



## **Child Abuse Prevention and Treatment Act (CAPTA)**

### **Introduction**

The Ohio Department of Job and Family Services (ODJFS) is the single state agency that administers the Basic State Grant issued under CAPTA. Most social services programs under the department's purview are county administered with ODJFS providing direction to local agencies through administrative rules and program guidance.

Grant funds are primarily used to support program development and implementation. This is done directly by the policy and program staff at ODJFS, often in collaboration with public and private agency partners or other stakeholders, or indirectly through funding contracts to community-based agencies or other organizations. The objectives and activities included in this plan are coordinated with and support the activities outlined in Ohio's Child and Family Services Plan required under title IV-B of the Social Security Act.

Grant funds are used to provide training and technical assistance to child protective services (CPS) caseworkers and supervisors on all programming outlined in this plan, including the Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS) and Differential Response (DR). Several publications, developed and reproduced with grant funds, are used to support training for mandated reporters and the general public on reporting child abuse and neglect. Those publications are made available to anyone free of charge.

### **Changes to State Law**

Ohio has not enacted any statutory changes that would affect CAPTA program eligibility since the last update was submitted in 2014.

### **Significant Changes to the Previously Approved CAPTA Plan**

There have been no changes to the previously approved CAPTA plan in the past state fiscal year.

### **CAPTA Update**

ODJFS will continue to use grant funds to support existing programming and develop new programs and projects designed to enhance Ohio's CPS system. Specifically, Basic Grant funds will be allocated to support the following CAPTA objectives:

1. Improving the intake, assessment, screening and investigation of reports of child abuse and neglect.
2. Improving case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
3. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols, including the use of differential response.

4. Developing, strengthening, and facilitating training including:
  - a. Training regarding evidence-based strategies, including the use of differential response, to promote collaboration with the families;
  - b. Training regarding the legal duties of agency/court personnel and law enforcement;
  - c. Personal safety training for case workers; and
  - d. Training in early childhood, child, and adolescent development.
5. Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in:
  - a. Investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and,
  - b. The provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.
6. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system including the use of differential response and the nature and basis for reporting suspected incidents of child abuse and neglect.
7. Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs:
  - a. To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and,
  - b. To address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

**Objective 1: *Improving the Intake, Screening and Investigation of Reports of Abuse and Neglect***

Screening

As part of *Ohio's Child and Family Services Plan (2015 – 2019)*, a workgroup of state and county program staffs has been tasked with revising Ohio's Screening Guidelines to incorporate Differential Response pathway assignment criteria. An online tutorial on using the guidelines will be developed specifically for agency screeners once the guidelines have been finalized. In addition, an advanced training curriculum will be developed in collaboration with the Ohio Child Welfare Training Program (OCWTP) to include the following content:

- Assessment of safety at screening.
- The “who, what, why, when and how” of report documentation.
- Identifying family strengths.

- Beginning the family search and engagement process.
- Identifying domestic violence and human trafficking.

### Training

The CPS program staff has been working to strengthen the implementation of the CAPMIS through a variety of interventions including curricula development, trainer selection and approval, training on content for the CAPMIS trainers and targeted training on content for the end users. This increased collaboration between the Institute for Human Services (IHS), the statewide coordinator for the OCWTP, and OFC child protective services staff has resulted in CAPMIS-focused curricula across the child welfare Core training continuum. A CAPMIS Advisory Workgroup has been convened to provide guidance to the training program with respect to training content, materials and activities related to CAPMIS. The workgroup is comprised of ODJFS policy and field office staffs, IHS staff, and all of the Regional Training Center (RTC) Directors.

As a result of this collaborative work, CAPMIS constructs have been integrated throughout the Core training modules. CPS staff have reviewed and provided feedback on IHS' Core training modules, and have also authored sections of the Core curricula to ensure the content accurately reflects the CAPMIS concepts and supports their application in the field. Additionally, the CPS program staff developed a series of CAPMIS specific trainings and shared them with IHS to develop enhanced CAPMIS training workshops for casework and supervisory staff that have field experience. The three CAPMIS curricula provided to IHS by the CPS section include:

- Safety Assessment
- Safety Planning
- Strengths and Needs

Three additional CAPMIS trainings are planned for development. These training topics will include:

- Case Planning
- Case Review
- Reunification Assessment

### ***Objective 2: Improving Case Management and the Delivery of Services and Treatment Provided to Children and Their Families***

### Training

IHS worked with program staff to adapt the three curricula developed by the CPS team. These curricula are highlighted under Objective 1 of this update. CPS program staffs have provided two CAPMIS Training of Trainer (TOT) sessions for prospective CAPMIS trainers. Program staffs have also provided two Training on Content (TOC) sessions on the Safety Planning curriculum and one TOC session on the Safety Assessment curriculum to prospective CAPMIS trainers and field office staffs. The Safety Assessment and Safety Planning trainings have been delivered to public

children services agencies (PCSA), and positively received by their staffs. A Strengths and Needs TOC session was provided in May 2015 with an anticipated pilot of the training in summer 2015.

By enhancing the understanding of the CAPMIS model among caseworkers and supervisors in the counties, it is believed implementation of Ohio's CAPMIS model can be strengthened. Moving forward, the incorporation of the CAPMIS concepts and constructs within the OCWTP Core training curriculum should assist with building knowledge of the model among the PCSA workforce. In the longer term, this should strengthen the application of CAPMIS as applied to the assessment of children and families.

### Case Planning Tools

CPS program staff and a workgroup of public agency partners have begun work on development of an integrated case plan tool that can be used in both the Alternative Response (AR) and Traditional Response pathways. The AR Family Service Plan (FSP) was developed as part of Ohio's AR pilot program. The FSP can be implemented any time after the assessment of safety has been conducted, and can serve as the family's case plan if the case is transferred to ongoing services. It is more family-friendly than the CAPMIS case plan, and agencies have requested to use the document for all voluntary CPS ongoing cases.

Further work is needed to finalize the content and format of the tool. Once consensus on design is achieved, revisions to the case review tools will be needed to support the case continuum. SACWIS enhancements and rule revisions will also be necessary in order to implement the tools.

### Ohio's Citizen Review Panel Program

The State of Ohio complies with the CAPTA requirement to maintain a minimum of three citizen review panels by contracting with the Stark County Juvenile Court Citizen Review Board (CRB); and collaborating with two existing statewide boards, the Statewide Child Fatality Review Advisory Committee (SCFRAC) and the Ohio Youth Advisory Board (OYAB).

#### **Stark County Citizen Review Board**

The current Stark County CRB contract is effective through June 30, 2015, and requires that the CRB complete the following activities:

- Provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community, and report these findings to ODJFS.
- Conduct administrative reviews of all child protective services cases referred to the CRB for review.
- Provide specific recommendations for improvement to the local and state levels of child welfare systems through the examination of the policies and procedures of state and local agencies and specific cases.
- Monitor, measure, evaluate and report on the impact of the CRB's recommendations for achieving permanency outcomes.

- Submit reports to ODJFS including all data gathered pursuant to the deliverables above, in a format approved by ODJFS.

A summary of the data compiled by the CRB based on the case reviews conducted during the past state fiscal year is detailed in the chart below:

### Case Review Summaries

	Review Period I 7/1/2014 – 12/31/2014	Review Period II 1/1/2015 – 5/1/2015
<b>Number of cases reviewed:</b>	228	144
<b>Status of cases reviewed:</b>		
Permanent Custody cases	158 / 69%	93 / 64%
Protective Supervision cases	8 / 4%	5 / 4%
Temporary Custody cases	33 / 14%	23 / 16%
PPLA	29 / 13%	23 / 16%
<b>Ages of children reviewed:</b>		
00-06	98 / 43%	44 / 31%
07-12	35 / 15%	28 / 19%
13-18	93 / 41%	68 / 47%
19 & older	2 / 1%	4 / 3%
<b>Gender of children:</b>		
Male	137 / 60%	86 / 60%
Female	91 / 40%	58 / 40%
<b>Race of children:</b>		
White	148 / 65%	86 / 60%
Black	52 / 23%	34 / 24%
Other	28 / 12%	24 / 16%
<b>Time in custody:</b>		
1-6 months	3 / 1%	1 / 1%
6-12 months	46 / 20%	30 / 21%
Over 12 months	179 / 79%	113 / 78%
<b>Number of placements since the inception of the case:</b>		
One placement	132 / 58%	61 / 42%
Two placements	43 / 19%	32 / 22%
Three placements	9 / 4%	1 / 1%
Four or more placements	44 / 19%	50 / 35%
<b>Placement Status:</b>		
DJFS foster-to-adopt home	151 / 66%	94 / 65%
Private foster-to-adopt home	9 / 4%	6 / 4%
Residential or group home placement	23 / 10%	24 / 17%
Relative placement	45 / 20%	20 / 14%
<b>Worker visits this review period:</b>		
Six or more visits	228 / 100%	144 / 100%
Three to five visits	0%	0%

### **I. Case Plan Amendments**

Review Period I: There were six (6) case plan amendments actuated (3% of the cases reviewed).

- Four (4) of the amendments were to change the status of the children.
- One (1) amendment was to assist the mother for the return of the child.
- One (1) was amended to remove paternity concerns as the bio father was determined.

Review Period II: There were 11 case plan amendments actuated (8% of the cases reviewed).

- Four (4) of the amendments were to add a new spouse to do case plan services.
- One (1) amendment was to add an order for child support.
- Two (2) cases were amended to reflect adoptions.
- Two (2) cases were amended to add services recommended by the parenting evaluation.
- One (1) case was amended to add special services that would benefit the child with transitioning into emancipation.
- One (1) case was amended to add housing that would have 24/7 supervision for a severe DD child that was emancipating.

### **II. Parental Input and Attendance**

Review Period I: There was a total of 33 (14%) cases where the parents attended and offered input, those cases were limited to Temporary Custody and PPLA.

- In 15 cases only the mother appeared.
- In one (1) case only the father attended.
- In 17 cases the mother and father attended.

Review Period II: There were 11 cases (8%) where the parents attended and offered input; those cases were limited to Temporary Custody and PPLA.

- In one (1) case only the mother appeared.
- In eight (8) cases both parents appeared.
- In two (2) cases the child attended the review.

### **III. Barriers to Designated Case Plan Services**

Review Period I: There were 20 cases (9%) in which there was some type of barrier to case plan services.

- In five (5) of the cases, the barrier was the parents' failure to engage in case plan services.
- In seven (7) of the cases, the barrier to services was continued drug use by one or both parents.
- In one (1) of the cases, the attempted adoption failed.
- In one (1) case the child emancipated left agency custody.
- In two (2) cases parents continued criminal activity.
- In two (2) cases the parents requested a change of legal custody to the grandparents.
- In one (1) case it was the inability to parent due to the parents IQ.
- In one (1) case the agency was waiting for an adoption to finalize out of state.

Review Period II: There were 20 cases (14%) in which there was some type of barrier to case plan services.

- In one (1) of the cases, reunification was hindered due to the child's sexual behavior treatment not being completed.
- In one (1) of the cases, the barrier to services was continued drug use by mother hindered completion of case plan services.
- In one (1) of the cases the parents deserted the children and their whereabouts became unknown.
- In two (2) cases the child emancipated left agency custody.
- In four (4) cases the child's behavioral and juvenile court involvement hindered ongoing services.
- In three (3) cases the children's behaviors disrupted the adoption.
- In five (5) cases parents were not working case plan services.
- In three (3) cases child's mental and emotional health issues prevented case plan services being put into place in anticipation of emancipation.

#### **IV. Policies Impacting Cases**

The ongoing turnover and position changes within the DJFS (specifically caseworkers) in regards to receiving the case plans in a timely manner has improved. The CRB schedules for the upcoming month are being e-mailed to the case workers and their supervisors a month in advance, and a reminder is sent via e-mail if the case plan is not received within three (3) days prior to the review. The case workers responses to this change in case plan requests have been positive.

#### **V. CRB Recommendations and Compliance**

Review Period I: There were nine (9) cases (4%) that received CRB recommendations and or orders.

- In one (1) case it was ordered that the child be removed from a non-kin foster home and placed into a foster to adopt home, so the goal of permanency could move forward. There was full compliance by the agency for this order.
- In two (2) cases it was recommended that the children approval for adoption recruitment move forward. There was full compliance with the recommendation.
- In one (1) case it was ordered that the child be returned to the care of the Legal Custodians, as asked for in a Motion to return and terminate. There was full compliance with the order.
- In one (1) case a 90 day review was ordered to insure that all medical was in place for the child, at the review all medical concerns that prompted the additional review were resolved.
- In two (2) cases the agency was ordered to investigate and find a psychiatric service that would address the children's mental health needs. It was also ordered that the children be provided with an aide in both the AM and the PM hours to be sure that the children remained safe. There was complete compliance with both the recommendation and order.
- In two (2) cases it was the recommendation of the Board that the status of the child be changed from Planned Permanent Living Arrangement to Permanent Custody to effectuate Permanency. There has been complete compliance with this recommendation.

Review Period II: There were four (4) cases (3%) that received CRB recommendations and or orders.

- In one (1) case it was ordered that the child receive a new and fresh evaluation to try and determine the sudden change in the child's erratic behaviors. A new evaluation was done and a new medication was prescribed. The behaviors have somewhat calmed down.
- In one (1) case it was ordered that the parents' visitation be terminated until such time that they could provide the agency with clean drug tests for a period of one month. To this date the parents have not done any drug screens and therefore have not visited with the child.
- In one (1) case the board ordered the agency to have the child assessed by Help Me Grow due to an issue with developmental delays. That assessment was completed and the child is now reaching his developmental stages on target for his age.
- In one (1) case the Guardian request that the board issue an order to have the agency provide her with contact information of any relative that was having contact with the child, so that she could interview each of them to determine if they were appropriate. The agency did provide that information to the Guardian.

#### **VI. Adoptions and Terminations within the review period**

Review Period I: There were 40 children (18%), whose cases were reviewed by the Citizens Review Board that were officially adopted or terminated during this six month review period.

- Twenty-nine (29) children, whose cases were reviewed by the Board, were officially adopted.
- Eleven (11) children, whose cases were reviewed by the Board, were officially terminated. Of those, 10 children aged-out and one (1) child returned home.

Review Period II: There were 17 children (14%), whose cases were reviewed by the Citizens Review Board that were officially adopted or terminated during this six month review period.

- Seventeen (17) children, whose cases were reviewed by the Board, were officially adopted.
- Three (3) children, whose cases were reviewed by the Board, were officially terminated. Of those three children they were all emancipated.

#### **VII. Trends and Miscellaneous**

Review Period I: There were no reports during the period of subsidy issues negatively impacting adoption plans or finalizations.

Review Period II: There was one (1) report during the period where subsidy issues negatively impacted adoption plans and the adoption did not go forward.

## **Statewide Child Fatality Review Advisory Committee (SCFRAC)**

The SCFRAC was created by statutory authority in 2002 with the mission to reduce the incidence of preventable child deaths in Ohio. Ohio's local Child Fatality Review (CFR) boards are composed of multidisciplinary groups of community leaders. The CFR process has raised the collective awareness of all participants and has led to a clearer understanding of agency responsibilities and possibilities for collaboration on efforts to address child health and safety. The state committee reviews Ohio's child mortality data and child fatality review data to recommend and develop plans for implementing local service and program changes and advises Ohio Department of Job and Family Services (ODJFS) of data, trends and patterns found in child deaths.

Ohio's CFR boards review process results in a thorough description of the factors related to child deaths. The tool and data system used by the CFR boards captures information about the factors related to each child death and documents the complex conversations that happen during the review process. The comprehensive nature of the case report tool and the functionality of the data system have allowed more complete analysis for all groups of deaths by age group and by special circumstances such as suicides, homicides and child abuse deaths. The review process and analysis of the data results in the identification of risk factors and provides direction for prevention activities.

Local boards in each county or region are mandated to review all deaths of children under 18 years of age, from all causes. The SCFRAC receives reports from each county or regional CFR team that examines what specific changes the local team believes should occur to prevent other deaths and keep children safe, healthy, and protected. Reports on individual case reviews include specific recommendations and/or actions that resulted from the case review. Recommendations may involve the development or revision of laws, policies, practice, programs and services; and improvements in protocols and procedures. This report can be accessed via the internet at the following web address:

[www.odh.ohio.gov/odhPrograms/cfhs/cfr/cfrrept.aspx](http://www.odh.ohio.gov/odhPrograms/cfhs/cfr/cfrrept.aspx).

The following data summary is taken from the Ohio Child Fatality Review Thirteenth Annual Report issued September 30, 2014. There is a two-year delay in the data reported by the Committee due to confidentiality issues and policies that require resolution of criminal investigation before data can be sent to the SCFRAC.

### **CFR Findings**

For the five-year period 2008-2012, local CFR boards reviewed 162 deaths from child abuse and neglect. These represent two percent (2%) of the 7,877 child deaths reviewed. The percentage of reviews of child abuse and neglect deaths has not changed during the five-year period.

- Eighty percent (130) of the 162 reviews indicated that physical abuse caused or contributed to the death, while 38% (61) reviews indicated that neglect caused or contributed to the death. Twenty-nine reviews indicated both abuse and neglect caused or contributed to the death.

- Eighty-seven percent (141) of child abuse and neglect deaths occurred among children younger than five (5) years old.
- A greater percentage of child abuse and neglect deaths occurred to black children (35%) relative to their representation in the general population (15%).
- The 162 deaths identified as child abuse and neglect were the result of several kinds of injuries.
  - Sixty percent (98) were the result of weapons including use of a body part as a weapon.
  - Other causes of death included medical causes, asphyxiation, poison, drowning, and fire/burn injuries.
- The majority of the 162 child abuse and neglect deaths reviewed were violent deaths, with 122 resulting from physical abuse, including 30 indicating the child had been shaken.
- Sixty (37%) of the 162 child abuse and neglect deaths reviewed indicated the child had a prior history of child abuse and neglect, and 37 (23%) had an open child protective services case at the time of the incident. Forty-five (28%) of the 162 reviews indicated the child's primary caregiver had a prior history as a perpetrator of abuse or neglect.
- Sixty percent (97) of the reviews indicated the person causing the death was a biological parent. The parent's partner was indicated as the perpetrator in 21% (34) of the reviews.
- For the 149 reviews where the type of residence was known, 93% (138) of the children were living in a parental home. Only three (3) were in official placement in foster homes, relative foster homes or licensed group homes.

**Reviews of Child Abuse and Neglect Deaths by Person Causing Death  
2008-2012  
N=162**

<b>Person</b>	<b>Number</b>	<b>%</b>
<b>Biological Parent</b>	97	60
<b>Stepparent/Foster Parent</b>	5	3
<b>Parent's Partner</b>	34	21
<b>Other Relative</b>	5	3
<b>Friend/Acquaintance</b>	4	2
<b>Other</b>	7	4
<b>Unknown</b>	10	6
<b>Total</b>	162	99

(Note: Percentages may not total 100 due to rounding)

For all 7,877 deaths reviewed from all causes for the five-year period 2008-2012, five percent (373) indicated a prior history of child abuse or neglect, and four percent (291) had an open case with child protective services at the time of the death.

### **Ohio Youth Advisory Board (OYAB)**

OYAB is a statewide organization of young people, age 14 – 23, who have experienced foster care. The organization has been in operation since July 2006. Their mission is to be the knowledgeable statewide voice that influences policies and practices that affect all youth who have or will experience out of home care.

For the past two years, coordination of and funding for OYAB's CRP activities has been provided through the Ohio GASA/GAL Association (CASA) contract. CASA and OYAB collaborated to develop a Youth Strategic Sharing Training designed to prepare youth to make good choices when sharing their personal experiences so that their voices can be heard, their message is effective, and their well-being is protected. The goals of the CASA/OYAB training fit well with the objectives of having OYAB serve as one of Ohio's CRP teams. This structure has enabled OYAB to expand their outreach and engage more youth statewide, increased their adult participation and given them a stronger voice with their legal representatives.

Three (3) sites were identified to represent the state of Ohio for the 2015 CRPs: Franklin County, Geauga County, and Huron County. Attendees at the CRP meetings were invited by local juvenile court judges and were intended to represent a cross section of professionals and other individuals from the area with an interest in, and knowledge of, the foster care system. This included children services agency staffs, court personnel, CASA program staff and volunteers, school administrators, service providers, foster care parents and providers, local attorneys, and other interested parties.

The majority of the discussion focused on five (5) topics previously identified as current topics of interest:

1. What is the ideal school and child welfare relationship?
2. What are the needs of children aging out of care?
3. What are the expectations of foster care?
4. Should services be expanded to age 21?
5. Are medications used appropriately for children in care?

The professionals who gathered together in the three (3) different locations in late 2014 and early 2015 to discuss items of interest surrounding Ohio's use of foster care were engaged and thoughtful. They responded receptively to comments made and discussed openly the strengths and weaknesses of the current system within which they all work.

The recommendations from the meetings include:

1. School Collaboration: School continues to be the primary focus of this work. Continued open communication between systems is beneficial and should be encouraged. Possible

- joint trainings between school personnel and child welfare workers may be helpful to encourage more effective collaboration and help ensure children's success.
2. Changes in schools should always be kept to a minimum but when they are necessary, they can be a source of potential failure. Alternatives should be explored as to how to best handle these changes to minimize the disruption to the child's educational success. More open enrollment, effective and timely collaboration between schools, and uniform expectations between school systems are a few of the ideas generated.
  3. Expanding services to age 21: Services should be expanded to age 21 and uniquely designed to serve this population. However, many locations do this creatively and successfully already. Some of these solutions should be considered and flexibility incorporated to use resources as best suits the child and the community.
  4. Needs of children aging out of care: The needs of these children are unique, many, and complicated to address. However, they are critical to the future success of the emancipating youth. Housing, continued education, employment, and transportation are just a few. While more resources are necessary, flexibility and access to resources are also important. Not all solutions will work for all children in all counties.
  5. Use of medication: All are concerned about the overmedicating of youth. However, just as important is the proper procedure and use when medication is necessary. As age appropriate, caseworkers should ensure youth have a proper understanding of their need and use of medication, include youth in medication decision making, and help prepare youth for medication usage of care ends.

The recommendations have been forwarded to the Independent Living and Transitional Youth program staffs for response.

### **CRP Planning**

The Ohio Department of Job and Family Services, Office of Families and Children is in the process of restructuring the Citizen Review Panel (CRP) program. Ohio is planning to contract with a vendor to coordinate the activities of the existing citizen review panels and develop additional citizen review panel teams.

A request for proposals (RFP) to select a vendor to serve as Ohio's CRP Coordinator was released on June 11, 2015 with a proposal deadline of July 22, 2015.

### Program and Staff Development

CPS program staffs are responsible for program and policy development; provision of technical assistance; legislative reviews; and serving as subject matter experts for numerous statewide initiatives and programs including, but not limited to: SACWIS, DR, the Ohio IPV Collaborative, Child Protection Oversight and Evaluation (CPOE) monitoring, and the Ohio Child Welfare Training Program (OCWTP). Basic State Grant funds will be allocated, as needed, for CPS staff to attend meetings, training workshops and conferences on all of the above child protective services practice initiatives.

Basic Grant funds were used this fiscal year to support staff's attendance at the annual State Liaison Officer's meeting.

**Objective 3: *Enhancing Safety and Risk Assessment Protocols; Differential Response***

Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS)

The reliability and validity study of the CAPMIS protocol was implemented on January 26, 2015. Data collection and analysis will be completed during the first 18 months of the project; and a preliminary presentation on major evaluation conclusions and recommendations will be presented to ODJFS administrative and program staff in May, 2016. The CAPMIS evaluation project will conclude in January 2017.

Initial contract deliverables included finalization of the project work plan, and development of the data queries and data sharing agreement to pull case information from SACWIS. The project team has also conducted several key informant interviews, and begun planning for stakeholder focus groups.

Caseworkers and supervisors using CAPMIS in practice will be invited to participate in the focus groups, which will be held regionally throughout the state. These stakeholder meetings will be used by the project team to gather information from PCSA staffs regarding current utilization of the CAPMIS toolset, as well as the barriers and challenges to applying the model in practice. The project team will also collect user input on the strengths of the CAPMIS protocol in supporting casework practice.

Differential Response

Ohio has developed a statewide Differential Response (DR) system that provides child welfare agencies with two options for responding to accepted reports of child abuse and neglect - the Traditional Response pathway and an Alternative Response pathway. Under Ohio's DR system, reports of child abuse and neglect are assigned to one of the two pathways, based upon the nature of the report. Both pathways will allow child protection staff to assess and respond to the unique safety concerns, risks and protective capacities of each family that is the subject of an accepted report of child maltreatment. The goal is to apply the same quality child protective service principles, skills and methods to all reports of child maltreatment.

Ohio utilized a phased schedule for gradual expansion of DR. As of June 16, 2014, Ohio completed the statewide implementation of its Differential Response Child Protection System.

In Fiscal Year 2015, Ohio completed the following activities in support of Differential Response expansion:

- **Technical Assistance provided on the utility of the DR Practice Profiles Guide** – DR Practice Profiles were developed to identify key casework skills that are the core practice components needed to support Ohio's child protection practice model. These best practice skills include: Engaging, Assessing, Partnering, Planning, Implementing, Evaluating, Advocating, Communicating, Demonstrating Cultural and Diversity Competence, and Collaborating. Technical assistance on use of the practice profiles was provided to 12 counties across all five regions. Supervisors were provided with guidance

on how to coach these behaviorally specific casework skills and to identify individual training gaps, as well as potential systemic issues or barriers that may be preventing practitioners from demonstrating ideal practice.

- **Training on Coaching** – Four Ohio based trainers completed training on content sessions with Ohio’s DR coaching consultant and became familiar with the training curriculum. These trainers also observed the DR consultants providing individual coaching and will be available to offer ongoing training and coaching to counties in need.
- **Integration of DR Practice Profiles into the Caseworker and Supervisor Core Trainings** – In collaboration with the Institute of Human Services curriculum developers, ODJFS assisted in editing and drafting revised training modules to incorporate best practice skill components into all of the new caseworker and supervisor Core training workshops. Several of the upgraded workshops have been piloted during this quarter and received excellent feedback on how the newly acquired practice skills were embedded into the curricula.
- **Funding Support** – ODJFS will offer flexible funding support for counties through the fiscal year ending June 30, 2015. Funds provided are a combination of general revenue and Casey Family Programs’ foundation dollars. As counties complete various DR implementation activities, they are able to receive incentive funds to reinvest in the county’s DR system. Funds may be reinvested in services for families, staffing needs, or professional development activities to support the shift to Differential Response.
- **Child Welfare Experiential Learning (CWEL) Funding Support** – CWEL funding is available to assist counties with the costs of participating in peer to peer specialized learning opportunities. CWEL learning activities include: coaching, mentoring, shadowing, and peer-to-peer networking activities that facilitate the implementation of best child welfare practices (DR practice approach, permanency roundtables, or other pre-approved best practice innovations). CWEL activities develop staff skills and capacities and address relevant administrative, organizational, community and service issues.
- **Strengthening overall DR Practice** – Ongoing technical assistance in the form of regional in-person meetings for workers and supervisors, one-on-one skill coaching, and monthly statewide teleconference calls are continuing to be provided to counties.

### **Evaluation**

Ohio has participated in two evaluations conducted by the Institute for Applied Research and the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR). Independent evaluators with Human Services Research Institute (HSRI) also completed a five-year federal cross-evaluation in the three QIC-DR sites: Colorado, Illinois and Ohio.

The final report of the cross-site evaluation was released in July 2014 and highlighted the following:

- Differential Response restructures the CPS system to offer multiple ways to assess and possibly serve families. In two of the three QIC-DR sites, the entire CPS system was impacted by the introduction of the new Alternative Response pathway. Most of the changes observed in Colorado's and Ohio's implementations of DR were not reserved for AR families, but rather the modifications became embedded into child welfare systems for all CPS families.
- Practices that were embedded include: use of family service plan documents, group screening and consultation processes to review cases, new screening procedures (pathway assignment tools), and revamped timelines for responding to child abuse and neglect reports. A number of child welfare practice strategies became part of the entire child protection system, influencing how caseworkers approach relationship building and engagement of all families.
- DR has resulted in identifying new service partners, strengthening community partnerships and increasing services in the community, reallocating existing resources to meet emerging family needs, management of service provision and the development of a more holistic service array has been influenced across the entire child protection system.

### **Sustainability**

Ohio continues to strengthen model fidelity, promote continued development of best practice skills and increase the focus on sustainability of the DR child protection system. ODJFS will continue to provide follow-up technical assistance, individual coaching and intervention to all county agencies, as the availability of contracted DR consultation will conclude June 30, 2015.

### **Future goals**

ODJFS assumed responsibility for Ohio's DR Leadership Council, and Implementation & Practice Advancement Team in January 2015. The teams will continue to meet quarterly and future efforts will be focused on enhancing overall casework practices through increased training on utilization of the DR Practice Profiles, development of supplemental self-assessment tools for caseworkers and supervisory tools to help coach the fidelity of the practice model.

Ohio's Differential Response child protection system continues to strive to enhance and improve family engagement practices, increased service provisions, and positive outcomes that promote child safety. Efforts will continue to develop agency partnerships with families and improve collaboration with community stakeholders to strengthen the safety nets for the children served by Ohio's child protection system.

### **Objective 4: *Developing, Strengthening, and Facilitating Training***

ODJFS continues to contract with the Ohio CASA/GAL Association (CASA) to deliver pre-service and in-service training programs for court appointed special advocates and attorney guardians *ad litem* to improve their legal preparation for, and representation of abused, neglected and dependent children involved in judicial proceedings. The pre-service training curriculum contains a unit on early childhood, child and adolescent development.

Basic State Grant funds are used to fund the contract with CASA, which includes the following training activities:

- Pre-service training sessions to new volunteer CASA/GAL and attorney GAL.
- In-service training sessions for volunteer CASA/GAL and attorney GAL.
- Topical and collaborative training sessions for CASA/GAL volunteers, attorney GAL, local and state CASA/GAL association program staff, court personnel, other community stakeholders and public children services agency staffs.
- An annual conference for volunteer CASA/GAL, staff, attorney GAL, and other community service providers.

Under the contract deliverables, Ohio CASA provides ODJFS with annual data on the number and demographics of children served as well as demographic data on the program volunteers. That information is included as an attachment to this update.

#### Agency Training

The CPS program staff has been working to strengthen the implementation of the CAPMIS through a variety of interventions including curricula development, trainer selection and approval, training on content for the CAPMIS trainers and targeted training on content for the end users. This increased collaboration between the Institute for Human Services (IHS), the statewide coordinator for the OCWTP, and OFC child protective services staff has resulted in CAPMIS-focused curricula across the child welfare Core training continuum. A CAPMIS Advisory Workgroup has been convened to provide guidance to the training program with respect to training content, materials and activities related to CAPMIS. The workgroup is comprised of ODJFS policy and field office staffs, IHS staff, and all of the Regional Training Center (RTC) Directors.

As a result of this collaborative work, CAPMIS constructs have been integrated throughout the Core training modules. CPS staff have reviewed and provided feedback on IHS' Core training modules, and have also authored sections of the Core curricula to ensure the content accurately reflects the CAPMIS concepts and supports their application in the field. Additionally, the CPS program staff developed a series of CAPMIS specific trainings and shared them with IHS to develop enhanced CAPMIS training workshops for casework and supervisory staff that have field experience. The three CAPMIS curricula provided to IHS by the CPS section include:

- Safety Assessment
- Safety Planning
- Strengths and Needs

Three additional CAPMIS trainings are planned for development. These training topics will include:

- Case Planning
- Case Review
- Reunification Assessment

IHS worked with program staff to adapt the three curricula developed by the CPS team and highlighted under Objective 1 of this update. CPS program staffs have provided two CAPMIS Training of Trainer (TOT) sessions for prospective CAPMIS trainers. Program staffs have also

provided two Training on Content (TOC) sessions on the Safety Planning curriculum and one TOC session on the Safety Assessment curriculum to prospective CAPMIS trainers and field office staffs. The Safety Assessment and Safety Planning trainings have been delivered to public children services agencies (PCSA), and positively received by their staffs. A Strengths and Needs TOC session is scheduled to be provided in May 2015 with an anticipated pilot of the training in summer 2015.

By enhancing the understanding of the CAPMIS model among caseworkers and supervisors in the counties it is believed implementation of Ohio's CAPMIS model can be strengthened. Moving forward, the incorporation of the CAPMIS concepts and constructs within the OCWTP Core training curriculum should assist with building knowledge of the model among the PCSA workforce. In the longer term, this should strengthen the application of CAPMIS as applied to the assessment of children and families.

***Objective 5: Developing and Implementing Procedures for Collaboration among Child Protective Services, Domestic Violence Services, and Other Agencies***

***Background***

The Ohio Intimate Partner Violence Collaborative (Collaborative) is a partnership among ODJFS, the Supreme Court of Ohio, the Ohio Domestic Violence Network (ODVN), the Ohio Children's Trust Fund, the HealthPath Foundation of Ohio, and the Family & Youth Law Center (FYLAW) at Capital University Law School. By forging community partnerships that support a holistic response to intimate partner violence (IPV), the Collaborative expects to reduce trauma to, and removal of, children who are exposed to this form of violence.

David Mandel & Associates (DMA) was selected (2010) to train four demonstration sites on its Safe and Together™ model, a strengths-based, behaviorally focused, perpetrator pattern-based approach to IPV. Safe and Together™ uses skills-based training to strengthen workers' assessment, client engagement, and interviewing capacity. There is a strong emphasis on cross-systems collaboration, and community partners are encouraged to participate in training alongside caseworkers.

Following intense training, technical assistance, coaching, and mentoring, the four demonstration sites implemented the model with positive results. Based upon the positive feedback from the demonstration counties' community partners and children service agencies, Collaborative partners committed to a statewide expansion plan for county training utilizing Ohio-based trainers certified by DMA for Safe and Together™.

***2014-2015 Milestones***

*Training Expansion:* DMA has continued to work with 11 Ohio-based trainers through regular telephone conferences with project facilitators, conference calls to discuss training and practice issues, quarterly trainer meetings, and pre- and post-training discussions and documentation. All trainers complete a recertification process at the end of this fiscal year that will allow them to maintain certification through state fiscal year 2016-2017. The process includes online testing, video observations, consultations, and performance reviews.

A total of 41 counties have completed the Safe and Together™ model training, seven of which completed the series this past fiscal year, and four of which repeated the foundational training days for new and untrained staff.

To be selected, counties must:

1. Have experience implementing differential response.
2. Express interest in, and commitment to, the training.
3. Meet logistical criteria that allow for greater efficiency in training smaller counties.
4. Commit to providing feedback on the trainers and training experience through post-training evaluations.

Current efforts focus on building supervisory capacity, reviewing implementation strategies, and planning additional training support opportunities.

*Work Plan:* Ohio's post-training support includes conference calls, webinars, and regional advanced practice trainings. Additionally, four regional judicial meetings were held for juvenile court judges and their assembled teams to learn about the model and its implementation.

*Planning Group Activities:* The Statewide IPV Planning Group provided training on the *Model Community Response Protocol on Children Exposed to Domestic Violence*. Training participants and partners were invited to use it in everyday practice. Planning Group members reconvened in April to make revisions based upon participant and partner feedback.

*Additional Project Support:* Specialized technical assistance (TA) and readiness assessment through ODVN is funded by the HealthPath Foundation of Ohio and ODJFS. County children services agencies and their community partners have taken advantage of a menu of TA activities aimed at increasing model fidelity and strengthening partnerships across systems.

### ***The Future***

It is projected that approximately five additional regional cohorts will complete the Safe and Together™ training by June 30, 2016. Ohio will continue to coordinate:

- County training activities;
- Work of the Statewide Planning Group;
- Oversight of trainer activities;
- Collaboration with the Ohio Domestic Violence Network;
- Distribution and application of the Statewide Planning Group's model community response protocol; and
- Communication activities.

DMA will continue to work closely with the certified Safe and Together™ Ohio trainers and members of the Collaborative to ensure that the delivery of Safe and Together™ training to county child welfare agencies and their community partners maintains model fidelity. DMA also will provide sustainability support to Ohio trainers, including:

- Recertification opportunities;
- Webinars, conference calls, and advanced in-person trainings;

- Technical assistance;
- Periodic telephone conferences; and
- In-person meetings.

Ohio's Intimate Partner Collaborative is implementing a significant shift in how communities address child maltreatment when intimate partner violence is a factor within the home. This approach moves from a short-term, segmented, and crisis-based reaction to a holistic, community partnership approach which focuses on the long-term safety of the child while holding caregivers accountable.

The Collaborative is coordinating a sustainability plan over the next two years, which aims to promote internal capacity for model implementation and increased use of in-state expertise in model practices.

**Objective 6: *Developing and Delivering Information to Improve Public Education Relating to the Role and Responsibilities of the Child Protection System***

Ohio developed three reference manuals to provide information on the prevention, identification and reporting of child abuse and neglect. Each manual is written for a different target audience. Many groups and organizations use these manuals to train employees and volunteers. The manuals are available to the public upon request at no charge. Two manuals are available online and may be ordered in bulk quantities.

*Child Abuse and Neglect - A Reference for the Community* was last updated in 11/2013. This manual is designed for community members and provides general information about indicators of child abuse and neglect and how to make a referral to a local CPS agency.

*Child Abuse and Neglect - A Reference for Educators* was revised 10/2013. This manual is primarily used to support mandated reporter training for teachers, school employees, and child care center staffs and providers. The reference materials provide information about responding appropriately to suspected child abuse and neglect cases.

*Child Abuse and Neglect - A Reference for Medical Professionals* was last updated in 4/2014. This manual is the most comprehensive reference guide; it was written by medical professionals for medical professionals. In addition to being a desk reference, the manual is used for training nursing students as well as individuals currently working in the medical field. Information in the manual includes selected policy statements from the American Academy of Pediatrics (AAP), the Ohio Child and Adolescent Sexual Abuse Protocol (2009) developed by the Ohio Chapter of the AAP. Color photographs and copies of x-rays depict injuries indicative of maltreatment. Due to the graphic nature of the photos in this book, distribution is limited to medical and health professionals (or for the purpose of training medical/health professionals), and it is not available online. Copies of the manual are disseminated annually at the New School Nurses' Orientation training held by the Ohio Department of Health.

**Objective 7:** *Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs*

Pediatric Sexual Assault Nurses

ODJFS continues to support the Pediatric Sexual Assault Nurse Examiners (PSANE) program through a grant to the Mayerson Center for Safe and Healthy Children. The PSANE Network trains medical providers from underserved Ohio communities to conduct skilled, medical evaluations for sexual abuse and severe physical abuse cases. Using telemedicine technologies, medical experts in regional Medical Centers of Excellence then review these skilled evaluations. Previous reports have documented the objectives and benefits of Ohio's long-term investment.

Over the past year Ohio's consortium of children's hospitals, through its project lead The Mayerson Center for Safe and Healthy Children (Mayerson):

1. Provided a five day didactic PSANE Instruction and Assessment to ensure that participating nurse practitioners have assessment skills and telemedical capability to maintain quality of programming. The training was expanded from four to a full five days to be compliant with national PSANE training requirements. A lecture on human trafficking of minors also has been added to the instruction. Nurses from Cincinnati Children's, Nationwide Children's and Adena Health Systems attended.
2. Provided a two day P-SANE training on child abuse specific topics. Twenty three nurses attended from 11 Ohio Counties.
3. Hosted four internet-based training and self-assessment sessions to PSANE personnel to ensure continuation of skill competency and targeted improvement on evaluations. Instruction covered topics such as oral injury, genital accidental injury, bite marks, ear injuries, salt poisoning, head injury, cutaneous injury, genital trauma, genital warts, pattern injuries and mimics of abusive injuries. These sessions promote audience participation and utilize adult learning techniques to promote retention and application of new knowledge.

Peer Review of Forensic Interviews

1. Completed 10 collaborative peer reviews of sexual abuse interviewing skills for child advocacy support. Statewide Peer Review is the quality assurance/continuing education of the forensic interviewing program offered by Mayerson. From last year's reporting period, the monthly peer review sessions were used to assess the peer review process and identify ways to ensure that the sessions become more helpful. An informal survey of those participating in statewide peer review found that 98% of the participants found peer review to be important, seeing it as a mechanism to maintain accountability and integrity of forensic interviews, as well as improve interviews. A little over half of respondents found peer reviews to decrease feelings of vicarious trauma and burnout. Data from this survey and review of the peer review process was presented at the American Professionals Society on the Abuse of Children (APSAC) conference held in New Orleans in June of 2014.

2. Provided competent and timely technical support during each remote video conference. Problems solved included firewall issues, connectivity during sessions, Internet Protocol (IP) conflict resolution and video quality problem solving.

The Polycom unit used for teleconferencing was upgraded during this period because the encryption was no longer supported and could cause potential security issues. The unit also had limitations as to how many callers could participate. The new upgraded Polycom unit offers better quality, better encryption rates and can now add multiple lines from the bridge itself. Technical assistance is present during every call by a skilled professional present during the meeting.

The IT Technical Support team from Cincinnati Children's is researching HIPAA compliant web-based internet video conferencing in order to add more Children's Advocacy Centers and Multidisciplinary Teams to this process.

#### Beyond the Silence Forensic Interview Training

Oversight for Ohio's forensic interviewing instructional and training program, *Beyond the Silence*, continues to be offered through Mayerson. Since the last report, six counties have hosted the *Beyond the Silence 1* multidisciplinary training and five have hosted the advanced *Beyond the Silence 2* instruction. The curriculum was revised to include instruction on how to screen for medical follow-up, minor human trafficking interviewing, as well as to add updates on recent court decisions. In this reporting period, 172 child abuse professionals from 44 of the 88 counties have been trained in forensic interviewing of children. The participants included child protective services workers, law enforcement professionals, prosecutors, victim's advocates, child advocacy center staff, mental health professionals and developmental disabilities professionals.

#### **Annual State Data Report**

The following statistics were obtained from Ohio's child welfare system and reflect a reporting period of October 1, 2013 to September 30, 2014 (FFY 2014).

- **The number of families that received differential response as a preventive service during the year (section 106(d)(4))**

Preventive services for families not involved in the child protective services system are provided through programs under the purview of Ohio's Children's Trust Fund, which provides data on the number of children and families served in Ohio's NCANDS Agency File.

Development of Ohio's DR practice model did not include a pathway for prevention services cases. Only referrals accepted as a report of child maltreatment are eligible to be assigned to the alternative response pathway. Consequently, Ohio is able to report the number of families who were assigned to alternative response in response to a report of child abuse or neglect and received services as a result of their open CPS case.

In FFY 2014, 28,278 reports linked to 25,206 different cases were screened in for Alternative Response and referred to preventive services.

- **The number of child protective service personnel responsible for the:**
  - Intake of reports filed in the previous year: 427
  - Screening of such reports: 773
  - Assessment of such reports: 2,642
  - Investigation of such reports: 2,642
  
- **Data on the education, qualifications and training of personnel and demographic information of personnel (section 106(d)(10)(A-C))**

Ohio has statutorily mandated educational requirements for child protective services casework staff hired after October 2000. Pursuant to section 5153.112 of the Revised Code, caseworkers must possess a bachelor's degree in human services-related studies at the time of hire; have a bachelor's degree in any field and been employed for at least two years in a human services occupation; have an associate's degree in human services-related studies; or have been employed for at least five years in a human services-related occupation. Individuals hired without a bachelor's degree in human services-related studies are required to obtain a job-related bachelor's degree within five years of the date of hire. Requirements for advancement are county defined. The Revised Code statute can be viewed at: <http://codes.ohio.gov/orc/5153.112>.

Training requirements for caseworkers are outlined in section 5153.122 of the Revised Code and rule 5101:2-33-55 of the Administrative Code. Caseworkers are required to complete 102 hours of Core training within the first year of employment and 36 hours of training each year thereafter. Caseworkers are also required to complete 12 hours of training on domestic violence within the first two years of employment.

Training requirements for supervisors are outlined in section 5153.123 of the Revised Code and rule 5101:2-33-56 of the Administrative Code. Supervisors are required to complete 60 hours of in-service training within the first year of continuous employment as a PCSA supervisor. After the first year of continuous employment, supervisors are required to complete 30 hours of training annually in areas relevant to the supervisor's assigned duties. During the first two years of continuous employment as a PCSA supervisor, the supervisor is required to complete 12 hours of training in recognizing the signs of domestic violence and its relationship to child abuse.

Training records for individual CPS personnel are maintained by the county agency through the Ohio Child Welfare Training Program's learning management system (e-Track). Although this system has the capability of tracking the education, training and demographic information for county agency staff participating in training, the fields for collecting this information are not required.

At this time, *some* education and demographic information on the statewide CPS workforce has been entered into individual person records created in SACWIS. However, this is not mandatory information for a person record, and is not included for all caseworker person records entered by each agency. The following tables reflect the available socio-demographic and educational level data of protective services caseworkers. The following tables outline the information that is accessible from the system:

RACE	# EMPLOYEES
Multi race	4
African American	99
White	440
Undetermined	138
Unknown	15
Missing Data	2264
<b>Total</b>	<b>2960</b>

AGE	# EMPLOYEES
20-30 Years	153
31-40 Years	130
41-50 Years	62
51-60 Years	32
61Years & Over	5
Missing Data	2578
<b>Total</b>	<b>2960</b>

GENDER	# EMPLOYEES
Male	232
Female	1429
Unknown/Missing Data	1299
<b>Total</b>	<b>2960</b>

- **The average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B))**

Caseload and workload requirements are defined by each county, and not tracked at the state level. For this reporting year, Ohio again used SACWIS data to report workload data.

In compiling the information, it was noted that personnel data fields are not mandatory, and are frequently left blank. In addition, counties use different nomenclature to identify work units. Some counties use generic categories (e.g. Intake, Assessment, Ongoing, etc.) and others use county specific categories (e.g. Unit A, West Section, FAS 1, etc.). Staff was able to identify correct categories for some agencies by calling the counties directly.

As recorded in SACWIS (taking into consideration the inconsistencies with data recording noted above), the average caseload for an Intake Worker (screening, assessment/investigation) is 9.2103 cases; and 24.7382 cases for assessment/investigation Supervisors.

- **The average number and the maximum number of cases per worker and supervisor (section 106(d)(10)(D))**

As a state-supervised, county-administered CPS system, staffing and workload policies are established by local agencies. The workload data reflected in SACWIS is consistent with the information published in the *PCSAO Fact Book* (11<sup>th</sup> edition, 2013-2014). The PCSAO Factbook is a reference guide assembled by the Public Children Service Association of Ohio. Factbook statistics indicate that Ohio's average caseload was 10 cases for Intake Workers; 12 cases for Ongoing Workers. PCSAO did not provide an average caseload size for Supervisors.

- **The number of children referred to child protective services under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d)(15))**

There are data fields Ohio's SACWIS that capture information on children alleged at the time of the report, to be affected by illegal substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder (FASD). The number of children alleged to be impacted by FASD, illegal substance abuse or withdrawal symptoms was 762.

- **The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16))**

Ohio identifies children eligible for referral to early intervention services under part C of the Individuals with Disabilities Education Act in SACWIS based on age and child abuse or neglect report disposition. SACWIS generates a "tickler" for every case where the identified child victim in a substantiated child abuse or neglect report was under the age of three.

In FFY 2014, 5393 children under age three (3) who had a substantiated child abuse/neglect report were eligible to receive services under Help Me Grow.

- **Juvenile Justice Transfers**

Ohio's juvenile offender cases are processed through the local juvenile court system. Based upon the alleged crime committed, a decision is made to either handle the case in the adult criminal justice system or through the juvenile court. The transfer of youth into the adult system is determined by either a judicial waiver, statutory exclusion, or through a prosecutorial waiver.

ODJFS does not track juvenile offenders who may be tried in the adult court system. However, data is collected on the number of youth who are discharged from local PCSAs into a commitment/custodial status with the Ohio Department of Youth Services. This would follow adjudication on a delinquent offense, which requires a secure correctional setting.

In FFY 2014, 66 children exited from PCSA custody to commitment to the Ohio Department of Youth Services.

**CAPTA Fatality and Near Fatality Public Disclosure Policy**

Rule 5101:2-33-21 of the Administrative Code (OAC) outlines provisions for public disclosure of information about a child abuse or neglect case that results in a child fatality or near fatality. The specific minimum information required to be released as a result of the changes to Section 106(b)(2)(B)(x) of CAPTA have been incorporated into rule effective July 1, 2014.

CAPTA/BASIC STATE GRANT BUDGET SUMMARY FY 2015 - 2019					
PROGRAM	FFY 2015	FFY 2016	FFY 2017	FY 2018	FFY 2019
CRP/CRB	\$75,000	\$90,000			
CASA/GAL Training	\$145,000	\$150,000			
Differential Response	\$300,000	\$300,000			
P-SANE	\$125,000	\$125,000			
CAPMIS Study	\$500,000	\$300,000			
<b>TOTAL^</b>	\$1,145,000	\$965,000			

^To the extent that total costs are higher than the award, they will be charged to surplus grant balances from pervious awards.