

Desired change or outcome.

Activities to be done to effect the desired change or outcome.

Staff responsible for the stated activities.

Level of anticipated or requested technical assistance from ODJFS to help achieve the desired change or outcome.

Anticipated time frames for implementing the stated activities.

The CPOE process utilizes outcome indicators which provide necessary information to support county practice and management. Currently, outcome indicators address child safety and permanency. Outcome indicators for child well-being have not yet been developed. In each review stage, a core set of indicators are chosen. The current list of outcome indicators follows:

## **STATEWIDE CPOE OUTCOME INDICATORS:**

### **Child Safety Outcomes**

**Children are protected from abuse and neglect whenever possible. The risk of harm to children will be minimized.**

Indicator 1A: Investigations completed within 30 and 45 days.

Indicator 1B: Emergency incident assessments initiated within 1 hour of acceptance of report.

Indicator 1C: Non-emergency incident assessments initiated within 24 hours of acceptance of report.

Indicator 2A: Receipt of subsequent child abuse/neglect report with case resolution or disposition.

Indicator 2B: Recidivism of substantiated or indicated child abuse/neglect reports.

Indicator 2C: Recidivism of terminated substantiated or indicated child abuse/neglect cases.

Indicator 2D: Six month recurrence of maltreatment.

Indicator 3A: Proportion of child abuse/neglect cases in which children are removed from their homes.

Indicator 3B: Number of children in out-of-home care due to dependency.

Indicator 3C: Proportion of child abuse/neglect cases placed in institutional/congregate care.

Indicator 4A: Number of days a child remains in temporary custody.

Indicator 4B: Number of days a child remains in temporary custody.

Indicator 4C: Incidence of reports on child abuse/neglect while in substitute care.

## Permanency Outcomes

**Children will have permanency and stability in their living situations. The continuity of family relationships, culture, and connections will be preserved for children.**

Indicator 5:	Number of days a child remains in out-of-home placement.
Indicator 6A:	Number of moves a child experiences in an out-of-home placement episode.
Indicator 6B:	Number of moves in out-of-home placement by degree of restrictiveness.
Indicator 6C:	Stability of foster care placements.
Indicator 7A:	Number of times a child is removed from his/her home.
Indicator 7B:	Foster care re-entries.
Indicator 8:	Number of children in out-of-home care in court-order Planned Permanent Living Arrangements.
Indicator 9A:	Length of time between the date of permanent custody and the date of adoptive placement agreement.
Indicator 9B:	Length of time between the date of permanent custody and the date of adoption finalization.
Indicator 9C:	Length of time in placement before entering permanent custody.
Indicator 10:	(No longer used)
Indicator 11:	Number of children in permanent custody in an adoptive placement.
Indicator 12:	Percentage, by reason, of custody terminations.
Indicator 13A:	Length of time to achieve reunification.
Indicator 13B:	Length of time to achieve adoption.

## Child & Family Well-Being Outcomes

**Families will have an enhanced capacity to provide for their children's needs. School-age children will have educational achievements appropriate to their abilities. Children will receive adequate services to meet their physical and mental health needs.**

At this time, no indicators address this outcome. (The case record review component addresses some child well being outcomes).

A Comprehensive Assessment Report (CAR) is completed at the end of each review cycle to summarize the findings obtained during the CPOE reviews of all 88 PCSAs. (See Appendices for attachment)

The effectiveness of these activities is critical to the overall quality improvement of the statewide child protection system. Application of these findings within the ODJFS program/policy areas is necessary for planning, training, budgeting, and technical

assistance.

The current Stage 5 CPOE review (July 1, 2004 - December 31, 2005) addresses the following components:

Two outcome indicators are assessed to evaluate achievement of the Child Safety Outcome:

**Indicator 2D:** Recurrence of substantiated and indicated CA/N within six months. A county would be in substantial conformity with this indicator if, fewer than 6.1% of children had a recurrence of a substantiated and indicated CA/N within six months.

**Indicator 4C:** Incidence of reports of CA/N while in substitute care. A county would be in substantial conformity with this indicator if, of all children in foster care during the period of review, the percentage of children who were the subject of a substantiated or indicated report of child abuse or neglect by a foster parent or facility staff is 0.57% or less.

Four outcome indicators are assessed to evaluate achievement of the Permanency Outcome:

**Indicator 6C:** Stability of foster care placements. A county would be in substantial conformity with this indicator if 86.7% or more of the children who have been in foster care less than 12 months from the time of the latest removal had no more than two placement settings.

**Indicator 7B:** Foster care re-entries A county would be in substantial conformity with this indicator if, of all children who entered foster care during the year under review, 8.6% or fewer of those children re-entered foster care within 12 months of a prior foster care episode.

**Indicator 13A:** Length of time to achieve reunification A county would be in substantial conformity with this indicator if, of all children who were reunified with their parents or caretakers at the time of discharge from foster care, 76.2% or more children were reunified in less than 12 months from the time of the latest removal from the home.

**Indicator 13B:** Length of time to achieve adoption. A county would be in substantial conformity with this indicator if, of all children who exited foster care during the year under review to a finalized adoption, 32% of the children exited care in less than 24 months from the time of the latest removal from their home.

In addition to the outcome indicator discussion, a review of case records is completed, to ensure compliance with Ohio Administrative Code (OAC) rules and

federal requirements. The expected level of rule compliance is 90% or greater for each rule reviewed. A Quality Improvement Plan is required for any rule that is less than the compliant rate. The case record review components are:

**Assessment/Investigation:**

The Assessment/Investigation Case Record review has 16 review elements.

**Substitute Care:**

The Substitute Care Case Record review has 55 review elements. This review looks at the Case Plan, Health and Education information, Visitation, Independent Living and SARs.

**Adoption:**

The Adoption Case Record review has 11 review elements.

**In-Home Supportive Service for Protective Supervision and for No Court Order:**

This review looks at the Case Plan, Visitation, SARs and Protective Supervision Extension/termination.

**Supportive Service Tracking Sheet:**

This review looks at the services planned or provided and problems and outcomes identified.

**Screening Procedure Review:**

This review gathers information regarding the county's screening procedures.

## **XI. MANAGEMENT INFORMATION SYSTEMS**

### **Progress/Accomplishments:**

- SACWIS Interim Solution (SIS) implemented in 82 Micro FACSIS counties;
- Maintain SIS helpdesk to resolve county issues and identify Task Incident Reporting (TIR) for SIS resolution;
- Provide on-site county technical assistance as necessary;
- Release Report Generator;
- Completed SIS implementation survey of counties;
- Developed SIS Report Generator for counties; and
- SACWIS vendor recommended.

### **Upcoming Activities:**

- Continue project support for SAWCIS Interim Solution (SIS);
- Project Kick-off meeting with vendor;
- Execute SACWIS project management plan;
- Statewide Implementation;
- Obtain Federal Approval; and
- Complete post implementation.

### **SACWIS Interim Solution (SIS)**

In FFY 03, SIS was developed by blending the Family Assessment and Planning Tool (FAPT) software and all functionality that existed in the legacy Micro FACSIS application. Conversion, training and implementation of SIS were complete in all 82 Micro FACSIS counties by November 2003. The remaining six counties maintain their own locally developed systems, because SIS is optional. This system supports the readiness of both the state and caseworker staff for SACWIS.

The SIS Helpdesk has proven valuable in identifying issues with system performance and business rules. The Helpdesk is staffed by Business Analyst's who work closely with Programmer Analysts for resolution of each of the issues. Task Incident Reporting (TIRs) are often identified through the Helpdesk. New SIS builds may result from the identification of the TIRs. In addition, on-site technical assistance is available to counties at their request.

In December 2003, an SIS Integration survey was sent to all PCSAs that implemented SIS. The purpose of the survey is to ensure consumer satisfaction. The survey addressed issues regarding the PCSA's SIS implementation such as communications between the ODJFS Business Analyst and the PCSA; training received on the application; friendliness of on-site staff on the day of implementation;

and, the implementation process itself. The results are currently being analyzed and will be utilized as lessons learned for the SACWIS project.

Report generator is a tool that was developed to allow users to create individualized reports using information related to specific client, families and resources according to the user selected criteria. Report generator allows more flexibility to address the individual needs of their agencies, including the ability to report on data from agency defined events.

SIS will continue to operate in 82 Micro FACSIS PCSA until SACWIS is deployed to each local site. Support by project staff will continue through Helpdesk efforts and technical assistance.

## **SACWIS**

The IAPD (Implementation Advance Planning Document) approval was received from Administration of Children and Families (ACF). Project staff has proceeded to secure a purchase order to initiate the SACWIS contract with vendor. The recommended vendor for the SACWIS project is Dynamics Research Corporation (DRC).

ODJFS is committed to the implementation of Ohio's SACWIS and has dedicated business and MIS staff assigned to the project, who understand, the need to work closely and harmoniously with the contractor. The overall success of the Project will depend on the development of a close working relationship including ongoing communications at all levels between the Contractor and State.

The project management team is comprised of State and Contract staff. They are responsible for assuring that Ohio's SACWIS project is effectively coordinated in order to achieve the identified deliverables.

Project management activities encompass a broad range of project planning (e.g., Integrations Management, Communications Management, Scope Management, Time Management, Quality Management, Cost Management, Risk Management, Configuration Management), occurring at project initiation through post implementation support.

A contract kick-off meeting will be held for the full State and Contractor project team to formally announce project initiation. The meeting will address the responsibilities of the contractor and working relationships and interactions among the contractor and state staff. The contractor will present and review the updated project work plan, project schedule, and project methodology and documentation standards.

Seven separate project tasks will commence at contract kick-off inclusive of: project management, change management, system analysis & design, conversion, system development, system testing and training. Each of these tasks or project phases is

detailed in a project schedule using Microsoft Project 2002.

The approach to deliver a single, complete release of Ohio SACWIS includes the following:

- Complete release of Ohio SACWIS to a pilot county within eighteen (18) months;
- Ninety day implementation pilot; and
- Statewide implementation within eight (8) months.

Upon the successful implementation of Ohio SACWIS, the state will submit Ohio's SACWIS for federal approval. Following the state's acceptance of the final Ohio SACWIS implementation report, Contract staff will assist the State Project team with the provision of post implementation support for twelve months. Prior to the end of the mandatory post implementation period, the state may elect the option to extend the post implementation support period for an addition twelve months.

## APPENDIX