

Child and Family Services Review Statewide Assessment



**Ohio Department of Job and Family Services
Office for Children and Families**

**Submitted to:
U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau**



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 - ▶ Outcome S1: Children are first and foremost, protected from abuse and neglect.
 - ▶ Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

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- ▶ **Outcome P1: Children have permanency and stability in their living situations.**
- ▶ **Outcome P2: The continuity of family relationships and connections is preserved for children.**

C. Child and Family Well-Being

- ▶ **Outcome WB1: Families have enhanced capacity to provide for their children's needs.**
- ▶ **Outcome WB2: Children will receive appropriate services to meet their educational needs.**
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Section I - General Information

Name of State Agency	
Ohio Department of Job and Family Services	
Period Under Review	
Federal Fiscal Year On-Site Review Sample <u>2001</u> Period of AFCARS Data <u>2000</u> Period of NCANDS Data (or other approved source, please specify alternative data source) <u>Calendar Year 2000</u> <u>Alternative Data Source - Family and Children Services Information System</u>	
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A. Ohio's Child and Family Services Review Statewide Assessment Process

Ohio's Child and Family Services Review Statewide Assessment was developed by the following ten statewide assessment subcommittees: Statewide Information System Capacity; Case Review System; Quality Assurance System; Staff and Provider Training; Service Array and Resource Development; Agency Responsiveness to Community; Foster and Adoptive Home Licensing Approval and Recruitment; Safety Outcomes; Permanency Outcomes; and Well-Being Outcomes. Membership on the subcommittees included: Ohio Department of Job and Family Services (ODJFS) staff; public children services agency (PCSA) staff; Court Appointed Special Advocates/Guardian Ad Litem (CASA/GAL) staff; juvenile court personnel; Family Service Council of Ohio staff; Ohio Association of Child Caring Agency (OACCA) staff; Ohio Family Care Association (OFCA) staff; Ohio Department of Alcohol and Drug Addiction Services (ODADAS) staff; Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) staff; Public Children Services Association of Ohio (PCSAO) staff; Ohio Judicial Conference staff; Youth Engaged With Success staff; and Family and Children's First staff. Drafts of the document were reviewed by Ohio's Child and Family Services Review (CFSR) Executive Leadership Committee and disseminated to PCSA directors, OACCA, OFCA, PCSAO, Youth Engaged With Success, Family Service Council of Ohio and other state departments for review and comment.

Information contained in the Statewide Assessment was obtained from the following sources: ODJFS program, research and evaluation reports; PCSA reports; the 1999 Child Welfare Reform Stakeholders reports; ODJFS 2002 Environmental Scans conducted across the state to assist the Office for Children and Families in developing its two year Strategic Plan; small focus groups; and comments received from PCSA staff during a four month CFSR videoconferencing and teleconferencing series held in Calendar Year 2001.

B. Child Welfare in Ohio

Child welfare services in the State of Ohio are delivered in a state-supervised, county-administered environment. The Ohio Department of Job and Family Services (ODJFS) is the designated state agency responsible for overseeing the operation of 88 public children services agencies (PCSAs), which provide direct services to children and families. The PCSAs are created by Ohio statute and the structure of each is determined by the local governing body or county board of commissioners. Fifty-five PCSAs are located within the administrative body of the county departments of job and family services and 33 are separate children services boards. A county department of job and family services provides public assistance services, and can also administer child welfare services, child support services, adult services, and work force investment services (these counties can be termed *double combined* [20 counties], *triple combined* [31 counties], or *quadruple combined* [four counties]). The children services board only provides child welfare services.

Based upon the U.S. Census Bureau 2000 data, ODJFS divides the 88 counties into the following groupings:

Grouping	# of Counties	County Population Size
Major Metro	3	greater than 800,000
Metro Counties	9	populations between 200,000 and 800,000
Large Counties	15	populations between 100,000 and 200,000
Medium Counties	21	populations between 50,000 and 100,000
Medium-Small Counties	14	populations between 40,000 and 50,000
Small Counties	26	populations between 0 and 40,000

Listed below are highlights of Ohio’s demographic information:

- **Population** 11,209,483
Caucasian 86% African American 12% Other 2%
- **Households with two parents** 38%
- **Population age 18 and under** 28%
- **Unemployment rate** Feb. 2002/5.3%
- **Per capita income** \$24,163
- **Number of children enrolled in Healthy Start** 544,509

- Despite a 10-year economic expansion, record low unemployment, and welfare reform, the percentage of children living in poverty has increased (17.8% to 22.8%), while the number of children receiving cash assistance has dropped (411,457 to 191,106)
- About 70% of all parents with children in out-of-home care have a substance abuse problem.

*Figures from the 2001-2002 PCSAO Factbook, 5th Edition

Twenty-nine of Ohio's 88 counties (32 percent) have been designated as Appalachian counties. In 2000, more than 1.4 million people resided in these 29 counties, which include suburbs of large cities, farming communities, small towns, and cities.



In Ohio:

- 1 in 8 Ohio children live in Appalachia
- 1 in 5 Appalachian children live in poverty (under \$14,630 for a family of 3)
- Over 28% of Appalachian children receive health care through Medicaid, as compared to 21% statewide
- 24 Appalachian counties have been designated as Health Professional Shortage Areas
- 12 Appalachian counties have been designated as Dental Professional Shortage Areas

Ohio's ability to provide responsive, and effective services for children and their families is challenging because of the complexity of the state's governance, fiscal, and manpower resources. In addition to differences in the delivery of child welfare services, there are:

- 612 local school districts, 49 joint vocational school districts and 61 educational service center districts
- 43 county or multi-county mental health and alcohol and drug addiction

services boards and 7 counties with separate mental health boards and alcohol and drug addiction services boards

- 88 county boards of mental retardation and developmental disabilities
- 139 county, regional and city health departments
- 64 combined juvenile and probate courts, 1 joint juvenile, probate and domestic relations court, 7 general, domestic relations, probate and juvenile courts and separate 16 juvenile courts
- 38 juvenile detention centers, 19 juvenile rehabilitation centers, and a state youth correctional system with 10 correctional centers

Almost half of the funding for PCSAs comes from local sources. In State Fiscal Year (SFY) 2000, 41 of the 88 PCSAs maintained a children services levy. Counties that have levies enjoy the stability provided by property taxes in contrast to county general funds, which rely heavily upon sales tax funding. The latter fluctuates far more rapidly in response to changes in the economy. In addition, levy funding is generally voted specifically for child protection, which eliminates PCSAs competition between other county departments for the same general revenue funds. These differences create major variations among counties in the statewide system. Minimum state funding is not sufficient to erase those differences. On average, the counties receive approximately 10 percent of their funding from the state, although in those counties that do have levies, it can drop to as little as 3 to 4 percent. Ohio's child welfare spending is 77% of the national average (1997). A two-year goal adopted by ODJFS leadership is to increase Ohio's child welfare spending to 85% of the national level.

ODJFS fiscal data indicates that in SFY 2000, the breakdown of average PCSA revenues was:

Federal Funding	44.49%
Local Funding	44.38%
State Funding	11.13%

As the supervising agency of Ohio's child welfare services, ODJFS seeks to ensure that PCSAs, Private Child Placing Agencies (PCPAs), and Private Noncustodial Agencies (PNAs) operate in compliance with state and federal statutes and regulations through promulgation of Ohio Administrative Code (OAC) rules, technical assistance, monitoring, and general oversight. Each PCSA has responsibility for the administration and direct delivery of services in its respective area of jurisdiction.

C. Amended Substitute House Bill 484

The Adoption and Safe Families Act of 1997 (PL 105-89), signed by the President on November 19, 1997, established new child welfare provisions that required several changes in state legislation and OAC rules. ODJFS and the Public Children Services Association of Ohio (PCSAO), collaborated to initiate changes in state statute. As a result, Amended Substitute House Bill 484 (122nd General Assembly, 1998) was enacted to comply with the Adoption and Safe Families Act of 1997. OAC rules were also revised. Below is a summary of the major components of Amended Substitute House Bill 484 (HB 484):

Safety Of Children Is Paramount

Throughout the life of a family's involvement with a children services agency, the agency must specifically address how the health and safety issues of a child are being met. Although the health and safety of children have been paramount, HB 484 required the agency to specifically discuss how the health and safety needs of children are being met in a number of events throughout the child's case:

1. **Case Plan:** A section was added to the case plan document for an agency to describe how the child's current placement is safe.

4. **Reasonable Efforts:** Health and safety issues must be clearly addressed when the court makes a determination that an agency has made reasonable efforts to prevent removal, eliminate continued removal, or that reasonable efforts are not required to prevent removal. HB 484 expanded the actions a court must take when determining if and when reasonable efforts are necessary.
 - The court shall determine that reasonable efforts are not required to prevent removal, eliminate continued removal, or to return the child safely home if any of the following apply:
 - ▶ parent has been convicted of and pleaded guilty to certain crimes and offenses (Refer to List at the end of this section)
 - ▶ the parent has placed the child at-risk due to alcohol or drug abuse and has rejected treatment two or more times or refused to participate in further treatment two or more times after a case plan requiring treatment of the parent

- was journalized or an order was issued by any other court requiring treatment of the parent
 - ▶ the child is abandoned (*definition of abandonment: a child is presumed to be abandoned if the parents have failed to visit or maintain contact with the child for more than 90 days regardless of whether the parents resume contact with the child after 90 days*)
 - ▶ parental rights have been involuntarily terminated for a sibling of the child.
- If a court determines reasonable efforts are not required, the court shall hold a hearing to review the permanency plan no later than 30 days after making the determination;
- The court may make changes to the permanency plan, and may make changes in placement and custody arrangements to be consistent with the plan;
- The court may issue an order that returns a child home in situations where reasonable efforts are not required; however, the court shall issue written findings of fact when it returns a child home.

These issues are to be addressed when the agency conducts a Semi-Annual Administrative Review (SAR) or when the court reviews a child's custody.

3. HB 484 addressed the provision of alcohol and drug addiction assessment and treatment by:
 - Requiring County Commissioners, local Alcohol, Drug Addiction and Mental Health Services/Alcohol and Drug Addiction Services (ADAMHS/ADAS) Boards and PCSAs to identify available funding for prioritization of alcohol/drug addiction services for families involved with child protective services.
 - Requiring PCSAs to refer parents, guardians or custodians for treatment when the PCSA determines that a child is in imminent risk of being abused or neglected due to the parent's guardian's or custodian's substance abuse.
 - Directing the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to continue to make families involved with PCSAs a priority for assessment and treatment.

- Directing ODADAS and ODJFS to jointly plan to improve the accessibility and timeliness of treatment services for individuals identified by PCSAs as needing these services.

Reinforces The Philosophy That Foster Care Is A Temporary Setting And Not A Place For Children To Grow Up

1. If a child has been in the temporary custody of an agency for 12 or more months of a 22 consecutive month period, the agency shall file a motion for permanent custody or Termination of Parental Rights (TPR) unless one of the following exists:
 - The agency believes there is a *compelling reason* not to request TPR and that it is not in the best interest of the child to file for permanent custody
 - The services required in the case plan have not been available or provided
 - The agency has already been granted permanent custody
 - The child has been returned home pursuant to court order

Permanency Efforts Should Begin as Soon as the Child's Case is Opened

1. HB 484 allowed concurrent planning by permitting an agency to develop a *supplemental* plan for locating a permanent family.
2. If a court determines that reasonable efforts are not required, a permanency plan for a child is required.
 - The agency shall file the permanency plan with the court. If the court has determined that reasonable efforts are not required, the permanency plan shall not include returning the child home as the goal.
 - If the agency presents *compelling reasons* to the court that returning a child home or pursuing adoption or legal custody is not in the child's best interest, the plan shall provide for a disposition of Planned Permanent Living Arrangement. (HB 484 renamed the disposition of Long Term Foster Care [LTFC] to Planned Permanent Living Arrangement [PPLA]. The definition remained the same as that of LTFC. To place or continue a child

in a Planned Permanent Living Arrangement, there must be *compelling reasons* for the placement noted in the case record.)

- The court shall hold a hearing to approve the permanency plan. This hearing may be held within 30 days following the determination that reasonable efforts are not required.
 - One year after it approves the permanency plan, the court must review the plan in order to make any necessary changes to placement and custody arrangements.
3. The court must provide notice of all hearings to relative caregivers, foster caregivers, and prospective adoptive parents (if the agency has permanent custody and an adoptive placement agreement has been signed). These individuals may attend and may present evidence, but are not considered parties to the case.

Listing of Crimes and Offenses

The court shall determine that reasonable efforts are not required by the PCSA or PCPA, pursuant to ORC Section 2151.419, when the parent from whom the child was removed has been convicted of, or pleaded guilty to, one of the following:

1. Aggravated murder, murder or voluntary manslaughter and the victim of the offense was a sibling of the child or the victim was another child who lived in the parent's household at the time of the offense.
3. Endangering children, felonious assault, aggravated assault, assault, corrupting a minor, sexual battery, gross sexual imposition, sexual imposition, or rape and the victim of the offense is the child, a sibling of the child, or another child who lived in the parent's household at the time of the offense.
4. Conspiracy or attempt to commit, or complicity to committing, an offense described above.
5. Repeatedly withheld medical treatment or food from the child when the parent had the means to provide the treatment or food.

Section II - Systemic Factors

A. Statewide Information System Capacity

1. *Discuss how effectively the State is able to meet the State plan requirement that it operates a Statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.*

Child welfare services in Ohio are currently supported by the Family and Children Services Information System (FACSIS) which was established in 1986. FACSIS was originally developed as a stand-alone mainframe system. In the current FACSIS environment, 83 of the 88 counties in Ohio run a micro computer version of FACSIS called Micro-FACSIS. The remaining five counties, Cuyahoga, Hamilton, Franklin, Summit and Lucas, have their own locally developed systems. Each county-run system interfaces with the state-run mainframe FACSIS by extracting data via a modem. This interface is intended to be a nightly batch mode updating process for the counties. Micro-FACSIS has both state required data and optional county data.

The information maintained by FACSIS includes client, family, incident and resource registration data (primarily demographics), and event or activity data. FACSIS maintains a history of abuse and neglect, placement, custody, court hearing, and licensing data. County social workers collect data using paper-based forms. These forms are sent to data entry clerks who transfer the data from the forms onto the data-entry screens.

The FACSIS system provides management information, compliance data, case-tracking services and data to support program evaluation, assessment, family/foster home licensing, and a Title IV-E payment system. Modifications were made to allow tracking of risk assessment (RA) completion; compliance with federal and state tracking needs; compliance with the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements; monitoring compliance with the Adoption and Safe Families Act; and other state legislative changes.

The current FACSIS system does not provide automated decision-making support. While case events are entered into the system, the case information is not integrated or organized throughout the life of a case. Additionally, data entered into the system are not easily accessible for data reporting and analysis. The FACSIS data model was designed for flexible information capture to meet federal and state requirements instead of information

retrieval. Statewide information, such as statewide directories of people, foster homes, adoptive homes, children needing foster home placement, and children needing adoptive placement for statewide reports are not available online for use by counties. The system does produce, upon county request, the results of a statewide client matching process. This report, to be downloaded by the county, indicates the likelihood that an individual may be known to another county. Through contact with the named county additional information for the assessment/investigation may be obtained. It is unclear how much of the information in FACSIS is actually used by managers and caseworkers for decision making.

Since FACSIS is an event-driven system with limited integration of case information, strong data integrity is lacking. To assist the data integrity concern, ODJFS is in the process of utilizing software that will allow the PCSAs to identify the children behind the data. Additionally, Benefits Issuance and AFCARS quality assurance error reports are currently run on a monthly basis. These reports provide data-entry feedback and highlight inconsistencies in the reported data. County staff have been trained and provided code books to assist in correcting the data.

A recent study conducted of the data in Host FACSIS (mainframe FACSIS) and the 83 Micro-FACSIS databases revealed that data residing in both databases matches at a rate of 97%. The analysis of the data was done for CYs 1995 - 2000. A similar study and analysis of the data in the five metro-county operated systems was conducted for CY 2000. This revealed a 94% match between the two databases. Statewide, for CY 2000, the data maintained at a local level matched the data maintained at the state level at a rate of 95%.

Micro-FACSIS was not designed to provide analysis and reporting of the information at the county level. Data in the mainframe system are accessible for analysis and reporting only at the state level. Access by state staff requires a specific skill set and knowledge of the system to write programs to extract data in the specific event order, and produce the data in a meaningful report. To allow counties access to the data, Relational Database Extract (RDX) software was developed and released in March 2000. The RDX software was developed to provide access to local Micro-FACSIS data to assist with data-driven decision making. As with Host FACSIS, it takes a specific skill set to manipulate and analyze the data to produce county-specific ad hoc reports. A limited number of counties have the staff with the needed skill set. In addition, application design and the need for extensive support at the state level has not enabled the counties to fully utilize the RDX software.

To support county caseworkers and to move toward a system with greater

accessibility to pertinent case information and usefulness at the caseworker level, the Family Assessment and Planning Tool (FAPT) software was developed and released in July 2000. The FAPT software is a desktop tool designed specifically for child welfare caseworkers. This information tool is structured to reflect Ohio Child Welfare practice and procedures in an effort to support the cost-effective and prompt delivery of services to children and their families. While it does not automate all casework practice, it addresses the core functionality of casework assessment and planning.

FAPT guides the worker through the creation of family risk assessments, case plans, and SARs utilizing common casework logic. This workflow is designed to ease the cumbersome task of manually completing these documents by collecting key demographic and relationship information once, then carrying this information forward throughout the application. This application has resulted in a reduction of paperwork, integration of case information, automation of several cumbersome forms, coordinated recording of historical case information, and increased access to case specific data. The FAPT is a stand alone application that neither replaces nor interfaces with FACSIS. The tool does require a minimal amount of duplication due to the nature of being a caseworker designed tool rather than simply an event capturing system.

FAPT has been voluntarily requested and deployed to 71 of Ohio's 88 counties. As of March 1, 2002, over 102,324 persons (nearly 22,839 families) were entered into the FAPT statewide database. On these individuals, 18,990 risk assessments had been completed and 9,069 case plans finalized. ODJFS supports both FACSIS and FAPT with a help desk that provides technical and application support to end users.

As Ohio moves toward the more effective utilization of data for decision making, there will be a greater focus on data collection, reporting, and analysis. ODJFS will build on the existing Child Protection Oversight and Evaluation (CPOE) measures and move to integrate the utilization of data for decision making as a way of doing business. Ohio currently has 24 CPOE indicators. (Refer to the Quality Assurance System Section, Question 2, for a description of CPOE, the outcome measures and indicators.)

As a Statewide Automated Child Welfare Information System (SACWIS) becomes a reality in Ohio, state and county staff will have a more robust data-collection tool that will support caseworkers and case managers in the delivery of services to children and families. Ohio is currently in the planning phase for SACWIS. A Request for Information (RFI) was released in February 2002, followed by a vendor software demonstration in March 2002. A SACWIS Request For Proposal (RFP) is currently under development with a targeted

release date of July 1, 2002, resulting in a SACWIS vendor contract by January 2003.

B. Case Review System

- 1. How effectively is the state able to meet the requirement that each child in foster care under the State's placement and care responsibility has a written case plan with all the required elements?***

ORC Section 2151.412 and OAC rules 5101:2-39-08, 5101:2-39-081, 5101:2-39-10, and 5101:2-39-11 require caseworkers prepare written case plans with specific elements for each child receiving services from a PCSA or a PCPA. When there is court involvement with a family, whether in-home protective supervision or out-of-home placement, case plans are required to be completed no later than 30 days from the date the complaint was filed or the child was first placed away from his own home, or prior to the adjudicatory hearing, whichever occurs first. However, when sufficient information is unavailable to complete any elements of the case plan, the PCSA or PCPA has a maximum of 30 additional days to gather the information necessary to complete all elements. Once the case plan is journalized, the parties are bound by the conditions of the case plan, and failure by any party to comply could result in a possible finding of contempt of court.

For PCSAs, the required form JFS 01444 "Family Decision Making Model, Part II: Case Plan" is a continuation of the initial assessment process completed for families at risk of child maltreatment. Part I of the form is the JFS 01500 "Family Risk Assessment Matrix," which is utilized to identify the strengths and needs of families relative to assure the safety of the home environment. Part II: Case Plan addresses: strengths and concerns, services, expected changes, circumstances regarding removal of the child, placement information, schedule of visitation and other types of communication with family, appropriateness of placement, compelling reasons for not filing for termination of parental rights (for children who have been in the temporary custody of a PCSA for 12 or more of the past 22 months), and efforts to achieve permanency for children with a goal of adoption or Planned Permanent Living Arrangement. A focus group of PCSA supervisors noted a trend toward family conferences to gather information and negotiate the contents of the case plan. This trend was also noted by the Franklin County Court Appointed Special Advocate (CASA) representative.

In Clark County, Family Stability Team staffings have occurred since 1995. Initially, these staffings were set up to prevent the removal of children. Since that time, the program has been expanded to link family systems to all supportive services in Clark County. The Family Stability Team is a multiagency team whose primary goal is family preservation, safety of

children, and stabilization of families in crisis. The core Family Stability Team members include the parent, child, kinship care providers, PCSA representative, mental health services, mental retardation and developmental disabilities, public health, public education, and juvenile court. The team will make recommendations for the utilization of community resources to meet the educational, developmental, physical, and emotional needs of the family. Written recommendations are provided to all parties at the end of the meeting. In addition to the above, the Family Stability Team staffings are the initial doorway for cases where HB 484 applies to children who have been in foster care 12 months out of 22 consecutive months previous to the time of the removal. At the Family Stability Staffing, the decision to remove the child is made and a recommendation to review the case at the Permanent Planning Meeting is determined.

In Lorain County, the agency meets with parents to identify strengths and concerns, prospective case plan goals, expected behavior changes, supportive services, and activities. For court involved cases, the written plan is then reviewed at the pre-trial and any necessary changes are negotiated at that time.

All PCSAs must submit the completion dates of the case plan to FACSIS. Over the past three years, the number of children reported to FACSIS who had a case plan completed within 60 days of entering care was approximately 86%.

No statewide data is available to demonstrate the quality and effectiveness of the state's case planning. The JFS 01444 includes requirements for service provision to the child, parents, and foster parents and the appropriateness of the services: Part II (A) Section 2A: Expected Changes/Services and Part II (B) Section 3 (c) and (g); the type of placement for the child: Part II (B) Section 2; the discussion of the safety and appropriateness of the placement: Part II (B) Section 3; independent living: Part II (B) Section 3 (f); permanency planning for adoption or other permanent home including specific recruitment efforts: Part II (B) Section 5. The required health and education information is collected on the ODHS 1443 "Child's Education and Health Information" and must be attached to the case plan and updated and provided to parents and foster parents every six months or at the SAR.

Caseworkers are required pursuant to OAC rule 5101:2-33-55 to complete 90 hours of in-service training during the first year of continuous employment. Required topics for first-year employees are strength-based intervention techniques and provision of services to children and families. Thirty of the 90 hours of initial training are devoted to case planning and family centered casework.

- 2. *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.***

OAC rule 5101:2-39-081 requires PCSAs involve parents in case planning. When courts review the initial case plan, parents are provided the opportunity to express their concerns about the case plan. ORC Section 2151.412 and OAC rule 5101:2-39-081 require the PCSA to contact and seek prior agreement from the child's parent, guardian, or pre-finalized adoptive parent for any amendment to the case plan when there is a change in services, goals, placement, and visitation. When the PCSA and parents do not agree upon an amendment, a court review of the case plan occurs.

Ohio uses its Family Decision Making Model from initial investigation through case plan development, case plan amendments, and reviews. A integral part of the model is the identification of strengths and concerns by the caseworker and the family. The strengths and concerns identified in the initial assessment are the basis for the case plan and reviews when a child is removed from his or her home.

In an effort to increase the usability of the case plan by the parents and the caseworker, Holmes County Department of Job and Family Services color-codes the concerns and expected changes on the document to emphasize what is expected of the family. This is good for visual learners.

While many PCSAs appear to be instituting family case conferences, it has been anecdotally reported by parents and foster parents that they were not involved in developing the case plan and that case planning, for the most part, was a cookie-cutter approach. They were afraid to use the court process to dispute the contents of the case plan and saw their public defender as unhelpful and the agency unresponsive to their input. They also said they just agreed to do whatever the agency requested in order to get their children returned.

A small PCSA focus group noted that a barrier to the parents' participation is created when their attorney advises them not to speak with the agency. However, the representative of the Hamilton County Juvenile Court (Ohio's third largest county) did not see this occurring often.

- 3. *Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every six months, by a court or by administrative review.***

ORC Section 2151.412 and OAC rule 5101:2-39-081 requires the PCSA to attempt to seek the participation of the guardian, child's parent or custodian, or caretaker in the development of the case plan and in the identification of needed services. In order to determine the effectiveness and timeliness of supportive services provided in order to prevent removal of the child from the home, or to reunify the child with the family, ORC Section 2151.416 and OAC rule 5101:2-42-43 requires a SAR for each child in foster care and prescribes the information to be gathered and decisions to be made. The purpose of the SAR is to:

- Assess and update, as needed, the permanency plan for the child**
- Evaluate whether the overall level of risk to the child has been reduced**
- Assess the appropriateness of supportive services offered and provided to the child and his parent, guardian, custodian, or prefinalized adoptive parent, and substitute caregiver**
- Evaluate whether services provided to the child and his parent, guardian, or custodian will help the child return to a safe environment, when applicable**
- Assess the continued safety and appropriateness of the placement setting of the child**
- Determine if a plan to locate a permanent family placement for the child shall be made concurrently with reasonable efforts to safely return the child to his own home**

The SAR can be held by the agencies or by the juvenile courts. SARs can also be held by a Citizens Review Board under the auspices of the juvenile court. Regular juvenile court reviews are required within one year of the date on which the complaint was filed or the child was first placed into shelter care, whichever is earlier. ORC Section 2151.417 requires the juvenile court to schedule the annual review hearing at the time that it holds the dispositional hearing. Following the first annual hearing, the juvenile court must hold a similar review hearing every 12 months until the child is adopted, returned to the parents, or the court otherwise terminates the child's placement or custody arrangement.

2001 FACSIS data showed that approximately 86% of children who were in placement longer than six months who would need to have a SAR, had an SAR completed and the information entered into FACSIS. Most agencies sent

a letter to participants informing them of the SAR and asked them to attend. Although participants are notified, agencies report that attendance is not high.

In Lorain County, an M.S.W. supervisor, who does not have other case responsibilities, conducts all of the SARs on court-involved cases. In addition to the mandated invitees, service providers are invited to the SARs. The time allotted to these reviews was expanded to allow for discussion of the issues, so that SARs have real meaning and are not just a perfunctory paper process. Many PCSAs have set their SARs on a five month review basis, both to be sure the six-month requirement is achieved and to address progress and concerns more quickly in efforts to provide permanency for children.

In Cuyahoga County, initiatives have been established with the juvenile court to expedite reunification. Reunification staffings are conducted when custody will be returned to a family. A report generates a motion within 24 hours and there will be a custody termination hearing set at 1:00 p.m., exactly two weeks from the date of the reunification staffing or SAR. In addition, an expedited journal entry will be issued the day of the hearing, enabling the child to be reunified back to their home that day. This initiative has reduced the time spent waiting on hearings, which can increase the child's time in custodial placement of the agency.

With Children's Justice Act funds, the ODJFS, in conjunction with the Supreme Court of Ohio, have been exploring ways to improve the handling of child welfare cases. Activities undertaken include the Family Court Feasibility Study, the creation of Family Drug Courts, Child Advocacy Centers, and the Governor's Task Force on the Investigation and Prosecution of Child Abuse and Child Sexual Abuse Cases.

4. *Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

ORC Section 2151.417 requires that a permanency hearing occur every 12 months for children in the custody of an agency. At this hearing the court must approve the permanency plan, which states whether and when, if applicable, the child will be safely returned home or placed for adoption, for legal custody, or in a Planned Permanent Living Arrangement.

Ohio's data for these hearings are limited, because the data-collection mechanism was recently put into place. As annual permanency hearings continue to be held, there will be additional data entered into FACSIS.

In Hamilton County the Juvenile Court has full-time and part-time magistrates who handle only child abuse/neglect cases. The annual hearing is scheduled within 11 months of custody, and a full hour is set aside for each case. This helps ensure a thorough review. The Hamilton County Juvenile Court also holds reviews every three months for 30 minutes for children in temporary custody, and every six months for children in permanent custody or in a Planned Permanent Living Arrangement. An automated system notifies magistrates of upcoming hearings.

A small public agency focus group indicated that since the permanency hearing requirement is fairly new, courts have not yet institutionalized the hearings into their system. Guernsey County Children Services now asks the judge to address permanency issues in all entries. The agencies were not sure if the hearing itself had a connection to promoting timely, appropriate achievement of the permanency goals. They stated that the hearing can give the agency a stamp of approval for its activities, but did not necessarily include sufficient information about agency activities.

- 5. *Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, preadoptive parents, and relative caregivers of children in foster care with notice of an opportunity to be heard in, any review or hearing held with respect to the child in their care.***

OAC rule 5101:2-42-43 requires notification be provided to foster parents, preadoptive parents, and relative caregivers of children in foster care of any review or hearing held with respect to the child in their care. Most agencies notify foster parents, preadoptive parents, and relative caregivers of children in foster care via letter. Some courts take on this responsibility for the annual hearings. Holmes Juvenile Court subpoenas all parties. Several counties report better participation by relatives. Training for foster parents, preadoptive parents, and relative caregivers, made available through Ohio's Child Welfare Training Program, emphasizes the role of foster parents, preadoptive parents, and relative caregivers as part of the team. It also emphasizes their involvement in case plan development and review and their ability to participate in all reviews and court hearings.

C. Quality Assurance System

1. *Discuss how the State has complied with the requirement at section 471(a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.*

Under Ohio's state supervised, county administered system, standards to ensure children in foster care placement are provided quality services that protect their health and safety are issued to PCSAs and PCPAs through OAC rules. OAC rules address the assessment of risk to the child, provision of services, training of staff, and overall agency operations. These rules serve as a base for county compliance. Pursuant to state statute, all OAC rules must be reviewed every five years to determine whether the rule should be continued without amendment, be amended, or be rescinded, taking into consideration the purpose, scope, and intent of the statute under which the rule was adopted.

PCSAs and PCPAs can impose additional or higher standards for their own agency to ensure quality service provision. For example, the Public Children Services Association of Ohio (PCSAO), an advocacy group for PCSAs, which is comprised of 85 PCSA dues paying members (CY 2001), developed *Child Protective Services Standards for Effective Practice* in 1996, and created a standards oversight committee responsible for reviewing progress with implementation, identifying and problem-solving barriers to implementation, and identifying additional standards that need to be developed. PCSAO is currently reviewing and revising their standards.

In order to assist PCSAs in providing quality services to families and children, ODJFS is offering to reimburse agencies for a portion of costs incurred for accreditation of their programs by the Council on Accreditation (COA) for Child and Family Services (e.g., 80% of the accreditation fee/CWLA membership fee for each county that successfully achieves accreditation within three years of beginning the process, 60% of the reaccreditation fee/CWLA membership, technical assistance, and annual maintenance fee). COA promotes standards; champions quality services for children, youth and families; and advocates for the value of accreditation. Eight PCSAs (Franklin, Greene, Hamilton, Lorain, Montgomery, Richland, Summit and Trumbull), are currently accredited by COA and two more agencies are in the process of accreditation. There are many PCPAs currently accredited by COA.

On a case-by-case basis, assessment of the quality of services provided to children in foster care placements is based upon whether services provided

result in reduction of risk to the child. In 1997, ORC Section 5153.16 required PCSAs to implement a system of risk assessment in accordance with rules adopted by the department. Pursuant to OAC rule 5101:2-34-32, PCSAs are required to use the Family Risk Assessment Matrix throughout the life of the case. The Family Risk Assessment Matrix, now called the Family Decision Making Model, is a mandated practice model which contains three sections: Family Risk Assessment Matrix, Case Plan, and Semi-Annual Administrative Review. Each component outlines service needs and evaluates the effectiveness of services provided. During the six month review of the case plan, agencies are required to discuss progress made to reduce risk to the child and indicate whether services provided were able to reduce risk. The Family Decision Making Model was developed with the assistance of PCSAs.

In order to ensure that appropriate services are provided to reduce risk of harm to the child, the Ohio Legislature instituted a system of checks and balances. All case plans developed by PCSAs and PCPAs, that outline services planned and provided, are reviewed, approved, and journalized by the court. This process provides families and the child's guardian *ad litem* with an opportunity to identify their concerns about services planned or provided within the confines of the court. The parents are able to seek a judicial remedy if they so choose when they do not concur with the agency's assessment of the quality, level, intensity, or appropriateness of services.

Training for PCSA workers and supervisors on the standards outlined in OAC rules, and on best-practice approaches to intervention, occurs within the context of the Ohio Child Welfare Training Program. Training is also required for foster caregivers to ensure they are informed of the standards and have the knowledge available to implement the standards.

Regulatory monitoring for compliance with OAC rules and continuous quality improvement form the foundation of Ohio's Child Protection Oversight and Evaluation (CPOE) System. The response to Question 2 will provide further information on the CPOE System.

2. *Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.*

In May 1986, Ohio commenced a systematic process for monitoring and

oversight of PCSAs' compliance with the ORC and OAC rules. Reviews were based on the federal Section 427 review. The review format also included a self-assessment component. These reviews were held at least every 18 months and were conducted by ODJFS staff. Following the on-site review, ODJFS prepared a final report, which was shared with the PCSA. The PCSA was required to submit to ODJFS and implement a corrective action plan to correct findings of noncompliance.

In July 1997, ODJFS established rules for an evaluation system, which was based on modern quality methods such as continuous quality improvement, and the incorporation of automated child welfare process and outcome measures. 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 occurs every 18 months. During each of the 18-month review period, core indicators are reviewed. (For a complete listing of the indicators, refer to Appendix A: The Child Protection Oversight and Evaluation Outcomes and Indicators.)

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. The on-site activities focus on:

- Conducting data validation between the PCSAs case records and the PCSAs FACSIS system.
- The qualitative aspects and means of achieving and explaining the outcome indicator measures of the quality assurance system, and clarifying and adding to what the automated data may demonstrate.
- Planning, verification, and exploration of measures. The on-site review not only validates data, but the major activity is to better understand *why* the agency is measuring the way it is on the core selected

indicators. There is also a discussion with hypothetical reasons and planning to prove or disprove the suppositions. This activity may include agency policy/practice, OAC rule compliance, administrative procedures, staffing issues, training issues, fiscal issues, court issues/practice, public attitude, case type and case documentation, and special data analysis.

The on-site review is designed to assist the PCSA and ODJFS to do the following:

- Determine the validity of the data through the data validation process
- Identify the systemic, policy or practice areas of strength, weakness and concern for each core indicator
- Jointly develop strategies that affect positive improvement of the outcome indicators, and the PCSA's administrative and programmatic performance
- Identify any technical assistance needed to support the planned strategies for improvement

The 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 and accepted. ODJFS has the responsibility for monitoring the PCSA's progress in achieving the specific goals identified in the plan. Several PCSAs have incorporated their CPOE QIPS into their five-year strategic planning process.

To ensure that both the state and county partners remain focused on the results that have been designated, ODJFS releases two reports. The Outcome Indicator Report is disseminated twice a year (data in the report is extracted from FACSIS). The Outcome Indicator Report contains statewide and county specific data pertaining to selected Outcome Indicators, which focus on Safety and Permanency. Each PCSA can measure its individual performance against historical data, and compare itself to the entire state or to similar-sized PCSAs. At the end of the year, ODJFS releases a Comprehensive

Annual Report (CAR) which provides a summary of CPOE findings. It also contains updates of statewide initiatives, and funding levels for the year. These reports form the foundation of an ongoing and continual set of activities that compose the CPOE program.

The Stage IV CPOE Review, which began January 1, 2002 and ends June 31, 2003, incorporated new indicators, based on the national standards found in the federal Child and Family Services Reviews. This will enhance Ohio's existing evaluation process and will allow PCSAs to measure their performance against that of the state, other similar-sized agencies, and against the national standards. As with earlier CPOE reviews, ODJFS will continue to have the ability to conduct specific case record reviews, such as compliance with the "Multiethnic Placement Act as amended by Section 1808 of the Small Business Job Protection Act of 1996", Risk Assessment Activities and other initiatives (For a description of the CPOE Stage IV process, refer to Appendix B). Below is a listing of the Stage IV Core Indicators :

- **Investigations completed within 30 and 45 days**
- **Incidence of reports of child abuse and neglect while in substitute care**

- **Stability of foster care placements**
- **Foster care re-entries**
- **Length of time to achieve reunification**
- **Length of time to achieve adoption**

Since implementation of the CPOE system, ODJFS has continued to see improvement in the state's ability to achieve better outcomes for children and families served.

D. Staff and Provider Training

- 1. *Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State's initial and ongoing training for child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.***

ODJFS has continued to view training as an important component for effective child welfare practice. Recognizing the critical need for consistent standardized in-service training for professionals, ODJFS, in collaboration with PCSAs and the PCSAO, established the Ohio Child Welfare Training Program (OCWTP) in 1985. The mission of the OCWTP is to provide a comprehensive, competency-based, in-service training system that provides high-quality, culturally responsive, family-centered, job-related training for staff in public child welfare agencies throughout Ohio. The OCWTP is a model program that includes the following:

- The use of a “Universe of Competencies,” a sequenced listing of prerequisite knowledge, skills, and values required for workers to do their jobs.**
- An Individual Training Needs Assessment Instrument (ITNA) that is used to identify each worker’s and supervisor’s training needs. The “Universe of Competencies” and the ITNA form the basis for curriculum development. ITNAs are jointly completed by the caseworker and the supervisor, and by the supervisor and his or her supervisor, at least once every two years.**
- The development and certification of competent trainers. OCWTP trainers must have appropriate course-content knowledge, the necessary adult training skills, and the ability to promote family-centered culturally competent practice (Trainers enter into a contractual relationship with OCWTP for the provision of training).**
- The relevance of job-related training content, by using the “Universe of Competencies” as the guide to curriculum development.**
- Transfer of learning activities to promote the effective and continuing application by trainees to their jobs of the knowledge and skills gained in training.**
- A statewide system for the delivery of training. This approach allows training to be developed and delivered based upon data gathered from ongoing training needs assessment of workers and supervisors.**

Child Welfare Caseworker/Supervisor Training

Core training for child welfare workers was initiated in 1986. All Core workshops offered through the OCWTP have standardized Ohio-specific curricula. ODJFS mandated, through OAC rule 5101:2-33-55, that all PCSA caseworkers complete a minimum of 90 hours of in-service training during their first year of employment with the agency. These training requirements can only be fulfilled by taking courses offered through the OCWTP.

Currently, Core training involves a 15-day curriculum and includes the following workshops:

- **Legal Aspects of Family-Centered Child Protection Practice**
- **Family-Centered Child Protective Services**
- **Case Planning and Family-Centered Casework**
- **Effects of Abuse and Neglect on Child Development and Separation, Placement and Reunification**

After a caseworker's first year of employment, they are required to obtain 36 hours of in-service training annually. Training may be obtained through workshops offered through OCWTP or through attendance at other training events (e.g., taking college courses, NASW conferences, other specialized conferences). Annual training needed is based upon a caseworker's ITNA data. To fulfill additional training hour requirements caseworkers can attend OCWTP workshops in the following specialized workshops:

- **Adoption and Foster Care**
- **Working with Adolescents**
- **Sexual Abuse**
- **Intake and the Assessment of Risk**
- **Legal Issues in Child Welfare**
- **Services to Single Parents**
- **Family-Centered Assessment and Intervention**

Caseworkers may elect to take the following OCWTP related workshops:

- **Treatment Strategies and Intervention**
- **Family Systems Theory and Family Therapy**
- **Casework with Children**
- **Recognizing and Assessing Development Delay and Disability**
- **Parenting Skills**
- **Collaborative Interdisciplinary Services to Families**
- **Cultural Competence**

- **Adult Psychopathology**
- **Substance Abuse**
- **Family Violence**
- **Understanding Psychological Evaluations**
- **Group Work Skills**
- **Time and Stress Management**
- **Personnel Safety**
- **Human Sexuality**
- **Writing Skills for Case Documentation**
- **Health and Medical Issues**

In 1989, the OCWTP finalized competencies for child welfare supervisors and managers, and full implementation occurred in 1990. Supervisors are required to complete 60 hours of in-service training during their first year as a supervisor and 30 hours of in-service training thereafter. Annual training requirements can be met through attendance at OCWTP workshops or at other training events.

“CORE” OCWTP courses currently required for supervisors and managers to meet their initial 60 hours of in-service training include:

- **Managing within a Child and Family Serving System**
- **Managing Work Through Other People: Diversity in the Work Place**
- **Transfer of Learning: The Supervisor’s Role in Developing Staff**
- **Supervising and Managing Work Group Performance: Developing Productive Work Teams**

Specialized OCWTP courses for supervisors and managers include:

- **Supervising Services to Adolescents**
- **Supervising Adoption and Foster Care Services**
- **Supervising Intake, Risk Assessment, and Initial Family Assessments**
- **Supervising In-Home Family Services**
- **Legal Aspects in Child Welfare**

Related OCWTP workshops offered include:

- **Planning and Decision-Making**
- **Effective Use of Power**
- **Supervising for Optimal Job Performance**
- **Employee Performance Evaluation; Management; Team Development and Facilitation**
- **Budgeting and Fiscal Operation**
- **Staffing the Agency**

- Supervising Difficult Employees
- Managing Change and Conflict
- Cultural Diversity

From 1994 to date 84,814 caseworkers participated in workshops offered by the OCWTP. A total of 611,303 training hours were provided. From 1994 to the present there were 9,597 supervisory participants with 69,868 hours of training provided. The following table presents information on caseworker and supervisory training by year.

CASEWORKER AND SUPERVISOR TRAINING					
YEAR	Total Number of Workshops Presented	Caseworker Training Participants	Caseworkers Trained	Supervisors Training Participants	Supervisors Trained
July 1, 1994 - June 30, 1995	1434	10,906	2,837	1,544	449
July 1, 1995 - June 30, 1996	1,568	11,461	2,962	1,436	472
July 1, 1996- June 30, 1997	1,921	16,570	3,568	2,440	575
July 1, 1997- June 30, 1998	1,590	14,070	3,585	1,741	544
July 1, 1998 - June 30, 1999	1,316	10,171	3,210	1,339	492
July 1, 1999 - June 30, 2000	1,180	21,636	4,629	1,097	630
July 1, 2000 - June 30, 2001	2,151	39,247	4,117	1,275	527

In order to respond to training needs of caseworkers and supervisors who had been with an agency for an extended period of time, in 1998-99 the OCWTP piloted two innovative training programs: Advanced-Skill Building Programs for Supervisors (nine-month program) and the Advanced Skill-Building Training Program for Caseworkers (three-month program). The

three-month Skill-Building Certificate Program for Caseworkers provided child welfare caseworkers with an opportunity to learn and apply advanced knowledge and skills to better facilitate the development of the casework relationship in engaging children, adults, and families. Content for the skill-building program included:

- **Developing rapport**
- **Family centered approaches**
- **Developing trust**
- **Techniques for engaging unmotivated/resistant clients**
- **Multi-cultural approaches to engagement**
- **Inviting families to participate in solution/family based practice**

This training made use of a number of teaching methodologies to assure participants not only knew and understood various strategies for engaging clients, but could use the strategies in a variety of settings. Participants were asked to identify cases from their caseloads to use in application exercises throughout the training. Extensive peer and trainer feedback was provided via small group-work, and on-site mentoring/coaching sessions occurred, where participants received consultation concerning their own caseloads. The on-line, distance learning OCWTP web-site was also used.

Participants involved in this program had to: complete CORE; complete identified specialized and related prerequisite workshops/courses; have two years of employment with a PCSA; and be recommended by his or her agency director. Twenty-three caseworkers began the program and 20 caseworkers graduated. All participants gave positive responses concerning their learning experiences.

The Advanced Skill Building Program for Supervisors offered a “hands on” approach to advanced learning. A combination of workshops, on-the-job coaching/mentoring, and the Internet was used to maximize the learning environment. Participants were required to have five years of supervisory experience, to have completed the CORE, and have been recommended by the agency director. ODJFS was able to negotiate, with agencies that sent supervisors to the program, a pay increase if the supervisor successfully completed the program. Supervisors participating in the program indicated that they wished it could have been longer since they “learned so much.” Supervisors who participated had from seven years to 15 years of supervisory experience.

The second series of classes for both the caseworker and supervisory programs has already begun, with the Northeast Regional Training Center (Summit County CSB) and the Northwest Regional Training Center (Lucas

County CSB) offering the supervisor program. The East Central region (Guernsey County CSB) and the Southeast region (Athens County CSB) are offering the caseworker program. No additional programs will be developed after these two classes, but the four programs were developed for replication.

Adoption Assessor Training

In 1996, as a result of H. B. 419, all workers engaged in the provision of adoption services were required to be certified as adoption assessors and participate in mandatory training offered by ODJFS. Since March 1996, the following workshops have been offered for adoption assessors to complete Tier I Adoption Assessor Training:

- Birth Parent Services
- Family and Child Assessment
- Placement Activities
- Pre-finalization Adoption Services
- Adoption Assistance
- Post-finalization Adoption Services

To maintain their Adoption Assessor certification, workers must complete the following workshops in Tier II:

- Permanency Through Interagency Collaboration
- Cultural Issues in Permanency Planning
- Openness in Adoption
- Gathering and Documenting Background Information

From March 1, 1996 to June 30, 2001 a total of 821 workshops were offered. 20,534 participants attended training (48.57% were from private adoption agencies). The following tables present information on participation by workshop offering:

ADOPTION ASSESSOR TRAINING - TIER I			
Workshop	Total # of Workshops	Total # of Participants	Total Hours of Training
Birth Parent Services	120	2,827	663
Family and Child Assessment	106	2,345	1,124
Placement Strategies	95	2,264	426
Pre-finalization Adoption Services	105	2,532	579

ADOPTION ASSESSOR TRAINING - TIER I			
Adoption Assistance	42	2,252	324
Post-finalization Adoption Services	69	2,331	756

ADOPTION ASSESSOR TRAINING - TIER II			
Workshop	Total # of Workshops	Total # of Participants	Total Hours of Training
Permanency through Interagency Collaboration	83	1,506	438
Cultural Issues in Permanency Planning	90	1,617	1,053
Openness in Adoption	52	988	492
Gathering and Documenting Background Information	59	1171	354

Other OCWTP Training

In addition, the OCWTP has:

- **Facilitated the offering of training for Guardian ad Litem/Court Appointed Special Advocates**
- **Provided support to the Court-Connected Training Initiative**
- **Offered an Investigative Mentoring Program for Ohio prosecutors, law enforcement officers and child welfare professionals**
- **Offered workshops on OWF for PCSAs**

Effectiveness of Training

In 2001, OCWTP surveyed PCSA directors, administrators/managers, line supervisors and caseworkers to determine consumer satisfaction, relevance, and application of all courses offered by OCWTP. Some of the questions posed included:

- **Do workshops address high-priority training needs of self or staff?**
- **Were caseworkers better prepared to do their jobs?**

- Did caseworker knowledge and skill increase as a result of attending training?

The following tables reflect the responses received:

Workshops Address High-Priority Training Needs of Self or Staff

Respondent	Positive Responses			Negative Responses		
	Strongly Agree	Agree	Total	Strongly Disagree	Disagree	Total
Director	30.4%	56.5%	86.9%	0	6.5%	6.5%
Administrator	16.7%	61.1%	77.8%	1.9%	13.0%	14.9%
Line Supervisor	16.4%	72.9%	89.3%	2.5%	6.4%	8.9%
Caseworker	1.2%	84.8%	86%	.2%	12.5%	12.7%

Caseworker is Better Prepared to Do Job as a Result of Training

Respondent	Positive Responses			Negative Responses		
	Strongly Agree	Agree	Total	Strongly Disagree	Disagree	Total
Director	30.4%	58.7%	91.1%	4.3%	6.5%	10.6%
Administrator	14.8%	70.4%	85.2%	1.9%	13.0%	14.9%
Line Supervisor	0%	83.2%	83.2%	1.6%	11.5%	12.1%
Caseworker	.7%	84.3%	85%	.2%	14.7%	14.9%

Caseworker Increased Knowledge and Skill as a Result of Training

Respondent	Responses		
	A Great Deal	Some	Minimally
Line Supervisor	8.8%	76%	4.5%
Caseworker	42.4%	45.1%	12.5%

In summation, all levels of staff viewed training provided through OCWTP as effective and led to an increase in knowledge and skill which could be applied on the job.

The OCWTP regularly conducts feedback studies and evaluation for program improvement. The program has recently begun a long-term initiative to evaluate training outcomes and the impact of training on direct practice. Additionally, the OCWTP is undertaking a long-term initiative to promote the mastery and transfer of a variety of critical practice skills both at fundamental and advanced levels.

The OCWTP is nationally recognized and the following states and Canadian provinces have modeled their child welfare training programs after Ohio's training model: Pennsylvania; Arizona; Alaska; Nevada; New Hampshire; Virginia; Oklahoma; California (select counties); New Mexico; Minnesota; Indiana; Wisconsin; Manitoba, Canada; Ontario, Canada; New Brunswick, Canada; Newfoundland, Canada; Quebec, Canada; Nova Scotia, Canada; Northwest Territories; Buffalo, New York; and the Cayman Islands. As a result of other states and provinces using the OCWTP model as the basis for their training system, Ohio has benefitted from other states' enhancements to the curriculum.

2. *Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.*

Foster/Adoptive Parent Training

OAC rule 5101:2-5-13, entitled "Required agency policies" requires an agency to have a written policy for preplacement and annual continuing training which shall conform to, but is not limited to, the requirements of OAC rule 5101:2-5-33. OAC rule 5101:2-5-33 is based, in part, on Sections 5103.031 and 5103.032 of the ORC which require foster caregivers operating a family foster home to have at least 12 hours of preplacement training before certification and an additional 12 hours of preplacement training before a foster child can be placed in the home. There is also an annual 20 hour continuing training requirement for family foster caregivers. Specialized foster caregivers operating either treatment foster homes or foster homes serving medically fragile children are required to complete 36 hours of preplacement training and 30 hours of annual continuing training. In addition, agencies are also required, under Section 5103.035 of the ORC, to develop and implement a written training plan for each foster caregiver that specifies the training topics

the caregiver must complete during the certification period. The training plan for each caregiver must include a description of the specific criteria used by the agency to determine that the caregiver has demonstrated a minimum level of competency in each topic area in the preplacement and continuing training curricula.

Prior to July 1, 2001, PCSAs could send their foster parents to OCWTP training. PCPAs could send their foster parents to OCWTP training on a space available basis. Currently, PCSAs and PCPAs are required to offer their own training to foster parents. ODJFS does not have any data to determine training effectiveness for training provided by PCPAs.

The following table contains information on the number of workshops, total number of participants, and the total number of hours of training offered to foster parents through the OCWTP by year.

FOSTER PARENT TRAINING			
YEAR	Total # of Workshops	Total # of Participants	Total Hours of Training
July 1, 1994 - June 30, 1995	303	5,672	1,583
July 1, 1995 - June 30, 1996	447	7,769	2,187
July 1, 1996-June 30, 1997	399	7,003	1,968
July 1, 1997- June 30, 1998	377	6,130	1,832
July 1, 1998-June 30, 1999	287	5,331	1,528
July 1, 1999-June 30, 2000	241	5,033	1,384
July 1, 2000 - June 30, 2001	457	9,553	2,268

To determine the effectiveness of training offered for foster parents through the OCWTP, PCSA executives were surveyed in 2000 to determine whether they felt the training needs of their foster parents were being met. 64.4% of respondents stated that they believed the specific training needs of their foster parents were met, while 11.1% disagreed, and 24.4% did not know or were undecided.

OAC rule 5101:2-48-09, "Application process and preservice training," outlines the training requirements for applicants for adoption approval. Preservice training shall address: the adoption process; child development; separation and loss; dealing with behavioral challenges; cultural issues; caring for children who have been sexually abused; and adoption-related issues. (Appendix C has a listing of the components of the adoption preservice training.)

To determine the effectiveness of training offered for adoptive parents through the OCWTP, PCSA executives were surveyed in 2000 to determine if they felt the training needs of their adoptive parents were being met. 55.5% of respondents stated that they believed the specific training needs of their adoptive parents were met, while 11.1% disagreed, and 33.3% did not know or were undecided.

ODJFS also requires training to help adoptive and foster parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for living independently.

Child Care Worker Training

Child care workers in residential facilities have training requirements for orientation and ongoing training. Pursuant to OAC rule 5101:2-9-03, child care staff are to receive a minimum of 20 hours of orientation within the first 30 days of employment. Staff must receive an additional 32 hours of training during the first year of employment for a total of at least 52 hours in the first year. Also, staff must receive 24 hours of training annually after the first year of employment. Initial orientation must include: familiarization of the employee with emergency and safety procedures of the facility; the principles and practices of child care; administrative structure, procedures, and overall program goals of the facility; appropriate techniques of behavior management; techniques and methodologies of crisis management; familiarization of the employee with the discipline policy of the facility and training in the techniques and methodologies of passive physical restraint; procedures for reporting suspected child abuse or neglect; the emergency medical plan of the facility; universal precautions; and current American Red Cross First Aid certification or its equivalent. The first aid certification not only has to be obtained, but must be maintained. A residential parenting facility is also required to assure that all staff are trained in adult, child, and infant cardiopulmonary resuscitation (CPR).

Limited training is provided through the OCWTP to address the training needs of child care staff. The majority of training offered to child care staff is being provided or arranged for by PCSAs, PCPAs, or PNAs. However, in order to determine the effectiveness of training offered for child care workers through the OCWTP, PCSA executives were surveyed in 2000 to determine whether they felt the training needs of their child care workers were being met. 39.1% of respondents stated that training met the specific needs of child care workers, while 25.3% disagreed, and 45.6% did not know or were undecided.

E. Service Array and Resource Development

- 1 *Discuss how effective the State has been in meeting the Title IV-B State Plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.***

OAC rule 5101:2-39-07 mandates PCSAs to make available supportive services to a child and his parent, guardian, or custodian to:

- Support the integrity of the child's family unit**
- Prevent placement of a child away from his family or caretaker**
- Enable a child's return home or to an alternative permanent placement**
- Assist a child who has attained the age of 16 to prepare for transition from substitute care to independent living and self sufficiency**

The intensity and variety of available supportive services and the method of delivery vary from county to county and are based upon the county's individual needs. However, at a minimum, the OAC rule 5101:2-39-07 mandates that PCSAs provide the following services directly or through an arrangement with a community services provider:

- Case management**
- Therapeutic services**
- Homemaker or home health aide**
- Counseling**
- Protective day care**
- Diagnostic**
- Emergency shelter**
- Substitute care**
- Adoption**
- Information and referral**
- Life skills**
- Unmarried parent services**

In addition to the above mandated services, PCSAs are required to make available a minimum of 3 of the following services within the county:

- Community education**
- Crisis services**
- Emergency caretaker**
- Employment and training**
- Environmental management**
- Parent aide**

- Parent education
- Crisis nursery
- Day treatment
- Volunteer

A majority of PCSAs contract for services from community agencies and resources, based upon their individual needs. PCSAs can provide supportive services through the following methods:

- Information and referral services to community resources
- Direct services from the PCSA
- Contract services from community service providers
- Compact services from community service providers
- Direct and indirect services from child abuse and neglect multi-disciplinary teams
- Direct and indirect services from the county Family and Children First Council or early intervention collaborator

ORC Section 5153.16 mandates each PCSA to implement a system of risk assessment to assist in determining the risk of child abuse and neglect to children. Family risk assessment drives all major decision making, such as initial assessments, case planning and service provision, removal and return of a child, and case closure. As a process, risk assessment is presented as a model and represents the continuous evaluation of safety and risk issues, family strengths, and concerns. The assessment and planning process in Ohio is known as the Family Decision Making Model, which is a consensual model. In 1999, the Cuyahoga County Department of Children and Family Services requested and received a waiver to utilize an actuarial model for assessing risk. The Structured Decision-Making Model is based on the model developed by the Children's Research Center and the National Council on Crime and Delinquency.

ORC Section 2151.412 and OAC rule 5101:2-39-081 requires the PCSA to attempt to seek the participation of the guardian, child's parent or custodian, or caretaker in the development of the case plan and in the identification of needed services. In order to determine the effectiveness and timeliness of supportive services provided to prevent removal of the child from the home, or to reunify the child with the family, the PCSAs conduct Semi-Annual Administrative Reviews (SAR).

PCSAs are required to make reasonable efforts to provide support and services to children and families. The court is responsible for rendering a reasonable efforts determination:

- **After the PCSA provides evidence to the court that reasonable efforts were made to prevent the removal of the child from the home through the provision of supportive services. The PCSA is mandated to request a judicial determination that continuation in the home would be contrary to the child's welfare.**
- **At any hearing on the continued placement of the child from the home. The PCSA or PCPA shall provide the court with documentation and request that the court make a determination that reasonable efforts have been made and continue to be made to make it possible for the child to safely return home through the provision of supportive services.**

When the goal is not to return the child home, and continuation of reasonable efforts to eliminate continued removal of the child from the child's home is inconsistent with the permanency plan for the child, the PCSA or PCPA shall make reasonable efforts to place the child in a timely manner in accordance with the permanency/case plan.

A review was conducted to examine the reporting of SFY01 data into the state FACSIS of services planned and provided by the 88 PCSAs. 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 FACSIS that expand the array of service options and include the capture of barriers to service delivery. Currently six FACSIS 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 the above events are maintained in a single listing. With the release of a major upgrade to FACSIS in January 2001, this listing was expanded from 23 service types to 54 service types. Additionally, three new FACSIS events address barriers to the provision of services. Note response to question 4.

Services planned are to be entered into FACSIS, upon the completion of an initial or amended case plan, or upon the holding of a SAR. The recording of services provided are 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, provided, and any barriers that may complicate the delivery of those services. The following listing identifies the service types available for entry.

Adoption Services	Alcohol In-Patient Treatment
Alcohol Out-Patient Treatment	Alcohol Diagnostic Services
Alcohol Support Services	Alcohol Prevention Services
Budgeting Training	Career Exploration
Case Management Services	Community Education Services
Counseling Services	Crisis Services
Crisis Nursery Services	Day Treatment Services
Day Care/Employment	Diagnostic Services
Drug Prevention Services	Drug In Patient Treatment
Drug Out Patient Treatment	Drug Diagnostic Services
Drug Support Services	Educational Services
Emergency Caretaker Services	Emergency Shelter Services
Employment and Training Services	Environmental Management Services
Financial Assistance	Financial Management
Homemaker/Home Health Aid Services	Housing
Info and Referral Services	Interpretative Services Limited English Proficiency
Job Retention	Job Placement
Life Skills/Independent Living Services	Medical Treatment
MRDD Diagnosis	MRDD Services
Nutritional Education	Other Community Services
Parent Education Services	Parent Aide Services
Pregnancy Prevention Services	Protective Day Care Services
Public Assistance/TANF	Respite
Smoking Avoidance Services	Substitute Care Services
TANF Extension	Therapeutic Services
Transportation	Unmarried Parent Services
Vocational Training	Volunteer Services
“Not Applicable”	

ODJFS examined all services reported to FACSIS as planned during the 12 months between July 1, 2000 and June 30, 2001. 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 percent of the services planned reported as being provided?*
- *Were there additional services provided that were not reported as being planned?*
- *Were any differences noticed due to county size (population)?*

Also examined were all services reported to FACSIS as being provided during the 12 months between July 1, 2000 and June 30, 2001. 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 on December 21, 2001 from the centralized database of Host FACSIS. The time period of study for the two universes of planned and provided services is the 12 months between July 1, 2000 and June 30, 2001. The examination of services provided from the planning during the 12 months included data up to the pull of data on December 21, 2001. Due to data- entry delays and a window of less than six months after the close of the planning time period, it is highly likely that additional service provision will be reported to FACSIS. Barriers are reported for the time period of January 1, 2001 until the pull of data on December 21, 2001.

It is important to note that, due to the expansion of service type options in the middle of the review period, it is anticipated the frequency distribution might change if the data were pulled again for a time period after January 2001.

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/family for the review period were tallied. Not surprising, 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/her family. The remaining top seven services are those customarily provided by the PCSA or are diagnostic in nature. Therapeutic services, as indicated in FACSIS, 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

Service type	Total Services Planned	Frequency Ranking
Case Management Services	148,119	1
Counseling Services	90,328	2
Info and Referral Services	87,678	3
Therapeutic Services	35,836	4
Substitute Care Services	34,479	5
Diagnostic Services	26,220	6
Parent Education Services	26,054	7
Adoption Services	7,934	8
Environmental Mgt Services	5,474	9
Life Skills/Ind. Living Services	4,365	10
Homemaker/Home Health Aid Services	4,347	11
Protective Day Care Services	3,725	12
Community Educ Services	3,458	13
Parent Aide Services	3,337	14
Crisis Services	2,737	15

- *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, with heavier emphasis on the Information and Referral services and Parent Education services. As expected, this data reflect slightly more emphasis on services planned to support parent 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 Employment Services and Services to Unmarried Minors (who are either pregnant or have delivered a child). Adoption and Life Skills services are noticeably absent from the list for the non-placed universe.

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

Service type	Services Planned for Children Not Placed	Frequency Ranking for <u>Not</u> placed cases	Frequency Ranking for <u>All</u> cases
Case Management Services	80,048	1	1
Info and Referral Services	50,180	2	3
Counseling Services	48,094	3	2
Therapeutic Services	17,032	4	4
Parent Education Services	13,602	5	7
Diagnostic Services	12,285	6	6
Substitute Care Services	3,584	7	5
Environmental Mgt Services	3,088	8	9
Homemaker/Home Health Aid Services	2,876	9	11
Protective Day Care Services	2,638	10	12
Parent Aide Services	2,353	11	14
Community Educ Services	2,148	12	13
Crisis Services	1,441	13	15
Employment Services	1,047	14	16

Service type	Services Planned for Children Not Placed	Frequency Ranking for <u>Not</u> placed cases	Frequency Ranking for <u>All</u> cases
Unmarried Parent Services	768	15	17

- *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 again see only slight deviation in the ranking of the top seven services from the total universe of Table 1. As might be assumed, for the children in 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 <u>Not</u> placed cases	Frequency Ranking for <u>All</u> cases
Case Management Services	68,071	1	1	1
Counseling Services	42,234	2	3	2
Info and Referral Services	37,498	3	2	3
Substitute Care Services	30,895	4	7	5
Therapeutic Services	18,804	5	4	4
Diagnostic Services	13,935	6	6	6
Parent Education Services	12,452	7	5	7
Adoption Services	7,796	8	39	8
Life Skills/Ind. Living Services	3,829	9	18	10
Environmental Mgt Services	2,386	10	8	9
Employment Services	1,687	11	14	16
Homemaker/Home Health Aid Services	1,471	12	9	11

Service type	Services Planned for Children Placed	Frequency Ranking for placed cases	Frequency Ranking for <u>Not</u> placed cases	Frequency Ranking for <u>All</u> cases
Community Educ Services	1,310	13	12	13
Crisis Services	1,296	14	13	15
Protective Day Care Services	1,087	15	10	12

- *What percent of the services planned were reported as being provided?*

The review of services provided as a result of being planned indicated that, overall slightly less than half (47%) of all services planned during the review period were recorded into FACSIS as provided. However, it is expected to increase over time due to data-entry delay and the slightly less than six-month window from the close of the planning time period. The table below indicates the percent of services provided for the overall most frequency planned 15 services of 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. The review period for planning of the services was July 1, 2000, through June 30, 2001. The review period to determine whether a service was provided was nearly 18 months, from July 1, 2000 through the date of the data pull on December 21, 2001.

Table 4: Percent of Services Planned that were Provided

Service type	Percent provided for <u>All</u> cases	Percent provided for <u>Not</u> placed cases	Percent provided for <u>Placed</u> cases
Case Management Services	64%	52%	78%
Counseling Services	46%	39%	53%
Info and Referral Services	40%	35%	47%
Therapeutic Services	41%	34%	47%
Substitute Care Services	55%	25%	59%

Service type	Percent provided for <u>All</u> cases	Percent provided for <u>Not</u> placed cases	Percent provided for <u>Placed</u> cases
Diagnostic Services	35%	29%	40%
Parent Education Services	32%	25%	39%
Adoption Services	53%	21%	53%
Environmental Mgt Services	23%	19%	27%
Life Skills/Ind. Living Services	41%	14%	45%
Homemaker/Home Health Aid Services	16%	16%	17%
Protective Day Care Services	24%	26%	21%
Community Educ Services	10%	7%	15%
Parent Aide Services	24%	20%	32%
Crisis Services	3%	4%	3%

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

When pulling the provision of services for the period of July 1, 2000, through the date of the data pull on December 21, 2001, the data was sorted into three different groupings.

- Services provided that were planned prior to July 1, 2000 or after June 30, 2001
- Services provided that were planned during July 1, 2000 to June 30, 2001 (as indicated in Table 4)
- Services provided during the 18 months but were not reported as planned

The review indicated that, indeed services are provided that, for whatever reason, were not reported as planned. Interestingly, these service types are the same as those planned (Table 1) and those provided (Table 7). It would appear that there is no unique pattern to service provision without planning for any service type from those that are planned. The table below shows the most frequent 15 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 <u>All</u> cases	Services Provided but not planned for <u>Not placed</u> cases	Services Provided but not planned for <u>Placed</u> cases
Case Management Services	33,991	20,365	13,626
Info and Referral Services	17,539	10,810	6,729
Counseling Services	16,980	9,305	7,675
Substitute Care Services	7,661	849	6,812
Therapeutic Services	6,865	3,277	3,588
Diagnostic Services	5,200	2,508	2,692
Parent Education Services	4,536	2,321	2,215
Adoption Services	1,493	42	1,451
Environmental Mgt Services	1,285	803	482
Crisis Services	846	488	358
Life Skills/Ind. Living Services	828	115	713
Parent Aide Services	683	524	159
Homemaker/Home Health Aid Services	558	411	147
Protective Day Care Services	526	381	145
Emergency Caretaker Services	492	151	341

- ***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.

- Medium-Small and Small counties have a larger share of the Crisis services
- Major Metro and Metro counties dominate the share of Community Education services and Environmental Management services
- Therapeutic services have a higher than expected planning rate in the Metro, Medium and Small counties, based on analysis of the data

Table 6: Proportion of Planned Services by County Population Grouping

Service Type Planned	Major Metro	Metro	Large	Medium	Medium/ Small	Small
Case Management Services	48%	25%	12%	9%	3%	4%
Counseling Services	37%	30%	14%	12%	3%	4%
Info and Referral Services	45%	32%	9%	7%	3%	4%
Therapeutic Services	23%	38%	15%	17%	3%	5%
Substitute Care Services	49%	27%	11%	7%	2%	4%
Diagnostic Services	36%	31%	15%	12%	2%	4%
Parent Education Services	52%	20%	12%	9%	3%	4%
Adoption Services	44%	31%	14%	6%	2%	3%
Environmental Mgt Services	61%	23%	3%	5%	1%	7%
Life Skills/Ind. Living Srvs	36%	28%	15%	12%	3%	6%
Homemaker/Home Health Aid Srvs	54%	16%	11%	10%	2%	6%
Protective Day Care Srvs	42%	7%	19%	17%	8%	7%
Community Educ Services	71%	14%	7%	5%	1%	2%
Parent Aide Services	31%	16%	13%	20%	6%	14%
Crisis Services	37%	25%	6%	14%	10%	9%

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 July 1, 2000, through June 30, 2001 review period. The 15 most frequently reported service types are listed in Table 7. These are very similar to the frequency ranking of services planned during that same time period, with the exception of Community Education Services and the addition of Employment Services.

Table 7: Frequency of Services Provided

Service type	Total Services Provided	Frequency Ranking
Case Management Services	146,806	1
Counseling Services	69,888	2
Info and Referral Services	65,514	3
Substitute Care Services	37,124	4
Therapeutic Services	31,097	5
Diagnostic Services	22,572	6
Parent Education Services	18,142	7
Adoption Services	8,090	8
Environmental Mgt Services	4,220	9
Life Skills/Ind. Living Services	4,026	10
Crisis Services	2,485	11
Parent Aide Services	2,341	12
Protective Day Care Services	2,270	13
Homemaker/Home Health Aid Services	2,057	14
Employment Services	1,946	15

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

Again, 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

Service type	Services Provided to Children Not Placed	Frequency Ranking for <u>Not</u> placed cases	Frequency Ranking for <u>All</u> cases
Case Management Services	70,841	1	1
Info and Referral Services	34,815	2	3
Counseling Services	33,491	3	2
Therapeutic Services	13,281	4	5
Diagnostic Services	9,424	5	6
Parent Education Services	8,298	6	7
Substitute Care Services	3,885	7	4
Environmental Mgt Services	1,984	8	9
Protective Day Care Services	1,612	9	13
Parent Aide Services	1,585	10	12
Homemaker/Home Health Aid Services	1,344	11	14
Crisis Services	1,132	12	11
Community Educ Services	672	13	17
Other Community Services	650	14	21
Financial Management Services	597	15	24

- ***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. Differences include the absence of Protective Day Care Services and the inclusion of Employment Services. 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

Service type	Services Provided to Children Placed	Frequency Ranking for placed cases	Frequency Ranking for <u>Not</u> placed cases	Frequency Ranking for <u>All</u> cases
Case Management Services	75,965	1	1	1
Counseling Services	36,397	2	3	2
Substitute Care Services	33,239	3	7	4
Info and Referral Services	30,699	4	2	3
Therapeutic Services	17,816	5	4	5
Diagnostic Services	13,148	6	5	6
Parent Education Services	9,844	7	6	7
Adoption Services	7,941	8	38	8
Life Skills/Ind. Living Services	3,583	9	21	10
Environmental Mgt Services	2,236	10	8	9
Employment Services	1,398	11	16	15
Crisis Services	1,353	12	12	11
Emergency Caretaker Services	1,090	13	24	16
Parent Aid Services	756	14	10	12

Service type	Services Provided to Children Placed	Frequency Ranking for placed cases	Frequency Ranking for <u>Not</u> placed cases	Frequency Ranking for <u>All</u> cases
Homemaker/Home Health Aid Services	713	15	11	14

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

Again 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:

- Medium and Small counties provide a larger share of the Parent Aide, Protective Day Care and Homemaker services
- Major Metro counties dominate the share of Employment services
- Major Metro and Metro have higher than expected rates on the provision of Environmental Management services
- The greater share of Therapeutic services are provided outside of the Major Metro grouping.

Table 10: Proportion of Provided Services by County Population Grouping

Service type Provided	Major Metro	Metro	Large	Medium	Medium/ Small	Small
Case Management Services	49%	28%	10%	8%	2%	3%
Counseling Services	24%	41%	15%	12%	3%	5%
Info and Referral Services	26%	49%	9%	7%	4%	5%
Substitute Care Services	42%	34%	11%	7%	2%	3%
Therapeutic Services	19%	45%	14%	15%	3%	4%
Diagnostic Services	27%	40%	14%	13%	2%	4%

Service type Provided	Major Metro	Metro	Large	Medium	Medium/ Small	Small
Parent Education Services	42%	27%	13%	10%	4%	5%
Adoption Services	52%	24%	16%	5%	2%	2%
Environmental Mgt Services	56%	29%	3%	5%	1%	7%
Life Skills/Ind. Living Services	33%	30%	17%	12%	3%	6%
Crisis Services	20%	44%	8%	16%	3%	8%
Parent Aide Services	24%	17%	11%	24%	6%	17%
Protective Day Care Services	22%	14%	25%	18%	11%	10%
Homemaker/Home Health Aid Services	24%	28%	17%	17%	2%	12%
Employment Services	83%	7%	4%	2%	1%	3%

Family Stability Incentive Fund

In 1995, the Ohio Family and Children First Cabinet Council consisting of the Ohio's departments of Job and Family Services, Youth Services, Health, Mental Health, Alcohol and Drug Addiction Services, Mental Retardation and Developmental Disabilities, Education, and the Office of Budget and Management, established a state-level Family Stability Incentive Fund (FSIF) to encourage counties to reduce unnecessary out-of-home placements. Counties receive incentive funds for meeting their targeted goals of out-of-home placement reductions. To date, 67 counties have participated in the FSIF.

FSIF operates on the following precepts:

- The most appropriate and effective place to impact out-of-home care is at the entry gate.
- Living with parents and siblings in a stable family is the goal for all children, as long as safety is assured for both children and the community. Such family environments are enhanced by judicious use of supports and services for children and families that work towards

- preventing child placement and reunifying families following placement.
- Diversion at the entry gate depends upon being able to immediately access needed supports and services when the risk of placement exists. This responsibility does not lie only with the children protection or juvenile justice systems but with every family serving system and the community.
 - Protection and support of children requires a coordinated, integrated approach by all family-serving systems.
 - Culturally competent systems increase access to neighborhood and community-based services and supports and protect the integrity of the family unit.

A major component of the FSIF is the utilization of intersystem diversion approaches. Intersystem diversion approaches vary from county to county and are shaped by a number of factors. One approach seeks to divert children and youth from placement through the establishment of intersystem diversion teams. Such teams include members with expertise in the fields of child protection, health, mental health, substance abuse, education, mental retardation/developmental disability, juvenile justice, and child/family development.

Diversion teams are empowered to focus all available resources on the prevention of placements, whenever possible, regardless of the label the child may receive or the purpose and timing of proposed placements. These teams have a pool of resources available to purchase immediate assistance, thus eliminating or reducing the threat of placement. Individual staff or teams assume responsibility for the family cases from the referral sources for short periods of time. These staff or team personnel, representing various service systems, can easily cross system boundaries, and service efforts include involvement from other systems or referral to nontraditional services. After a period of time, the case is sent back to the referral system for follow-up or the case is closed.

Each county is unique and brings to the management of this grant a variety of assets and strengths. Some counties have excelled in establishing diversion teams. Some have been very successful in engaging local system partners. Other counties have developed meaningful roles for parents in the diversion process. Many have very sophisticated utilization review protocols. A few counties have progressed significantly in their plans to re-invest cost savings (from reduced placement and reduced length of stays) across systems in ways that have allowed them to expand diversionary practices even after their grants expire.

Prevention, Retention and Contingency (PRC) Program

PRC is one component of Ohio's Temporary Assistance to Need Families (TANF) program which provides locally determined benefits and services to needy families and low-income working families in need of help with essential supports to move out of poverty and achieve self-sufficiency. PRC is a county-administered program that empowers the county with the flexibility to design the program in a way that best fits the needs of their community. The program is designed to provide benefits and services that are not considered "assistance" in accordance with 45 CFR 260.31 (TANF final rule). The program can provide a broad range of services and short-term benefits to families that accomplish one of the four purposes of TANF.

"Reinvesting in Ohio's Communities" provides a summary of total PRC funding (including PRC-Development Reserve funding that enabled the expansion of PRC services within communities) within 10 broad policy and program areas to illustrate the collaborative efforts emerging at the local level. One of the 10 policy and program areas is child welfare and protection, and falls under the first purpose of TANF:

"Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives".

From January 1, 2000 through June 30, 2001, \$43.9 million was spent on 171 PRC projects. Some of these projects are:

- Clark County:

Family Service Agency - Neighborhood Development Program (\$170,234) - encouraged the development of relationships among people in the community through the neighborhood development program. This program helped improve the residents' ability to maintain a safe environment for their families by bringing families together within the neighborhood school environment for fun and research-based activities aimed at strengthening and empowering parents.

- Hamilton County:

Child with Special Needs - Services Coordination (\$370,290) - targeted families below the 300% of the federal poverty level who had a child with special needs. The Work Resource Center provided service coordination, mentoring, parenting education and life skills training.

- **Stark County:**

Minority Development Services of Stark - Mothers at Risk of Losing Their Children (\$370,648) - provided services for minority women who were in danger of losing their children due to abuse, neglect or abandonment. Program involved counseling, case management, and instruction about basic family living, parenting, health and nutrition, and independent living skills.

ProtectOHIO

In February, 1997, HHS granted Ohio a five-year demonstration waiver under Section 1130 of the Social Security Act to explore the flexible use of IV-E funding to improve child welfare outcomes through the application of managed care principles to child welfare practice. Begun in October, 1997, the demonstration consists of 14 counties affecting approximately 1/3 of the state's caseload. Since its inception, 11 of the 14 counties have reduced days spent in placement by more than 560,000 and has generated over \$22 million in federal savings for reinvestment in improving services. Counties that have established strong inter-system collaborations have been consistently successful within the demonstration.

Ohio's Title IV-E Waiver Demonstration Project, ProtectOHIO, is currently in its fourth year. Since the inception of the waiver, 14 Ohio counties have been able to take advantage of considerable flexibility in how they use Title IV-E funds. However, they have also gained the risk for the cost of child welfare services. The ProtectOHIO counties have traded unlimited federal participation in the costs of out-of-home care for the flexibility to spend limited funds on a wide range of child welfare services.

ProtectOHIO Evaluation Counties			
Demonstration		Comparison	
Ashtabula	Hamilton	Allen	Miami
Belmont	Lorain	Butler	Montgomery
Clark	Medina	Clermont	Scioto
Crawford	Muskingum	Columbiana	Summit
Fairfield	Richland	Hocking	Trumbull
Franklin	Portage	Hancock	Warren
Greene	Stark	Mahoning	Wood

The bottom-line question of the waiver is: have the ProtectOHIO counties reduced foster care expenditures and increased spending on services to prevent and shorten foster care placement?

One of the central questions of the ProtectOHIO evaluation is how the use of managed care strategies affects outcomes for children and families. The underlying hypothesis in Ohio’s choice to employ managed care strategies in the Title IV-E Waiver design is that:

- **Demonstration counties will employ differing models of managed care, characterized by varying service arrays, financing approaches, efforts to target services, case management arrangements, provide rework configurations, methods of utilization review and information management, and quality assurance techniques.**
- **Over time, use of these differing managed care models will lead to families receiving more varied services.**
- **Receipt of more appropriate and more comprehensive services will lead children and families to better outcomes.**
- **And, if the managed care efforts are family-oriented, families will be more satisfied with their experiences in the child welfare system and with their lives overall.**

The ProtectOHIO evaluation team developed a framework of managed care strategies that described those used by child welfare agencies, then explored the extent to which the counties are using these strategies. The eight primary areas of exploration include:

Managed Care Strategies Employed by ProtectOHIO Counties
Service Array/Care Criteria
Financing Methods/Capitation and Risk
Targeting a Particular Population/Eligibility
Case Management/Care Coordination
Provider Competition
Utilization Review
Data Management
Quality Assurance

Service Array: The pertinent concern is making available a comprehensive array of services to increase a PCSA’s ability to appropriately serve its clientele. The underlying theory of the waiver is that, given more flexible

funds, PCSAs will reduce their use of out-of-home placement and increase the speed with which permanency is achieved. It also presumes the existence and availability of prevention services and service alternatives to placement. In the Year 3 Evaluation, PCSA executives were asked whether each of the 27 services (identified below) was sufficient.

Spectrum of Services Available in County	
Placement Services	<ul style="list-style-type: none"> • Foster Family Care (PCSA) • Foster Family Care (Network) • Therapeutic/Specialized Foster Care (PCSA) • Therapeutic/Specialized Foster Care (Network) • Adoptive Homes • Group Care • Residential Treatment
Mental Health Services	<ul style="list-style-type: none"> • Child Mental Health In-Patient • Child Mental Health Out-Patient • Psychologist Services • Counseling • Adult Mental Health In-Patient • Adult Mental Health Out-Patient
Substance Abuse Services	<ul style="list-style-type: none"> • Adolescent Substance Abuse In-Patient • Adolescent Substance Abuse Out-Patient • Adult Substance Abuse In-Patient • Adult Substance Abuse Out-Patient
Other Non-Placement Services to Children and Birth Families	<ul style="list-style-type: none"> • Short-term intensive intervention with family • Teaching parenting skills, family dynamics, child developmental stages • Mentoring or providing home management and parenting • Counseling and support to family and child • Providing information services, advice to families and facilitating networking • Non-curricular services and supports offered at school locations for students and their families
Other Services	<ul style="list-style-type: none"> • Teaching teens daily living skills, financial management, college prep, etc. • Assessment and intervention for children aged 0-3 • Services by court, law enforcement, etc. to meet needs of to adolescents to prevent placement • Transportation

Placement services were least often ranked as sufficient, with only about a quarter of the counties (four demonstration and three comparison) reporting that a majority of their placement services were sufficient. Substance abuse services and non-placement services were most consistently rated as sufficient, with two-thirds or more of the counties judging a majority of the services in each category as being sufficient. For mental health services and

the remaining category of “other” services, approximately half the counties said most of the specific services in the category are sufficiently available.

Caseload Analysis

The Caseload Analysis Initiative is a pilot project involving nine Ohio counties: Ashtabula, Greene, Guernsey, Hamilton, Medina, Muskingum, Portage, Richland, and Athens. It was started as an initiative of ProtectOHIO, the state’s Title IV-E Waiver Demonstration Project, but has grown to include some non-ProtectOHIO counties. The goal of Caseload Analysis is to build, support, and continuously measure and improve systems that promote safety, protection, well-being, and permanency for children and families at risk of child abuse and neglect. Caseload Analysis drives the right intervention, at the right time, in the right amounts, to the right families, for the right duration of time. Strategies for achieving this goal are:

- Integrating culturally responsive, strength-based, family-centered practice into all aspects of risk assessment, safety planning, provision of services and permanency decisions
- Developing partnerships with families, neighborhoods, and other community resources to enhance outcomes for children and families
- Creating and managing a structure that balances workload demand and capacity for prompt, results-oriented interventions with children and families
- Guiding the direction of interventions based on family needs and strengths using screening and risk assessment
- Projecting anticipated duration, intensity, and frequency of time with the family to reduce risk and achieve permanency

The Caseload Analysis Initiative represents a systemic effort using a systems approach to achieving permanency for children. Participating counties are able to do this by integrating the values and concepts of organizational development as the context within which the practice elements can be first developed, then deployed and implemented. The Caseload Analysis model reinforces and integrates elements of important state initiatives, including the Child Welfare Reform Shareholders’ Group recommendations (Refer to Appendix D: Child Welfare Reform Shareholders’ Recommendations), ProtectOHIO and the Adoption and Safe Families Act. Aspects of the model include:

- Recognition of the interdependency between efforts to change practice and the need to provide clear, fundamentally sound agency leadership and management
- Heavy emphasis on measuring outcomes

- A sound, systematic and measurable implementation strategy and process
- An ability to be clearly and consistently articulated
- Impact that people in the community can see and feel
- Tools and techniques for balancing the need for best practice with the often overwhelming task of managing heavy workloads

Two highly interdependent aspects of Caseload Analysis are the merging of direct service with managing agency resources. Without strong, clear agency leadership, the practice elements cannot be effectively implemented. Caseload Analysis counties put a heavy emphasis on preparing their agencies and their communities for Caseload Analysis, developing a collaborative environment where internal and external resources are wisely managed and where empowerment is balanced with accountability.

At the practice level, Caseload Analysis is the means and methodology that an agency can use for implementing strength based, family-centered practice. Caseload Analysis agencies use family assessments, analysis of duration and service needs, and develop strategies for permanency in order to meet the goals of Caseload Analysis. Functions of each strategy include:

Strategy	Definition	Functions
Family Assessments	The continuous, systematic gathering and interpretation of a family's strengths and concerns, which drives all decision-making.	1. Genograms 2. Ecopmaps 3. Risk Assessments
Duration and Service Planning	Building on the information gained in family assessment, developing strategies and planning for the timely and effective execution of those strategies.	1. Classification of family needs 2. Level of Service 3. Workload Management
Strategies for Permanence	Supportive tools used in the pursuit of achieving permanency.	1. Family Group Decision Making 2. Concurrent Planning 3. Kinship

Family-Centered, Neighborhood-Based Services and the Family-to-Family Initiative

Family-centered, neighborhood-based services is an approach to working with children, families, and communities. Ohio's approach offers a chance to

rethink, redesign, and rebuild the child protective service system. It is based on the principle that the first and greatest investment in time and resources should be made in the care and treatment of children in their own homes and, when this is not possible, in their own communities. It is based on the premise that neighborhoods are the primary source opportunity and support for families and, therefore, are in the best position for assuring the safety and vitality of their members.

The basic values asserted by this way of thinking are that:

- Children have a right to grow up with their family.
- Children have the right to be nurtured and protected in a stable family environment.
- When children are at risk of harm, the community has the responsibility to intervene.
- Families are our community's most important resource and therefore, must be respected, valued, and encouraged to build on their existing strengths.
- The community must support families in raising and caring for their children.
- The racial, cultural, and ethnic heritage of families, and the neighborhoods where they live, must be supported and seen as assets.

In 1992, Ohio was chosen by the Annie E. Casey Foundation to implement the Family-to-Family (F2F) initiative. Initially, Cincinnati and Cleveland were chosen as primary implementation sites, since they accounted for the largest number of children in the foster care system. Although the project period has ended, the F2F initiative created a conversation in Ohio around family-centered, neighborhood-based services. There is an assumption at many agencies that many families involved with the foster care system today can be more effectively served by home-based family preservation programs. While this philosophy has not been formally adopted statewide, many PCSAs recognize through other programs, such as ProtectOHIO and Family Stability, that many children and families are best served in their own communities. Currently, more than 30 Ohio counties utilize some form of the philosophy, ideals, and goals of F2F.

In Cuyahoga, the county is split into territories, and chiefs of departments are assigned to the territories. Geographically areas for service are designated by each department. This has effectively enabled the agency to forge strong bonds with the collaborative in each community in an effort to keep a child and the family connected to the community of origin, and thereby increasing the rates of successful reunifications of the families in each community. In addition, it has reduced the mileage covered by social workers and improved

their response time. This approach has ultimately led to a planned deployment of the assigned chiefs directly into the communities they serve. The goal of partnering is to create an empowering partnership in the community and strengthen the preventative resources available to families and children in crisis.

2. *Discuss how effective the State has been in meeting the Title IV-B State plan requirement to provide preplacement preventive services designed to help children at risk of foster care placement remain safely with their families.*

Preplacement preventive services are covered in the response to question 1.

3. *Discuss how effective the State has been in meeting the Title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.*

Kinship Care

Kinship care represents the most desirable out-of-home placement and is the first option for children who cannot live with their parents. It offers the greatest level of stability by allowing children to maintain their sense of belonging and enhances their ability to identify with their family's culture and traditions. Public and private child welfare agencies are encouraged to place children who are unable to remain in their own home, in the home of a suitable relative who has been approved by the agency.

According to a 1998 University of Cincinnati Institute for Policy Research report for the Ohio Department of Aging's Grandparents Raising Grandchildren Task Force:

- 10% of Ohio households or 32,340 grandparents are raising children in homes without a parent present.
- 8,384 other relatives are raising children in homes without a parent present
- The average number of children per household is 1.8.
- The total number of children being raised by kinship caregivers is 73,300.
- 89,833 grandparents are raising 165,000 children in homes with the parent present.

- The average age of the caregiver is 55.
- 51% of caregivers have annual household incomes below \$30,000, 25% have annual incomes of less than \$15,000.

An issue that kinship caregivers have raised is the inequity between the amount of a “child only” TANF payment (\$224 per month for one child) that caregivers receive for a child placed in their custody and the rate a licensed foster home is paid by the PCSA to care for a child (an average of \$600 per month per child). Some states have established a payment rate for kinship caregivers that is in between the two amounts, which would still result in a savings to the system (as compared to foster care payments, if all children were in non-relative placements), considering the number of children being cared for in kinship placements.

Ohio has approximately 20,000 children in formal foster care placements for whom PCSAs are responsible for the cost. The November 2001 statistics on “child only” TANF cases show that there are 36,776 assistance groups which include 57,673 children. These children and the remaining 26,000 children in kinship care who are not receiving the “child only” cash assistance are not part of the formal child welfare system. If these children were to be placed with PCSAs, it would more than triple the costs that these agencies currently experience and make it nearly impossible for agencies to provide adequate support and services. Therefore, the kinship placements that are outside of the child welfare agencies’ legal and financial responsibilities allow the resources that would be used to care for them to be used to provide care for children who have been identified as needing the involvement of the child welfare system. However, many of these families need considerable support to avoid bringing these children into the formal child welfare system.

In SFY 1999-2000, the Ohio General Assembly, through Amended Substitute House Bill 283, created the Kinship Care Services Planning Council to develop recommendations specifying the types of services that should be included as part of a statewide program of supportive services to kinship caregivers. Members of the Kinship Care Services Planning Council included the Ohio Department of Aging, ODMH, ODMRDD, ODADAS, ODH, Ohio Department of Youth Services, and ODJFS. Other representatives included PCSAs, county departments of job and family services, child support enforcement agencies, area agencies on aging, legal aid societies, kinship caregivers, and service providers. Subcommittees were created to develop recommendations around engaging communities, information and referral, legal services and legislation, training, respite care, child care, and access to services. The Kinship Care Services Planning Council submitted 11 recommendations, four of which ODJFS has begun to implement:

- 1. Kinship Navigator Program: Navigators at the county level who will provide information to kinship caregivers, (those known and not known to the PCSA), about available community services, and assist them in accessing those services. Mandated services they provide include: information and referral; access to legal services; access to child care services; access to respite care; access to training; and access to financial assistance. To date, 77 counties have utilized state funds to create a Navigator program. This function can be provided through the PCSA or contracted to an external provider.**
- 2. Information and Referral: The Help Me Grow program provides county kinship program information and referral to callers through its toll-free line. Local kinship program information and the publication “Relatives Caring for Children: Ohio Resource Guide” is available through the toll-free line.**
- 3. Kinship Care Advisory Board: Includes representatives from state and private agencies and kinship caregivers to provide advice and guidance to the director of ODJFS on kinship policy.**
- 4. Kinship Caregiver Power of Attorney and Authorization Affidavit: Legislation introduced in the Ohio House of Representatives, with involvement and support from ODJFS, other state agencies and providers. The power of attorney will authorize caregivers to access health care for children and enroll children in school with the approval of the parent. The authorization affidavit is for the same purpose, but when the whereabouts of the parent is unknown. This legislation has not yet passed.**

Adoption

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. In Federal Fiscal Year (FFY) 2000, 1,777 children were adopted. This represents an 11% increase over the previous year’s number of 1,605.

The majority of these children are being adopted by foster parents. In FFY 2000, 70% of the adoptions were by foster parents; an increase from 59% in

FFY 1999 and in line with national trends. However, where Ohio differs from the nation as a whole is in the proportion of children adopted by relatives. As shown in the table below, the nation has four times the rate of relative adoptions as does Ohio, whereas Ohio has almost 50% more non-relative adoptions.

Percent Adopted by Type of Adoptive Parent		
	Ohio	Nation
Foster Parents	70% *	64%
Relatives	3%	16%
Non-Relatives	27%	20%
Total	100%	100%

* FACSIS does not have a way of tracking how many of the foster parents were relatives, therefore the number of relative adoptions could be much higher than indicated.

This chart is evidence of Ohio's success in its marketing and recruitment initiatives for foster-to-adopt placements and the need for the same efforts in relative placements. The AdoptOHIO 2001 Performance Report indicates that public agencies are more apt to target families to foster-to-adopt; with 95% of their efforts towards this segment. Since relatives are underutilized in Ohio, they should be a special focus. Cuyahoga County was recently awarded a grant for its concerted efforts toward relative recruitment and placements. The results of this pilot effort might serve as a guide for statewide implementation.

AdoptOHIO

To address the challenge of finding families for children, ODJFS developed an innovative, multi-pronged approach, called AdoptOHIO. The initiative represents a strong legislative, financial, and administrative commitment to reducing the number of children waiting for adoption. This program started as a pilot in 1997, has three major strategies:

- Enlist the aid of private adoption agencies to a degree not previously attempted
- Provide a fee for service to agencies that place children into adoptive homes
- Improve the Ohio adoption photo listing books and website

Prior to the implementation of AdoptOHIO only five private agencies were actively recruiting and assisting families to adopt children with special needs.

Historically, the PCSAs had custody of the children, while the private agencies had families interested in adopting. Misconceptions existed between agencies that often led to a lack of communication and cooperation. Through joint trainings, quarterly meetings and the development of a standardized homestudy, there are now 46 private agencies actively recruiting and developing adoptive families for children in the custody of public agencies.

AdoptOHIO strives to improve relationships and collaboration between public and private agencies, as well as to build the overall state capacity for developing families for children with special needs. The focus is to identify families for children, rather than looking for children for families.

By taking this child-centered approach, workers become more familiar with the individual needs of the children for whom they are recruiting. This allows families to be evaluated based on their strengths in relation to the needs of the children. This child-centered approach affords the opportunity for better matches to be made, reducing the likelihood of disruption.

The AdoptOHIO program provides a fee for service to over 100 public and private agencies for case management services. Agencies are paid a fee each time they place a child in the custody of a public agency into an adoptive home, when that adoption has been finalized, and nine months after the finalization, if that adoption has not disrupted. Agencies receive additional fees for children who are difficult to place, including those children in the custody of an agency two years or more, part of a sibling group, or are over seven years old.

Among the 88 counties, 52 (59%) have AdoptOHIO agreements. These counties account for 91% of the waiting children and between 89 and 90% of the adoptions completed during SFY 2000. According to the AdoptOHIO 2001 Performance Report, patterns differ among the contracting and noncontracting agencies in the characteristics of children for whom they find permanent homes. The largest difference is in racial make-up of the population. Sixty-two percent of the waiting children in the permanent custody of agencies with AdoptOHIO contracts at the beginning of the fiscal year were African-American, while 50% of the children actually adopted from those counties were African-American. In contrast, 21% of the waiting children in custody of noncontracting public agencies are African-American, but only 9% of the children adopted in those agencies are African-Americans.

Agencies with AdoptOHIO contracts have also produced higher proportions of sibling group adoptions than have the nonparticipating counties. Forty-eight percent of the children from contracting agencies who were adopted

were from sibling groups, while only 39% of the children from the noncontracting agencies were members of a sibling group.

Special Needs Children

The increases in adoptive placements are occurring among specific groups in the population. Compared to the children waiting at the beginning of the fiscal year, a higher proportion of children placed into adoptive homes during the fiscal year had been in permanent custody between 10 and 18 months, had experienced no more than two previous foster or adoptive placements, and were between the ages of 0 and 5.

In comparison, children who are older, who have spent more months in permanent custody, and who have had more previous foster adoptive placements were less likely to find adoptive homes. In comparison to the percentage of children waiting, fewer children ages 10 and older were placed into adoptive homes during FFY 2000.

Characteristic	Children Waiting	Children Placed
Age:		
0-1	8%	10%
2-5	22%	37%
6-9	25%	29%
10-13	25%	17%
14-17	18%	6%
18+	1%	0%
Race:		
White	41%	45%
African American	58%	53%
Hispanic	1%	0%
Indian	0%	1%
Biracial	0%	0%
Unknown	0%	1%
Months in Permanent Custody:		
Less than 3	16%	18%
4-6	13%	15%
7-9	10%	12%
10-12	8%	12%
13-18	13%	18%
19-24	8%	8%
Over 24	32%	16%

Characteristic	Children Waiting	Children Placed
Number of Previous Foster or Adoptive Placements:		
0	13%	18%
1	18%	25%
2	17%	20%
3	12%	11%
4	10%	8%
5	8%	6%
Over 5	22%	10%

The children identified in this chart are considered to be special needs children and may be difficult to place because of one or more of the following:

- Are in a sibling group which should be placed together
- Are members of a minority or ethnic group
- Age
- Have remained in the permanent custody of a PCSA or PCPA for more than one year
- Have a medical condition, physical impairment, mental retardation, or developmental disability
- Have an emotional disturbance or behavioral problem
- Have a social or medical history or the background of the child's biological family has a social or medical history which may place the child at risk of acquiring a medical condition, a physical, mental, or developmental disability, or an emotional disorder
- Have been in the home of his/her prospective adoptive parents as a foster child for at least one year and would experience severe separation and loss if placed in another setting due to his/her significant emotional ties with these foster parents, as determined and documented by a qualified mental health professional
- Have experienced previous adoption disruption or multiple placements

Changes to the children's SSI eligibility regulations several years ago have reduced the number of children in substitute care eligible for SSI benefits. The SSI benefit not only provides additional support for the care of the children in the custody of PCSAs, but ensures eligibility for adoption assistance for special needs children. Alternatively, an SSI benefit would be available to the family when the child returns home.

Ohio is unique in its application of the federal Title IV-E Adoption Assistance (AA) special needs definition. As a state, Ohio has opted not to further define the eligibility requirements but instead allows the 88 PCSAs to determine the

parameters, such as race/ethnicity and age. Agencies base the criteria on the demographics of children which they have a more difficult time placing. Although the broad definition advantageously allows more children to qualify for AA, the inconsistent application of the criteria causes difficulties for families as the definition differs based on the county from which they adopt and we have many cross county adoptions.

The AdoptOHIO 2001 Performance Report studied the adoption rates for siblings, teenagers and African-Americans and indicates that the number of adoptions of both siblings and teenagers (age 14+) comprise increasing proportions of the total number of adoptions, while the percentage of adoptions involving African- Americans remains higher than in the first year of AdoptOHIO.

**Of Children Adopted, Proportion that are Siblings, Teens and African Americans
By Fiscal Year**

Category	FFY 1998	FFY 1999	FFY 2000
Sibling Adoptions	39%	39%	47%
Teenage Adoptions (age 14+)	4%	4%	6%
African-American Adoptions	41%	48%	46%

The PCSA or PCPA can make an adoptive placement only when it has permanent custody of the child, whether custody is obtained by surrender or commitment. If the goal for the child is to be placed into an adoptive family, the PCSA or PCPA having permanent custody of a child is responsible for providing services to prepare the child for adoptive placement. Services provided to the child and/or adoptive family include, and are not limited to, helping the child deal with the following:

- Biological, social and cultural heritage
- Substitute care placement history
- Self-esteem issues
- Separation and attachment issues
- Feelings concerning adoption
- Feelings surrounding a transracial/transcultural adoptive placement, if applicable
- Review of lifebook materials prepared
- Terms and conditions of open adoptions, if applicable

Every child is placed into an adoptive home which meets the child's best interest and individual special needs. The goal for the agency is to provide

services to the family during placement and post finalization in order to ensure the adoption does not disrupt. While Ohio has only had 9% of its adoptions disrupt during SFY 2000, Ohio recognizes the importance of providing respite care services to families. Respite and other supportive services are offered to families at two stages of the adoption process - during placement and after finalization. Such services are available to families for short durations of time as a reprieve as the family and child adjust to one another, and as a support for families willing to take children with a higher level of special needs into their home. ODJFS recognized the importance of providing respite services and enhanced the Post Adoption Special Services Subsidy (PASSS) program to allow funding for respite services (Refer to PASSS program description). Also, with Adoption 2002 Incentive Funds, ODJFS will provide funding to the Ohio Respite Coalition for the creation of a respite services resource guide that will help adoptive families access respite care services in their communities.

Because continued support to families after finalization is important, AdoptOHIO agencies were asked in the AdoptOHIO 2001 Annual Report to identify the period of time after finalization during which they continue to provide services to families. Of the 27 public agencies that responded to the question, 48% report that they continue to provide services to families 13 to 18 months after finalization. Of the 21 private agencies that responded, 33% said that they provide services to families for over 19 months following finalization.

Ohio Adoption Photo Listing (OAPL)

There are several features to the Ohio Adoption Photo Listing (OAPL) including a website where potential adoptive families can view pictures and information on children available for adoption, the "Children Awaiting Adoption" book, and the "Features Book". The website is an interactive electronic photo listing that allows prospective adoptive parents to enter the criteria that best match the children in which they are interested, as well as providing answers to frequently asked questions. The ODJFS Internet usage statistics for CY 2001 indicated that the average hits to the OAPL website was 104,532 weekly or 418,129 hits monthly. The Children's Book, published six times a year, contains photos and narratives of about 2,100 children awaiting adoption. The Features Book is also published six times a year. Each Features Book highlights 35-40 children available for adoption; most of them were selected because they are considered difficult to place and in need of special recruitment efforts. ODJFS also publishes a monthly "Families Awaiting to Adopt" book that is distributed to agencies to use as a resource to identify families that have been approved for adoption.

Post Adoption Special Services Subsidy (PASSS)

Post Adoption Special Services Subsidy (PASSS) is a subsidy program unique to Ohio. Implemented in 1992, PASSS is funded solely by state general revenue funds and is the only subsidy program designed to allow families to apply for services after the finalization. The subsidy is available to all adoptive families, regardless of the type of adoption (international, attorney, public or private agency).

To be eligible for PASSS, all of the following requirements must be met:

- The child must reside in Ohio in the county where the application is made.
- The child has a special need consisting of a physical, developmental, mental or emotional condition which existed before the adoption was finalized, or can be attributed to factors in the child’s preadoptive background or medical history, or the biological family’s background or medical history.
- The child has been adopted.
- The child meets either of the following requirements: the child is under age 18 or the child is at least 18 years of age and less than 21 years of age and is mentally or physically handicapped.
- Other sources of assistance are inadequate or are unavailable in sufficient time to meet the child’s immediate needs.
- The expenses necessitated by the services to meet the child’s special needs are beyond the economic resources of the adoptive family.

The following table indicates the type of services that can be funded through PASSS.

PASSS Funding	
Services Funded	Services Not Funded
Medical services (deemed necessary by medical professional)	Services provided by a PCSA or PCPA to make arrangements for adoptive placements
Purchased services that directly benefit the child and fulfill the child’s needs	Services which facilitate contact with a parent whose rights have been terminated
Residential Treatment Care	Services for a child in the custody of a PCSA or services for whom a parent-child relationship does not exist
Medical and surgical services which may include respite care if required by medical or surgical needs	Maintenance costs for the child including food, shelter or daily supervision

PASSS Funding	
Psychiatric, psychological, and counseling services, which may include respite care if required by psychiatric, psychological or counseling needs	Legal fees
Medicaid approved services that are not available on a timely basis or are not available	Services that can be funded under Medicaid

In SFY 2001 (July 1, 2000 - June 30, 2001), 797 PASSS applications were received and 724 were approved. The total amount requested was \$2,685,596.07. Of the 797 PASSS applications received, there were 1,106 requests for Special Needs Services; 226 requested funding for Medical Services; and 710 requested funding for psychological services. Multiple requests for services can be made on one application.

Special Needs	
Diagnosis	Number Approved
Attention Deficit Disorder	293
Reactive Attachment Disorder	177
Opposition Defiant Disorder	96
MR/DD	69
Depression	60
Learning Disabled	54
Developmental Handicap	37

Severe Behavior Handicap	25	
Post Traumatic Stress Disorder	24	
Severe Emotional Disorder	21	
Fetal Alcohol Syndrome	20	
Obsessive Compulsive Disorder	18	
Cerebral Palsy	13	
Homicidal	4	
Failure to Thrive	4	
Other	191	
Medical Services		
Type of Service	Number	Cost
Orthodontia	57	\$125,875.88
Occupational Therapy	42	\$74,488.83
Medical Equipment	35	\$91,324.87
Speech Therapy	33	\$57,809.63
Medication	24	\$46,140.86
Medical Respite	15	\$50,675.00
Physical Therapy	12	\$17,560.38
Surgery	7	\$15,803.68
Other	1	\$250.00
Psychological Services		
Type of Service	Number	Cost
Psychiatric Counseling	71	\$243,182.38
Psychological Counseling	225	\$592,032.76
Substance Abuse Counseling	1	\$3,078.50
Attachment Therapy	112	\$428,243.20
Residential Treatment	46	\$409,943.14
Mental Health Respite	214	\$443,238.91
Psychological Equipment	3	\$9,784.00

Biofeedback	2	\$2,470.00
Medication	36	\$73,694.05

Adoption 2002 Incentive Funds Programming

The Federal Executive Memorandum on Adoption which challenged all states to double their number of adoptions by the year 2002, has allowed Ohio to qualify for federal incentive payments. As a result of these incentives, Ohio has had the ability to fund new and innovative programs. Among the projects that have been funded include:

- Statewide Adoptive Family Retreat Weekend
- Ohio Respite Coalition
- Family Resource Center Pilot Program (proposed)
- Mental Health Provider Institute (proposed)
- Cuyahoga County's Kinship Adoption Initiative
- Regional Adoption Resource Exchanges

These projects all focus on increasing available adoptive families and strengthening resources for families and staff.

Multiethnic Placement Act

ODJFS Adoption Section has concentrated on the compliance of Ohio's public and private agencies with the Multiethnic Placement Act, 108 Stat. 3518, as amended by Section 1808 of the Small Business Job Protection Act of 1996, 110 Stat. 1755 (MEPA, as amended). The ODJFS Adoption Section staff, working in association with ODJFS regional office staff, conducts site visits to the PCSAs throughout Ohio. Case records and agency practices are reviewed. The process followed to determine placement of children with families is examined in an effort to identify MEPA, as amended violations, as well as to identify best practice techniques that could be useful to other agencies. Additionally, staff assist agencies on decreasing the length of time children spend in the public children services system.

In addition to reviewing agencies, the ODJFS Adoption Section has also presented training on MEPA, as amended to statewide conferences, regional meetings and statewide Protective/Foster/Adoption Managers' meetings. The adoption, legal and regional staff of ODJFS have been, and continue to be, available to all public and private agencies to provide technical assistance regarding MEPA, as amended.

ODJFS personnel have reviewed all 88 PCSA's foster and adoption policies to ensure the adoption and recruitment plan policies are MEPA, as amended compliant. More than 100 private agency policies were also reviewed. Agencies that had policies and recruitment plans not in compliance with MEPA, as amended were required to amend the policies.

Ohio has taken MEPA, as amended compliance seriously and has dedicated staff resources to continue to monitor MEPA, as amended compliance statewide, reinforcing the critical elements of MEPA, as amended -- diligent recruitment and the elimination of the inappropriate use of race, color and national origin in the placement of children.

Independent Living

PCSAs evaluate the need for, and make available, life-skill services to youth in agency custody who have attained the age of 16 in order to prepare them for transition from agency custody to independence. Independent Living (IL) services may also be provided to a youth under age 16 when the agency deems it appropriate. When determining the appropriateness of IL services for youth under 16 years of age, agencies consider the likelihood that the youth will remain in agency custody until their 18th birthday.

When requested, PCSAs provide services and support to young adults who are not yet 21 years old, and are former foster care recipients who emancipated from the agency's custody due to reaching age 18. The agency evaluates the current needs of the young adult to determine the range of services to be provided, and provides these services and support to complement the young adult's own efforts at achieving self-sufficiency. Based on federal guidelines, services are required to be provided until the young person's 21st birthday.

The structure of individual IL programs is not prescribed by ODJFS so there is diversity among the 88 counties with regard to the actual components of IL programs. If a PCSA is providing services to a young adult between the ages of 18 and 21, the PCSA explores and coordinates the services with other community resources.

Based on an individual life skills assessment of each youth in care, and an individual evaluation of an emancipated young adult, agencies are required to provide services such as, but not limited to, those listed below:

- **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 and transportation
- 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 who can serve as an advocate, resource, and mentor in daily living skills
- Culture and gender specific activities
- School dropout prevention programs

An agency may use up to 30% of its federal IL allocation for room and board for the emancipated youth up to age 21. “Room and board” assistance may include assistance with rent, initial rent deposit, utilities or utility deposits.

Agencies that provide aftercare services use various methods to reach clients, such as public assistance programs, foster parents, and group homes. ODJFS encourages agencies to develop and participate in community organizing efforts and ongoing support networks for youth leaving substitute care. The need for inter-system collaboration is greatly encouraged, and a cross-systems approach is promoted across the state. ODJFS collaborates with other state agencies, as well as local public and private child and family serving groups that have successful programs which can serve the youth population.

A Statewide Independent Living Planning Workgroup, made up of representatives from mental health, MRDD, education, health, job training, specialized advocacy groups and child welfare agencies has been working together since the initiation of the Chafee Foster Care Independence Program (CFCIP) in 1999. This group has worked together to develop a state plan for the provision of services, OAC rules to govern agency practice and minimum standards, the development of practice standards, focus groups with youth, and the development of youth leaders and a Youth Advisory Board. This group is also using the results of a needs assessment and program/cost evaluation completed in February 2000 to develop outcome measures to be implemented statewide. The PCSAO has also developed IL standards that are widely used by the PCSAs.

4. *Describe the extent to which all the services in items 1-3 are accessible to families and children on a statewide basis.*

Children served by PCSAs include children who are abused, neglected, dependent, unruly, or delinquent. Additionally, these children may be mentally ill, mentally retarded and/or developmentally disabled, addicted to drugs and alcohol, sexual offenders, and “children” up to age 21. Children requiring out-of-home care placement need a wide array of services from institutionalization, to placement in secure facilities, to intensive psychiatric and psychological services, to in/out patient drug treatment. Services have to be tailored to meet the unique characteristics and needs of children coming to the attention of the PCSA. Yet, child welfare services available and provided to children and families can be impacted by: the fiscal base of the agency; the size of the county; the location of the county in the state; the administrative structure in which child welfare services are delivered; and the availability of community services. With 88 different counties, courts and funding resources, each community is faced with a diverse array of strengths and challenges in the delivery of services to children and families.

According to the *1998 Statewide Child Protection Services Needs Assessment* report conducted by Hornby Zeller Associates, Inc. of the more than 60 services examined, there were only nine which show inadequate availability on a statewide basis (Hornby Zeller Associates collected its information and analyzed data by reviewing nearly 1,000 cases of children served by PCSAs and interviewing parents, caseworkers, service providers, and children). There were relatively few services which were not available in sufficient quantity on a statewide basis, although within particular geographic areas there were clearly places where more services were needed.

The following table depicts their findings:

Services Not Adequately Available	
Service	Net Shortfall in Client Capacity
Intensive family preservation	6,405
Medical/Physical examinations	4,375
Respite Care	2,915
Casework Counseling	2,696
Alcohol and other drug residential treatment	4,132
Crisis Nursery	1,237
Parent Aide	1,236
Monitoring Case Progress	256

Hornby Zeller Associates, Inc. indicate that within specific areas of the state there were too few services available in many of the service categories. Some of the most notable of these included:

- **Drug/Alcohol Assessments:** Cuyahoga, Hamilton, Lucas, Montgomery and the other large counties
- **Psychological/Mental Health Assessments:** Cuyahoga, Franklin, Hamilton, Montgomery and the medium-large counties
- **All types of alcohol and drug treatment:** Cuyahoga, Franklin, Lucas and Montgomery counties as well as the other large and medium-large counties
- **Protective Day Care:** Cuyahoga, Hamilton, Lucas and Montgomery
- **Transportation:** Cuyahoga, Franklin, Lucas and Summit Counties, as well as in the other large counties

In response to some of the Hornby Zeller Associates, Inc. findings, HB 484, included a \$4,000,000 allocation to ODADAS for the prioritization of substance abuse services for families involved in the child welfare system. ODJFS and ODADAS jointly provide technical assistance to local ADAMHS/ADAS Boards, substance abuse and mental health treatment providers and child welfare personnel regarding effective utilization of these funds and programs designed to best meet local community needs.

Currently PCSAs are expressing concerns about the lack of placement resources for youth age 12 and older. As a result, some children have to be placed out-of-county or out-of-state in order to meet the treatment needs of the child. Children continue to need behavioral health services and there is limited resources available to meet this need.

A review was conducted to examine how service data was reported to the state FACSIS. This review of SFY01 data included services planned and provided by the 88 PCSAs. 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 FACSIS 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 were implemented with the three new barrier events in January of 2001.

Child Care

Client Refusal

Client Schedule Conflict	Court Ordered Different Service
Not Culturally Sensitive	Eligibility Exclusion
Frequent Worker Turnover	Further Assessment Needed
Inability to Place Sibling Group	Insufficient Service Quality
Insufficient Service Quantity	Lack of Transportation
Language Barrier	More Monitoring Needed
Not Offered in Area	Other
Other Assessment Needed	Provider Refused Client
Service Provider Opinion	Severe Problem Requiring Perm. Custody
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”	

While the capacity for the automated system to capture barriers is still relatively new (January 2001), reported barriers were also examined to get an indication of the types of barriers being entered. 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?*

Again, it is important to note that these are new events and not all counties have fully implemented them. However, analysis of the captured data does provide insight to their use in FACSIS and an indication of barriers. These barriers are reported from the caseworker perspective. The high use of the “Other” category, which denotes that the barrier is other than the options available with this event, may indicate the need to further explore the use or types of barriers encountered. High emphasis, over half of all barriers, is placed on the caseworkers’ perception that the client refuses services.

Frequency of Reported Barriers to Providing Service

Barrier	Frequency of Use	Percent of all Barriers
Client Refusal	2,916	54%

Barrier	Frequency of Use	Percent of all Barriers
Other	708	13%
Lack of Transportation	398	7%
Unused	251	5%
Client Schedule Conflict	196	4%
Further Assessment Needed	95	2%
Too Expensive	89	2%
Waited More Than Six Months	72	1%
Waited Less Than Six Months	68	1%
Insufficient service quantity	67	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. Not surprisingly, client refusal and “other” were the most cited.

Frequently Cited Barriers to Specific Planned Services

Service type	Percent Provided for <u>All</u> cases	Most Frequently Cited Barrier (%)	Second Most Frequently Cited Barrier (%)
Case Management Services	64%	Client Refusal (53%)	Other (18%)
Counseling Services	46%	Client Refusal (54%)	Other (14%)
Info and Referral Services	40%	Client Refusal (58%)	Other (11%)
Therapeutic Services	41%	Client Refusal (50%)	Lack of Transportation (12%)
Substitute Care Services	55%	Other (50%)	Client Refusal (25%)
Diagnostic Services	35%	Client Refusal (51%)	Other (14%)
Parent Education Services	32%	Client Refusal (61%)	Other (9%)
Adoption Services	53%	Other (41%)	Special Needs (30%)
Environmental Mgt Services	23%	Client Refusal (49%)	Inability Place Sibling Grp (22%)
Life Skills/Ind. Living Services	41%	Client Refusal (44%)	Other (30%)
Homemaker/Home Health Aid Services	16%	Other (32%)	Lack of Transportation (20%)
Protective Day Care Services	24%	Client Refusal (44%)	Lack of Transportation (21%)
Community Educ Services	10%	Other (50%)	Eligibility Exclusion (25%)
Parent Aide Services	24%	Client Refusal (56%)	Other (28%)
Crisis Services	3%	Other (100%)	n/a

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 that 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, outpatient, inpatient, 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 subsequently may negatively impact upon the effectiveness of treatment.

Additionally, several PCSA directors identified the following barriers to collaboration at the local level:

- Turnover of personnel in leadership positions
- Turf issues
- Lack of trust
- High degrees of variation in available financial resources among agencies within a county
- Enormous complexity of juxtaposing Medicaid and Title IV-E without incurring audit findings
- Great differences in the structure of child protection services and mental health and alcohol and drug addiction services
- Federal and state mandates which are inconsistent with each other between the three systems
- Lack of any uniformity or ability to “talk” with each other among the respective information systems
- Perceived barriers derived from federal regulation relating to confidentiality of client information
- Resistance of the mental health system or the alcohol and drug addiction systems to work closely with the courts due to the concern regarding loss of control over costs

In 1997, Congress passed the Adoption and Safe Families Act which created new mandates on child protection with respect to safety and permanence. Time lines were shortened with the intention that families would receive effective services earlier rather than later so that decisions regarding the permanence of their children could be made. Recognizing that the above

noted barriers could compromise efforts to realize the intent of ASFA, Ohio initiated several multi-systemic initiatives to address them:

Confidentiality Training: in April of 2001, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) contracted with the legal action center of New York to provide train-the-trainer sessions to professionals in the substance abuse and child welfare systems. Since that time, this group of trainers has offered “confidentiality of alcohol and other drug records and the child welfare system: issues, options & solutions” to 25 of Ohio’s 88 counties.

Specialized Technical Assistance: HB 484, Ohio’s response to ASFA, included a \$4,000,000 allocation to ODADAS for the prioritization of substance abuse services for families involved in the child welfare system. ODJFS and ODADAS jointly provide technical assistance to local ADAS/ADAMHS Boards, substance abuse and mental health treatment providers and child welfare personnel regarding effective utilization of these funds and program design to best meet local community needs.

Partnerships for Child Safety: ODJFS, ODADAS, the Ohio Judicial Conference (ODJ), and the Ohio Association of Juvenile and Family Court judges instituted a series of workshops to strengthen working relationships among local public agencies, with emphasis on the courts, substance abuse treatment providers, and PCSAs. These day-long workshops are held at the request of the local courts and focus on strengthening the teamwork and communication skills of staff working with families experiencing child abuse and neglect problems associated with parental substance abuse and addiction.

Family Drug Courts: Ohio leads the nation with the establishment of seven family drug courts and another six in development. These courts utilize a specialized docket which focuses on parents who abuse or neglect their child(ren) due, in part, to substance abuse. The court provides close monitoring of the client’s treatment and safety of the child(ren). In addition, the structure of the family drug courts effectively coordinates treatment and other needed services.

The mental health system and the alcohol and drug addiction systems, although willing to provide services based on availability, are unable to shape the service delivery system so as to give priority to the child protection system. The mental health system is required by law to enter into purchase of service agreements with eligible providers for all direct services. This mandate combined with the mandate to contract with “any willing provider” drives the design of the system preventing the mental health boards from directing the delivery of services in the direction of the child protection

system. In other words, individual client choices and individual provider decisions have significant influence over the purposes of the system. Although this is viewed as advantageous for those clients seeking services, it places the involuntary client, often the individual in the child protection system, at a distinct disadvantage in terms of access to services.

The resistance to seeking services from the mental health system can be attributed to a number of reasons; however, for those in the child protection system the delivery of services may be viewed as a threat to the custody of their children. For example, failure to complete a treatment program is information that could be used in juvenile court to adversely affect parental rights.

MRDD and Mental Health services have been deinstitutionalized by the state, with the intent that state resources and services would be made available to support community based services. Funding for community-based services, while maintaining a safety net of developmental centers and state psychiatric centers, has not kept pace with the local service needs and consequently the infrastructure at the community level is overloaded, underfunded and generally struggling to keep up with the demands placed on the system. The juvenile courts throughout the state lack dispositional authority over the MRDD, drug and alcohol, and Mental Health systems. However, they do have such authority over the children services agencies. Consequently, they appear to place children more frequently with these problems into the custody of children services with no orders whatsoever to MRDD and Mental Health. The number of children in foster care with these issues continues to grow.

Simultaneously, the child welfare environment in Ohio is disadvantaged due to the lack of a regulatory structure that fits the changing realities of child protection and in particular, foster care. Child welfare functions to protect children from abuse and neglect, but is also called upon to manage children with severe disabilities and mental health disorders which are the basis for severe behavior disorders. However, the state has not integrated nor incorporated into foster care licensing rules, regulations from other systems to assist with the management of these children. For example, MRDD has regulations which provide for behavior management plans and human rights committees. The foster care licensing rules do not provide for these needs leaving the PCSAs to manage these cases at their own peril.

Ohio, like other states, continues to struggle with the challenges presented by delinquent and unruly children. The juvenile courts encounter increasing difficulties in coping successfully with children adjudicated delinquent or unruly. Most often, the problem arises from the lack of available services.

F. Agency Responsiveness to Community

- 1. *Discuss how effectively the State has been in meeting the requirements to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.***

The activities identified and implemented in Ohio's Child and Family Services Plan (CFSP) are guided by Ohio's Family and Children First (OFCF) Initiative. The Ohio General Assembly, pursuant to ORC Section 121.37, created the Ohio Family and Children First Cabinet Council in 1992. The Council is composed of the superintendent of public instruction and the directors of the departments of youth services, job and family services, mental health, health, alcohol and drug addiction services, mental retardation and developmental disabilities, and budget and management. The chairperson of the council is the governor or the governor's designee. As defined by statute the purpose of the Cabinet Council is to help families seeking government services. The council strives to streamline and coordinate existing government services at the state and local level, thereby improving the state's social service delivery system and achieving better results for children and their families.

In 1999, a draft of the CFSP was sent to a variety of community stakeholders for review and comment. The stakeholders represented various perspectives that included mental health, juvenile corrections, United Services for Effective Parenting, Franklin County Alcohol, Drug Addiction and Mental Health Services Board, Southern Ohio Consortium for Children, and statewide advocacy associations such as PCSAO and OACCA. Comments and suggestions from individuals representing these entities were incorporated into what became the final plan.

In addition, many of the activities and programs in Ohio's CFSP are the result of implementation of recommendations from the Governor's Task Force on Investigation and Prosecution of Child Abuse. This multi-disciplinary gubernatorial appointed Task Force was established to review and evaluate the state's handling of child abuse and neglect cases and to make recommendations to the Director of the ODJFS. Members of the Task Force represented:

- Ohio Department of Health
- Forensic Training Institute

- County & City Prosecutors
- Pediatricians
- Psychologists
- Ohio Department of Public Safety
- Health Care Providers
- Law Enforcement
- Attorneys
- National & Ohio CASA/GAL Associations
- Ohio Attorney General's Office
- County Public Children Services Agencies
- Child Advocacy Centers
- Ohio Senate
- Child Abuse Prevention
- Local Public Defender's Office
- Judges (Juvenile, Probate, Municipal)

Some of the activities that are planned and/or have been implemented as a result of recommendations from the Governor's Task Force are:

- Expedited Appeals - Continuation of a court rule for expedited appeals of termination of parental rights.
- Establishment of Family Drug Courts - HB 484 (1999), Ohio's implementation of the Adoption and Safe Families Act (ASFA) reinforced the need for the state to better coordinate child welfare and substance abuse intervention efforts. The tightened permanency time frames handed down by ASFA, as well as, HB 484's specific language regarding coordinated efforts, required new approaches on behalf of families involved in the child welfare system who are challenged by substance abuse and/or addiction.

ODJFS and ODADAS identified Family Drug Courts as one option available to address this difficult issue. A Family Drug Court has a specialized docket which focuses on parents who abuse or neglect their child(ren) as a result of substance abuse or addiction. ODJFS and ODADAS initially provided financial support to the development of Family Drug Courts in three counties: Lucas, Lorain and Delaware. All three courts now have completed the initial planning stages and have accepted clients for at least one year. Ohio currently has seven Family Drug Courts in operation and six more in the planning stages.

- As a concurrent activity, ODJFS, ODADAS, Ohio Judicial Conference (OJC) and the Ohio Association of Juvenile and Family Court Judges instituted a series of workshops entitled "Partnerships for Child Safety," to strengthen working relationships among local public agencies, with emphasis on the courts, substance abuse treatment providers and public children services agencies. These day long

workshops are held upon request of local courts and focus on strengthening teamwork and communication skills of staff working with families experiencing child abuse and neglect and problems with substance abuse and addiction. Workshops have proven to be springboards to counties initiating exploration of Family Drug Courts.

- ODJFS is working closely with the Ohio Network of Child Advocacy Centers (CACs) to develop a state system of these multi-disciplinary service centers. These Centers provide a comprehensive, child-focused program based in a facility that allows law enforcement, child protective services professionals, prosecutors, and the mental health and medical communities to work together to handle child abuse cases. The over-arching goal of all CACs is to make sure that children are not further victimized by systems designed to protect them.
- Current efforts focus on the institution of minimum operating standards for all Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL) Programs, mandatory training hours for CASA/GAL volunteers and increased collaboration between the child welfare and CASA/GAL programs.
- Converting the Investigative Mentor Program from a contracted national program to a state-run program. OCWTP was the vehicle used for the conversion. Instructors used by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to nationally train the course *Child Abuse & Exploitation: Investigative Techniques* mentored Ohio professionals who had been recruited through a statewide project effort. National trainers worked directly with Ohio trainers to develop presentation content, audiovisuals and handouts that were consistent with the overall program format. At least one training session was held in each of Ohio's eight child welfare Regional Training Centers. Evaluations were excellent and many sessions filled to capacity with waiting lists of representatives from multiple systems at the local level.

ODJFS has worked to ensure that all activities undertaken to support the work of the Governor's Task Force on Investigation of Child Abuse:

- Are multi disciplinary in focus
- Strengthen regional response
- Work toward long-range system reform, rather than simply funding services

Another partner in the development of Ohio's CFSP is the Supreme Court of Ohio. The Court and ODJFS work collaboratively to plan and develop

activities and programs that are funded by both the Court Improvement Program and the Children's Justice Act. These two entities also work collaboratively to improve family law procedures particularly around the issues of dependent, neglected and abused children.

Under a Community-based Family Resource Support grant, six Family Resource HUB Networks represent Ohio's strategy to develop and strengthen family support and prevention services on a regional basis. Each HUB is expected to engage and involve parents, volunteers, advocates and community members in the governance, planning, implementation and evaluation of HUB activities. Each HUB has a regional council or advisory board made up of various community members and family support and prevention providers.

Local constituent involvement has been encouraged in the peer review process and the development of each HUB's regional strategic plan for coordinating resources and addressing unmet needs. A great deal of interaction was involved in development of the inventories of resources by establishing relationships with potential providers and users of resource data. Other activities have also incorporated input from community members. For example, while in the process of developing a family-friendly website, the HUBs held focus groups to obtain input from those who would potentially be utilizing the website. Three separate groups were conducted with parents, adolescents and seniors to obtain their suggestions before moving toward implementation.

The department is completing the fourth round of its child welfare monitoring process called CPOE. Each PCSA in the state must participate in the CPOE process at least one time every 18 months. A major component of CPOE centers on ODJFS staff interviews with local community partners that may include juvenile court judges, private child placing agencies, foster parents, prosecutors, mental health, family services and drug and alcohol treatment providers. This input is shared with PCSAs and ODJFS to assist in program and policy development and to improve service coordination.

Three additional groups have been identified which will provide consultation from community stakeholders to aid in future planning efforts and annual reporting.

- In 1999, three Community Evaluation Teams (CET) (Ohio's fulfillment of the CAPTA requirement for Citizen Review Panels) were established in Stark, Athens, and Logan Counties. In 2001, three additional teams were established in Lorain, Marion, and Scioto Counties. All six teams were developed in cooperation with PCSAs and Ohio's Family-to-

Family Initiative. This initiative is the state's effort via local agencies to provide child protective services that are family-centered and neighborhood-based. All CETs are charged with reviewing agency data, policies, procedures and practices as they relate to both child protection and coordination of the child protective services program with foster care and adoption programs. They are also responsible for developing semi-annual reports containing the team's findings with regard to their agency's child protective data, policies, procedures and practices and make recommendations for improvements in addressing the issue of abuse and neglect in their communities.

- **ODJFS is spearheading the coordination of a new statewide, cross-system initiative to bring increased focus and effectiveness to the prevention of child abuse and neglect on a year-round basis. The Prevention Partners Leadership Group was designed to have broad-based representation from both the public and private sectors. Public sector participants include the departments of: Job and Family Services, Mental Health, Education, Alcohol and Drug Addiction Services, Mental Retardation and Developmental Disabilities, and Health, Ohio Family and Children First, the Fatherhood Commission, Ohio Head Start, The Ohio Children's Trust Fund, law enforcement, and the PCSAO. Private sector partners include: Parents Anonymous, The Coalition Against Family Violence, Interfaith Association of Central Ohio, Ohio Council of Churches, The Humane Society of the United States, Prevent Child Abuse Ohio, Ohio Association of Child Care Providers, The Center For Effective Discipline, American Academy of Pediatrics-Ohio Chapter, parents whose children have been abused, and adult survivors of child abuse.**
- **A 13-member task force appointed by Supreme Court Chief Justice Thomas Moyer has been assembled to develop statewide standards for GALs. The task force's charge is to develop uniform standards and financial accountability for the GAL programs across the state. Topics under consideration include: qualifications, training, scope of responsibilities, payment, and possible standards for attorney-guardians and lay-guardians. The task force subcommittees are: Funding and Payment, Monitoring and Enforcement, Reports, Service and Duties, and Training. Task Force recommendations are due to Chief Justice Moyer in early 2002.**

In May 1999, former ODJFS Director Romer-Sensky convened the Child Welfare Reform Shareholders Group and invited parent advocates, foster parents, representatives from the General Assembly, state agencies, county commissioners, public and private child serving agencies, child care

providers, juvenile court judges, and statewide advocacy organizations to participate. 43 advocates were appointed to the group. The purpose of the Child Welfare Reform Shareholders Group was to assist the Department and family serving agencies in improving quality services to children and families and to establish priorities and develop innovative strategies to enhance the safety, growth and development of children, support families and strengthen communities. The Group created the following nine subcommittees in order to focus its work on the complete spectrum of children services: Prevention; Child Care and Early Education; Foster Care and Adoption; Juvenile Court and Child Welfare; Customer Input; Protective Services; Finance and Legislation; Governance; and Interagency Collaboration.

An important component of the Shareholders process was community input. In addition to the 43 members of the Shareholders Group, more than 400 Ohioans participated on the nine subcommittees. For those individuals who could not participate on the subcommittees, the department conducted a series of events in order to obtain their feedback:

- The department created a quarterly newsletter, FOCUS, that updated the community on the progress of the Shareholders Group and other child welfare reform initiatives.
- The department organized and conducted 11 community forums across Ohio. The first round of community forums was held during the work of the subcommittees in order to gain input into the process, and the second round was held after the recommendations were created in order to gather feedback specifically on the recommendations.
- The department initiated a quarterly meeting with the Directors of the PCSAs designed to share information and gather input.

The nine subcommittees submitted 58 recommendations to the Shareholders Group for consideration. The Group spent one weekend analyzing the recommendations in the context of the current child welfare environment and produced a report of 21 recommendations that was forwarded to the Director in June 2000. In addition to the 21 recommendations, the department automatically accepted 10 recommendations from the Shareholders Group and accepted 10 recommendations from the ODJFS Performance Audit conducted by the Auditor of State. The department has been able to move forward on a number of these recommendations (Refer to Appendix D: Child Welfare Reform Shareholders' Recommendations for a status of the recommendations).

After submitting its recommendations, the Shareholders Group was disbanded and one year later, the department convened the Child Welfare Reform Advisory group to ensure the continued implementation of the 58

recommendations. The Advisory Group met many times and initiated the development of a Strategic Communication Plan, folding in communication related to the Child and Family Service Review and the proposed strategic planning process. In January 2002, the Advisory Group determined that the strategic planning process and the creation of the Executive Leadership Group proposed by Director Hayes is the next evolution of the continuous improvement process within the child welfare system and replaces the need for the Shareholder's Advisory Group.

In November, 2001, the Office for Children and Families (OCF) embarked on a two year strategic planning process in order to identify and address the changing needs of our constituents. The planning process will result in a statewide plan to address the needs of Ohio's most vulnerable children and families. OCF is being joined in this statewide child welfare effort by the PCSAO. Through this partnership, OCF and PCSAO are challenging state and county, as well as, public and private agencies to consciously accelerate the capacity of the public children services system to deliver the most effective services possible to children and families (Refer to Appendix E: 2002-2004 Strategic Plan Briefing Paper).

In January 2002, OCF hosted fifteen environmental scans across the state to gather input into the planning process. Over 500 people attended these scans and provided data that was used by the sixty-five member, cross-system Guiding Group which met for three days in February to develop a mission and vision for the Public Children, Family and Adult Service System and to prioritize the issues areas that will be worked on during the next two years. One initiative highlighted for work is Leadership, Infrastructure and Funding. This initiative contains information about the formation of the Executive Leadership Group (A full listing of Guiding Group members is included in Appendix F).

In March, OCF went back to the fifteen e-scan groups to assess if they felt their concerns had been heard and addressed in the plan. The Guiding Group will next meet in May to revise the plan based on this input. Guiding Group meetings will occur quarterly for the next two years.

In summary, Ohio has been and continues working on multi-pronged efforts to consult and coordinate with external community stakeholders in development of the State's Child and Family Services Plan.

Concerns of stakeholders are typically addressed in a variety of forums that include formation and meetings of Executive Leadership Councils, written correspondence to the department, quarterly meetings between public children services agency directors and the Deputy Director of the Office for

Children and Families and other senior level office staff, regular meetings between the agency Director and management staff in the Office for Children and Families with the Executive Directors and staff of statewide advocacy associations.

2. *Discuss how effective the State has been in meeting the State plan requirements to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.*

Recognizing the need to benefit customers and public and private partners by increasing coordination among employment and training programs and coordination between employment and training programs and other human service or social service programs, the Ohio Bureau of Employment Services (OBES) and the Ohio Department of Human Services (ODHS) merged and the Ohio Department of Job and Family Services was created effective July 1, 2000. The strengths of programs in each of the existing agencies were built upon, including the Ohio Works First welfare-to-work program in the Department of Human Services and the OBES One Stop Shops that provide employment assistance throughout Ohio. This merger tremendously assists in coordination of services for agencies serving the same general population and the benefits include:

- Greater local flexibility by allowing for program customization and control by individual communities.
- Design and delivery of services occurs at the local level focusing on the needs of businesses and employees.
- Larger number of trained workers and more assistance available to help business and employees connect with each other.
- Improved efficiency through elimination of multi-agency duplication and simplification of service.
- Increased effectiveness and accountability through setting of outcome goals and measurement of performance standards.
- Better return on investment of both public and private stakeholders.

One of the strategies used to coordinate the services of the CFSP with the services and benefits of other public and private agencies serving the same general population is the establishment of county family services planning committees. These committees are required by the OAC and their purpose is to serve as an advisory board to the county commissioners with regard to the family services provided in each respective county. Committees are comprised of consumers of family services, and representatives from the public children services agency, child support enforcement agency, county

family and children first council, public and private colleges and universities, labor organizations, and other public and private entities that provide family services in the county. These committees are required to meet at least once a year to review and analyze county family services. From this review, the committee establishes goals and outcomes for the family service programs and makes recommendations for implementation and administration of programs and use of federal, state and local funds available for such programs.

The Ohio Family and Children First (OFCF) initiative strives to involve state and local governments, organizations and parents in streamlining and coordinating government services for families seeking assistance for their children. State level efforts are directed by the Governor's Cabinet Council which consists of the directors of each of the state's youth/child serving agencies. Local (county) level efforts are coordinated by the county Family and Children First Councils, with mandated members being the local counterparts of the state department directors, and family representatives, juvenile judges, local elected officials, and head start. State and local councils work to coordinate efforts around the vision of "enabling every child to succeed." To that end, in 2000 state and local partners collaborated on the following cross-systems efforts:

- **Crafted Ohio's Six Commitments to Child Well-Being that will be used to develop policy, align program efforts and resources, mobilize meaningful partnerships, and measure Ohio's progress in improving the lives of Ohio's children**
- **Coordinated the state's first Children's Budget, a companion document to Ohio's executive budget, which provides an inventory of the programs that support child well being**
- **Provided administrative funding to Ohio's 88 county Family and Children First councils**
- **Promoted early child development and improved service coordination through the integration of several birth to three children's programs into one consolidated initiative called Help Me Grow**
- **Supported early child learning through its Early Headstart and Headstart Collaborative**
- **Supported parent and family leadership advocacy training to strengthen families and children through the statewide Parents Leadership Training Institutes**
- **Partnered with the Ohio Commission on Fatherhood to promote responsible fatherhood**
- **Promoted school involvement in creating stronger linkages with community-based programs. Some of these efforts include: reducing**

unnecessary out-of-home placements, reducing teen pregnancy and coordinating educational treatment plans for multi-needs children.

House Bill 57 signed into law on November 20, 2001, went into effect February 20, 2002. This legislation requires the local Family and Children First Council members to amend their joint service coordination plans and address the service needs of children who are unruly, alleged unruly and at risk of being unruly and include a method to divert these children from the juvenile court system. At the time of the CFSR, the local councils will be in the planning stage of how to accomplish this task.

On April 16-18, 2001, ODJFS partnered with many state agencies, as well as a number of non-profit organizations to coordinate Ohio's Summit on Child Well-Being. The specific purpose of this Summit was to offer a platform for interaction and exchange of knowledge between state agencies, local agencies and providers about the wide range of child welfare issues in order to promote, improve, change, support and expand quality care and services for Ohio's children and their families.

Both the public and private shareholders in Ohio have taken significant strides to coordinate, expand and improve services to the same general population of children and their families who may receive services from several agencies at the same time.

3. *Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform Title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State Plan requirements or other program requirements and accurate eligibility determinations made, where applicable?*

ODJFS currently has interagency agreements with thirteen juvenile courts and with the Ohio Department of Youth Services (ODYS) to perform Title IV-E functions. Services provided by these entities are eligibility determinations, case planning, case and court reviews and other Title IV-E related services. These services can be performed by the juvenile courts, ODYS or the PCSA through contracts. Monitoring these contracts for compliance with State Plan requirements has been limited.

Existing departmental monitoring of interagency agreements with juvenile courts has consisted of reviews on program requirements, tests of compliance with the interagency agreements, case reviews, eligibility determination reviews and reviews of maintenance, administration and

training payments. An eligibility determination review of juvenile courts was completed in the fall of 2000 in preparation for Ohio's HHS eligibility review.

The department's Office of Research Assessment and Accountability (ORAA) recently completed an audit of the ODJFS/ODYS Interagency Agreement. The audit consisted of testing for compliance with the interagency agreement, fiscal testing which included reviews of cost reporting, as well as, billings for maintenance, administration and training and testing on eligibility determinations. ORRA has also created an audit team to review and ensure Title IV-E agencies are making accurate eligibility determinations and will continue to review one hundred cases per month statewide.

ODJFS is committed to completing compliance reviews on a consistent basis in the future. This department does not have any agreements in place with public or private agencies or contractors to perform Title IV-B functions.

4. *Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.*

Ohio has no federally or state recognized Indian tribes, reservations or tribal courts to assume jurisdiction of American Indian children entering the custody of PCSAs or PCPAs. ODJFS developed a protocol to be used in cases involving American Indian children and families. At the time the protocol was developed, the department requested the Bureau of Indian Affairs (BIA) review the protocol. The BIA representative did not indicate any corrections were required to the protocol.

Once American Indian heritage has been identified agencies are required to seek written verification of a child's heritage. In order to provide assistance to the counties in establishing tribal membership, the department entered into an agreement with the North American Indian Cultural Center and American Indian Services to:

- Determine tribal verification
- Serve as a representative for the tribal court or council if they request jurisdiction
- Represent the tribal court or council in all legal matters including court proceedings, if requested
- Locate an appropriate placement for the child, if requested by the tribal court or council

In order to assess agency compliance with the provisions of the Indian Child Welfare Act the department conducted telephone interviews with caseworkers identified as having families who were identified by FACSIS as *American Indian*.

FACSIS FFY2000 data identified 73 children as American Indian. These children were located in 21 Ohio counties. Telephone interviews determined that of the 73 children identified by FACSIS as American Indian only four were American Indian using the definition of American Indian found in the Indian Child Welfare Act. The remaining children were identified by caseworkers as Hispanic. Further analysis revealed the AFCARS race code defines American Indian as: “a person having origins in any of the original people of North or South America, including Central America and who maintains tribal affiliation or community attachment.” The state would recommend the federal government reexamine its definition of American Indian.

In all four cases agencies had attempted to seek written verification of the child’s heritage and membership with a tribe early on the case. The majority of Ohio agencies utilize the North American Indian Cultural Center (NAICC) in Akron while several contacted the identified Tribe directly. Agencies felt they received written verification in a timely manner, usually not longer than four weeks.

The responsibility of obtaining the written verification is handled differently in each agency. In a number of agencies, the legal department was responsible for initiating the request, while others had the worker or supervisor make contact. In all cases, the court was notified of the potential for the tribe to claim jurisdiction.

Results of the survey showed that although NAICC was timely in their response to the agencies, the tribes, in all 4 cases, did not assume jurisdiction of the child. The workers interviewed explained that the children in question had such severe problems the tribe did not want to take on the responsibility. Consequently, the children were not placed with families approved by the tribe.

Workers also expressed concerns over the amount of detailed information that is needed in order for tribal membership to be established. In many cases, the historical information on birth family members is not available. The lack of this information has played a role in the denial of tribal membership.

One agency expressed concern over the manner in which the tribe handled the placement of a child with whom they did assume jurisdiction. The agency sought tribal verification of a child in foster placement and received

notification that the child was indeed a tribal member and the tribe wished to assume jurisdiction. The child, who was in a foster care placement was removed and placed with a family who were members of the tribe. The agency was not informed of the whereabouts of the child, nor was the foster parent permitted to have contact. To date, the agency has not heard from the child and has no idea of her well-being.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

- 1. *Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes and child care institutions in which children served by the agency are placed.***

The ORC has required the State to license and certify associations or institutions, which by definition includes family foster homes, as early as 1953. Current statutory authority to write OAC rules is found in ORC Section 5103.03 and includes entities defined in ORC Section 5103.02. Rules are written and revised whenever federal requirements are changed, ORC is written or revised, and when best practice dictates.

The rule writing process entails drafting of language in rule format by a state policy writer, and the input of identified stakeholders. Once drafts are written, they are reviewed through an internal “clearance” process whereby departmental staff review to determine the impact on other areas of the Department, including the Department’s Office of Legal Services to determine constitutionality, as well as for clarity and grammar. After the internal clearance review is completed and any revisions are made, the drafts are sent to departmental clearance. Departmental clearance means that drafts are sent for review to specified mandated state clearance reviewers. Any individual in the state may submit clearance comments using the ODJFS’ website. After departmental clearance comments are incorporated, rules are then filed with the Joint Commission on Agency Rule Review (JCARR), a committee of the Ohio Legislature. Before rules are enacted, the Department must conduct a public hearing and have a review conducted by JCARR. The public hearing dates with the rule topics are published in approximately eight metropolitan newspapers statewide.

House Bills 448 (2000) and 332 (2000) have made changes throughout the Ohio Revised Code to codify some aspects of rule and to create additional requirements and standardized requirements for infant foster care, treatment foster care, and medically fragile foster care. As a result, new rules have been drafted and existing rules have draft amendments regarding foster care licensing requirements. The drafts are now going through the aforementioned clearance and Joint Commission on Agency Rule Review (JCARR) process.

Agencies that operate residential facilities must do so in accordance with the provisions of the OAC. This includes requirements on agency administration, site and safety, critical incident reporting, and hiring and training child care workers.

In addition to the general rule writing process, current statute requires a five year rule review. Failure to follow the steps in the five year rule review process renders a rule obsolete. The process is thorough and ensures that rules are current and continue to serve the purpose for which they were written. (Refer to Attachment G for a listing of foster and adoptive home OAC rules.)

Through the clearance and five year rule review process, there are many opportunities for stakeholders and constituent groups to participate.

2. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.*

On August 31, 2001, there were 12,145 foster homes licensed by ODJFS according to FACSIS Data. These homes are recommended to the department for licensing by public and private agencies. The State ensures that licensure standards are applied uniformly through the monitoring process.

As a condition of licensure for private agencies or for public (county) agencies that operate a residential facility, substantial compliance must be met and maintained. Substantial compliance is defined by "passing" the monitoring review by 75%. Records are pulled regarding all aspects of agency operation specific to its certified functions, e.g., family foster home records, adoptive parent records, child care worker and personnel records, children in the custody of a private agency records, children in a residential facility records, using a statistically valid random sampling methodology. If an agency operates a residential program, the department also conducts an individual inspection of each facility to determine physical site and safety compliance. A fire inspection conducted by the State fire marshal's office or a local, certified fire inspector is also required. Failure to meet substantial compliance in a record review or 100% compliance of site and safety requirements for a residential program, results in the need to complete corrective action, the issuance of a temporary license, or the initiation of revocation action. For public agencies that only operate a family foster home program, the same monitoring review is completed as is completed on the private agencies. Corrective action is required for noncompliance; however, there is no license to revoke. Instead, noncompliance for PCSAs could lead to fiscal sanctions, court proceedings, or an involuntary transfer of this responsibility to another public or a private agency.

The department initiated visits to individual foster homes in the spring of 2001, as a part of its ongoing monitoring process of private and public agencies. The visits are to review site and safety requirements and to verify the agencies' compliance with rules governing foster home licensure.

Although the individual foster homes have a two year license, agencies are required to conduct some annual activities (e.g., an annual evaluation of caregivers' strength and growth areas of the home and of the support services of the agencies' representatives to the caregivers). Some private agencies and public agencies exceed this and other annual activities by completing a full annual review.

Private agencies and all residential facilities are inspected at least twice during each two year recertification period, not including the recertification inspection. At least one of these inspections is unannounced. These two inspections are in addition to any licensing complaint investigation or inspections, which are commenced with three days of receipt of the complaint or allegation.

Another method to ensure that standards are applied uniformly is the standardization of the training requirements for foster homes and adoptive homes, and child care workers. Refer to Section D, Staff and Provider Training, Question 2 for a description of training requirements.

Although placement of children with relatives was not specifically addressed in the question, it should be noted that relatives are required to meet the same licensing requirements as non-relatives in order to receive foster care payments. Relatives who choose not to be licensed, must still meet the same requirements as non-relatives when the PCSA approves the relative placement.

3. *Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?*

The State, by rule, has required a background check on prospective foster and adoptive families, since the mid 1980s. In 1991, applicants with specific convictions were prohibited from family foster home licensure. There were no prohibitions regarding adoption.

Effective October 29, 1993, legislation was enacted to require a criminal background check for applicants for foster care, adoption, and residential child care employment (as well as child day care and children's hospital employment). A criminal records check was defined as a fingerprint check via the Ohio Bureau of Criminal Investigation and Identification (BCII). Specific convictions were identified in statute as prohibited offenses unless rehabilitation could be established. The State was given the authority to write rules on how rehabilitation was to be considered. OAC rule 5101:2-5-07, "General requirements to be certified as a foster caregiver" contains the prohibitions and procedures to conduct a criminal records check for prospective family foster homes. OAC rule 5101:2-48-10, "Restrictions concerning provision of adoption services" contains the prohibitions and procedures to conduct a criminal records check for prospective adoptive parents. OAC rule 5101:2-5-09, "Personnel and prohibited convictions for employment" contains the prohibitions for employment. OAC rule 5101:2-5-091, "Criminal records check required for certain prospective employees and certified foster caregivers" contains additional procedural requirements. The BCII fingerprint check can be accomplished by sending a completed fingerprint card to BCII through the mail or by "Webcheck".

Webcheck is an Internet based criminal records check developed by BCII and made available to the recommending agencies. Private agencies and public agencies must purchase the hardware to capture the actual fingerprints and the software from BCII. The individual \$15 fee is submitted with each request sent by mail. The individual \$15 fee for Webcheck records checks are billed to the agencies monthly. Webcheck records checks may take up to several minutes. Some private agencies, as well as some public agencies, have purchased the hardware and software. Boy's Village and Clark County Department of Job and Family Services are examples of both types of agencies which use Webcheck.

Again, as a State supervised, county administered State, ODJFS determines that compliance with statute and rule is met through monitoring. In this case, failure to comply is also a violation of the ORC.

4. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.*

ODJFS places requirements on agencies specific to the type of program for which a private agency is licensed to operate or by which a public agency is

monitored. OAC rule 5101:2-5-13, “Required agency policies” imposes policy development requirements on agencies including the requirement that an agency have a written policy describing strategies for foster caregiver recruitment. The rule lists several issues that must be included in the recruitment policy. The requirements include “procedures for a timely search for foster caregivers, including the use of interagency efforts, provided that such procedures must ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.”

It should be noted that Ohio’s foster care recruitment policy requirement goes beyond recruitment for ethnic and racial diversity of children. ODJFS rules require the public or private agency to describe the characteristics of children served by the agency to include: age; developmental needs; emotional needs; physical needs; cultural, racial, and ethnic needs; levels of care needs to recruit to meet the needs of the children served. The policy must include diverse methods for disseminating information regarding the children served, strategies to reach all parts of the community for recruitment, strategies for training staff to work with diverse cultural, racial, and economic communities, and strategies for dealing with linguistic barriers.

OAC rule 5101:2-48-05, “Agency adoption policy and agency recruitment plan” imposes requirements on agencies for adoptive parent recruitment. The agency which places children, or that is certified to participate in the placement of children, must have a written adoption policy that shall include, but not be limited to: the geographical area in which an agency conducts homestudy assessments; criteria for matching adoptive parents to available children; nondiscriminatory procedures to review families expressing interest, regardless of geographical location; availability of open adoptions and a referral process if the agency does not provide open adoptions; training requirements for adoptive families; criminal records checks and fees for criminal records checks; restrictions, if any, regarding length of time between adoptive placements; foster caregiver adoptions; relative adoptions; joint foster care and adoption application and homestudy assessment process; update procedures; time frames and eligibility requirements related to special and nonspecial needs; agency review procedures; participation in title IV-E; schedule of fees; religious affiliation; provision of prefinalization and postfinalization services; and the availability of a state hearing if the family believes that placement was denied solely due to geographic location. Pursuant to OAC rule 5101:2-48(D), the agency’s comprehensive recruitment plan shall include, but not be limited to:

- (1) A description of the characteristics of children available for adoption, including their developmental, emotional, physical and cultural needs
- (2) Specific strategies to reach all parts of the community

- (3) Diverse methods of disseminating both general and child specific information and recruitment activities**
- (4) Strategies for assuring that all prospective parents have access to the homestudy process, including location and hours of services that facilitate access to all members of the community**
- (5) Procedures for assuring that all prospective parents will receive information regarding adoption procedures within seven days of inquiry**
- (6) Strategies for training staff to work with diverse cultural, racial, and economic communities**
- (7) Strategies for dealing with linguistic barriers**
- (8) Procedures for the provision of adoption homestudy services and preservice training to families in other counties**
- (9) Nondiscriminatory fee structures**
- (10) Procedures for a timely search for prospective parents for a child in the permanent custody of the agency, including the use of exchanges, OAPL, AdoptOhio web page and other interagency efforts**
- (11) Procedures for a timely search of prospective adoptive families**

Recruitment for family and specialized foster homes is mainly accomplished at the local level by PCSAs or PCPAs. OAC rules 5101:2-5-13 and 5101:2-48-05 require agencies to develop written policies that describe strategies for foster caregiver and adoptive parent recruitment. These recruitment plans are reviewed by ODJFS regional office staff. Such reviews seek to ensure that the plans submitted by agencies include information related to seeking a resource base of families that reflect the ethnic and racial diversity of the children in the local area.

Ohio provides support for the recruitment and retention efforts of local agencies in the following ways:

- Time is set aside at quarterly statewide managers meetings, sponsored by ODJFS, to discuss issues related to recruitment. Facilitated discussions are held where public and private agencies share what they have found to be successful strategies. Information is also shared related to the types of strategies that have not had the desired or expected outcome, and how they can be improved.**
- ODJFS staff, directly and through the use of specialized trainers, provide technical assistance to local agencies.**
- Ohio’s “Help Me Grow” program is utilized as a communication device to disseminate information and provide public awareness on issues related to foster care and adoption. “Help Me Grow,” organized in**

1995 by the Ohio Family and Children First Initiative, provides a statewide toll-free helpline that responds to inquiries for information on health and social programs, including foster parenting and adoption. The helpline's trained referral specialists provide direct assistance and referral packets to callers that include information based within their own communities.

- ODJFS staff work closely with the OCWTP as they develop supervisor and caseworker curricula that addresses recruitment and retention.

ODJFS also endorses and supports the month of May as National Foster Care Month. The theme for 2000 is "Helping Children and Youth Cross Life's Bridges." A survey was sent to all PCSAs and PCPAs asking their plans for the month, and this was shared with other agencies looking for ideas. Other activities were also engaged in to support the efforts of public awareness and recruitment throughout the year:

- ODJFS purchased recruitment aids to enhance the efforts of PCSAs and PCPAs, such as mailing inserts and glancer cards, that can be used to provide potential caregivers with agency information on foster care and adoption.
- Governor Taft signed a proclamation recognizing May as "Foster Care/Adoption Month."
- ODJFS developed a poster that agencies can use to encourage the public to become aware of the needs of children in care and how they can help to meet those needs.
- A public service announcement was recorded by ODJFS staff and issued to radio stations across the state to encourage individuals to learn more about adoption and foster care, and to become adoptive or foster parents.
- During the National Foster Parent Association's Annual Training Conference, held in Cincinnati during April/May, ODJFS provided an information table on adoption and foster care.
- Provided \$300,000 to the largest metropolitan counties for enhanced recruitment activities (from the Adoption 2002 Incentive monies)

ODJFS also provided funding for attendance of foster parents at the national conference mentioned above, and works very closely with the state association for resource families, the Ohio Family Care Association (OFCA).

ODJFS staff are currently working with OFCA and the treatment foster care community to develop a conference and awareness campaign for treatment/special needs foster care.

Based on January 1, 2001, FACSIS information for foster homes licensed by the PCSAs, 2067 (39%) families identified themselves as a minority race. There were 525 PCSA homes that were not included due to missing information. Additionally there were 5,494 foster homes licensed by private agencies where race was not reported.

Of the adoptive families approved within the past six years who still have open adoptive homestudies or cases, 27% are of a minority race. Comparing percentages of minority families with minority children indicates a need to increase the number of minority families who are recruited and retained in the system. Minority children represent 51% of the children in temporary commitment and 55% of the children in permanent commitment.

Statewide, there has been a sizeable increase in the percentage of African-American children adopted. In FFY 98, 41% of the children who were adopted were African-American, in FFY 99, 48% of the children adopted were African-American, and in FFY 00, 50% of the children adopted were African-American.

These increases are the result of state and local targeted recruitment efforts. One example of targeted recruitment includes the state's Child Specific Recruitment Pilot Project. This \$300,000 project was designed to find permanent homes for some of Ohio's more difficult to place waiting children. To this end, increased fiscal incentives are being provided to agencies that are able to find permanent homes for specified children. The list of eligible children was developed to ensure that it represented the race and ethnicity of the pool of waiting children and only included children who had been in public custody for at least two years, were 10 years of age or older, and/or a member of a sibling group of three or more.

- 5. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, time frames for initiating recruitment activities and specific methods.***

The Adoption and Safe Families Act of 1997 (ASFA) has significantly increased the number of children available for adoption. ASFA requires states to “develop plans for effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.” and

to assure that no one “delays or deny the placement of a child for adoption when an approved family is available outside of a state’s jurisdiction.” According to the Interjurisdictional Leadership Summit report, submitted by Madelyn Freundlich, of Family Builders Adoption Network. inter- jurisdictional adoption practice arises in two contexts:

- The placement of children with adoptive families across state lines, and
- The placement of children with adoptive families who live in the same state as the children but in different counties.

Ohio has focused on ways to ensure we are meeting the needs and finding permanent homes for our waiting children through the use of interjurisdictional families. Ohio believes that one of the best ways to meet the needs of our children is to respond to everyone, in or out of state, that inquires about our waiting children. Ohio has policy and law in place to assist in decreasing the barriers that effect interjurisdictional placements. Each PCSA, PCPA, and PNA shall respond to inquiries concerning adoption within seven working days and shall provide the following information to the inquirer:

- A copy of the PCSA, PCPA, or PNA adoption policy, or summary of the agencies policy, prepared pursuant to OAC rule 5101:2-48-05.
- A copy of the "Ohio Adoption Guide."
- A description of the characteristics and approximate number of children available for adoption in Ohio.
- The availability of Title IV-E adoption assistance and state adoption subsidy programs including eligibility requirements and the application process.
- The availability, for review, of a copy of the "Ohio Adoption Photo Listing" (OAPL); and the address of the AdoptOHIO Photo Listing web page.
- How to obtain an application for adoption and a copy of the PCSA, PCPA, or PNA adoption policy, or summary of the policy, prepared pursuant to OAC.
- The foster care/adoption homestudy assessment process.

The OAC rules additionally require the PCSA, PCPA, or PNA which is certified by ODJFS to place children for adoption or to participate in the placement of children for adoption to have a current written adoption policy and to make this policy available upon request to individuals interested in adoption services. The policy must include, but not be limited to, the following topics:

- The geographic area within which the agency conducts adoption homestudy assessments with families
- Criteria for matching adoptive parents to available children
- Nondiscriminatory procedures to review adoptive families who express interest in adoption to the agency, regardless of geographic location, for matching with available children. An agency cannot use geographic location as the basis for denying or delaying placement of available children

The OAC rule further indicates that families shall be considered for match regardless of geographic location.

Ohio maintains and regularly updates a state web page. This page is available to any potential foster or adoptive parent throughout the United States who has access to the Internet. The web site contains an AdoptOhio Guidebook, which explains the adoption requirements, process and photo listing of all available children, waiting for adoption. Each child placing agency licensed in Ohio is required to list their available children on the web site. This requirement is supported by OAC rule and in essence states that the purpose of the "Ohio Adoption Photo Listing" (OAPL) is to provide agencies with an effective recruitment tool for prospective adoptive families and children awaiting adoptive placement. Each agency that assumes permanent custody of a child shall, within ninety days of the date of obtaining permanent custody of a child, register the child with the AdoptOHIO Photo Listing.

Ohio is currently in the process of purchasing a membership from the National Adoption Center (NAE). NAE's, "Faces of Adoption" is the nation's largest web site for U.S. waiting children. This site will include photos and description of Ohio's waiting children throughout the United States. We expect that the utilization of this site will provide access by many more families to our children and increase Ohio's number of adoptive placements.

Ohio's Adoption, Licensing and ICPC units work in a joint effort to ensure that placements involving interjurisdictional issues are addressed and resolved in a timely manner. Ohio's counties have been extremely creative in alleviating financial difficulties that may occur during out of state and cross

county adoptive placements. At least one county has invited families and key adoption workers to participate in a large group forum to dialogue about available children and their needs. These types of events have produced tentative matches. The agency used their recruitment funding dollars to assist families in traveling and lodging. Agencies have also made an effort to increase collaboration between states by having a primary worker from agencies maintain contact with key adoption personnel in other states.

Agencies also allow for the reimbursement of travel expenses through the State Special Services Subsidy if all expenses are not covered under the Non-Recurring Adoption Subsidy.

Ohio is a member of the Interstate Compact on Adoption and Medical Assistance. Ohio provides reciprocity to all states. We feel that children who are adopted via a federal or state subsidy must receive appropriate benefits and services. Currently Ohio is attempting to put in place OAC rules that will allow adoptive families moving into the state of Ohio to access state-funded Medicaid similar to families receiving Medicaid via a federal adoption assistance agreement. Ohio also works closely with other ICAMA coordinators to assist families in establishing Medicaid.

SECTION III- Safety and Permanency Data

I. CHILD SAFETY PROFILE ^A <i>Ohio</i>	Calendar Year 1998						Calendar Year 1999						Calendar Fiscal Year 2000					
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%
I. Total CA/N Reports Disposed ¹	84,522		135,613		112,379		78,575		128,924		108,278		73,798		120,712		102,345	
II. Disposition of CA/N Reports ³																		
Substantiated & Indicated	36,195	42.8	58,938	43.5	50,878	45.3	33,796	43.0	55,921	43.4	48,721	45.0	32,726	44.4	54,084	44.8	47,344	46.3
Unsubstantiated	27,769	32.9	44,481	32.8	39,331	35.0	22,767	29.0	37,067	28.8	32,780	30.3	19,782	26.8	31,952	26.5	28,455	27.8
Other	20,558	24.3	32,194	23.7	27,975	24.9	22,012	28.0	35,936	27.9	31,153	28.8	21,290	29.8	34,676	28.7	30,389	29.7
III. Child Cases Opened for Services ⁴			26,829	45.5	21,624	42.5			25,014	44.7	20,585	42.3			23,557	43.6	19,536	41.3
IV. Children Entering Care Based on CA/N Report ⁵			10,245	17.4	7,888	15.5			9,140	16.3	7,266	14.9			9,054	16.7	7,206	15.2
V. Child Fatalities ⁶					59	0.1					54	0.1					55	0.12
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Recurrence of Maltreatment ^{7,B} [Standard: 6.1% or less]					1,513 of 17,061	8.87					1,052 of 12,734	8.26					967 of 11,256	8.59
VII. Incidence of Child Abuse and/or Neglect in Foster Care ^{8,C} (for Jan-Sept) [Standard: 0.57% or less]					173 of 30,671	.56					197 of 31,428	.63					186 of 31,520	.59

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Disposition Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated,” “Unsubstantiated, Other than Intentionally False Reporting” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition - Not a Victim,” “Other,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated.

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “Reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s

report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element, "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglect-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period. The count also includes fatalities that have been reported on the Agency File, which collects non-child welfare information system data.
7. The data element, "Recurrence of maltreatment," is defined as follows: Of all children associated with a "substantiated," "indicated," or "alternative response victim" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated," "indicated," or "alternative response victim" finding of maltreatment within a six-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #1.
8. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of maltreatment? A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period jointly addressed by both NCANDS and AFCARS. For both measures, the number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #2.

ADDITIONAL NOTES

- A. Some of the safety profile is based on alternate data as described by the Ohio on October 24, 2001, and revised by the State in its December 17, 2001 submission to the Children's Bureau. Approval was given to Ohio by an email on December 19, 2001.
- B. Ohio collects safety data based on level of risk, a more complex system of categorization than the NCANDS "substantiated, indicated, and unsubstantiated." These data were recategorized to fit the NCANDS definitions shown in the profile. For the three years of the profile, using their "level of risk" approach, they also reported Recurrence data as follows: 1998: 3,129 of 27,268 = 11.47%; 1999: 2,893 of 25,994 = 11.13%; 2000: 2,746 of 25,483 = 10.78%.
- C. As indicated in additional footnote B, above, Ohio also submitted data using their own "level of risk" categories. For the three years of the profile, they reported Incidence of Abuse/Neglect in Foster Care as follows: 1998: 194 of 30,671 = 0.63%; 1999: 223 of 31,428 = 0.71%; 2000: 232 of 31,520 = 0.74%.

II. POINT-IN-TIME PERMANENCY PROFILE <i>Ohio</i>	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year			16,951		19,100	
Admissions during year			15,946		15,396	
Discharges during year			12,819		14,131	
Children in care on last day of year			20,078		20,365	
Net change during year			+3,127		+1,265	
II. Placement Types for Children in Care						
Pre-Adoptive Homes			502	2.5	900	4.4
Foster Family Homes (Relative)			3,381	16.8	3,251	16.0
Foster Family Homes (Non-Relative)			12,565	62.6	12,382	60.8
Group Homes			787	3.9	782	3.8
Institutions			1,780	8.9	1,932	9.5
Supervised Independent Living			130	0.6	147	0.7
Runaway			424	2.1	477	2.3
Trial Home Visit			345	1.7	391	1.9
Missing Placement Information			153	0.8	87	0.4
Not Applicable (Placement in subsequent year)			11	0.1	16	0.1
III. Permanency Goals for Children in Care						
Reunification			7,119	35.5	7,670	37.7
Live with Other Relatives			0	0	0	0
Adoption			3,337	16.6	3,569	17.5
Long Term Foster Care			2,110	10.5	2,132	10.5
Emancipation			790	3.9	638	3.1
Guardianship			0	0	0	0
Case Plan Goal Not Established			6,722	33.5	6,356	31.2
Missing Goal Information			0	0	0	0

II. POINT-IN-TIME PERMANENCY PROFILE (continued) <i>Ohio</i>	Federal FY 1998	Federal FY 1999	Federal FY 2000
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	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Placement						
One			7,755	38.6	7,813	38.4
Two			4,967	24.7	5,071	24.9
Three			2,503	12.5	2,668	13.1
Four			1,443	7.2	1,428	7.0
Five			870	4.3	905	4.4
Six or more			2,280	11.4	2,326	11.4
Missing placement settings			260	1.3	154	0.8
V. Number of Removal Episodes						
One			12,878	64.1	13,166	64.7
Two			4,953	24.7	4,861	23.9
Three			1,484	7.4	1,537	7.5
Four			484	2.4	506	2.5
Five			165	0.8	189	0.9
Six or more			114	0.6	106	0.5
Missing removal episodes					0	0
VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)			7,385	50.3	5,665	43.7
	Number of Months		Number of Months		Number of Months	
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)			13.4		14.4	

II. POINT-IN-TIME PERMANENCY PROFILE (continued) <i>Ohio</i>	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
VIII. Length of Time to Achieve Perm. Goal						
Reunification/Relative Placement			9,087	4.9	8,952	5.3
Adoption			0	0	1,693	32.6
Guardianship			490	5.7	549	6.3
Other			1,097	31.6	1,189	30.8
Missing Discharge Reason			2,038	0.7	1,583	0.6
Missing Date of Latest Removal or Date Error ³		N/A	107	N/A	165	N/A
Statewide Aggregate Data Used in Determining Substantial Conformity	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more]			6,784	74.0	6,710	74.0
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32% or more]			N/A	N/A	495	29.2
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]			15,511	84.0	15,405	85.9
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]		(% new entry)	2,013	12.6 (69% new entry)	2,102	13.7 (72% new entry)

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP <i>Ohio</i>	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)			5,062	67.2	5,146	72.1
II. Most Recent Placement Types						
Pre-Adoptive Homes			21	0.4	45	0.9
Foster Family Homes (Relative)			1,504	29.7	1,566	30.4
Foster Family Homes (Non-Relative)			2,405	47.5	2,425	47.1
Group Homes			305	6.0	244	4.7
Institutions			507	10.0	566	11.0
Supervised Independent Living			9	0.2	10	0.2
Runaway			59	1.2	73	1.4
Trial Home Visit			121	2.4	109	2.1
Missing Placement Information			128	2.5	102	2.0
Not Applicable (Placement in subsequent yr)			3	0.1	6	0.1
III. Most Recent Permanency Goal						
Reunification			2,021	39.9	2,281	44.3
Live with Other Relatives			0	0	0	0
Adoption			104	2.1	122	2.4
Long-Term Foster Care			226	4.5	166	3.2
Emancipation			60	1.2	56	1.1
Guardianship			0	0	0	0
Case Plan Goal Not Established			2,651	52.4	2,521	49.0
Missing Goal Information			0	0	0	0

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY99 and FY00 counts of children in care at the start of the year exclude 552 and 439 children, respectively. These children were in their first foster care episode on both the last day of the prior year and the first day of that year. During the fiscal year, these children exited care and then re-entered into another episode of foster care. These children are counted as “Admissions” to foster care for that year, and as “In care on the last day” for the prior year. They were not included in the count for “In care on first day of year” because only the latest record received (i.e., the second episode) determines how the child is counted in the annual file. No FY98 foster care data were available.

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most recent 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³Dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/A = Not Applicable

⁴No FY98 foster care data were available.

⁵This First-Time Entry Cohort median length of stay was 6.9 months for FY99. This included 44 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded from the calculation, the FY99 median length of stay would have been 7 months.

⁶This First-Time Entry Cohort median length of stay is 7.1 months for FY00. This includes 49 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded from the calculation, the median length of stay would have been 7.4 months.

Section IV - Narrative Assessment of Child and Family Outcomes

A. Safety

Outcome S1: Children are, first and foremost, protected from abuse and neglect.

Outcome S2 Children are safely maintained in their homes whenever possible and appropriate.

Based on examination of the safety data elements on the safety data profile in section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.

1. **Trends in Safety Data.** *Have there been notable changes in the individual data elements in the safety profile in Section III over the past 3 years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State.*

Over the past three years there has been a slight decrease in the number of reports of child abuse and neglect, which follows a trend that has manifested itself for the past five years. The reasons for this are unclear, but may in part be influenced by the implementation of more sophisticated screening procedures. Data also indicates there has been a decrease in the percentage of cases open for services. Counter-indicative to the decline of total reports between 1999 and 2000, more children have entered substitute care based on a report of child abuse and neglect. This increase is statistically insignificant, and may be a result of fluctuations due to sibling groups. There has also been a slight decrease in the recurrence of child maltreatment.

2. **Child Maltreatment (Safety Data Elements I & II).** *Examine the data and reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports.*

Beginning in 1998, Ohio shifted CPS practice away from a substantiation model of reporting an alleged perpetrator with a case disposition of *substantiated, indicated, or unsubstantiated* in favor of determining current and future risk to the child and safety. Agencies record risk levels and plan for service intervention based upon levels of risk. As a result, it is difficult to draw any conclusions from the data, since attempts were made to “fit” risk levels into the case dispositional categories of substantiated, indicated, and unsubstantiated. Thus, while it may appear from the data that *substantiated* and *indicated* reports were declining, they were declining because agencies were implementing risk assessment.

3. **Cases Opened for Services (Safety Data Element III).** *Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened.*

There has been a slight decline in the number of cases opened for services. Since Ohio moved to a risk assessment process we have not been able to compare the cases open for services following a report of maltreatment to the rates of substantiated reports received.

4. **Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV).** *Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population.*

Children placed as a result of child abuse and neglect have been identified as living in high-risk environments where their safety cannot be assured. When receiving a report of alleged abuse and neglect, the PCSA performs an initial screening to determine the presence of imminent risk (danger) to the child. A caseworker must respond immediately if imminent danger is present. Some agencies may engage in safety planning as the initial step of risk assessment and, when imminent danger exists and there are resources available for the child to remain safely in the home, a safety plan is developed and implemented. The purpose of the safety plan is to control the conditions that are currently endangering the child and identify responsible parties who are willing to take immediate steps to protect the child. Once the danger is controlled, a risk assessment is completed.

The risk assessment determines, from the information gathered during the assessment, the level of risk of child abuse/neglect. Ohio uses the following seven factors, with associated elements under each, to determine the risk of child abuse/neglect:

- Type and degree of acts or conditions to which children have been exposed
- Frequency of acts or conditions to which children have been exposed
- Child characteristics
- Characteristics of all involved adults
- Adult/child relationship
- Socio-economic factors
- Alleged perpetrator access/responsibility for care of child.

Throughout each stage of the decision-making process, (identified above as beginning with the initial assessment and progressing through case closure), risk assessment closely examines the impact of the interactions and relationships between the child, family, and community. The nature (e.g., supportive/unsupportive) and strength of these relationships drive the decisions that are made to protect children and preserve families, and empower communities to actively participate in the process.

Once the PCSA has completed the risk assessment and the decision regarding the provision of further services is determined or agreed upon by the parent, guardian, or custodian, the PCSA develops a case plan. Case plans address the causal factors that have resulted in the abuse or neglect of the child. The purpose of the case plan is to reduce the severity of concerns, lower the risk to the child and ensure the minimum sufficient level of care for the child. The case plan has five permanency planning options:

- Maintain the child in his or her own home; prevent removal
- Return child to his or her parent, guardian, or custodian
- Place child in a planned permanent living arrangement, excluding adoption
- Independent living
- Adoption

Several key elements from the Family Risk Assessment Matrix help clearly identify whether there is imminent risk and assess whether the caretaker is capable of protecting the child, using available support services. Elements workers assess include: the vulnerability of the child; severity and frequency of the maltreatment; ability and willingness of the caretaker to protect the child; resources and supports available to the family; and accessibility of the alleged perpetrator to the child. There have been several efforts made throughout the state to provide intensive services to prevent placement. (Refer to the Service Array Section of this report).

5. Child Fatalities (Safety Data Element V). *Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues.*

Over the past three years, the number of child fatalities due to child maltreatment, which have been reported to the PCSA, has remained relatively stable. In 1999 and 2000 the department started to examine its child fatality data. In 1999, 41 child fatalities were reported to the ODJFS regional offices. Seven fatalities were attributed to child abuse and neglect, and 34 fatalities were attributable to natural causes, illness, or accidents. Of the 41 child fatalities, 15 were open/active and 11 were closed/inactive. In 2000, 54 child

fatalities were reported to the regional offices. Of the 54 fatality reports received, 12 cases were attributable to child abuse and neglect, 16 were undetermined, and 26 were a result of children dying of natural causes, illness, or accidents. Of the 54 fatalities, 32 cases were open/active and six were closed/inactive.

The state now requires the health commissioner of the board of health of a city or a general health district to establish a Child Fatality Review Board. One of the responsibilities of the review board is to review the deaths of all children under 18 years of age and submit to the Ohio Department of Health a report which contains the following information: cause of death, factors contributing to death, age, sex, race, geographic location of death, and year of death. It is anticipated that this data will assist in developing strategies to prevent child fatalities.

- 6. Recurrence of Maltreatment (Safety Data Element VI). *Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the state's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment.***

The state does not meet the national standard of 6.1% or less. Ohio has a rate of recurrence of maltreatment between 8.26% to 8.87% over the past three years according to *Ohio's Child Safety Profile*. CPOE has been examining recidivism on terminated substantiated and indicated child abuse and neglect reports since 1992. Over the years, there has been a steady decline in the rate of recidivism. The following table presents this information.

Statewide CPOE Outcome Indicators

Indicator 2C: Recidivism of terminated substantiated and indicated CAN cases.

Disposition of report is based on the 0104 and 0114 events. For the purposes of this indicator, reports with case resolution risk levels 03 (Low/Moderate Risk) through 06 (High Risk) are counted as “substantiated or indicated.”

Closed cases are determined by the 0200 event.

Base: The number of children with a substantiated or indicated abuse/neglect disposition where an on-going case was terminated during the period.

6/12 months: Percent of children with a substantiated or indicated abuse/neglect disposition whose case terminated during the period and a subsequent substantiated or indicated abuse/neglect disposition occurred up to 6 months, and between 6 and 12 months post the case termination.

Basis: This measure demonstrates the recidivism of substantiated or indicated abuse and/or neglect on a six month cohort of children with a terminated case.

Semiyear	Base	6 months	12 months
1992H1	41446	13.0%	6.9%
1992H2	40448	12.3%	7.3%
1993H1	38217	11.8%	6.8%
1993H2	36462	12.0%	7.8%
1994H1	35564	12.8%	7.3%
1994H2	37815	12.7%	7.6%
1995H1	36042	13.4%	6.4%
1995H2	33536	12.5%	7.4%
1996H1	33405	12.8%	7.0%
1996H2	33691	12.5%	7.1%
1997H1	32083	12.3%	6.3%
1997H2	30942	11.6%	7.1%
1998H1	28679	11.6%	6.0%
1998H2	28962	11.1%	6.9%
1999H1	27357	11.4%	5.9%
1999H2	27860	10.7%	6.5%
2000H1	26766	10.6%	5.6%

Statewide CPOE Outcome Indicators			
Indicator 2C: Recidivism of terminated substantiated and indicated CAN cases.			
2000H2	2554	10.3%	
2001H1	24628		

We need to conduct further analysis in this area. It is anticipated that as the state returns to use of the dispositional categories of *substantiated*, *indicated*, and *unsubstantiated* which is linked to an alleged perpetrator, we will be able to gather additional information on the characteristics of the perpetrator and the nature of the abuse/neglect. (Note: On April 1, 2001, the state required PCSAs to return to making a case disposition of *substantiated*, *indicated*, and *unsubstantiated* for all cases.)

7. Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VI). *Discuss whether or not the state's incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or preadoptive placements.*

CY 2000 data indicates the state does not meet the national standard of 0.57% or less by 0.02% (.59% in CY 2000). In CY 1998 Ohio had met the national standard. In 1982, Ohio started to examine abuse and neglect of children in institutional care and conducted several forums on protection of children while in out-of-home care. The department advocated for codification of a definition of out-of-home care abuse and out-of-home care neglect in statute. The state currently has both definitions. One problem identified is that some workers arrive at a case disposition of *substantiated* when in fact the information leading to their conclusions relates to a licensing violation. Ongoing training of foster parents and adoptive parents addresses the topics of de-escalation and alternative methods of disciplining children. (Note: During the period of time when cases moved into a risk assessment determination process, PCSAs continued to be required to arrive at a case disposition of *substantiated*, *indicated*, or *unsubstantiated* for out-of-home care cases of child abuse and neglect.)

8. Other Safety Issues. *Discuss any other issues of concern, not covered above or in the data profiles, that affect the safety outcomes for children and families served by the agency.*

Continued drug and alcohol abuse by parents may contribute to reabuse of children. We need to conduct further analyses of FACSIS data on the presenting problems of parents who are reported as the alleged perpetrators

now that we will start to recapture case dispositional information linking it to a specified perpetrator.

B. Permanency

Outcome P1: Children have permanency and stability in their living situations.

Outcome P2: The continuity of family relationships and connections is preserved for children.

Based on examination of the foster care data in the two foster care profiles in section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.

- 1, *Trends in Permanency Data. Have there been notable changes in the individual data elements in the two permanency data profiles in section III over the past 3 years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State.*

In the past three years there has been a 5.49% rate of increase in the placement of children in out-of-home care. Children placed as a result of child abuse and neglect have been identified as living in high-risk environments where safety cannot be assured and are at high risk of further abuse or neglect. Children entering care are manifesting increasingly acute problems and their families are viewed as having multiple problems. Drug and alcohol use by parents or family members remains a significant presenting problem.

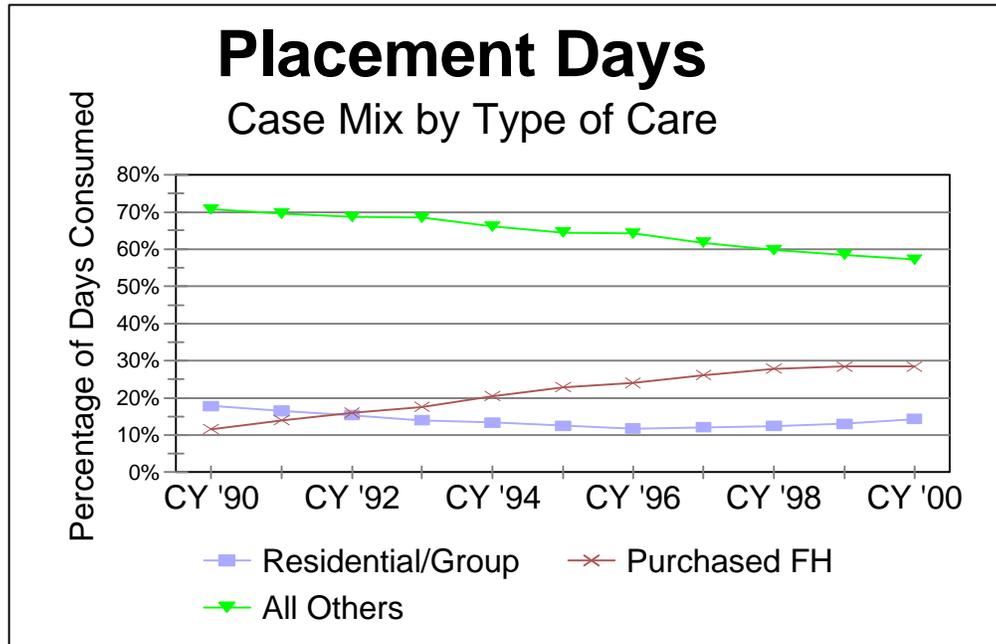
While there has been an increase in the number of children entering care, there has been a moderate decline in the total number of days of care. The decrease in care days may be attributable to intensive provision of services to children and families, and compliance with ASFA procedural requirements. Additionally, children are moved less frequently and agencies are doing a better job matching the children with placement settings at the time of initial placement. This may be in part attributable to the efforts of the Title IV-E waiver counties (refer to the Service Array Section, ProtectOHIO results).

Over the past 10 years there has been a moderate decline in the days used for the placement of children in residential or group care. However, over the past three years there has been a slight increase. This steady decrease in the use of residential/group care may be attributable to aggressive implementation of PL 96-272 requirements for placement of children in the least-restrictive environment as well as the closing of county children's homes.

Note: Because the state was not AFCAR compliant for FFY 1998 and during FFY 1999 AFCAR programming did not extract and report the date of discharge for children who exited foster care due to an adoption finalization (this systematic exclusion of this group of

children impacted the data for Outcome Measures 3.1, 3.2, 3.3, and 3.5 and did allow Measure 5.1 to be populated) trend analysis was based on FFY 2000 AFCAR data and data obtained from FACSIS and the state's Child Protection and Oversight Evaluation Outcomes Indicator Reports.

As the state witnessed a decline in placement of children in residential or group care, there has been an increase in the establishment of private foster care networks. As a result, there has been a gradual increase in placement of children through foster care networks and a decrease in the number of PCSA licensed foster homes and other placement options. The following table depicts this trend



2. **Foster Care Population Flow (Point-in-Time Data Element I & Cohort Data Element I).** *Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges, and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes.*

There has been an increase in the number of children in care between 1998 and 2000. Between 1998 and 2000 there has also been an increase in the number of delinquent and unruly children being placed in PCSA custody. On January 1, 1998, 13% of the children in care had been committed to the custody of the agency as a result of a delinquency or unruly filing. In the majority of these cases the PCSA had no prior involvement with the child or family before receiving custody of the child for placement. On January 1, 2000 18% of the children in care had been committed to the custody of the agency as a result of a delinquency or unruly filing. Again, in the majority of these cases, the PCSA had no prior involvement with the child or family before receiving custody of the child for placement. These children have

significant problems and drain existing resources, since they generally need a higher level of care and service.

When looking at the proportion of child abuse and neglect cases in which children are removed from their own homes, we see an increase in the number of children in the base who were removed from their homes within the first six months and within the second six months of the report. The following table presents detailed information on this trend.

Statewide CPOE Outcome Indicator									
Indicator 3: Proportion of CAN cases in which children are removed from their homes.									
Placement is determined by 0060, 0062, and 0064 events. Reports are based on the 0092 events.									
Base: All children not in placement who had a report during the period.									
N. Number of children in the base who were removed from their homes.									
C. Cumulative percentage of children in the base who were removed from their homes.									
N6/C6: ...within the <i>first</i> 6 months of the report.									
N12/C12: ...within the <i>second</i> 6 months of the report									
N18/C18: ...within the <i>third</i> 6 months of the report									
N24/C24: ...within the <i>fourth</i> 6 months of the report									
This is a discrete count of the number of children removed per each six month time window. This is a cumulative percent from the initial measure of the children removed from their homes. You may expect this percentage to increase (or remain static) with each subsequent 6 month measure.									
Basis: This measure indicates the percentage of children who were not able to remain in their current environment, given a report for investigation.									
Semiyear	Base	N6	C6	N12	C12	N18	C18	N24	C24
1998H1	67337	5850	8.7%	1579	11.0%	1178	12.8%	843	14.0%
1998H2	64544	5752	8.9%	1576	11.4%	977	12.9%	829	14.2%
1999H1	63430	5506	8.7%	1380	10.9%	1016	12.5%	788	13.7%
1999H2	62628	5046	8.1%	1495	10.4%	1003	12.1%		
2000H1	60543	5357	8.9%	1330	11.1%				
2000H2	54823	5087	9.3%						
2001H1	57026								

For children coming into care as a result of a report of child abuse and neglect, the Family Risk Assessment Matrix serves as a guide in making the decision as to whether placement is necessary to assure a child's safety. Several key elements from the Family Risk Assessment Matrix help clearly identify whether there is imminent risk and assess whether the caretaker is capable of protecting the child using available supportive services. Elements

workers assess include: the vulnerability of the child; severity and frequency of the maltreatment; ability and willingness of the caretaker to protect the child; resources and supports available to the family; and accessibility of the alleged perpetrator to the child. ProtectOHIO and the Family Stability Incentive Funds (refer to Service Array Section for a description of these projects) have helped the state to ensure that the children who enter foster care are only those children whose needs for protection and care cannot be met in their own homes.

When comparing pre and post 1996 FACSIS placement data, the state has made improvements in discharging children during the first 6 months of placement and at the 12 month period. We can conclude that agencies can make the most impact during the first six months of placement and services and person power should be directed at this period of time.

3. **Placement Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II).** *How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care?*

Over a three year period data indicates that workers are placing children in the least-restrictive most family-like setting. Agencies are using less-restrictive placements with 80% of children in care being in placement with relatives or in family foster homes. OAC rule 5101:2-42-43 require agencies to review the child's placement every 6 months to determine if the placement is the most appropriate for the child.

CPOE data for the past year indicates there have been fewer placement moves, slightly more children being moved to less restrictive settings, a reduction in moves within the same placement resource (e.g., foster homes, residential care), and slightly more children being moved to more-restrictive settings. We may assume from this data that agencies are making more-appropriate placements. However, when some agencies lost their receiving home capacity, where comprehensive assessments could occur, a number of children had to be placed immediately into the first vacant bed until a more appropriate placement setting was found. It is felt that reduction in placement moves could in part be attributable to the Family Stability Incentive Funding initiative and the ProtectOHIO initiative.

4. **Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII Cohort Data Element II).** *Discuss the extent to which children are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the state.*

The point-in-time data and CPOE data indicate that there has been an increase in reunification and adoption as a permanency goal for children. Cohort data for 1999 and 2000 is consistent with point-in-time data and CPOE data. The primary permanency goal for children is reunification, followed by placement with relatives, adoption, and a planned permanent living arrangement. Over the past three years there has been an increase in the number of children reunified with their families within six months and within 12 months. This may be attributable to the provision of intensive services to children and families. For children with a permanency goal of adoption, delays are experienced in obtaining permanent custody of children. However, since 1992 the state has almost doubled the number of children in the permanent custody of the PCSA. Aggressive recruitment efforts have led to successful adoptive placements, but some children free for adoption display very acute problems requiring intensive services prior to locating an adoptive placement. The state has implemented several projects, ProtectOHIO, Caseload Analysis, and AdoptOHIO, to ensure timely achievement of permanency for children (refer to the Service Array Section to obtain further information on these projects).

In anticipation of an increased number of Termination of Parental Rights (TPR) hearings resulting from tightened ASFA time frames, the Supreme Court of Ohio established a pool of experienced judges available for assignment to courts upon request. Few courts have utilized this resource, although anecdotally, docket size is reported as a significant barrier to statewide adoption efforts.

Similarly, the inability to finalize adoptions due to the frequency and length of appealed TPR cases is also frequently cited as a major barrier to increasing the number of the state's adoptions. In response, the Supreme Court of Ohio initiated a rule that established expedited time frames for appellate cases of TPR. Again, "cases under appeal" continues to be anecdotally identified as a primary obstacle to statewide adoption efforts.

These examples point toward what is perhaps the more significant obstacle: the lack of the state's ability to systematically track the progress of these cases through the judicial and child welfare systems, leading to an inability to distinguish truth from myth in identifying the barriers and remedies for what causes cases to linger.

What is noticeable in the data is that 31.2% of the children had no case plan goal. This may be attributable to counties' not entering this information into FACSIS. ODJFS knows that each case is required to have a case plan goal no later than 60 days of placement since the courts are responsible for approving the case plan. There is a need for the state to conduct FACSIS training for PCSAs. Training may result in an increase in the reliability of data. In

December 2001 ODJFS instructed PCSAs to examine this problem and in February 2002 the department provided each county with a list of the names of children who did not have an established case plan goal. Since providing the lists to PCSAs, the department is seeing a decrease in the number of cases with no case plan goal.

5. **Achievement of Reunification (Point-in-Time Data Elements III & VIII and Cohort Data Elements VI).** *Discuss whether the State’s data regarding achievement of reunification within 12 months from the time of the latest removal from home conform with the national standards for this indicator. Identify and discuss issues affecting conformity and how the State is addressing the issues.*

State CPOE data indicates continual improvement in Ohio’s ability to achieve reunification within 12 months of the time of the latest removal from the home. According to FFY 2000 AFCAR data, Ohio was only 2.2 percentage points (74.0%) short of achievement of the national standard of 76.2% or more. However, according to CPOE data, which examines the length of time to achieve reunification, 76% of children in care were reunified within 12 months of removal.

The following table reflects CPOE information regarding the length of time to achieve reunification.

Statewide CPOE Outcome Indicators			
Indicator 13A: Length of time to achieve reunification			
Base:		Children who were reunified during the semiyear.	
Twelve Month:		Children in the base who were reunified within 12 months of removal.	
% Twelve Month:		Percentage of children in the base who were reunified within 12 months of removal.	
Basis:		Federal Indicator	
Semiyear	Base	Twelve Month	% Twelve Month
1998H1	3,125	2,291	73.0%
1998H2	3,507	2,693	77.0%
1999H1	3,321	2,494	75.0%
1999H2	3,542	2,628	74.0%
2000H1	3,401	2,582	76.0%
2000H2	3,429	2,592	76.0%
2001H1	3,295	2,518	76.0%

Failure to enter data on case plan goals and discharge reason may have contributed to the discrepancy between AFCAR data and CPOE data. It should also be noted that in many counties, insufficient and timely mental health, and drug/alcohol services for families and children have affected the agency's ability to reunify families more rapidly.

6. **Achievement of Adoption (Point-in-Time Data Element X).** *Discuss whether the State's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues.*

The national standard for this outcome is 32% or more. Ohio is not in substantial conformity by 2.8% (29.2%). This may be attributable to agencies' having children who have significant problems for whom locating placements is more difficult, TPR cases being appealed, signing of the placement agreement in foster-to-adopt situations (this factor by itself skews the data, since a large percentage of children are in adoptive placement with their foster parents), or entering data in the correct sequencing manner into FACSIS.

The increase in adoptive placements is occurring among specific groups in the population. Compared to the children waiting at the beginning of the fiscal year, a higher proportion of children placed into adoptive homes during the fiscal year had been in permanent custody between 10 and 18 months, had experienced no more than two previous foster or adoptive placements, and were between the ages of 0 and 5. In comparison, children who are older, who have spent more months in permanent custody, and who have had more previous foster adoptive placements were less likely to find adoptive homes. In comparison to the percentage of children waiting, fewer children ages 10 and older were placed into adoptive homes during FFY 2000.

The AdoptOHIO 2001 Performance Report studied the adoption rates for siblings, teenagers, and African-Americans and indicates that the number of adoptions of both siblings and teenagers (age 14+) compose increasing proportions of the total number of adoptions, while the percentage of adoptions involving African-Americans remains higher than in the first year of AdoptOHIO. The following table depicts this information.

Category	FFY 1998	FFY 1999	FFY 2000
Sibling Adoptions	39%	39%	47%
Teenage Adoptions (age 14+)	4%	4%	6%
African-American Adoptions	41%	48%	46%

To address the challenge of finding families for children, ODJFS has developed multi prong approaches (refer to Service Array Section for a detailed description of these approaches).

In anticipation of an increased number of Termination of Parental Rights (TPR) hearings resulting from tightened ASFA time frames, the Supreme Court of Ohio established a pool of experienced judges available for assignment to courts upon request. Few courts have utilized this resource although, anecdotally, docket size is reported as a significant barrier to statewide adoption efforts.

Additionally, when attempts have been made to facilitate an adoption, through the Interstate Compact on the Placement of Children with families in other states, the receiving state is resistant to accepting the child because they are concerned that the adoption may fail and they would be responsible for the child.

7. **Termination of Parental Rights (TPR) (Point-in-Time Data Element VI). *Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions.***

There has been a steady increase in the number of children in permanent custody. In 1992 there were 3,661 children in the permanent custody of PCSAs. At the close of 2000 6,781 children were in the permanent custody of PCSAs. When services are not available and reunification is still the goal, documentation is contained in the case plan, which indicates that termination of parental rights is not recommended due to the inability of the agency to

provide appropriate services. Termination of Parental Rights (TPR) may also be delayed by the appeals process.

In anticipation of an increased number of Termination of Parental Rights (TPR) hearings resulting from tightened ASFA time frames, the Supreme Court of Ohio established a pool of experienced judges available for assignment to courts upon request. Few courts have utilized this resource although, anecdotally, docket size is reported as a significant barrier to statewide adoption efforts.

8. **Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV).** *Using Data Element XI point-in-time permanency profile, discuss whether the percentage of children in the State who have been in foster care less than 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (Cohort data) compared with the total population of children in care (permanency data), identify and discuss those issues.*

The national standard for this outcome is 86.7% or more. Ohio is not in substantial conformity by 0.8% (85.9%). There has been a steady decrease in placement moves over the past three years which may in part be attributable to the Family Stability Incentive Fund initiative and ProtectOHIO. A system barrier has been the need to place children on an emergency basis at the point of entry into the system and not being able to find an appropriate placement within 72 hours. Additionally, the Ohio Family Care Association reported that 88% of calls received by the association involve a child being moved from a foster home due to an allegation of abuse or neglect. Agencies' will immediately move children, rather than provide services while the investigation is completed. Agencies concern about negative publicity, agency liability, or fears inherent in contractual relationships appear to drive many decisions to move a child. There sometimes appears to be some confusion between what would constitute a licensing rule violation and a finding of abuse and neglect. The risk-management system used with birth families in determining removal is not used by placement agencies with foster families because of its non-applicability.

A second system barrier that affects the stability of the foster care placement is lack of sufficient funds to provide respite resources for foster families. A family who may need a short break from the foster child may have a placement transfer made in order for funds to be accessed to pay for the child's care during the respite period. However, it should be noted that this is a data-entry issue, not a stability of child residence issue.

9. **Foster Care Re-Entries (Point-in-Time Data Elements V & XII).** *Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State's placement and care responsibility, the issues affecting re-entries, and how the State is addressing the issues.*

Ohio does not meet the national standard of 8.6% or less. FFY 2000 data indicates Ohio is at 13.7%. Re-entries have declined over the past few years. In the last six months of 1992, foster care re-entries were at 16.8%. By 1999, they were at 15.1%. Parents have many presenting problems that lead to children returning to foster care (e.g., returning to drug usage). There has been some discussion on providing more supportive services to families and children at the time of reunification. There needs to be further analysis of data to determine if the age of the child or presenting problem of the family affect foster care re-entries.

10. **Length of Stay in Foster Care (Point in-Time Data Element VII and Cohort Data Element VI).** *Using data element VI in the cohort data profile, discuss how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the State is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the State (cohort data) and the total population of children in care (permanency data), identify and discuss the reasons.*

Point-in-Time Data and Cohort Data appear consistent in the length of stay in foster care. CPOE data indicates that there has been a decrease in the length of stay in foster care. The area where Ohio appears to have the most issues regarding length of stay is for children whose permanency goal is adoption.

11. **Other Permanency Issues.** *Discuss any other issues of concern, not covered above or in the data, that affect the permanency outcomes for children and families served by the agency.*

The most critical issues related to permanency outcomes have been addressed in the responses to Questions 1 through 10.

C. Child and Family Well-Being

- Outcome WB1: Families have enhanced capacity to provide for their children's needs.
Outcome WB2: Children receive appropriate services to meet their educational needs.
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Based on any data the agency has available, please respond to the following questions.

1. **Frequency of Contact Between Caseworkers and Children and their Families.** *Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.*

Prior to December 1, 2001 ODJFS did not mandate the frequency of contacts between caseworkers and families for in-home and out-of-home care cases. Frequency of contacts was determined on an individual basis and reflected in the case record. On December 1, 2001 ODJFS amended OAC rule 5101:2-39-081 to require the following:

Court-Ordered Protective Supervision (in-home)

- . PCSA shall make face-to-face contact with each parent, guardian or custodian and child listed on the case plan no less than monthly to monitor progress on the case plan objectives. At least one contact every two months must be made in the child's home.

Child under Agency Custody (out-of-home care)

- . PCSA shall have face-to-face contact with the parent, guardian, or custodian no less than monthly to monitor progress on the case plan objectives. At least one contact every two months must be made in the parent, guardian, or custodian's home.

Pursuant to OAC rule 5101:2-42-65 ODJFS mandates that PCSAs comply with the following schedule for visitation of children in out-of-home care:

- . At least one visit shall occur in the substitute care setting during the first week of placement, not including the first day of placement.

- . **At least one visit shall occur in the substitute care setting during the first four weeks of placement, other than during the first week of placement.**
- . **Face-to-face visits with the caregiver and child shall occur at least monthly either in the office or in the substitute care setting.**
- . **At least one visit in each six-month period shall be in the substitute care setting.**

When a substitute caregiver is receiving an intensive needs difficulty of care payment, the agency shall contact the substitute caregiver at least weekly to monitor the child's progress and conduct face-to-face visits with the caregiver and child once every two weeks. When a child is placed in a children's residential center the agency shall contact the agency within 10 days after the placement and visit the child at least every other month. At least one visit in each six-month period must be in the children's residential center. Children 16 years or older and who are fully responsible for their individual living environment, must receive face-to-face visits with their worker in their independent living arrangement within seven days following the placement and make monthly face-to-face visits with the child. At a minimum, two visits in every six month period shall be in the child's independent living placement setting.

When a child is in the custody of the PCSA and is placed in another state, the agency is required to contact the placement setting within 10 days after placement and at least every other month thereafter. At least once every 12 months the agency shall visit the child or request that the out-of-state agency perform the visit. Additionally, a request shall be made to the out-of-state agency to provide needed supervision and services to the child as identified in the case plan.

As requirements are developed for Ohio's SACWIS, this information is intended to be included in order for us to begin analyzing whether the frequency of contacts affects the outcomes for children and families.

2. **Educational Status of Children. *Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?***

When PCSAs are completing and updating the Family Risk Assessment Matrix, one of the factors examined is the physical, intellectual, and social development of the child. If there appear to be areas of concern, necessary

educational services are identified in the case plan pursuant to OAC rule 5101:2-39-082. When the case plan is developed and reviewed every six months the agency is required to complete the JFS 01443 “Child’s Education and Health Information” form. The following information is contained on the JFS 01443:

- . Names and addresses of the child’s educational providers
- . Child’s grade level performance
- . Child’s school records, including, but not limited to: child’s grade level, disciplinary issues, and attendance
- . Any other pertinent educational information such as special education requirements and any developmental delays or learning disabilities

The agency provides the completed form and subsequent updates to the parent and substitute caregiver.

FACSIS data only captures current grade level. As requirements are developed for Ohio’s SACWIS, this information is intended to be included in order to determine whether the educational needs of children are being addressed through services.

3. **Health Care for Children. *Examine any data the State has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), to children in its care and placement responsibility. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services.***

When PCSAs are completing and updating the Family Risk Assessment Matrix, one of the factors examined is physical, intellectual or social developmental problems. Based upon the information obtained, the agency may request additional health care assessments. Recommendations from the assessments are addressed in the case plan.

Pursuant to OAC rule 5101:2-39-02, when the case plan is developed and reviewed every six months the agency is required to complete the JFS 01443 “Child’s Education and Health Information” form. The following information is contained on the JFS 01443:

- . Names and addresses of the child’s health care providers
- . Child’s known medical problems

- . **Child's medications**
- . **A record of the child's immunizations**
- . **Any other pertinent health information concerning the child such as: child's medication allergies and any other known allergies; childhood illnesses; and child's last physical and dental exams**

The agency provides the completed form and subsequent updates to the parent and substitute caregiver.

When children enter substitute care the agency is required, pursuant to OAC rule 5101:2-42-661, to do the following:

- . **No later than five working days after a child's placement, not counting the day placement occurred, secure a placement medical screening of the child.**
- . **Arrange and secure comprehensive health care for the child no later than 60 days after the child's placement into substitute care. A healthchek screening examination or its equivalent constitutes comprehensive health care. Healthchek screening examinations include: comprehensive physical examination; health and developmental histories; nutrition, vision, hearing, developmental, psychological, and dental assessments; lab tests; immunizations, as needed; and health education.**
- . **Refer all infants and toddlers age three and under to the county early intervention program when a screening or assessment indicates the child has or is at risk for a developmental disability or delay.**
- . **Secure an annual physical reexamination no later than 30 days from the anniversary date of the child's last comprehensive physical examination.**

When follow-up care or treatment for the child is indicated as a result of diagnostic findings or for continued treatment need, such care must be initiated within 60 days of the examinations.

4. **Mental Health Care for Children. *Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?***

When PCSAs are completing and updating the Family Risk Assessment Matrix, one of the factors examined looks at whether the child exhibits emotional or behavioral problems. Based upon the information obtained, the agency may request additional psychological or psychiatric assessments. When a child enters substitute care, part of the comprehensive healthcheck screening examination includes a psychological assessment of the child. The case plan would include services to be provided to address mental health needs of the child which have been identified as a result of the assessments.

When follow-up care or treatment for the child is indicated as a result of diagnostic findings or for continued treatment need, such care must be initiated within 60 days of the examinations.

5. **Other Well-Being Issues.** *Discuss any other issues of concern, not covered above or in the data, that impact on the well-being outcomes for children and families served by the agency.*

In order to have an impact on the well-being outcomes for children and families PCSAs have to rely on services provided by mental health, health, and education. The following initiatives launched by the Ohio Department of Mental Health (ODMH) and the Ohio Department of Health (ODH) are having a positive effect on achieving better well-being outcomes for children and families.

ODMH

The ODMH Early Childhood Mental Health Initiative was launched in SFY 2000 to increase the quality of Ohio's existing early childhood programs, Help Me Grow, Early Head Start, Head Start, child care (both family child care homes and center-based services), and public and private pre-schools, by adding mental health consultation services. Consultation services are also provided to children services staff and foster parents in some counties in the state. The Initiative is aimed at promoting healthy social and emotional development (e.g., good mental health) of young children from birth to age six. It is a primary prevention and early intervention service for all young children, including vulnerable children. The overarching goals of the Initiative are to ensure that young children thrive and every child is ready for school by addressing their behavioral health care needs.

ODH

Help Me Grow promotes the well-being of young children through home-based specialized services and public awareness, with a special emphasis on early intervention and prevention. Along with parents' knowledge and their unqualified commitment to their babies, recent research about how fast

babies' brains grow and develop highlights the importance of the first three years for getting babies off to a good start. ODH realigned three previously separate birth to three programs - Welcome Home, Early Start and Early Intervention into one consolidated initiative.

Education

According to federal regulations 34CFR 300.515 and 300.20, PCSA workers can not serve as “parent surrogates” since they are involved in the education and care of the child. Prior to the 1997 ruling, PCSA workers were trained as parent surrogates and advocated for Individual Education Plans (IEP). In several counties local school board superintendents expressed frustration with this ruling. Now, the school districts have to go outside their system to find individuals who are trained and certified to attend and approve plans for children in the custody of PCSAs. They acknowledge that these individuals are strangers and do not advocate for the child’s educational needs. Some PCSA workers can attend IEP meetings called by the school districts, but they have no authority regarding educational planning. We are requesting that HHS discuss the need to revise this ruling with the U.S. Department of Education.

Evaluation

During Stage 4 and Stage 5 of CPOE evaluation, we will be examining indicators that result in better child and family well-being outcomes. Data collected will assist in obtaining more information about this outcome.

Section V - State Assessment of Strengths and Needs

Based on examination of the data in Section III and the narrative responses in Sections II and IV, the State review team should respond to the following questions.

1. What specific strengths of the agency's program has the team identified?

As reflected in the Statewide Assessment document, Ohio is a state with many strengths including the cooperative/collaborative relationships among the Office for Children and Families, the individual PCSAs and the Public Children Services Association of Ohio (PCSAO). The Department and the PCSAs, with the advocacy and support of PCSAO, have been dedicated to:

- Exploring different methods of service delivery in order to determine the most effective methods of service intervention. Ohio places a high value on the role communities and neighborhoods play in the development of children and the support of families. This is reflected in the many service delivery models used across the state. The ProtectOHIO Waiver, AdoptOHIO, Family Stability Incentive Funding, Caseload Analysis, Family-to-Family, and the Prevention, Retention, and Contingency Program are just some of the many successful approaches implemented which have achieved better outcomes for children and families.**
- Allowing for both statewide standardization when appropriate and local flexibility when needed in order to meet the needs of children and families through the use of the state supervised county administered service delivery model.**
- Continuous quality improvement through its quality assurance system.**
- Assuring the safety of children through efforts to develop and implement a Family Risk Assessment Model to assist workers in identifying high risk situations and planning services to reduce that risk. We continue to revise the model to make it a more effective tool for workers to use in assessment and case planning. The department and the PCSAs started developing a risk assessment model, the precursor to the decision making model.**
- Timely reviews of case plans. In 1989 Ohio had more stringent requirements for reviewing case plans and conducting court hearings than those imposed by PL 96-272.**

- **Training child welfare workers/supervisors, foster parents, adoption assessors, child care staff, and community partners. Since 1985 the department, in partnership with the PCSAO and the PCSAs, has operated the Ohio Child Welfare Training Program. The model design of the OCWTP has been adopted by other states and Canadian provinces.**
- **Establishment of prevention programs.**
- **Providing financial support to pre and post adoptive families. Ohio has had its State Adoption Subsidy Program since the 1980's and its Post Adoption Special Services Subsidy Program since the 1990's.**
- **Working with other state/local agencies, community groups, advocacy groups and the private sector. Since 1983 each county has had a child abuse and neglect county plan of cooperation (a.k.a., child abuse and neglect memorandum of understanding). In the 1980's local clusters and a state cluster were established to assure that services to children were delivered in a timely and coordinated manner. The cluster concept eventually led to the establishment of the Ohio Family and Children First Cabinet Council.**
- **The Office for Children and Families joined with PCSAO, to sponsor a collaborative state and county planning and implementation process. The two-year strategic planning process for child welfare began with a series of 15 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 and on the strengths, weaknesses, opportunities and challenges faced by the children and adult services systems. The data compiled from these scans is being used to develop Ohio's two year Strategic Plan.**
- **Maintaining existing child welfare funding in a time of financial cutbacks as a result of the collaborative efforts of child welfare stakeholders.**
- **Working to strengthen its relationship with the private sector and its child caring providers.**
- **Reducing the length of time children stay in care and increasing the stability of a child's foster care placement. Each year there has been a reduction in the length of stay in care and an increase in the stability of a child's foster care placement.**

- **Actively pursuing child welfare legislation.**
 - **Working with the Ohio Supreme Court to ensure better outcomes for children and families. Ohio is the only state in the country where the Court Improvement Project is jointly administered by the human services agency and the Ohio Judicial Conference.**
2. **What specific needs has the team identified that warrant further examination in the on-site review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.**

Safety

The following areas warrant further examination in the on-site review:

- **Factors leading to recidivism.**
- **Frequency of contact between the child and the worker. It is believed that with increased face to face contacts between the child and the worker the safety of the child increases.**
- **Maltreatment rates in existing caseloads.**

Permanency

The following areas warrant further examination in the on-site review:

- **Average length of stay in foster care and factors that lead to reduction or increase in the length of stay.**
- **Number of moves a child experiences while in care and the ratio of planned vs. unplanned changes in placement.**
- **Number of disruptions after reunification occurs.**

Well-Being

- **Access of children in foster care to mental health and substance abuse treatment services.**
- **Educational status of children in foster care.**

Systemic Factors

The following areas warrant further examination in the on-site review:

- The Title IV-E waiver demonstration and its positive outcomes for children and families.
 - Collaboratives between the agency and the schools as well as other community agencies; specifically mental retardation and developmental disabilities and alcohol and drug addiction services.
 - Impact of staff turnover on the achievement of outcomes for children and families.
3. Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the on-site review?

The department and the Regional Office jointly recommend that the following three sites be reviewed: Franklin County Children Services, Clark County Department of Job and Family Services, and Washington County Children Services Board. Due to the diversity of the state it is critical that the department obtain more information on how an agency's fiscal base, the size of the county, the location of the county in the state and the administrative structure of an agency in which child welfare services are delivered impacts on achieving better outcomes for children and families. There appears to be some data which indicates these variables can have an impact on ensuring better outcomes for children and families. It is recommended we examine a separated agency located in Appalachia near the West Virginia border with no levy support (Washington County Children Services Board) and an agency which is a combined agency with a levy, (Clark County Department of Job and Family Services) to determine if there are any differences. We also will examine a major metropolitan area, Franklin County, which includes the state's largest city, Columbus. Franklin CSB has a child welfare levy. Franklin CSB, Washington CSB and Clark CDJFS are representative of other counties in Ohio and all have worked on developing innovative programs for children and families in their respective communities. Additionally, the county specific data profiles for these counties are representative of other Ohio counties and the statewide data profile.

4. Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.

The state team responsible for the development and review of the statewide assessment indicated that it helped to "get all information into one place" and it should be required reading for new county/state directors. It was

recommended that the department update the document on a yearly basis. The document helped identify gaps in data and future direction for data gathering, analysis, and quality assurance activities. The outcomes of the review will provide the state with an opportunity to continuously improve it's child welfare system and practice and assist in program and systemic planning.

5. List the names and affiliations of the individuals who participated in the development of the statewide assessment (please specify their role).

CFSR Executive Leadership Committee Membership *

**Suzanne Alexander
County Commissioners Association of Ohio**

**Cathy Appel
Clark County DJFS**

**James Beard, Director
Van Wert County DJFS**

**Lynne Bratka
Ohio Family and Children First**

**Judy Chavis
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**Dave Copen, Executive Director
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**Dot Erickson, Executive Director
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**Kathy Fox
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**Caroline Givens
Ohio Department of Alcohol & Drug Addiction Services**

**Janet Raup Gross
Ohio Judicial Conference**

**Carla Guenthner, Deputy Chief Magistrate/
Dependency**

Hamilton County Juvenile Court

**Donna Mitchell, Chief Magistrate
Lucas County Juvenile Court**

**Jim Ray, Court Administrator
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**John Saros, Executive Director
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**Dora Sterling
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**Penny Wyman, Executive Director
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*** Committee members attended monthly meetings providing feedback and/or provided written feedback that was incorporated into Ohio's Statewide Assessment document.**

Statewide Assessment Subcommittees *

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**Joan Van Hull, CFS Review Leader
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*** These were working Subcommittees of the Child and Family Services Review Executive Leadership Committee. Members attended subcommittee meetings and developed the draft wording for the different sections of Ohio's Statewide Assessment document.**

Pilot Workgroup

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Staff From the 88 Public Children Services Agencies

During the CFSR videoconferencing and teleconferencing series held in 2001, the department received numerous comments on activities occurring at the county level which were included in the Statewide Assessment.

Staff From the Ohio Department of Job and Family Services, particularly Office for Children and Families

Strategic Plan Guiding Group and the 500 individuals who participated in the environmental scans

Guiding group membership include: ODJFS staff, PCSA directors, PCSAO staff, Children's Defense Fund staff, Institute for Human Services staff, Ohio Family Care Association (OFCA) staff and OFCA resource parent, Ohio Department of Mental Health staff, Ohio Association of Child Caring Agencies

staff and member agency representative, Family and Children's First staff. (A full listing of Guiding Group members is included in Appendix F.)