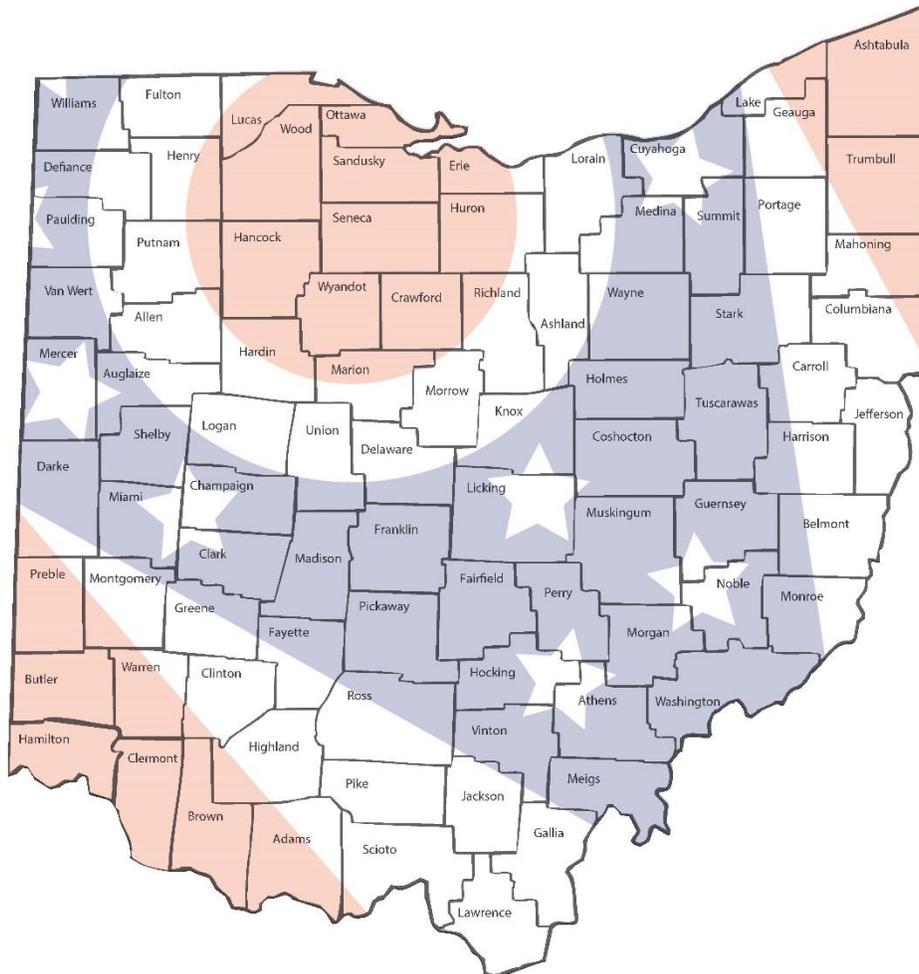


# Appendix E

## CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND 2017 UPDATES



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

June 2016

## **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 2015.

### **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 Update**

As part of *Ohio's Child and Family Services Plan (2015 – 2019)*, a workgroup of state and county program staff has been tasked with revising Ohio's Screening Guidelines to incorporate Differential Response pathway assignment criteria. The Workgroup meetings have been scheduled and held every 60 days from July 2015 to December 2015 while the sub-team meetings were held in between the large workgroup meetings from July 2015 through December 2015. During this time, the sub-teams developed revisions to the existing screening guidelines for Physical Abuse, Sexual Abuse, Neglect, and Dependency independently. The Workgroup has met monthly from January 2016 to present. The revisions to the above mentioned guidelines were reviewed with the Workgroup in the meetings held December 2015, January 2016, February 2016, and March 2016. In the April 2016 meeting, the large workgroup developed draft screening

guideline examples for Out-Of-Home Care Abuse and reviewed protocol regarding the involvement of a third party when there is a conflict of interest with a public children services agency. Revisions to the Family In Need of Services (FINS) screening guidelines and the development of a pathway assignment tool are slated for upcoming meetings for the large workgroup in the spring and summer months of 2016. All guidelines and documents created by the workgroup will be submitted for review to ODJFS Legal, the CQI Advisory team, the Differential Response Leadership Council and other identified stakeholders.

### **Training Update**

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 Ohio Child Welfare Training Program (OCWTP), and OFC child protective services staff has resulted in CAPMIS-focused curricula across the child welfare Core training continuum.

During this reporting period the following activities occurred:

- Developed and implemented a Casework Training Work Team to facilitate the review of all OCWTP caseworker learning activities to ensure they make CAPMIS connections when appropriate.
- Developed and implemented a marketing plan to ensure all 88 county PCSAs were aware of the advanced CAPMIS learning activities and strategized ways to implement the advanced CAPMIS learning activities in small and rural counties. These learning activities were announced and discussed at PCSA regional meetings with directors and administrators and discussed with supervisors via a statewide supervisory conference and Advisory Work Group. In addition, ODJFS Technical Assistant Specialists were provided information about the advanced CAPMIS learning activities to share during the Child Protection Oversight and Evaluation (CPOE) process.
- OCWTP offered the CAPMIS learning activities as a specific tool to enhance agency best-practice. Two metro counties (Summit and Cuyahoga) implemented the following plan:
  - OCWTP and ODJFS delivered training on assessing safety and safety planning to upper level managers and administrators in two metro counties. During these sessions, participants were tasked with identifying their agency policies and practices that do not support best practice. The counties required all staff to complete the *Assessing Safety and Safety Planning* trainings using a team training approach where supervisors attended the training with their staff. In county that means offering one session per month through the end of FY 2016. The same trainer was used for all staff sessions and collaborated closely with the OCWTP and ODJFS to ensure all participants were receiving a consistent message.
- All OCWTP trainers were encouraged to attend the *CAPMIS Training of Trainers (TOT)* as a means to enhance their knowledge of CAPMIS. This TOT was offered three times to 47 OCWTP trainers, staff, and ODJFS Technical Assistance Specialists.
- In April 2016, OCWTP hosted a statewide trainer conference with the emphasis on critical thinking when applying CAPMIS. Over 50 OCWTP trainers attended.

- Provided three coaching events focused on coaching CAPMIS-related skills with entire units of caseworkers and their supervisors.
- Developed and promoted the use of two CAPMIS quality tools for supervisors:
  - *Assessing Safety Supervisor Checklist*
  - *Safety Planning Supervisor Checklist*
- Disseminated the *Assessing Safety Supervisor Checklist and the Safety Planning Supervisor Checklist* at two regional supervisor conferences, CAPMIS trainings, the Supervisor Work Team and, via six webinars held for supervisors to discuss Caseworker Core revisions and strategies supervisors can use to support transfer of learning for caseworkers attending Caseworker Core.
- Currently, staff are developing a third quality tool on the assessment of strengths and needs (Risk Assessment). This tool is expected to be complete in August of 2016.

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

**Case Planning Tools Update**

Following the input of the Differential Response Leadership Council and development of the Family Case Plan, work began with the SACWIS team to discuss system needs and modification of existing functionality and reports. SACWIS developed mock up screens for SACWIS developers and examined opportunities to utilize existing information icons to enhance users’ understanding of the intent of each section of the Family Case Plan. Work also began on enhancing the Case Review tool to streamline the functionality of the Family Case Plan and the Case Review to enhance the reassessment of safety, reassessment of the family’s strengths and needs and the review of services.

**Ohio’s Citizen Review Panel Program Update**

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 Overcoming Hurdles in Ohio (OHIO) Youth Advisory Board (OHIO YAB).

[Stark County Citizen Review Board](#)

The Stark County Citizen Review Board (CRB) is responsible for completing the following activities:

- Providing 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.
- Conducting administrative reviews of all child protective services cases referred to the CRB for review.
- Providing 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.

- Monitoring, measuring, evaluating and reporting on the impact of the CRB's recommendations for achieving permanency outcomes.

A summary of the data compiled by the CRB, based on the case reviews conducted for the period of January 1, 2016 through May 24, 2016, is detailed in the following chart:

***Case Review Summaries***

Characteristics of Case Reviewed	Review Period I 1/1/2016-5/24/2016
<b>Number of cases reviewed</b>	107
<b>Status of cases reviewed</b>	
Permanent Custody cases	97/90%
Protective Supervision cases	0/0%
Temporary Custody cases	6/6%
PPLA	4/4%
<b>Ages of children reviewed</b>	
00-06	40/37%
07-12	21/20%
13-18	44/41%
19 & older	2/2%
<b>Gender of children</b>	
Male	63/59%
Female	44/41%
<b>Race of children</b>	
White	68 64%
Black	26/24%
Other	13 / 12%
<b>Time in custody</b>	
1-6 months	0/0%
6-12 months	7/7%
Over 12 months	100/93%
<b>Number of placements since inception of the case</b>	
One placement	55/51%
Two placements	20/19%
Three placements	2/2%
Four or more placements	30/28%
<b>Placement status</b>	
DJFS foster-to-adopt home	88/82%
Private foster-to-adopt home	0/0%
Residential or group home placement	12/11%
Relative placement	7/7%
<b>Caseworker visits this review period</b>	
Six or more visits	107/100%
Three to five visits	0/0%

## **I. Case Plan Amendments**

During the reporting period:

- There were twenty (20) case plan amendments actuated (19% of the cases reviewed).
- Three (3) of the amendments were to add additional and special services for the children who would be emancipating.
- Fifteen (15) of the amendments were to reflect the children being adopted.
- Two (2) of the cases were amended to add the evaluator's recommendations for more appropriate services.

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

During the reporting period, there were a total of (6) cases (6%) where parents attended and offered input; however, those cases were limited to Temporary Custody and PPLA. The break down for parent attendance was as follows:

- In three (3) cases only the mother appeared.
- In two (2) cases both parents appeared.
- In one (1) case the child attended the review.

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

During the reporting period the following barriers were identified:

- There were 8 cases (7%) in which there was some type of barrier to case plan services.
- In four (4) of the cases, parents and or legal guardians did not complete any case plan services.
- In one (1) of the cases, the barrier to services was continued drug use by mother, which hindered completion of case plan services.
- In one (1) case, the child's behavioral and juvenile court involvement hindered ongoing services.
- In one (1) case, parents were slow in getting case plan services started.
- In one (1) case, the 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 case plans in a timely manner has improved. The CRB schedules for the upcoming month are being e-mailed to caseworkers and their supervisors a month in advance, and a reminder is sent via e-mail if the case plan is not received within 3 days prior to the review. In summary:

- Caseworkers' responses to this change in case plan requests have been positive.

- Fast Track adoptions have had a great impact on the CRB schedule.

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

There were nine (9) cases (8%) that received CRB recommendations and /or orders. The following recommendations and/or orders were made:

- In three (3) of the cases, it was recommended that the child in each case be re-evaluated to see if they would qualify for DD services. That recommendation was done for all children.
- In one (1) case, the board ordered that a 60 day review be set to review their recommendation that a child's prescribed medication be re-evaluated to determine if the medication prescribed was being effective or if a change was necessary. The child's medication was re-evaluated and a change in dosage was prescribed. At the time of the review, it was reported that the child's behaviors had greatly improved.
- In five (5) cases, the parents were continuing with visits, because their attorney filed a Motion to Stay after Permanent Custody was granted and while waiting for the Appeal process to conclude in one form or fashion. The order issued by the board was signed and affirmed by the assigned judge and visitations with the birth parents were suspended. The Court of Appeals upheld the Permanent Custody decision and the children have since been adopted by their foster family.

#### **VI. Adoptions and Terminations within the Review Period**

During the reporting period:

- There were fifty-one (51) children (48%) whose cases were reviewed by the Citizens Review Board that were officially adopted or terminated during this six month review period.
- Three (3) children whose cases were reviewed by the Board were officially terminated.
- Forty eight (48) children whose cases were reviewed by the board were adopted.

#### **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 Statewide Child Fatality Review Advisory Committee (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 examine 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 Fifteenth Annual Report issued September 30, 2015. 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 2009-2013, local CFR boards reviewed 154 deaths from child abuse and neglect. These represent two percent (2%) of the 7,671 child deaths reviewed. The percentage of reviews of child abuse and neglect deaths has not changed during the five-year period.

Of the 7,671 child deaths reviewed:

- Sixty-eight percent (5,174) of the reviews were for children less than 1 year of age.
- There were greater percentages of reviews among boys (57 percent) and among black children (33 percent) relative to their representation in the general Ohio population (51 percent for boys and 17 percent for black children, per U.S. Census data).
- Five percent (386) of all reviews were for children of Hispanic ethnicity. Hispanic children make up 6 percent of Ohio's child population.
- Eighty-two percent (127) of the 154 reviews indicated that physical abuse caused or contributed to the death, while 27% (41) of the reviews indicated that neglect caused or contributed to the death. Fourteen reviews indicated both abuse and neglect caused or contributed to the death.

- Eighty-six percent (133) 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 (42%) relative to their representation in the general population (17%).
- The 154 deaths identified as child abuse and neglect were the result of several types of injuries.
  - Sixty-two percent (96) were the result of weapons, including use of a body part as a weapon.
  - Other causes of death included medical causes, asphyxiation, exposure, poison, drowning, and fire/burn injuries.
- The majority of the 154 child abuse and neglect deaths reviewed were violent deaths, with 122 resulting from physical abuse, including 29 indicating the child had been shaken.
- Thirty-eight percent (58) of the 154 child abuse and neglect deaths reviewed indicated the child had a prior history of child abuse and neglect, and 22 percent (34) had an open child protective services case at the time of the incident. Thirty-four percent (47) of the 154 reviews indicated the child’s primary caregiver had a prior history as a perpetrator of abuse or neglect.
- Fifty-eight percent (90) of the reviews indicated the person causing the death was a biological parent. The parent’s partner was indicated as the perpetrator in 25% (39) of the reviews.
- For the 146 reviews where the type of residence was known, 93% (136) of the children were living in a parental home. Only two were in placement in foster homes, relative foster homes or licensed group homes.

**Reviews of Child Abuse and Neglect Deaths by Person Causing Death  
2009-2013  
N=154**

Person	Number	%
Biological Parent	90	58
Stepparent/Foster Parent	5	3
Parent’s Partner	39	25
Other Relative	6	4
Friend/Acquaintance	5	3
Other	5	3
Unknown	4	3
<b>Total</b>	<b>154</b>	<b>99</b>

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

For all 7,671 deaths reviewed from all causes for the five-year period 2009-2013, five percent (385) indicated a prior history of child abuse or neglect, and four percent (269) had an open case with child protective services at the time of the death.

The 7,671 reviews of deaths that occurred in 2009 through 2013 were distributed as follows:

- Twelve percent of review (927) were from rural Appalachian counties.
- Thirteen percent of reviews (1,031) were from rural non-Appalachian counties.
- Thirteen percent of reviews (1,025) were from suburban counties, which is disproportionately lower than the proportion of children living in suburban counties (19 percent).
- Sixty-one percent of reviews (4,688) were from metropolitan counties, which is disproportionately higher than the proportion of children living in metropolitan counties (54 percent).

The mortality rate for Ohio children has decreased from 61.2 deaths per 100,000 in the population in 2009 to 57.5 in 2013. The mortality rate has decreased 14 percent since Ohio CFR was established in 2000.

Local CFR boards continue to make numerous recommendations for prevention and share their recommendations and findings with others in the community. Sixteen percent (1,213) of the 7,671 reviews resulted in recommendations, which were noted in the data system. More than half of the 88 counties shared information in their annual report to ODH about local prevention initiatives and activities that have resulted from the CFR process.

#### [Overcoming Hurdles in Ohio Youth Advisory Board \(OHIO YAB\)](#)

Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people, age 14 – 24, 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 CASA/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/ OHIO YAB training fit well with the objectives of having OHIO YAB serve as one of Ohio's CRP teams. This structure has enabled OHIO YAB 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 for 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 were 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 are the proper procedures and use when medication is necessary. As age appropriate, caseworkers should ensure youth have a proper understanding of their need for and use of medication, include youth in medication decision making, and help prepare youth for medication usage when care ends.

The recommendations were forwarded to the Independent Living and Transitional Youth program staff for response.

### **Citizen Review Panels (CRP) Planning Update**

The Ohio Department of Job and Family Services, Office of Families and Children continues the process of restructuring the Citizen Review Panel (CRP) program. Ohio has contracted with The Ohio State University (OSU) 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. OSU was selected as the vendor to serve as Ohio's CRP Coordinator. OSU will manage, coordinate and support the Citizen Review Panel Program during the contract period in an effort to strengthen Ohio's infrastructure of existing panels.

Work is underway in regards to discussions about the potential data elements that may be requested by the OSU team and the development of a data sharing agreement is underway. The OSU team has consulted with several other states with active CRPs to gather information regarding CRP development to include recruitment strategies, membership qualifications, child protective services representation at the meeting, and how the CRPs select their topics of focus for the year. A Child Welfare community leaders and Stakeholders meeting was held on April 12, 2016.

The OSU team has submitted a strategic plan. Some of the key activities in the plan are to establish a process for recruiting and enrolling members for each CRP and ensure that each panel's membership meets the requirements of CAPTA and to develop an orientation and training plan for new CRP members. The plan also includes activities related to the establishment of bylaws to govern the CRPs and provide a structure to their process and to develop an annual report writing toolkit to assist the CRPs in writing their annual reports. Regular meetings are being held between the OSU team and also with the OSU team and ODJFS staff.

#### **Program and Staff Development Update**

CPS program staff 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, Differential Response, the Ohio IPV Collaborative, Child Protection Oversight and Evaluation monitoring, and the Ohio Child Welfare Training Program. 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. The program work described above continues. In addition, Basic Grant funds were used during the past state 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) Update**

The reliability and validity study of the CAPMIS protocol was implemented on January 26, 2015. Data collection and analysis are underway, and a presentation of preliminary evaluation conclusions and recommendations will be presented to ODJFS administrative and program staff in October, 2016. The CAPMIS evaluation project will conclude in May 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 have participated in the focus groups, which were held regionally throughout the state. These stakeholder meetings were used by the project team to gather information from PCSA staff regarding current utilization of the CAPMIS toolset, as well as the barriers and challenges to applying the model in practice. The project team has also collected user input on the strengths of the CAPMIS protocol in supporting casework practice.

### **Differential Response Update**

In State Fiscal Year 2016, Ohio completed the following activities to sustain Differential Response model fidelity across the entire child protection system:

- **Development of supplemental toolkits to support model fidelity of Differential Response (DR) Practice Profiles Guide** –The DR Implementation and Practice Advancement Team developed two supplemental toolkits to assist with enhancing skills to support the practice fidelity of Differential Response. The Caseworker Self-Assessment and Supervisory Coaching toolkits were finalized in December 2015. The finalized tools were circulated electronically in December 2015, and are available on the ODJFS Forms Central website (JFS 01055 and JFS 01056).

There are three components of the Supervisory Coaching toolkit: supervisory coaching prompts to guide workers' skill development, field observation tools to track and provide feedback on observed practice skills when working with families, and a case record review tool to help supervisors assess and provide feedback to workers on skills noted in their SACWIS documentation of their work with families.

The goal is to help caseworkers build on their strengths and improve their skills to achieve the best outcomes for children and families. These tools will also help child protection staff to achieve fidelity to the Differential Response practice model and drive improvement in both their clinical competency and case documentation practice.

- **Integration of DR Practice Profiles into the Caseworker and Supervisor Core Trainings** – In collaboration with the Institute for Human Services (IHS) curriculum developers, ODJFS continues assisting with the finalization of Caseworker and Supervisory Core training modules to incorporate DR best practice skill components into training workshops.

IHS staff developed specialized DR Supervisory trainings and have identified training resources that are available from a list of Ohio Child Welfare Training Program competencies that have been mapped to each of the identified Practice Profile skills. This complete list is included in the Supervisory Coaching toolkit and is also available on the OCWTP website.

- **Technical Assistance, Coaching and Consultation to support DR-** DR Sustainability Consultation and other technical assistance is available for Supervisory and Managerial staff through newly developed trainings specifically focused on Intake group screening and pathway assignment processes. These supplemental trainings are offered through

OCWTP and focus on enhancing overall casework practices with more utilization training of the DR Practice Profiles skill sets.

Additionally, IHS offers individual DR coaching and sustainability opportunities upon request. OFC will continue to offer individual technical assistance and participation in community forums, newsletters, and DR in-person meetings in each region to encourage peer-to-peer consultation and guidance.

- **Strengthening DR Practice** – Ohio continues to pay close attention to the growth and development of the practice with quarterly data analysis of pathway screening percentages and pathway change rates in SACWIS. Ohio is solidly screening 45% of child abuse and neglect reports to the Alternative Response pathway and 55% to the Traditional Response pathway. Ohio's pathway change rate is 7.8%.

### ***Sustainability***

Ohio continues to invest resources in developing the necessary tools and supports to strengthen model fidelity, promote continued development of best practice and increase our focus on sustainability of the Differential Response system.

Ohio will continue to provide follow-up technical assistance, individual coaching and intervention to support DR systems at the county level. Counties were able to complete a Sustainability Self-Assessment tool and receive in-person sustainability consultation visits. This consultation allowed county agencies to gain insight regarding what practices are most important to maintain/sustain and what aspects of their system reform are no longer relevant to preserve. Sustainability planning provided the opportunity to identify benchmarks to measure progress, determine who is responsible for ensuring sustainability components, consider short and long term needs, develop strategies for long-term success and demonstrate the value of a Differential Response Child Protection System.

### ***Future Goals***

ODJFS has assumed responsibility for Ohio's DR Leadership Council and Implementation and Practice Advancement Team. ODJFS plans to focus future efforts on enhancing overall casework practices with greater utilization of the DR Practice Profiles and encouraging primary parent participation at all levels within child protection. Additionally, ODJFS will continue providing opportunities to strengthen Ohio's child protection system by encouraging agencies to partner with IHS for individual coaching and sustainability planning. ODJFS will also continue to offer individual technical assistance as well as community forums, DR newsletters, and in-person meetings in each region to encourage peer-to-peer consultation and guidance.

Most importantly, Ohio's Differential Response child protection system has resulted in stronger family engagement, increased service provision, and positive outcomes that promote child safety. PCSAs have improved partnerships with families which allow agencies to build and strengthen safety-nets for children served by the child protection system. We have expanded our view of community service providers and have developed both formal and informal partnerships that support flexible services that benefit families. Lastly, we have enhanced communication with

community stakeholders which continues to improve our screening and pathway assignment efforts.

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

##### **CASA/GAL Need Case Update**

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 continue to be 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. In 2015, 44 of Ohio's 88 counties had a CASA program. About 2,000 volunteers helped CASA programs serve more than 8,000 children. During calendar year 2015, 657 individuals received training through the CASA contract.

In 2015, CASA coordinated and held quarterly Citizen Review Panel meetings with more than 100 community participants. Specific recommendations to improve Ohio's child welfare system were sought through the Ohio Youth Advocacy Board (OYAB) and the Athens Citizen Review Panel. The recommendations follow:

- Strengthen support for youth ages 18 to 21 years of age.
- Recruit to increase the number of foster homes.
- Better support foster parents via services.
- Create more placement options for youth that cannot be maintained in foster care placement.
- Increase supportive services to kinship providers.
- Provide post-reunification services to maintain reunification.
- Increase service availability.
- Provide educational supports for youth.
- Support youth in accessing higher education.
- Assess and limit the number of medications foster youth are prescribed.

## **State Response to Panel Recommendations**

The annual citizen review panel reports can be found as an addendum to this report. Meetings with Doug Stephens, Director of the Ohio CASA Gal Association, were held in February and June 2016, to discuss the recommendations made by the citizen review panels. Several recommendations centered on expansion of services to youth to the age of 21. Ohio's Fostering Connections legislation recently passed in the Ohio legislature and was signed into law by the Governor on 6/13/2016. The other recommendations and the state's response can be found in the addendum to this report.

## **Agency Training Update**

As noted under Objective 1, 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 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 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 staff have provided two CAPMIS Training of Trainer (TOT) sessions for prospective CAPMIS trainers. Program staff 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 staff. The Safety Assessment and Safety Planning trainings have been delivered to public children

services agencies and positively received by their staffs. Two Strengths and Needs TOC sessions have been offered, and this training is now available to counties.

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 between 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.

**Fiscal Year 2016 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. *Safe and Together* training core days 1-4 were offered ten times over the course of fiscal year 2015-2016.

Ohio has expanded the number of counties trained in the *Safe and Together* model to 48 counties, and continues to provide several refresher training options for previously trained counties that have acquired new staff since implementing *Safe and Together*. Approximately 12 counties have engaged in booster trainings in fiscal year 2015-2016. Fourteen counties received some form of formalized community technical assistance in fiscal years 2015-2016.

Advanced training topics and webinars continue to be offered to counties that have implemented the *Safe and Together* model. Specialized trainings were provided to judges and judicial officers

and their collaborative child protection teams in April and May 2015. There were over 200 participants, including nearly 50 judges in addition to magistrates and other court personnel representing 43 of Ohio's 88 counties.

## **The Future**

The Ohio IPV Collaborative recently collected data from its annual survey for planning and programming efforts. Responses were received from public children services agencies and domestic violence advocates on perceptions of practice since implementation of training, and how the OIPV Collaborative could help to address post-training needs.

The Ohio IPV Collaborative is scheduled to offer a training blitz in June 2016 with topics that will include: Case Planning, Safety Planning, and Successfully Closing a DV Case, Safe Father Engagement, Child Welfare and DV Advocacy Collaboration, Assessing Change in DV Perpetrators, and *Safe and Together* for Substitute Caregivers.

A two-day training of the *Safe and Together* principles and critical components has been developed to meet the mandated requirement that new public children services caseworkers and supervisors receive 12 hours of domestic violence training within the first two years of employment by a PCSA. This training will soon be offered as a supplemental training option through the OCWTP e-track registration system which will allow for more accurate reporting of training needs across the state.

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***

**Update**

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 November 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 October 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 April 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.

The reference manuals are available and copies are distributed when CPS program staff provide mandated reporter training. Additionally, copies are provided to Ohioans upon request.

**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***

## Update

### [Pediatric Sexual Assault Nurses](#)

The 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 medically 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.

### [PSANE Instruction](#)

Over the past year, Ohio's consortium of children's hospitals, through its project lead The Mayerson Center for Safe and Healthy Children (Mayerson), hosted 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 Allen, Cuyahoga, Hamilton, and Ross Counties attended.

### [Peer Review of Forensic Interviews](#)

Ongoing peer review and support are critical quality assurance and continuing education components of the forensic interviewing program supported through these funds. Activities included:

1. *Monthly collaborative peer reviews of participants' sexual abuse interviewing skills.* Most sessions are web-based; the November peer review was an in-person peer review retreat. During this day-long session, an Ohio interviewer repeated a workshop on the Narrative Practice presented earlier at the national conference of the American Professional Society on the Abuse of Children. The group also reviewed "The White Paper," OJJDP's publication [Child Forensic Interviewing: Best Practices](#). Various aspects of self-care were covered throughout the day. Thirty-two people from 11 counties attended the retreat. Continuing education credits were provided.
2. *Competent and timely technical support during each remote video conference.* This past year, the teleconferencing capability transitioned from the polycom systems to Lync Web Meetings. This new technology facilitated expansion of participating sites since participants only are required to have webcam capability and it is a lower cost solution. After several months of testing system and format capability, hosts are prepared to open participation to all of Ohio's 26 children's advocacy centers.

### [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. Instructional sessions continue to be offered through the Ohio Child Welfare Training Program regional training centers and on-site as needed and appropriate.

Currently, trainers are revising the curriculum to meet new standards of accreditation that will be enacted by the National Children's Alliance in 2017. Material also has been added specific to interviewing the LGBTQ (Lesbian, Gay, Bisexual, Transitioning, and Questioning) population.

### **Update on Services to Substance Exposed Newborns**

Ohio's policy framework outlining physical abuse includes substance exposed infants/newborns. The framework delineates an infant identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure as well as an infant diagnosed with a fetal alcohol spectrum disorder may be considered an abused child. The ODJFS has provided technical assistance to the 88 public children services agencies that are charged with training and collaborating with the medical professionals within their respective communities that as mandated reporters of child abuse and neglect, health care professionals would need to refer such infants to the child protective services system.

Additionally, the reporting requirements are included in Ohio's publication, "*Child Abuse and Neglect: A Reference for Medical Professionals.*" The publication is used at the state and local levels to train and inform health care providers of the requirement to report substance-exposed infants to the child protective services system. Lastly, upon request, the ODJFS provides training and technical assistance to health care providers. When this occurs, the training includes the reporting requirement for substance-exposed infants. One example, is the mandated reporter training conducted by ODJFS for the Ohio Department of Health newly licensed nurses.

Ohio's statewide automated child welfare information system (SACWIS) has the capacity to record at the point of referral a positive toxicology of a newborn. Additionally, following the assessment/investigation, the harm can be recorded in SACWIS. In late summer/early fall of 2016, enhancements will be made in SACWIS to capture more targeted information, including whether an infant is:

- Identified as affected by legal or illegal substance use (tests positive for a substance at birth).
- Experiencing withdrawal symptoms resulting from prenatal drug exposure (legal or illegal).
- Diagnosed with Fetal Alcohol Spectrum Disorder.
- Identified as affected by illegal substance abuse/having withdrawal symptoms resulting from prenatal drug exposure AND diagnosed with Fetal Alcohol Spectrum Disorder.

Ohio's policies and procedures to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder are codified in Ohio Administrative Code (OAC) rules. Specifically, OAC rule 5101:2-37-02 addresses the public children services agency (PCSA) response to develop a safety plan if an infant is born and identified as affected by illegal substance use or withdrawal symptoms resulting from prenatal drug exposure. The safety plan serves as the plan of safe care. The 88 PCSAs in Ohio are responsible to develop, as needed, implement and monitor safety plans. In-home safety plan monitoring requires face-to-face contact with each child identified on the safety plan and each, parent, guardian, or custodian residing in the home.

To monitor an out-of-home safety plan, the PCSA shall have weekly contact with the children or persons responsible for an action step either by telephone or face-to-face. The PCSA shall have face-to-face contact with each child, parent, guardian, or custodian involved every other week.

Ohio does not require technical assistance regarding plans of safe care at this time.

### **Update on Implementation of the Justice for Victims of Trafficking Act of 2015**

Provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as identified in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102) are in place. These include the following:

- Ohio's statewide automated child welfare information system was enhanced in order to identify and record allegations of child sex trafficking at the point referral information is received by an Ohio public children services agency.
- Ohio Administrative Code rule 5101:2-33-26 *The County Child Abuse and Neglect Memorandum of Understanding* addresses standards and procedures for handling and coordinating joint investigations of reported cases of child abuse and neglect including sharing of investigative reports and procedures specific to human trafficking of a child.
- Ohio's public children services agencies are to cross-report to law enforcement child abuse reports that allege a criminal offense. This includes human trafficking cases involving a minor child.
- Ohio is not electing to apply the sex trafficking portion of the definition of child abuse and neglect and sexual abuse to persons over the age of 18 but less than 24 years of age.

Additionally, Ohio instituted provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters. The Ohio Child Welfare Training Program provides training to Ohio's child protective services workforce about identifying, assessing and providing comprehensive services to children who are sex trafficking victims in accordance with Ohio Administrative Code rule 5101:2-33-55 *Education and In-Service Training Requirements for PCSA Caseworkers*.

Ohio has also established a first responder system for minor victims of human trafficking. The Ohio's Children's Justice Act Task Force workgroup is collaborating with the courts to change the response to minor victims of human trafficking that present to the court. Lastly, the Ohio Human Trafficking Task Force website contains information on wraparound services to address human trafficking. See <http://humantrafficking.ohio.gov/> for more information on Ohio's efforts to address the human trafficking of minors.

In 2016, ODJFS joined with the Ohio Human Trafficking Task Force and partner organizations around the state to recognize January as Human Trafficking Awareness Month.

## Update to Annual State Data Report

### Annual State Data Report

The following statistics were obtained from Ohio's child welfare system and reflect a reporting period of October 1, 2014 to September 30, 2015 (FFY 2015).

- **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 2015, 35,843 reports linked to 31,350 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: 412
  - Screening of such reports: 782
  - Assessment of such reports: 2,598
  - Investigation of such reports: 2,598
- **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:

<b>RACE</b>	<b># EMPLOYEES</b>
Multi race	5
African American	97
White	470
Undetermined	126
Unknown	29
Missing Data	2202
<b>Total</b>	<b>2929</b>

<b>AGE</b>	<b># EMPLOYEES</b>
20-30 Years	196
31-40 Years	142
41-50 Years	75
51-60 Years	36
61Years & Over	7
Missing Data	2473
<b>Total</b>	<b>2929</b>

<b>GENDER</b>	<b># EMPLOYEES</b>
Male	241
Female	1527
Unknown/Missing Data	1161
<b>Total</b>	<b>2929</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 11.5313 cases; and 26.3615 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 9 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 627.

- **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 2015, 4991 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 2015, 50 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<sup>^</sup></b>	<b>\$1,145,000</b>	<b>\$965,000</b>			

<sup>^</sup>To the extent that total costs are higher than the award, they will be charged to surplus grant balances from previous awards.