

SECTION II - PIP NARRATIVE

SAFETY OUTCOME S1:

CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT

ITEM 1. TIMELINESS OF INITIATING INVESTIGATIONS OF REPORTS OF CHILD MALTREATMENT.
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Ohio did not achieve substantial conformity with Safety Outcome 1. This determination was based on the finding that 84.4 percent of the cases reviewed were rated as having substantially achieved this outcome, which is less than the 90 percent required for a rating of substantial conformity. In addition, the State did not meet the national standard for either repeat maltreatment or maltreatment of children in foster care.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 1 was assigned an overall rating of Area Needing Improvement based on the finding that in 17 percent of the applicable cases, the agency did not respond to a maltreatment report in a timely manner. However, responses that were not timely were found only for reports classified as “non-emergencies.”

Because Ohio is a state supervised, county administered child welfare system, interpretation of state policy on screening referrals and initiating reports of child maltreatment varies widely from county to county.

In recent meetings regarding this issue, county agency staff reported the major factors contributing to non-conformity include:

1. Variation across counties with respect to the screening process.
2. Definitions of child abuse and neglect are county specific; there is a disconnect between agency authority to intervene (Ohio Revised Code) and types of situations that agencies are expected to handle (community standards).

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

A two-pronged approach is being utilized to address the areas of non-conformity. First, there are action steps within the Program Improvement Plan that are intended to have a measurable impact on statewide practice within the next two years. These action steps will be initiated, and have interim goals that will be monitored for all 88 counties on a regular basis.

Second, there are action steps within the plan that are designed to strengthen Children's Protective Services (CPS) practice on a long-term basis. The intent of these activities is to create a foundation for lasting, systemic changes in practice across the continuum of child protective services. Not all of the systemic activities will have interim goals since these activities are more process oriented and the outcomes, initially, may be the completion of a task or project. Some of these systemic activities will enable the state to gather baseline data and establish standards to assist in monitoring the future impact of other activities outlined in the plan.

The action steps have been labeled to identify whether they are intended to have an immediate implementation and impact (short term) or create long term (systemic) changes to CPS practice.

- To improve the timeliness of initiating investigations of non-emergency reports of child maltreatment, the factors contributing to non-conformity will be addressed by:

Action Step A: - short term

Providing county specific, focused technical assistance to four (4) PCSAs with: the highest percentage of non-emergency reports of child maltreatment where the agency did not respond within the prescribed timeframes; and that have the greatest adverse impact on overall statewide performance.

- To respond to concerns about inconsistency in screening, classifying and initiating reports of child maltreatment, several inter-dependent activities have been outlined in Action Step B. Immediately following the on-site review, ODJFS requested and received technical assistance from the National Child Welfare Resource Center on Legal and Judicial Issues (NCWRC-LJI) to review state statute and policy related to the following:
- County Agencies not accepting reports for investigation,
 - Definitions/categories used for classifying report outcomes after investigation/ assessment.

Specific concluding suggestions in the report submitted by the resource center were:

- Revise the Ohio Revised Code and Ohio Administrative Code to address problems in the fragmentation of child maltreatment

definitions among various sections of Ohio law and the lack of comprehensive statewide policies to guide counties in taking appropriate uniform action in screening reports of maltreatment.

- Provide uniform training for intake screeners and investigators and develop training materials using illustrative case types, factors in decision-making and sample scenarios.
- Upgrade the quality of the workforce and the professional backgrounds for staff that work in the area of intake/investigation/assessment.

The factors contributing to non-conformity and the suggestions outlined in the report submitted by the NCWRC-LJI will be addressed via: a) an Ohio Supreme Court Task Force charged with reviewing the NCWRC-LJI report and developing recommendations for changes to ORC/OAC; and b) convening a work group comprised of county and state staff to review CPOE Stage V findings and develop recommendations for changes in practice to be incorporated into the Task Force recommendations. Once recommendations have been submitted, an action plan for implementing the recommendations will be developed and the subsequent changes to statute, policy and practice will be incorporated into the statewide training program. The specific action step is listed below:

Action Step B: - systemic

Increasing consistency among counties in screening, classification and initiating reports of child maltreatment.

SAFETY OUTCOME S1:

CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT

ITEM 2A. REPEAT MALTREATMENT: RECURRENCE OF CHILD MALTREATMENT

	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Recurrence of Child Maltreatment	6.1%	8.59%	8.2%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 2 was assigned an overall rating of Area Needing Improvement. Although there was no recurrence of maltreatment in 89 percent of the cases, data from the State Data Profile indicate that the State's incidence of repeat maltreatment for 2000 was 8.59 percent, which does not meet the national standard of 6.1 percent. Because the two measures are computed in different ways, it is necessary for both measures to meet specified criteria for an overall rating of Strength to be assigned to the item.

County interpretation of state policy on screening creates variation in how public children services agencies respond to reports of child maltreatment on open cases. In addition to this, counties have different systems for tracking and logging reports not accepted for assessment/investigation. Those counties using FACSIS (the current child abuse and neglect statewide information system) to track multiple reports of the same incident do not have a clear understanding of the impact this practice has on data indicators such as repeat maltreatment.

The final CF SR report stated that stakeholders expressed concern about public children services agency's approach to assessing risk. Although most of these stakeholders agreed that the agency's risk assessment methods permit a comprehensive portrait of family functioning, they suggested that the tools are complex and many caseworkers do not have the necessary level of expertise to use them effectively. Some of these stakeholders suggested that the high level of caseworker turnover in the agency further exacerbates the problem of incorrect use of the risk assessment tools. In addition, some stakeholders noted that there is a need for a separate safety assessment protocol to identify immediate threats of serious harm.

In recent meetings regarding this issue, county agency staff reported the major factors contributing to non-conformity include:

1. Unclear direction/expectation from ODJFS of how to handle reports on

- open cases.
2. Lack of definition for what constitutes a “new incident”; no clear direction on what is a new incident on an open case and what is not.
 3. Lack of skill in safety planning.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

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

ODJFS began work on the development of the new protocol (the Family Assessment & Planning Model, or FAPM) in January 2002. The first phase of model development involved formation of workgroups comprised of county and state staff. The workgroups, with assistance and consultation from a staff member of the National Resource Center on Child Maltreatment/Child Welfare Institute, developed and/or revised the following tools for the model: Safety Assessment, revised Safety Plan, Family Assessment (formerly the FDMM risk assessment tool), Case Review and Reunification Assessment.

The tools were designed specifically for use at key decision-making points in a case:

- The Safety Assessment and Family Assessment is designed to be used predominantly during the first 30 days of the agency’s involvement to identify the primary safety and risk issues and prioritize service needs for the family. Completion of a Safety Assessment will be required for all new reports of child maltreatment received by the agency.
- The Safety Plan has been revised and re-formatted. Changes included adding information to inform the parent/guardian/custodian of their rights related to participating in the safety plan and making the tool easier to read. The purpose of the safety plan (to outline activities necessary to keep the child safe and prevent removal and identify the parties responsible for the activities outlined in the plan) did not change.
- The Case Review is a thorough re-assessment of safety and risk issues as well as an evaluation of the impact of services on addressing the concerns identified in the Family Assessment. In an effort to provide children and families with appropriate services in a timely manner, the Case Review will be completed every 90 days.

- The Reunification Assessment has been developed to help workers focus on the safety issues related to removal and reunification of children. Its use should assist workers in identifying when it is safe for a child to return home (even if the family is still working on some of the case plan activities), and identify what, if any, services are needed to support the reunification.

Development of the draft FAPM was completed in March, 2003. The next phase involves conducting a four (4) county pilot which began on July 1, 2003 and will continue through March 31, 2004. Invitations to participate in the pilot were sent to the twenty-two (22) counties that had representation on either the Safety or Risk Assessment Workgroups. The department received proposals from eight (8) counties and selected Greene, Hancock, Muskingum and Summit counties to participate. Due to a labor strike in Summit County, Lorain County was invited to participate in the pilot in September 2003. Staff in Summit County still plan to participate in the process evaluation of the model (e.g., applicability to practice, usability of tools in the field) once the strike has concluded.

There are several activities in the PIP related to the FAPM pilot. An outcome evaluation will be conducted at the conclusion of the pilot. However, because use of the new model will only immediately affect the four (4) counties involved, no major impact on the statewide indicators addressed in the PIP is anticipated until after the model is implemented statewide in 2006. Outcomes to be evaluated during the pilot include: repeat maltreatment; number of children in out-of-home care; number of children entering care during the pilot period; and number of children re-entering foster care.

- To reduce incidents of repeat maltreatment, the factors contributing to non-conformity will be addressed by:

Action Step A: - systemic

Increasing consistency among counties screening, classification and initiating reports of child maltreatment.

- New policy outlining criteria and requirements for documentation of duplicate report information will be developed. This step is important in order to obtain data so that the true numbers in counties can be identified. However, this could result in this outcome indicator moving in a negative direction.

Action Step B: - systemic

Reducing incidents of repeat maltreatment by identifying families in need of ongoing services and prioritizing service needs through use of the Family Assessment and Planning Model (FAPM).

- The Family Assessment tool in the FAPM will be used to accomplish this action step.

Action Step C: - short term

Providing county specific, focused technical assistance on repeat maltreatment to four (4) PCSAs with the highest percentage of repeat maltreatment (recurrence) incidents and that have the greatest adverse impact on overall statewide performance.

ITEM 2B. REPEAT MALTREATMENT: CHILD ABUSE AND/OR NEGLECT IN FOSTER CARE
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	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Child Abuse and/or Neglect in Foster Care	.57%	.59%	.59%

A. FACTORS CONTRIBUTING TO NONCONFORMITY

The State did not meet the national standard for the percentage of children experiencing maltreatment from caretakers while in foster care. The determination of Ohio's conformity with this national standard is based on Ohio's Calendar Year 2000 statewide aggregate data.

Ohio has always recognized that training for foster caregivers is important and essential to the demanding role they perform. For over ten years, ODJFS has mandated, in Ohio Administrative Code rule, training hours and topics for foster caregivers; however, the training provided has not always met the needs of the foster caregiver. Increasingly, children coming into care are presenting serious behavior and emotional problems that ten years ago would have been dealt with by placement into a residential facility or even a psychiatric facility. Now foster caregivers are expected to deal with these children, so they need appropriate skills. Training hours and topics need to be increased to a level that meets the needs of the foster caregivers.

No effective standards exist for persons working as youth care workers in residential settings. Youth care workers have historically been under-trained and under-compensated for the very demanding work they perform. The lack of professionalism offered to workers in the field result in staff being faced with challenging behaviors and situations from youth without possessing adequate skills or training. This may potentially result in overuse of physical restraints or physical abuse.

Residential child caring agencies do not uniformly review the critical incidents, including abuse and neglect that occur in their facilities. Current Ohio Administrative Code rules require the documentation of critical incidents, including any incidents of abuse/neglect and the notification of the custody-holding agency of such incidents. The rules also require agencies have a policy on the enforcement of children's rights and that all staff be trained in and implement the policy. In addition, the agency administrator is responsible for having any employee, college intern, or volunteer immediately report any allegation of abuse/neglect to the proper authorities. Also in rule is the requirement that monthly aggregate data be collected and reviewed regarding the use of restrictive treatment elements. An administrative review is required when PCSAs and Private Child Placing Agencies (PCPA) identify that there is an

unusually high number of restrictive treatments. This identification of this high number is not consistently implemented by agencies. A quality assurance/improvement process is needed to enforce a uniform review of critical incidents, including abuse/neglect, policy infractions, and restrictive treatments. This process will be referred to as Continuous Quality Improvement (CQI).

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- To reduce the percentage of children experiencing maltreatment by caretakers while in substitute care, the following action step will be implemented:

Action Step A

Provide county specific, focused technical assistance to four (4) PCSA with: the highest percentage of children who were abused/neglected in a substitute care setting by a substitute provider; and that have the greatest adverse impact on overall statewide performance in protecting children in substitute care from abuse/neglect.

- In January 2003, Ohio Administrative Code rules were adopted mandating training hours and topics for foster caregivers. The rules increased the already mandated 12 hours of orientation/preservice and 12 hours of annual ongoing training and established three types of foster homes: preadoptive infant, family foster homes and specialized foster homes. Specialized foster homes consist of treatment foster homes and medically fragile foster homes. The behavior and intensity of needs of the foster child will determine the type of foster home the child will be placed. The different types of foster homes require an increased amount of training hours and topics. Agencies are also required to develop transfer of learning activities to measure what the foster caregiver learned from the training.

Improved training that meets the needs of the foster caregivers and better prepares them to deal with the foster child and additional pre-qualifications, such as experience, for certain types of foster caregivers are intended to improve the caregivers' intervention skills, thereby reducing the incidence of child abuse/neglect.

ODJFS has already started reviewing and approving foster caregiver training proposals and policies for PCSAs and private agencies. Onsite review of all agencies also commenced. The onsite reviews consist of a policy review, foster caregiver record review, interviews with agency staff, onsite visits to foster homes and interviews with the foster caregivers. One of the interview topics is the training received, including the effectiveness of the training. Corrective Action Plans (CAPS) which require case specific and systemic correction are required for agencies determined to be noncompliant with the rules.

Compliance with the rules will be measured at each onsite review and through provision of technical assistance. Compliance with the CAP will be measured at each subsequent onsite review until compliance is achieved.

The Foster caregiver Resource Education Database (FRED) will also be used to assess compliance with the rules. FRED, which was implemented statewide April 1, 2003, is a web (internet) based database that serves two purposes: a fiscal tracking tool for payment of training stipends and allowances and as a tracking tool for foster caregiver training. All agencies entered demographic information of their foster caregivers in the April 1, 2003 Phase 1 of FRED. Phase 2, which started October 1, 2003, involves entering all training episodes for each foster caregiver. Reports may be generated from FRED for the training records of individual foster caregivers or for a particular agency and will be useful in assessing compliance with the rules.

Agencies are required to complete an evaluation/assessment of the effectiveness of their training program by May 2005 and every two years thereafter. The evaluation/assessment will be discussed during the onsite reviews to look at the effectiveness of training. The review will address how the agency determined that the training was effective, what it did to develop the training and how the training was presented. Agencies will be asked to share their positive experiences with other agencies.

Action Step B

Monitor PCSAs and PCPAs compliance with new Ohio Administrative Code rules, which were effective January 1, 2003, requiring an increase in the mandated training hours and revisions to the mandated topics that included child maltreatment issues as a required topic for all foster caregivers.

- Currently the Ohio Administrative Code rules require 52 hours of training for a newly employed youth care worker in the first year of employment. Twenty of those hours must be in the first 30 days of employment and be in specific topics, including reporting child abuse and neglect. Youth care workers must also have a certificate in first aid or obtain certification within the first 6 months of employment. The first aid certification must be maintained. Youth care workers are also required to have 24 hours of ongoing training annually thereafter, with an annual review of acceptable methods of restraint. Youth care workers who will provide care for a youth expected to remain in substitute care until the youth's eighteen birthday must have training in independent living/life skills.

It is anticipated ODJFS will present proponent testimony to the Ohio legislature regarding HB 117 no sooner than January 2004. If the legislation is enacted, ODJFS will develop Ohio Administrative Code rules for the implementation of the bill. If the bill fails to be enacted, ODJFS will promulgate rules that require additional training for youth care workers, similar to that which recently went into effect for foster caregivers. The rules will require training of staff on the specific needs of the population served, such as mental health issues, substance abuse and juvenile justice topics. ODJFS will monitor implementation of these rules using the same procedures outlined in Action Step B, 3 and 4.

Action Step C

Support the passage of Ohio HB 117, which would require professional certification of youth care workers employed in residential facilities/group homes.

- ODJFS will draft rules that will require agencies operating a residential facility or group home to have a quality assurance and improvement process known as Continuous Quality Improvement (CQI) (title is proposed, actual title may be different as a result of the rule drafting process). Concurrent with the drafting of rules ODJFS will consult with other state agencies, PCSAs and private agencies regarding any established quality assurance and improvement process and incorporate these processes into the draft rules, as applicable. The CQI process would require a uniform review of the agency's performance, including but not limited to: critical incidents, policy infractions and the use of restrictive treatments, such as physical restraint. CQI will improve the agency's overall performance and reduce the risk of child maltreatment. Agencies will be required to routinely report this information, including performance improvement plans to ODJFS, Bureau of Accountability and Regulation. ODJFS will monitor implementation of these rules using the same procedures outlined in Action Step B, 3 and 4.

Action Step D

Promulgate Ohio Administrative Code rules requiring increased Continuous Quality Improvement (CQI) efforts targeting reduction of child maltreatment in residential facilities/group homes operated by PCSAs and private agencies and monitor compliance with rules.

SAFETY OUTCOME S2:

CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

Ohio did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 83 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.

Although the two items assessed for this outcome were rated as a Strength individually, the number of cases in which both items were rated as a Strength was not sufficient to meet the 90 percent requirement for substantial conformity.

ITEM 3. SERVICES TO FAMILY TO PROTECT CHILD(REN) IN HOME AND PREVENT REMOVAL.
ITEM 4. RISK OF HARM TO CHILD(REN).

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 3 was assigned an overall rating of Strength because in 89 percent in the cases, reviewers determined that the agency had made diligent efforts to provide services to prevent children's placement in foster care while ensuring their safety in their homes. This determination is consistent with information provided in the Statewide Assessment regarding the development of safety plans for each child, followed by a comprehensive risk assessment.

Item 4 was assigned an overall rating of Strength because in 85 percent of the applicable cases, reviewers determined that ODJFS was consistently effective in its efforts to reduce risk of harm to children. Case reviews indicate that in most cases, the agency effectively manages risk by removing children from their homes, or by providing services while children remain in their homes. In the few cases in which reviewers determined that risk was not effectively managed, however, there was a significant lack of attention on the part of caseworkers to the potential for harm to the children.

In recent meetings regarding this issue, public children services agency staff reported the major factors contributing to non-conformity include:

1. Service needs are not always adequately assessed.
2. Identified services are not always provided.
3. Families do not always participate in recommended services.
4. Need for a separate and distinct safety assessment protocol.
5. Current risk assessment tools are too complex.
6. Need to enhance workers' skills in the effective use of assessment tools.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ The areas of non-conformity will be addressed by:

Action Step A: - systemic

Strengthening workers' skills in the assessment of safety and risk in order to appropriately identify service needs for children and families through the use of the Family Assessment and Planning Model (FAPM).

- The Safety and Family Assessment tools in the FAPM (see Item 2 for description) will be used to accomplish this action step.

Action Step B: - systemic

Increasing the frequency of service reviews to ensure that services being provided are addressing the concerns identified in the safety and/or risk assessment through the use of the Family Assessment and Planning Model (FAPM).

- The Case Review tool in the draft FAPM (see Item 2 for description) will be used to accomplish this action step.

PERMANENCY OUTCOME P1:

CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATION

Ohio did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the finding that 73.1 percent of the cases were rated as having substantially achieved Permanency Outcome 1, which is less than the 90 percent required for an overall rating of substantial conformity. In addition, the State did not meet the national standard for foster care re-entries, stability of foster placements, reunifications occurring within 12 months of entry into foster care, or adoptions occurring within 24 months of entry into foster care. Stakeholders suggested that barriers to setting and achieving permanency goals have arisen due to difference between the agency and the court.

ITEM 5. FOSTER CARE RE-ENTRIES.
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	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Foster Care Re-entries	8.6%	13.7%	13.1%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 5 was assigned an overall rating of Area Needing Improvement because, although there was a re-entry into foster care in only one of nine cases for which this assessment was applicable, the data reported in the State Data Profile indicate that the rate of re-entry into foster care within 12 months is 13.7 percent, which does not meet the national standard of 8.6 percent.

In recent meetings regarding this issue, county agency staff reported the major factor contributing to non-conformity include:

1. The need for agencies to develop “reunification after care” plans to attempt to provide stability after the child is reunified whether or not the agency will continue to remain involved.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- To reduce the number of foster care re-entries within 12 months, the factors contributing to non-conformity will be addressed by:

Action Step A:

Reducing incidents of foster care re-entry by identifying and addressing safety concerns and/or service needs prior to/at the time of reunification through use of the model Reunification Assessment Protocol (a component of the Family Assessment and Planning Model)

Action Step B:

Providing county specific, focused assistance on foster care re-entries to four (4) PCSAs with: the highest incidents of re-entries, into foster care; and have the greatest adverse impact on overall statewide performance.

PERMANENCY OUTCOME P1:

CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATION

ITEM 6. STABILITY OF FOSTER CARE PLACEMENT.

	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Stability of Foster Care Placement	86.7%	85.9%	84.5%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 6 was assigned an overall rating of Area Needing Improvement because, although in 89 percent of the applicable cases, reviewers rated placement stability as a Strength, the State Data Profile indicated that 85.9 percent of all children in foster care for 12 months or less had no more than two placement settings, which does not meet the national standard of 86.7 percent. A key concern identified in the case review process pertained to a lack of appropriate placements for children with behavior problems. In general, the Statewide Assessment attributes many of the placement changes captured in the data to the practice of placing children on an emergency basis, usually in shelters, at the point of entry into the system and prior to making a more long-term placement decision.

In three out of four of the applicable cases reviewed in which there were more than two placements during the review period, the child's behavior was noted as the reason for the placement disruption. Furthermore, case records did not reflect the provision of services to the foster parents or relative caregivers to address the child's behavior or the appropriateness of the placement in the first place.

Some of the factors which are believed to contribute to non-conformity include:

1. Impact of Non-compliant Counties to the State's Compliance with this National Standard.

ODJFS will conduct a review of the data to identify the non-compliant counties to offer and provide focused technical assistance so these counties can achieve the national standard.

2. Agency philosophies and practices regarding placement planning may not be as conducive to maintaining the stability of foster care placements as they can be. Factors influencing this include:

- Child assessments not sufficiently in-depth or comprehensive enough to enable the agency to understand the child’s needs, make good placement matches, communicate those needs to the caregivers, and to coordinate appropriate services.
- Substitute caregivers’ strengths and limitations not sufficiently explored and/or documented to enable the agency to make better informed placement decisions.
- Routine use of emergency placements as opposed to supplemental case planning which allows appropriate placement options to be considered early-on during the initial intervention with the child in his/her own home.
- Lack of support provided to the child and the substitute caregiver during placement to prevent disruption.
- Agencies response to alleged incidents of child abuse or neglect involving substitute caregivers.

3. Limited placement resources

Although Ohio’s focus on “foster to adopt” homes has resulted in permanency for a great number of children, the resulting attrition of foster homes means that there are less temporary placement resources available to children in which the case plan goal is reunification. In addition, many of the children in care are behaviorally challenged or have mental health issues that require specialized treatment homes.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ Ohio proposes to increase the stability of foster care placements by:

Action Step A

Providing county specific, focused technical assistance to four (4) PCSAs with: the highest percentage of children who have been in foster care less than 12 months who have experienced more than 2 placements moves; and that have the greatest adverse impact on overall statewide performance.

Action Step B

Assisting counties in determining the most appropriate placement for the child, providing support to maintain the child in that placement until the child can return home or be placed in another permanent setting by:

- Developing a best practice resource manual and disseminate to PCSAs.
- Coordinating a panel of presenters for workshops at PCSAO’s annual Child Welfare Conference to showcase best practices.
- Coordinating a panel of presenters for workshop at ODJFS’s Annual Foster and Adoption Conference to showcase best practices.

Action Step C

Sponsoring resource family attendance at annual conferences to help them gain information on meeting a foster child's needs.

Action Step D

Assist counties in the recruitment of resource families.

PERMANENCY OUTCOME P1:

ITEM 8. REUNIFICATION, GUARDIANSHIP, OR PERMANENT PLACEMENT WITH RELATIVES.
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CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATION

	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Length of Time to Achieve Reunification	76.2%	74.0%	73.0%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

This item was assigned an overall rating of Area Needing Improvement. Although this item was rated by reviewers as a Strength in 92 percent of the cases reviewed, data from the State Data Profile indicated that the percentage of reunifications occurring within 12 months of entry into foster for the state was 74.0% which does not meet the national standard of 76.2%. In addition, the Statewide Assessment reports that over the previous three years there has been an increase in the number of children reunified with their families within 6 and 12 months, which was attributed to the provision of intensive services to children and families; and that data from CPOE indicated that the rate of reunification within 12 months from the time of the most recent removal from home was 76%. The FY 2001 Data Profile shows the state to be at 74.2%, a slight improvement from the review period. This data discrepancy may be due to a failure on the part of the agency to enter data on discharge reason into AFCARS, which is the source for data reported in the state data profile.

Other factors contributing to non-conformity are:

1. Limited availability of mental health, drug and alcohol, and other identified service needs to families, which impacts agencies' ability to achieve timely reunification.
2. Lack of early identification and assessment of kinship resources in the case planning process.
3. Lack of involvement of the prospective caregiver in the permanency planning process.
4. Lack of early and appropriate assessment of the family's strengths.
5. Lack of timely determination of a permanency goal and implementation of concurrent case planning.
6. Lack of caregiver effort to comply with case plan.
7. Lack of adequate post-placement supports to permanent caregivers.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

The goal for this item is to increase the percentage of timely reunification, guardianships or permanent placements with relatives within 12 months of entry into foster care by from 73.0% to 75.4%. The action steps which will be implemented to achieve this goal are:

Action Step A

Standardize or increase consistency of the use of concurrent case planning by PCSAs.

Action Step B

Standardize the process of apprising parents of their rights by provision of a pamphlet to parents on parental rights, inclusive of involvement in case plan process, to be provided by the worker at the time of initial contact (Refer to PIP Items 17, 18 and 25, and 20).

Action Step C

Participate in the OCWTP development of competencies for the early identification, assessment and involvement of kinship caregivers in the placement selection and case planning process (Refer to PIP Items 14 and 15).

Action Step D

Provide county specific, focused technical assistance to four (4) PCSAs: with the highest percentage of non-compliance in achieving reunification of a child within 12 months of removal from the home and that have the greatest adverse impact on overall statewide performance.

Action Step E

Services are accessible to families and children during placement and post-placement (Refer to Items 5 and 36).

PERMANENCY OUTCOME P1:

CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATION

ITEM 9.	ADOPTION.
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	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Length of Time to Achieve Adoption	32%	29.2%	28.2%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 9 was assigned an overall rating of Area Needing Improvement because reviewers determined that ODJFS had not made diligent efforts to achieve adoptions in a timely manner in 50 percent of the applicable cases. In addition, the State did not meet the national standard for percentage of finalized adoptions within 24 months of removal from home. The Statewide Assessment notes that adoption delays may be attributed to a variety of causes including the difficulty in finding adoptive families for children with "significant problems." Other identified causes of delay were appeals of TPR petitions and the size of the court dockets.

Ohio has made significant strides in increasing overall adoptions, decreasing the number of children waiting for adoption, and increasing the speed in which adoptions of children entering the system are taking place. As of September 30, 2002, there were 3,511 children waiting for adoption as opposed to 3,641 who were waiting on September 30, 2001. The majority of children waiting are older, African-American, and part of a sibling group.

In a recent forum regarding the issue of length of time to achieve adoption, agencies reported major factors contributing to non-conformity involve:

- a. *Delays in transferring of cases from one unit to another after permanent custody is awarded* - Compartmentalization practiced by most agencies creates unintentional barriers for all staff who must be involved with a case at any given time. Limited resources necessitate that staff prioritize tasks and assume an array of job responsibilities. The safety of a child is paramount to the initial scheme of the casework process. As a result, once permanency is achieved, transferring the paperwork to the next unit can be delayed. There are no time frames mandated by the Ohio Revised Code or Ohio Administrative Code which would require an ongoing case to be transferred within a pre-determined period of time after receiving permanent commitment.
- b. *Failure to conduct supplemental case planning (concurrent case planning)* - An effective concurrent process should include establishing primary and

secondary goals. Agencies that do not establish viable secondary goals lose valuable time in achieving a permanent home for the child.

- c. *Failure to complete required paperwork in a timely manner* - A delay occurs if the paperwork required to be provided to a prospective adoptive parent is not completed when the permanent commitment of the child is received. Ohio Administrative Code rules stipulate time frames that are not conducive to having the required paperwork completed at an earlier stage. Additionally, limited resources prevent effective collaboration between agency departments.
- d. *Delays in the court process* - Collaboration and partnerships between agencies and the court systems are not easily sustained, and as a result, an ineffective and sometimes adversarial relationship between agencies and the court occurs.

In addition to the above factors contributing to non-conformity, an analysis of administrative data suggests that a surge in children entering permanent custody in 1999 and 2000 (both years up 15% or more compared to either 1998 or 2001) taxed the system, and moving those children into adoptive placements is still depressing Ohio's performance statistics.

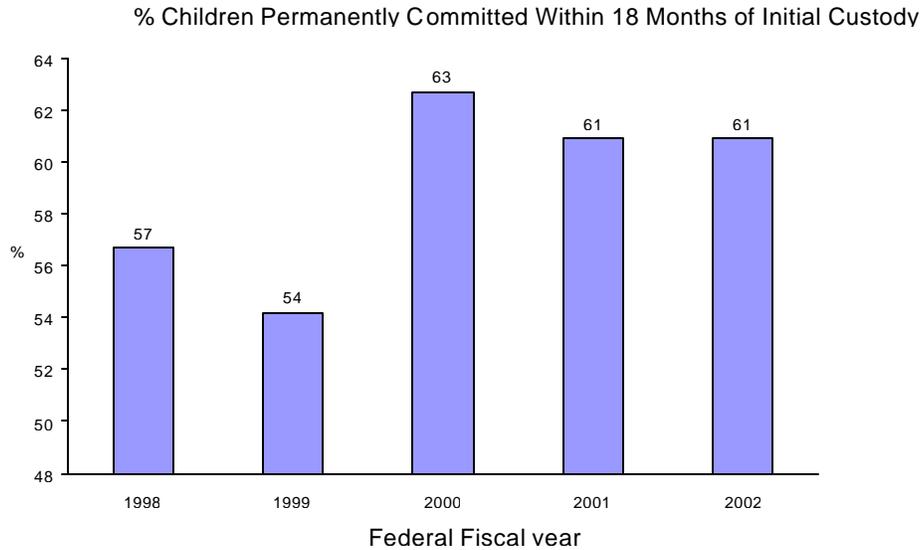
B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- ➔ To improve Ohio's current percentage on Length of Time to Achieve Adoption, the goals are centered on reducing the time from initial custody to permanent custody (PC) and reducing the time from PC to finalization. In order to accomplish these goals, ODJFS will engage in the following action steps.

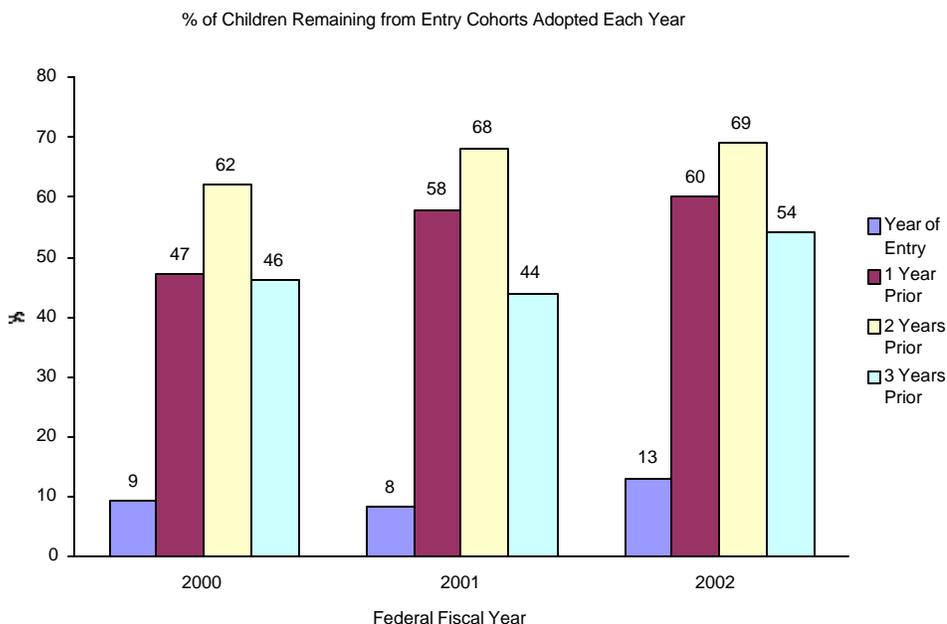
Action Step A

Improve relationship with courts in order to improve case flow through courts and enhance existing policies and procedures to decrease the length of time to achieve permanent custody. ODJFS' first focus encompasses strategies to decrease the length of time in filing TPR cases. Analyses of data over the past five years demonstrates that the percentage of children finalized within 24 months follows a pattern of increasing one year and decreasing the next year. While ODJFS does not fully understand the ups and downs in this performance indicator, the fluctuation relates to the length of time children who are eventually adopted are in the system prior to being permanently committed. The following graph shows how the influx of children who entered permanent custody in 1998 and 1999 may have overtaxed the system in 1999 and 2000. The figure examines the percent of children permanently committed within 18 months of initial custody. It is essentially impossible for an adoption to be finalized within 24 months for a child who spends more than 18 months in temporary custody. If many more children were being committed in 1999 and 2000, they must have been initially removed from their homes in 1998 and 1999. During those years, only 54-57% of children who were permanently committed were committed within 18 months. As the backlog of cases cleared the system, the percentage

committed within 18 months increased to the range of 61-63%, which may help to explain why Ohio's two best years, in terms of the 24 month indicator, has been since 2000.



The second graph shows a general pattern of improvement from 2000 to 2002 in the rates in which children are adopted. All of the children adopted in a given year constitute the exit cohort. However within this exit cohort, some children were adopted in the same Federal Fiscal Year they entered permanent commitment, some were adopted who were still waiting from the previous FFY, and some were waiting from two previous FFYs. The percentage of children remaining from each entry cohort who are adopted has generally gone up. For example, in 2000, 47% of the children still waiting from the previous FFY were adopted, but in 2001 that figure went up to 58% and in 2002 increased to 60%.



It is Ohio's working hypothesis that performance on this indicator went up in FFY 2000 because Ohio was successful in getting a larger percentage of children committed within 18 months of removal from the home; that it went down in FFY 2001 because this same indicator slipped a little bit; and that it went up again in FFY 2002 because this indicator stayed stable but Ohio's adoption rates for children who had been committed all went up, regardless of their entry cohort.

One important effect on Ohio's performance on this indicator is that Ohio has also emphasized the placement of children who are older, of minority descent and members of large sibling groups who have been in the custody of agencies for several years. As increased emphasis and success is realized in achieving permanency for harder to place children, there may be a directly negative impact on Ohio's ability to meet the 32% national standard.

It is also worth noting that the absolute number of children involved in Ohio's up and down swings are based on relatively few children. On the CFSR measure when the state decreased from 27% to 24.7% between FFY 2000 and FFY 2001, based on FACSIS data, the state went from having 481 children out of 1,731 adopted within 24 months to having 498 adopted out of 2,018. If one applies the 27% from 2000 to the 2,018 number in FFY 2001, there would have been 47 more children finalized. Although there was an overall increase in the number of children who were adopted within 24 months, because the total population also increased, the increase in placing children within 24 months is overlooked.

The method of using exit cohort data for this CFSR outcome may not be an accurate nor desirable measure when evaluating how states are improving the rate at which adoptions are occurring. Exit cohort analysis only considers those children adopted within a given period resulting in bias towards easy-to-place children. Consequently, this may produce pressure to focus on the new children entering permanent custody and to concentrate less on those children who have been waiting the longest. Children who are never adopted are not reflected in the indicator. ODJFS will continue to collect and analyze this type of data on a continuous basis and disseminate this to PCSAs.

Ohio has identified through previously completed surveys barriers that prevent TPRs from being filed in a timely manner. Ohio believes a multiparty effort involving courts, system administrators, public and private agency personnel and the Bureau of Family Services will result in positive changes. The prospect of a task force comprised of court, county and State personnel will develop a tracking tool to track TPR cases and compelling reasons that exist for not filing TPRs in a timely manner. Ohio will encourage the court system to explore the feasibility of implementing a continuance policy that discourages TPR delays and establishes a blanket priority "fast tracking" of TPR cases and appeals. Additionally, ODJFS would be in full support of court policy that decreases the length of time court judges and magistrates issue final decisions. Additionally, research by the newly hired Ohio Supreme Court Family Law Case Manager regarding delays attributed to the appeal process will be closely monitored. Analysis of the data will guide ODJFS in developing a plan to provide technical assistance to the counties with

the greatest number of appeals.

ODJFS believes that when PCSAs are provided with better data analysis of the average amount of time each county takes to obtain permanent commitment, the agency will have baseline data and can identify a variety of best practices and implement policies and procedures that enhance their efforts to decrease the length of time to PC. Information gathered from the FACSIS pilot will be relayed to the ODJFS Justice Services Administrator. The information gleaned will be shared with the Ohio Supreme Court to provide documentation which supports the need to decrease delays to PC and further encourage revamping, revising or addressing systemic state, court and county issues that impede TPR filings, lengthy appeals and delays in other court hearings.

The cumulative results of improved data and various PIP activities would further support the recommendation of court implementing activities that decrease TPR cases and appeals that complicate court dockets.

Increase communication and nurture positive relationships between county, state and court personnel will result in a decrease in the adversarial relationships between entities. From the analysis of data and provision of technical assistance resource guidelines will be developed that define court roles and establish best practices that expedite court processes. This will be completed in conjunction with the ODJFS Justice Services Administrator. A companion manual will be developed listing best practice models for PCSAs in regards to working with court.

Action Step B

Develop a best practices model for expediting permanency planning for children once an agency files a motion for permanent custody or once the court has granted an agency permanent custody. Internal practices of an agency may create unintentional barriers to locating permanent placements for children who are under the permanent custody of an agency.

Action Step C

Prevent delays in finalized adoptions due to lack of preparation of children and families.

- Subsidy guides will be developed and distributed to inform foster families of available supports and to assist in their understanding of their rights under the subsidy program. ODJFS has drafted an Adoption Guidebook that includes information regarding subsidy. Ohio Administrative rule mandates the use of the Adoption Guidebook and the distribution of the guidebook to adoptive families.
- Provide subsidy training to appropriate staff to enable staff to understand the intent of Adoption Assistance and to effectively negotiate subsidies.

Action Step D

All components of supplemental case planning (concurrent case planning) processes implemented by counties will consist of viable activities to implement secondary goals of case plans.

- Agencies that don't establish viable secondary goals lose valuable time in achieving a permanent home for the child. ODJFS plans to request the National Resource Center for Permanency Planning to assist Ohio in assuring that effective supplemental case planning is initiated. As specifically related to this item, the Resource Center would be requested to examine Ohio's foster care system and make recommendations on methods to evaluate and expedite foster-to-adopt homestudies.
- Ensure adoption case paperwork is completed expeditiously. Seek to revise Ohio Administrative Code rule to require earlier initiation of JFS 01616 "Social and Medical History" form and the Child Study Inventory (CSI). As previously mentioned, a delay occurs if the paperwork required to be given to the prospective adoptive parent is not completed in a timely manner. Revising the Ohio Administrative Code rule will establish the initiation of paperwork at an earlier time.
- Provide statewide training and/or provide training information on the JFS 01616 "Social and Medical History" and the Child Study Inventory (CSI). A training curriculum has been developed by ODJFS and will be used to train county staff statewide. Training evaluations will be used to evaluate the content of the trainings and identify counties that would benefit from technical assistance.

PERMANENCY OUTCOME P2:

THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN

ITEM 14. PRESERVING CONNECTIONS.

ITEM 15. RELATIVE PLACEMENT.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Ohio did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 84.6 percent of the cases, which is less than the 90 percent required for substantial conformity.

In addition, two items: Item 14. Preserving Connections and Item 15. Relative Placement were assigned an overall rating of Area Needing Improvement.

Item 14. Preserving Connections was assigned an overall rating of Area Needing Improvement because in 27 percent of the cases, reviewers determined that the agency did not make diligent efforts to maintain children's connections to family, community, and heritage while the child was in foster care.

Of those cases in which it was determined that the state did not make diligent efforts: three involved children in foster care whose relationships with extended relatives were not adequately preserved; three involved children in foster care who were placed outside of the county, and one involved a Native American child in foster care whose tribe had not been notified.

Without examination of the individual circumstances of the cases in which relationships with extended relatives were not preserved and the cases in which children in foster care were placed outside of the county, it would be difficult to determine specific factors contributing to non-conformity for these cases. However, agencies' failure to facilitate relationships with extended relatives could be linked to the following factors:

- Lack of clarity in the agency's policies regarding visitation and contacts with extended relatives while children are in care.
- Failure on the agency's part to document reasons in the case record that visitation/contact with extended relatives would not be in the child's best interest.
- Conflicting priorities in federal policy regarding placement with relatives and close proximity (The only relatives able to care for the child may live outside of the child's community/county. In addition, for families residing near county/state borders, placement in a neighboring county may actually be

closer in proximity to the child's original community).

Item 15. Relative placement was assigned an overall rating of Area Needing Improvement because reviewers determined that, in 16 percent of the cases, the agency had not made diligent efforts to locate and assess relatives as potential placement resources. A primary problem identified was that workers were not fully exploring paternal relatives as placement options. To support relative placements, the State has 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.

Failure of an agency to explore paternal relatives could be impacted by a number of factors including but not limited to:

- Ohio Administrative Code rules primarily govern the agency's interaction with the custodial parent.
- The father's relationship may not be legally established through a paternity test or marriage.
- The father may not have had any prior relationship or involvement with the child; paternal relatives may not have had any prior relationship or involvement with the child.
- Special circumstances that were not adequately documented in the case record (e.g., domestic violence, child who is a product of rape).

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

Ohio proposes to increase the continuity of family relationships and connections increasing worker's skills in working with families whose children are in substitute care so they will be able to preserve primary connections of the child while the child is in foster care placement.

To achieve this goal, the following actions steps will be taken:

Action Step A

Provide training to local children services agencies to encourage workers to:

- \$ Explore visitation and placement with non-custodial parents (particularly fathers), unless it is not in the child's best interests.
- \$ Consider utilizing family group decision-making to engage parents and others in addressing the needs of children and allow children to remain in their own homes or be safely reunified.

Action Step B

Increase knowledge of local agency staff on the Indian Child Welfare Act (ICWA).

- \$ Present the requirements to seek written verification of a child's heritage and

membership with a tribe prior to placement.

Action Step C

Include in the best practice resource manual referenced under Item 6, examples of how agencies are effectively working with noncustodial fathers and extended relatives to assure that connections are preserved.

Action Step D

Incorporate into CPOE case record review instrument the monitoring the preservation of connections and relative placements.

CHILD AND FAMILY WELL-BEING OUTCOME WB1:

FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

ITEM 17. NEEDS AND SERVICES OF CHILD, PARENT, FOSTER PARENTS.

ITEM 18. CHILD AND FAMILY INVOLVEMENT IN CASE PLANNING.

ITEM 25. PROCESS FOR ENSURING EACH CHILD HAS A WRITTEN CASE PLAN TO BE DEVELOPED JOINTLY WITH THE CHILD'S PARENT(S) THAT INCLUDES THE REQUIRED PROVISIONS.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Ohio did not achieve substantial conformity on Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved for only 66 percent of the cases reviewed, which is less than the 90 percent required for a determination of substantial conformity.

A general finding of the CFSR process was that ODJFS is not consistent in its efforts to ensure that families have enhanced capacity to provide for their children's needs. For example, caseworkers did not consistently meet policy requirements for conducting visits with parents or guardians. In addition, the service needs of children, parents, and foster parents were not thoroughly assessed and/or services were not provided in 32 percent of the cases. Finally, the agency was not consistent in involving parents and children in the case planning process.

Item 17 was assigned an overall rating of Area Needing Improvement because in 32 percent of the cases, reviewers determined that ODJFS had not been effective in assessing service needs and/or providing appropriate services to children, parents, and/or foster parents. Specific problems identified in the case review process were unmet service needs, incomplete assessments, and lack of attention to fathers' service needs. Case reviewers noted that a key problem was that assessments were not sufficiently in-depth to uncover potential underlying problems, such as domestic violence or substance abuse. Information from stakeholders and the Statewide Assessment suggests that a key barrier to meeting service needs is a lack of comprehensive services in the State.

Specific problems identified in the case review process were unmet service needs, incomplete assessments, and lack of attention to fathers' service needs. Case reviewers noted that a key problem was that assessments were not sufficiently in-depth to uncover potential underlying problems, such as domestic violence or substance abuse. In 10 percent of the cases, the services received were not appropriate to the children's needs. Children or parents had identified service needs that were not met. These needs were either not assessed or not

assessed in sufficient depth. Information from stakeholders and the Statewide Assessment suggest that a key barrier to meeting service needs is a lack of comprehensive services in the State. For example, the need for mental health services was so great that a high percentage (estimated about 70 percent) of referrals made by the child welfare agency could not be addressed.

Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 30 percent of the applicable cases, reviewers determined that ODJFS had not involved parents or children in the case planning process when it was appropriate to do so. According to the Statewide Assessment, it has been anecdotally reported by parents and foster parents in the State that they are not involved in developing the case plan and that case planning, for the most part, is a cookie-cutter approach. The Statewide Assessment indicated that parents have reported that they are afraid to use the court process to dispute the contents of the case plan, that their public defender is unhelpful, and that the agency is unresponsive to their input.

Ohio policy requires workers to include parent(s), children (when age appropriate), and caregivers in case plan development. However, some agencies believe the statutory time frames for case plan completion can impede a worker's ability to include all parties in case plan development. In addition, the format of the case plan document is confusing and difficult for families or other parties (e.g., children, foster parents) to understand.

Item 25 was rated as an Area Needing Improvement. Although State Code and Rule require that all children in foster care have a written case plan completed within a maximum allowable time of 60 days, State data for the past three years show that the number of children who had a case plan completed within the time was 86 percent. Also, despite the implementation of family case conferences in many public children services agencies (PCSAs), parents and foster parents reported that they are not involved in case planning and that case planning is, for the most part, pro forma.

In recent meetings regarding this issue, county agency staff reported the major factors contributing to non-conformity include:

- Training issue for workers on how to make the connection between concerns and services.
- Need for workers to enhance their skills necessary to engage families and help families connect the identified concerns with the recommended services.
- Workers have difficulty meeting with all required parties, writing the plan and getting the plan signed and filed by the mandated deadline.
- Lack of cooperation from families (often on advice of attorneys).
- Workers view of case plans as a mandate from the agency for the family to

follow rather than a cooperative agreement between the agency and family.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ Items seventeen (17), eighteen (18) and twenty-five (25) are items within which an agency can hope to achieve the child and family well-being outcome. ODJFS will engage in the following action steps to work toward achieving this outcome:

Action Step A

Establish a baseline for outcomes in order to measure level of improvement. Case reviews will have to be completed and data gathered to establish a baseline. After the baseline has been determined, the factors contributing to non-conformity will be addressed.

Action Step B

Strengthening workers' skills in engaging families in the case planning and case plan review processes in order to increase parent, caregiver, and child involvement in case plan development and reassessment.

Action Step C

Inform parents, children and caregivers of the concerns identified in the assessment and their right to participate in development of case plan activities to address the identified concerns.

Action Step D

Revising case plan and Semiannual Administrative Review documents to be more understandable by families and caregivers (to be completed concurrently with Action Step B).

CHILD AND FAMILY WELL-BEING OUTCOME WB1:

FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

ITEM 20. WORKER VISITS WITH PARENT(S).

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 20 was assigned an overall rating of Area Needing Improvement because in 34 percent of the applicable cases, reviewers determined that visits with parents were not sufficiently frequent or of sufficient quality to promote the safety and well-being of the children or enhance attainment of permanency. However, in many cases worker contact with parents exceeded State requirements. According to the Statewide Assessment, Ohio guidelines for visitation between the caseworker and the parents, as of December 2001, requires that caseworkers establish face-to-face contact with parents in both foster care and in-home services cases on a monthly basis and that visits involve monitoring of case plan objectives.

Ohio Administrative Code rules only recently mandated the frequency of worker visits with parents for children in substitute care and court ordered protective supervision and the activities that must occur during worker visits. The true impact of the rule would not have been evident at the time of Ohio's on-site review which occurred only six (6) months after the effective date of the rule.

In recent meetings regarding this issue, county agency staff reported the major factors contributing to non-conformity include:

- Prior to December 1, 2001, ODJFS did not mandate frequency of worker visits between caseworkers and families for in-home and out-of home cases or that workers' address case plan objectives during the visits.
- Lack of documentation in case records to indicate the monitoring of case plan objectives (content and participants in the visit).
- Case plan document is too complex and too difficult for families to understand.
- Case plan structure is not designed to measure progress.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

To achieve the child and family well-being outcome, ODJFS will engage in the following action steps:

Action Step A

Establish baseline for outcomes in order to measure level of improvement. Case

reviews will have to be completed and data gathered to establish a baseline. After the baseline has been identified, the factors contributing to non-conformity will be addressed.

Action Step B

Revising case plan rule for voluntary (no court order) cases to provide guidelines on frequency and purpose of workers visits with parent(s) and clarify expectations for visits with absent parent.

Action Step C

Developing tools to enhance worker skills in conducting outcome focused worker visits with parents, children and caregivers.

CHILD AND FAMILY WELL-BEING OUTCOME WB2:

CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

Ohio did not achieve substantial conformity with Well-Being Outcome 2 based on the finding that 83.8 percent of the cases reviewed were found to have substantially achieved this outcome, which is less than the 90 percent required for substantial conformity. The general finding of the CFSR process was that the agency was not consistent in assessing children's educational needs and providing appropriate services to meet those needs.

ITEM 21. EDUCATIONAL NEEDS OF THE CHILD.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 21 was assigned an overall rating of Area Needing Improvement because reviewers determined that in 16 percent of the cases, the educational needs of children were not adequately addressed. The key problem identified pertained to cases in which children showed evidence of school-related behavioral problems, developmental delays, learning disabilities, and/or poor school performance yet no assessment of needs was completed and services were not provided.

Transitional educational placements; difficulty transferring Individualized Education Plans (IEPs) between school districts; inconsistent coordination of screenings, diagnoses and treatment interventions; and limited service capacity were also noted as contributing factors to noncompliance.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ To improve consistency in the identification of needed services and continuity of care, ODJFS will:

Action Step A

Partner with the Ohio Department of Mental Retardation and Developmental Disabilities (MR/DD) to assist school districts which are/would like to become Community Alternative Funding System (CAFS) providers. For such school districts, dedicated funding is available to provide services for Medicaid-eligible children who are mentally retarded/developmentally disabled or who have specialized educational needs.

→ To better address identified difficulties/disabilities that interfere with a child's ability to learn, ODJFS will:

Action Step B

Provide information to PCSAs regarding student rights and how to request development of Individualized Education Plans (IEPs). The improved

documentation of needs and services via IEPs will assist the PCSAs and local school systems in the development of reasonable accommodations needed for academic success.

In 1992, *Ohio Family and Children First* (OFCF) was established to promote coordination and collaboration among state and local governments, local businesses, nonprofit organizations and parents. Several goals identified by OFCF relate to academic achievement. In 2002, the *Healthy Youth Initiative* originated out of OFCF to specifically address barriers to academic success and promote positive youth development. Partners in this effort include representatives from the Ohio Departments of: Education, Alcohol and Drug Addiction Services, Health, Mental Health, and Youth Services; The Ohio Family & Children First Council, The Ohio State University, The Center for Learning Excellence, the Ohio Community Service Council and the Safe Schools/Healthy Students Action Center.

- To develop a statewide network of integrated supportive services, ODJFS, Office for Children and Families, will:

Action Step C

Work with Ohio Family and Children First to promote an integrated network of educationally based supportive services.

- It is critical that the educational needs of children are met. In order to do this all persons involved with the child (the parent, the foster parent, and the worker) need to have updated information on the educational needs of the child. PCSAs are required to complete the JFS 01443, "Child's Education and Health Information" at the time a child is placed into substitute care and update the information at the time of a semi-annual administrative review, any time there is a placement change or any time there is a change in any of the educational information contained on the JFS 01443. In order to improve the completion and amendment of this form, ODJFS will:

Action Step D

Monitor completion of the JFS 01443, "Child's Education and Health Information".

- To better address the emotional and behavioral problems that often compromise a student's academic success, OCF, Bureau of Family Services will:

Action Step E

Support joint initiatives by the Ohio Department of Mental Health and the Ohio Department of Education which address emotional and behavioral problems that compromise student success. This would entail having school districts identify children with behavioral issues and referring them for the appropriate assessment (See Item 36, Action Step D).

CHILD AND FAMILY WELL-BEING OUTCOME WB3:

CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

Ohio did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in only 69.8 percent of the applicable cases, which is less than the 90 percent required for a determination of substantial conformity.

In general, the CFSR process found that ODJFS was not consistently effective in meeting children's physical or mental health needs, although in most cases, these needs were adequately addressed. The key problems identified with respect to physical health services were that: health screening and services were delayed for some children; some children were not receiving preventive health care services; or some children were not receiving services to meet identified health needs. The key problems identified with regard to mental health services were that: some children had mental health needs but were not receiving services to address those needs; mental health services were delayed for some children; or the services were provided too infrequently to be effective.

ITEM 22. PHYSICAL HEALTH OF CHILD.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 22 was assigned an overall rating of Area Needing Improvement based on the finding that in 17 percent of the applicable cases, reviewers determined that ODJFS was not adequately addressing the health needs of children in foster care and in-home services cases.

The number and accessibility of medical personnel who are willing to accept Medicaid payments is limited. This is especially true in regard to dental care providers. Inconsistent coordination of screenings, diagnoses, and treatment interventions as well as an under-utilization of inter-departmental programming also compromise Ohio's achievement of this goal.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ Ohio proposes to address the physical health needs of children through the following action steps:

Action Step A

Clarifying PCSA and PCPA responsibilities for:

- Effectively assessing health care needs;
- Coordinating the provision of appropriate services to meet health care

- needs;
- Documenting services needed/provided and services needed but unable to be provided and the reason why.

Action Step B

Work with the Ohio Department of Health (ODH) to provide information to PCSAs regarding utilization of public oral health services. To accomplish this, staff from the Bureau of Family Services (BFS) will meet with ODH personnel to increase knowledge regarding the needs of families in the child welfare system; ODH will provide local providers with information regarding child welfare needs and analyze local capacity to provide oral health services through the monitoring of utilization reports; BFS staff will promote the utilization of public dental providers via awareness campaigns.

- To increase PCSA's awareness of available resources, ODJFS, OCF will:

Action Step C

Increase PCSAs awareness of available local health care services. OCF will work with Ohio Health Plans to obtain this information and provide PCSAs with updated resource listings to assist them in accessing needed services.

CHILD AND FAMILY WELL-BEING OUTCOME WB3:

CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

ITEM 23. MENTAL HEALTH OF CHILD.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 23 was assigned an overall rating of Area Needing Improvement because in 32 percent of the applicable cases, reviewers determined that children's mental health needs were not being adequately addressed by ODJFS. This determination is consistent with stakeholders' perceptions that there are problems in obtaining adequate mental health services for children. According to this information, when a child enters substitute care, part of the comprehensive HealthChek screening includes a psychological assessment of the child. However, evidence of this practice was not consistently found among the foster care cases reviewed for the CFSR.

Increasing the knowledge base of therapists who understand the issues of separation and loss that children experience as part of being in foster care or in an adoptive placement was identified as a need during the CFSR process.

In addition, psychological and mental health assessments were identified as two critical needs during the CFSR. Other identified gaps in services included: an accessible continuum of mental health treatment services, including wrap-around community-based services and services for dually- diagnosed substance abusing mentally ill (SAMI) clients (See Item 36).

Although basic mental health and substance abuse services are provided in each county, some counties are not able to maintain a full spectrum of care (e.g., detoxification, home-based, outpatient, inpatient and residential treatment). This is of great concern to the State because the lack of local services often limits the ability of family members to participate in treatment and consequently may negatively impact the effectiveness of treatment and the likelihood of reunification (See item 36).

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ Knowing that the first step to effective treatment is accurate assessment, ODJFS will:

Action Step A

Support Ohio Department of Mental Health (ODMH) efforts to increase the consistent utilization of assessment tools. Inter-departmental meetings will be held between ODJFS and ODMH to review the effectiveness of research-based

assessment tools. ODMH will promote the use of identified tools by treatment providers; and ODJFS will distribute information to PCSAs regarding tools which have been selected and promote their use for client assessments.

- In an effort to better address unique behavioral health care needs of children in out-of-home care and adoptive placements, ODJFS will:

Action Step B

Provide training to therapists, caseworkers, adoptive and foster parents regarding the special behavioral health care needs of children in out-of-home care and in adoptive placements. These presentations will be developed in accordance with identified needs and tailored to individual audiences. These workshops will be presented through various venues including ODJFS-sponsored trainings, conferences held by sister agencies, and advocacy group requests.

- Amended House Bill 484, Ohio's response to the Adoption and Safe Families Act, exceeded federal standards by specifying that child abuse or neglect associated with parental substance abuse and rejected treatment could be grounds for termination of parental rights. H.B. 484 also emphasized the need to provide timely and appropriate treatment necessary to facilitate family reunification. Since 1999, the Ohio General Assembly has allocated 4 million dollars annually to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) for the provision of such programming at the local level (These dollars are passed through from ODADAS to local Alcohol and Drug Addiction Services or Alcohol, Drug Addiction and Mental Health Services boards for this purpose). To better meet the special needs of children in the child welfare system whose parents struggle with substance abuse, ODADAS expanded the use of these dollars to fund prevention and educational services during this past year. ODJFS and ODADAS will:

Action Step C

Promote the provision of specialized programming for children of parents who are addicted to alcohol or other drugs. These efforts include, but are not limited to, meetings with local service providers, prevention coalitions, board associations, and provider councils.

- To promote best clinical practices, ODJFS will work with the Ohio Departments of Mental Health (ODMH) and Alcohol and Drug Addiction Services (ODADAS) to disseminate information regarding statewide initiatives and research-based interventions. To maximize financial resources, ODJFS, ODMH and ODADAS will continue to:

Action Step D

Provide further technical assistance to PCSAs and local treatment providers regarding initiatives, best practice methods and funding resources for behavioral health care programming.

Action Step E to J
Refer to Item 36.

SYSTEMIC FACTOR 2:

ITEM 27. PROVIDES A PROCESS THAT ENSURES THAT EACH CHILD IN FOSTER CARE UNDER THE SUPERVISION OF THE STATE HAS A PERMANENCY HEARING IN A QUALIFIED COURT OR ADMINISTRATIVE BODY NO LATER THAN 12 MONTHS FROM THE DATE THE CHILD ENTERED FOSTER CARE AND NO LESS FREQUENTLY THAN EVERY 12 MONTHS THEREAFTER.

CASE REVIEW SYSTEM

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

This item was assigned a rating of Area Needing Improvement because:

- C During interviews with stakeholders it was indicated that court rules do not always coincide with state law regarding ASFA requirements;
- C ODJFS only recently implemented a mechanism for collecting information regarding 12 month reviews and the statewide data regarding percentage of children who had hearings was not available;
- C Stakeholders suggested that courts were crowded and that courts had a tendency to focus more on parental rights than on the child's best interest.

The department asserts that the determination that court rules do not coincide with state law is based on factual error. Ohio Rules of Court – Rules of Superintendence for the Court of Ohio (Rule 5) permits courts to adopt local rules. Local rules must be filed with the Clerk of Courts and cannot supercede the Rules of Superintendence.

Copies of the rules on file for Clark, Franklin and Washington were reviewed for consistency with Ohio statute. No inconsistency or conflict was identified. Copies of these rules are available upon request for federal review.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- Ohio proposes to implement the following action steps to increase ODJFS' ability to identify the percentage of children who have had timely hearings (**Goal I**) by:

Action Step A

Developing a formal process for identifying courts that consistently exceed prescribed time frames for judicial hearings. A Task Force will be convened to design a TPR and hearing tracking tool which will be used by counties to document TPR and/or hearings that exceed prescribed time frames and compelling reasons for not filing TPR in a timely manner. Data collected from county tools will be analyzed and used to identify counties in which significant numbers of children's hearings are not held within prescribed timeframes. A formal process will be established with the Supreme Court of Ohio for county-specific court review and response.

Court-related comments are cited in Items 8,9,26, and 27 in the CFSR Final Report. These comments fall into the one of two general classifications: issues regarding **case processing**, the way cases proceed through the court system (**Goal II**); and, issues regarding **system interface**, the way the child welfare and legal systems interact at their points of intersecting jurisdiction (**Goal III**).

The CFSR Final Report attributes three **case processing issues** as the primary court-related causes for children not receiving timely hearings. The CFSR Final Report does not, however, offer evidence to support such findings. Ohio shall examine the efficacy of the state system of juvenile court processing and identify ameliorative steps for correction (**Goal II**) by examining each of these issues:

- An over-crowded docket is the most frequently suggested factor in an area being identified as needing improvement. No data to support this statement is provided, nor is there a suggestion as to why, if this is a valid concern, over-crowding of dockets has occurred (e.g., whether it results from specific case management practices rather than case numbers). To address this item, Ohio proposes to examine the efficacy of the state system of juvenile court case processing and identify ameliorative steps for correction by:

Action Step A

Determining if overcrowding of court dockets is contributing to Ohio's timeliness of reviews.

- Excessive continuances are cited as causing an area to be identified as needing improvement. Ohio Rules of Court-Rules of Superintendence for the Courts of Ohio (Rule 56) governs the granting of continuances. It is not possible to determine from the CFSR findings if "excessive" is in violation of Rule 56 or simply a perceptual issue, e.g., improper judicial practice or unrealistic expectation of procedural law. To address this item, Ohio proposes to examine the efficacy of the state system of juvenile court case processing and identify ameliorative steps for correction by:

Action Step B

Determining if comments regarding excessive continuances are a result of improper judicial practice or unrealistic expectations.

- The appellate process is cited as causing an area to be identified as needing improvement. The Supreme Court of Ohio has implemented a provision in the Ohio Rules of Court – Rules of Appellate Procedure (App. R.11.2) to streamline appeals involving the termination of parental rights and adoption issues. A copy of this rule is available for federal review. From the CFSR report, it cannot be determined if this item is cited as a result of improper judicial practice or unrealistic expectation of procedural law (e.g., violations in the processing of appeals or unrealistic expectations that appears be prohibited). To address this item, Ohio proposes to examine the efficacy of the state system of juvenile court

case processing and identify ameliorative steps for correction by:

Action Step C

Determining if comments regarding the appellate process are a result of improper judicial practice or unrealistic expectations.

- A limited number of comments reflected stakeholders' perceptual issues regarding court functioning. For example, court structure was cited in the CFSR Final Report as impacting on timeliness of reviews. The CFSR Final Report did not identify whether the studied courts' structures contribute in a positive or negative manner, nor provide any statistical validation of this statement. Still, it is not felt that this or other personal experiences should simply be discounted because they have not yet been studied. To address this item, Ohio proposes to examine the efficacy of the state system of juvenile court case processing and identify ameliorative steps for correction by:

Action Step D

Identifying state trends or system barriers that contribute to extended case processing.

In July 2003 the Supreme Court of Ohio created the position "Family Law Case Manager" (FLCM). Under the terms of the job description, this position's duties include:

- Reviewing required quarterly court statistical reports to identify jurisdictions that have pending cases that exceed designated time frames.
- Identifying state trends or system barriers that contribute to extended case processing.
- Provide on-site analysis to courts that substantively exceed state-imposed time frames.
- Responding to requests for assistance from courts that have self identified.

This position was filled by the Supreme Court of Ohio in 7/03 with the acquisition of an employee who brought extensive direct experience in Ohio's juvenile and probate court systems. The new FLCM's breadth of knowledge regarding Ohio's family law courts eliminated much of the usual "acclimation phase," allowing the FLCM to initiate assigned activities after an uncommonly short training period.

The FLCM's first focus was on establishing contacts in partner state agencies and local courts. In addition to informational meetings with inter-agency peers, he attended significant number of events to publicly discuss his new role in Ohio's Family Law program. He also assumed membership on a number of state-level boards and work groups to ensure continued visibility of and coordination with SCO and ODJFS joint activities.

The FLCM's early on-site activities have focused in three venues:

1. Appellate Districts
Study began in Ohio's twelve appellate courts where the FLCM gathered data from each court regarding the appellate process of child abuse cases. He currently is analyzing the results and preparing report for each of the courts.
2. Family Case Processing
The first court to work with the FLCM is Cuyahoga County Juvenile Court. The FLCM is examining all aspects of court functioning. During the process currently underway, the FLCM is interviewing all levels of court employees, as well as entities that interface with the court, such as the public children services agency, members of the local bar, and the Office of the County Prosecutor. Cuyahoga County Juvenile Court has welcomed the FLCM and is eager to address any issues that may be highlighted as a result of this study.
3. Model Court
SCO finalized its agreement with its newest "Model Court," (Hamilton County was first designated as a "Model Court" in DATE) Lucas County (Toledo) in August 2003. Formal designation was received from the National Council on Juvenile and Family Court Judges (NCJFC) in September 2003. The FLCM and representatives from Lucas County Juvenile Court recently attended an initial planning session for model courts sponsored by NCJFJ and the ABA.

The FLCM continues to also be responsible for the other duties identified in the job description. In addition to working with courts that self-identify or are identified through review of SCO data, ODJFS and SCO shall jointly establish a formal process for public children services agencies to identify jurisdictions that consistently exceed prescribed time frames. Courts that are identified through this method, self-referral or other SCO-initiated reports, will be contacted by the Family Case Flow Manager or other appropriate SCO staff. This contact is not in any way to be considered a disciplinary action. At this point, the purpose of contacting a court is to determine the validity of the numbers and, if accurate, to offer on-site technical assistance in addressing the issue. There are many elements that can contribute to protracted court proceedings. It will be the Case Flow Manager's responsibility to work directly with court personnel to pinpoint the causative factors and to jointly effect corrective action. The Case Flow Manager also will be responsible for helping to seek appropriate support when lack of court resources is an issue.

The Family Law Case Manager can offer a range of services to address issues that are identified, including:

- Referral of inherent system barriers to Supreme Court of Ohio Chief Justice Thomas J. Moyer's *Advisory Committee on Families, Children and the Courts* for recommended action. This can include statutory or administrative change initiated by the Supreme Court of Ohio.
- Assignment of a visiting judge to address temporary case backlog.
- Provision of on-site technical assistance from the Supreme Court of Ohio to address case management issues.

- Development of educational programs through the Supreme Court of Ohio's Judicial College and other Judicial and Court Services Division staff.
- Paired assignment to a "mentor court."
- Support of a pilot program to implement an innovative and/or alternative approach to handling cases.

→ Issues related to **system interface** often are more reflective of a mutual lack of understanding of roles, responsibilities and appropriate expectations than the effectiveness of the systems. These issues are best addressed through education and cross training. At the foundation of any such effort must be acknowledgment of, and respect for, the different roles that the court, legal bar, child welfare agency, and service providers each play when intervening on the behalf of children. Working in partnership does not necessarily result in agreement or even perfect outcome; it will result in the most effective system functioning. Ohio proposes to address systemic barriers that impede effective interface of the child welfare and legal system (**Goal III**) by implementing the following action steps:

Action Step A

Establish "best practice" guidelines for courts' handling of dependency cases.

Action Step B

Utilize the Supreme Court of Ohio Advisory Committee to implement initiatives that impact on judicial systems. Proposed Guardian Ad Litem (GAL) Standards will be presented to the Advisory Committee for adoption and training curriculum with the GAL Standards will be developed, with training following adoption of the curriculum.

Action Step C

Increase judicial opportunities for family law education.

**SYSTEMIC FACTOR 5:
SERVICE ARRAY**

ITEM 36. THE SERVICES IN ITEM 35 ARE ACCESSIBLE TO FAMILIES AND CHILDREN IN ALL POLITICAL JURISDICTIONS COVERED IN THE STATE'S CFSP.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Ohio is in substantial conformity with the factor of Service Array. However, item 36 was rated as an Area Needing Improvement because unstable and disparate funding from county to county, and insufficient availability of service such as mental health and substance abuse treatment, negatively affect Ohio's ability to deliver needed services to children and families.

Although 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, home-based, outpatient, inpatient and residential treatment). The lack of local services often limits the ability of family members to participate in treatment and consequently may negatively impact the effectiveness of treatment. In rural areas and in Appalachian areas in particular, the necessity to travel long distances to access services and the correlating need for transportation services present significant challenges to efforts on the part of local child welfare agencies to access services for children and families.

There is a scarcity of mental health and drug and alcohol services in many counties which negatively impacts the agency's ability to reunify families in a timely manner. Inaccessibility of services, waiting lists for services and crowded court dockets were identified as key barriers to timely reunifications.

A number of service gaps were identified in the CFSR including: family preservation, medical examinations, mental health and substance abuse assessment and treatment, dental care, housing, therapeutic foster care, wrap-around community-based services, transitional services for the MR/DD population, specialized treatment resources for adult and youth sexual abusers, services for dually-diagnosed substance-abusing mentally ill (SAMI) clients, child care and transportation.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ In September 2003, the Governor's Office identified mental health service provision to families involved in the child welfare system as an administrative priority. ODJFS will continue to work with the Ohio Departments of Alcohol and Drug Addiction Services (ODADAS), Mental Health (ODMH), and advocacy groups to:

Action Step A

Identify behavioral health care treatment capacity, gaps in services and needs for specialized programming.

- To better assess the effectiveness of behavioral health care treatment services, ODJFS will:

Action Step B

Serve in an advisory capacity on program evaluation projects conducted by ODADAS and ODMH to assess the effectiveness of behavioral health care treatment services. ODJFS, Bureau of Family Services, will continue to participate on the *ODADAS Outcome Framework Initiative Task Force* which has been convened to improve the consistency of locally delivered service provision and evaluate the efficacy of chosen interventions. The Task Force consists of representatives from various State departments, local ADAS/ADAMHS Boards, advocacy groups, prevention and treatment providers. Similarly, ODMH maintains several outcome-based quality assurance projects. These include: The *Ohio Mental Health Consumer Outcomes System - Adult Symptom Distress Reports*, and *Ohio Scales* which measures youth-based levels of functioning.

- ODJFS, Office of Ohio Health Plans - Medicaid will work with the ODMH to jointly:

Action Step C

Work with ODMH and Ohio Health Plans to expand the continuum of mental health care services. ODJFS will request federal approval to provide these services. Once approved, ODMH, ODJFS and constituent representatives will meet to develop ACT and IHCBS programming. ODJFS, OCF, Bureau of Family Services and ODMH will then conduct joint cross-systems training with PCSAs and local mental health providers regarding effective utilization of these services.

- To better address the emotional and behavioral problems that often compromise a child's academic success, ODJFS, Bureau of Family Services, will continue to:

Action Step D

Support the Ohio Department of Mental Health-Ohio Department of Education partnership designed to provide assessment, intervention and treatment services within the school system. *The Ohio Mental Health Network for School Success* is co-sponsored by the Ohio State University Center for Learning Excellence, the Substance Abuse and Mental Health Services Administration (SAMHSA), ODMH and ODE. Through this project, regional collaborative networks have been developed to identify local needs and opportunities to provide a continuum of supportive services. Membership of the regional networks includes: families, educators, mental health boards, mental health providers and other community partners.

- As noted in the Statewide Assessment, local providers often perceive that confidentiality laws create barriers to necessary inter-system communication. To address this problem, ODJFS, OCF, Bureau of Family Services, and ODADAS

will continue to:

Action Step E

Provide training to PCSAs and treatment providers regarding issues associated with federal confidentiality laws. This training was developed by the Legal Action Center (LAC) of New York. In the spring of 2001, legal professionals from child welfare and substance abuse fields were trained as trainers by the LAC. This corps of trainers continues to serve as a resource to local communities throughout Ohio.

- To increase consistency regarding placements of children in the child welfare system and assess a child's clinical needs, ODJFS, OCF, will:

Action Step F

Work with the Public Children's Services Association of Ohio (PCSAO) to improve consistency in purchasing services among PCSAs.

- To provide financial resources for eligible children who are mentally retarded/developmentally disabled, ODJFS - Ohio Health Plans, and the Ohio Department of Mental Retardation/Developmental disabilities will:

Action Step G

Encourage the establishment of multi-disciplinary teams and other collaborative models for assessments, case planning, and the monitoring of service provision to address issues which require involvement of multiple agencies (e.g., domestic violence, mental health, education substance abuse, mental retardation/developmental disabilities).

Action Step H

Through partnership with MR/DD, provide assistance to school districts desiring to become Community Alternative Funding System (CAFS) providers (See Item 21, Action Step A).

- Due to the limited number of private dental providers who accept Medicaid, ODJFS and ODH will:

Action Step I

Work with the ODH to provide information to PCSAs regarding the utilization of public dental health services (See Item 22, Action Step D).

- To improve provision of services to children in the child welfare system, ODJFS, Bureau of Family Services, will:

Action Step J

Provide further training to therapists, caseworkers, adoptive, and foster parents regarding the special behavioral health care needs of children in out-of-home care and in adoptive settings (See Item 23, Action Step B).

- Given the preponderance of parental substance abuse within the child welfare system, ODJFS, OCF, Bureau of Family Services, and ODADAS will:

Action Step K

Promote the provision of specialized programming for children of parents who are addicted to alcohol or other drugs. In addition, ODJFS and ODADAS will continue providing technical assistance to local communities to increase utilization of resources and promote effective programming for families in the child welfare system who struggle with substance abuse (See Item 23, Action Step C).

SYSTEMIC FACTOR 7:

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Ohio is in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.

ITEM 44. THE STATE HAS IN PLACE A PROCESS FOR ENSURING THE DILIGENT RECRUITMENT OF POTENTIAL FOSTER AND ADOPTIVE FAMILIES THAT REFLECT THE ETHNIC AND RACIAL DIVERSITY OF CHILDREN IN THE STATE FOR WHOM FOSTER AND ADOPTIVE HOMES ARE NEEDED.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 44 is rated as an Area Needing Improvement. Although Ohio has proper policies and procedures in place and has programs and initiatives to recruit potential foster and adoptive families that reflect the ethnic and racial diversity of the children for whom homes are needed, there are still not enough homes for those children.

According to the CF SR Final Report, Ohio is in non-conformity with federal Diligent Recruitment requirements as Ohio's pool of foster and adoptive families do not reflect the ethnic and racial diversity of the children for whom homes are needed. As noted in Ohio's Statewide Assessment, 51 percent of the children in temporary custody and 55 percent of the children in permanent custody were classified as minority, while 27 percent of the adoptive families approved within the past six years with open studies were of minority descent. According to AdoptOHIO Performance measures, 3,511 children were available for adoption as of September 30, 2002. The majority of available children were African-American and had no identified adoptive resource.

In comparison, of the total number of prospective adoptive parents in FFY 2001, 2,090 were African-American while 8,518 were classified as White. Race data were missing for 3,352 persons included in the overall pool. Hence, one of the most important things learned during a statewide forum on diligent recruitment is that ODJFS has to analyze and maintain administrative data. Further, we suspect that many Caucasian families included in Ohio's pool are not really available to adopt. If a Caucasian family wishes to adopt a young, Caucasian child with no special needs, they generally face a long wait. After a while, they may decide to adopt internationally or remove themselves from the pool for other reasons. However, we often do not have good data on the availability of long-waiting families.

Other factors interfering with conformity include jurisdictional issues, lack of knowledge and resources, and worker biases that impact the state supervised-county administered system. County agencies, especially those where the

majority of children in care are classified as Caucasian, at times overlook diligent recruitment responsibilities and their role in developing diverse families for children within and outside county borders. Some agencies reportedly are not sure how to recruit needed families. Cultural differences and misunderstandings that arise in training and throughout the process (e.g., language, ideas about discipline) add to the issue as they send erroneous messages. Many prospective minority parents reportedly see or feel discrepancies in the way families are treated. Some workers are misinterpreting challenges from African-American families as opposition or evidence of unfitness. Some African-American families may lack knowledge of the process to be followed. The location of preservice training may be inconvenient for some African-American families, which communicates the message that foster or adoption is not meant for them. In addition, community partnerships are insufficiently utilized by agencies to assist in diligent recruitment efforts. Fear of the Multiethnic Placement Act as amended has resulted in the closing of some community-based units that diligently worked to build trust in minority communities. Lastly, lack of competent services to families who have adopted previously deters parents from adopting again.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- To increase the number of African-American families applying and being approved for adoption by 5%, ODJFS will ensure diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. The State of Ohio must recruit and retain more approved minority applicants in its foster and adoptive resource pool. Specifically, Ohio must work to increase the number of African-American parents who apply and ultimately adopt until the overall pool of family resources reflects the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. In order to do such, Ohio will:
- C Implement procedures to better assure child and family information in FACSIS is accurate and up-to-date;
 - C Provide market analysis information to counties to assist counties in driving effective recruitment campaigns;
 - C Implement a Comprehensive Recruitment Plan requirement;
 - C Use portions of state-available funds to help counties in their recruitment and retention efforts;
 - C Promote “Best Practices” relative to recruiting and retaining African-American families; and
 - C Offer training and technical assistance to counties, their networks and mental health providers serving adoptive families.

Action Step A

Implement procedures to better assure FACSIS information regarding resource families is accurate and up-to-date. To demonstrate performance improvement, Ohio must implement procedures to better assure the FACSIS information regarding families is accurate and up-to-date. This information includes the date of the homestudy application, the date of approval, placement of a child with the family and finalization. It is more difficult to work with FACSIS data for prospective parents and adoptive parents than it is to work with FACSIS data for children. A parent can enter the FACSIS system and still be listed several years later even though they may have abandoned their plans to adopt, because there are no inherent reporting requirements on parents. In recent analysis of the FACSIS information pertaining to adoptive applicants and approved parents it was noted that the number of families waiting to adopt has grown the fastest of the three categories (Adopted in Period, Waiting-Recent, Waiting-Dated.) The Waiting Dated category includes parents who have been approved or known to have applied anytime within the three years prior to the beginning of the FFY, but for whom there are no coded events, which suggests that they may have left the system.

ODJFS will provide data listing the families registered as active with FACSIS and provide focused technical assistance to assure the families listed are a true representation of the actual families who are available and waiting.

To illustrate a true reflection of Ohio's pool of available foster and adoptive parents, ODJFS must gather information relative to the race(s) of 3,352 families that are identified by FACSIS but have key data missing on exception reports.

Simultaneously, as information is ascertained, ODJFS shall work to decrease the number of families "waiting" in FACSIS longer than two years with neither a termination code nor an updated homestudy.

To do so, ODJFS will:

- C Compile a statewide list of all open families in FACSIS relative to each county agency.
 - C Share respective lists with each county agency for verification.
 - C Close out inactive and outdated familial information on file with FACSIS within 90 days from date of the verification request.
 - C Continue to enter new foster and adoption applicants per occurrence.
- ODJFS has compiled an Adoption Performance Report for federal fiscal year 2002. The report was written by the Adoption Section Quality Assurance Vendor and distributed to agencies at quarterly statewide managers' meetings. Using Census Data and other Market Research Analyses counties were given a synopsis of adoptive placement performance information per county and

statewide.

Per the report, Ohio notes a substantial increase in the number of finalized adoptions for FFY 2000 to FFY 2001. This increase is based on enhanced recruitment efforts for foster to adopt families, and the effective utilization of placement data and adoption incentives to agencies. Given the PIP measures, the Semiannual Adoption Reports will now include familial information on the population of African-Americans per county community.

Action Step B

Provide market analysis to county agencies to be used to drive agency efforts to recruit minority applicants. ODJFS will closely monitor statewide data on the number of minority applicants and those with approved studies, by county and statewide. This information will then be compiled and presented to counties in Semiannual Reports beginning FFY 04.

Using benchmarks and market analysis information, county partners will begin work to increase the number of minorities in the applicant pool until the pool of adoptive families is reflective of the ethnic and racial diversity of children in the state for whom homes are needed.

→ In pursuit of a pool a resources that reflect the diversity of waiting children, ODJFS requires adoption agencies in Ohio, both public and private, to develop a comprehensive recruitment plan. Plans identify the agency's recruitment of families reflecting the diversity of waiting children for whom foster and adoptive homes are needed. Comprehensive recruitment plans include:

- A description of the characteristics of children available for adoption, including age, gender, race, culture, and ethnicity of the children, and their developmental, emotional, and physical and cultural needs;
- Specific strategies to reach all parts of the community;
- Diverse methods of disseminating both general and child specific information and recruitment activities;
- 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;
- Procedures for assuring that all prospective parents will receive information regarding adoption procedures within seven days of inquiry;
- Strategies for training staff to work with diverse cultural, racial, and economic communities;
- Strategies for dealing with linguistic barriers;

- Procedures for the provision of adoption homestudy services and preservice training to families in other counties;
- Nondiscriminatory fee structures;
- 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;
- Procedures for a timely search of prospective adoptive families.

Any agency licensed or certified by ODJFS submits copies of its recruitment plan to ODJFS for approval. ODJFS conducts a review of the recruitment plan to identify any area of the plans that authorize practices inconsistent with the requirements of the federal law. If noncompliance is identified, the agency is notified and a compliance action plan is developed. In SFY 02, ODJFS reviewed recruitment plans for all public agencies and randomly checked private agencies to ensure statewide compliance with MEPA and its diligent recruitment requirements.

Action Step C

Require each adoption agency to implement a Comprehensive Recruitment plan that includes community partnership efforts, use of market analysis information, and cultural competence training for staff. Recognizing the need to ensure *implementation* of the recruitment plans, ODJFS proposed agencies document implementation of their comprehensive recruitment plans and diligent recruitment efforts through completion of the “MEPA Compliance Self-Assessment Report”. As part of the Self-Assessment Compliance Report agencies must now document:

- How the agency implemented the recruitment plan during in the previous SFY and indicate diligent efforts including community partnerships engaged to recruit foster and adoptive parents that reflect the diverse population of children in foster care in the state;
- How the agency keeps track of inquiries and their disposition; specify whether the log (or alternative method) indicate that follow-up occurred with each caller and are equally timely for all callers; indicate whether the log shows an under representation of applicants from any specific racially identifiable area; and if so, does the agency have a strategy for dealing with this issue? Agencies are then asked to provide a copy of the medium through which information is tracked;
- List the number individuals who inquired, applied and/or who are prospective adoptive parents enrolled or who have completed preservice orientation during the calendar year by their race and ethnicity;

- Describe how all inquirers are given information on the characteristics of waiting children in foster care within the county and state;
- If applicants for foster care or adoptive parenting are screened prior to orientation or training, describe what screening criteria are used and for what purpose;
- Indicate the procedures used to locate/select potential, appropriate families for a particular child; what factors are taken into consideration when making the final selection among the appropriate families; and how does the agency ensure that the selection process is in compliance with MEPA; and finally describe how diligent recruitment requirements are integrated into training curricula for foster and adoptive staff in all areas of the agencies.

The Recruitment Plan required for the PIP will be focused on involving increased commitment from community partners to assist in the recruitment efforts.

→ The federal Executive Memorandum on adoption which challenged all states to double the number of adoptions by the year 2002 has allowed Ohio to qualify for federal incentive payments. Ohio has received over one million dollars for each of the last two federal fiscal years. Ohio received \$1.5 million for adoptions the increase in adoptions in FFY 2001 and will receive \$1.1 million for the increase in FFY 2002. Federal funding received is based on availability of federal funds.

The Incentive Funds have been utilized to enhance adoptive parent recruitment efforts, train staff and adoptive parents and to expand post adoptive resources. Specific examples of utilization of the funds include an allocation of \$450,000 to the six largest counties to develop innovative recruitment strategies, funding the Statewide Adoptive Family Retreat held in Athens; development of adoptive libraries in county agencies, and sponsoring families' attendance at annual foster care and adoption conferences.

Action Step D

Assist counties to create self-sustaining recruitment and retention activities. In FFY 2002 funds were provided to the three largest counties for Child Specific Recruitment and to 25 counties who had applied for funds for faith based initiatives. Due to Ohio's increase in adoptions in FFY 2001, monies will continue to be made available for Child Specific Recruitment and faith based initiatives in FFY 2004.

Action Step E

Identify and promote best practices; examine policies and requirements; and identify ways of removing barriers for African-Americans completing the home study process. ODJFS will convene a statewide Recruitment Advisory Committee which will collect best practices in terms of recruitment of African American families. Those strategies that have been determined to be effective will be disseminated to agencies in a written document and presented at the

statewide adoption and foster care conference.

- Many mental health therapists have not received training in the developmental issues of adoption. ODJFS will:

Action Step F

Develop the capacity of mental health providers that will understand adoption issues and provide support to finalized adoptive families which will encourage African-American adoptive families to refer to others to become foster/adoptive families.