Child and Family Services Reviews

Ohio Statewide Assessment

2017

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument
Section I: General Information

Name of State Agency: Insert name of state agency

CFSR Review Period

CFSR Sample Period: April 1, 2016-September 30, 2016

Period of AFCARS Data: 2013B through 2016A

Period of NCANS Data: FFY2014 through FFY

Insert other approved data source

Case Review Period Under Review (PUR): April 1, 2017- September 1, 2017

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Statewide Assessment Participants

Ohio's CFSR Statewide Assessment has been fully integrated with the planning and implementation of the state's Child and Family Services Plan (CFSP). As outlined in Ohio's CFSP and Annual Progress and Services Reports (APSR), the 2015-2019 CFSP was developed and is being implemented through a collaborative process centered on a Continuous Quality Improvement (CQI) framework. Stakeholders and system partners have been engaged in this process in a variety of ways, including:

- Selection of strategic goals, objectives and activities to be included in the CFSP based on a review of Ohio's data, including CFSR performance metrics;
- The formation of implementation workgroups to accomplish the various goals, objectives, interventions and benchmarks within Ohio's CFSP; and
- Discussion about the Child and Family Services Review and the assessment of Ohio's strengths and areas needing improvement as the state prepares for CFSR Round 3;

In developing its CFSP, Ohio formed a Continuous Quality Improvement (CQI) Advisory Team of state and county partners charged with conducting a comprehensive review of Ohio's data and making recommendations for goals, objectives, and activities to be included in the plan to improve the state's outcomes. As Ohio moved from development to implementation of its CFSP, the membership of the CQI Advisory Team was expanded to include additional county public children services agencies, private agencies, the Supreme Court of Ohio, the statewide child welfare associations and our statewide training system. The CQI Advisory Team and its Subcommittees have continued to be integral to Ohio's CFSP implementation and CFSR Statewide Assessment. Throughout the implementation of Ohio's CFSP, the group has continued to meet on a quarterly basis, monitor and discuss statewide performance data (including case review data gathered through Ohio's use of the CFSR Round 3 Onsite Review Instrument and the CFSR National Standards), and make strategic recommendations. Below is a list of CQI Advisory Team and Subcommittee members who have participated in these discussions:

CQI Advisory Team & Subcommittee Members

Justin Abel, ODJFS**

Ricka' Berry, Beech Acres Parenting Center

Rob Bruni, Allen County Children Services

Veronica Burroughs, Supreme Court of Ohio

Tequilla Brown, Franklin County Children Services (now ODJFS)

Carla Carpenter, ODJFS*

Barbara Cline, Athens County Children Services**

Stacy Cox, Champaign County Department of Job and Family Services

Kelly Davis, SAFY**

Jeanne Evans, Buckeye Ranch

Ami Faig, Butler County Children Services

Brian Farrington, Supreme Court of Ohio

Sally Fitch, Institute for Human Services

Scott Gall, Hamilton County Department of Job and Family Services (now ODJFS)

Stephanie Geib, Holmes County Department of Job and Family Services

Todd Gordon, The Village Network

Brad Gregg, Franklin County Children Services

Andrea Hall-Miller, Lorain County Children Services

Jodi Harding, Lighthouse Youth Services*

Shannon Harnichar, Homes for Kids, Inc.

Robert Hill, Montgomery County Department of Job and Family Services

Lakeisha Hilton, ODJFS

Kenyetta Lomax, Butler County Children Services

Mark Mecum, Ohio Association of Child Caring Agencies

Kristine Monroe, ODJFS**

Linda Peters, Franklin County Children Services*

Trista Piccola, Cuyahoga County Department of Children and Family Services

Kristen Rost, ODJFS

Angela Sausser, Public Children Services Association of Ohio

Cyndi Scanland, Allen County Children Services**

Margaret Shea, Cuyahoga County Department of Children and Family Services

David Thomas, ODJFS

Colleen Tucker-Buck, ODJFS**

Joan Van Hull, ODJFS

Gina Velotta, ODJFS

Mary Wachtel, Public Children Services Association of Ohio

Roger Ward, ODJFS

Jennifer Watson, ODJFS

Sue Williams, ODJFS

Anna Wyss-Zilles, ODJFS

Rachel Young, House of New Hope

*Advisory Team Tri-Chair
**Subcommittee Co-Chair

In addition to the CQI Advisory Team and its various subcommittees, other CFSP Implementation workgroups comprised of OFC staff, county public children services agencies, and other system partners have been formed to lead specific activities outlined in Ohio's CFSP. All activities are aligned under the five overarching goals of the CFSP (selected based on recommendations of the CQI Advisory Team):

1. Ohio will strengthen its child welfare Continuous Quality Improvement (CQI) system to drive practice improvement resulting in better outcomes for the safety, permanency and well-being of Ohio's children and families.
2. Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.
3. Families will have enhanced capacity to provide for their children's needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to ensure safety.
4. Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.
5. Partners jointly design and coordinate policies, practices and services to improve the well-being of children, youth and families.

Workgroups have been formed to address areas of the plan in which there were not already existing avenues for collaboration. To date, more than 120 stakeholders (in addition to OFC staff) have formally participated in CFSP implementation activities through OFC's CFSP workgroup structure, and dozens more have participated through other already established stakeholder groups such as Ohio's Differential Response Leadership Council, the Permanency Roundtable Advisory Council, the Ohio Primary Parent Partners Workgroup and the Partners for Ohio's Families Advisory Council. A complete list of Ohio's CFSP workgroup members was included in Appendix A of Ohio's 2017 Annual Progress and Services Report.

Beyond the CQI Advisory Team and CFSP Implementation Workgroup structure noted above, ODJFS consistently seeks opportunities to engage its partners and stakeholders in ongoing discussions regarding the CFSR and statewide performance improvement data. ODJFS has worked to ensure that these discussions are regular and ongoing, as opposed to a singular or one-time event. Discussions that inform the CFSR Statewide Assessment and ongoing improvement efforts occur regularly through a variety of forums, including but not limited to, the following:

- Partners for Ohio's Families Advisory Board;
- Supreme Court of Ohio's Advisory Committee on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency;
- Supreme Court of Ohio's Family Law Team;
- Public Children Services Association of Ohio's Executive Directors' Meetings and District Meetings;
- Ohio Association of Child Caring Agencies;
- Ohio Child Welfare Training Program Steering Committee; and
- Ohio Youth Advisory Board.

The groups noted above typically convene at least 3-4 times per year (some more frequently). Throughout the past two years as Ohio has been working to implement its CFSP and prepare for the CFSR, there have been frequent discussions with these groups regarding the CFSR. Discussions have focused on topics such as Ohio's decision to conduct a state-led review; how

ODJFS can partner with its stakeholders in the CFSR process; and Ohio's performance on the CFSR Systemic Factors, the National Standards, and Case Review items gathered through Ohio's Child Protection Oversight and Evaluation (CPOE) review. The goal of these discussions has been to develop a deeper understanding of the factors influencing Ohio's performance on the CFSR metrics and to actively engage our partners and stakeholders in the Continuous Quality Improvement cycle to improve statewide practice and outcomes. The results of these discussions are woven throughout Ohio's Statewide Assessment and will continue to inform our statewide CQI efforts throughout the CFSR and beyond. Individual group membership lists are available upon request.

Section II: Safety and Permanency Data
State Data Profile

(CB-generated state data profile will be inserted here

Ohio

Child and Family Services Review (CFSR 3) Data Profile

September 2016

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

Risk Standardized Performance (RSP)

Permanency Outcome 1

		13B14A	15B16A
Permanency in 12 months (entries)	RSP	49.5%	
	RSP interval	48.4% - 50.5%	
	National standard (NS)	40.5%	
	Performance relative to NS	Met	
	Data used	13B-16A	
Permanency in 12 months (12 - 23 mos)	RSP		47.3%
	RSP interval		45.6% - 49.1%
	National standard (NS)		43.6%
	Performance relative to NS		Met
	Data used		15B-16A
Permanency in 12 months (24+ mos)	RSP		30.6%
	RSP interval		29.2% - 32.1%
	National standard (NS)		30.3%
	Performance relative to NS		No diff
	Data used		15B-16A
Re-entry to foster care	RSP	11.2%	
	RSP interval	10.2% - 12.2%	
	National standard (NS)	8.3%	
	Performance relative to NS	Not met	
	Data used	13B-16A	
Placement stability (moves/1,000 days in care)	RSP		3.50
	RSP interval		3.41 - 3.6
	National standard (NS)		4.12
	Performance relative to NS		Met
	Data used		15B-16A

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

The colors highlight performance (RSP Interval) relative to the National Standard:

Met | No diff | Not met

Ohio

Child and Family Services Review (CFSR 3) Data Profile

September 2016

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

Risk Standardized Performance (RSP)

Safety Outcome 1

		15AB, FY15	FY14-15
Maltreatment in care (victimizations/100,000 days in care)	RSP	13.43	
	RSP interval	12.23 - 14.75	
	National standard (NS)	8.50	
	Performance relative to NS	Not met	
	Data used	15A-15B, FY15	
Recurrence of maltreatment	RSP		9.8%
	RSP interval		9.4% - 10.2%
	National standard (NS)		9.1%
	Performance relative to NS		Not met
	Data used		FY14-15

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

The colors highlight performance (RSP Interval) relative to the National Standard:

National Standard (NS) is the observed performance for the nation as described in the May 2015 Federal Register notice.

Risk-Standardized Performance (RSP) is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national standard.

Risk-Standardized Performance (RSP) Interval is the state's 95% confidence interval estimate for the state's RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.

Performance relative to the national standard (NS) indicates whether the state's 95% interval showed that the state met, did not meet, or was no different than the national standard. "No Diff" means the interval includes the NS. For the permanency in 12 months indicators, "Met" is used when the entire interval is above the NS; "Not Met" is used when the entire interval is below the NS. For the remaining indicators, "Met" is used when the entire interval is below the NS; "Not Met" is used when the entire interval is above the NS.

Data Used refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome. The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: 'A' refers to the 6-month period Oct 1st – March 31st. 'B' refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).

The colors highlight performance (RSP Interval) relative to the National Standard:

Met | No diff | Not met

Ohio

Child and Family Services Review (CFSR 3) Data Profile

September 2016

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. For a complete description of the numerator and denominator for each statewide data indicator, see the Data Dictionary.

		13B14A	15B16A
Permanency in 12 months (entries)	Denominator	9,112	
	Numerator	4,472	
	Observed performance	49.1%	
Permanency in 12 months (12 - 23 mos)	Denominator		2,870
	Numerator		1,389
	Observed performance		48.4%
Permanency in 12 months (24+ mos)	Denominator		2,874
	Numerator		937
	Observed performance		32.6%
Re-entry to foster care	Denominator	4,398	
	Numerator	430	
	Observed performance	9.8%	
Placement stability (moves/1,000 days in care)	Denominator		1,506,047
	Numerator		5,419
	Observed performance		3.60

		15AB, FY15	FY14-15
Maltreatment in care (victimizations/100,000 days in care)	Denominator	4,647,640	
	Numerator	437	
	Observed performance	9.40	
Recurrence of maltreatment	Denominator		25,028
	Numerator		1,875
	Observed performance		7.5%

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

Denominator: For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

Numerator: For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

Percentage or rate: For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

Ohio

Child and Family Services Review (CFSR 3) Data Profile

September 2016

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

Data Quality

Setting national standards and measuring state performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance against the national standards. States that exceed established data quality limits are excluded from statewide data indicator calculations (and marked with a "DQ" on the RSP tables). All values represent the percentage of problem cases in a state. **Values in orange in the table below indicate the percentage of problem cases exceeds the data quality limit.** A blank cell indicates there was no data quality check assessed for that particular data period. 'DQ' indicates the data quality check was not performed due to data quality issues. For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ threshold was exceeded on a related data quality check.

AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	11B	12A	12B	13A	13B	14A	14B	15A	15B	16A
AFCARS IDs don't match from one period to next	> 40%	●	●	●	28.7%	27.2%	27.8%	26.1%	27.3%	26.8%	26.6%	24.9%	26.5%	
Age at discharge greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at entry is greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	●	●	●	0.0%	1.1%	0.4%	0.5%	0.4%	0.5%	0.4%	0.5%	0.5%	
Enters and exits care the same day	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In foster care more than 21 yrs	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 5%		●		0.3%	0.6%	0.6%	0.5%	0.3%	0.3%	0.2%	0.4%	0.4%	0.3%
Missing number of placement settings	> 5%			●	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
Percentage of children on 1st removal	> 95%	●	●	●	70.4%	70.9%	74.0%	74.2%	74.5%	74.7%	75.6%	75.3%	75.6%	75.9%

NCANDS Data Quality Checks

		MFC	RM	2012-2013	2013-2014	2014-2015	2012	2013	2014	2015
Child IDs for victims match across years	< 1%		●	4.0%	3.8%	3.7%				
Child IDs for victims match across years, but dates of birth and sex do not	> 5%		●	0.5%	0.5%	0.2%				
Missing age for victims	> 5%	●	●				0.5%	0.2%	0.1%	0.1%
Some victims should have AFCARS IDs in child file	< 1%	●						100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	N -	●						Y	Y	Y

MFC Maltreatment in foster care
Perm Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months of more, and Re-entry to care in 12 months)
PS Placement stability
RM Recurrence of maltreatment

FAIL DQ PASS

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety
Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

Safety Outcomes

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

This outcome is comprised of two statewide data indicators and one case-reviewed safety item measure. The data indicators include: (1) Maltreatment in Foster Care and (2) Recurrence of Maltreatment. The safety item measure includes: (1) Timeliness of Investigations. A performance assessment of the data indicators and safety measure was conducted to: (a) determine statewide compliance; and (b) identify the Strengths and Areas Needing Improvement noted in the cases reviewed for Item 1- Timeliness of Initiating Investigations of Reports of Child Maltreatment.

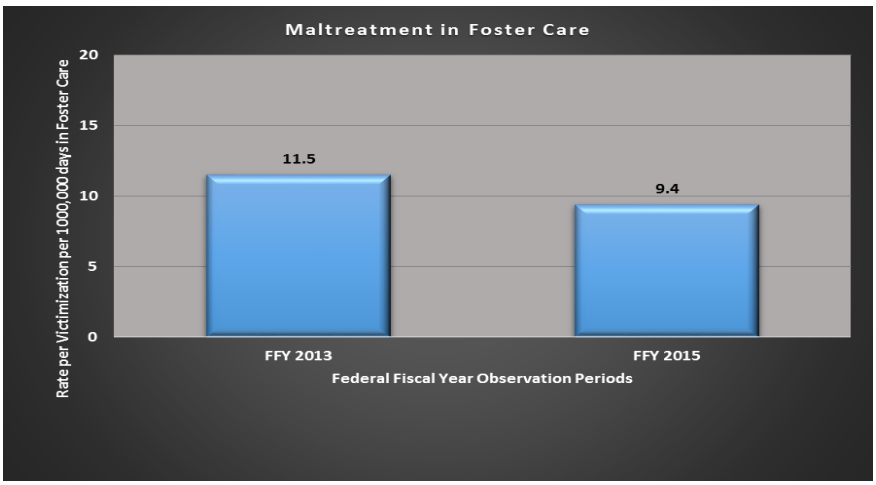
Safety Data Indicator 1

Data Indicator		Definition	National Standard	Ohio's Performance*	Ohio's Performance**
S1	Maltreatment in Foster Care	Of all children in foster care during a 12-month period, what is the rate of victimization per 100,000 days of foster care?	8.50 victimizations per 100,000 days	FFY 2013 Observed Performance 11.52 Risk-Adjusted 16.56	FFY 2015 Observed Performance 9.40 Risk-Standardized Performance 13.43

** Data Source- HHS, ACF, Children's Bureau CFSR Round 3 Statewide Data Indicators-Workbook, May 2015.*
*** Data Source- - HHS, ACF, Children's Bureau CFSR Round 3 Statewide Data Indicators-Workbook, September 2016.*

Examination of State Data

Ohio has not met the national standard for maltreatment of children in foster care. However, when examining FFY 2013 and FFY2015 data, a decline in maltreatment in foster care has occurred. In the last observation period SACWIS changes were instituted to require agencies to record the incident date, which provided a more accurate picture of the state's performance on this measure. The following graph presents information encompassing Ohio's observed scores on this national standard for FFY2013 and FFY 2015.



With the addition of the incident date field in SACWIS, calendar year 2015 data run via the Results Oriented Management reporting system shows a continuing downward trend to a rate of 9.7 victimizations per 100,00 days in care. While this rate still does not meet the National Standard, Ohio is encouraged by this trend and continues to work with county and private agency partners to address performance on this national standard.

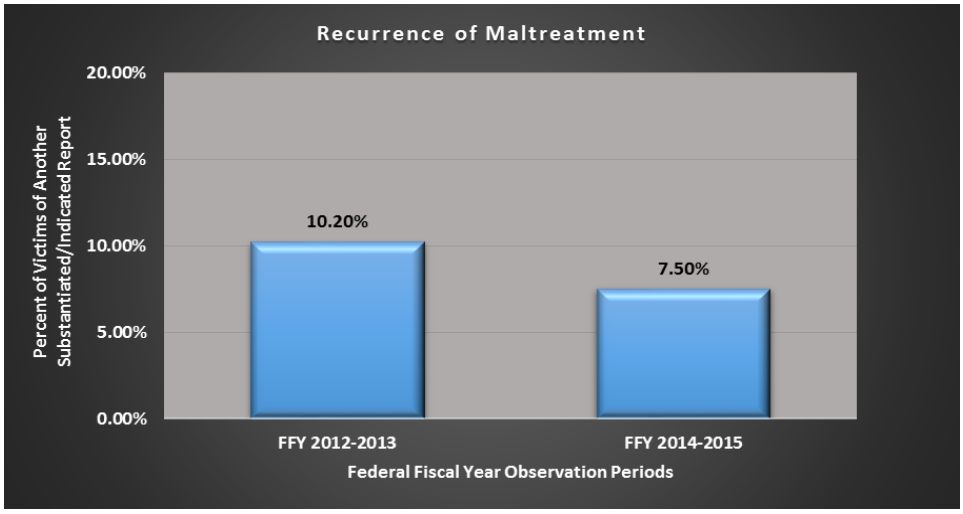
Safety Data Indicator 2

Data Indicator		Definition	National Standard	Ohio Performance*	Ohio Performance**
S2	**Recurrence of Maltreatment**	Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated or indicated report of maltreatment within 12 months of their initial report?	9.1%	FFY 2012-2013 Observed Performance 10.2% Risk-Adjusted 13.2%	FFY 2014-2015 Observed Performance 7.5% Risk-Standardized Performance 9.8%

**Data Source- HHS, ACF, Children's Bureau CFSR Round 3 Statewide Data Indicators-Workbook, May 2015.*
***Data Source- HHS, ACF, Children's Bureau CFSR Round 3 Statewide Data Indicators-Workbook, September 2016.*

Examination of State Data

During Federal Fiscal Year observation periods, Ohio failed to achieve the National Standard of 9.1 percent during a 12-month reporting period. While Ohio's Observed Performance has improved since FFY 2012-2013, the Risk Standardized Performance for Ohio, which was calculated for FFY2014-2015, resulted in Ohio not achieving the National Standard. The following graph depicts the improvement in Observed Performance for FFY 2012-2013 and FFY 2014-2015.



Safety Item Measure

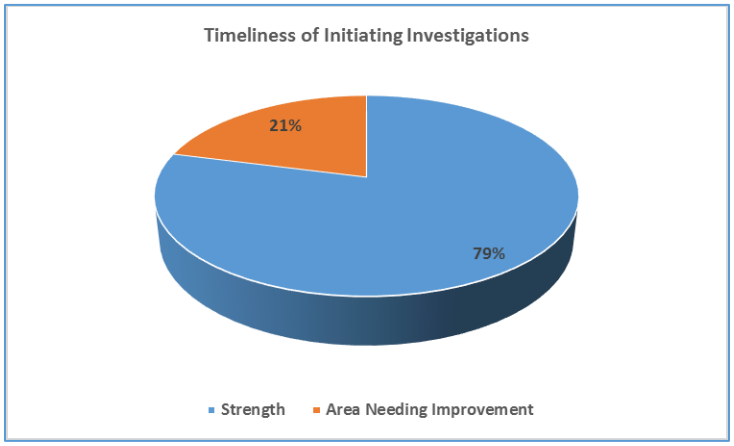
	Items	Evaluation Criteria
1	**Timeliness of Initiating Investigations of Reports of Child Maltreatment**	To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child (ren) made, within the time frames established by agency policies or state statutes.

Examination of Statewide Data

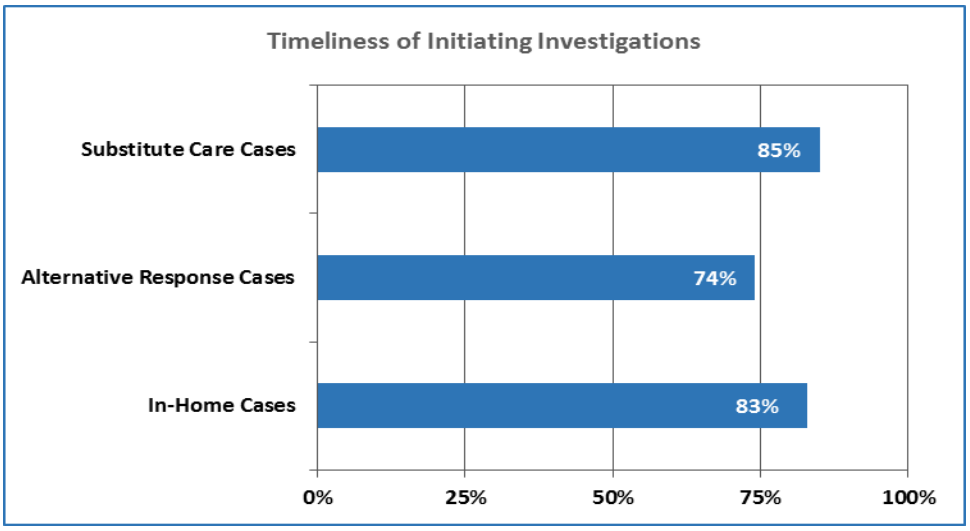
On January 27, 2017 the statewide data report entitled *Intake Initiation Requirement Met (of accepted reports)* was run for the period of October 1, 2015 to September 30, 2016. For Traditional Investigations, of the 44,235 reports screened in, 90.0 percent (39,796) met the intake initiation requirement for face-to-face contact or attempted contact with alleged child victims. Examination of Alternative Response screened in reports indicated that 92.3 percent (33,363) of the Assessments (36,161) met the intake initiation requirement for contact with the family.

Examination of County Data

As noted above, one item was evaluated via CPOE case reviews to examine compliance with Safety Outcome 1. Results from 87 PCSAs reviewed during CPOE Stage 10 indicated that item 1 was applicable in 779 of 1,052 In-Home cases, Alternative Response cases and Substitute Care cases reviewed. (As of the writing of this report, one county's CPOE 10 review is ongoing.) As depicted below, of the 779 applicable cases reviewed, 79 percent of the cases (618 cases) were rated as a Strength, and 21 percent of the cases (161 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 83 percent of the In-Home cases (280 cases) were rated as a Strength, 74 percent of the Alternative Response cases (361 cases) were rated as a Strength, and 85 percent of the Substitute Care cases (138 cases) were rated as a Strength. The disparity between case review data and statewide data is largely attributable to the case review ratings encompassing whether follow-up contact attempts were made in accordance with Ohio Administrative Code requirements (i.e., at least every 5 working days) when initial contact with the child and/or parent was unsuccessful, as compared to the ROM report which examines initiation within time frames, including timely attempts at initial contact.



PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Agencies completed timely screening decisions and case assignments.
- Cases assigned to the Alternative Response (AR) Pathway and the Traditional Response (TR) Pathway evidenced timely initiations and face-to-face contacts with the alleged child victim, parents and other household members.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Agencies had late assessment/investigation initiations.
- Alleged child victims were not seen timely.
- Agencies did not meet the requirement of continued attempts to make face-to-face contact every five working days from the acceptance of the report until contact was made or until the report disposition was required.
- When some agencies selected the AR Pathway and the case was initiated with a letter to the family, the required face-to-face contact with the alleged child victim was not completed timely.
- There was confusion regarding how AR cases should be initiated.

Safety Outcome 2: Children are safety maintained in their homes whenever possible and appropriate

There are no data indicators used to determine compliance with Safety Outcome 2; instead, review of case records occurs to examine: (1) services provided to prevent removal or re-entry into foster care and (2) risk and safety assessment and management.

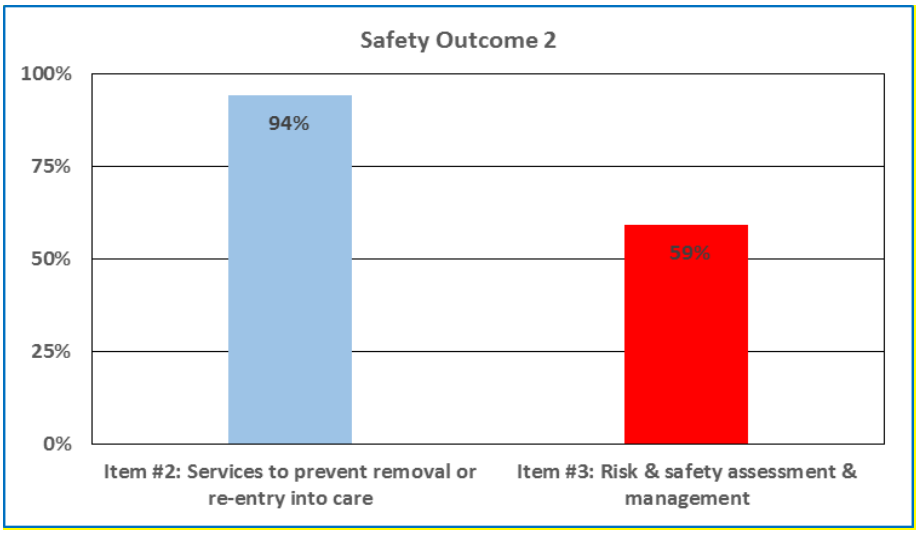
Safety Item Measures

Two safety item measures are contained in Safety Outcome 2. The following table lists the items and their evaluation criteria. These items were monitored during CPOE Stage 9 and continued to be monitored during CPOE Stage 10.

Items		Evaluation Criteria
2	**Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care**	Determine if concerted efforts were made to provide services to the family to prevent children's entry into foster care or re-entry after reunification.
3	**Risk assessment and management**	Determine if concerted efforts were made to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.

Examination of County Data

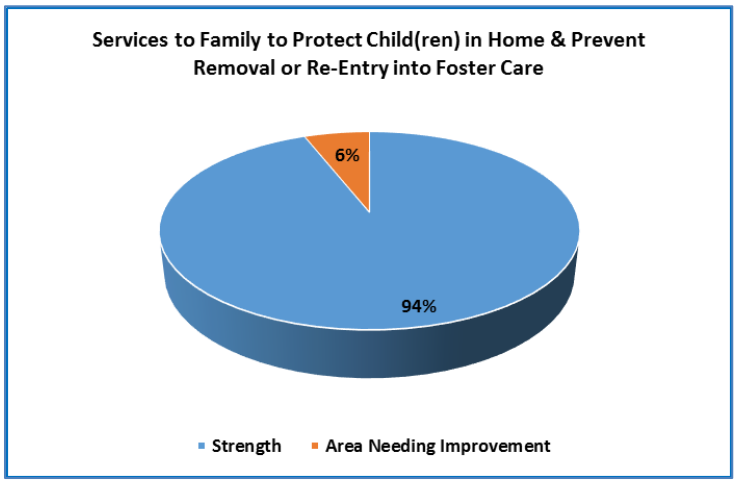
Results from the 87 PCSAs reviewed to date during CPOE Stage 10 indicated that item 2 was at a 94 percent compliance level, while item 3 was at a 59 percent compliance level as evidence below.



Item # 2: Services to protect child in the home and prevent removal or re-entry into foster care

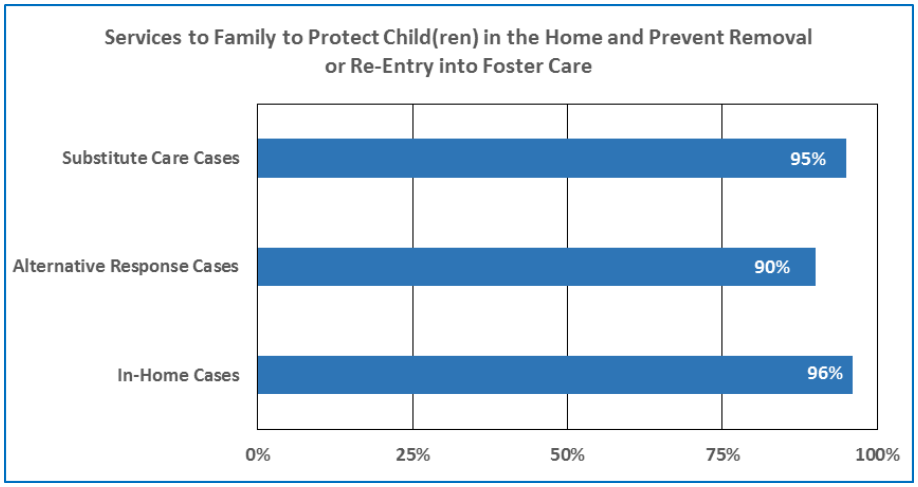
Public Children Services Agencies

Results from 87 public children services agencies (PCSA) reviewed during CPOE Stage 10 indicated there were 644 applicable cases for review. As depicted below, of the 644 applicable cases reviewed, 94 percent of the cases (605 cases) were rated as a Strength, and 6 percent (39 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 96 percent of the In-Home cases (245 cases) were rated as a Strength; 90 percent of the Alternative Response cases (208 cases) were rated as a Strength; and 95 percent of the

Substitute Care cases (152 cases) were rated as a Strength. The following graphic depicts the results for review of Item #2 by case type.



PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Services were provided to families to increase protective capacities of parents and to reduce child vulnerability.
- Agency records contained evidence of regular communication between workers and service providers to assess and reassess the value and effectiveness of services.
- Agencies engaged family members in identification of services to assure safety and prevent removal of children from the home.
- Services were identified and provided for families which were specific to the needs presented by the families.
- Services were regularly assessed during Case Reviews and Semiannual Administrative Reviews, and modifications occurred to the Case Plan if other service needs were identified.
- When children were removed from their home without provision of services, the action was necessary to ensure safety.
- Interviews conducted with case participants indicated that services were helpful and all needs were addressed. During interviews with parents whose children were in substitute care, parents indicated they had been kept informed about all aspects of the case and felt involved in the process of reunification.
- Agencies continued to provide services six months following reunification to ensure safety.
- Developed Safety Plans in which relatives agreed to care for the child until the parents could ensure safety and participate in services.
- Excellent documentation on what services were provided and discussion of service needs with families.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Agencies did not follow-up with service providers to assess family progress.
- Lack of documentation that referrals to service providers occurred.

- Services were not provided to address specific issues identified in the Family Assessment.
- Service needs of fathers were not assessed, nor were services identified in case planning.
- Agencies failed to assess and address the safety and service needs of siblings of the target child in substitute care. Siblings were not included as participants in the case, nor were they found in the Family Assessment or the Case Plan.
- Failure to monitor Safety Plans.
- Gaps in documentation in SACWIS which made it difficult to confirm if concerted efforts were being made to provide services and assess the effectiveness of services. Handwritten notes could not be produced to verify efforts made to provide services and prevent entry into foster care.

IV-E Courts

Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 31 applicable cases for review. Of the 31 applicable cases reviewed, 100 percent of the cases were rated as a Strength. The following effective practices were noted during the reviews:

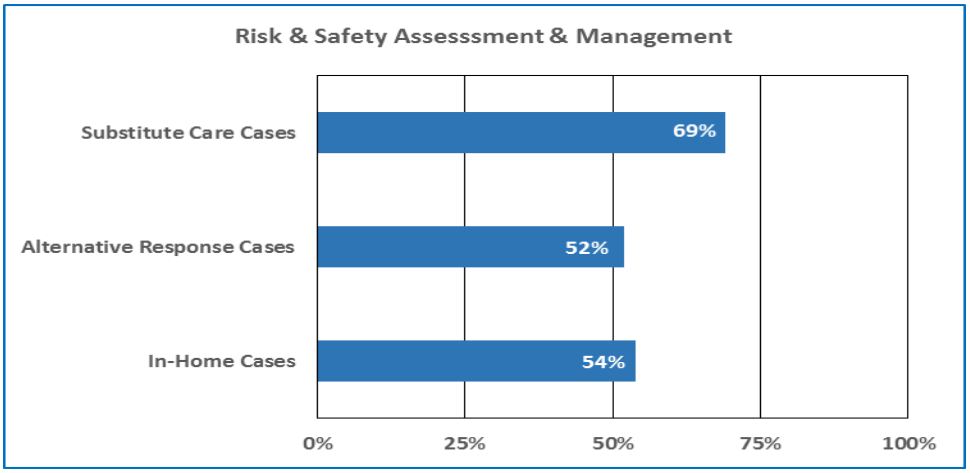
- Prior to a child's removal, court staff assessed whether the removal was necessary to ensure the child's safety and the safety of the community.
- Services were provided immediately following court ordered removals.
- Services were provided which met the unique needs of the child and ensured the child's safety.
- Concerted efforts were being made to reunify children and arrange for appropriate services aimed at preventing re-entry into care.
- Services were provided to parents/kin to support reunification.

Item #3: Risk assessment and safety management

Public Children Services Agencies

One thousand fifty (1,050) applicable cases have been reviewed during CPOE Stage 10. Results from the review of 87 PCSAs revealed that 59 percent of the cases (620) were rated as a Strength, and 41 percent (430 cases) were rated as an Area Needing Improvement. The following graph depicts these results.

Further examination of In-Home, Alternative Response and Substitute Care cases revealed that 54 percent of the In-Home cases (165 cases) were rated as a Strength; 52 percent of the Alternative Response cases (190 cases) were rated as a Strength; and 69 percent of the Substitute Care cases (265 cases) were rated as a Strength.



PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Agencies assessed safety and risk during face-to-face visits, home visits, case conferences, Family Team Meetings, formal Case Reviews, and Semiannual Administrative Reviews.
- Agencies completed Safety Assessments, Family Assessments, Re-Assessments and Reunification Assessments timely and with ample detail.
- Safety Plans were developed and modified as applicable to control the threat of safety.
- During home visits and visits in substitute care settings, agencies evaluated children's safety by talking with them separately from their substitute caregivers, observing their behavior and interactions and speaking to their substitute caregivers.
- Written notifications were being sent to case participants of upcoming Semiannual Administrative Reviews.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- All family members were not interviewed as part of the assessment activities.
- Re-Assessments of safety were not done when new issues surfaced on open cases.
- Safety Assessments or Family Assessments did not include all household members (e.g. all children in the home).
- Family Assessments did not contain sufficient information in order to arrive at case decisions.
- Safety concerns were not being addressed adequately.
- Safety Plans were not being monitored as required by rule or were not discontinued when safety threats were resolved.
- Case Reviews did not include all children in the home.
- Case Reviews and Semiannual Administrative Reviews were not being conducted or held timely.

- Reunification Assessments were not completed prior to children returning home.
- There was no evidence of risk or safety assessments being conducted for children who remained in the home while one of the siblings was placed in substitute care.
- Initial and on-going assessments were not completed in a timely manner.
- Insufficient documentation in the Safety Assessments.
- Agency did not address safety issues that were brought to their attention regarding children in foster care and residential care.
- Cases were being closed when there were still risks present in the home.

IV-E Courts

Partial results from a review of twenty-six IV-E courts during CPOE Stage 10 indicated there were 74 applicable cases for review. Of the cases reviewed, 68 percent were rated as a Strength. Effective practices noted included the following.

- Safety Assessments and Family Assessments were completed timely.
- Safety Assessments and Family Assessments addressed the behaviors of the youth and risks attributed to this behavior.
- Probation Officers assessed the mother's protective capacities and referred her to services to assist her in improving her parenting and better enable her to protect her child.
- Ongoing assessment of both parents and youth were completed during monthly home visits.
- Court staff completed timely case reviews and addressed the concerns, strengths and progress families were making.
- Informal assessments were conducted to assess both safety and risk during face to face contacts with the family and the youth in the placement setting.
- Cases were reviewed on a regular basis with the court, and individuals were provided notice of the date, time, and location of the Semiannual Administrative Review.
- Probation officers utilized the Ohio Youth Assessment System in determining risk and safety for each child.

Cases rated as an Area Needed Improvement were a result of one or more of the following findings:

- Courts were not using the CAPMIS Family Assessment and Reunification Assessment because probation officers believed they only have jurisdiction over youth who are involved with the juvenile court and this does not include siblings who are in the home.
- Initial and on-going assessments only focused on the youth and did not address the entire family.
- Case Reviews were not completed every 90 days.
- Allegations of abuse relayed by the youth to the caseworker were not reported to the child welfare agency.
- Missed holding a Semiannual Administrative Review.
- A formalized assessment of risk and safety was not completed prior to case closure.

B. Permanency
Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

PERMANENCY OUTCOMES

Permanency Outcome 1: Children have permanency and stability in their living situations

An examination of all five permanency data indicators and three case review items which fall within Permanency Outcome 1 was conducted to assess performance.

PERMANENCY OUTCOMES AND INDICATORS					
P1	**Permanency in 12 Months for Children Entering Foster Care**	Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?	**40.5% or more**	4/1/2011-3/31/12* Observed Performance 45.9% Risk-Adjusted 46.8%	4/1/2013-3/31/14** Observed Performance 49.1% Risk-Standardized Performance 49.5%
P2	**Permanency in 12 Months for Children in Foster Care 12 to 23 Months**	Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?	**43.6% or more**	4/1/2013-3/31/2014* Observed Performance 44.7% Risk-Adjusted 44.2%	4/1/2015-3/31/2016** Observed Performance 48.4% Risk Standardized Performance 47.3%

PERMANENCY OUTCOMES AND INDICATORS					
P3	**Permanency in 12 Months for Children in Foster Care 24 Months +**	Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?	**30.3% or more**	4/1/2013-3/31/14* Observed Performance 28.2% Risk-Adjusted 27.0%	4/1/2015 - 3/31/2016** Observed Performance 32.6% Risk Standardized Performance 30.6%
P4	**Re-entry to Foster Care in 12 Months**	Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	**8.3% or less**	4/1/2011-3/31/12* Observed Performance 10.0% Risk-Adjusted 11.5%	4/1/2013-3/31/2014** Observed Performance 9.8% Risk Standardized Performance 11.2%
P5	**Placement Stability**	Of all children who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	**4.12 moves per 1,000 days in care or less**	4/1/2013-3/31/14* Observed Performance 3.52 Risk-Adjusted 3.43	4/1/2015-3/31/2016** Observed Performance 3.6 Risk Standardized Performance 3.50

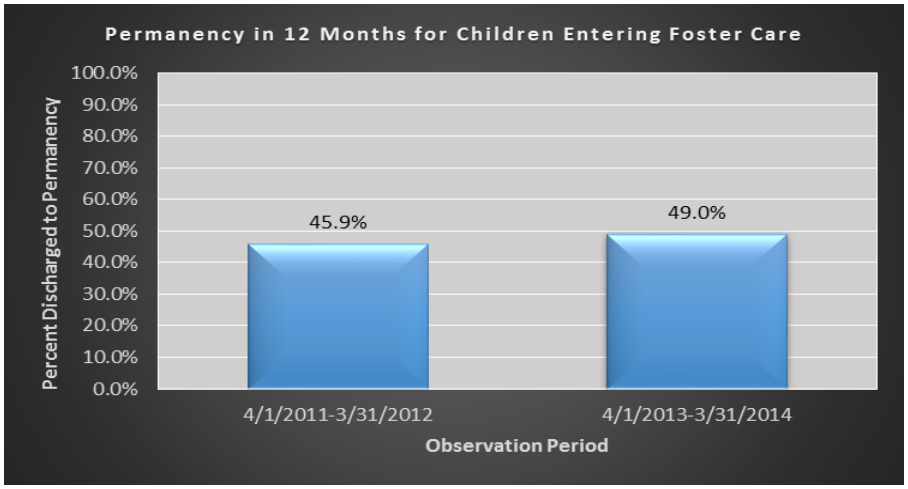
**Data Source- - HHS, ACF, Children's Bureau CFSR Round 3 Statewide Data Indicators-Workbook, May 2015.*
***Data Source- HHS, ACF, Children's Bureau CFSR Round 3 Statewide Data Indicators-Workbook, September 2016.*

Permanency Data Indicators

Permanency in 12 Months for Children Entering Foster Care

Examination of State Data

Over the observation periods, Ohio has exceeded the National Standard of 40.5 percent for *Permanency in 12 Months for Children Entering Care*. There continues to be overall improvement for this National Standard as evidenced in the graph below.



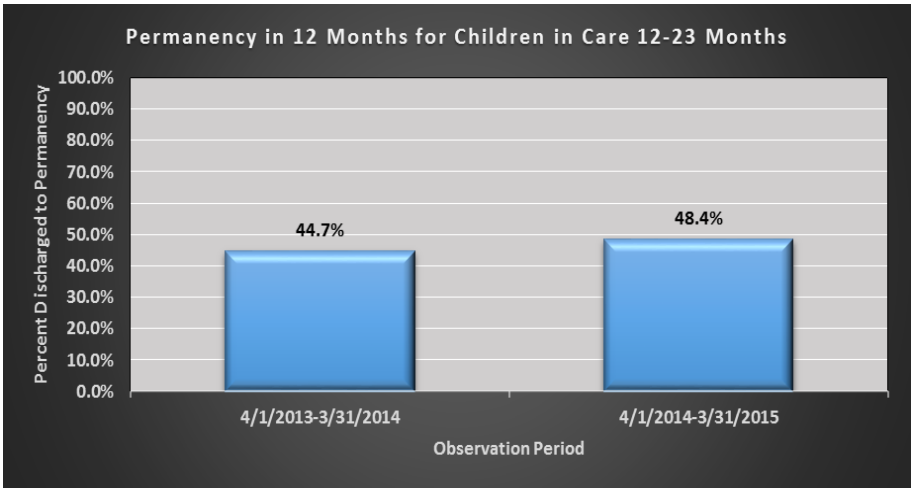
Results from CPOE reviews of PCSAs indicated the following practices made a difference in achieving permanency for children/youth:

- Use of Family Team Meetings to develop case plans and establish permanency goals.
- Frequent face-to-face and telephone contact with community service providers to assess family progress on case plan objectives.
- Reviewing and discussing the Case Plan or Family Services Plan with families during each visit.
- Establishing more frequent caseworker visits with parents.
- Provision of post-reunification services.

Permanency in 12 Months for Children in Foster Care 12 to 23 Months

Examination of State Data

Ohio has consistently exceeded the National Standard of 43.6 percent for *Permanency in 12 Months for Children in Foster Care 12 to 23 Months.* The following graph reflects these results.



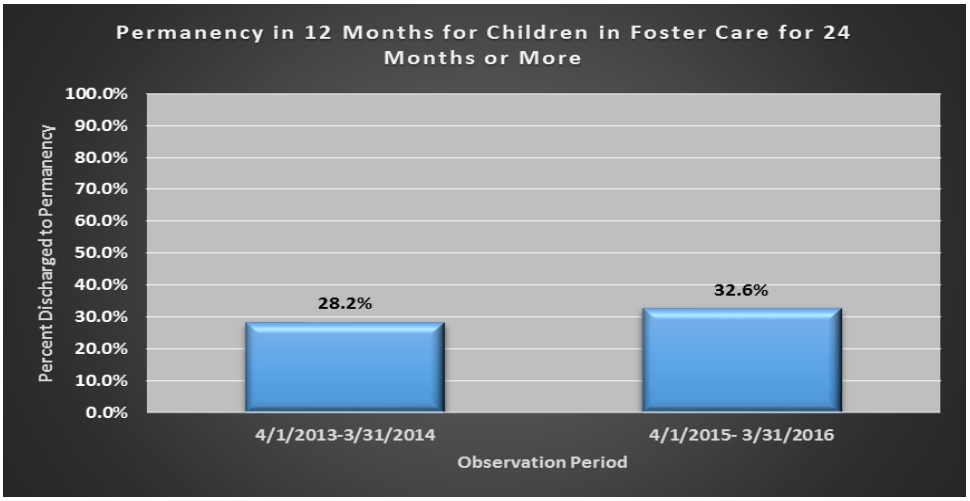
Results from CPOE reviews indicated practices which supported achieving permanency for this population group, included the following:

- Conducting Reunification Assessments prior to making recommendations to the court.
- Expanding the frequency and duration of parent/child visits as case plan progress builds safety.
- Sharing data and CPOE findings with the juvenile court judge to facilitate joint planning.
- Use of concurrent planning for substitute care cases – not waiting to begin planning for more than one possible avenue to permanency.
- Certifying applicants as foster-to-adoptive placements.
- Conducting matching conferences upon receipt of permanent custody.
- Conducting child-specific recruitment.

Permanency in 12 Months for Children in Foster Care 24 Months +

Examination of State Data

During the latest observation period, 4/1/2015-3/31/2016, Ohio achieved the National Standard of 30.3 percent as evidenced in the following graph.



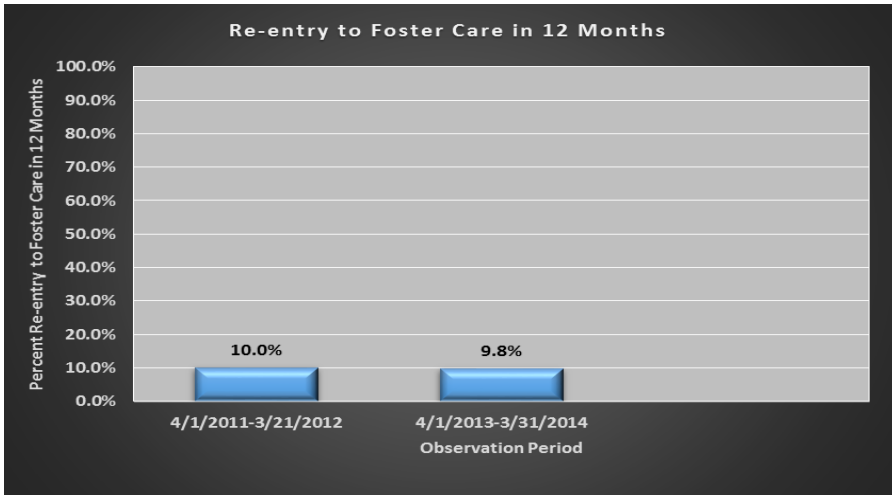
Examination of CPOE review results identified the following practices which supported achieving permanency for this population group.

- Conducting thorough case mining to identify possible adoptive placements and use of Wendy's Wonderful Kids recruiters to conduct child-specific recruitment.
- Effective coordination and communication with the placement provider, the service provider and prospective adoptive family.
- Providing needed services post-adoption to ensure the adoption does not disrupt.
- Use of Permanency Roundtables for children/youth in PPLA status to re-assess if this status continues to be an appropriate goal for the youth.

Re-entry to Foster Care in 12 Months

Examination of State Data

Ohio continues to struggle with achieving the National Standard of 8.3 percent as evidenced in the following graph.



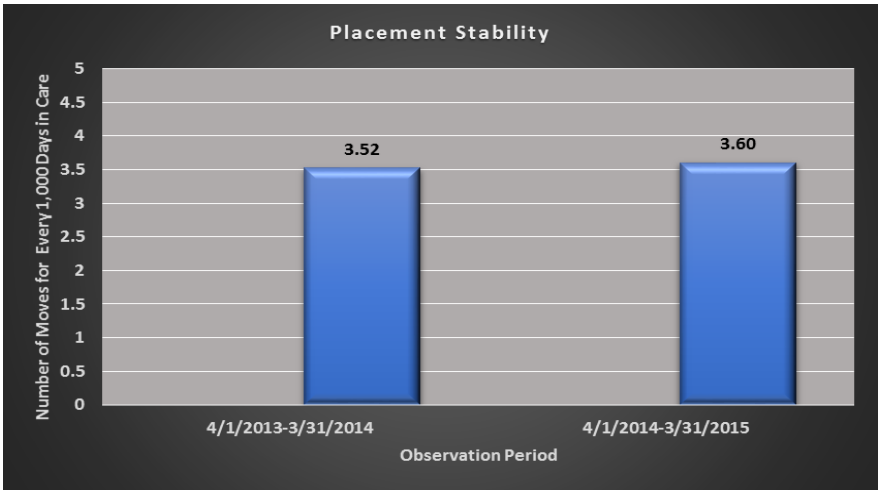
Practices identified during the CPOE reviews which resulted in children not re-entering foster care included:

- Planning overnight/extended visits between the parents and children in preparation for reunification.
- Working closely with service providers and families to ensure families are comfortable with reunification.
- Providing services to the family to support reunification and continuing to provide services following reunification to ensure re-entry did not occur.
- Engaging foster parents in providing additional support for parents and in aiding the child's transition from the foster home.

Placement Stability

Examination of State Data

Ohio continues to achieve the National Standard for Placement Stability as evidenced below.



The most effective strategies identified during CPOE reviews to ensure placement stability included:

- Visits completed consistently with the parents, children, and foster caregivers.
- Services and support provided to substitute caregivers to prevent placement disruptions.
- Diligent searches to locate both paternal and maternal relatives.
- Use of agency forms or tools to engage parents in discussions about relative placement options and record information about relatives at multiple points during the case.
- Placement of siblings together when appropriate and in the same school district of the removal home.

An additional strength identified by counties included:

- Implementation of a pilot to evaluate a level of care assessment model which would aid in the selection of appropriate placements for children and youth.

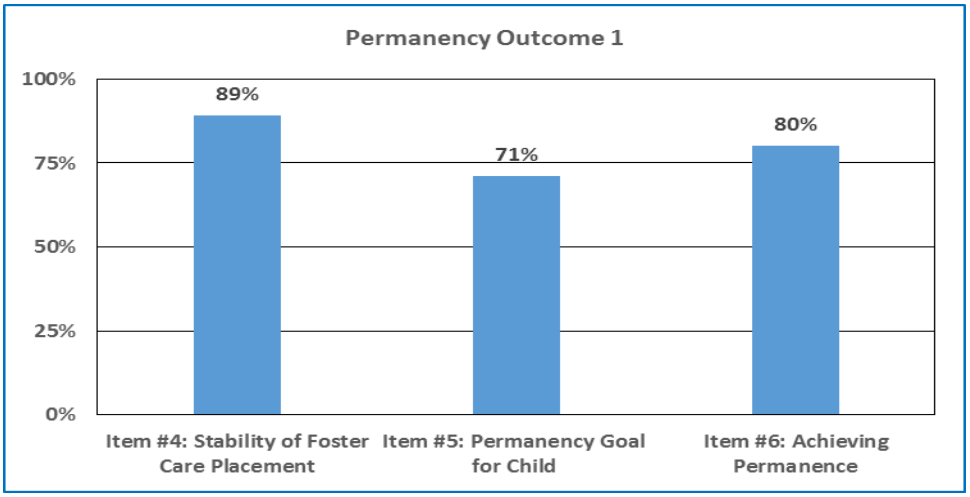
Permanency Item Measures

Three permanency item measures are contained within Permanency Outcome 1. The following table lists the items and the evaluation criteria used to assess performance. These items were monitored during CPOE Stage 9 and continued to be monitored during CPOE Stage 10.

Items		Evaluation Criteria
4	**Stability of foster care placement**	Determine if the child in foster care is in a stable placement and that any changes in placement that occurred during the review period were in the best interest of the child and consistent with achieving the child's permanency goal(s).
5	**Permanency goal of child**	Determine whether appropriate permanency goals were established for the child in a timely manner.
6	**Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement**	Determine whether concerted efforts were made, or are being made, to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

Examination of County Data

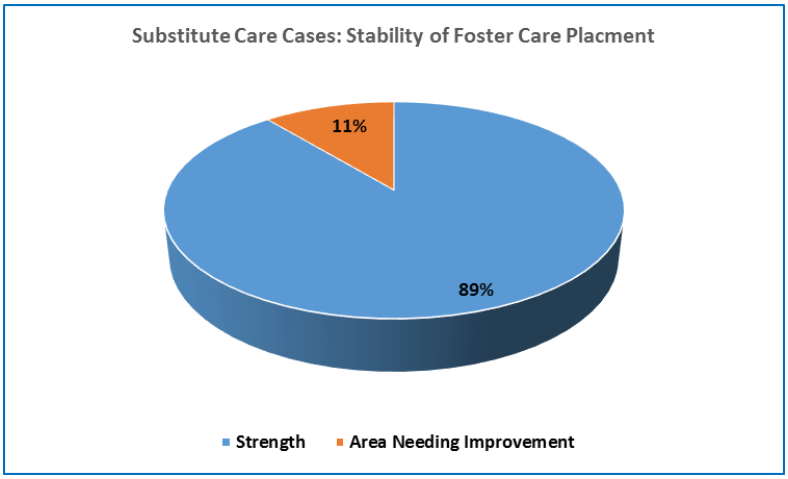
CPOE Stage 10 utilized the CFSR Round 3 on-site review instrument to assess performance on the above three items. The graph below depicts performance in addressing *Permanency Outcome 1 by PCSAs.*



Item #4: Stability of foster care placement

Public Children Services Agencies

Eighty-seven PCSAs' CPOE Stage 10 reviews have been completed. A total of 385 Substitute Care cases were identified as applicable for review of this item during CPOE Stage 10. As depicted below, 89 percent of the cases reviewed (341 cases) were rated as a Strength, and 11 percent of the cases (44 cases) were rated as an Area Needing Improvement.



PCSAs have made concerted efforts to identify appropriate placements for the child initially by matching the child's needs with the skills, knowledge and strengths of the caregiver. As a result, children have been maintained in the same foster placement for the entire substitute care episode. Additionally, support was being provided to substitute caregivers to prevent placement disruptions.

Changes in placement were a result of one or more of the following factors:

- Severe behavioral issues of adolescents in the placement setting.
- Insufficient information or support provided to foster caregivers resulting in foster caregivers' request for a child or all the children to be removed.
- Appropriate step down from intensive to less intensive placement.

IV-E Courts

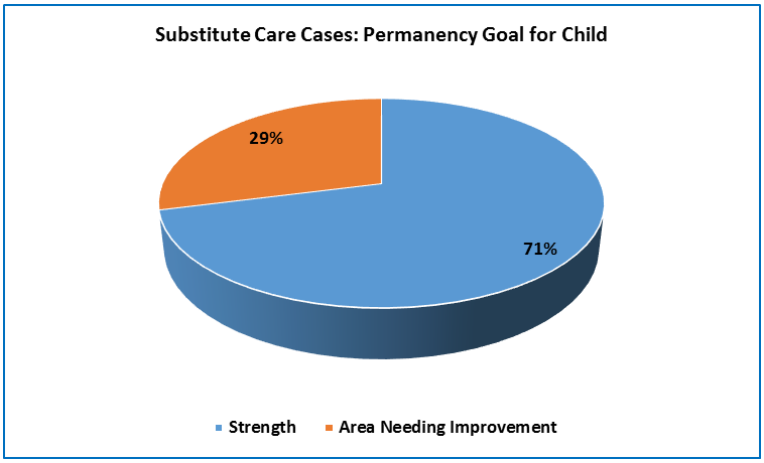
Of the twenty-six IV-E Court CPOE Stage 10 reviews completed thus far, 72 cases were applicable for review. IV-E Courts achieved 92 percent compliance for item 4. Cases rated as a Strength were a result of:

- Selecting the most appropriate placement which met the treatment needs of the youth initially.
- Appropriately moved the youth to a new setting when the youth became a threat to others in the placement setting.

Item #5: Permanency goal for child

Public Children Services Agencies

Thus far, 381 applicable cases have been reviewed during CPOE Stage 10 to determine whether appropriate permanency goals were established for the child in a timely manner. As depicted below, of the 381 applicable cases reviewed, 71 percent of the cases (270 cases) were rated as a Strength, and 29 percent (111 cases) were rated as an Area Needing Improvement.



PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Utilized Family Team Meetings to establish permanency goals. This open forum offered families the chance to meet with the investigators and ongoing workers and discuss the need for and availability of local services.
- Agencies were establishing concurrent Case Plan goals.
- Agencies established appropriate Case Plan goals within required time frames, which were entered into SACWIS.
- Case Plans goals were developed timely with specified services linked to Case Plan goals. When goals were changed, services were revised to reflect the new Case Plan goal. Case Plan goals were achieved within required time frames.
- Concerted efforts were made to identify families for children with a goal of adoption through extensive recruitment efforts and conducting timely matching conferences.
- Agencies were actively working with families and children/youth to achieve the established Case Plan goal.

Cases rated as an Area Needing Improvement were due to one or more of the following findings:

- Permanency Goals were not established or changed within required timeframes.
- No compelling reasons documented for not filing for termination of parental rights.
- The Case Plan goal of adoption was not achieved in a timely manner by agencies and courts. Several of the delays cited were appeals of termination of parental rights. There were also several continuances of hearings.
- Agencies and courts did not change the permanency goal of Planned Permanent Living Arrangement (PPLA) when the child was less than 16 years of age in compliance with federal guidelines.

IV-E Courts

Of the twenty-six IV-E Court CPOE Stage 10 reviews completed thus far, 72 cases were applicable for review. IV-E Courts achieved 82 percent compliance for item 5. Cases rated as a Strength were a result of:

- A Case Plan was entered in SACWIS and included a permanency goal.

- Goals were established timely as they were developed on the date of placement or shortly thereafter.

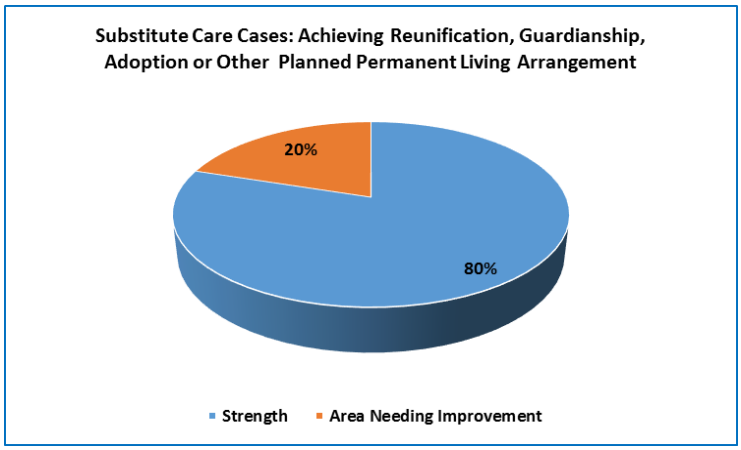
Cases noted as an Area in Need of Improvement were due to one or more of the following findings:

- Case plans did not state one of Ohio's recognized goals for a child in custody.
- Permanency goals were not established timely.
- The goal of reunification did not occur within twelve months of the youth being placed in care and control of the Court and custody then transferred to Children Services.

Item #6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement

Public Children Services Agencies

As of this date, 385 cases were reviewed for compliance with item #6 during CPOE Stage 10. As depicted below, of the cases reviewed, 80 percent of the cases (307 cases) were rated as a Strength, and 20 percent (78 cases) were rated as an Area Needing Improvement.



PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Agencies worked with the court, families and other community partners to ensure children did not linger in foster care longer than necessary.
- Agencies explored concurrent planning at the inception of placement for their substitute care cases.
- Provided services to the family to support reunification and continued to provide services following reunification to ensure re-entry did not occur.
- Ensured regular visits between the biological parents and children occurred with overnight and extended visits built into their reunification efforts.
- Reunification motions and permanent custody motions were filed timely.
- Agencies held Permanency Planning meetings following the filing of permanent custody to review the appropriateness of the child's current placement and identify records needed in order to complete the Child Study Inventory and Social/Medical History form.

- Agencies addressed children's intensive treatment needs while searching for an adoptive placement.
- Utilized Wendy's Wonderful Kids recruiters to do child-specific recruitment.
- Agencies partnered with Adopt America to locate families for youth.
- Work began prior to termination of parental rights to look for a permanent placement for the child, including exploration with relatives and the current substitute caregiver of their interest in adopting the child.
- Diligent efforts were made to locate fathers, conduct relative searches, and work with parents to provide permanency for their children.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Agencies did not meet the established timeframes for reunification, guardianship, adoption or other planned permanent living arrangement.
- Court continuances contributed to the lengthy period of time between the filing of the motion and receipt of permanent custody, thus delaying the ability of agencies to achieve permanency for children.
- No documentation of compelling reasons for not requesting termination of parental rights.
- Services were not provided to achieve the case plan goal of reunification.
- Lengthy negotiations of adoption subsidy agreements were a barrier to permanency.

IV-E Courts

Of the twenty-six IV-E Court CPOE Stage 10 reviews completed thus far, 66 cases were applicable for review. IV-E Courts achieved 88 percent compliance for item 6. Cases rated as a Strength were a result of:

- Court personnel worked diligently to achieve timely case outcomes.

Cases noted as an Area in Need of Improvement were due to one or more of the following findings:

- Child was under the care and control of the court for an extended period of time and then emancipated.
- Case Plans were not amended when the goal changed.
- The goal of reunification did not occur within twelve months of the youth being placed in care and control of the Court and custody then transferred to Children Services.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

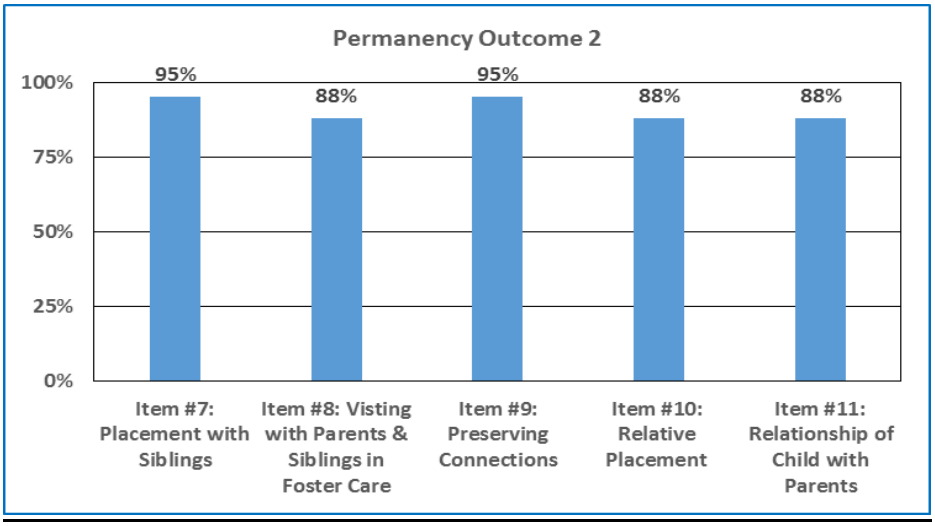
There are no data indicators used to determine compliance with this Permanency Outcome; instead, a review of case records occurs to examine the following five permanency item measures: (1) placement with siblings; (2) visiting with parents and siblings in foster care; (3) preserving connections; (4) relative placement; and (5) relationship of child in care with parents. The following table lists the items reviewed under this outcome and their evaluation criteria.

Item		Evaluation Criteria
7	**Placement with siblings**	Determine if concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.
8	**Visiting with parents and siblings in foster care**	Determine if concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.
9	**Preserving connections**	Determine if concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, language, extended family, tribe, school, and friends.
10	**Relative placement**	Determine if concerted efforts were made to place the child with relatives when appropriate.
11	**Relationship of child in care with parents**	Determine whether concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

Permanency Item Measures

Examination of County Data

CPOE Stage 10 utilized the CFSR Round 3 on-site review instrument to assess performance on the above five items. The graph below depicts performance in addressing *Permanency Outcome 2* for PCSAs.



Public Children Services Agencies

Thus far, of the 87 PCSAs reviewed to date in CPOE Stage 10, the state continues to achieve a high level of performance for item 7 and item 9. The PCSAs continue to fluctuate in compliance with items 8, 10 and 11.

Agencies achieving compliance with Permanency Outcome 2 exhibited the following effective practices:

- Ensured the child's foster care placement was in close proximity to the home from which the child was removed. This helped facilitate child-parent visits.
- Provided transportation assistance, such as bus tokens.
- Some agencies were able to provide a stable visitation location for families, such as a visitation house, a community church, or a visitation facility within the agency. This allowed flexibility in the visitation schedule so that employed parents had an opportunity to visit before or after work.
- Provided flexibility with the visitation site and would meet at a location in the community that was more accessible for the parent.
- Unsupervised visits between the child and parent were within the community or in the home of a relative.
- Ensured that visits were held at least weekly.
- Concerted efforts were made to place siblings together.
- Concerted efforts were made to place children with relatives and provide kinship support.
- Encouraged parental involvement in activities outside of the parent/child visit, including medical appointments for the child or extra-curricular activities.

IV-E Courts

Of the applicable IV-E Court cases reviewed, courts achieved a high level of compliance with item 7 (100 percent), item 8 (92 percent) and item 10 (94 percent). Item 9 and item 11 were the most challenging due to court personnel's understanding of their role with the youth and the family.

C. Well-Being
Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

WELL-BEING OUTCOMES

There are no data indicators used to determine compliance with the three Well-Being Outcomes. CPOE Stage 10 data were used to assess performance on: Well-Being Outcome 1: *Families have enhanced capacity to provide for their children's needs*; Well-Being Outcome 2: *Children receive appropriate services to meet their educational needs*; and Well-Being Outcome 3: *Children receive adequate services to meet their physical and mental health needs.*

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Well-Being Item Measures

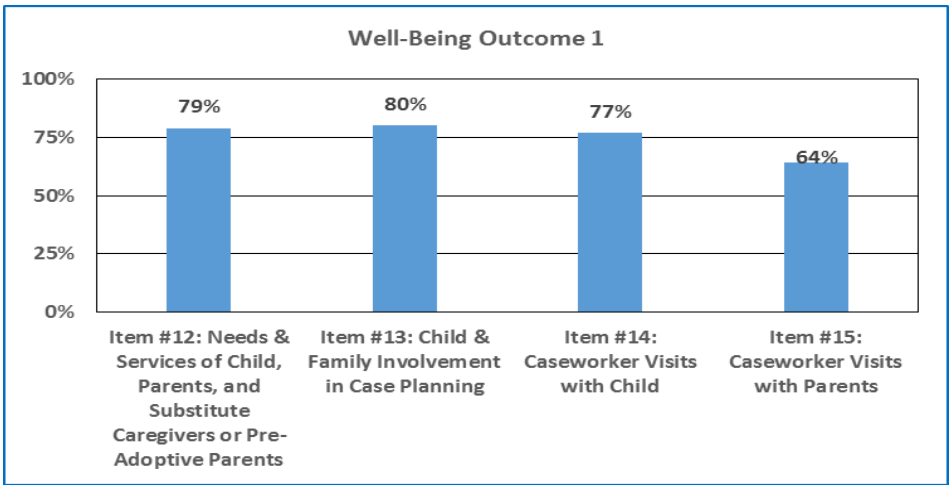
The following well-being item measures constitute Well-Being Outcome 1. These items were reviewed during CPOE Stage 9 and continued to be reviewed during CPOE Stage 10.

Item		Evaluation Criteria
12	**Needs and services of child, parents, foster parents**	Determine if concerted efforts were made to assess the needs of children, parents, and substitute caregivers or pre-adoptive parents at entry into foster care or on an ongoing basis to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provide appropriate services.
13	**Child and family involvement in case planning**	Determine if concerted efforts were made to involve parents and children in the case planning process on an ongoing basis.
14	**Caseworker visits with child**	Determine whether the frequency and quality of visits between caseworkers and the child in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals.

Item		Evaluation Criteria
15	**Caseworker visits with parents**	Determine whether the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

Public Children Services Agencies

Results from CPOE Stage 10 thus far showed a decline in performance when compared with CPOE 9 results for item 17 and item 14. A slight level of improvement occurred in item 15, while the performance level for item 18 remained the same. PCSAs continue to have difficulty achieving *Well-Being Outcome 1.* The following graph depicts results for each item measure within *Well-Being Outcome 1.*

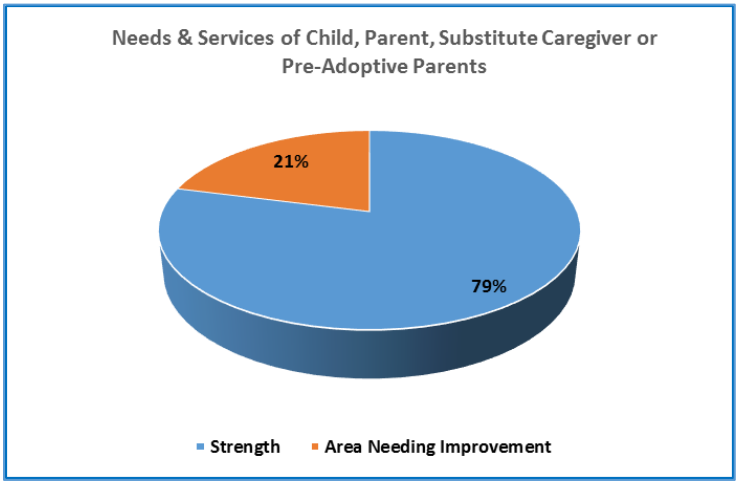


The courts' performance for Well-Being Outcome 1 will be presented under each of the items discussed below.

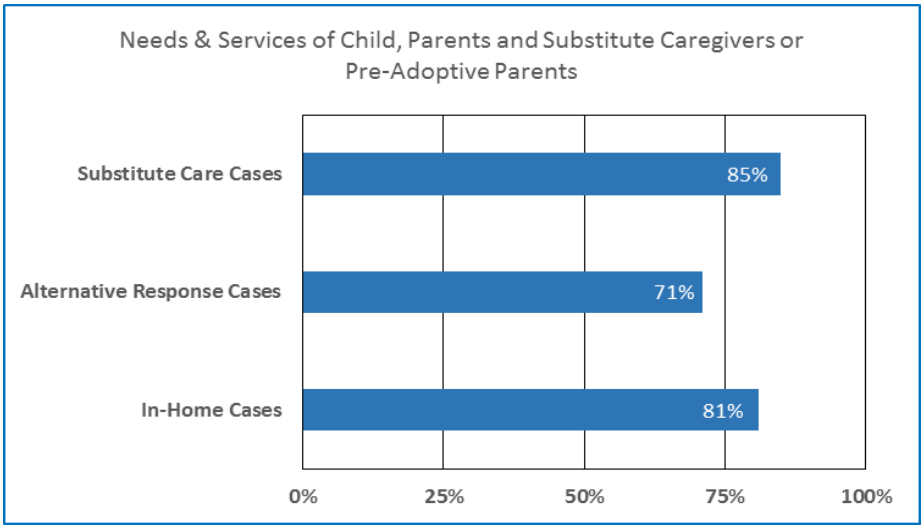
Item #12: Needs and services of child, parents, and substitute caregivers or pre-adoptive parents

Public Children Services Agencies

CPOE Stage 10 results to date indicate that 1,045 cases were applicable for a review of this item. As depicted in the graph below, 79 percent of the applicable cases (829 cases) were rated as a Strength, and 21 percent (216 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care Cases revealed that 81 percent of the In-Home cases (246 cases) were rated as a Strength; 71 percent of the Alternative Response cases (255 cases) were rated as a Strength; and 85 percent of the Substitute Care cases (328 cases) were rated as a Strength.



PCSAs where cases reviewed for this item were rated as a Strength had one or more of the following effective practices in place:

- Agencies assessed the needs of children and provided or arranged for appropriate services.
- Needs were assessed for children as part of the CAPMIS Family Assessment, Case Reviews, Semiannual Administrative Reviews, and re-assessed informally during regular visits with children. This was confirmed by several youth and foster parents interviewed during CPOE.
- Parents' needs were assessed during Family Team Meetings.
- Collaboration among community service providers helped to ensure the service needs of families and children coming to the attention of the children services agency were addressed.

- Foster caregivers' needs were assessed and services provided as reported by foster caregivers during interviews. It was noted that during home visits, workers discussed the child's needs and available services to assist caregivers.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Fathers' needs were not assessed although they were living in the home.
- Fathers' needs were assessed; however, no services were provided.
- Parents had identified service needs, and there was no follow-up by the agency.
- For in-home and alternative response cases, agencies did not assess needs of all children in the home.
- Service needs of children were identified by others rather than asking children/youth directly what their service needs were.
- No indication the agency contacted services providers to determine case progress.

IV-E Courts

Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 73 applicable cases for review. Of the 73 applicable cases reviewed, 71 percent of the cases were rated as a Strength. The following effective practices were noted during the reviews:

- Prior to a child's removal, court staff assessed whether the removal was necessary to ensure the child's safety and the safety of the community.
- Services were provided immediately following court ordered removals.
- Services were provided which met the unique needs of the child and ensured the child's safety.
- Concerted efforts were being made to reunify children and arrange for appropriate services aimed at preventing re-entry into care.
- Provided services to parents/kin to support reunification.

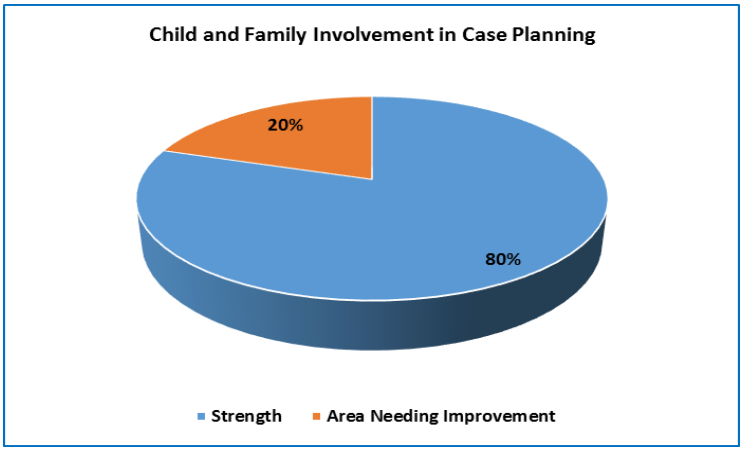
Cases noted as an Area in Need of Improvement were due to the following findings:

- Service needs for parents and other children remaining in the home were not assessed, nor were services provided to them.

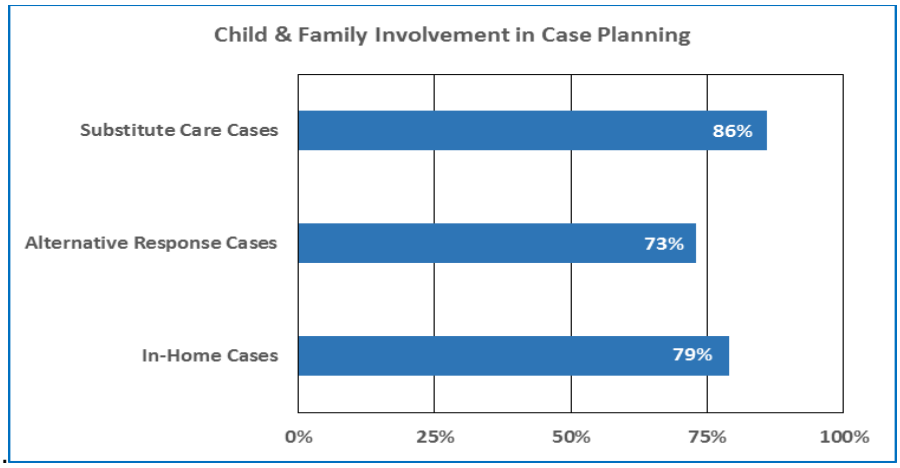
Item #13: Child and Family Involvement in Case Planning

Public Children Services Agencies

Of the 1,052 cases reviewed, 914 cases were applicable for review. As depicted in the graph below, (80) percent of the applicable cases (733 cases) were rated as a Strength, and 20 percent (181 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 79 percent of the In-Home cases (236 cases) were rated as a Strength; 73 percent of the Alternative Response cases (195 cases) were rated as a Strength; and 86 percent of the Substitute Care cases (302 cases) were rated as a Strength.



The following effective practices were evident in cases reviewed for this item which were rated as a Strength:

- Agencies were developing Case Plans with families during Family Team Meetings or Family Conferences.
- Case Plans were amended frequently to reflect changes as they occurred.
- Agencies invited parents with known addresses to Semiannual Administrative Reviews through letters sent to parents as well as providing verbal notifications during contacts with parents.
- Mothers, step-fathers, custodial fathers were invited to participate in case planning, Family Team Meetings and Semiannual Administrative Reviews. Interviews conducted with mothers and fathers during the CPOE review indicated they had been an active participant in development of the Case Plan during Family Team Meetings. Parents were able to provide input into the types of services needed.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Case Plans were not always developed with the involvement of the parents and the child, if appropriate. During interviews with case participants, it was noted that they had little contact with the worker; Case Plans were already presented to them with services, and agencies were already looking for relatives to care for their children instead of working with them.
- Case Plans were not individualized for the child and parents and did not address risk contributors.
- Case record reviews and Semiannual Administrative Reviews were not completed timely or with the involvement of the child and the family.

IV-E Courts

Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 73 applicable cases for review. Of the 73 applicable cases reviewed, 88 percent of the cases were rated as a Strength. The following effective practices were noted during the reviews:

- Children that had come into the court's custody had first been presented in a clinical cluster involving service providers in the county system. As such the parents had the opportunity to participate in and help design the treatment plan for the child.
- Courts were making concerted efforts to involve both the youth and the family in the case planning process on an ongoing basis. Staff noted their current practice is to conduct a case plan development meeting at the onset of a case with a family and then meet routinely throughout the life of a case to discuss case plan progress.
- During monthly visits with youth, discussions occur on case plan services, progress made, and how they are applying what is learned in services to their everyday lives. Youth that are fourteen years and older are participating in Independent Living Services.
- A case plan development meeting was held in which input from the child and parents was ascertained. The Service Plan meeting notes were journalized with the court monthly.

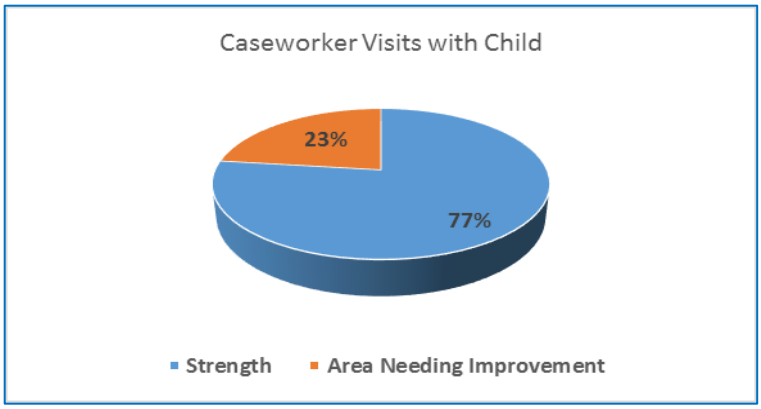
Cases noted as an Area in Need of Improvement were due to the following findings:

- Families were not involved in case planning, particularly the fathers.
- Youth did not have independent living plans.

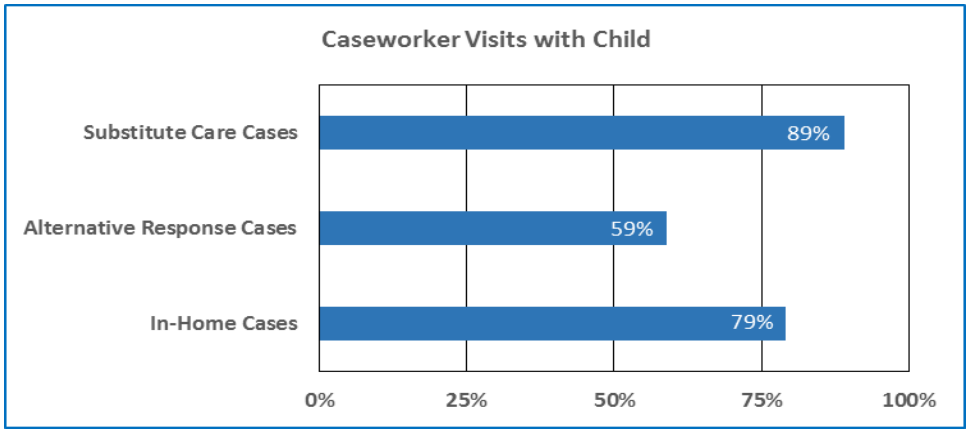
Item # 14: Caseworker visits with child

Public Children Services Agencies

As of this date, 975 cases were applicable for review of this item during CPOE Stage 10. As depicted in the graph below, 77 percent of the applicable cases (749 cases) were rated as a Strength, and 23 percent (226 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 79 percent of the In-Home cases (236 cases) were rated as a Strength; 59 percent of the Alternative Response cases (172 cases) were rated as a Strength; and 89 percent of the Substitute Care cases (385 cases) were rated as a Strength. The following graphic depicts the results for review of item 14 by case type.



PCSAs where cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Agency staff made monthly visits with children in their homes or in their substitute care setting. Documentation indicates the quality of the visits was sufficient to address and assess issues pertaining to safety, permanency, and well-being as well as case goals, as appropriate to the age and functioning level of the children.
- Based upon conversations with youth and substitute caregivers, workers were assessing the youths' safety in the placement setting during monthly visits.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Visits with children were not always conducted by the agency that had full responsibility for case planning and case management of the child's case.
- Frequency of visits between the caseworker and the child was not sufficient to address issues pertaining to the safety, permanency or well-being of the child and promote achievement of case goals.
- Missing documentation of visits.

- Caseworker visits for In-Home cases focused on the identified victim and not all children in the home.

IV-E Courts

Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 72 applicable cases for review. Of the 72 applicable cases reviewed, 79 percent of the cases were rated as a Strength. The following effective practices were noted during the reviews:

- Caseworker visits were regular often exceeding the guidelines.
- Contact was regular and meaningful.
- Visits are occurring monthly in the placement setting and discussions occur on progress on case plan services, visitation and their relationship with their parents, education and medical needs/treatment and how they are applying what is learned to everyday life.
- There was thorough documentation in the case files of conversations between the caseworker and the child.

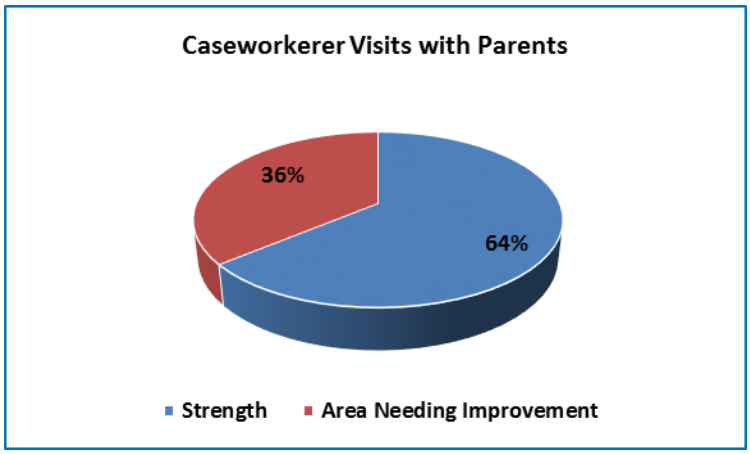
Cases noted as an Area in Need of Improvement were due to the following findings:

- No documentation of worker visits with the youth.
- Caseworker did not visit youth on a regular basis.

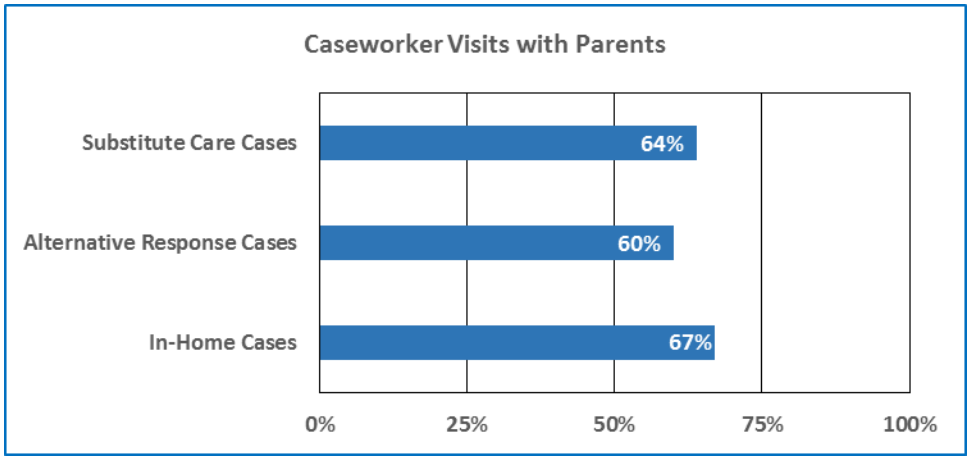
Item # 15: Caseworker visits with parents

Public Children Services Agencies

Partial results from CPOE Stage 10 indicated there were 975 cases applicable for review for this item. As depicted in the graph below, 64 percent of the applicable cases (559 cases) were rated as a Strength, and 36 percent (316 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 67 percent of the In-Home cases (199 cases) were rated as a Strength; 60 percent of the Alternative Response cases (166 cases) were rated as a Strength; and 64 percent of the Substitute Care cases (194 cases) were rated as a Strength.



PCSAs where cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Visits were more frequent than monthly to work with parents on achievement of their Case Plan goals and to assess service needs.
- Completed home visits outside of traditional business hours in order to assure the safety of the children and monitor Case Plan progress.
- Visits with mothers, fathers and legal custodians were made at least monthly, and case activity logs contained detailed information related to the specific progress made on Case Plan objectives.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Workers did not work flexible work hours so visits could be made with working parents.
- Fathers and/or non-custodial parents (mothers, fathers, and legal custodian) were not visited.
- There was poor documentation regarding what occurred during visits with the parents.
- No attempts were made to contact parents again if they were not home for the caseworker visit.

IV-E Courts

Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 71 applicable cases for review. Of the 71 applicable cases reviewed, 42 percent of the cases were rated as a Strength. The following effective practices were noted during the reviews:

- Caseworker visits were regular often exceeding the guidelines.
- Contact was regular and meaningful.

- Visits are occurring monthly.
- There was thorough documentation in the case files of conversations between the caseworker and the parents.
- The probation officer visited with the parents at the treatment center monthly, and completed an additional visit every other month in the family's home.

Cases noted as an Area in Need of Improvement were due to the following findings:

- No documentation of worker visits with the parents.
- Caseworker did not visit parents on a regular basis.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Well-Being item measure 16 is reviewed during CPOE to assess compliance with Well-Being Outcome 2.

Item		Description
16	**Educational needs of the child**	Determine if concerted efforts were made to assess children's educational needs at the initial contact with the child and whether identified needs were appropriately addressed in case planning and case management activities.

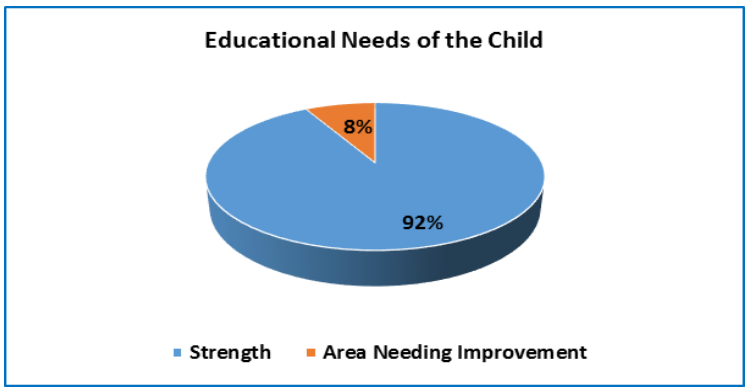
Well-Being Item Measure

Examination of County Data

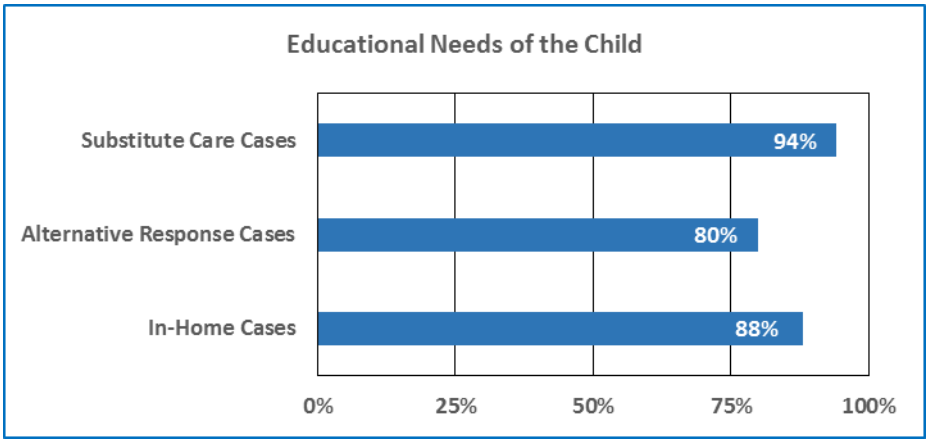
Item #16: Educational needs of the child

Public Children Services Agencies

Results from 87 counties reviewed to date during CPOE Stage 10 indicated that 407 cases were applicable for review of this item. As depicted in the graph below, 92 percent of the applicable cases (373 cases) were rated as a Strength, and 8 percent (34 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 88 percent of the In-Home cases (56 cases) were rated as a Strength; 80 percent of the Alternative Response cases (36 case) were rated as a Strength; and 94 percent of the Substitute Care cases (281 cases) were rated as a Strength. The following graphic depicts the results for review of item 16 by case type.



PCSAs where cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Educational needs of the child/youth were discussed during regular Family Team Meetings.
- Assisted parents in participating in IEP meetings.
- Foster parents reported during interviews that they attended all educational meetings and shared the information with agency staff.
- Consistently monitored child's progress in school with regular contacts made with the school.
- Updated and reviewed education progress during Semiannual Administrative Reviews.
- Caseworkers attended IEP meetings.
- Documented phone conversations with teachers.
- Obtained all school records.
- When maltreatment had impacted children's school performance, agencies appropriately addressed their educational needs.

Cases rated as an Area Needing Improvement were a result of the following findings:

- No documentation that educational assessments were conducted.
- The JFS 01443 educational section was not being updated at every Semiannual Administrative Review.
- Cases were missing Multi-Factor Evaluations and/or Individualized Education Plans.

IV-E Courts

Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 72 applicable cases for review. Of the 72 applicable cases reviewed, 92 percent of the cases were rated as a Strength. The following effective practices were noted during the reviews:

- The child's educational needs were met through residential placement.
- Cases contained the child's educational assessment, report cards, and Individualized Education Plans.
- Services were provided to meet the educational needs of the child.

Cases noted as an Area in Need of Improvement were due to the following:

- No documentation of the educational needs of the youth was contained in the file.
- Educational information was not being updated.

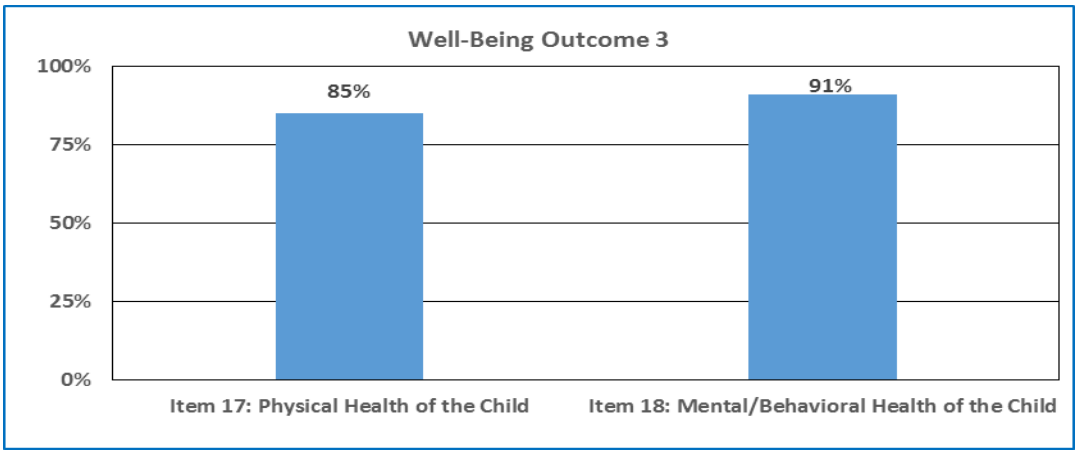
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

During CPOE Stage 10, the following two well-being item measures for Well-Being Outcome 3 were reviewed.

Item		Evaluation Criteria
17	**Physical health of child**	Assess whether the agency addressed the physical health needs of the child, including dental health needs.
18	**Mental/behavioral health of the child**	Assess whether the agency addressed the mental/behavioral health needs of the child.

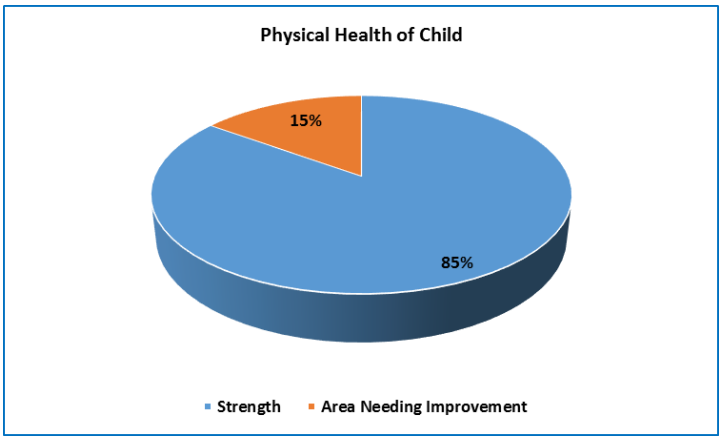
Public Children Services Agencies

Partial results for CPOE Stage 10 reveal that there has been a slight drop in PCSA performance in addressing the physical health care needs of children and mental/behavioral health care needs of children when compared to the results from CPOE Stage 9. The following graph depicts results for *Well-Being Outcome 3.*

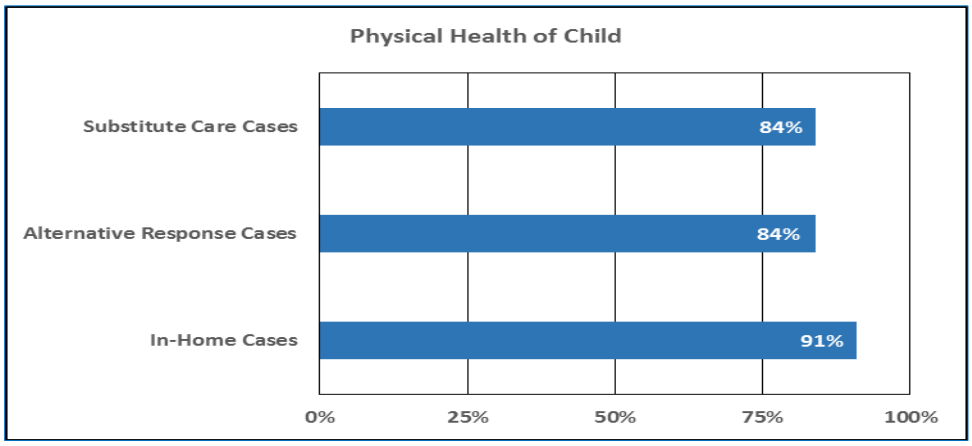


Item #17: Physical health of child

Partial results of CPOE Stage 10 indicated that of the 538 cases were applicable for review for item 17. As depicted in the graph below, 85 percent of the applicable cases (456 cases) were rated as a Strength, and 15 percent (82 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 91 percent of the in-home cases (81 cases) were rated as a Strength; 84 percent of the Alternative Response cases (56 cases) were rated as a Strength; and 84 percent of the Substitute Care cases (319 cases) were rated as a Strength.



PCSAs where cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Children in substitute care were receiving regular health screenings, dental and vision examinations, immunizations and follow-up treatment.
- Frequent contacts were made with medical providers and documented.
- Agencies ensured youth participation in services to address the health issues identified through assessments.
- When the physical health needs of the children were a factor in agency involvement with the family, health care needs were assessed and services provided.

Cases rated as an Area Needing Improvement were a result of the following findings:

- Missing or delayed medical appointments for children in agency custody.
- No indication agency had assessed health care needs or dental care needs of the child and provided services.
- Lack of follow-up with doctor or pediatrician regarding the ongoing health of infants who tested positive for drugs at birth.
- The medical section of the JFS 01443, *Child's Education and Health Information,* was not reviewed and updated.

IV-E Courts

Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 70 applicable cases for review. Of the 70 applicable cases reviewed, 83 percent of the cases were rated as a Strength. The following effective practices were noted during the reviews:

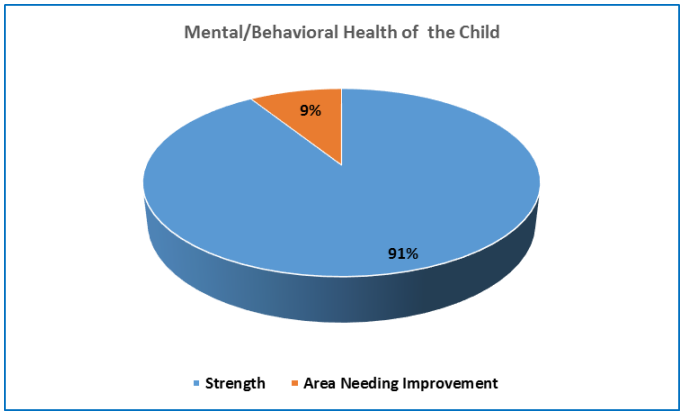
- Documentation in the case record detailed medical and dental health screenings that were completed and follow up care that was recommended/provided.
- Placement setting was meeting the physical and dental health needs of youth.

Cases noted as an Area in Need of Improvement were due to the following findings:

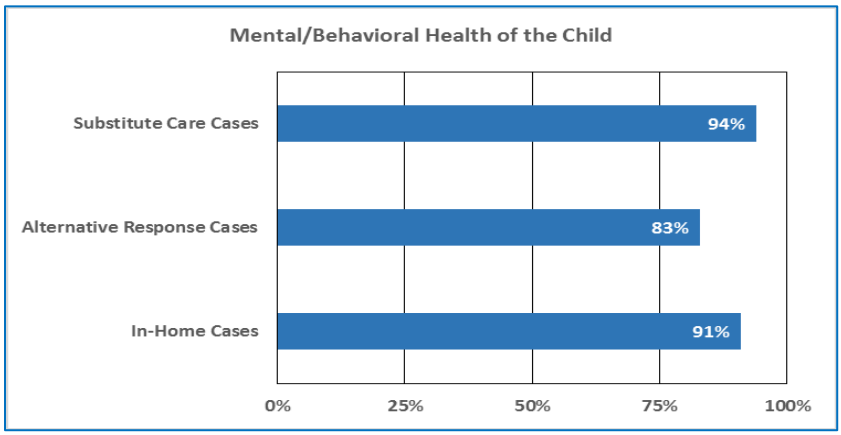
- Records did not contain documentation of required medical evaluations.
- Records did not contain required dental exams.

Item #18: Mental/behavioral health of the child

Partial results from CPOE Stage 10 indicated that 410 cases were applicable for review of item 18. As depicted in the graph below, 91 percent of the applicable cases (375 cases) were rated as a Strength, and 9 percent (35 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, Alternative Response cases and Substitute Care cases revealed that 91 percent of the In-Home cases (92 cases) were rated as a Strength; 83 percent of the Alternative Response cases (64 cases) were rated as a Strength; and 94 percent of the Substitute Care cases (219 cases) were rated as a Strength. The following graphic depicts the results for review of Item 18 by case type.



PCSAs where cases reviewed for this item were rated as a Strength had the following effective practices:

- Assessments were made of the mental health needs of children, and services were immediately provided.
- Invited service providers to Semiannual Administrative Reviews.
- Mental/behavioral health needs of children involved in in-home cases were assessed, and services designed to address these needs were documented in the case record.
- Provider reports and documentation of the agency's contact with the service provider were evident in case records.

Cases rated as an Area Needing Improvement were a result of the following findings:

- Lack of written service provider reports and follow-up with providers.
- Needed services for the child were identified in the assessment, but either services were not planned to address the need on the Case Plan, or there was no follow up to ensure that services were being provided.

IV-E Courts

Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 71 applicable cases for review. Of the 71 applicable cases reviewed, 93 percent of the cases were rated as a Strength. The following effective practices were noted:

- Psychological Assessments were conducted on youth.
- Probation officers were providing appropriate oversight of psychotropic medication.
- Documentation was in the files on mental health counseling received by youth.
- Case records included detailed records regarding mental health services being rendered.

Cases noted as an Area in Need of Improvement were due to the following findings:

- The file did not contain service provider records to detail service progress.
- Monitoring of psychotropic medication did not occur.

Section IV: Assessment of Systemic Factors
Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at http://www.acf.hhs.gov/programs/cb), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

> Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

Overview

Ohio's SACWIS is a web-based system that is available to users 24 hour per day, 7 days per week. The system has recently been upgraded, as of March 2016, with responsive design capability to enable the application to adapt to the device that is being used to access the system. These features allow Ohio's SACWIS to be accessed at any time or location based upon the needs of the user. Ohio's SACWIS is used by all 88 Public Children Services Agencies (PCSAs), approximately 81 Private Child Placing Agencies (PCPAs), Department of Youth Services (DYS) Title IV-E program, and 36 Title IV-E Juvenile Courts. The information in Ohio's SACWIS is available across county and agency jurisdictions. This availability of information allows case workers to use prior history to inform decisions needed to keep children safe. The agency that has primary responsibility for a case may restrict access to a case if determined necessary. Examples include cases that contain sensitive information such as a media case or, in some instances, case information related to an employee.

While all PCPAs currently have limited access (they may enter activity logs in the child's case record as well as foster/adoptive parent trainings to process reimbursements), the SACWIS team is making progress on an initiative to roll out expanded access to the PCPAs and enable access to directly enter demographic or home study/licensing information. Currently 63 out of the 93 PCPAs are able to record the additional information in SACWIS. State staff members at ODJFS assist with entering information for PCPAs that have not yet implemented the expanded home study access.

Ohio Administrative Code 5101:2-33-70 states that the *"PCSA shall enter and update information in SACWIS each work day or as information becomes available."* Ohio's SACWIS includes several features that enable workers and supervisors to track the timeliness of information that is recorded. In many work items, including the Activity Log, the system displays the system date for when the work item was created in addition to the date the event actually occurred. Ohio's SACWIS also presents the user with ticklers and reports that may be used to manage their workload and ensure required work items are completed prior to prescribed due dates. The system includes indicators for information that is required for AFCARS and provides an exception report to help agency administrators locate areas where information is deficient. The timeliness of data entry into Ohio's SACWIS is also reviewed as part of the CPOE process. Accuracy of Race and Ethnicity data is also reviewed during MEPA monitoring reviews.

Since the federal SACWIS compliance review, held the week of August 11, 2014, the SACWIS team has been involved in significant system improvement efforts in the following areas: SACWIS system performance/connectivity; continuing work on AFCARS corrective action items;

developing Phase II of an interface with Ohio's Integrated Eligibility System (Ohio Benefits); continued development to support the upcoming mandated child support interface; automating the fingerprint retention foster parent exchange process in collaboration with the Ohio Attorney General's Office; testing and implementing the replacement of the Optimal J code generator; creating streamlined additional mobile functionality to support field work activities; research and development to improve the intake module usability; reviewing counties' payment processing to allow for financial reconciliation and providing functionality to enable document imaging/management.

SACWIS projects and schedule are reviewed regularly with ACF through the Advance Planning Document Update process which is due annually on October 1. The SACWIS team implements deployments every 6-8 weeks to keep pace with changing policies, rules and county requests. Ohio partners with vendor staff to ensure SACWIS is adequately supported.

SACWIS Data

The tables on the following pages demonstrate that Ohio's statewide information system is able to identify the status, demographics, location and goals for the placement of all children in foster care. (Note: All tables are based on October 27, 2016 SACWIS data.)

Children in Foster Care 10/1/2015 - 9/30/2016		
Basic Information		
Agency	**Frequency**	**Percent**
Adams County Children Services Board	121	0.48
Allen County Children Services Board	200	0.80
Allen County Juvenile Court	2	0.01
Ashland County Department of Job and Family Services	142	0.57
Ashtabula County Children Services Board	347	1.39
Ashtabula County Juvenile Court	6	0.02
Athens County Children Services Board	177	0.71
Auglaize County Department of Job and Family Services	11	0.04
Belmont County Department of Job and Family Services	77	0.31
Belmont County Juvenile Court	13	0.05
Brown County Department of Job and Family Services	144	0.58
Butler County Children Services	649	2.59
Carroll County Department of Job and Family Services	12	0.05
Champaign County Department of Job and Family Services	23	0.09
Clark County Department of Job and Family Services	187	0.75
Clark County Juvenile Court	10	0.04
Clermont County Department of Job and Family Services	367	1.47
Clermont County Juvenile Court	28	0.11
Clinton County Job and Family Services- Child Protection Unit	88	0.35
Columbiana County Department of Job and Family Services	121	0.48
Columbiana County Juvenile Court	2	0.01
Coshocton County Job & Family Services	44	0.18
Crawford County Department of Job and Family Services	104	0.42
Cuyahoga County Division of Children and Family Services	2905	11.61

Children in Foster Care 10/1/2015 - 9/30/2016		
Basic Information		
Agency	Frequency	Percent
Cuyahoga County Juvenile Court	211	0.84
Darke County Department of Job and Family Services	54	0.22
Defiance County Department of Job and Family Services	65	0.26
Delaware County Department of Job and Family Services	67	0.27
Erie County Department of Job and Family Services	182	0.73
Erie County Juvenile Court	1	0.00
Fairfield County Department of Job and Family Services	305	1.22
Fairfield County Juvenile Court	3	0.01
Fayette County Department of Job and Family Services	84	0.34
Franklin County Children Services Board	4221	16.87
Fulton County Department of Job and Family Services	23	0.09
Gallia County Children Services Board	28	0.11
Gallia County Juvenile Court	5	0.02
Geauga County Department of Job and Family Services	111	0.44
Greene County Department of Job & Family Services	243	0.97
Greene County Juvenile Court	6	0.02
Guernsey County Children Services Board	87	0.35
Guernsey County Juvenile Court	11	0.04
Hamilton County Department of Job and Family Services	2848	11.38
Hamilton County Juvenile Court	165	0.66
Hancock County Job and Family Services	78	0.31
Hardin County Department of Job and Family Services	36	0.14
Hardin County Juvenile Court Agency	3	0.01
Harrison County Department of Job and Family Services	67	0.27
Harrison County Juvenile Court	3	0.01
Henry County Department of Job and Family Services	46	0.18
Highland County Job & Family Services- Children Services	227	0.91
Hocking County Children Services Board	69	0.28
Holmes County Department of Job and Family Services	28	0.11
Holmes County Juvenile Court	2	0.01
Huron County Department of Job and Family Services	39	0.16
Jackson County Department of Job and Family Services	74	0.30
Jefferson County JFS- Children Services Division	114	0.46
Jefferson County Juvenile Court	14	0.06
Knox County Department of Job and Family Services	71	0.28
Lake County Department of Job and Family Services	150	0.60
Lawrence County Department of Job and Family Services	82	0.33
Licking County Department of Job and Family Services	560	2.24
Licking County Juvenile Court	4	0.02
Logan County Children Services Board	63	0.25
Logan County Family Court	1	0

Children in Foster Care 10/1/2015 - 9/30/2016		
Basic Information		
Agency	**Frequency**	**Percent**
Lorain County Children Services Board	187	0.75
Lorain County Juvenile Court	57	0.23
Lucas County Children Services	1089	4.35
Lucas County Juvenile Court	10	0.04
Madison County Department of Job and Family Services	39	0.16
Mahoning County Children Services Board	273	1.09
Marion County Children Services Board	113	0.45
Medina County Department of Job and Family Services	141	0.56
Meigs County Department of Job and Family Services	47	0.19
Meigs County Juvenile Court	5	0.02
Mercer County Department of Job and Family Services	60	0.24
Miami County Children Services Board	92	0.37
Miami County Juvenile Court	13	0.05
Monroe County Department of Job and Family Services	14	0.06
Monroe County Juvenile Court	5	0.02
Montgomery County Job & Family Services	1019	4.07
Montgomery County Juvenile Court	50	0.20
Morgan County Department of Job and Family Services	24	0.10
Morrow County Department of Job and Family Services	40	0.16
Multi-County Juvenile Attention System	22	0.09
Muskingum County Children Services Board	232	0.93
Muskingum County Juvenile Court	2	0.01
Noble County Department of Job and Family Services	25	0.10
Ohio Department of Youth Services	8	0.03
Ottawa County Department of Job and Family Services	51	0.20
Ottawa County Juvenile Court	1	0.00
Paulding County Department of Job and Family Services	18	0.07
Perry County Children Services Board	107	0.43
Pickaway County Department of Job and Family Services	75	0.30
Pike County Children Services Board	93	0.37
Portage County Department of Job and Family Services	310	1.24
Preble County Department of Job and Family Services	171	0.68
Putnam County Department of Job and Family Services	13	0.05
Richland County Children Services Board	117	0.47
Ross County Job and Family Services, Children's Division	211	0.84
Ross County Juvenile Court	16	0.06
Sandusky County Department of Job and Family Services	81	0.32
Scioto County Children Services Board	287	1.15
Seneca County Department of Job and Family Services	15	0.06
Shelby County Department of Job and Family Services	42	0.17
Stark County Job and Family Services	694	2.77
Stark County Juvenile Court	6	0.02
Summit County Children Services	1547	6.18

Children in Foster Care 10/1/2015 - 9/30/2016		
Basic Information		
Agency	**Frequency**	**Percent**
Summit County Juvenile Court	11	0.04
Trumbull County Children Services Board	286	1.14
Trumbull County Juvenile Court	1	0.00
Tuscarawas County Job and Family Services	174	0.70
Union County Department of Job and Family Services	83	0.33
Van Wert County Department of Job and Family Services	5	0.02
Vinton County Department of Job and Family Services	56	0.22
Warren County Children Services	290	1.16
Warren County Juvenile Court	2	0.01
Washington County Children Services Board	113	0.45
Wayne County Children Services Board	209	0.84
Williams County Department of Job and Family Services	69	0.28
Wood County Dept. JFS	66	0.26
Wood County Juvenile Court	2	0.01
Wyandot County Department of Job and Family Services	8	0.03
TOTAL	**25,028**	**100**

Placement Type		
Placement	**Frequency**	**Percent**
Adoptive Placement - AP	1983	7.92
Certified Approved Non Relative	917	3.66
Certified/Approved Relative -CAR	5945	23.75
Certified Children's Residential Center-CRC	2621	10.41
Certified Emergency Shelter Care Facility - ESC	51	0.20
Certified Foster Home	11808	47.18
Certified Group Home - GH	1119	4.47
Detention Facility - DET	132	0.53
Independent Living - IL	379	1.51
Licensed Medical/Educational Facility - MEF	56	0.22

Placement Type		
Placement	**Frequency**	**Percent**
Own Home	5	0.02
Residential Parenting Facility - RPF	12	0.05
TOTAL	**25,028**	**100**

Permanency Goal		
Goal	**Frequency**	**Percent**
Adoption	4642	19.46
Independent Living	2	0.01
Independent Living/Emancipation	892	3.74
Maintain in own home; prevent removal	4930	20.67
Permanent Placement with Relative	1297	5.44
Placement of child(ren) in a planned, permanent living arrangement, excluding adoption (PPLA)	639	2.68
Return the child(ren) to parent/guardian/or custodian (Reunification)	11453	48.01
TOTAL	**23,855**	**100**

Frequency Missing=1,173[1]

[1] Missing data in the report reflect cases in which a permanency goal was not established, most frequently due to the fact that a case plan was not required. The report utilized to generate the data includes any child in custody for more than 24 hours. However, AFCARS does not require a case plan goal to be developed unless a child is in care for 30 days or more; therefore, the majority of children who exit care within a short period of time do not have a case plan or permanency goal. For context, Ohio's foster care discharge data for FFY 2016 reflects that 1,416 children exited foster care after being in care for less than one month (out of 10,824 discharges during the FFY).

Oldest Age		
Oldest Age	**Frequency**	**Percent**
0	1779	7.11
1	2017	8.06
2	17.58	7.02
3	1427	5.70
4	1313	5.25
5	1247	4.98
6	1167	4.66
7	1155	4.61
8	1041	4.16
9	998	3.99
10	920	3.68
11	871	3.48
12	835	3.34
13	1002	4.00
14	1152	4.60
15	1519	6.07
16	1591	6.36
17	1680	6.71
18	1195	4.77
19	199	0.80
20	112	0.45

Oldest Age		
Oldest Age	**Frequency**	**Percent**
21	47	0.19
22	2	0.01
TOTAL	**25,027**	**100**

Frequency Missing=1

Gender		
Gender	**Frequency**	**Percent**
Female	11,823	47.25
Male	13,200	52.75
TOTAL	**25,023**	**100**

Frequency Missing=5

Single Race		
Race	**Frequency**	**Percent**
AMERICANINDIAN	17	0.07
ASIAN	43	0.17
BLACKAFRICANAMERICAN	7688	30.78
DECLINED	3	.01
MULTIALLUNKNOWN	18	0.07
MULTIPLE	2926	11.72
NATIVEHAWAIIAN	0	0.00
OTHERPACIFICISLANDER	16	0.06
UNDETERMINED	42	0.17
UNKNOWN	62	0.25
WHITE	14,161	56.70
TOTAL	**24,976**	**100**

Frequency Missing=52

Stakeholder Feedback

SACWIS has many stakeholders including PCSAs, PCPAs, IV-E Juvenile Courts, ACF and state users (monitoring, policy, quality improvement and financial staff). A brief overview of feedback venues is described below:

- SACWIS Surveys – SACWIS leadership provides users with the opportunity to give feedback on the usability of specific functionality changes as well as project priorities. Surveys are typically administered approximately every 18 months to coincide with the state's budget cycle/request and as needed for functionality upgrades.

- PCSAO Directors' Meetings – Breakout groups generally include SACWIS topics and

metro agency directors provide feedback on functionality needs/use.

- Private Agency Council – Focus group of 18 Private Child Placement Agencies that review system functionality and guide planning for system changes to support private agencies. The group meets monthly. This group was involved in the planning process for the Private Agency - Phase II initiative referenced above.

- IV-E Juvenile Court Roundtable Meetings – Group meets twice annually to discuss changes in policy and procedure and facilitate an open dialogue between the Office of Families and Children and the IV-E Juvenile Court agencies. SACWIS representatives present, answer questions and gather feedback as a part of the agenda at every Roundtable meeting.

- Build Calls – The SACWIS team implements build calls for each release to review functionality and respond to concerns/questions from users.

- CQI Workgroups – Targeted focus groups that suggest changes to support CQI priorities and system improvements; the CQI Advisory Team meets quarterly to review advancements in focus group activities.

- Partners for Ohio's Families Regional Teams – Teams meet regularly; SACWIS technical assistance has been provided during scheduled group sessions, and SACWIS members have taken back feedback for incorporation in development work/deployment planning.

- Protect Ohio – Ohio's participating counties frequently recommend SACWIS changes to ensure the system supports the fidelity of program interventions; the group meets monthly.

- Ohio Child Welfare Training Program "OCWTP" Supervisory Manager Report Work Group – A group of child welfare managers has partnered with the OCWTP program and SACWIS to develop online day to day management reports in SACWIS. The group recommends reports that are implemented and reviewed with the group quarterly.

- Permanency Round Table (PRT) – Ohio's PRT pilot workgroup meets quarterly and requests SACWIS functionality updates to assist in reporting project outcomes.

- SACWIS Webinars – Monthly Webinars were implemented to review new and existing functionality for the SACWIS user community. Users interactively provide feedback and ask questions on key areas of the application. Videos and question/answer documents are posted to the Knowledge Base after each webinar.

Summary of Item

Ohio SACWIS functions effectively and on a statewide basis. As demonstrated by the data shared in this report, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care in Ohio. Furthermore, the state continues to submit compliant AFCARS, NCANDS, NYTD, and Visitation reports in a timely manner. ODJFS has implemented real time online data quality utilities to assist counties with monitoring data quality for these federally required reports. In addition, the SACWIS system supports financial processing and enables counties to identify and correct discrepancies easily. If data corrections are not implemented, the system has validations to disallow reimbursement when data are inconsistent and/or missing.

ODJFS regularly seeks stakeholder feedback to drive system improvements. Over the last year, the following enhancements have been implemented:

- ✓ The team implemented Responsive Design functionality to allow users flexibility in accessing the system to optimize the native screen size of the specific device while in the field.

- ✓ Approximately 1041 enhancements/development items were completed in the following areas: screening/intake, case management, resource management, finance, administration, and general reporting. System enhancements were deployed based upon user feedback, rule changes, federal requests, business needs, technical dependencies and budget considerations.

- ✓ The SACWIS Team developed functionality that emails summary management reports to agency directors and other stakeholders. The *Comprehensive Visitation Summary Report* is distributed monthly. The SACWIS Team is currently working on adding additional summary management reports.

- ✓ New functionality to enable documents to be uploaded, stored and accessed via SACWIS is currently under development.

- ✓ Several new reports were deployed to improve compliance including: *Medication Detail Report, Case Reopening Report, Timeliness of Screening Decisions Report, Safety Hazard Report, Family Assessment Risk Contributor Report, Master Contract Report, Identified Fathers Report* and *Agency Safety Plan Contacts Report.*

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

> Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Overview

Ohio has four Ohio Administrative Code (OAC) rules which contain the requirements for written case plans. Listed below is a summary of these rules.

- OAC 5101:2-38-01 entitled *Requirements for PCSA case plan for in-home supportive services without court order* sets forth the requirements that apply to the public children services agencies (PCSA) for completing a case plan. The case plan is a written working agreement between the family and the PCSA which identifies the strengths of the family, concerns to be resolved and supportive services to be provided. The plan documents what each party agrees is required to address in order to enable the child to remain in the home.
- OAC 5101:2-38-05 entitled *PCSA case plan for children in custody or under protective supervision* sets forth the requirements that apply to the case plan for children in custody or under court-ordered protective supervision. The case plan is a written working agreement between the family and the PCSA which identifies the strengths of the family, concerns to be resolved and supportive services to be provided. The plan documents what each party agrees is required to address in order to ensure the safety, permanency and well-being of the child.
- OAC 5101:2-38-06 entitled *Required contents of a PCPA case plan document* sets forth the content requirements for private child placing agency (PCPA) case plans. The case plan shall include identifying information of the family and all children; any tribal affiliation; strengths of the family; concerns/expected changes/services; case plan goals; visitation plan; health and education; circumstances regarding removal of the child; appropriateness of placement; documentation of exceptions to filing a motion for permanent custody; documents efforts for permanency; signature of parent/guardian/custodian, other parties and agency representatives; a statement of how the parent/guardian/custodian participated in the development of the case plan, and if the parent/guardian/custodian did not participate in case planning an explanation of why they did not participate and how the agency solicited the family's participation in case planning.
- OAC 5101:2-38-07 entitled *PCPA case plan for children in custody or under court-ordered protective supervision* sets forth the requirements that apply to PCPA case plans for children in custody or under court-ordered protective supervision. The case plan is a written working agreement between the family and the PCPA which identifies the strengths of the family, concerns to be resolved and supportive services to be provided. The plan documents what each party agrees is required to address the family's and child's service needs and to continue to provide for safety, health, and well-being of the child. The case

plan provides overall structure to the casework process and provides an instrument to evaluate case progress and accountability of participants.

These rules have been updated to comply with the changes as a result of the *Preventing Sex Trafficking and Strengthening Families Act* (P.L. 113-183).

Ensuring Case Plan Development

Ohio utilizes a variety of methods to ensure each child and family has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. These methods include OAC rules, the SACWIS system, required training on the case plan for all new caseworkers and supervisors and regular monitoring of agencies in the form of CPOE reviews. Many agencies at the local level also have continuous quality improvement staff (CQI) to self-monitor the quality of their work.

The SACWIS system provides the state with a means to assess and ensure case plan requirements are met. Data from SACWIS can be pulled to see what percentage of case plans are completed within the required timeframe. Data pulled from the SACWIS system for ongoing cases that opened between May 1, 2015 and March 30, 2016 showed that 48 percent of case plans were completed within the required timeframes. A breakdown of the data shows that for court-involved cases, 70 percent of the case plans were completed timely versus 21 percent timeliness on voluntary cases.
SACWIS staff are developing the *Case Plan Due Report* to assist agency staff in tracking due dates on case plans. SACWIS currently provides ticklers, which are alerts to workers and supervisors for when work items are coming due. A tickler is generated whenever one of the following occurs:

- Recording of a placement record
- Recording of the filing of the original complaint
- 30 days from the date of a disposition
- 60 days from the opening of a case if there is no disposition

The tickler alerts the worker of the case plan due date. The tickler escalates fifteen days before the due date to the worker's supervisor and once again to the supervisor's supervisor on the day before the due date. The following table displays the tickers that are displayed in SACWIS.

Red (three feathers)	Today's date is past the due date.
Gold (two feathers)	Today's date is past the first escalation date, but before the due date.

Green (one feather)	Today's date is before the first escalation date.

On voluntary case plans (cases with no court involvement), the system also has a tickler when the case plan is approved with no signature information captured. This tickler remains until the user enters at least one required signature into the case plan. The tickler system is in the process of being enhanced.

As the case plan is completed in SACWIS, the system ensures all the required provisions are included before the user can mark the plan as completed. The sections of the case plan include:

- Identifying Information
  - Children participating in the case plan
  - Each child's permanency goal
  - Adults participating in the case plan
  - If the plan could not be completed within the timeframes, the justification is listed here.
- Strengths and Concerns
  - Strengths based on the family assessment are listed here for each member of the plan.
  - Concerns based on the family assessment are listed. In addition to listing the concerns, the case plan team develops activities and services that case plan members must complete in order to reduce the risk and address safety issues of the children. The agency must also detail the agency's role in assisting the family as well as detail how and when the family's progress will be measured.
- Placement Information (only required for children in agency custody)
  - Setting –the agency must detail the reasons why the child cannot be in a less restrictive placement setting, including the child's own home. Each least restrictive placement must be addressed, and the system determines which to require based on the child's current placement setting.
  - The system lists the date the health and educational information was completed by the agency.
  - Placement – the agency must answer the following questions:
    - How was it determined this was a safe and appropriate environment for the child?
    - How will the placement meet the best interest of the child?
    - How will the placement meet the special needs of the child?
    - How will the placement meet the case plan goals of the child?
    - What is the proximity of the placement to the parent, guardian and custodian? What transportation problems might create obstacles to visitation? How will the agency resolve these obstacles?
    - When selecting a substitute care placement setting, describe how the agency considered proximity to the school in which the child was enrolled prior to placement?
    - Is this an out-of-state placement?
- Visitation Plan (only required for children in agency custody)
  - Agency must complete a visitation plan that includes visits between the child, parents and any siblings not living with the child.
- Caregiver Services (only required for children in agency custody)
  - The agency must link services it will provide to the caregiver.

- Exception Information (only required for children in agency custody)
    - For children who have been in temporary custody of the agency for 12 or more of the past 22 consecutive months and the agency has made a determination not to seek termination of parental rights, the agency must document the reasons by answering the following:
        - Document the compelling reasons for determining the termination of parental rights would not be in the best interest of the child.
        - Document the reason for determining that the termination of parental rights shall not be pursued because the agency has not provided the child's parent, guardian or custodian or the child with services outlined in the case plan which were deemed necessary for the safe return of the child to the child's home.
- Permanency Information (only required for children in permanent custody or PPLA)
    - The agency must document the steps taken to find an adoptive home, relative, legal guardian or other permanent placement for the child.
    - If in permanent custody, the agency can also detail recruitment activities performed by the agency to locate an adoptive home as well as the outcomes of those activities.
- Independent Living Information (only required for children in agency custody aged 14 and up
    - The agency identifies programs and life skill services which will assist the child for independent living.
- Court/Signature Details
    - The status of the case plan at court is detailed here (for court involved cases).
    - All persons listed in the case plan as well as agency staff involved - for each person the worker indicates the following:
        - If the person's signature was captured
            - If it was, the date captured is required
            - If it was not, the reason not captured is required
        - If the person agreed with the plan
        - If the person participated in the plan
        - The relationship to the children
        - The date a copy of the plan was given to the person
- Family Participation
    - The worker is required to describe how the parent, guardian, custodian and child (if appropriate) were given the opportunity to participate in the development of the case plan.

In addition to SACWIS requirements, the state has developed a Child Protective Services Manual Field Guide for agency staff. One section of the field guide is devoted to case planning. The guide discusses basics of a case plan including the purpose of the plan, the times a case plan needs to be created, the time frame for creating a plan and what to do if the plan cannot be completed timely. The manual also has a section on how to engage the family in case planning that includes techniques for building rapport and how to engage a resistant client. Finally, the guidebook goes into detail on developing a well-written case plan. In addition to the guidebook, the state has created case plan instructions on completing a case plan. The instructions include examples on addressing aspects of the plan.

Many changes/enhancements are being developed to make the case plan more user friendly, not only for the caseworker, but also for the family. A Case Plan Alignment initiative will be aligning

the two case plan tools currently being used: Case Plan and the AR Family Service Plan. This will allow counties to use one plan throughout the life of a case instead of having to create a new plan when a case pathway switches from Alternative Response to Traditional Response. As part of this alignment, SACWIS will be:

- Making the functionality in the Family Case Plan more user friendly.
- Pulling the Non-Risk and Risk Contributors from the Family Assessment and requiring the user to document their rationale when they add a new Non Risk Contributor (NRC) or Risk Contributor (RC).
- Combining the Strengths and Concerns in order to focus on those family strengths that mitigate the risk to the family/children.
- Pulling Independent Living Plan information into the Case Plan.
- Separating PPLA Permanency Information from PC/Permanent Surrender information and making both screens child specific.
- Making the explanation on the signature screen, for a person not signing, jointly developing, or agreeing with the plan required individually.
- Incorporating needed information to comply with the Every Student Succeeds Act.
- Incorporating field guide information to assist users in completing the tool.

SACWIS will continue to remove the previous response to the Family Participation response when a case plan is amended to reinforce the ongoing documentation of how the family or child participated in the development of the case plan. Additionally, SACWIS will continue to require the user to readdress each child's permanency goal at case plan amendments.

Family team meetings (FTM) are an intervention strategy used for Ohio's Title IV-E Waiver, ProtectOhio, to involve the family and their support system in case planning. FTMs are frequently held at ProtectOhio agencies. Some non-ProtectOhio agencies have begun the practice of holding FTMs, but in general, the numbers for ProtectOhio agencies are much higher. Across Ohio, 41 agencies are using FTMs for at least some of their cases. The FTM spreadsheet (see Appendix A) displays counts of alternative response ongoing and ongoing cases that opened for the specified agency from October 1, 2014- June 20, 2016. It then displays counts of cases with FTMs occurring during the case opening and of those cases, how many had FTMs with a stated purpose code of Initial Planning Meeting. It then gives counts and percentages of the initial planning meeting FTMs that had a parent or custodian present.

While case plans are almost always recorded in Ohio's SACWIS, the quality of data entry related to signatures on case plans is sometimes lacking. Ohio SACWIS functionality allows the user to document case plan signatures, and there is a drop-down box on the signature page where the user is able to identify whether the person participated in the case plan. The CP Counts spreadsheet (see Appendix B) looks at the total number of case plans approved between October 1, 2014 - June 20, 2016. It then determines how many of those case plans had biological mother/father signature information entered on the signature page (note, signature information can exist to document that a signature was obtained or was not obtained), and of those with signature information, the count where a 'Yes' was documented for the mother or father participating in the case plan development. It then lists the percentage of case plans where it is documented that the mother/father participated in the plan development. With inconsistent data entry regarding case plan participation across counties, case review data obtained through the Child Protection Oversight and Evaluation (CPOE) onsite review provides a stronger indication of actual performance. The results of applicable items are detailed below.

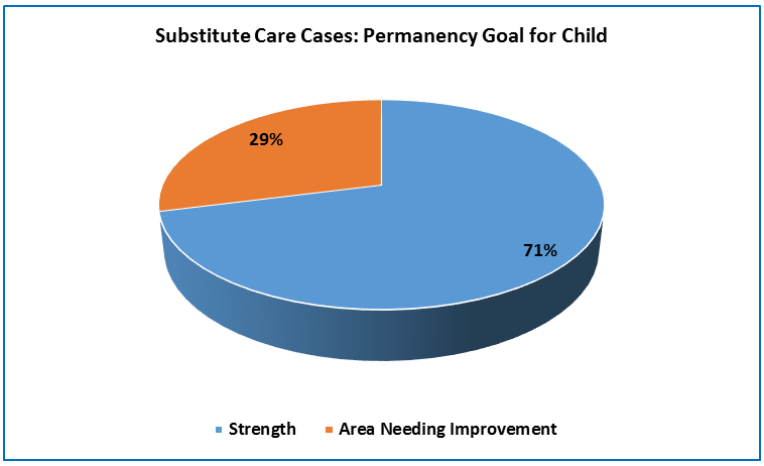
Monitoring Compliance with Case Plan Requirements

Monitoring compliance with Case Plan requirements occurs during CPOE reviews of in-home, alternative response and substitute care case records. The review items which addressed case plan compliance during CPOE Stage 10 included:

- Item 5: Permanency goal for child (substitute care cases only)
- Item 13: Child and family involvement in case planning

Item #5: Permanency goal for child

Thus far, 381 applicable cases have been reviewed during CPOE Stage 10 to determine whether appropriate permanency goals were established for the child in a timely manner. As depicted below, of the 381 applicable cases reviewed, 71 percent of the cases (270 cases) were rated as a Strength, and 29 percent (111 cases) were rated as an Area Needing Improvement.

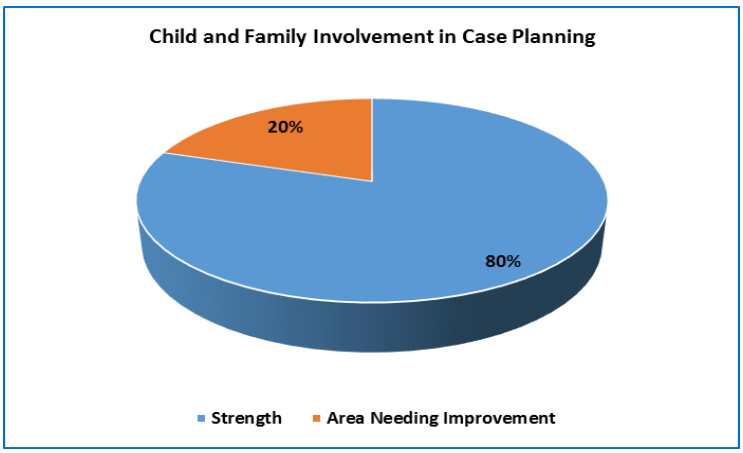


Results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated an 82 percent level of compliance for item 5.

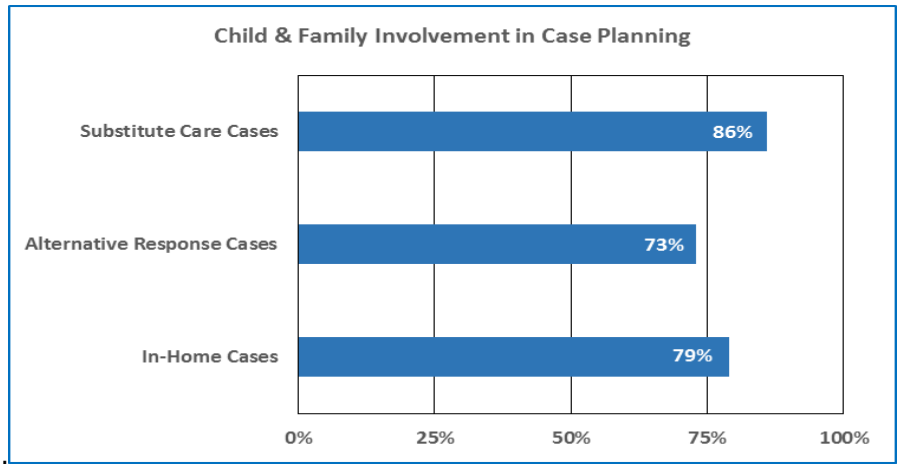
Please see Permanency Outcome 1 for further information related to the case review ratings for item #5.

Item #13: Child and family involvement in case planning

During CPOE Stage 10, 87 county reviews have been completed. There were 914 cases applicable for review. As depicted in the graph below, 80 percent of the applicable cases (733 cases) were rated as a Strength, and 20 percent (181 cases) were rated as an Area Needing Improvement. During CPOE Stage 9 PCSA compliance was at the 80 percent level. Thus far, cases reviewed during CPOE Stage 10 reflect the same performance as CPOE Stage 9.



Further examination of in-home cases, Alternative Response cases and substitute care cases revealed that 79 percent of the in-home cases (236 cases) were rated as a Strength; 73 percent of the Alternative Response cases (195 cases) were rated as a Strength; and 86 percent of the substitute care cases (302 cases) were rated as a Strength. The following graphic depicts the results for review of Item 13 by case type.



Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 73 applicable cases for review. Of the 73 applicable cases reviewed, 88 percent of the cases were rated as a Strength.

Please see Well-Being Outcome 1 for further information related to the case review ratings for item #13. When agencies did not meet case plan requirements, technical assistance was provided to support the development of a QIP to address the issues of concern.

Other methods for determining the written case plan requirements include:

- Court involved cases – the court also reviews and approves the case plans.
- Local agency CQI efforts that include reviewing of case plans at peer reviews or by quality improvement staff.
- Discussion of the case plans at Family Team Meetings as well as case reviews and SARs.

Feedback

During CPOE Stage 10, interviews were conducted with mothers, fathers, foster parents, children, relative caregivers, foster parents, adoptive parents, GALs, agency staff, services providers, and group home staff. A variety of topics were discussed during interviews, and not all participants were asked about their involvement in case planning. However, listed below are comments provided during interviews that specifically addressed case planning and case reviews.

Mothers

Seventy mothers participated in interviews during CPOE Stage 10. During the interviews, 23 mothers indicated that they were involved in the development and review of the case plan (again, not all mothers were asked about case planning specifically). Six mothers reported that they received a copy of the case plan but they were either not involved in its development or did not agree with the contents of the case plan.

Fathers

Seventeen fathers were interviewed during CPOE Stage 10. During the interviews, 8 fathers indicated they were involved in the development and review of the case plan and received needed services. Four fathers noted that they did not recall receiving a case plan or were not involved in the development of the case plan. Other fathers mentioned that they received needed services. Of those interviewed, some were involved with the agency on a short term basis (AR cases) and services were just provided.

Relative Caregivers

Twenty-five relative caregivers were interviewed during CPOE Stage 10. During interviews, 9 relative caregivers were involved in the development and review of the case plan and participated in court hearings. One relative caregiver indicated that she did not know there was a case plan. Legal custody was granted to her during a hearing.

Pre-adoptive and Adoptive Families

Nine families participated in CPOE Stage 10 interviews. All but one adoptive family had been foster parents to the child (ren) they were adopting. They noted they were involved in Family Team Meetings, had attended case reviews/court hearings and were aware of the contents of the case plan and felt very involved with the agency in planning for their child (ren). The one adoptive family needed services for her adolescent youth noted she was involved in developing and reviewing the case plan.

Youth in Substitute Care

Fourteen youth agreed to be interviewed during CPOE Stage 10. Of those interviewed, 6 youth indicated that they knew what was on their case plan, knew their case plan goal, and were somewhat involved in case planning and developing their Independent Living Plan. Some youth were aware of SARs but chose not to attend.

Youth in the Foster to 21 Program

As part of the development of Ohio's Foster to 21 Program, two focus groups have been conducted thus far. Youth involvement in case planning was one topic discussed during the focus groups, which were attended by a total of 35 youth. Results revealed that 25 of the 35 youth had knowledge of what a case plan is as well as an Independent Living Plan. Twenty-one youth reported they actively participated in components of their Independent Living Plan; however, nineteen of these youth did not know that the information was contained in an "Independent Living Plan." Thirteen out of 35 youth indicated they were not given the opportunity to participate in any court hearings.

Summary of Item

Data from the CPOE elements as well as SACWIS indicate that statewide, Ohio continues to struggle with timeliness in completing voluntary case plans. Improvements have been made in the areas of permanency goals and parental involvement in case planning. As shown above, the state utilizes an assortment of methods and data, including SACWIS data and CPOE reviews, to show whether each child has a written case plan developed jointly with the child's parents that includes the required provisions. Data from SACWIS and CPOE are accurate and of good quality. The SACWIS data is calculated based on a required start date, which is used to identify the target completion date of the case plan. The CPOE review is conducted by highly trained state staff utilizing the federal CFSR Round 3 onsite review instrument to rate items throughout the life of the case. All 88 counties in Ohio are monitored using this process. The greatest barrier that exists is ensuring the written case plan is developed jointly with the parents. Improvements in tracking this via the SACWIS system are underway. As indicated in the results for item #13 of the case review instrument, so far 80 percent of the cases reviewed during CPOE Stage 10 revealed this to be a Strength.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

> Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Overview

The state of Ohio has two OAC rules that detail the requirements for conducting periodic reviews. A summary of the provisions for conducting periodic reviews is presented below.

- OAC 5101:2-38-09 entitled *PCSA requirements for completing the case review* sets forth the requirements that apply to PCSAs' completion of the case review. The case review is completed every three months and in conjunction with the semiannual administrative review (SAR). The case review documents the impact of services on addressing the contributing factors identified in the family assessment and to determine if services are having the anticipated impact on identified concerns. The case review includes a re-assessment of child safety, risk reassessment, strengths, needs, and a discussion of the impact service provision is having on the family system. The case review includes examination of how the risk re-assessment, safety review, family perception, case progress review and services review informs change readiness in the family, permanency planning, and service provision.
- OAC 5101:2-38-10 entitled *Requirements for completing the semiannual administrative review* sets forth the requirements that apply to PCSAs and private child placing agencies' (PCPA) completion of SAR. The SAR is completed every six months in conjunction with the case review and supports ongoing assessment and updates to the following: permanency plan for the child; the overall level of risk to the child; the appropriateness of supportive services and whether the services will help the child return to a safe environment, when applicable; and the continued safety and appropriateness of the placement setting. This rule along with the case review forms, have been updated to comply with the changes as a result of the *Preventing Sex Trafficking and Strengthening Families Act* (P.L. 113-183).

Ensuring Periodic Reviews are Conducted

As with the written case plan, Ohio utilizes a variety of methods to ensure that periodic reviews for each child occur no less frequently than once every 6 months. These methods include the SACWIS system, the Ohio Administrative Code rules, required training on the case review system for all new caseworkers and supervisors and regular monitoring of agencies in the form of CPOE reviews. Many agencies at the local level also have continuous quality improvement (CQI) staff to self-monitor the quality of their work.

SACWIS provides the state with the ability to examine whether periodic review requirements are being met. Data related to this was presented in the APSR; however, in the course of completing the CFSR Statewide Assessment, it was realized that there was a flaw in the methodology. As of May 30, 2014, Ohio's 'Requirements for Completing the Semiannual Administrative Review' were amended to reflect the following requirements related to timeliness:

(B) The PCSA or PCPA shall complete the semiannual administrative review (SAR) no later than every one hundred eighty days from whichever of the following activities occurs first:

(1) Date the PCSA or PCPA complaint was filed.

(2) Date of placement.

(3) Date of court ordered protective supervision.

(4) Date of parent, guardian, or custodian's signature on the case plan for in-home supportive services only.

(C) The PCSA or PCPA shall complete the SAR no later than every one hundred eighty days from the date established pursuant to paragraph ((B) of this rule.

(D) The PCSA or PCPA shall complete the SAR no more than thirty days prior to the due date.

Because the guidance regarding timeliness changed slightly, the team re-assessed those Semiannual Administrative Reviews that had 'trigger dates' (as described in paragraph B) on or after May 30, 2014 where a review was completed between 10/01/2015-9/30/2016. 'Trigger dates' were established for each of these reviews. Intervals of 180 days from the 'trigger dates' were then established, and it was determined if the review was completed within 30 days of the due date, as is required by the rule. There were a total of 13,214 reviews that met the criteria described above. Of those reviews, 9500 (71.89%) met timeliness requirements. This finding was in line with case review data captured through Ohio's CPOE process as noted below.

SACWIS also provides ticklers on the required reviews. A tickler is generated whenever one of the following occurs:

- Case plan approval
- Recording of a removal record
- Recording an agency legal status
- Filing of the original complaint

The tickler begins to display 30 calendar days before it is due. The tickler escalates to the supervisor 15 days before it is due and to the supervisor's supervisor on the day it is due. The tickler system is in the process of being enhanced. SACWIS also has a *SAR/Case Review Due Report* that agency staff can utilize to track upcoming reviews. The Identifying information page of all reviews also displays the trigger date and activity as well as the last SAR and case review held dates. This helps agencies determine if they are compliant.

Similar to the case plan, SACWIS requires the sections of the periodic reviews to be fully completed to ensure all of the required elements such as safety, continued need for placement, compliance with the case plan and progress to alleviate placement reasons are addressed. The sections of the reviews are:

- Identifying Information
  - Type of review
  - Last review date
  - Children participating in the case plan
  - Each child's permanency goal

    - Each child's placement type and date of placement
    - Adults participating in the case plan
- Reunification Assessment
    - If a reunification assessment has been completed within the review period it can be linked here
- Safety Review
    - Information on current safety status
    - Safety response review
- Service Review
    - For each concern – discuss the impact of the services towards addressing safety, risk, permanency and/or child well-being issues in detail and address any barriers
    - Indicate progress in addressing concern
- Strengths and Needs Update Information
    - Assess whether child, adult or family functioning elements are currently contributing to risk to anyone in the family
    - Discuss the impact of provided services on the elements
    - Describe what family dynamics, new life events, or underlying conditions which continue to create or increase the likelihood of maltreatment to a child
    - Summarize the key case activities, including the frequency and type of agency visits with parent or caretaker and child, which have occurred since the last assessment or review
    - Describe the quality of visitation between siblings since the last review
    - Describe how the family and other individuals involved in the case plan view their own strengths and problem areas
- Risk Reassessment Information
    - Risk is reassessed and an actual risk level provided in this section
- Custody/PSUP/In-Home Supportive Services Information
    - For in-home/protective supervision cases – supportive service information is listed
    - For custody cases - placement and legal status changes are listed as well as safety and appropriateness of the current placement
- Permanency Information
    - Describe the agency's recommendation regarding the child's custody arrangement for the next one hundred and eighty days
    - Provide a summary of the intensive ongoing efforts to secure a placement with a fit and willing relative or kin. Include efforts that utilize search technology (e.g. social media) to find biological family members for the child
    - Explain the agency's recommendation regarding the termination of parental rights for any child who has been in the temporary custody of an agency for twelve (12) or more of the past twenty-two (22) consecutive months. If the agency is not recommending termination of parental rights, state the compelling reasons and what the permanency plan will be for the child
    - Answer if a supplemental plan is needed for the family and if so what is the progress
    - Describe the agency's recommendation regarding: (1) maintaining the child in a planned permanent living arrangement; or (2) proceeding to file a motion with the court to terminate parental rights. If the decision is for the child to remain in a planned permanent living arrangement, document the reason for not reunifying with family or proceeding with the termination of parental rights

    - Describe the agency's efforts to locate an adoptive placement for a child who is in the permanent custody of the agency. Include information on child-specific recruitment activities and the results of those activities
    - Additional comments
- Permanency Goals
    - List current goal and asks:
        - Does the child's current permanency goal need amendment
            - If no, what is the estimated date to achieve the permanency goal
            - If yes, what will be the recommended permanency goal
            - What is the estimated date for the amended permanency goal achievement
    - Lists date of child's most recent education and health information form
- Independent Living Services Information
    - Review of children aged 14 and up IL services
    - Credit Report Review
- Signature Details
    - Details and information about invitees and participants
- Case Analysis
    - Case Status Information
        - Indicate whether agency should remain involved
        - Describe the reasons for case status selected. Discuss how all of the topics in the review inform change readiness of the family, permanency planning and service provision. If case is being closed, provide a summary justifying case closure.
        - Indicate if the case plan will be amended as a result of the review
        - Indicate if a reunification assessment is needed

In addition to the case plan alignment updates being made in the upcoming year, the case review alignment initiative will be aligning the two case review tools currently being used: Case Review and the AR Family Service Review. The tool will still review the safety, services, and family case plan progress. As part of this alignment SACWIS will be:

- Adding an area to capture new household members.
- Adding a review of Safety Plans, if applicable.
- Adding a Safety Factor Review.
- Adding a review of child vulnerabilities and protective capacities for each individual on the Family Case Plan, and historical review for the family.
- Adding Assessment of Risk Contributors and Non-Risk Contributors individually; this will also have the user document whether a non-risk contributor is a strength.
- Incorporating field guide information to assist users in completing the tool.

Ohio also uses the findings from the Child Protection Oversight and Evaluation (CPOE) on-site case review to assess statewide performance on the periodic review. The results of applicable items are detailed below.

Monitoring Compliance with Periodic Review Requirements

In addition to using the federal CFSR onsite case review instrument, CPOE Stage 10 has also incorporated an additional review tool examining compliance with Ohio Administrative Code requirements related to periodic reviews. As of the writing of this report, 87 PCSAs were monitored for compliance with the following two items:

1. PCSA or court completed an SAR no later than six months/180 days from whichever occurred first:
    - The original court complaint date
    - Date of placement
    - Date of court ordered protective supervision
    - Date of parent/guardian/custodian's signature on the in-home supportive services case plan

Four hundred seventy-seven cases met the criteria for review of this item. Results of the review indicated 71 percent of the cases (337) were rated as a Strength, and 29 percent (140) were rated as an Area Needing Improvement.

2. After the initial SAR, the PCSA or Court conducted an SAR no later than every six months/180 days established from the "trigger" date.

Three hundred eight cases met the criteria for review of this item. Results of the review indicated that 66 percent of the cases (204) were rated as a Strength, and 34 percent of the cases (104) were rated as an Area Needing Improvement.

The following strengths were evident in cases reviewed for these items:

- SARs were held timely and written notification including date, time, and place for the SAR was provided to the child, parent(s), guardian or custodian, pre-adoptive parent, and child.
- IPads were acquired for staff to allow completion of SARs while in the field.
- Agencies held SARs in conjunction with Family Team Meetings to ensure participation and timely completion.
- Information regarding the child's physical and behavioral health was updated during the SAR.

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- The SAR was misidentified as a case review and thus not completed.
- A case plan was never developed; therefore, the SAR was not held.
- The agency held the SAR within the required timeframe, but did not file the SAR with the court until ninety days later.
- SARs were not held timely.

Summary of Item

As shown above, the state utilizes an assortment of approaches to ensure that each child has periodic reviews conducted in a timely manner. Data from SACWIS and CPOE are accurate and of good quality. The SACWIS data is calculated based on a required start date, which is used to identify the target completion date of the Semiannual Administrative Review. The CPOE review is conducted by highly trained state staff utilizing the federal CFSR Round 3 onsite review tool. Additionally, since the last report, the state has added a review element to the CPOE Stage 10 process that specifically examines whether the Semiannual Administrative Review is completed at least every six months. This has resulted in better quantitative data to report. All 88 counties in Ohio are monitored using this process. Thus far 87 PCSAs have completed their CPOE Stage 10 reviews.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

> Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

The OAC rules, specifically rule 5101:2-42-68 *Necessity for Continued Substitute Care Placement: Court Reviews and Hearing Requirements,* addresses the need for timely permanency hearings. This includes requirements about whether continued substitute care is needed or not; the type of motion filed with the court for the permanency review hearing; and the timing of the motion.

This rule was updated last year due to the passage of the *Preventing Sex Trafficking and Strengthening Families Act* (P.L. 113-183) with the following changes:

- Limits APPLA to children 16 and older.
- Requires custodial agencies to provide documentation regarding permanency efforts and normalcy opportunities for children at their initial and subsequent APPLA hearings.
- Requires children's presence at their permanency hearings unless a significant safety concern exists.

Ohio continues to struggle with producing data from SACWIS on permanency hearings due to inconsistent data entry. To address this issue, ODJFS held a webinar on January 13, 2016 to improve data entry. The webinar was well attended, and it was also recorded and then posted on the SACWIS Knowledge Base for others to view along with a question and answer document. It is hoped that by next year's Annual Progress and Services Report, valid data will be able to be pulled from SACWIS. The Supreme Court of Ohio also indicated they still do not track permanency hearings in their system. As an interim step to improve data quality, the state developed a separate tool for the CPOE Stage 10 review that specifically asks if a motion was filed by the custodial agency and a permanency hearing was conducted by the court within the required timeframes:

A motion was filed by the PCSA and a permanency hearing was conducted by the court no later than:

- One year from the date on which the complaint in the case was filed.
- One year from the date on which the child was first placed in shelter care.
- The date set at the last dispositional hearing for the review hearing of the child's custody.

Eighty-seven PCSAs' CPOE Stage 10 reviews were completed and monitored for compliance with the above item. Results from the reviews thus far are presented below.

Of the cases reviewed, 159 cases met the criteria for review. Results of the review indicated 82 percent of the cases (130) were rated as a Strength, and 18 percent of the cases (29) were rated as an Area Needing Improvement.

The following strengths with regards to permanency hearings were found in the review of CPOE Stage 10 reports for cases rated as a Strength:

- Case records reflected that concerted efforts were being made by the agency and the court to achieve permanency for the child.
- Permanency goals were clearly documented in the case plans.
- Agencies were able to achieve the permanency goal within the federally mandated timeframes.
- Most children were reunified with a parent or placed with relatives who received temporary custody of them within a year.

Review of CPOE reports for CPOE Stage 10 indicated the following concerns with regards to permanency hearings for cases rated as an Area Needing Improvement:

- The case lacked information regarding paternal relatives.
- The proper procedures for filing permanent custody were not followed.
- Substitute care cases did not meet the established time frames for reunification, guardianship, adoption or other planned permanent living arrangement.

Summary of Item

As indicated, Ohio is making improvements in its ability to pull meaningful data on this item measure. According to data from CPOE Stage 10, eighty-two percent of the cases were rated as a Strength with regards to permanency hearings. The SACWIS system does have data fields available in order to pull the data, but last year it was discovered that incorrect user entry was a barrier. ODJFS worked to resolve the issue with two different approaches in the past year. As stated above, policy staff and SACWIS conducted a webinar to review not only this data item of the case review system, but the entire court system to ensure a better understanding of the process and need for consistent, accurate and timely data entry. The state also developed a separate review tool used during CPOE Stage 10.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

> Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

Overview

OAC rule 5101:2-42-95 *Obtaining Permanent Custody: Termination of Parental Rights* outlines the mandates for filing for termination of parental rights. It also lists the circumstances when the agency is not required to file a motion for permanent custody of a child:

1. The agency has documented in the case plan a compelling reason for determining that the filing of a motion to seek permanent custody and terminate parental rights is not in the best interest of the child.
2. The agency has documented in the case plan that the agency has not provided the child's parents with services outlined in the case plan that were deemed necessary for the safe return of the child.

Monitoring Compliance with Filing for Termination of Parental Rights

Monitoring compliance with requirements for filing for Termination of Parental Rights (TPR) is conducted during CPOE Reviews. For substitute care cases reviewed, a determination is made if the child had been in foster care for at least 12 of the most recent 22 months whether: (1) the agency had filed a petition with the court to terminate parental rights; or (2) the agency had documented compelling reasons for not filing for termination of parental rights.

As of this date, eighty-seven PCSAs were monitored for compliance with the above item. Results from the reviews thus far are presented below.

One hundred fifty- three (153) cases met the criteria for review. Results of the review indicated 87 percent of the cases (133) were rated as a Strength, and 13 percent of the cases (20) were rated as an Area Needing Improvement.

The following practices were found in the review of CPOE Stage 10 reports for cases rated as a Strength:

- Cases contained a summary of the agency's recommendation regarding the termination of parental rights for a child who had been in custody for 12 months.

Cases rated as an Area Needing Improvement were due to one or more of the following findings:

- Cases did not reflect compelling reasons for the agency not filing for TPR.
- Agencies did not document in the case plan the exceptions for not filing for TPR.
- A court order terminating the father's or an unknown father's parental rights following the mother's permanent voluntary surrender were not in the case file.

When agencies did not meet the termination of parental rights provisions, technical assistance was provided to support the development of a QIP to address the issues of concern.

SACWIS does have fields agencies must use to indicate compelling reasons for not filing a motion to terminate parental rights. When creating and amending the case plan, the agency is required to complete the Exceptions Details page. During SARs, the agency must provide a response to the following items:

- Explain the agency's recommendation regarding the termination of parental rights for any child who has been in the temporary custody of an agency for twelve (12) or more of the past twenty-two (22) consecutive months. If the agency is not recommending termination of parental rights, state the compelling reasons and what the permanency plan will be for the child.
- Describe the agency's recommendation regarding: (1) maintaining the child in a planned permanent living arrangement; or (2) proceeding to file a motion with the court to terminate parental rights. If the decision is for the child to remain in a planned permanent living arrangement, document the reason for not reunifying with family or proceeding with the termination of parental rights.

As a part of the case plan and case review alignments updates, these screens are going to be updated with fields that can be used to pull data about filing a motion for terminating parental rights or showing compelling reasons not to file the motion.

Supreme Court of Ohio Tracking

Although not directly related to whether filings for TPR are made timely, the Supreme Court of Ohio does track the timeliness of disposition of Permanent Custody cases. The Court periodically shares this data with ODJFS, as this metric is an important driver of timeliness to permanency for children in care. Local courts report to the Supreme Court of Ohio (SCO) on the number of motions that are made for Permanent Custody (PC) of children. From the time the court receives a motion, it must be heard/determined within SCO time frames. The following table shows the number of PC motions pending in court for each month, using a 12-month rolling average (where each value represents the average of the 12 month period ending with the month shown). The Overage figure is the number of cases that were pending each month for longer than SCO's nine-month time standard for disposition of Permanent Custody cases. The Overage Rate figure represents the percentage of pending cases that were reported as Overage.

PC Motions over Recommended Time Frames

Metric	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pending	1,029	1,085	1,170	1,234	891	956	1,047	1,143	1,218	1,262	1,272	1,238
Overage	94	87	80	88	81	86	89	94	98	108	86	94
Overage Rate	9%	8%	7%	7%	9%	9%	9%	8%	8%	9%	7%	8%

Summary of Item

Ohio continues to make improvements with this case review measure. As evidenced by the data presented above, about 8 percent of the PC motions have exceeded the timeframes when compared to the previous year's December figure of 10 percent; this is down by 2 percent from last year and 6 percent from the previous year. The state is also collecting data for this item through CPOE. As indicated above, 87 percent of the applicable cases reviewed thus far in CPOE Stage 10 were rated as a Strength on this measure.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

> Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

Monitoring Compliance with Notice of Hearings and Reviews to Caregivers

In order to further improve data reporting, the state developed a separate tool used during CPOE Stage 10 that specifically assessed if the agency provided written notification to foster parents, pre-adoptive parents and relative caregivers as well as others to the semiannual review.

Of the cases reviewed, 526 cases met the criteria for review. Results of the review indicated 82 percent of the cases (430) were rated as a Strength, and 18 percent of the cases (96) were rated as an Area Needing Improvement.

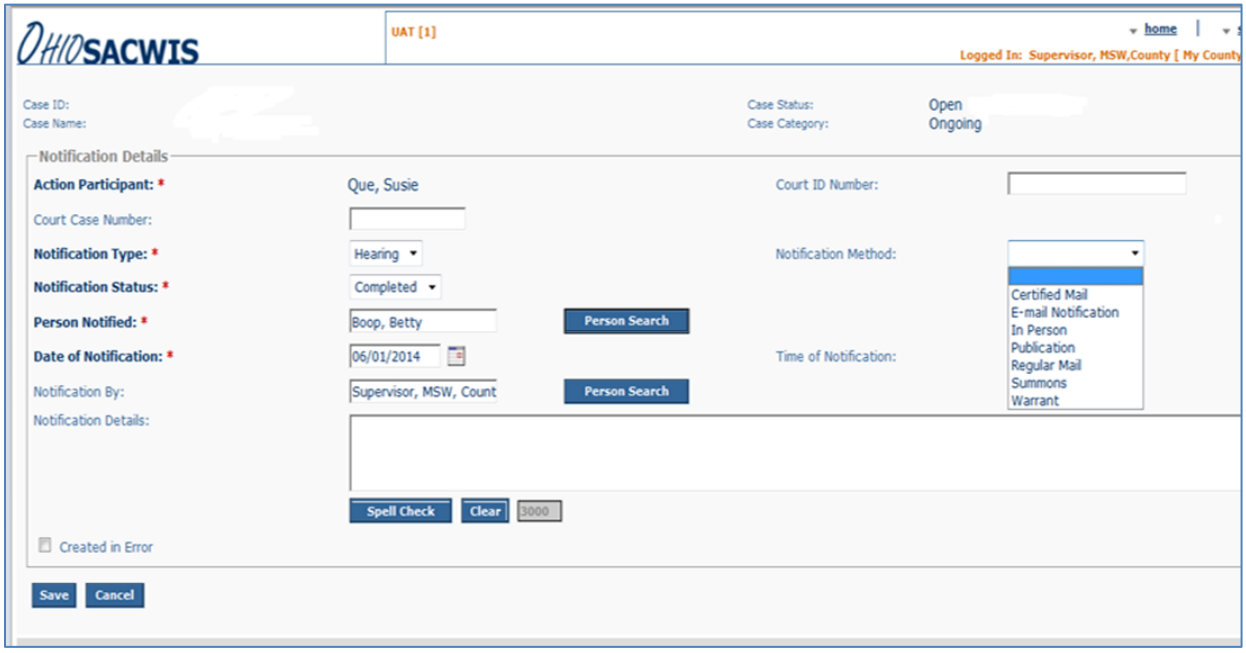
The following practices were found in the review for cases rated as a Strength:

- Individuals were provided written notifications of the date, time, and location of the SAR along with an SAR summary which included the agency's recommendations regarding the child's permanency plan.
- Notification letters required to be sent to families prior to the SAR were included in case records.
- Required parties received notifications to participate in SARs.

Cases rated as an Area Needing Improvement were due to one or more of the following findings:

- Case files did not contain copies of the written notifications.

Agencies are required to enter information in SACWIS regarding notification to all case plan participants of SARs and court hearings. The screen shot below displays information agencies are required to enter.



Stakeholder Feedback

The Supreme Court of Ohio Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND) established a workgroup charged with examining factors that impact notification given to caregivers and meaningful participation of caregivers in court hearings. CAND is jointly staffed by the CJA coordinator (Ohio Department of Job and Family Services) and SCO's Court Improvement Program Coordinator. Research and support services are provided to CAND and workgroups through the Family and Youth Law Center (FYLaw), Capital University Law School (Columbus). The team was charged with ensuring that information --valuable to the judicial handling of cases of child abuse and neglect-- held by foster parents, pre-adoptive parents, and relative caregivers be made accessible to courts.

The workgroup offered its final recommendations for changes to Ohio law and practice in this area. Recommendations included amendments to ORC 2151.424 aimed at making the law consistent with federal guidelines requiring that caregivers be given notice and the right to "be heard" and at clarifying the caregivers to whom such notice should be given. The group drafted the changes for the Revised Code and have requested it be placed in a future bill. The workgroup also recommended that an online toolkit be developed to include its draft model local rule and model notice to assist courts in providing notice to caregivers, as well as a child placement form to track children's placements, and a "Caregiver Information Form" and associated information and directions to assist caregivers in providing information to the court about the children in their care.

The draft toolkit is currently under review by Supreme Court's Office of the Administrative Director and the Office of Chief Legal Counsel. It soon will be posted on the Supreme Court of Ohio and Office of Family and Children websites along with another toolkit on engaging youth in court proceedings. The table of contents for the online toolkit is:

1. Background
    a. Advisory Committee on Children and Families, Subcommittee on Responding to Child Abuse, Neglect and Dependency
        i. History
        ii. Charge
        iii. Roster
    b. Workgroup on Caregiver Notice and Right to be Heard in Court Proceedings
2. Overview
    a. Recommendations Summary
3. Applicable Federal and State Law and Rules
    a. Federal Law
        i. 42 U.S.C. § 675(5)(G)
    b. Ohio Law
        i. R.C. §2151.424 Notice and opportunity to present evidence to foster caregiver, relative, or prospective adoptive parent.
        ii. R.C. §2151.35 Procedure for hearings in juvenile court.
        iii. Proposed, amended legislation: R.C. §2151.424 Foster caregiver, kinship caregiver, or prospective adoptive parent notice and right to be heard.
4. Resources and Commentary
    a. Ohio Attorney General Foster Care Advisory Group Recommendations
    b. *Caregivers and the Courts: Improving Court Decisions Affecting Children in Foster Care*, R. Diehl
    c. *Guide for Resource Family Court Participation in Pennsylvania*, American Bar Association
    d. *Caregivers and the Courts*: *A Primer on Juvenile Dependency Proceedings for California Foster Parents and Relative Caregivers,* Judicial Council of California
    e. *Technical Guide to Court Performance Measures in Child Abuse and Neglect Cases,* U.S. Department of Justice
    f. *Guide for Foster Parents and Relative Caregivers: Understanding the Nebraska Juvenile Court Child Protection Process*, University of Nebraska Center on Children, Families, and the Law
5. Model Rule and Forms
    a. Model Notice Rule
    b. Model Notice of Hearing
    c. Model Child Placement Form
    d. Caregiver Information Form Template

The Subcommittee's charge will be considered completed with the posting of the toolkit.

Summary of Item

As shown above, the state utilizes an assortment of methods including SACWIS, the OAC and CPOE reviews to ensure this measure is addressed. ODJFS also works closely with the courts to make improvements to the system to ensure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. One past barrier was having quantitative data on the measure. In order to further improve, the state developed a separate tool used during CPOE Stage 10 that specifically asks if the agency provided written notification to foster parents, pre-adoptive parents and relative caregivers as well as others to the semiannual review. Of cases review so far for CPOE Stage 10, 82 percent were rated as a Strength.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

> Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

Child Protection Oversight and Evaluation Process

The Ohio Child Protection Oversight and Evaluation (CPOE) system was implemented more than twenty years ago as a systematic and consistent method to review child welfare practice at the county level. The CPOE quality assurance system provides a continuous cycle for assessment and improvement of performance. Each of Ohio's eighty-eight (88) PCSAs is required by Ohio Revised Code (ORC) to make case records available for review and assessment by ODJFS staff. CPOE is designed to improve services and outcomes for Ohio's families and children through a coordinated review between the PCSAs and ODJFS on a twenty-four month cycle. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four month period. On-site activities focus on joint case record review by PCSA and ODJFS staff, reconciliation, and technical assistance. In addition to providing PCSAs with ongoing data reports, management letters and correspondence, CPOE staff meet with PCSAs to offer technical assistance and to review any Quality Improvement Plans (QIP) developed as a result of the CPOE review. Following the onsite case record review and issuance of the final CPOE report, efforts to assist each PCSA to strengthen practice and address areas needing improvement continue during the two year CPOE cycle. These include:

- A scheduled PCSA self-assessment five months after the CPOE report is issued and a second on-site case review by ODJFS staff ten months post-CPOE report.
- Provision of county-specific data and outcome reports from:
  - Statewide Automated Child Welfare Information System (SACWIS)
  - Business Intelligence Channel (BIC)
  - Results Oriented Management (ROM)
- Training by ODJFS staff and regional training centers throughout the state.
- Sharing of national, state and PCSA best practices.

CPOE Stage 10

CPOE Stage 10 commenced in October 2014. For this CPOE cycle, Ohio is using the Child and Family Services Review (CFSR) Round 3 On-site Review Instrument. In an effort to maintain fidelity to the federal review tool, counties' outcome ratings were not affected by the Ohio Administrative Code (OAC) rule citations relating to specific review items, although a Quality Improvement Plan (QIP) may have been required for OAC non-compliance identified during the review.

Beginning with CPOE Stage 9 and continuing in CPOE Stage 10, PCSA staff now participate in reviewing case records alongside ODJFS staff. The review includes interviews with caseworkers, supervisors, children, parents, substitute caregivers, and service providers. CPOE places emphasis on the federal outcome indicators and provides a method to check the integrity of SACWIS data entered by PCSA staff.

In addition to transitioning to use of the federal CFSR Round 3 case review tool, there were several other important changes for CPOE Stage 10:

- Alternative Response cases were included in the review sample – cases must have been open for at least 45 consecutive days.
- All thirty-six Title IV-E juvenile courts in the state were included in the CPOE Stage 10 review.
- More cases were included in the review sample for each county.
- Ohio's CFSP and the CPOE Stage 10 Framework included several strategies aimed at increasing inter-rater reliability among reviewers.

The table below reflects the makeup of the case sample for each county size category.

County Size	Number of Cases by Type or Universe			
	Alternative Response	In Home	Substitute Care	IV-E
Small	3	3	3	1
Small/Medium	3	3	4	1
Medium	4	4	5	3
Large	5	5	5	3
Metro	5	5	5	6
Major Metro	6	6	6	12

CPOE not only provides an opportunity for in-depth case review with counties and Title IV-E courts, but also a forum to discuss statewide and county-specific performance on the CFSR national standards and other critical data measures. For CPOE Stage 10, CPOE conferences included a focus on each of the following data elements and/or data management tools:

- Federal CFSR Performance Measures
- Investigations Completed within the Required Timeframe (ROM)

- Recurrence of Maltreatment (ROM)
- Maltreatment in Foster Care (ROM)
- Comprehensive Visitation Report for In-home and Substitute Care Cases (SACWIS)
- AFCARS exception report

The above reports are considered core reports for the CPOE review. These reports are reviewed with all counties with a focus on the county's local data. Technical Assistance Specialists also provide additional data or reports tailored to the specific needs of each county.

The Technical Assistance Specialists who conduct the reviews also facilitate discussions with county administrators and supervisory staff on various management tools and reports that may be helpful to counties in tracking areas in need of improvement. For larger counties where data may already be utilized extensively by QA staff, technical assistance may focus on effective strategies for sharing data and/or management reports with front line workers and supervisors.

The table below outlines the full CPOE Review Process.

CHILD PROTECTION AND OVERSIGHT EVALUATION (CPOE)			
24-Month Cycle Review Process			
PRE ON-SITE ACTIVITIES	**ON-SITE ACTIVITIES**	**POST ON-SITE ACTIVITIES**	**QUALITY IMPROVEMENT PLAN (QIP) IMPLEMENTATION& OVERSIGHT**
Notification ➢ Random sample list /# cases to be reviewed in-home and sub care ➢ Dates of review on-sight ➢ Period under review ➢ County/ODJFS review team determined	**Entrance Conference** ➢ Progress since last CPOE review ➢ Review Federal Child and Family Services Review (CFSR) measures - statewide and PCSA ➢ Discuss county-specific data reports ➢ Ohio CFSR Program Improvement Plan	**Report & Technical Assistance** ➢ CPOE Stage 10 Report Development (Draft Report) ➢ Provide Draft Report to PCSA for review ➢ Provide Technical Assistance (TA)	**Five (5) Month QIP Assessment** ➢ Five (5) Month QIP Self-Assessment ➢ Technical Assistance as requested
***Data Preparation*: Ohio Department of Job and Family Services (ODJFS)** ➢ County-specific data reports ➢ SACWIS case review ➢ Review previous CPOE reports and QIPs	**Case Record Review and Reconciliation** Number of cases reviewed by PCSA size: ➢ Small – 9 cases ➢ Small/Medium 10 cases ➢ Medium – 13 cases ➢ Large – 15 cases ➢ Metro – 15 cases ➢ Major Metro 18 cases ➢ Additional cases to be reviewed in Title IV-E courts in each county where applicable.	**Exit Conference** ➢ Review of Draft CPOE Stage 10 Report & Findings ➢ Attended by Regional Training Center staff ➢ Final CPOE report released to PCSA director, judge, elected county officials	**Ten (10) Month QIP Oversight** ➢ Ten (10) Month Case Record Review (SACWIS Review by TAS) ➢ Ten (10) Month QIP Implementation Discussion (On-Site) ➢ Ten (10) Month QIP Progress Review Report ➢ TA as needed
***Data & Other Preparation:* Public Children Services Agency (PCSA)** ➢ Prepare cases to be included in CPOE review ➢ Select staff to co-review cases	**Stakeholder Interviews and Reconciliation**	**Quality Improvement Plan** ➢ PCSA Quality Improvement Plan (QIP) Development and Submission ➢ ODJFS QIP review Approval/ Disapproval	

CPOE Stage 10 Results & Quality Improvement Planning

As a result of the CPOE Stage 10 on-site review activities, 62 PCSAs had an approved QIP to address Areas in Need of Improvement, and 14 PCSAs were in the process of developing their QIPs. Eleven PCSAs were not required to develop QIPs based on their review.

Three primary approaches were identified by agencies in their QIPs: (1) training (both internal and external); (2) developing internal forms and revising internal agency procedure manuals; and (3) tracking and monitoring for compliance. The following chart reflects the number of counties having approved QIPs in effect to address items noted as an Area Needing Improvement.

CPOE Stage 10 Review Item	Number of Agencies (to Date) Addressing the Item with a QIP
Safety Outcome 1: Children have permanency and stability in their living situations.	
Item #1:Timeliness of initiating investigations of reports of child maltreatment	**28**
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	
Item #2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	**18**
Item #3: Risk and safety assessment and case management	**62**
Permanency Outcome 1: Children have permanency and stability in their living situations	
Item #4: Stability of foster care placement	**10**
Item #5: Permanency goal for child	**28**
Item #6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	**23**
Item #7: Placement with siblings	**2**
Permanency Outcome 2: The continuity of family relationships and connections is preserved	
Item # 8: Visitation with parents and siblings in foster care	**9**
Item #9: Preserving connections	**4**
Item #10: Relative placement	**9**
Item #11: Relationship of child in care with parents	**10**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	
Item # 12: Needs and services of child, parents, and foster parents	**43**
Item #13: Child and family involvement in case planning	**37**
Item #14: Caseworker visits with child	**41**
Item #15: Caseworker visits with parents	**46**

CPOE Stage 10 Review Item	Number of Agencies (to Date) Addressing the Item with a QIP
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs	
Item #16: Educational Needs of the child	**5**
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	
Item #17: Physical health of the child	**14**
Item #18: Mental/behavioral health of the child	**9**

A Note on Title IV-E Court Involvement in the Review

For the first time in CPOE Stage 10, all Title IV-E Courts in the state were engaged in the CPOE review process. The basic structure of reviews was the same for IV-E Courts and PCSAs starting with an entrance conference that includes a discussion of county and statewide data followed by the onsite review conducted in partnership with the agency/court. Because this was the first time courts were being reviewed through CPOE, the state decided not to require Quality Improvement Plans of courts for this round of CPOE. Rather, technical assistance and training needs identified through the review have been noted in the court's final CPOE report and discussed with each court during the review and at its exit conference. Each Technical Assistance Specialist is working with their assigned courts on an ongoing basis to ensure that these needs are met. Primary areas of technical assistance identified through the review include the completion of holistic, family assessments (vs. youth-focused assessments), engagement of parents in case planning and reviews, and ongoing visits with parents.

Communication of CPOE Results & Integration with Statewide CQI Efforts

Throughout the two-year cycle, CPOE results were periodically compiled, shared and discussed with OFC staff and the Statewide CQI Advisory Team as well as other stakeholders. Reports included statewide trends related to practice strengths as well as areas rated in need of improvement. This information was used by the Statewide CQI Advisory Team and OFC to guide strategic areas of focus for statewide CQI efforts.

One example of this has been the state's strong focus on caseworker visits over the past two years. Based on data trends from CFSR Round 2 and continuing into CPOE Stage 10, the CQI Advisory Team identified caseworker visits with parents and with children as a primary area of focus for statewide CQI efforts. As one of its first priorities, the CQI Advisory Team recommended creating a method to keep data on caseworker visits in front of agency leadership on a regular basis. In response, ODJFS modified the SACWIS Comprehensive Visitation Report to generate an agency-specific summary report to all PCSA directors and children services administrators on a monthly basis beginning in June 2015. This report includes the number and percentages of

caseworker visits met with parents and children for both in-home and substitute care cases. The report includes the county's performance for each month of the current fiscal year, so that directors can view trends over time. The reports are emailed on the 15th of each month, allowing agencies an opportunity to improve their performance for the current month.

In addition to generating these monthly data reports for agency leaders, ODJFS also implemented a Caseworker Visitation Performance Incentive program in state fiscal year 2016. State Child Protection Allocation (SCPA) funds were withheld, but counties had the opportunity to earn all of their withheld funds by meeting specified visitation benchmarks. Counties also had an opportunity to earn an additional incentive amount for being a consistently "High Performer" or one of the "Most Improved" when comparing data from a baseline quarter to the incentive time period.
Both data quality and the completion of caseworker visits with parents and children improved significantly during the incentive period due to the efforts of PCSAs across the state. Statewide, there was more than a 7% increase in caseworker visits with parents. Following are some additional results of the Visitation Incentive Program.

Agency visitation percentages for the October 1, 2015 - December 31, 2015 quarter were calculated on February 2, 2016. The following outcomes were observed for Quarter2:

- 53 of the 85 agencies met or exceeded 90% of visits for both children and parents.
- 27 agencies were high performers for the child population, and 9 agencies were high performers for the adult population.
- 40 agencies received funding for improved visitation percentages with children, and 38 agencies received funding for improved visitation percentages with parents.
- 65 of the 85 agencies received more funding under the visitation incentive program than they would have through standard SCPA funding.

Agency visitation percentages for the January 1, 2016 - March 31, 2016 quarter were calculated on May 2, 2016, and the following outcomes were observed for Quarter 3:

- 59 of the 85 agencies met or exceeded 90% of visits for both children and parents.\
- 28 agencies were high performers for the child population, and 16 agencies were high performers for the adult population.
- 38 agencies received funding for improved visitation percentages with children, and 38 agencies received funding for improved visitation percentages with parents.
- 72 of the 85 agencies received more funding under the visitation incentive program than they would have through standard SCPA funding.

While implementing the Caseworker Visitation Incentive, ODJFS also offered a series of regional CQI Forums on Caseworker Visits in the spring and fall of 2015. These forums were held in conjunction with PCSAO's District meetings, which are well-attended by their members. During these sessions, historical and current data were shared with county leaders and potential strategies for improvement were discussed, along with information regarding the Visitation Incentive program. Finally, as part of its Title IV-B Child and Family Services Plan (CFSP), ODJFS also established a Family and Caseworker Visits Workgroup. This workgroup was charged with identifying/creating resources to improve visitation practices and documentation.

The example noted above is just one illustration of how ODJFS utilizes data gathered through its QA process to inform strategic priorities and programming and to close the feedback loop with the field. Likewise, numerous other programmatic initiatives within Ohio's CFSP were designed to build on strengths or to address other areas in need of improvement most prevalent across the state, including: child and family involvement in case planning; needs and services of parents,

children and substitute caregivers or pre-adoptive parents; permanency goal for the child; and risk assessment and safety management. In addition, as noted above, OFC is taking a proactive approach in CPOE Stage 10 and beyond to engage PCSA staff in examining their local data and management reports connected to these items.

Finally, at the conclusion of each CPOE cycle, ODJFS disseminates a comprehensive report of the full results of the CPOE cycle. These reports include a breakdown of the results of each item measure by case type (in-home, AR, foster care). In addition, the reports identify themes or trends in practices across counties that contribute to either a strength rating or an area needing improvement rating. When promising practices are identified through CPOE, they are included in an appendix organized by topic with a specific contact identified for each county to aid those who are seeking to connect with other agencies that have implemented each promising practice.

Measuring the Effectiveness of Ohio's QA System

As part of Ohio's overall CQI strategy, changes in performance are tracked across CPOE cycles. Such performance changes are an indicator of progress made through the CPOE review process and resulting Quality Improvement Plans. In addition, tracking this data provides an opportunity to examine which QIP strategies have been the most and least effective in impacting performance improvement.

To assess if PCSAs' QIPs made a difference and resulted in improved individual agency performance, an item by item analysis was conducted to compare the results of CPOE Stage 9 and CPOE Stage 10. For this analysis, OFC examined the review items for which PCSAs were required to develop a QIP. As an indicator of progress, OFC tracked whether agencies that were required to develop a QIP for one of these items in CPOE Stage 9 were again required to QIP the same item in CPOE Stage 10. For example, there were 15 agencies that were required to develop a QIP on Item #1 – Initiation of investigations – during CPOE Stage 9. Of the 15 agencies that developed QIPs on this item, 10 agencies did not have to do a QIP for CPOE Stage 10 on this item. The remaining 5 counties had to develop a QIP again for Item 1. Thus the 67% of improvement was: Strengths/Total QIPs. (10/15=67%)

The following graphs present information on the percent of agencies showing improvement after completing a QIP by Safety, Permanency and Well-Being Outcomes measures.

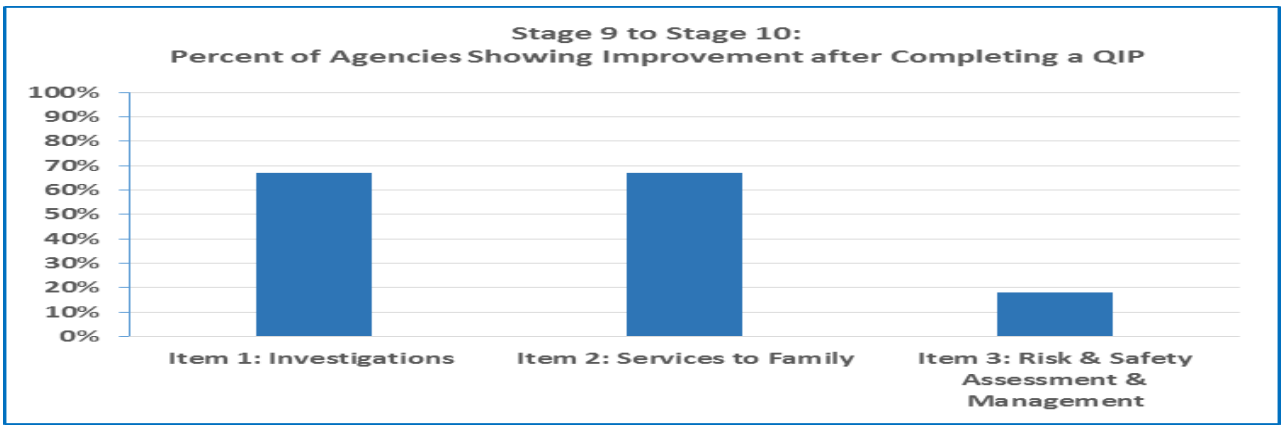


Figure 1: Safety Outcomes

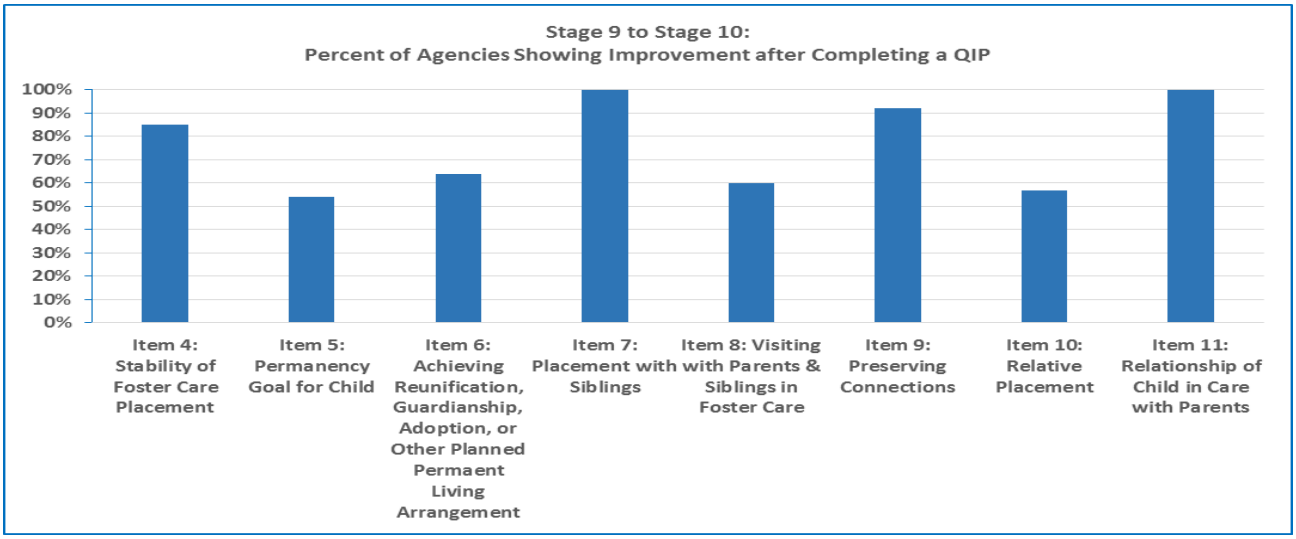


Figure 2: Permanency Outcomes

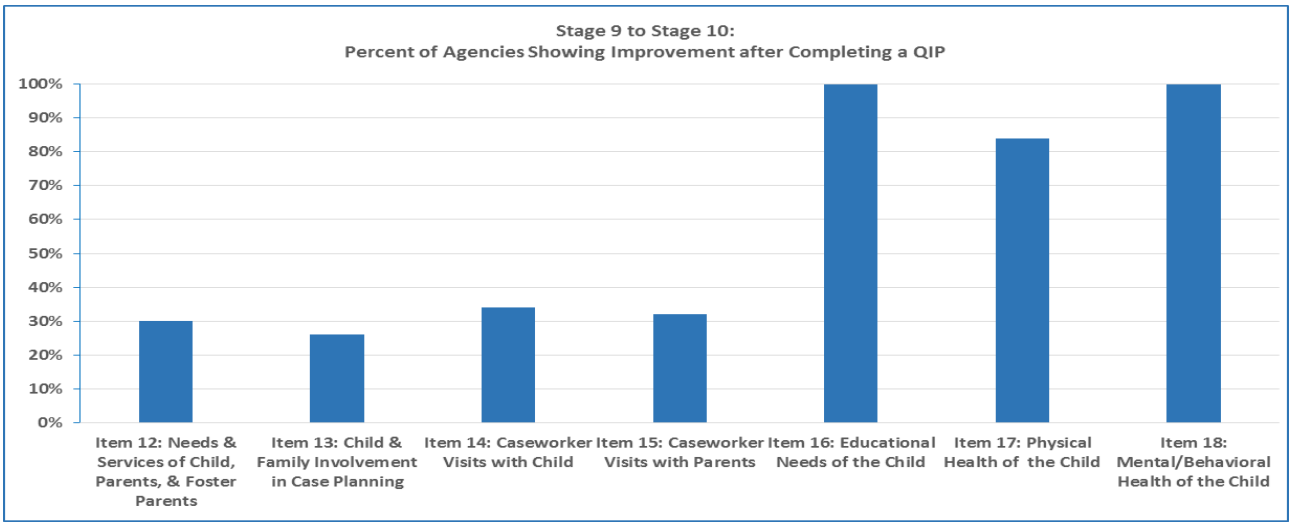


Figure 3: Well-Being Outcomes

Some measure of improvement was observed across all items. Agency QIPs were successful in driving significant improvement on the following items:

- Timeliness of initiating investigations of reports of maltreatment
- Services to the family to protect child(ren) in the home and prevent removal or re-entry into foster care
- Achieving reunification, guardianship, adoption or another planned permanent living arrangement
- Stability of foster care placement
- Placement with siblings
- Visitation between parents and siblings in foster care
- Preserving connections
- Relationship of child in care with parents
- Educational needs of the child
- Physical health of the child
- Mental/behavioral health of the child

Fewer than half of the agencies that developed QIPs showed full improvement (i.e., did not have to develop another QIP) on the following items:

- Risk and Safety Assessment and Management
- Needs and services of child, parents, and substitute caregivers or pre-adoptive parents
- Child and family involvement in case planning
- Caseworker visits with children and families

With the next cycle of CPOE, OFC technical assistance staff will be working closely with PCSAs to develop new QIP strategies, tailored in partnership with each agency, for these items that have proven especially challenging to address over time.

CQI Goals & Planned CQI Enhancements

As noted in Ohio's most recent APSR submission, CPOE is a central component of Ohio's overall approach to Continuous Quality Improvement (CQI). However, Ohio's CFSP includes a robust plan for enhancement of overall statewide CQI that extends beyond CPOE's quality assurance activities. OFC formed a CQI Advisory Team to guide the development of Ohio's CFSP, including the plan for statewide CQI enhancement. As Ohio moved forward with implementation of its CFSP, the CQI Advisory Team was expanded to advance the objectives in the statewide CQI plan.

The CQI Advisory Team's membership includes representation from all OFC bureaus, public children services agency partners, private agency partners, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the Public Children Services Association of Ohio, and the Ohio Association of Child Caring Agencies. The Advisory Team is chaired by Carla Carpenter of OFC, Linda Peters with Franklin County Children Services, and Jodi Harding with Lighthouse Youth Services.

Four subcommittees of the Advisory Team were formed to focus on the following areas of Ohio's statewide CQI plan:

- ***CQI Framework:*** This Subcommittee has developed a written statewide CQI framework, which includes a description of Ohio's overarching CQI process and detailed recommendations based on CQI best practices, Children's Bureau recommendations, the recommendations of national child welfare organizations (such as NAPCWA), and local CQI methods.

- ***Statewide CQI Community****:* This Subcommittee is working to provide mechanisms for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources. Along with information-sharing, this Subcommittee is responsible for recommendations and activities to support a statewide "CQI Community of Practice."

- ***Peer Partnership:*** This Subcommittee is responsible for establishing an inter-agency peer review network. The peer review network will initially be focused on completion of Ohio's CFSR onsite review; however, the longer-term vision is a statewide peer network that will be available to support agencies' ongoing continuous quality improvement efforts.

- ***Data Reports:*** This Subcommittee provides recommendations to inform the development of user-friendly, standardized data reports; make data more accessible to practitioners, supervisors and agency administrators; and strengthen statewide use of performance data.

Summary of Item

Several notable enhancements to CPOE Stage 10 resulted in a larger sample size that is more representative of the statewide mix of case types. Alternative Response and Title IV-E Court cases were included in the review along with In-Home and Foster Care cases served through the Traditional Response pathway. CPOE Stage 10 included an even stronger focus on county administrative data. The CPOE Stage 10 Framework required OFC's Technical Assistance Specialists to provide a core set of data reports to PCSAs and Title IV-E courts. As noted in the Annual Progress and Services Report (Section III, Update to the Plan for Improvement), the Bureau for Systems and Practice Advancement has implemented a number of strategies to support increased inter-rater reliability among reviewers in CPOE Stage 10. Moreover, Ohio has successfully engaged a wide variety of local and state partners in the work of enhancing statewide CQI through its CQI Advisory Team and subcommittees. The Team has made significant strides in implementing the CQI plan outlined in Ohio's CFSP.

D. Staff and Provider Training

Overview

ODJFS supports training of agency staff, foster caregivers, and adoptive parents through many programs, including the Ohio Child Welfare Training Program (OCWTP). The OCWTP is a comprehensive, competency-based in-service training system, founded in 1986, to serve staff, managers, and caregivers in Ohio's PCSAs.

The OCWTP is a collaborative effort between ODJFS, the Public Children Services Association of Ohio (PCSAO), eight Regional Training Centers (RTCs), and the Institute for Human Services (IHS). The OCWTP provides high quality training, coaching, and technical assistance to achieve excellence in learning. Local county child welfare agencies provide follow-up support to ensure learning translates into effective practice.

The OCWTP and ODJFS recently received a national award from the National Staff Development and Training Association and the American Public Human Services Association for Ohio's training system. The award, presented in October 2016, was the "President's Award for Pioneering Impact in the Field of Health and Human Services Training and Development." It was presented for "exceptional leadership, enduring commitment and lasting contributions to the transformation of the health and human services field."

The OCWTP's vision, mission, and guiding principles include:

OCWTP VISION: Highly skilled staff and caregivers who achieve safety, permanency, and well-being for all Ohio children.

OCWTP MISSION: Promote best child welfare practice through comprehensive skill development, strategic partnerships, and effective advocacy.

OCWTP GUIDING PRINCIPLES:

- Evidence-informed practice
- Collaboration
- Commitment to quality
- Responsive service
- Attention to diversity
- Continuous innovation

Additional general information about the OCWTP is in the 2015 Annual Report.

The OCWTP assesses skills and knowledge needs and delivers training and coaching interventions through eight Regional Training Centers (RTCs). The RTCs:

- Collaborate with their constituent agencies to identify and address the skills and knowledge needs of staff, caregivers, and adoptive parents.
- Develop, pilot, and evaluate training activities, including transfer-of-learning strategies.
- Budget, schedule, register, and administer child welfare-related learning interventions within their respective regions.

Additional information about each of the RTCs is found under *Item 27: Ongoing Staff Training.*

In 2016, the OCWTP served over 3,200 caseworkers, 640 supervisors, and 5,700 foster and adoptive parents. During the first 10 months of 2016, the OCWTP:

- Launched over 4,341 training sessions through E-Track, Ohio's learning management system, delivering 20,590 hours of training to 36,457 attendees.
- Provided 722 hours of coaching for supervisors, caseworkers, and foster parents.
- Provided 1,782 Foster Parent College courses, completed by foster parents across Ohio.
- Began using a standardized needs data collection tool for RTCs to capture knowledge and skill-related information that surfaces during 2016 CPOE exit interviews. (The tool connects the CPOE findings to the OCWTP Universe of Competencies to identify and address skills and knowledge needs.)
- Continued developing and revising evaluation surveys to collect feedback from staff and foster parents. (For example, in 2016, the OCWTP created new online evaluation surveys specifically for training on adoption assistance, pre-finalization adoption services, adolescent development, and how supervisors can develop critical thinking skills with their assessor workers. The OCWTP now uses over 100 different E-Track evaluation surveys tied directly to specific trainings.)
- Continued to approve and support trainers through:
  - Eighteen Training of Trainer (TOT) learning activities.
    Note: All new OCWTP trainers are required to participate in *Stand Up and Take Charge of the Training Environment* before they can train in the system, and *Diversity Training* must be completed within the first year of becoming an approved trainer. Casework Core and CAPMIS trainers must attend a CAPMIS TOT. Prospective trainers are urged to attend *So You Want to be an OCWTP Trainer*, *Curriculum Development,* and *Strengthening Presentation Design to Enhance Learning.*
  - Writing and circulating *Common Ground*; a newsletter that provides news and information relevant to trainers, including:
    - February 2016: Learning Needs Assessments; Normalcy and Prudent Parent Standards.
    - June 2016: Case Process and Critical Thinking Resources; Ethical Training and Development Practice in Child Welfare.
    - November 2016: Levels of Learning.
  - Hosting the 2016 Trainer Conference on April 4, 2016, *Passport to Learning* designed to help the 62 trainers and coaches in attendance build skills in facilitating critical thinking for staff and caregivers related to safety and risk assessment.
  - Helping trainers who are required to complete twelve hours of field experience within two years, if they have not been employed by a PCSA within the last three years.
  - Providing technical assistance to trainers, as identified by curricula developers, workshop evaluation survey data, workshop observers, and by RTC staff.
  - Approving 16 new trainers to train standardized workshops and/or to develop new workshops in identified topic needs.
- Continued the roll-out of Individual Training Needs Assessment (ITNA) and Individual Development Plans (IDP) to identify training needs of caseworkers and supervisors, and promote their ongoing individual knowledge and skill development.

The ITNA:

- Is conducted entirely online.
- Combines caseworker/supervisor and his or her supervisor perspective on the staffs' highest priority needs.

- Filters from 1,700 competencies for caseworkers to the 10-20 most critical for two-year development.
- Filters from 786 competencies for supervisors to the 10-20 most critical for two-year development.
- Feeds directly into each staff's individual development plan (IDP).
- Provides the training system aggregate needs data by county, region, or state.

The IDP:

- Is accessible online to staff, their supervisors, and their county training liaisons.
- Is based on high-priority training needs identified in the needs assessment tool.
- Links directly to available interventions designed to address identified needs.
- Allows staff and their supervisors to record progress on plan objectives and add new objectives.
- Allows the training program to target new interventions directly to those who need them.

Caseworker ITNAs/IDPs were rolled out statewide in January 2015. Below are the top 10 most-often selected competencies by all caseworkers who completed ITNAs/IDPs from January 2015 through October 2016:

N=2,457

Top Ten Casework Competencies	Count	Percent
Knows how to identify common street drugs and their associated drug paraphernalia.	194	7.9
Knows the characteristics, behavioral indicators, and preferred treatments for childhood psychosis, including childhood schizophrenia.	163	6.6
Knows the characteristics, behavioral indicators, and preferred treatments for self-injurious behavior (SIB) such as self-cutting; eating disorders (anorexia and bulimia); and suicidal ideation in children and adolescents.	156	6.4
Knows the physical and behavioral indicators of drug abuse, including methamphetamine, crack/cocaine, heroin, hallucinogens, other stimulants and depressants, prescription medications, and other street or "club" drugs	154	6.3
Knows the characteristics, behavioral indicators, and preferred treatments for mood disorders such as depression, bipolar disorder, and anxiety in children and adolescents.	151	6.2
Understands the challenges in differentiating substance abuse from other conditions, including mental illness, emotional disorders, or medical conditions.	147	6.0
Knows the types of medications used to treat mental health problems in children and adolescents, their effectiveness, their side effects, and the risks of misuse or discontinuation.	146	5.9
Knows the characteristics, behavioral indicators, and preferred treatments for severe attachment disorders, including Reactive Attachment Disorder (RAD).	141	5.7

Top Ten Casework Competencies	Count	Percent
Knows strategies to manage multiple and competing priorities.	141	5.7
Can develop and execute a work plan that maximizes effectiveness of the time available to complete an activity.	141	5.7

Note: The Supervisor Practice Work Team analyzes this aggregate statewide ITNA data to determine next steps in meeting supervisors' skills and knowledge needs.

Data on Staff and Provider Training

There are different timeframes for the information reported on addressing staff and foster parent training, as we include the most recent data available where possible. Data timeframes are identified, but, in general, we are reporting on two timeframes:

Initial Staff Training: Includes Caseworker Core and Supervisor Core data for January 1, 2016 through October 31, 2016.

Ongoing Training: Includes ongoing training for caseworkers, supervisors and foster parents, from each RTC, for SFY 2016 (July 1, 2015 through June 30, 2016).

Foster and Adoptive Parent Training: Includes Preservice training for potential foster parents, and information on standardized ongoing foster parent training, for January 1, 2016 through October 31, 2016.

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

Initial Staff Training includes Caseworker Core and Supervisor Core training. The table below outlines the training requirements for initial training, and what the OCWTP offers to meet these requirements.

Population to be Trained	ORC Requirement	OCWTP Offerings
New Caseworkers	New caseworkers complete 102 hours of Core training within the first year of employment.	Caseworker Core
New University Partnership Program (UPP) Caseworkers	New UPP caseworkers complete training on legal aspects of CPS within first year of employment, and 36 hours of ongoing training (if Core is waived) within the first year of employment.	Caseworker Core Module III Ongoing
New Supervisors	New supervisors complete a minimum of 60 hours of Core training in their first year of employment in their supervisory position; complete additional 12 hours of Core in their second year.	Supervisor Core

Only Franklin County Children Services (FCCS) contracts for caseworker and supervisor services. As of December 1, 2016, FCCS had 66 contracted caseworkers and 18 contracted supervisors in E-Track. FCCS requires contracted caseworkers and supervisors receive the same training as county agency staff, as required in contract language (example below):

9.10.1 REQUIREMENTS FOR DIRECT SERVICE STAFF

Direct service staff shall meet the training requirements of OAC §5101:2-33-55 Education and in-service training requirements for PCSA caseworkers.

9.10.2 REQUIREMENTS FOR SUPERVISORY STAFF

Supervisory staff shall meet the requirements of OAC §5101:2-33-56 In-service training requirements for PCSA supervisors

9.10.4 DOCUMENTATION

Before direct service staff engage in case work, MCE shall supply FCCS with the names of all new case workers and FCCS will ensure the names are entered into E-Track Training Management System. MCE shall keep individual training records in each employee's personnel file.

Addressing the Basic Skills and Knowledge Needs of New Caseworkers

Caseworker Core competencies are those that are fundamental and essential for all new caseworkers, regardless of their specific job responsibilities. First and foremost, OCWTP's initial training is developed to address Core competencies. To make sure Core Modules remain relevant, OCWTP:

- Keeps abreast of the latest research on child welfare practice.
- Includes revisions to state law and ODJFS rules governing Ohio's child welfare program.
- Collects feedback from ODJFS staff, E-Track evaluation surveys, and RTC onsite visits with county agencies.

The Caseworker Core series has eight modules, and five optional learning labs that follow Modules II, IV, V, and VI for in-depth practice applying the training content. The table below identifies the number of sessions of each Module and Learning Lab, along with the number of caseworkers who attended these sessions from January through October 2016.

Caseworker Core Modules and Learning Labs January 1, 2016 – October 31, 2016	# of Sessions Offered	Statewide Attendance
Module I Family-Centered Approach to Child Protective Services (12 hours)	31	477
Module II Engaging Families in Family-Centered Child Protective Services (6 hours)	31	483
Module II Learning Lab Engagement Skills	31	419
Module III Legal Aspects of Family-Centered Child Protective Services (12 hours)	31	544
Module IV Assessment and Safety Planning in Family-Centered Child Protective Services (12 hours)	29	479
Module IV Learning Lab 1 Assessing Safety and Controlling Safety Threats	30	414
Module IV Learning Lab 2 Assessing Family Strengths, Needs and Risk	29	403
Module V Gathering Facts in Family-Centered Child Protective Services (6 hours)	32	487
Module V Learning Lab Assessment Skills for Gathering Facts	32	426

Caseworker Core Modules and Learning Labs January 1, 2016 – October 31, 2016	# of Sessions Offered	Statewide Attendance
Module VI Service Planning and Delivery in Family-Centered Child Protective Services (18 hours)	28	431
Module VI Learning Lab Creating and Documenting Service Plans	28	350
Module VII Child Development: Implications for Family-Centered Child Protective Services (18 hours)	26	419
Module VIII Separation, Placement, and Reunification in Family-Centered Child Protective Services (18 hours)	24	394

Although attendance at the Learnings Labs is optional, we find that over 80% of new caseworkers choose to attend the practice Learning Labs. Attendance at learning labs, which go beyond mandated training, is an indicator of the value Ohio's PCSAs place on training.

Caseworker Core Modules and Learning Labs are offered in every RTC across Ohio. Below is the number of Caseworker Core and Learning Lab sessions offered, by RTC and the number of caseworkers who attended those sessions, from January through October 2016.

Regional Training Center	# of Caseworker Core & Lab Sessions	# of Attendees	Regional Training Center	# of Caseworker Core & Lab Sessions	# of Attendees
Central (Columbus)	94	1,795	Northwest (Toledo)	29	257
East Central (Cambridge)	24	243	Southeast (Athens)	23	209
North Central (Cuyahoga)	49	945	Southwest (Cincinnati)	74	888
Northeast (Akron)	45	906	Western (Dayton)	47	511

Some new caseworkers are graduates of the University Partnership Program (UPP) and are not required to complete all modules of Caseworker Core when hired by a PCSA. Through a collaboration between eight public universities, OCWTP, ODJFS and PCSAO, UPP graduates complete college courses based on seven of the eight Caseworker Core Modules (Module III Legal Aspects of Family-Centered Child Protective Services, is not taught through UPP).

From January 2016 through October 2016, 48 UPP graduates were hired by PCSAs. More information about Ohio's UPP can be found here: http://www.pcsao.org/programs/university-partnership.

Caseworker Core Evaluation Feedback

The OCWTP has been on the forefront of developing improved methods to assess whether training is meeting caseworker and supervisory needs and transfer of learning (TOL) to practice. In 2016, the OCWTP continued to use two different evaluation surveys for Caseworker Core. As each Core Module and Learning Lab is revised to include updates to best practice (CAPMIS, SACWIS and Differential Response), a new E-Track evaluation survey is created that prompts new caseworkers to consider a module's learning objectives a day or two after they return to their office from training (a caseworker has up to seven days after attending training or a learning lab to complete the E-Track online evaluation survey). The "new" surveys are developed to serve several purposes. Asking open-ended questions about learning objectives helps anchor content for participants and gives the training system the opportunity to identify effectiveness of curricula, trainers, and training methods.

As of October 2016, "new" evaluation surveys are in place for Caseworker Core Module II, Module II Learning Lab, Module IV, Module IV Learning Labs (2), Module V, Module V Learning Lab, Module VI, and Module VI Learning Lab.

The OCWTP continues to pilot this new survey format. Although initial analysis of responses to the content questions indicated a low percentage of correct answers to a few of the questions, our sample size remains too small to form conclusions. Hypotheses, however, include: (1) the question is poorly written, (2) the trainer did not train the content as intended, or (3) the training method failed to anchor the concept.

At this point, staff capacity prevents the OCWTP from scoring each response in Caseworker Core (over 5,700 attendees answering two or more questions for eight modules and five learning labs.) OCWTP continues to pilot and learn from the full evaluation process with Supervisor Core modules as indicated later in this report. The number of new supervisors attending Core is small enough that staff can score and analyze the data. We continue to use the revised evaluation surveys with open-ended questions in Caseworker Core due to the established TOL benefit of having learners reflect on content following training. Eventually, we hope to establish a means of randomly selecting responses for full analysis.

"Old" evaluation surveys used in four of the Caseworker Core Modules identify key learning objectives specific to each module, then ask participants to tell us if they learned new knowledge, or if training was a good refresher, or if they learned little of value on the specific learning objective.

The table below identifies if a Module and Learning Lab used the newly revised evaluation surveys, or the "old" evaluation surveys, in 2016.

Caseworker Core Modules and Learning Labs January 1, 2016 – October 31, 2016	Newly Revised Evaluation Surveys, or Not Yet Revised Evaluation Surveys
Module I Family-Centered Approach to Child Protective Services	Not yet revised
Module II Engaging Families in Family-Centered Child Protective Services	Newly revised
Module II Learning Lab Engagement Skills	Newly revised
Module III Legal Aspects of Family-Centered Child Protective Services	Not yet revised

Caseworker Core Modules and Learning Labs January 1, 2016 – October 31, 2016	Newly Revised Evaluation Surveys, or Not Yet Revised Evaluation Surveys
Module IV Assessment and Safety Planning in Family-Centered Child Protective Services	Newly revised
Module IV Learning Lab 1 Assessing Safety and Controlling Safety Threats	Newly revised
Module IV Learning Lab 2 Assessing Family Strengths, Needs and Risk	Newly revised
Module V Gathering Facts in Family-Centered Child Protective Services	Newly revised
Module V Learning Lab Assessment Skills for Gathering Facts	Newly revised
Module VI Service Planning and Delivery in Family-Centered Child Protective Services	Newly revised
Module VI Learning Lab Creating and Documenting Service Plans	Newly revised
Module VII Child Development: Implications for Family-Centered Child Protective Services	Not yet revised
Module VIII Separation, Placement, and Reunification in Family-Centered Child Protective Services	Not yet revised

The following pages report evaluation feedback from caseworkers for every module and learning lab. The data looks different from module-to-module depending on which evaluation survey was used.

Caseworker Core Evaluation Feedback

On all Caseworker Core surveys – new and old - caseworkers are asked if they strongly agree, agree, disagree, or strongly disagree with the statement: "My job performance will improve because of what I learned in this training." Below are responses from all caseworkers who completed Caseworker Core surveys during the first 10 months of 2016.

My job performance will improve because of what I learned in this training.					
Caseworker Core	# Who Completed Evaluation Survey	# Strongly Agree	# Agree	# Disagree	# Strongly Disagree
Module I	378	213	161	2	0
Module II	363	199	149	6	3
Module II Learning Lab	304	164	134	4	1
Module III	403	266	119	7	4
Module IV	337	186	135	10	0
Module IV Learning Lab	273	170	97	4	1
Module IV Learning Lab	295	174	112	6	0
Module V	347	187	146	10	0
Module V Learning Lab	289	158	122	7	0
Module VI	275	143	119	9	1
Module VI Learning Lab	231	117	105	6	1
Module VII	300	149	129	9	9
Module VIII	281	178	95	3	1

Tables below summarize evaluation survey feedback specific to learning objectives for each Module and Learning Lab.

Module I Family-Centered Approach to Child Protective Services

31 sessions offered January – October 2016
Of the 477 caseworkers who attended Module I, 378 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Survey Item	# Learned new knowledge & skills	# It was a good refresher	# Learned little of value
What did you learn about the family-centered approach to child welfare?	268	103	7
What did you learn about a caseworkers' responsibility to prevent placement, reunify families or find alternative placements?	256	114	7
What did you learn about the role of the child welfare agency in a community-based approach to child protection and family support?	262	102	6
What did you learn about behaviors that are considered child sexual abuse?	241	121	8
What did you learn about the parent, family and environmental factors that contribute to child maltreatment?	241	126	6
What did you learn about indicators of abuse and neglect?	261	108	2
What did you learn about cultural competence, ethnocentrism, and stereotyping?	197	158	17
What did you learn about how your cultural background affects your values, perceptions, behaviors and identity?	184	173	15

Module II Engaging Families in Family-Centered Child Protective Services

31 sessions offered January – October 2016
Of the 483 caseworkers who attended Module II, 363 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Key Learning Objectives	# Caseworkers Replied "Yes" They Can	# Caseworkers Replied "No" They Can Not	# Caseworkers Who Provided a Written Response
Can you tell us one thing you learned about how to integrate the use of engagement strategies while still maintaining protective authority?	353	8	284
Can you tell us one thing you learned about engaging parents through honest and transparent conversation?	351	7	275
Can you tell us one thing you learned in this workshop about how to use engagement strategies to reduce parents' resistance?	353	4	291
Can you tell us one thing you learned in this workshop about how to engage fathers and non-resident parents in the casework process?	339	10	286

Module III Legal Aspects of Family-Centered Child Protective Services

31 Sessions offered January – October 2016

Of the 544 caseworkers who attended Module III, 403 completed evaluation surveys

NOTE: Caseworkers do not have to respond to every item on a survey.

Survey Item	# Learned new knowledge & skills	# It was a good refresher	# Learned little of value
What did you learn about court procedures to obtain custody of a child?	349	41	9
What did you learn about reasonable efforts requirements for caseworkers?	305	79	15
What did you learn about protecting a parent's right to due process and equal treatment under the law, and preventing warrantless search and seizure?	310	68	15
What did you learn about the roles and responsibilities of all parties involved in court hearings?	339	43	14
What did you learn about the legal definitions of child maltreatment to help to determine the type of complaint to file?	327	54	10
What did you learn about admissible and inadmissible evidence in court?	326	47	21
What did you learn about maintaining your composure during direct testimony and cross examination?	288	75	24
What did you learn about working with prosecutors and agency attorneys to prepare for court?	296	79	18

Module IV Assessment in Family-Centered Child Protective Services

29 sessions offered January – October 2016

Of the 479 caseworkers who attended Module IV, 337 completed evaluation surveys.

NOTE: Caseworkers do not have to respond to every item on a survey.

Key Learning Objectives	# Caseworkers Replied "Yes" They Can	# Caseworkers Replied "No" They Can Not	# Caseworkers Who Provided a Written Response
Can you tell us how safety plans are used to control safety threats throughout the life of a case?	333	0	245
Can you tell us how the assessment of safety is conducted throughout the life of a case and at specific case decisions?	329	3	233
Can you describe the three-pronged approach to assessing child safety?	295	38	210
Can you tell us how you might synthesize the information to inform safety planning and service planning decisions?	311	15	200
Can you tell us the purpose of assessing family strengths and needs and risk of future harm?	325	2	224

Module IV SACWIS Learning Lab Assessing Safety and Controlling Safety Threats (Optional)

30 sessions offered January – October 2016
Of the 414 caseworkers who attended Module IV Learning Lab, 273 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Key Learning Objectives	# Caseworkers Replied "Yes" They Can	# Caseworkers Replied "No" They Can Not	# Caseworkers Who Provided Written Response
Can you use the 7 steps of critical thinking to assess safety and develop safety plans?	258	14	146
Can you develop a safety plan that controls safety threats?	266	4	157
Can you develop interview questions to gather information about safety factors, protective capacities, and child vulnerabilities?	269	2	16
Can you describe engagement strategies you will use to gather information necessary to assess child safety?	264	3	150
Can you document the assessment of safety in the appropriate fields in SACWIS?	269	1	139

Module IV SACWIS Learning Lab Assessing Family Strengths, Needs and Risk of Future Harm (Optional)

29 sessions offered January – October 2016
Of the 403 caseworkers who attended Module IV Learning Lab, 295 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Key Learning Objectives	# Caseworkers Replied "Yes" They Can	# Caseworkers Replied "No" They Can Not	# Caseworkers Who Provided Written Response
Can you use the 7 steps of critical thinking to assess the risk of future harm (strengths and needs and risk assessment)?	286	8	154
Can you document the assessment of risk (strengths and needs and risk assessment) in the appropriate fields in SACWIS?	287	6	158
Can you develop interview questions to gather information about family strengths and needs?	293	1	161
Can you describe the engagement strategies you will use to gather information necessary to assess risk of future harm?	287	4	134

Module V Gathering Facts in Family-Centered Child Protection Services

32 sessions offered January – October 2016

Of the 487 caseworkers who attended Module V, 347 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Key Learning Objectives	# Caseworkers Replied "Yes" They Can	# Caseworkers Replied "No" They Can Not	# Caseworkers Who Provided a Written Response
Can you tell us why it is important to gather thorough facts about the events precipitating a child welfare report?	344	2	219
Can you describe the ways in which your fact gathering activities may be affected by community partners and MOUs?	331	14	210
Can you list things you must consider when planning activities to gather facts?	339	4	219
Can you identify things you must consider when interviewing each of the case members about the facts of the case?	337	3	233
Can you tell us the purpose of assessing family strengths and needs and risk of future harm?	334	4	211

Module V Learning Lab Assessment Skills for Gathering Facts in Child Protective Services (Optional)

32 sessions offered January – October 2016
Of the 426 caseworkers who attended Module V Learning Lab, 289 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Key Learning Objectives	# Caseworkers Replied "Yes" They Can	# Caseworkers Replied "No" They Can Not	# Caseworkers Who Provided Written Response
Can you tell us how you might sequence fact gathering activities in family-centered child protective services cases?	280	6	159
Can you list things you must consider when planning activities to gather facts?	282	1	169
Can you list the activities that must occur in order to arrive at a case disposition?	256	21	139

Module VI Service Planning and Delivery in Family-Centered Child Protective Services

28 sessions offered January – October 2016
Of the 431 caseworkers who attended Module VI, 275 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Key Learning Objectives	# Caseworkers Replied "Yes" They Can	# Caseworkers Replied "No" They Can Not	# Caseworkers Who Provided Written Response
Can you describe strategies you might use to engage resistant clients in the service planning and provision process?	274	1	184

Key Learning Objectives	# Caseworkers Replied "Yes" They Can	# Caseworkers Replied "No" They Can Not	# Caseworkers Who Provided Written Response
Can you describe the purposes of providing services to families and children on the Family Service Plan or Case Plan?	273	0	185
Can you describe the consequences of failing to provide services to children and families prior to implementing a case plan?	259	13	175
Can you describe the consequences of failing to document Case Services in SACWIS?	267	4	181
Can you describe how you know when a Case Plan or Family Service Plan Amendment is necessary?	258	10	173

Module VI Learning Lab Creating and Documenting Service Plans (Optional)

28 sessions offered January – October 2016
Of the 350 caseworkers who attended Module VI Learning Lab, 231 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Key Learning Objectives	# Caseworkers Replied "Yes" They Can	# Caseworkers Replied "No" They Can Not	# Caseworkers Who Provided Written Response
Can you describe how Case Plan and/or Family Service Plan concerns are developed?	229	1	142

Module VII Child Development Implications for Family-Centered Child Protective Services

26 Sessions offered January – October 2016
Of the 419 caseworkers who attended Module VII, 300 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Survey Item	# Learned new knowledge & skills	# It was a good refresher	# Learned little of value
What did you learn about developmental stages of children and adolescents?	157	131	12
What did you learn about recognizing the effects of abuse and neglect in children and adolescents?	203	84	12
What did you learn about recognizing developmental delays in children?	192	92	13
What did you learn about the role culture plays in child development?	137	143	18
What did you learn about recognizing attachment problems between children and their families?	181	100	13
What did you learn about recognizing emotional problems in children?	173	106	12
What did you learn about community resources available for children with developmental delays?	166	83	41
What did you learn about considering developmental factors during interviews with young children?	187	89	15

Module VIII Separation, Placement, & Reunification in Family-Centered Child Protective Services

24 Sessions offered January – October 2016
Of the 394 caseworkers who attended Module VIII, 281 completed evaluation surveys.
NOTE: Caseworkers do not have to respond to every item on a survey.

Survey Item	# Learned new knowledge & skills	# It was a good refresher	# Learned little of value
What did you learn about effects of separation, placement, and impermanence on attachment, child development and family stability?	224	52	4
What did you learn about emotional and behavioral traumatic indicators of separation?	209	64	7
What did you learn about reducing stress and strengthening children's coping capacity?	213	57	6
What did you learn about the importance of placing siblings together?	165	102	9
What did you learn about foster and kinship caregivers as potential permanent placement resources for children in care?	186	79	10
What did you learn about preparing children, their families and caregivers for placement?	227	45	5
What did you learn about visitation between children in care and family members?	192	76	8
What did you learn about caregivers participating in case plan development and working directly with families?	194	69	11
What did you learn about determining readiness and/or the factors associated with successful reunification?	213	56	9

Supporting Transfer of Learning (TOL) after Caseworker Core:
Supervisor Quality Checklists

In partnership with the ODJFS, Child Protective Services policy division, the OCWTP developed three unique tools to assist supervisors in their support of caseworker TOL after Caseworker Core. These tools, *Supervisor Safety Planning Quality Tool, Supervisor Safety Assessment Quality Tool*, and *Supervisor Quality Checklist for Strengths and Needs Assessment,* are the first of several in a series. These tools are disseminated to caseworkers in *Caseworker Core Module IV,* and the caseworkers are instructed to take the tools back to their supervisors as a means to communicate how they are learning to assess safety and safety plan.

These tools are instructional in nature, meaning that they provide hints and tips to allow anyone who uses them to know what policy and best practice is for each of the components in the process. The tools prompt a supervisor to review a caseworker's assessment of safety or safety plan to ensure it aligns with policy and best practice. The tools can be used in case conferencing, group supervision, or peer review. In addition to Caseworker Core, these tools are shared with supervisors at conferences and meetings with agency supervisors and directors, and other opportunities that arise.

These tools are currently available on the OCWTP website (http://ocwtp.net/Supervisors.html.) They have not yet been marketed statewide and feedback from users has not been gathered.

Addressing Basic Skills and Knowledge Needs of New Supervisors

The OCWTP's Supervisor Core series is comprised of six 12 hour modules. Each module introduces fundamental knowledge and skills new supervisors must learn, and continue to develop, in order to become an effective child welfare supervisor. Supervisor Core includes the following modules:

- *Supervisor Core Module 1: Supervising Casework Practice*
- *Supervisor Core Module 2: Leadership in Child Welfare*
- *Supervisor Core Module 3: Communication, Conflict, and Change*
- *Supervisor Core Module 4: Improving Individual Staff Performance*
- *Supervisor Core Module 5: Professional Development of Staff*
- *Supervisor Core Module 6: Collaboration and Teamwork*

In 2016, North Central, Northeast, Northwest, and Southwest RTCs each offered a round of Supervisor Core in their region. Due to low numbers of new supervisors in Central, East Central, Southeast, and Western Ohio, those RTCs send new supervisors to one of the three rounds of "Statewide Supervisor Core" scheduled in Columbus in 2016.

Each year the OCWTP decides how many "Statewide Supervisor Core" rounds to offer based on county hiring practices and needing to ensure supervisors are able to complete their mandated training requirement. Statewide Supervisor Core sessions are marketed and open to supervisors from all regions.

In 2015, the revision to Module 1 was completed. Revisions to Modules 2, 4, and 5 are in process. They will be completed in 2017. Revisions to Modules 3 and 6 will be completed by June 2018. In addition to updating the content, more practice and knowledge sharing opportunities will be added to encourage a community of practice among the participants.

As part of the Supervisor Core series, the OCWTP offers standardized learning labs and one workshop to further develop a supervisor's skill within specific practice areas. Attendance is not mandatory at these companion learnings but is highly recommended.

Learning Intervention	Sessions	Total Hours	OCWTP Participants
Promoting Critical Thinking in Casework Practice	3	18	16
Managing for Outcomes: Using SACWIS Data to Improve Unit Performance	3	9	21
Supervising Differential Response	1	6	4

Supervisor Core Evaluation Feedback

Every supervisor who attends Supervisor Core, and/or a companion learning lab or workshop, has the opportunity to provide feedback via an online evaluation survey through the E-Track system. In 2015, the OCWTP revised Supervisor Core E-Track evaluation surveys to collect data to demonstrate supervisors are grasping key concepts trained in Supervisor Core. The new surveys are designed to help the OCWTP answer the question, "Can supervisors demonstrate,

through written responses, their knowledge, or intended application, of concepts trained in Supervisor Core?"

The new surveys ask supervisors to give examples of how they've incorporated learning from a previous Supervisor Core module into their job. For example, the new Supervisor Core Module 2 survey asks, "In Module 1, you developed an action plan to create the ideal work environment in your unit. Have you taken steps to create an ideal work environment in your unit? If so, please tell us steps you have taken."

Collecting this data helps the training system:

- Identify where curricula are operating as intended and where curricula need to be improved.
- Use data to drive quality improvement for curricula, trainers, and training methods.
- Communicate to key stakeholders on the effectiveness of Supervisor Core in imparting skills and knowledge.

Collecting this data helps new supervisors:

- Think about, and articulate, how they can apply what they learned.
- Retain new information.

Curricula developers review evaluation surveys following training to catch any issues that need addressed immediately. Questions are scored quarterly and themes analyzed annually. A response is considered correct if answers are consistent with concepts presented. Incorrect responses are analyzed to determine if:

- Adjustments need to be made in the curricula
- Adjustments need to be made to the evaluation
- This is an isolated case in which a trainer did not cover the content

Trainers are alerted when scores are under 50% and asked if they recall anything specific about the workshop or participants that might offer some insight into the scores. They are also asked if the curriculum is clear. If there are concerns about trainers, OCWTP staff observe and offer developmental feedback.

Below is evaluation data for each module.

Supervisor Core Module 1: Supervising Casework Practice

8 Sessions

76 Participants (65 Completed Evaluation)

My job performance will improve because of what I learned in this training:	
Strongly Agree	39 (60%)
Agree	25 (38%)
Disagree	1 (2%)
Strongly Disagree	0 (0%)

Participants were asked…	# Who Provided Response	# Answered Correctly	% of Total that Demonstrated Knowledge
Why is your role as a casework supervisor so important?	59	54	71%
How can you help your staff develop critical thinking skills?	58	41	54%
How will you use the Differential Response Practice Profiles to support good casework practice?	54	27	36%
What strategies will you use to ensure individual and group case conferences support good casework practice?	53	41	54%

Supervisor Core Module 2: Leadership in Child Welfare

8 Sessions
75 Participants (59 Completed Evaluation)

My job performance will improve because of what I learned in this training:	
Strongly Agree	34 (58%)
Agree	23 (40%)
Disagree	1 (2%)
Strongly Disagree	0 (0%)

Participants were asked…	# Who Provided Response	# Answered Correctly	% of Total that Demonstrated Knowledge
How has your role as a leader changed since becoming a supervisor?	48	41	55%
How will you develop a supportive relationship with your staff?	54	51	68%
Why is it important to maintain a “big picture” or “balcony” unit perspective?	49	38	51%
How will your leadership values influence your staffs’ work with families?	46	35	47%

Supervisor Core Module 3: Communication, Conflict, and Change

8 Sessions
69 Participants (57 Completed Evaluation)

My job performance will improve because of what I learned in this training:	
Strongly Agree	21 (40%)
Agree	30 (58%)
Disagree	1 (2%)
Strongly Disagree	0 (0%)

Participants were asked…	# Who Provided Response	# Answered Correctly	% of Total that Demonstrated Knowledge
How does poor communication within your unit lead to conflict?	38	34	49%
Why does poorly managed change produce conflict?	36	33	48%
How would you introduce change into your unit in a way that limits conflict?	38	37	54%
What would you change about the way you communicate with staff?	37	34	49%

Supervisor Core Module 4: Improving Individual Staff Performance

7 Sessions
68 Participants (46 Completed Evaluation)

My job performance will improve because of what I learned in this training:	
Strongly Agree	27 (59%)
Agree	18 (39%)
Disagree	1 (2%)
Strongly Disagree	0 (0%)

Participants were asked…	# Who Provided Response	# Answered Correctly	% of Total that Demonstrated Knowledge
How will you gather information regarding your staffs' performance?	39	35	51%
Identify reasons why staff may have performance gaps.	37	34	50%
Provide an example of a SMART performance objective.	38	24	35%
What is the process you'll use to complete staffs' annual performance evaluation?	35	27	40%
How will you provide effective feedback to staff about their performance?	36	29	43%

Supervisor Core Module 5: Professional Development of Staff

7 Sessions
77 Participants (56 Completed Evaluation)

My job performance will improve because of what I learned in this training:	
Strongly Agree	33 (59%)
Agree	23 (41%)
Disagree	0 (0%)
Strongly Disagree	0 (0%)

Participants were asked…	# Who Provided Response	# Answered Correctly	% of Total that Demonstrated Knowledge
How may you promote the professional growth of your high performing staff vs. low performing?	44	30	39%
What are some of the characteristics of an effective learning culture?	39	31	40%
Why is it important to support transfer of learning?	43	36	47%
How will you engage your staff in the ITNA/IDP process?	43	34	44%

Supervisor Core Module 6: Collaboration and Teamwork

5 Sessions
49 participants (38 Completed Evaluation)

My job performance will improve because of what I learned in this training:	
Strongly Agree	13 (34%)
Agree	24 (63%)
Disagree	0 (0%)
Strongly Disagree	1 (3%)

Participants were asked…	# Who Provided Response	# Answered Correctly	% of Total that Demonstrated Knowledge
How do children and families benefit from collaboration with internal and external partners?	27	26	53%
What are some common barriers to collaboration?	26	24	49%
What are four characteristics of effectively performing groups?	25	18	37%
How will you use unit meetings to elevate and improve unit performance?	25	23	47%

Supervisor Core Transfer of Learning Strategies

Two strategies are used to increase transfer of learning (TOL) for Supervisor Core participants:

- TOL prompts within Supervisor Core evaluation questions
- The Supervisor Core Training Transfer Indicators

The Supervisor Core evaluation increases TOL in two ways.

1. Each evaluation is comprised of four or five open-ended questions which ask participants to think about and apply concepts they just learned. This provides participants with an opportunity to think though newly learned information within days after a workshop. Additionally, responses are "graded" and analyzed by the curricula developers.
2. Each evaluation includes one question related to content from a previous module, except Module 1 which asks about supervisory support. These questions give participants an opportunity to reflect how their practice may or may not have changed since attending the previous module. Furthermore, the questions provide information to curriculum developers highlighting which knowledge and skills learned in the workshop are being implemented on the job.

Below is data from the Supervisor Core evaluation TOL practice prompts from sessions offered January – October 2016.

Supervisor Core Module I: Supervising Casework Practice

Question	Yes	No
Did your supervisor help prepare you for attending Supervisor Core?	37 (57%)	28 (43%)

Written Response Prompt: Describe the actions your supervisor took to help you prepare.

Response Examples:

- *I was provided with the transfer of learning questions for each CORE prior to attending.*
- *Summarizing what information is discussed at Core trainings.*
- *Social Services Director clearly communicated the importance of going to the Supervisor Core trainings with this one being CORE 1.*
- *We have a new assistant director. She was not here to prep me for this training.*
- *Discussion held about upcoming training.*
- *She made me aware of the upcoming training and suggested that I take it.*
- *My supervisor meets with me weekly and we discuss Core before and after attending.*
- *Yes. My supervisor provided with the support for attending the training. I had someone to cover when I was in training.*
- *Brief discussion during one-on-one supervision.*
- *She explained it will give me foundational information for performing my daily job duties.*

Supervisor Core Module 2: Leadership in Child Welfare

Question	Yes	No	Have not attended
In Module 1, you developed an action plan to create the ideal work environment in your unit. Have you taken steps to create an ideal work environment in your unit?	35 (60%)	12 (21%)	11 (19%)

Written Response Prompt: Describe the steps you have taken.

Response Examples:

- *We discussed at our monthly unit meeting how to be more cohesive.*
- *When I meet with my staff for unit meetings we review policies of the agency, I encourage them to share things they have learned in training with the unit and I have had opportunities to be supportive of them and their decisions on cases.*
- *I have begun thinking about what kind of work environment I would like to see as well as getting input from the unit.*
- *Not yet, but planning to begin implementing within the next month.*
- *We have created an open door policy for certain times of the day and a closed door policy, unless there is an emergency, for a short part of the day. We have started group and individual staffing on a regular basis and we make sure we are both available for the meeting times.*
- *Yes, I have begun working with my staff individually and collectively toward the goals of my action plan.*
- *I haven't had much time and I still hold cases.*
- *I've spent some time discussing the quadrant I-IV to try to prioritize work in an effort to reduce stress levels.*
- *Plan to obtain input from staff at 1st unit meeting regarding unit mission, goals, etc.*
- *I have developed a plan for more positive reinforcement with worker's actions.*

Supervisor Core Module 3: Communication, Conflict, and Change

Question	Yes	No	Have not attended
In Module 2, you learned about leadership. Has your leadership style changed as a result?	32 (62%)	13 (25%)	7 (13%)

Written Response Prompt: Describe how your leadership style has changed.

Response Examples:

- *I have utilized more positive reinforcement in my leadership styles.*
- *My leadership skills will/have improved as I have learned to use active listening skills and consider the employee's communication style. I recognize that I must lead by example and model the behavior that I would want my employees to demonstrate.*

- *I am still attempting to be able to step outside and view my unit from the "balcony." I am not sure that I can say that I've properly developed my leadership style or become able to look at my unit objectively yet.*
- *No, I believe my leadership style has stayed the same. However, I feel that module 2 gave me tools to enhance my style and ways to work on my deficits.*
- *I'm more aware of my styles and any issues that would prevent me from being an effective supervisor.*
- *Since module two I have reached out for more feedback on my leadership. It has changed how I approach specific tasks, but not specifically my style. I think I am so new in my leadership style, it is constantly evolving as I am evaluating myself with feedback from my team, peers, and manger.*
- *I will be more attuned to non-verbal communication and will ensure the recipient clearly understands directions.*
- *I try to think holistically about the Agency and my unit's role within it. Also try to act more as a leader than a manager.*
- *I learned so many valuable things that have been easy to implement.*
- *Being more confident with myself and using my worker's styles specific to each of them.*

Supervisor Core Module 4: Improving Individual Staff Performance

Question	Yes	No	Have not attended
In Module 3, we introduced the relationship between communication, conflict, and change. Have you modified your communication approach as a result of your learning?	31 (69%)	5 (11%)	9 (20%)

Written Response Prompt: Describe how you have modified your communication.

Response Examples:

- *I have started having more frequent communication with my unit and utilized verbal and written communication more.*
- *Listening more before responding.*
- *I will be aware of how my communication style affects the relationship with staff. I will be aware of being specific and direct when needed.*
- *I have, I try to engage my staff more to bring a more collaborative approach when dealing with conflict or change.*
- *I've taken a stronger stance in giving clear and concise direction to my staff as it relates to performing tasks.*
- *I have adjusted my approach to each worker's individual need.*
- *I have kept and open line of communication between me and my staff to address in concerns or conflict that may arise.*
- *I have tried to be more direct in my emails with staff and speak with them in person more effectively. I have also tried to genuinely show that I care about them and their wellbeing.*
- *I am attending more to altering my communication response in relation to others presentation of their communication style.*
- *I have been trying to understand better other's communication styles and incorporate some of their style into mine.*

Supervisor Core Module 5: Professional Development of Staff

Question	Yes	No	Have not attended
In Module 4, you learned about assessing staff performance. Have you changed your approach to assessing staff performance as a result of attending Module 4?	41 (73%)	4 (7%)	11 (20%)

Written Response Prompt: Describe how your approach has changed.

Response Examples:

- *Observing their learning styles and working with them.*
- *I have begun to use the tools provided in the training for assessing. I have also provided my staff with the learning style quiz so I can incorporate their style when assessing them.*
- *I'm going to discuss more with my staff about their strengths and needs and promote training and learnings that support their needs as well as discussing with them before and after to debrief and discuss how to apply the knowledge/skills they learned.*
- *Utilizing techniques to better access if knowledge or execution based.*
- *I use more tools to assess this and make it an open discussion.*
- *I have learned how assessing staff performance is necessary to develop them in the future. It is something that I will have to evaluate with my staff further.*
- *I did learn some techniques at the prior class, but have not had the opportunity to put it into practice as of yet. I have begun to lay the groundwork, but will not use any techniques until later in July.*
- *One-on-one supervision, reviewing and monitoring case notes and attending home visits, court hearings and providing feedback are ways I am assessing performance.*
- *I have started looking at staff performance as more of a big picture and connecting it to the mission. I have talked to them about how their work is connecting to the mission.*
- *My approach for assessing staff performance attends to the levels of performance and performance discrepancies.*

Supervisor Core Module 6: Collaboration and Teamwork

Question	Yes	No	Have not attended
In Module 5, you learned how to engage staff to address their skill and knowledge needs. Can you tell us your approach to addressing their skill and knowledge needs?	32 (84%)	0 (0%)	6 (16%)

Written Response Prompt: Describe your approach.

Response Examples:

- *Using the ITNA Tool to assess training needs, skills and growth areas.*

- *I have set aside time during case conferences to discuss feedback on how staff perform by identifying strengths and areas of opportunity.*
- *By use of SMART goals to help staff remain on track and help towards strengthening their skills and knowledge needs as it would be based on each individual staff.*
- *Going over this with them during case reviews and also at their evaluations. Also, sitting down and doing their ITNA together.*
- *I now meet with new worker's to address their level of knowledge and come up with a plan to meet their needs.*
- *I currently have a brand new unit full of inexperienced workers, so I have been working closely with each unit member to build their skills. I have reviewed procedures and practices in supervision and unit meetings. I then follow up on revisiting areas to see how staff are retaining the information.*
- *Asking them to identify their strengths, weaknesses, and interests. Discussing with them areas I have identified for improvement/additional learning. Looking over their ITNA and suggesting they take available trainings that are indicated on their ITNA.*
- *By having regular conferences to continue to address any issues. Also, by working on the ITNA with the worker, we can identify any areas that need to be addressed.*
- *I want to begin to use the SWOT model.*
- *I check in with staff during one-on-one meetings and ask them how things are going and what they feel their learning needs are. I also assess their skills during staffing of cases and when reading their assessments they send for approval.*

Analysis

Feedback from Modules 2-6 TOL prompts indicate the majority of participants felt their practice had changed as a result of attending Supervisor Core. In most cases, the written responses reflect concepts addressed in Core that were implemented back on the job. The Module 1 TOL prompt shows that 43% of participants did not feel their supervisors helped prepare them for Core. Supervisory support and pre-training preparation are important factors in effective TOL. As a result of this data, the OCWTP's Supervisor Advisory Team discussed several strategies to communicate and teach the importance of supporting the professional development of supervisors and ways to do so.

The 2017 APSR (page 108) provided an overview of the Supervisor Core Training Transfer Indicators and described how they may be used.

Below are links to the six Supervisor TTI Tools:

- Supervising Casework Practice
- Leadership in Child Welfare
- Communication, Conflict, and Change
- Improving Individual Staff Performance
- Professional Development of Staff
- Collaboration and Teamwork

Monitoring a Sample of Training Records to Assess Compliance with Initial Staff Training Requirements

OAC rules 5101:2-33-55 *Educational and In-Service Training Requirements for PCSA Caseworkers* and 5101:2-33-56 *In-Service Training Requirements for PCSA Supervisors* mandate that PCSAs maintain all caseworker and supervisor in-service training records and

document staff completion of required training. Historically, PCSAs have maintained these records at the local level by completing state forms (JFS 01825 *Public Children Services Agency Training Record for Caseworkers;* JFS 01826 Public *Children Services Agency Training Record for Supervisors*) or by entering the same information contained on these state forms in a PCSA form or database developed by the PCSA. Effective April 1, 2016, PCSAs were required to maintain the education and in-service training records of staff through "E-Track," the learning management system managed through the OCWTP. This will provide a uniform data collection method and a more efficient avenue for the ongoing review of caseworker and supervisor compliance with training mandates.

Since hire dates are staggered, aggregate reports on staff compliance rates across the state cannot be run from E-Track. However, having statewide training records stored in a central repository will allow for improved tracking of compliance with statewide training mandates.

Initial Caseworker Training Compliance

The OCWTP's eight RTCs worked with Ohio's PCSAs to validate caseworkers' training effective dates and hire dates in order to ensure that staff information was accurately captured in E-Track. RTC staff then reviewed caseworker transcripts in E-Track for staff hired during the period of April 1, 2014 to March 31, 2015

In order to achieve compliance, a caseworker would have completed all 8 core training modules within their first year of employment for a total of 102 hours of training. Findings from the review revealed that 83% of caseworkers were in compliance. When taking into consideration other factors, additional staff were very likely to be in compliance - or to have completed initial training within their agency's requirements. Factors impacting compliance included the following:

- Several PCSAs used an agency-wide annual evaluation date to track training hours rather than the mandated OAC date for when staff first became a caseworker. Some staff were compliant with the agency's date but out of compliance using the OAC timeframes. Technical assistance is being provided to these agencies to ensure timeliness with OAC mandates.
- Some caseworkers may have been in compliance if information was available to determine if a waiver of training had been used. Training can be waived by a PCSA director if any of the following occurs:
    - Within the last two years the caseworker was previously employed by another PCSA or the same PCSA and completed one or more of OCWTP's "Child Welfare Caseworker Core" training courses at any time during the caseworker's previous employment with the PCSA.
    - A PCSA hires an individual who has completed the University Partnership Program (UPP).
- A PCSA hires an individual who was a social work student intern and who completed the "Child Welfare Caseworker Core" as part of the internship.

Initial Supervisory Training Compliance

The OCWTP's eight RTCs worked with Ohio's PCSAs to validate supervisors' training effective dates and hire dates in order to ensure that staff information was accurately captured in E-Track. RTC staff then reviewed supervisor transcripts for staff hired or promoted during the period of April 1, 2013 to March 31, 2015 to assess compliance with initial staff training requirements. In

order to be compliant with training requirements, the supervisor would have to complete 5 modules within their first year and the 6th module by the end of their second year.

Findings from the review revealed that 67% of supervisors were in compliance. Similar to initial training for caseworkers, several supervisors were in compliance with their agency's requirements or may have been considered in compliance with state requirements if information on appropriate waivers was available. As noted below, several supervisors completed their initial training but were just outside of the timeframe required for compliance. Factors impacting compliance included the following:

- Some supervisors may have been in compliance if information was available to determine if a waiver of training had been used. Training can be waived by a PCSA director if the following occurs:
    - Within the last two years a supervisor was previously employed by another PCSA or the same PCSA and completed one or more OCWTP "Supervisory Core Courses" at any time during the supervisor's previous employment with the PCSA.
- Several PCSAs used an agency-wide annual evaluation date to track training hours rather than the mandated OAC date for when staff first became a supervisor. Some staff were compliant with the agency's date but out of compliance using the OAC timeframes. Technical assistance is being provided to these agencies to ensure timeliness with OAC mandates.
- Several supervisors could not complete all five modules within the first year; however, they did complete the fifth module one month after the required timeframe.
- Several regions did not have enough new supervisors at any one time to offer a round of Supervisor Core and others only offered a round one time a year. To mitigate this gap, the OCWTP offers three rounds of statewide Supervisory Core held centrally, but travel and time restrictions can make this a challenge
- Some supervisors could not get away from the office due to having difficulty finding coverage, being called to court, heavy caseloads/or high vacancy rates, mandated events, meetings, and hearings that conflicted with training, expectation that they be available to staff, and scheduling difficulties.

IV-E Court Training

ODJFS does not have statutory authority or rule making authority to mandate training for IV-E court staff. However, ODJFS, OFC has provided or facilitated training for IV-E court staff through the following venues:

- Ohio Child Welfare Training Program
- SACWIS Roll-Out and On-Going Training
- Supreme Court of Ohio Juvenile Court Roundtables
- On-site training at the Courts

Ohio Child Welfare Training Program

ODJFS encourages IV-E court staff to enroll in training offered through the eight Ohio Child Welfare Training Program Regional Training Centers. In October 2016, ODJFS surveyed IV-E

Court personnel to identify what workshops they had attended through OCWTP. Following are the results of the survey.

WORKSHOPS COMPLETED THROUGH THE OHIO CHILD WELFARE TRAINING PROGRAM	TOTAL NUMBER OF RESPONDENTS
CHILD WELFARE	
Caseworker Core Module II: Engaging Families in Family-Centered Child Protective Services	7
Caseworker Core Module IV: Assessment and Safety Planning in Family-Centered Child Protective Services	4
Caseworker Core Module VI: Service Planning and Delivery in Family-Centered Child Protective Services	7
Interviewing Skills for Assessment (Learning Lab)	4
CAPMIS training	6
PRT Values for Community Stakeholders	3
Family Engagement	2
Family Assessment	1
Engaging Youth In Transition Planning	1
Letting Kids Be Kids: The Dangers of Over-Protective Parents	1
Essential Connections to Independent Living	1
Understanding Abused Youth and Influence of Hip Hop Culture	1
Screening	1
Dealing with Angry, Negative and Difficult People	1
Verbal De-Escalation in Child Welfare	1
Is Poverty Culture? Strategies for Working with Families Living in Poverty	1
Understanding Culture and Diversity will Improve Performance	1
Engaging Dads: Walking the Walk and Talking the Talk	2
Fatherhood	1
90 day and IL Plans	2
Case plan/Reviews/SARs	3
ETHICS	
Amish Culture – Ethics	1
Cowboy Ethics; what can Marshall Dillion and the Cartwrights Teach	1
Everyday Ethics for Social Workers	1
Professional Boundaries and Ethics	2
The 3 R's of Ethics: Recognition, Resolution and Response	1
Ethical Dilemmas: Keeping the Ethics Bar High	1
Professional Boundaries and Ethics	1
Stepping Stones to Ethical Practice…Confidentiality and Informed Consent	1
Ethnical Issues in Culture and Diversity in Child Welfare Practice	3
Ethnics	3

WORKSHOPS COMPLETED THROUGH THE OHIO CHILD WELFARE TRAINING PROGRAM	TOTAL NUMBER OF RESPONDENTS
TRAUMA	
Post-Traumatic Stress Disorder and Children: I Can't Forget It	1
Interventions for Children who have Suffered Trauma	2
NCTSN Toolkit: Overview of Trauma and its Effect on Children	1
NCTSN Toolkit: The Impact of Trauma and the Importance of Safety	1
NCTSN Toolkit: Identifying Trauma Related Needs and Enhancing	1
NCTSN Toolkit: Worker Well-Being and the Importance of Partnering	1
Teaming with the Parentified Child	1
Fatherhood	1
Letting Kids Be Kids: The Dangers of Over-Protective Parenting	1
Understanding Culture and Diversity will Improve Performance	1
HUMAN TRAFFICKING	
Human Trafficking: Modern Day Slavery	9
Interviewing Victims of Human Trafficking	2
Child Vulnerability, Human Trafficking, and Safe Harbor, What do they have in Common	2
Working with Male Survivors of Human Trafficking	1
MENTAL HEALTH	
The DSM-5: The drawing of a new era in Mental Health Diagnoses	1
The Dawning of a New Era in Mental Health Diagnoses	2
Psychotropic Medications	1
Psychotropic Medications Questions to Ask: The Who, What, How, When and How Kids are on Meds	2
When and How Kids are on Meds	
Adolescent Mental Health and Substance Use	2
SUBSTANCE ABUSE	
K9, Spic Bath Salts: What are Synthetic Drugs?	2
Assessment and Treatment of Opiate Addiction	1
Identification of Meth Labs	1
An Overview of Co-Dependency	1
An Overview of Care and Attachment of Drug Affected Infants	1
Assessing Risk and Caregiving Needs for Drug Exposed Infants	1
Women's Substance Abuse Issues	1
Chemical Dependency and Kids	1
The Hard Stuff: Heroin, Crack Cocaine and Methamphetamine-How It Works Why It Works and How to Get Someone Unhooked	3
OTHER AREAS	
Stalking	1
Managing Time and Multiple Priorities	1
Dangerous Games Kids Play	1

WORKSHOPS COMPLETED THROUGH THE OHIO CHILD WELFARE TRAINING PROGRAM	TOTAL NUMBER OF RESPONDENTS
Texting, Sexting and the World of the Internet	2
Gun Violence and Youth: Burners, Gats, and Straps	1

SACWIS Roll-Out and On-going Training

On March 19, 2015 and March 20, 2015, a Title IV-E Court SACWIS Rollout Kickoff Meeting was held. Following the meeting, IV-E Court personnel participated in the following SACWIS Sessions:

Session 1: Maintains Employee Information and Security
Adding an Employee in SACWIS – Article
Adding an Employee in SACWIS- VIDEO
Security User Group Matrix-Excel Sheet
Log In, Changing/Resetting Password- Article

Opens an Intake FINS
Creating a FINS Intake – Article
Creating a FINS Intake-VIDEO

Enters/Updates Person Profile
Person Demographics- VIDEO
Person Characteristics- Article

Session 2: Creates Case
Assigning a Case- VIDEO

Enters Legal Actions/Legal Custody Status
Recording Court Rulings- VIDEO
Recording a Ruling- Article
More Recording a Ruling-Article
Best Interests & Reasonable Efforts Tips – Article

Session 3: Enters Initial Removal
Initial Removal Record- VIDEO

Enters Placement Information
Entering Leave- Article
Discharging a Placement- Article
Placement Discharge Reasons- Article
Facility Maser Spreadsheet- Excel Document

Session 4: Enters Activity log for visits, case notes

Creating an Activity Log-Article
Creating an Activity Log for Monthly Placement Visit- Article

Updates AFCARS Info and Medical/Educational Info
Med/Ed Forms-Article
Person Characteristics- Article

Independent Living/NYTD
Creating a NYTD Account-Video
Session 5: Case Services
Managing Case Services- Article
Case Services Q&A
Webinar of Case Area Q&A

Visitation Plan
End Date a Visitation Plan-Article

Case Plan
Case Plan Form and Instructions
Case Plan Amendment Form and Instructions
Completing a Case Plan Amendment-Article

Case Review
Case Review Tool and Instructions
SAR Tool and Instructions
SACWIS Functionality Overview Activity Logs, Independent Living, Case Review- YouTube Video
Webinar of IL Plans and Case Reviews Q&A

Session 6: Creates Contracts and Maintains Service Costs
Creating a Contract- Article
Add Other Services Under Service Credentials- Article

Approves Placement Service Authorization
Editing a Service Authorization-Article
Tips for Populating Costs on the Service Auth-Article

Provider Maintenance/Ensuring Services are Correct
Running the Agency Placement Cost Report-Article
The Financial Work Flow- Article

Session 7: Determines IV-E Eligibility and Reimbursability
Adding Employment Infor-VIDEO
Tips to do Before Determining Eligibility
How to Generate the Eligibility Determination Report- Article

Session 8: Process Payment/Reimbursement
Processing FCM Payment- Article
Payment Processing & Financial Module Webinar-YouTube VIDEO
Payment Process Webinar Questions-Article

Session 9: Invalid Payment Process
Invalid Payment Process-Article
Invalid Payment Process Webinar-YouTube VIDEO
Invalid Payment Process Webinar Questions-Article

Supreme Court of Ohio Juvenile Court Round Tables

Twice per year, the Supreme Court of Ohio Sponsors Juvenile Court Round Tables. The most recent Roundtables occurred on June 10, 2015, October 13, 2015, June 16, 2016 and October 4, 2016. Training provided during these round tables addressed the following topics:

- CAPMIS
- Family Assessments
- Adapting current court philosophy with the on-going policy and SACWIS use requirement
- Time frame for medicals upon receiving custody
- Federal policy on the practice expectations that come with Title-IV-E dollars
- Monthly Visitations
- Sibling Visitation for Youth in Care and Control
- Youth Aging Out of Care/Transitional Services
- Foster to 21

On-site training at the Courts

During the CPOE cycle, on-site visits from Technical Assistance Specialists provided an opportunity for additional training with court staff on CAPMIS, Statistical Reports in SACWIS, Normalcy, and MEPA.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- That staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- How well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

Below are the requirements for ongoing staff training and what the OCWTP offers to meet those requirements.

Population to be Trained	ORC Requirement	OCWTP Offerings
Ongoing training for caseworkers	Caseworkers are required to attend 36 hours of ongoing training each year	Specialized and Related
Ongoing training for supervisors	Supervisors are required to attend 30 hours of ongoing training each year	Specialized and Related

Addressing Ongoing Skills & Knowledge Needs of Staff

As a competency-based training system, the OCWTP continuously assesses the ongoing skills and knowledge needs of staff and caregivers. Eight Regional Training Centers (RTCs) address the ongoing skills and knowledge needs of staff and foster parents. A strength of the OCWTP is that each individual RTC identifies high priority skills and knowledge needs for their region, and then offers interventions tailored to meet both agency-specific and regional needs. In 2016, there were over 1,800 learning products in E-Track (over 850 of these for foster parents) available to meet the needs of staff and foster parents.
Each RTC is unique in how it identifies and addresses needs, but in general the RTCs triangulate several data sources to identify needs, including:

- Routine analysis of Individual Training Needs Assessment (ITNA) data and Individual Development Plans to inform scheduling of needed training in each region.
- Onsite county visits with each agency in the region to discuss and plan for emerging training needs.
- Feedback from ODJFS Technical Assistance Specialists and participation in CPOE exit conferences.
- Recommendations from OCWTP work or advisory teams.
- Analysis of specific work processes and tasks.
- Routine analysis of data from training evaluation surveys.
- Feedback from key informants.
- State and federal mandates. For example, training has been offered in each region related to promoting "normalcy" for youth in foster care through application of the reasonable and prudent parent standard. In addition, Ohio's Child and Family Services Plan prioritizes several key areas of focus for statewide training, which have been emphasized within each RTC:
    - CAPMIS,
    - Caseworker visits,
    - Differential Response,
    - Family Search and Engagement, and
    - Substance abuse.

What follows is information reported by each RTC on:

- The counties they serve in their region.
- The number of caseworkers, supervisors and caregivers in their region.
- The number, and types of learning interventions offered to address skills and knowledge needs in SFY 2016 (July 2015 – June 2016).

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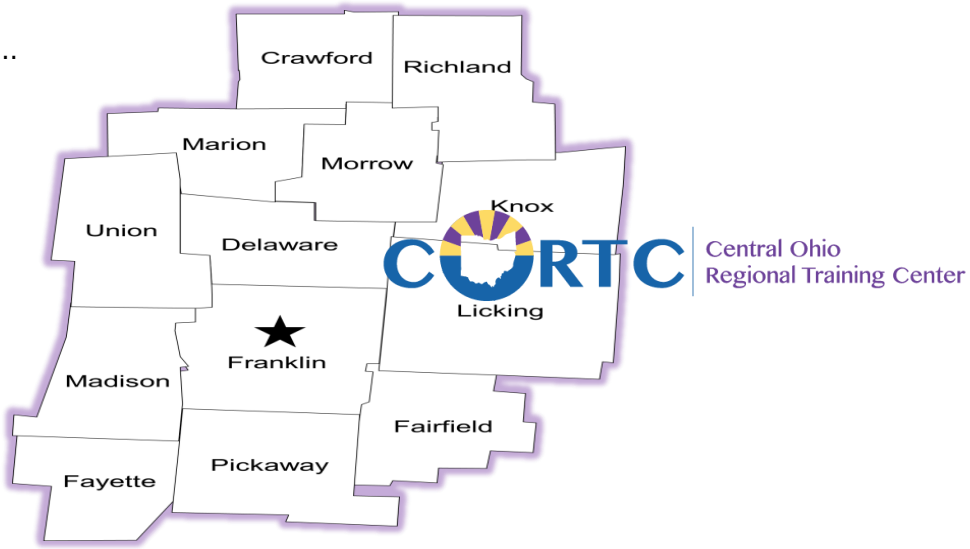
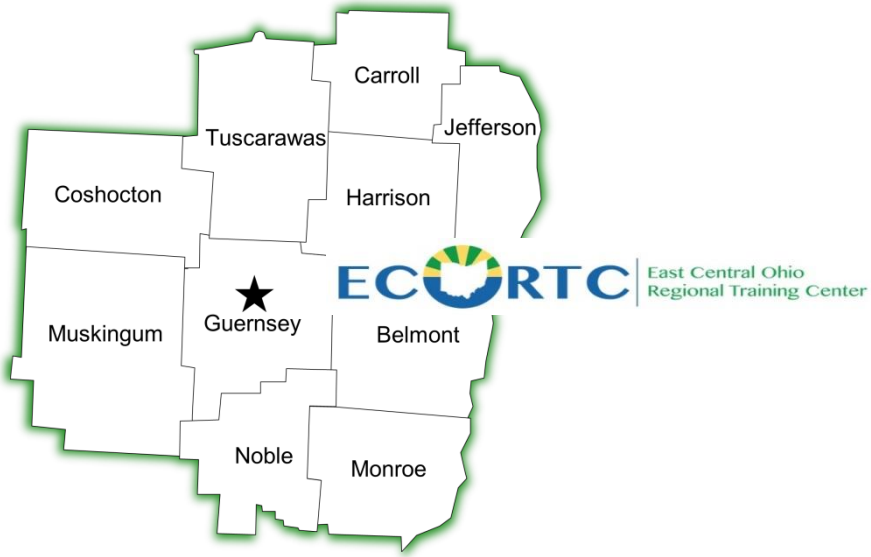


Staff Populations E-Track Data, 12/1/2016 Foster Parent E-Track Data, 7/26/2016		
Population	**# in RTC**	**% of State**
Caseworkers	685	21%
Supervisors	154	24%
Public Agency Foster and Adoptive Parents	611	11%

Learn more about the Central Ohio Regional Training Center here http://ocwtp.net/CORTC.html

SUMMARY INFORMATION FOR SFY 2016				
Delivery Method*	**Learning Interventions Offered to Address Ongoing Skills and Knowledge Needs, by Delivery Method**			
	Supervisors**	**Caseworkers**	**Supervisors & Caseworkers Together**	**Foster Parents**
Workshops	11	221	7	174/54
Learning Labs	0	2	0	1/0
Guided Application and Practice	7	5	0	3/0
Coaching Hours	81.5	10.5	0	0
Supervisor Round Tables	8			
Relias Classes (Distance Learning)	3	14	0	0
Foster Parent College – # of Completed Sessions				86

** Different Delivery Methods are explained here: http://www.ocwtp.net/PDFs/CI/Delivery%20Methods.pdf*
*** Supervisors often attend learning interventions designed for caseworkers.*
**** Some Caseworker workshops are designed to include supervisors or to include foster parents*



Staff Populations E-Track Data, 12/1/2016 Foster Parent E-Track Data, 7/26/2016		
Population	**# in RTC**	**% of State**
Caseworkers	109	3%
Supervisors	27	4%
Public Agency Foster and Adoptive Parents	481	8%

Learn more about the East Central Ohio Regional Training Center here http://ocwtp.net/ECORTC.html

SUMMARY INFORMATION FOR SFY 2016				
Delivery Method*	**Learning Interventions Offered to Address Ongoing Skills and Knowledge Needs, by Delivery Method**			
	Supervisors**	**Caseworkers**	**Supervisors & Caseworkers Together**	**Foster Parents**
Workshops	9	65	1	102
Learning Labs	0	1	0	0
Guided Application and Practice	0	7	0	0
Coaching Hours	0	128	0	0
Foster Parent College – # of Completed Sessions				95

** * Different Delivery Methods are explained here: http://www.ocwtp.net/PDFs/CI/Delivery%20Methods.pdf*

*** Supervisors often attend learning interventions designed for caseworkers.*

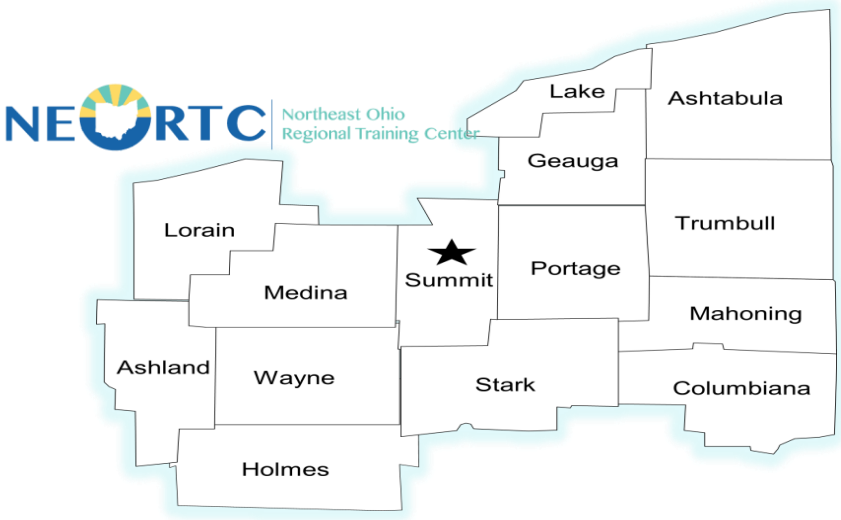
**** Some Caseworker workshops are designed to include supervisors or to include foster parents*

Staff Populations E-Track Data, 12/1/2016 Foster Parent E-Track Data, 7/26/2016		
Population	**# in RTC**	**% of State**
Caseworkers	522	16%
Supervisors	91	14%
Public Agency Foster and Adoptive Parents	594	10%

Learn more about the North Central Ohio Regional Training Center here http://ocwtp.net/NCORTC.html

SUMMARY INFORMATION FOR SFY 2016				
Delivery Method*	**Learning Interventions Offered to Address Ongoing Skills and Knowledge Needs, by Delivery Method**			
	Supervisors**	**Caseworkers**	**Supervisors & Caseworkers Together**	**Foster Parents**
Workshops	26	219	1	154
Learning Labs	0	0	0	0
Guided Application and Practice	2	0	0	0
Coaching Hours	13.25	28	0	0
Foster Parent College – # of Completed Sessions				108

** Different Delivery Methods are explained here: http://www.ocwtp.net/PDFs/CI/Delivery%20Methods.pdf*
*** Supervisors often attend learning interventions designed for caseworkers.*
**** Some Caseworker workshops are designed to include supervisors or to include foster parents*

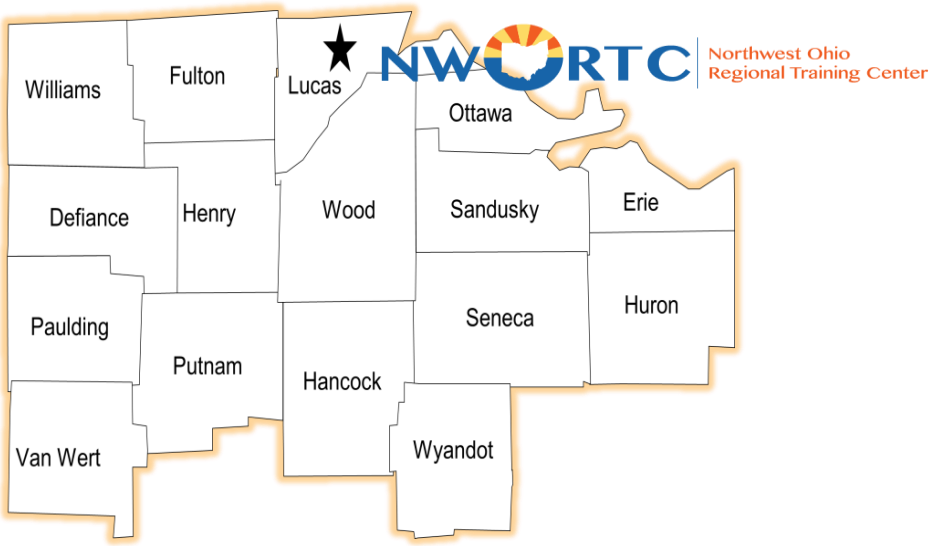


Staff Populations E-Track Data, 12/1/2016 Foster Parent E-Track Data, 7/26/2016		
Population	**# in RTC**	**% of State**
Caseworkers	672	21%
Supervisors	124	19%
Public Agency Foster and Adoptive Parents	1,482	25%

Learn more about the Northeast Ohio Regional Training Center here http://ocwtp.net/NEORTC.htm

SUMMARY INFORMATION FOR SFY 2016				
Delivery Method*	**Learning Interventions Offered to Address Ongoing Skills and Knowledge Needs, by Delivery Method**			
	Supervisors**	**Caseworkers**	**Supervisors & Caseworkers**	**Foster Parents**
Workshops	10	286 (16 were joint caseworker/foster parent trainings)	2	344
Learning Labs	0	2	0	0
Guided Application and Practice	0	4	0	0
Coaching Hours	137.25 hours	17 hours	2 hours	107.25 hours
# of Staff and Foster Parents Who Participated in OCWTP Distance Learning	138 staff			28 foster parents
Foster Parent College – # of Completed Sessions				701

** Different Delivery Methods are explained here: http://www.ocwtp.net/PDFs/CI/Delivery%20Methods.pdf*
*** Supervisors often attend learning interventions designed for caseworkers.*
**** Some Caseworker workshops are designed to include supervisors or to include foster parents*



Staff Populations E-Track Data, 12/1/2016 Foster Parent E-Track Data, 7/26/2016Populations		
Population	**# in RTC**	**% of State**
Caseworkers	331	10%
Supervisors	69	11%
Public Agency Foster and Adoptive Parents	653	11%

Learn more about the Northwest Ohio Regional Training Center here http://ocwtp.net/NWORTC.html

SUMMARY INFORMATION FOR SFY 2016				
Delivery Method*	**Learning Interventions Offered to Address Ongoing Skills and Knowledge Needs, by Delivery Method**			
	Supervisors**	**Caseworkers**	**Supervisors & Caseworkers Together**	**Foster Parents**
Workshops	3	132	0	224
Learning Labs	2	2	0	0
Guided Application and Practice	0	2	0	0
Coaching Hours	52	0	0	0
Foster Parent College – # of Completed Sessions				373

** Different Delivery Methods are explained here: http://www.ocwtp.net/PDFs/CI/Delivery%20Methods.pdf*
*** Supervisors often attend learning interventions designed for caseworkers.*
**** Some Caseworker workshops are designed to include supervisors or to include foster parents*
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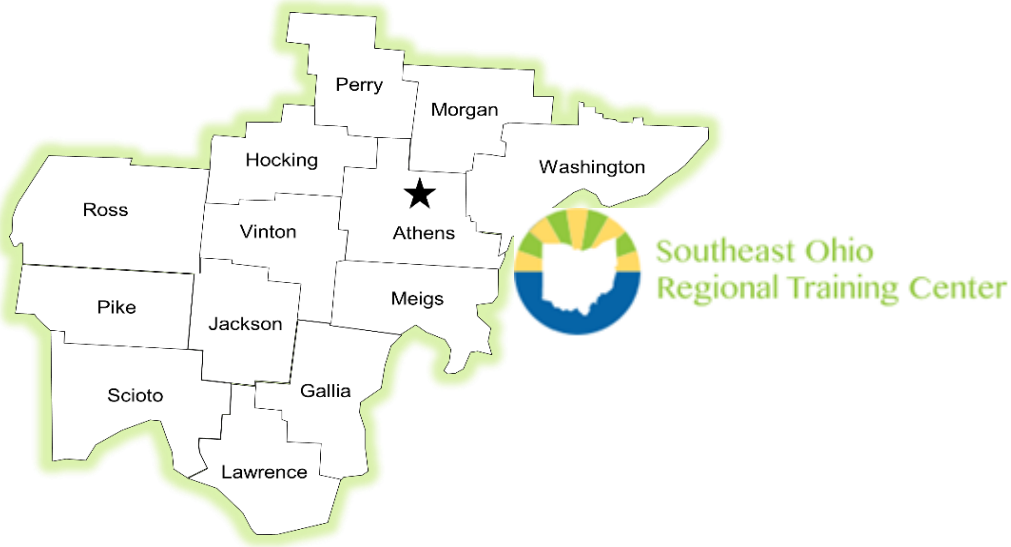


Staff Populations E-Track Data, 12/1/2016 Foster Parent E-Track Data, 7/26/2016		
Population	**# in RTC**	**% of State**
Caseworkers	141	4%
Supervisors	28	4%
Public Agency Foster and Adoptive Parents	376	6%

Learn more about the Southeast Ohio Regional Training Center here http://ocwtp.net/SEORTC.htm

SUMMARY INFORMATION FOR SFY 2016				
Delivery Method*	**Learning Interventions Offered to Address Ongoing Skills and Knowledge Needs, by Delivery Method**			
	Supervisors**	**Caseworkers**	**Supervisors & Caseworkers Together**	**Foster Parents**
Workshops	7	104	2	63
Learning Labs	0	2	0	0
Guided Application and Practice	1	2	0	0
Coaching Hours	14.85	6	15.75	0
Foster Parent College – # of Completed Sessions				114

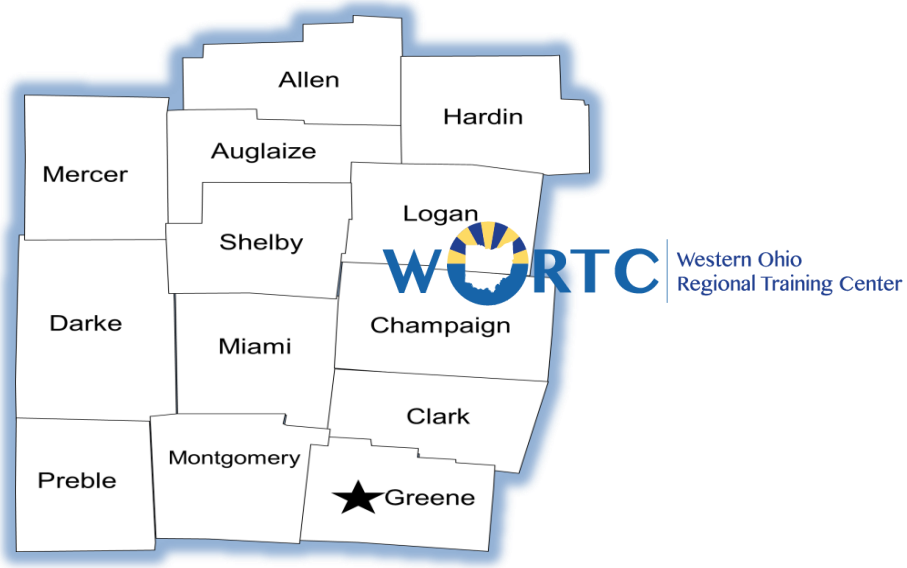
** Different Delivery Methods are explained here: http://www.ocwtp.net/PDFs/CI/Delivery%20Methods.pdf*
*** Supervisors often attend learning interventions designed for caseworkers.*
**** Some Caseworker workshops are designed to include supervisors or to include foster parents*

Staff Populations E-Track Data, 12/1/2016 Foster Parent E-Track Data, 7/26/2016		
Population	**# in RTC**	**% of State**
Caseworkers	437	13%
Supervisors	82	13%
Public Agency Foster and Adoptive Parents	772	13%

Learn more about the Southwest Ohio Regional Training Center here http://www.ocwtp.com/swortc.htm

SUMMARY INFORMATION FOR SFY 2016				
Delivery Method*	**Learning Interventions Offered to Address Ongoing Skills and Knowledge Needs, by Delivery Method**			
	Supervisors**	**Caseworkers**	**Supervisors & Caseworkers Together**	**Foster Parents**
Workshops	4	122	0	98
Learning Labs	0	0	0	0
Guided Application and Practice	3	0	0	5
Coaching Hours	0	2.5	27.5	13.67
Foster Parent College – # of Completed Sessions				164

** Different Delivery Methods are explained here: http://www.ocwtp.net/PDFs/CI/Delivery%20Methods.pdf*
*** Supervisors often attend learning interventions designed for caseworkers.*
**** Some Caseworker workshops are designed to include supervisors or to include foster parents*



Staff Populations E-Track Data, 12/1/2016 Foster Parent E-Track Data, 7/26/2016		
Population	**# in RTC**	**% of State**
Caseworkers	365	11%
Supervisors	72	11%
Public Agency Foster and Adoptive Parents	898	15%

Learn more about the Western Ohio Regional Training Center here http://ocwtp.net/WORTC.htm

SUMMARY INFORMATION FOR SFY 2016				
Delivery Method*	**Learning Interventions Offered to Address Ongoing Skills and Knowledge Needs, by Delivery Method**			
	Supervisors**	**Caseworkers**	**Supervisors & Caseworkers Together**	**Foster Parents**
Workshops	13	161	1	89
Learning Labs	2	0	0	0
Guided Application and Practice	0	2	0	0
Coaching Hours	48	8	0	0
Foster Parent College – # of Completed Sessions				492

** Different Delivery Methods are explained here: http://www.ocwtp.net/PDFs/CI/Delivery%20Methods.pdf*
*** Supervisors often attend learning interventions designed for caseworkers.*
**** Some Caseworker workshops are designed to include supervisors or to include foster parents*

A Statewide Look at Addressing Ongoing Skills & Knowledge Needs of Supervisors

Although supervisor on-going training is addressed by each RTC above, this section highlights supervisor ongoing training from a statewide perspective. The OCWTP recognizes the importance of training supervisors. If you train a supervisor in a county, you have the potential to change the practice of an entire county.

In 2016, the OCWTP offered 71 supervision-specific workshops to meet the ongoing learning needs of PCSA supervisors. Below is a chart outlining the workshop topics, sessions, hours, and participants. Note: Supervisors may meet their training hour requirement though attending non-supervisor-specific workshops, other OCWTP learning interventions (e.g., coaching), or other means. The chart below does not include data from Supervisor Core, which is considered "initial" training for supervisors.

Ongoing Supervisor Training Data

Total Sessions	Total Hours	Total Participants	Average # of Participants Per Session
71	332.25	695	9.79

Topic	Sessions	Hours	Participants
Supervising for Optimal Job Performance	20%	20%	19%
Time and Stress Management	17%	12%	16%
Fundamentals of Supervising Casework Staff	11%	9%	10%
Planning and Decision Making	11%	14%	9%
Fundamentals of Staff Development	7%	6%	5%
Performance Evaluation	5%	6%	4%
Human Resource Management	4%	4%	6%
Supervising Case Planning and Service Delivery	4%	5%	6%
Management of Conflict	4%	4%	6%
Supervising Challenging Employees	2%	4%	5%
Supervising Adoption, Foster Care, and Kinship Care	2%	2%	2%
Fundamentals of Communicating with Staff and Managing Conflict and Change	1%	2%	2%
Supervising Assessments and Investigations	1%	2%	4%
Fundamentals of Teamwork and Collaboration	1%	2%	2%
Supervising Family-Centered and Service Delivery	1%	2%	1%
Team Development and Facilitation	1%	2%	1%
Quality Improvement	1%	2%	2%
Written and Verbal Communication	1%	2%	0%
TOTAL	**100% (71 Sessions)**	**100% (332.25 Hours)**	**100% (695 Participants)**

The Supervisor Roundtable Series

Supervisor Round Tables were initiated in 2014 as a way to provide advanced skill-building opportunities to supervisors. In the Round Tables, supervisors identify an area of practice to improve and gather data to measure before and after results. The 2017 APSR (pages 115-116) provided an overview of the Supervisor Roundtable Series and included a summary of the success of the Series pilots.

The Supervisor Roundtable Series has proven successful in helping supervisors build staffs' skills in engagement-related practices. The following is a testimonial from a child welfare administrator from a large county in Ohio.

> In my agency, supervisors are evaluated in three areas: (1) core competencies; (2) essential job expectations; and (3) goals that go beyond day to day functions. The core competencies measure performance in areas such as staff management, efficiency, ability to advance organizational goals, and big picture vision. The goals in the performance evaluation are linked directly to core competencies in order to align unit objectives with overall organizational goals.
>
> In an effort to improve supervisor performance in the area of strategic planning the Supervisor Roundtable Series was included in the goal section of the evaluation. Several supervisors have completed the training and have implemented strategies in their units, while others are mid-way through the training. Administration is in the process of reviewing this information and deciding how to use this data to inform our current practice.
>
> From a preliminary review of the supervisors' data, the Supervisor Roundtable Series was a valuable process. Several of the supervisors implemented plans in their unit that will have a direct impact on our organizational goals. Engagement is a critical factor in building relationships with families that allow caseworkers to gather information to carry out our mission to protect children.
>
> Following is a summary of some of the engagement strategies:
>
> <u>Engagement Strategy (Permanency Supervisor)</u>
>
> *Engage fathers and paternal family members to assess for permanency options and create life-long connections*
>
> The supervisor discussed paternal engagement during supervision to ensure that workers have paternal family members identified and listed in associated persons (at least one) and to ensure that workers are documenting fatherhood engagement efforts in SACWIS activity logs. At the time of the second session, 65% of cases had paternal family documented in associated persons and 56% of cases had documentation of engagement with fathers. By the third session, 88% of cases had paternal family documented in associated persons and 88% of cases had documentation of engagement with fathers. Supervisor noted an increase in paternal engagement.
>
> <u>Engagement Strategy (Permanency Supervisors)</u>
>
> *Improve worker's competencies and skill sets in the area of engaging families in family-centered child protective services (focused on initiating assessments in TR and AR)*
>
> Two supervisors worked on this strategy. Both units had several new caseworkers who were also participating in Caseworker Core. Pre-test used to measure how

participants feel about their developing skill sets in areas surrounding fact-gathering activities. One supervisor facilitated a lunch-and-learn session with staff. Training material and tools were provided to staff. This included topics surrounding interviewing strategies, techniques and principles. A post-test was administered to measure improved competencies. The data showed an increase in scores.

Engagement Strategy (Intervention Supervisor)

Improve engagement with families and reduce the length of agency intervention by making timely service referrals

The supervisor tracked length of time between engaging the family and service referral date. The supervisor noted an improvement in timely service referrals and aligning her unit's practice with organizational goals of providing more effective and immediate services to families.

Engagement Strategy (Intervention Supervisor)

Improve engagement with children and the quality of interviews during the assessment in TR and AR cases

Supervisor reviewed case-level data from the safety assessment and activity logs of child's age, location of interview, who was present for interview, and whether the allegations were fully addressed. From the sample cases, 74% of the cases did not document who was present during the interview, 68% of cases did not state where the child was interviewed, and over half the cases did not adequately document the information in the safety assessment. Between now and the next roundtable session, the supervisor is implementing a plan in the unit for caseworkers to document interview information in the safety assessment that includes where the child was interviewed and who was present. By improving the quality of the documentation, supervisors can help staff engage children more effectively to get critical information about safety that informs decision-making.

To assist the RTCs with implementing the Supervisor Roundtable Series in their regions a Supervisor Roundtable Implementation Guide was developed and distributed.

The Forum

The OCWTP produces a newsletter specifically for PCSA supervisors called *The Forum*. The newsletter is distributed to all of Ohio's PCSA supervisors, directors and administrators; OCWTP staff and trainers; and others. Each newsletter addresses current supervisory issues and/or hot topic areas. The topics are selected by members of the OCWTP's Supervisor Advisory Team. Articles are often written by supervisors or experts in various related fields. *The Forum* also provides announcements about conferences and special events, links to tools and resources, and more.

2016 Editions of *The Forum*

Date Sent	Newsletter Topic	Distribution	Percent Opened	Link
1.12.16	Special Announcement: Supervisor ITNA Roll-Out	1639	35%	Link
4.1.16	Child Welfare Blogs, Creating an Environment of Continuous Learning, Distance Learning Opportunities	2371	30%	Link
7.14.16	Mobile Apps, Critical Thinking, and CAPMIS Tools	2371	16%*	Link

* Between the April and July editions, a new email program was rolled-out to PCSA's and various firewalls were put in place. Consequently, *The Forum* was directed into email "Quarantine" folders, subsequently causing the significant decrease in opens. The firewall issue has since been resolved.

A Statewide Look at Coaching Ongoing Skills of Staff and Caregivers

The OCWTP provides skill-based coaching for caseworkers, supervisors, and caregivers. Coaching is provided one-on-one or in small groups. Coaching hours for staff and caregivers were noted regionally in the RTC section previously. In State FY 2016, 722 coaching hours were provided.

RTC	Caseworker	Supervisor	CW + Sup	Caregivers	Total
NEORTC	17	137.24	2	106.25	262.5
NWORTC		52			52
ECORTC	128				128
WORTC	8	48			56
CORTC	10.5	81.5			92
NCORTC	28	13.25			41.25
SWORTC	2.5		27.5	13.67	43.67
SEORTC	6	14.85	25.75		46.6
TOTAL	**200**	**346.84**	**55.25**	**119.92**	**722.02**

Staff and caregiver coaching requests are managed regionally by RTCs. Coaches are selected to match the skills needing coached. Learners' immediate supervisors are always involved. When possible, coaching supervisors is a priority due the potential to impact an entire unit.

The program captures coaching evaluation data through a variety of means:

Levels of Evaluation	Typical Measures	OCWTP Coaching Measures
Inputs & Indicators	Number of participants, hours, cost, time	*Coaching logs* (capture time, numbers scope and cost)
Reactions & Perceived Value	Relevance, importance, usefulness, intent to use	*Learner evaluation survey* (would recommend to others) *Supervisor's evaluation survey* (had value in terms of time and resources invested; would recommend to others)
Learning & Confidence	Skill, knowledge, capacity confidence	*Learner evaluation survey* (helped improve skills; my practice will improve) *Supervisor's evaluation survey* (improved my staff's skill) *Coaching Plan and Summary* (before and after rating of skill ranked by learner, coach, and supervisor)
Application & Implementation	Extent of use, task completion, frequency of use	*Learner evaluation survey* (I have been able to practice the skill in the field) *Coach observation* (recorded in summary form) *Coaching Plan and Summary* (before and after rating of skill ranked by learner, coach, and supervisor)
Impact & Consequences	Productivity, time efficiency, quality of work, client satisfaction	*Follow-up testimony* (e.g., confidence increased as evidenced by fewer calls to supervisor; documentation more clear; deadlines met; fewer documentation errors measured by QA unit; changed agency procedure as result of coaching received)

In SFY 2016, 17 learners (caseworkers, supervisors, and caregivers) completed a learner evaluation, and 12 immediate supervisors completed an evaluation survey.

Learner Evaluation

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Other
The coaching I received helped me improve the skills identified in the coaching plan.	11	5			1
My practice with families and children will improve as a result of this coaching event.	11	5			1
I have been able to practice improving the skills on the job.	11	6			

Learner's Immediate Supervisor Evaluation

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Other
The coaching experience improved my staff's behaviors identified in the coaching plan	4	5	1	1	1
The coaching experience had value in terms of the time and resources invested.	5	6	1		

Learners, their supervisors, and coach collaboratively develop a coaching plan that includes behavioral objectives that receive a before and after ranking from 1-5.

1	**Does not perform behavior**
2	**Attempts to perform behavior; at times does not achieve**
3	**Performs some, but not all, of the behavior**
4	**Performs behavior most of the time**
5	**Performs behavior with ease**

Below is a summary of coaching summaries submitted for SFY2016. Not all coaching documentation had been submitted in time for this report.

Summary: Before/After Ranks of 31 Coaching Objectives of 14 Supervisors

Objectives	# of objectives with the following Before / After rankings							
	1/4	2/4	3/3	3/4	3/5	4/4	4/5	5/5
Total of 31 objectives that addressed: FSE, time management, leadership, enhancing staff performance, educational & clinical supervision, individual & group staffing	3	2	3	12	2	1	7	1

Summary: Before/After Ranks of 36 Coaching Objectives of 12 Caseworkers

Objectives	# of objectives with the following Before / After rankings								
	1/2	2/3	2/4	2/5	3/3	3/4	4/4	4/5	5/5
Total of 36 objectives that addressed: Engagement & collaborative practice, time management, CAPMIS, home assessments, genograms, engaging youth, SACWIS entry & navigation	3	6	10	2	2	7	2	3	1

Summary: Before/After Ranks of 42 Coaching Objectives of 12 Caseworkers

Objectives	# of objectives with the following Before / After rankings						
	1/2	1/3	1/4	1/5	2/4	2/5	3/5
Total of 42 objectives that addressed: Care strategies for Neonatal Abstinence Syndrome, RAD, and ADD; behavioral management; and self-care	1	2	6	13	6	12	2

Monitoring a Sample of Training Records to Assess Compliance with Ongoing Staff Training Requirements

As noted in the previous section on Initial Staff Training Compliance requirements, Ohio has recently instituted changes in the way counties are required to document compliance with state child welfare training requirements. Effective April 1, 2016, PCSAs were required to maintain their caseworkers' and supervisors' education and in-service training records through "E-Track," the learning management system managed through the OCWTP (vs. previous methods utilizing paper forms and/or county-specific databases). This change will create a central repository for staff training records that will allow for more efficient tracking of compliance with statewide training mandates.

Since hire dates are staggered, aggregate reports on staff compliance rates across the state cannot be run from E-Track. However, ODJFS and the OCWTP worked with PCSAs to conduct a review of a sample of training records to assess compliance with training requirements. The eight RTCs worked with Ohio's PCSAs to validate their staff's training effective dates and hire dates in order to ensure that staff information was accurately captured in E-Track. RTC staff then reviewed a sample of caseworker and supervisory transcripts to assess compliance with ongoing staff training requirements.

Ongoing Training Compliance for Caseworkers

To assess compliance the following parameters were used:

- Twenty-five percent (one out of four) of all caseworkers' (not including those counted in the initial training audit) training records were reviewed, regardless of county size.
- The date range varied with each caseworker based on the date they were hired.
- The most recently completed 12-month period was reviewed. For example, if a caseworker was hired on May 1, 2012, May 1, 2015 through April 30, 2016 would be reviewed.
- Transcripts were audited to determine if the caseworker completed 36 hours of training in that year.

Findings of the review revealed that of the 620 ongoing caseworker training records reviewed, 60% were in compliance with ongoing training requirements. Factors impacting compliance included the following:

- Training obtained from other sources (e.g., non-OCWTP workshops, university classes) were not being recorded on a regular basis.
- Some staff shared they couldn't find something to attend that met their learning needs and aligned with their schedule and availability.

- PCSAs struggled to get staff to training due to heavy caseloads and/or high vacancy rates.

Ongoing Training Compliance for Supervisors

To assess compliance the following parameters were used:

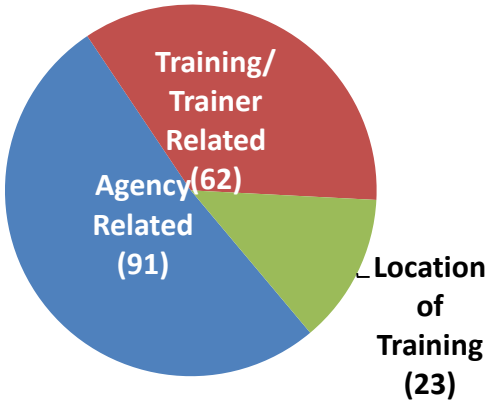
- All supervisors not included in the initial training review were audited.
- The date range of the review varied with each supervisor based on the date they first became a supervisor.
- The most recently completed 12-month period was reviewed. For example, if a supervisor was hired or promoted on May 1, 2012, the time period of May 1, 2015 through April 30, 2016 was reviewed.
- Transcripts were audited to determine if the supervisor completed 30 hours of training in that year.

Findings revealed that of the 431 ongoing supervisor training records reviewed, 69% of supervisors were in compliance. Factors impacting compliance were the same as those identified by caseworkers.

In 2016, the OCWTP Supervisor Advisory Team (SAT) distributed a survey to PCSA supervisors asking about barriers to professional development and attending training. The survey was distributed statewide and 141 supervisors responded. Ninety-six supervisors identified at least one barrier to their professional development.

NOTE: Supervisors were able to identify as many barriers as they wished. Therefore, the number of comments below is greater than the 141 supervisor respondents.

Number of Comments on Barriers to Professional Development by Theme



Agency Related	Training/Trainer Related	Location of Training
•Short staffed, heavy workload (52) •Mandated events, meetings, and hearings that conflict with training (24) •Expected to be available to staff (15)	•Nothing available to fit training need (19) •Trainings too basic/not advanced (16) •Not enough non-child welfare related trainings (9) •Trainers not current/too far removed from practice (6) •Unskilled trainers (5) •Trainings not offered enough (4) •Trainings not relevant (3)	•Too far away, not easily accessable (23)

Title IV-E Court Training

See narrative under Item 26 (pp. 125-130).

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- That they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training
- How well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children

State Response:

Under the Ohio Revised Code:

- Foster parents have pre-licensure (Preservice) and ongoing training requirements.
- Prospective adoptive parents take training on specified topics prior to approval (they do not have any ongoing training requirements).

The table below identifies the training requirements for foster parents.

Foster Home Type	Preservice Hours	Ongoing Hours
Pre-adoptive infant foster care	12	24 hours of training within a two-year certification period
Family foster care	36	40 hours of training within a two-year certification period
Specialized foster care	36	60 hours of training within a two-year certification period

The information below explains how the OCWTP addresses the “initial” training needs of foster and adoptive parents through the Preservice training series. As part of Item 27: Ongoing Staff Training, each RTC explained how they identify and address the “ongoing” skills and knowledge needs of foster parents.

Addressing Initial Skills & Knowledge Needs for Foster and Adoptive Parents

Initial skills and knowledge needed by foster and adoptive parents is determined by OCWTP’s Universe of Competencies. The OCWTP insures Preservice training remains relevant through:

- Key informant interviews with foster and adoptive parents, caseworkers, assessors, and ODJFS staff
- A review of state law and Ohio Administrative Code
- Needs identified in Ohio's 2015 – 2019 CFSP
- Literature reviews, presentations by content experts at conferences
- Feedback from OCWTP trainers, and the Foster Care, Adoptive and Kinship Care Work Team.
- RTC onsite visits to counties, RTC county training liaison meetings, verbal feedback from foster parents attending trainings, and county training needs requests submitted to RTCs

Preservice Training

The OCWTP determined that a majority of the homes licensed by PCSAs are family foster homes. Therefore, Preservice training was developed to address the Ohio Revised Code (ORC) requirements for this type of foster home. Preservice training also meets the ORC requirements for adoptive families.

Preservice training was revised in 2015 to strengthen information regarding:

- Trauma-informed caregiving, including brain development and toxic stress.
- How the child welfare system functions, and the role of caregiver in reunification efforts.
- The role of the caregiver in juvenile court.
- Normalcy and the Prudent Parent Standard.
- The importance of encouraging the parent/child relationship and mentoring biological parents.

The Preservice training series consists of the following 12 three-hour modules:

Module 1 Orientation to Foster Care, Adoption and Kinship Care	**Module 7** Transcending Differences in Placement
Module 2 The Child Protection Team	**Module 8** Helping the Child Manage Emotions and Behaviors
Module 3 Child Development	**Module 9** Understanding Primary Families
Module 4 Trauma and Its Effects	**Module 10** The Effects of Caregiving on the Caregiver Family
Module 5 Sexual Abuse	**Module 11** Long Term Separation from Birth Families
Module 6 Minimizing the Trauma of Placement	**Module 12** Post Adoption Issues for Families

The Preservice training series is the most-often offered training series in the OCWTP. Of the 4,500 training sessions launched through E-Track in SFY 2016, over 1,600 of these sessions were Preservice modules, or 35% of all E-Track training sessions. In SFY2016, RTCs offered 137+ "rounds" of the Preservice series that offered almost 5,000 hours of training to 27,000 participants.

Evaluating Preservice Training

In 2016, the OCWTP began using hard copy evaluation surveys specific to the content of each newly revised Preservice module. Also in 2016, the OCWTP changed the Preservice evaluation

process. Prior to 2016, every Preservice module was evaluated by every participant. However, with this process, we found:

- The OCWTP was not receiving enough actionable data to warrant all participants completing a hard copy evaluation survey for every Module.
- Participant comments markedly declined in the later Modules, we believe due to "evaluation fatigue". Given that many PCSAs offer the entire Preservice series over two weekends, many participants were completing three evaluation surveys per day, over four days.

To remedy these concerns, each RTC was assigned only three modules to evaluate. Even though there is less evaluation data with this approach, the OCWTP is receiving sufficient feedback to make determinations about the effectiveness of the content and the trainers.

The table below identifies which RTCs collect the evaluation data for a Preservice Module, and the number of evaluation surveys analyzed for each Module January through October 2016:

Preservice Module	RTC Collecting Evaluation Data	# of Surveys Analyzed January – October 2016
1	CORTC	200
2	ECORTC, NC	272
3	NWORTC, SEORTC	273
4	WORTC, ECORTC	88
5	NEORTC	296
6	SWORTC	54
7	NEORTC	279
8	SWORTC	10
9	NWORTC, SEORTC	200
10	WORTC, NC	233
11	CORTC	130
12	ALL RTCs	819

Note: Low numbers of analyzed surveys are a result of delayed survey implementation and lost or unreturned surveys.

Hard copy Preservice evaluation surveys are collected by the RTCs and then sent to IHS staff, who compiles the data and reviews ratings and comments. Comments regarding poor performance of a trainer are addressed immediately. Comments regarding the curriculum are used to make content revision decisions.

All RTCs collect evaluation data for Module 12 which asks, "Do you want to continue the process of becoming a licensed foster caregiver?" PCSAs can use this information to determine the number of potential foster parents likely to continue the process of being licensed.

January through October 2016 Preservice Evaluation Data

Below is evaluation feedback on each of the Preservice Modules from the first 10 months of 2016. Most participants who attend Preservice are new to child protective services concepts and issues, so for every Module participants are asked if the information trained is too basic, just right, or too detailed. This feedback helps us know if we are addressing the basic awareness level of complex child protective services content, and not training content that is beyond the comprehension and needs of potential new foster parents.

Module 1 Orientation to Foster Care, Adoption and Kinship Care

Total Responses: 200

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	7	191	1	1

	Strongly Agree/Agree	Disagree/Strongly Disagree
I can identify the three goals of child welfare.	199	1
I can explain the difference between foster care and adoption.	198	2
This training is helping me decide if foster care or adoption would be a fit for my family.	198	2
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	198	2
My learning experience was enhanced by the personal stories and examples shared by the trainer.	199	1
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.).	200	0

Sample comments:

- *Very informative, down to earth, practical, easy to understand.*
- *This was good intro into the varying experienced one has. Not stopping, but feeling more grounded.*
- *Felt like it was a good first introduction into the world of foster/adoptive care.*
- *Very informative and answered questions.*
- *Just right, not overwhelming.*
- *I am probably an exception because of my background/job. This was an orientation- I was expecting more meat (information).*

Module 2: The Child Protection Team

Total Responses: 272

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	2	269	1	0

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can identify the members of the child protection team and their role in serving a child.	272	0
I can identify the strengths and challenges of teaming.	271	1
I can describe the steps in a child welfare case from allegation to reunification.	270	2
This training is helping me decide if foster care or adoption would be a fit for my family.	271	1

	Strongly Agree/Agree	Disagree/ Strongly Disagree
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	272	0
My learning experience was enhanced by the personal stories and examples shared by the trainer.	272	0
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.).	271	1

Sample comments:

- *Information was put into real life situations.*
- *I think this is the right information you need.*
- *I was licensed 14 years ago. The training has improved greatly.*
- *I believe the session was balanced with information and group exercises.*
- *It was very informative. Not too overwhelming.*
- *Could have been faster paced or done in less time. Very well organized and informative content and resources.*
- *Pace was good, interaction was timely and breaks were as needed.*
- *It opened my eyes to a lot of information on foster parenting that I did not know.*

Module 3: Child Development

Total Responses: 273

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	10	260	3	0

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can identify the three main social and emotional developmental tasks of young children.	270	3
I can describe what is meant by brain plasticity	271	2
I can identify factors that enhance childhood development and promote well-being.	272	1
This training is helping me decide if foster care or adoption would be a fit for my family.	268	5
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	270	3
My learning experience was enhanced by the personal stories and examples shared by the trainer.	269	4
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.).	271	2

Sample comments:

- *Very informative for parents in general.*
- *Exceeded my expectations! Great information!*
- *Impressed by how knowledgeable instructor is.*
- *Great information in lecture. Happy to be given extra resources to look at later.*
- *I am a child development specialist by trade. However, the information was covered well.*

Module 4: Trauma and Its Effects

Total Responses: 88

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:		87		1

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can describe the possible behaviors of a child who is experiencing toxic stress.	88	0
I can identify childhood traumas	88	0
I can describe how attachment can be impacted by complex trauma.	88	0
This training is helping me decide if foster care or adoption would be a fit for my family.	88	0
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	88	0
My learning experience was enhanced by the personal stories and examples shared by the trainer.	88	0
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.)	88	0

Sample comments:

- *Repetitive, too dragged out.*
- *I am still ambivalent about this, but I will finish the training and then decide.*

Module 5: Sexual Abuse

Total Responses: 296

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	14	277	5	0

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can explain how children in foster care may have experienced sexual abuse they have not yet disclosed.	294	2
I can list possible indicators that a child has been sexually abused or exposed to a highly sexualized environment.	295	1
I can identify ways to modify my home environment and house rules to ensure the safety and well-being of all children in my home.	295	1

	Strongly Agree/Agree	Disagree/ Strongly Disagree
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	296	0
My learning experience was enhanced by the personal stories and examples shared by the trainer.	295	1
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.).	295	1

Sample comments:

- *Did not have all of the handouts needed for each module.*
- *Knowledge expanded on by experience examples helped concepts (new).*
- *Info overload!*
- *At times possibly too basic, however I remind myself that more detailed classes will come afterwards and that this is more overview in a sense, of certain topics.*
- *More specifics.*
- *A good starting point. Makes me aware that I have much to learn.*
- *I think the sexual reactivity of children who have been abused is very common and should be discussed more at this level.*
- *Just right- but I'd love more detailed training in addition.*
- *Good job covering difficult material.*
- *Definitely gave me a good insight on sexual abuse.*
- *Informative, yet done with discretion.*
- *Good for the amount of time available.*
- *Very good for a basic groundwork understanding of what to expect and ways to deal with these issues.*
- *Hard to hear from examples of sexual abuse, but helpful to know how to relate to the child.*
- *Too basic- likely really all we need to know at this point.*
- *Good video, good q/a, good basic overview.*
- *Presented in a way for all to feel comfortable. Great, but sad information.*
- *The training covered basic and detailed information*.

Module 6: Minimizing the Trauma of Placement

Total Responses: 54

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	2	50	2	0

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can describe what information from a child's history can help determine appropriate parenting strategies.	53	1
I can explain the strategies I could use to help a child feel emotionally safe.	54	0
I can explain how helping a child maintain connections with important people from their past minimizes the trauma of placement.	54	0

	Strongly Agree/Agree	Disagree/ Strongly Disagree
This training is helping me decide if foster care or adoption would be a fit for my family.	54	0
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	54	0
My learning experience was enhanced by the personal stories and examples shared by the trainer.	54	0
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.).	54	0

Sample comments:

- *This training provided some very pragmatic ways to help foster kids feel safe.*
- *Personal experiences were very helpful.*
- *You can never had too many details.*
- *Excellent details- very helpful.*
- *I think that having the personal experience was helpful.*
- *Very good information.*

Module 7: Transcending Differences in Placement

Total Responses**:** 279

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	5	269	4	1

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can explain how flexibility as a foster caregiver contributes to respecting differences.	279	0
I can identify ways my family can help a foster child feel welcomed and respected for who they are.	279	0
I can identify ways a child who looks like my family can still be different from my family.	279	0
I can explain how a foster and adoptive caregiver, or adoptive parent, can help prepare their community for a new child.	278	1
This training is helping me decide if foster care or adoption would be a fit for my family.	279	0
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	279	0
My learning experience was enhanced by the personal stories and examples shared by the trainer.	279	0
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.)	279	0

Sample comments:

- *I liked learning about the Rules. I thought were set and thinking which I'd flex.*
- *It is making me think about how I am going to handle things.*
- *I appreciate the question and answer portions.*
- *It's a good starting point. I expect to need to grow with more information.*
- *More real examples of when diversity caused issues.*
- *More examples.*
- *Very helpful. Touched on areas I hadn't even thought about.*
- *These trainings from the state overall have gotten better. Trainer is excellent. Honestly, though, the entire 30 hours could be condensed to 10 hours, but given they must use the entire time; examples are good, but sometimes not quite what you experience.*
- *This class was well informative and I gained a lot of good feedback on handling different backgrounds.*
- *I really enjoy the mix of real life stories and intellectual learning.*

Module 8: Helping the Child Manage Emotions and Behaviors

Total Responses: 10

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	0	9	0	1

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can explain how a child's behavior is their primary communication tool.	10	0
I can identify ways to promote positive development (attachment, self-regulation, and initiative).	10	0
I can explain why physical punishment is not allowed to be used on foster children.	10	0
This training is helping me decide if foster care or adoption would be a fit for my family.	10	0
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	10	0
My learning experience was enhanced by the personal stories and examples.	10	0
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.).	10	0

Sample comments:

- *Great mix of participant and group and teacher speaking.*
- *This training really helped establish some ways to help provide discipline effectively.*

Module 9: Understanding Primary Families

Total Responses: 200

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	4	194	2	0

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can discuss the reactions a primary parent may experience when their child is in foster care.	195	5
I can discuss the advantages to a child when there is positive interaction between primary parents and foster caregivers.	195	5
I can discuss how a foster caregiver can involve the primary parent in decisions regarding care of his or her child.	194	6
I can explain the importance of maintaining strong sibling connections.	196	4
This training is helping me decide if foster care or adoption would be a fit for my family.	195	5
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	196	4
My learning experience was enhanced by the personal stories and examples.	196	4
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.).	196	4

Sample comments:

- *It was very anecdotal and not factual enough.*
- *These classes have been so rewarding!*
- *Great mix of curriculum and personal experience. This training has exceeded my expectations.*
- *There were new rule implemented into lesson which made for good information*.

Module 10: The Effects of Caregiving on the Caregiver Family

Total Responses: 233

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	5	222	5	1

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can identify common stressors for foster and kinship caregivers and adoptive parents.	231	2
I can describe realistic expectations about foster and kinship caregiving, and adoptive parenting.	228	5
I can identify self-care strategies.	231	2
I can discuss the potential consequences of foster or kinship caregiving, or adoptive parenting, on family relationships.	231	2
This training is helping me decide if foster care or adoption would be a fit for my family.	231	2
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	233	0
My learning experience was enhanced by the personal stories and examples shared by the trainer.	231	2
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.).	232	1

Sample comments:

- *Awesome, as far as the details.*
- *Very detailed and focused.*
- *Very enlightening, engaging.*
- *I loved this training, especially the guest speaker giving that perspective.*
- *Everything I have learned can also be used for adults as well as children Stress/ trauma/ difficulties.*

Module 11: Long Term Separation from Birth Families

Total Responses: 130

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	5	125	0	0

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can explain the benefits of permanency for children or youth.	129	1

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can identify emotional issues that could result from long-term separation.	129	1
I can describe situations or events that might trigger behaviors related to the stress of long-term separation from birth parents.	129	1
This training is helping me decide if foster care or adoption would be a fit for my family.	128	2
The trainer helped me understand how I can use this information as a foster or kinship caregiver, or adoptive parent.	129	1
My learning experience was enhanced by the personal stories and examples shared by the trainer.	129	1
The trainer managed the training effectively (answered my questions, gave clear instructions, managed the group, etc.).	129	1

Sample comments:

- *I like the group exercises.*
- *It is such a big topic so I feel like we spent too much time on stories and questions.*
- *Excellent training by experienced foster parent/adoptive parent.*
- *The training helped me understand the issues that I might face.*
- *The training really helps you understand the issues you might face so there is not shock later.*
- *We feel we now have the knowledge, and hear and power to move forward in the journey.*
- *Very good and informative.*
- *Gave me a good starting point.*

Module 12: Post Adoption Issues for Families

Total Responses: 819

	Too basic	Just right	Too detailed	No response
For my learning needs, the information in this training was:	33	779	7	0

	Strongly Agree/Agree	Disagree/ Strongly Disagree
I can identify long-term issues affecting parents who adopt children from foster care.	817	2
I can identify reasons why a child needs to understand their history.	816	3
I can explain different types of post adoption support for adoptive families.	814	5
This training is helping me decide if foster care or adoption would be a fit for my family.	813	6

	Yes	No	Undecided	No response
Do you want to continue the process of becoming a licensed foster caregiver?	731	4	37	38

Sample comments:

- *Based on my career, education and prior training, this was more of a review. It was a great class, though.*
- *All the details helped things sink in more. I've really learned a lot.*
- *Would like more of how to work with behaviors.*

Supporting Preservice Transfer of Learning (TOL)

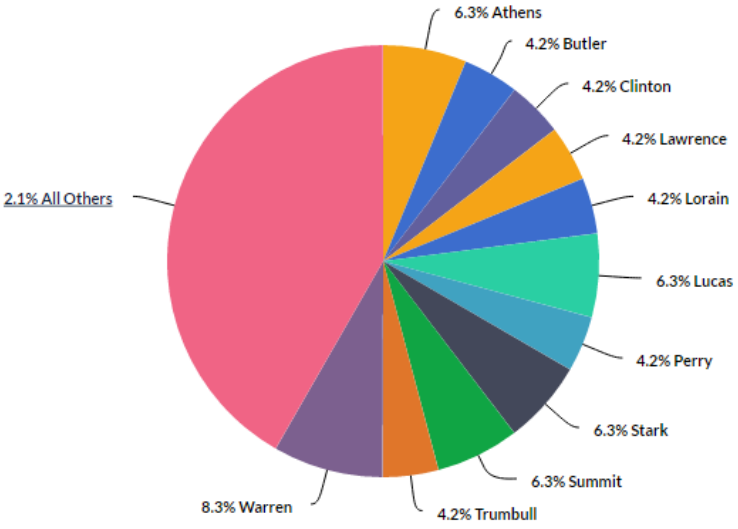
Preservice for Foster and Kinship Caregivers and Adoptive Parents was revised and relaunched in July 2015. Three Transfer-of-Learning (TOL) Tools were launched at the same time.

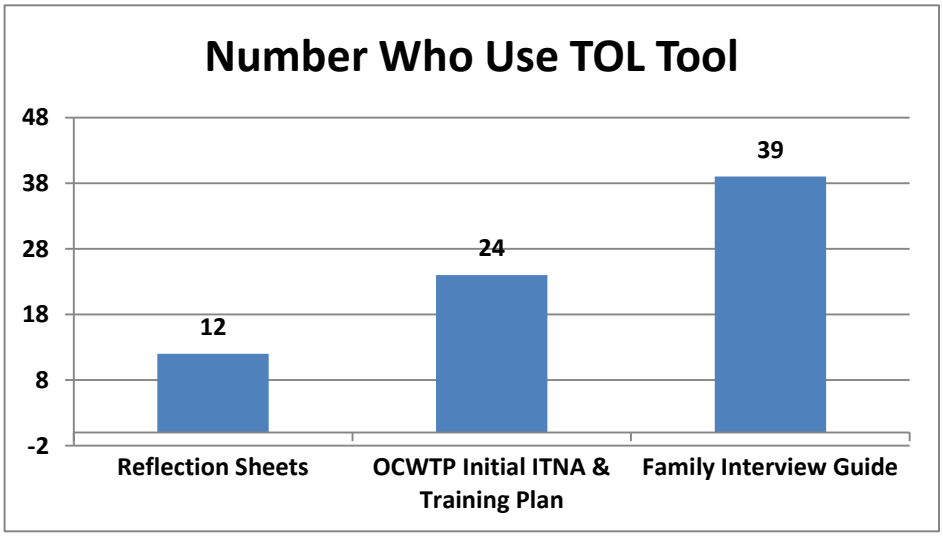
Licensing Specialists have repeatedly given feedback that by the time foster parents receive placement, they have forgotten much of what they learned in Preservice. In order to address this issue, TOL tools were developed and implemented at three different points in time in the caregiver licensure process. The OCWTP incorporated the following tools into existing processes and documents so no additional work would be needed.

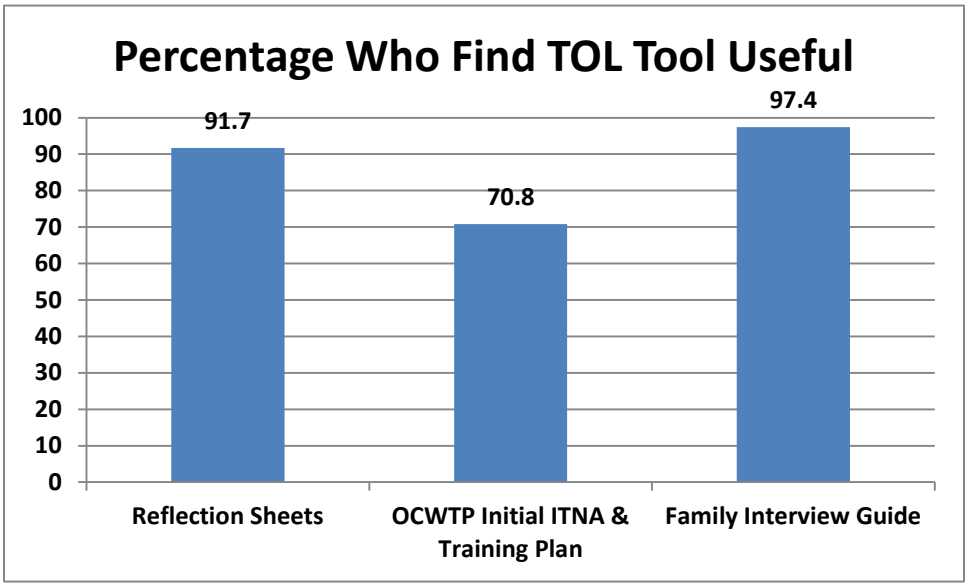
1. Individual Reflection Sheets: There is an Individual Reflection handout for each of the 12 Preservice modules. Reflection Sheets have questions for the participant to respond to about the module's content and how it applies to foster care. Participants are asked to find time soon after they attend the module to respond to the questions. Licensing Specialists are encouraged to review the sheets with the participants as part of the interview and assessment process.
2. Family Interview Guide: The Family Interview Guide (FIG) is a tool designed for the Licensing Specialist to help guide the interview and assessment process. Questions about Preservice training content have been incorporated into the FIG.
3. ITNA/Initial Training Plan: Newly licensed caregivers must make a plan for the training they will receive over the next two years (the licensure period). The ITNA targets Preservice topics and allows caregivers to jointly assess their training needs with their Licensing Specialist.

In November 2016, a Survey Gizmo was sent to county assessors to gather data about the use and usefulness of the TOL tools. The Survey link was provided to each of the RTCs, who then forwarded the link to the training liaison in the counties they serve. The training liaison was asked to send the survey link to assessors in their county.

Forty-eight assessors responded to the survey representing 31 of the 88 counties. Eleven counties had at least two responses. Twenty counties had one response.


6.3% Athens
4.2% Butler
4.2% Clinton
4.2% Lawrence
4.2% Lorain
6.3% Lucas
4.2% Perry
6.3% Stark
6.3% Summit
4.2% Trumbull
8.3% Warren
2.1% All Others


Number Who Use TOL Tool
48
38
28
18
8
-2
12
24
39
Reflection Sheets
OCWTP Initial ITNA & Training Plan
Family Interview Guide



Comments regarding Reflection Sheets include:

- *Helps the foster/adoptive parents develop insight into their strengths and weaknesses. Helps begin conversations on ways to develop support systems as well.*
- *Too much other stuff to do. We also usually talk about how preservice relates to actual foster care and the agency during interviews.*
- *It gives me a better idea of how they would handle situations and what ideas they may have regarding foster care/adoption.*
- *Not part of my job.*
- *Did not know about them.*
- *Somewhat. Not all participants give thoughtful responses. Both the culture and level of education of the applicant can influence their comfort in completing this type of form. Many are not used to writing their thoughts.*
- *We use our own questionnaires during the Homestudy process.*
- *It helps to generate conversation with the family. They also are able to write down thoughts that they might have forgotten to bring up when they meet with the Assessor.*
- *We have applicants complete the social history which has similar questions.*
- *It would be easier if it was more direct and specific and that it matches up with what the questions are in SACWIS.*
- *Provides the assessor with observations from the applicant and additional topics to cover with them during the home study.*

Comments regarding the Family Interview Guide include:

- *Cues me into thoughts and ideas relative to each factor while I am in the field.*
- *Getting parents to think back on information learned during pre-service as well as being an assessor getting down to really know what they are thinking about various topics.*
- *Didn't know there was one.*
- *Gives me target questions to ask, keeps me focused on the different narrative subjects.*
- *I do not complete home studies.*

- *Gives the assessor a blueprint for how the narratives should flow and sound. Directs the discussion towards child trauma and its impacts.*
- *I created my own interview packet to take with me to the home. I have interview questions on it to ask applicants. It's a great resource!*
- *I think it's a great tool that helps assessor to encourage caregivers to develop realistic expectations.*
- *I use the JFS 1673 narrative guide. Sometimes I will refer to the family interview guide if I am having trouble coming up with questions for a particular situation.*
- *It is a step by step document that gives great examples for new assessors to understand the process of licensing foster homes.*
- *The Family Interview Guide asks specific questions that I, as a worker, may not think to ask a family.*

Comments regarding the ITNA include:

- *Helps to narrow the scope of information and allows the caregiver to pick the areas in need, with a better understanding.*
- *It is difficult to understand for new foster parents. It is a great deal of information for newly certified care givers.*
- *It helps us determine what training is needed for the caregiver. We complete them together so that we can identify training that they need that they are not aware of.*
- *I think the ITNA would be more helpful if it was created after foster parents have been licensed for several months and have a better idea of their training needs.*
- *It's a good guide for caregivers but generally identifies topics that they would have taken without the tool.*
- *There are too many competencies that fall under each area and trainings for foster parents. It's almost impossible to find what trainings are needed and what competencies match that training, then continue to try and match all of that with the families ITNA's.*
- *We only use the OCWTP initial caregiver ITNA, we have our own training plan that we do. The ITNA is useful because it makes it easier to do the plan in SACWIS since it has the topic numbers that match SACWIS topic numbers.*
- *I do not work with caregivers in that capacity.*
- *I use an ITNA provided by my state licensing specialist.*
- *I used it originally, but it tends to repeat a lot of the areas that are addressed in the homestudy assessment.*
- *The agency currently has its own module ITNA & Training Plan.*
- *We utilized the OCWTP ITNA as a jumping off place and then added our own customization.*

A Statewide Look at Addressing Ongoing Skills & Knowledge Needs of Foster Parents

The OCWTP has over 850 different learnings in the E-Track system designed to address the skill and knowledge needs of foster parents and adoptive parents. In 2016 (Jan-Oct), the OCWTP offered 2,532 sessions that provided 8,739 hours of training.

Each RTC explained how they address foster parents skills and knowledge needs under Item 27 above. Below is: (1) an aggregate look at the standardized foster parents training series - Foster Care Fundamentals – available to foster parents during 2016, and how this series is being revised; (2) statewide data on required training for caregivers on normalcy and the reasonable and prudent parenting standard; and (3) aggregate data for ongoing training for adoptive parents.

Foster Care Fundamentals Series

Although not required, the OCWTP works with PCSAs to encourage newer foster parents to attend the OCWTP's Foster Care Fundamentals series. This series builds on the learning provided during Preservice training to help foster parents go beyond an awareness level and gain deeper knowledge and develop caregiving skills.

While Foster Care Fundamentals focuses on foster parents early in their foster care careers, it can also benefit seasoned foster caregivers who display training needs in any of the competencies trained in the Foster Care Fundamental series.

The table below identifies each Foster Care Fundamental Module, the number of sessions and attendees, and the number of responses to three questions about the content and three questions about the trainer's skills, from January through October 2016.

Foster Care Fundamentals	# of Sessions	# of Participants	# of Responses
Child Development Fundamentals**	7	74	28
Cultural Issues in Foster Care: Dealing with the Dynamics of Difference	4	66	13
Defusing Crisis Situations Safely and Sanely	5	56	24
Development of School Age Children**	1	13	1
Development of Adolescents: The Effects of Abuse and Neglect	1	11	8
Development of Infants and Toddlers: The Effects of Abuse and Neglect*	1	15	6
Discipline in Foster Care: Managing Our Behaviors to Manage Theirs	10	133	60
Early Childhood Development**	5	44	17
Foster Families and How They Grow: Understanding the Effects of Fostering	8	77	25
Fostering Self Reliance in Children and Youth: Roots and Wings	13	204	98
Healthy Sexual Development of Children and Teens	2	36	17
Recognizing and Responding to Children Who Have Been Sexually Abused	9	151	62
Relating to Primary Families: Challenges, Issues, and Strategies for Success	10	146	59

* Training retired 6/16

** New training implemented 7/16

To analyze the Foster Care Fundamentals' evaluation feedback, a survey summary report is run every month on the average rating score for each session. If one score is significantly lower than the others, a session report is run to view the comments from the training. Once all the information is gathered, a specific action plan is developed that could include anything from curriculum revision to a trainer development plan.

Based on feedback from foster parents and county agencies, in 2017 the OCWTP will begin piloting a revised Foster Care Fundamentals series, where each module will be three hours, instead of six hours, long. A workgroup is determining how to repackage the current series to accomplish this goal and streamline the implementation process.

Below are evaluation results and sample comments for each course in the Foster Care Fundamentals series:

CHILD DEVELOPMENT FOUNDAMENTALS	Strongly Agree/Agree	Disagree/ Strongly Disagree
Can you discuss the basic principles of child development?	13	1
Can you explain the importance of relationships, structure, and experience to appropriate child development?	13	1
Can you discuss your role as a caregiver in supporting a child's development?	13	1
I learned what I expected to learn in this training.	14	0
My performance as a caregiver will improve because of what I learned in this training.	14	0
The trainer managed the group effectively.	14	0
The trainer used training strategies that encouraged me to learn.	14	0

Sample comments:

- *It is important for a child to follow a natural course of development-i.e. crawl before they walk.*
- *Development can occur at varying rates/ages based on the child.*
- *Another principle we learned about was that both biology and experience can influence development. We also learned how play is important to development and that challenging children helps them grow.*
- *Building a relationship is key to bonding and nurturing children. Structure and daily routine helps children feel safe and to know what's going to happen next. Experience and continuous learning, observation, through questions/classes and so forth are valuable in identifying typical child development.*
- *Relationships are important for children. Each child needs to form an attachment/bond to an adult in order to develop correctly. The children also need friends and other caregivers for social interaction. Children require structure. A routine helps children feel secure. Positive experiences help children's brains develop correctly.*
- *Children need love and positive experiences so they can develop normal relationships in the future*
- *Advocating for the child helps support their development. Supporting them in education, social, emotional, teaching, good eating habits, and so on helps development.*
- *To support a child's development, we have a loving home with consistent rules and consequences. We also ensure the children have adequate health care, nutrition, rest, etc.*
- *It is important as the caregiver to make sure that one is educated about child development and to be aware what is expected of a child at a certain age. It is also critical to document delays and to notify other members of the child's case plan team in the event that delays are noticed in order to best advocate for the child.*
- *It was the basic course of early development*
- *I have a better understanding of how much a child's past delay development, and I can better explain this to others.*
- *This training was a bit dry. May be try to some add some spice.*

EARLY CHILDHOOD DEVELOPMENT	Strongly Agree/Agree	Disagree/ Strongly Disagree
Can you discuss the physical, cognitive, social, and emotional development of young children?	8	1
Can you identify the steps to recognizing and responding to developmental concerns in young children?	8	1
Can you discuss your role as a caregiver in supporting the development of young children?	8	1
I learned what I expected to learn in this training.	9	0
My performance as a caregiver will improve because of what I learned in this training.	9	0
The trainer managed the group effectively.	9	0
The trainer used training strategies that encouraged me to learn.		0

Sample comments:

- *Fine motor development, learning, sharing, self-regulation.*
- *Need to have their needs met, different levels of learning, bonding most important in first 1-2 years of life.*
- *Children develop at different rates, it's important that children move through each stage of development, it's imperative that a child's needs are met, children learn through experiences and play. The child's brain is not fully developed for many years.*
- *Educate, document, notify workers and advocate.*
- *Stability, appropriate play, proper diet, challenge them both physically and mentally to ensure growth.*
- *Good refresher on parenting very young children and what they need.* .
- *Many of the skills we discussed I knew, but it was a nice refresher.*
- *Understand their development better and I can identify if they don't make their milestones.*
- *Basic early education overview.*
- *Play with them, love them, help them learn new things.*
- *Enhance development and address developmental concerns.*
- *We had good group discussion.*
- *Make training a little more interesting besides a straight lecture*.

DEVELOPMENT OF ADOLESCENTS: THE EFFECTS OF ABUSE AND NEGLECT	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	8	0
My parenting skills will improve because of what I learned in this training.	7	0
This training met my learning needs.	8	0
The trainer used training strategies that encouraged me to learn.	8	0
The trainer connected the training content to foster caregiving.	8	0
The trainer helped me know how to use the information in my role as a caregiver.	8	0

Sample comments:

- *I feel I better understand the trauma of abuse and neglect.*
- *(Trainer) was very interesting and was excellent at having everyone participate in the group.*
- *With our instructor having fostered she brought a personal point of view that was so helpful.*
- *We were divided into groups several times to work together to better understand scenarios children and foster parents go through. This was very helpful to hear other's perspectives.*
- *The instructor was passionate and very informative about what she taught.*

HEALTHY SEXUAL DEVELOPMENT OF CHILDREN AND TEENS	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	17	0
My parenting skills will improve because of what I learned in this training.	17	0
This training met my learning needs.	17	0
The trainer used training strategies that encouraged me to learn.	17	0
The trainer connected the training content to foster caregiving.	17	0
The trainer helped me know how to use the information in my role as a caregiver.	17	0

Sample comments:

- *Good reminder about sexual development in children.*
- *Just because a behavior is normal doesn't mean we need to find it acceptable or ignorable in our homes.*
- *Stay age appropriate but use correct terminology for anatomy.*
- *I received ideas about what is normal vs. problematic sexual behavior.*
- *Sexuality is influenced by culture.*
- *I learned all kids have a lot of the same issues.*
- *Lots of tools to help understand warning signs verses natural progression.*
- *I will be able to use the information to help me keep my children safe and to also give them the needed information about their sexual development.*
- *Less stress over little ones discovering themselves.*
- *Will be more understanding.*
- *Exceeded what I hoped to get out of the content.*
- *I wanted to be better equipped at how to deal, in a healthy way, with issues that naturally come about as kids begin to mature and go through puberty.*
- *Class was repetitive, could have been done in three hours.*
- *Trainer helped apply the learning to various age groups of foster kids and their potential delays.*
- *Trainer related the topic to foster care through various examples and had foster parents share stories.*
- *Through case example, group discussions and handouts it have given me ways to help with the sexual development of children in my home.*
- *Helped with suggestions on how to manage behavior of foster children.*
- *Helped to know what to expect.*
- *Good examples from everyday life.*
- *Trained talked with foster parents when we need to document certain behavior and when to contact the case worker.*

RECOGNIZING AND RESPONDING TO CHILDREN WHO HAVE BEEN SEXUALLY ABUSED	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	68	2
My parenting skills will improve because of what I learned in this training.	68	2
This training met my learning needs.	69	1
The trainer used training strategies that encouraged me to learn.	69	1
The trainer connected the training content to foster caregiving.	68	
The trainer helped me know how to use the information in my role as a caregiver.	69	1

Sample comments:

- *Cultural Differences, I did not realize different cultures have different policies that could be a concern within the US culture.*
- *More kids get abused then I thought.*
- *Proper techniques to discuss with a child signs of possible sexual abuse.*
- *I've learned some behaviors that are associated with a child that has been sexually abused.*
- *Gained tools and suggestions of how to deal with kids having this issue.*
- *Better understanding of trigger.*
- *Remaining calm when you discover a child engaging in inappropriate sexual activity is important.*
- *That recovery is possible.*
- *That the majority of sexual abuse occurs with people that the children are familiar with or know.*
- *Victims not much more likely to perpetrate.*
- *Scariest rooms in a home for children who have been sexually abused are bedroom and bathroom.*
- *Green, Yellow and Red light behaviors in children in care.*
- *I feel more prepared to face these issues if they ever occur in my home or community.*
- *There were activities and not just lecture.*
- *Trainer always keeps the participants engaged in the training by relating examples and getting everyone to share their experiences.*
- *Involved the class and allowing their stories to be shared as well as sharing her own experiences.*
- *Her experience with being a foster caregiver enabled her to make the content connect to foster caregiving.*
- *Her real life experience made her presentation top notch.*
- *On more than one occasion, questions came up about protecting one's self against an allegation and he responded to document well and use email and communication with the agency.*
- *We did scenarios that helped respond to different situations that occur with children in our care.*
- *The 5 C's of Corrective Attachment Parenting were good and could pertain parenting any child.*

UNDERSTANDING AND BUILDING ATTACHMENT	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	13	0
My parenting skills will improve because of what I learned in this training.	13	0
This training met my learning needs.	13	0
The trainer used training strategies that encouraged me to learn.	13	0
The trainer connected the training content to foster caregiving.	13	0
The trainer helped me know how to use the information in my role as a caregiver.	12	0

Sample comments:

- The instructor explained things in a way the trainer at LCCS does not do; just another way *of explaining makes it a lot easier to understand.*
- *Learned to identify types of attachment.*
- *I've learned the phrase QTIP {quit taking it personal} through my instructor that I will take with me always.*
- *Learned attachment parenting techniques.*
- *Different perspective.*
- *The whole circle of NEED AND RELAXATION.*
- *Same as above, wish I would have had more of this in pre service.*
- *Just the cycle of life in the eyes of a child coming into foster care.*
- *I learned what to expect from a drug addicted baby and how to help them.*
- *Just the way she explains things is more in depth.*
- *Very passionate about information given.*
- *Due to the class being so small the instructor was able to answer any and all questions we had.*
- *Trainer got to our level.*
- *Did group sessions together to help understand the children's point of view.*
- *Did role playing examples.*
- *She put us in their situation and how we would feel and act.*

DISCIPLINE IN FOSTER CARE: MANAGING OUR BEHAVIOR TO MANAGE THEIRS	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	48	1
My parenting skills will improve because of what I learned in this training.	49	1
This training met my learning needs.	49	2
The trainer used training strategies that encouraged me to learn.	48	1
The trainer connected the training content to foster caregiving.	50	1
The trainer helped me know how to use the information in my role as a caregiver.	49	2

Sample comments:

- Different parenting styles and how each style impacts the growth and development of *children.*
- *Picking your battles is very important to diffuse a lot of situations.*
- *Good review of techniques to use with foster children that are beneficial and helpful in correcting behavior.*
- *Punishment usually conveys revenge or retaliation rather than direction.*
- *Needed to have more scenarios, what to do and what ifs...*
- *Motivation for a child's acting out behaviors, incorrect perceptions, and what the actual outcome should be.*
- *I'm better equipped to properly discipline after this class.*
- *Because prior to training I felt that "I was on an island all alone" a lot of good discipline tips were shared in this training.*
- *I would have liked to hear/learn about different strategies used with the problems we are facing that were written on the papers.*
- *I guess some of the learning's were common sense, there is always a reason for a child's behavior.*
- *Trainer encouraged participation of all participants.*
- *Good with examples of situations, and had time to discuss different techniques and how to handle different situations.*

- *It all was applicable to our foster youth.*
- *It was geared toward children coming out of a trauma environment.*
- *It showed me I need to work at being a more of an authoritative parent and less authoritarian.*
- *She showed us the difference between discipline and punishment.*
- *Careful to have good communication with training center and ALL correct content/copies/handouts.*
- *This is a perfect training to include a handout of the 2-7 rules for foster parents. 2-5's were included, but the 2-7-09 is about discipline.*

FOSTER FAMILIES AND HOW THEY GROW: UNDERSTANDING THE EFFECTS OF FOSTER CARE +	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	28	0
My parenting skills will improve because of what I learned in this training.	27	0
This training met my learning needs.	28	0
The trainer used training strategies that encouraged me to learn.	27	2
The trainer connected the training content to foster caregiving.	28	0
The trainer helped me know how to use the information in my role as a caregiver.	28	0

Sample comments:

- *New ways to address stressful situations.*
- *Learned to be more active with our agency and caseworker for the good of the child's needs.*
- *Our instructor did a great job communicating the need to be a part of the team.*
- *Good idea to find a third place to go to relax.*
- *Helping my family to understand what and why I am trying to help these kids.*
- *I learned how to especially parent foster children due to their unique circumstances and not to take their acting out personally.*
- *Our instructor did an outstanding job not only making the content relevant to our situation, but held our interest throughout.*
- *Helped me to have a better understanding.*
- *There was time for reflection and dialogue.*
- *Off topic for most of the day.*
- *Lots of stories.*
- *Brought the content "home" by utilizing real world examples to demonstrate reasoning behind the material and how to apply it in our situation.*
- *Discussed situations with entire class involved.*
- *Pointers on how to talk to birth patents and caseworkers.*
- *This class would be better suited for those families that have been fostering for a while; while I did have some knowledge to take away I was also at a disadvantage because I couldn't engage with many of the conversations--due to my lack of children in the home.*
- *Not only was this class insightful, but the instructor and location were top notch- will definitely be recommending this!*
- *Practical and time for reflection, networking, etc.*
- *Very informative.*

DEFUSING CRISIS SITUATIONS SAFELY AND SANELY	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	25	0

My parenting skills will improve because of what I learned in this training.	25	0
This training met my learning needs.	25	0
The trainer used training strategies that encouraged me to learn.	25	0
The trainer connected the training content to foster caregiving.	24	0
The trainer helped me know how to use the information in my role as a caregiver.	24	0

Sample comments:

- Stay calm at all times.
- *How to deal with anger and how to turn it into a positive.*
- *Asking questions engages children.*
- *Very interesting class. One thing I learned, was that when acting on an impulse, we usually focus on the misbehavior pattern rather than correct the behavior.*
- *Learned a lot about how to diffuse a situation, and how to correct behavior the right way.*
- *I sometimes over react.*
- *Anger is a secondary emotion; there was something else that caused the person to feel angry*
- *Dealing with situations in different age groups.*
- *I will learn to see when crisis situations may arrive.*
- *Instead of acting on my first impulse to say "no" to a behavior, use language that will give direction on what the correct behavior is.*
- *By helping me to think through how to deal with crises when one of our children are in the middle of a heightened sense of anger.*
- *I got a lot of good information from this class that I can utilize in my parenting.*
- *It will help with the children in the age group that we have right now.*
- *The trainer was great! She made sure that we all understood the material as we went along and she made sure it was relevant to our lives.*
- *Kept the class engaged with topics and activities.*
- *The trainer made sure to answer all of our questions and helped with individual issues as well. She was great about giving ideas to use at home.*
- *She did a great job to always bring the content back around to foster parenting and allowed the foster parents in the class to also share things we have gone through.*
- *The material involved foster care children and any other children in the home.*
- *It is a good training to have to help understand anger and how to deal with children when there is a blow up. And how to handle ourselves as parents.*
- *There were a few stats that were out of date (something about how many people have died from being restrained*).

CULTURAL ISSUES IN FOSTER CARE: DEALING WITH THE DYNAMICS OF DIFFERENCE	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	11	0
My parenting skills will improve because of what I learned in this training.	11	0
This training met my learning needs.	11	0
The trainer used training strategies that encouraged me to learn.	11	0
The trainer connected the training content to foster caregiving.	11	0

CULTURAL ISSUES IN FOSTER CARE: DEALING WITH THE DYNAMICS OF DIFFERENCE	Strongly Agree/Agree	Disagree/ Strongly Disagree
The trainer helped me know how to use the information in my role as a caregiver.	10	0

Sample comments:

- The difference in a value and an accommodative action.
- *Culture is more than race.*
- *It helps the child if I learn and adapt in a way their background (Race ethnicity).*
- *I understand that many issues are not misbehavior but rather a cultural misunderstanding.*
- *Understanding that others values may be the same as ours but the code of conduct we are seeing to achieve that shared goal could be very different.*
- *Will help me understand if I need help from someone of the child race to learn how to do hair etc.*
- *Understanding that differences are good but should be understood and respected.*
- *I needed this class because I didn't know what culture is.*
- *Very interactive.*
- *I really didn't know how important someone's ethnicity was until after this training.*
- *Trainer encouraged interaction without 'pointing people out.'*
- *Each concept was related to foster children.*
- *The trainer used many personal examples and asked for experiences from the trainees to ensure the information connected to foster caregiving.*
- *She made sure that we knew how important of a roll we play in our child's life to help them keep their roots.*
- *As a foster caregiver they empowered me to give important feedback to everyone involved.*
- *She took time to discuss our personal examples.*
- *Trainer didn't really need to help me know how to use the information, it was common sense in a way.*

RELATING TO PRIMARY FAMILIES: CHALLENGES, ISSUES, AND STRATEGIES	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	52	1
My parenting skills will improve because of what I learned in this training.	49	4
This training met my learning needs.	53	0
The trainer used training strategies that encouraged me to learn.	52	0
The trainer connected the training content to foster caregiving.	53	0
The trainer helped me know how to use the information in my role as a caregiver.	52	0

Sample comments:

- *The development/stages of foster parents was interesting and encouraged me to work toward becoming an advocate of change to the system.*
- *Thru the exercises, I learned what it can feel like to be separated from a loved one.*
- *I learned the Guidelines to produce beneficial services to children and their families which involve respect for one another, seek conflict resolution, permission for honesty etc...*
- *Foster kids lose everything when they leave home. They most importantly lose their significant person.*
- *I will be more cautious and sensitive to the bio families' moods during drop off at visiting center.*
- *Most of the information was not applicable to our situations. Also some of the suggestions in the material were unrealistic.*
- *Sharing info about the child with the primary family.*

- *The elements of an effective team, such as clear roles and responsibilities, case plan, support, communication and trust.*
- *I like the fact that we were engaging from the beginning to the end.*
- *We had lots of group activities/ participation activities; I found this class kept my attention and I leaned lots of valuable information.*
- *Where it was possible the trainer helped us apply the course content to our individual situations.*
- *Emphasized the intent of foster care to reunite the families.*
- *Great activities that made us think about how the primary parents and the child feel when being removed.*
- *Understanding the different Roles, team member, team leader, child advocate. And at what stages that a foster caregiver would perhaps fit in.*
- *When I left, I felt empowered! Empowered to be a better communicator with the team members on my child's case.*
- *Helpful to see situations from many points of view.*

THE CAREGIVER'S VOICE: BECOMING A VALUABLE PART OF AN EFFECTICE CHILD WELFARE TEAM	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	39	2
My parenting skills will improve because of what I learned in this training.	39	3
This training met my learning needs.	40	1
The trainer used training strategies that encouraged me to learn.	41	0
The trainer connected the training content to foster caregiving.	42	0
The trainer helped me know how to use the information in my role as a caregiver.	41	0

Sample comments:

- *Speak up and ask as many questions as necessary to get the answers needed.*
- *By communicating with agency they can help me get the tools I may need to help my foster. I.e., therapy, tutoring, coaching.*
- *To let caseworkers know of good things not only bad things.*
- *Being on a team does not always mean a win-lose, you can also have a win-win.*
- *Yes because I will be able to plan for Visioning the Future for my child because of the handout we practiced on.*
- *I feel more comfortable talking with the child welfare team members to obtain what I need to care for my child.*
- *I wanted to know the view the agency has of my role as foster parent. This class helped me to better understand the agency view of my role.*
- *I feel it could have been much deeper to get more at the root of the concern that foster parents do not feel they are treated as part of the team -This is a huge issue with our foster parents and causes them a lot of stress.*
- *I'm a newly licensed foster parent - This training helped connect some of the moving parts within the system.*
- *Effectively explained how important my voice is as a team member.*
- *Ronna helped us to understand how we can be more effective communicators and more thoughtful advocates for the children in our care. This is the one point I would note.*
- *Having a working relationship with the agency is important so it should be as positive as possible.*

- *This would be a better training for new staff or foster parent-. It is very basic training; for experienced foster parents and worker it mostly validates what they are already doing.*
- *It gave detailed information on how to work with others involved with your child including Children's services, biological families and the school.*
- *Possibly have caseworkers or other members of the team at this particular training.*

FOSTERING SELF-RELIANCE IN CHILDREN AND YOUTH: ROOTS AND WINGS	Strongly Agree/Agree	Disagree/ Strongly Disagree
My knowledge and/or skill increased as a result of attending this training.	94	4
My parenting skills will improve because of what I learned in this training.	92	3
This training met my learning needs.	91	4
The trainer used training strategies that encouraged me to learn.	94	1
The trainer connected the training content to foster caregiving.	96	0
The trainer helped me know how to use the information in my role as a caregiver.	93	1

Sample comments:

- I knew a lot of what was talked about from raising two children of my own and getting them ready for *the world.*
- *Seek out deeper child's history.*
- *Will give more choices to kids.*
- *My parenting skills will improve because I will make an effort to help kids learn to do things on their own.*
- *I will start much earlier with activities that teach more skills needed for independence.*
- *I found the group activities to be a very good hands-on learning tool to help us see what the kids need to be able to transition out of care.*
- *My parenting skills did not improve by attending this course.*
- *It was information that I've learned over the years.*
- *Taught me how to be patient and self-reliant.*
- *Was really hoping for more examples of how to help younger students become more independent.*
- *The training verified some of my present ideas as well as causing me to want to learn more; I appreciated the experience of Foster Care expressed by others in the class as well as that of the instructor.*
- *Understanding of what the teens need.*
- *Group discussions and feedback involving all groups was especially helpful that the instructor really encouraged; I was greatly benefited by the feedback and the follow up.*
- *The group work with case studies of different children of various background and ages allowed us to practice how we could use the information from the class.*
- *One of the best things she said was to let your kids tell you anything and be the kind of mother my kids can come to me with anything -Great advice.*
- *Trainer gave real life examples so we would understand more clearly how to apply the information in a real life situation.*
- *I would recommend it to someone who is a helicopter parent, not someone like myself who implements activities to help children face the real world.*
- *The class was extremely engaging and packed full of great information.*

Normalcy and the Reasonable and Prudent Parenting Standard

In response to both federal and state requirements that foster caregivers receive normalcy training, the OCWTP developed and implemented a three-hour training for foster caregivers titled *Normalcy and the Reasonable and Prudent Parent Standard.* This training was launched in September 2015. Between its launch date and October 31, 2016, the training was offered 103 times (309 hours) and was attended by 1,840 participants.

Ongoing Training for Adoptive Parents

While there is no ongoing training requirement for adoptive parents, the OCWTP continues to offer standardized training for this population. In SFY2016, the OCWTP offered 48 trainings (150 hours) for adoptive parents who had finalized adoptions. There were 639 participants.

Evaluating Foster and Adoptive Parent Training Provided by Private Child Placing Agencies (PCPA), Private Non-custodial Agencies (PNA), or a consortium of such agencies approved by ODJFS to Operate a Preplacement Training Program or a Continuing Training Program

OAC 5101:2-5-40 requires private child placing agencies (PCPA), private noncustodial agencies (PNA), or a consortium of such agencies that seek to operate a preplacement training program or a continuing training program to submit its training proposal(s) for approval to ODJFS by October 15 of every even-numbered year. Approved training proposals are valid for two calendar years beginning the first day of January in each odd-numbered year.

PCSAs are not required to submit a training proposal to ODJFS, as the OCWTP provides all foster caregiver training for prospective foster caregivers and foster caregivers recommended for certification through the regional training centers. Alternatively, a PCSA may coordinate foster caregiver preplacement or continuing training through programs operated by a PCPA or PNA that is approved by ODJFS.

Between January 1, 2014-Setember 30, 2016, foster care licensing staff reviewed and approved 80 PCPA and PNA training plans. All agencies reviewed were 100 percent compliant with OAC requirements for submitting their training plans to ODJFS.

PCPAs and PNAs who are approved to operate a Preplacement Training Program or a Continuing Training Program are required to evaluate the effectiveness of the courses offered and the overall effectiveness of the training program at a minimum of every two years. The Bureau of Foster Care Licensing reviewed a sample of foster parent pre-service and ongoing training evaluations from April 1, 2015 – March 31, 2016 for agencies across the state to determine how well the initial and ongoing training addressed the caregivers' skills and knowledge base needed to carry out their duties with regard to caring for foster or adoptive children. The sample included agencies of varying size and function.

Agencies provided 519 foster and adoptive caregiver pre-service and foster caregiver ongoing trainings. Agencies consistently asked caregivers to indicate their level of knowledge before and after the training, share what they learned and how it will help them address their needs as foster/adoptive caregivers, their likes and dislikes about the training and any additional topics they wished the trainer to address that were not addressed during the training.

Reponses were generally positive in nature with one foster parent reporting: “I know more leaving than when I came in the door” and another saying the trainer provided “informative and helpful information.” The caregivers also expressed an appreciation for trainers who made the training interactive and dynamic, or those trainers who shared their personal experiences as foster and/or adoptive parents. They also reported they liked the opportunity to interact with other prospective or current caregivers and share best practices. There were some caregivers who wanted more information about preparing for the homestudy process.

Several agencies provided aggregate data for all of their surveys conducted during the stated timeframe. One reported more than 75 percent of those caregivers who submitted surveys strongly agreeing or agreeing the training was beneficial to them. Another agency providing aggregate data reported caregivers attending their trainings gave a 4.5 out of 5 rating (with a 5 indicating they were very satisfied) with the training they received to become a foster parent. Another private agency which is COA accredited, shared how they revised their Individual Training Needs Assessment (ITNA) based on caregiver input to better predict the training needs of their foster and adoptive parents, and provide those trainings in response. The agency reported “training has been determined to be offered at the necessary frequency to meet identified needs.” One area of identified growth is foster and adoptive caregivers who fail to take required training despite multiple offerings and consequently experience a lapse in certification for training areas such as CPI, CPR and First Aid. To show continuous quality improvement, the agency has been proactive in addressing this issue in order to minimize non-compliance. Their analysis indicated “very favorable training experiences and adequate preparedness for the caregiver role. One consistent recommendation for improving pre-service training quality is greater involvement of tenured foster and adoptive parents in the training process.”

Some foster parents reported being overwhelmed by the large volume of information or the manner in which it was presented in such a short time frame. Others desired more “examples of what behaviors a child might display and what it would look like.” Another reported displeasure that “all examples used situations where the man was not present in birth parents. I think this is unfair.” In one agency training covering the topic of drug awareness, several caregivers wanted to hear the perspective of recovering addicts and desired more information on children who are exposed to drugs in utero and how to talk to their foster and adoptive children about the dangers of drugs.

While caregivers provided isolated instances of areas needing improvement, largely with the time or duration of the training or other logistical issues, overall, caregivers’ surveys reflected they received adequate initial and ongoing training, which provided them with the skills and knowledge base they needed to carry out their duties with regard to caring for foster/adopted children.

Compliance with Foster Parent Training Requirements

Prospective foster parents and current foster parents are certified/recertified by:

- Public children services agencies;
- Private non-custodial agencies approved by ODJFS to perform the foster care function; or
- Private child placing agencies approved by ODJFS to perform the foster care function.

A home study must be approved in order for a home to become certified. Ohio’s SACWIS system requires the user to affirm (through use of a check a box) that “All training requirements have been successfully completed” in order for a home study to be approved in SACWIS. Between October 1, 2015 and September 30, 2016, there were 1448 new foster home certifications.

Agencies are also required to affirm that "All training requirements have been successfully completed" within the home study for foster care recertifications. Between October 1, 2015 and September 30, 2016 there were 2665 homes recertified in SACWIS.

In addition to the automated capabilities for private and public agencies to enter training and homestudy information in SACWIS, licensing staff monitor agencies' adherence to OAC rules as a quality assurance measure. Licensing staff conducted 109 visit and 72 recertification reviews of private and public agencies between October 1, 2015 - September 30, 2016 to determine compliance with applicable laws and rules for foster parent training.

Specialists use the ODJFS 1346 - *Review of Foster Home Record* to measure compliance with training requirements. Of the 652 documents reviewed during the recertification and visit reviews, 34 records received a finding of noncompliance for foster parent training. **This equates to 95 percent of the records achieving compliance.**

Following are the findings of non-compliance identified during the reviews:

- Specialized foster home did not complete a minimum of thirty-six hours of preplacement training.
- Foster caregiver certified to operate a family foster home did not complete a minimum of forty hours of continuing training.
- Specialized foster homes did not complete a minimum of 60 hours of continuing training.
- Agency did not follow continuing training requirements for accepting training that was completed outside the classroom where a trainer was not present.
- A recommending agency did not develop and implement a written needs assessment and continuing training plan for each foster caregiver affiliated with the agency.

In all instances of non-compliance, agencies were required to submit a corrective action plan (CAP) to their licensing specialist. Licensing staff reviewed and approved the CAP and provided technical assistance to avoid future non-compliance.

Training Requirements for Prospective Adoptive Parents

Adoptive parent pre-service training requirements are addressed in OAC 5101:2-48-09. It should be noted that a public or private agency may waive components of the training if the assessor determines that the family has received training previously or the family has the skills to care for the needs of the child that will be placed in the home. The only exception to this is the three hour requirement for cultural issues, which cannot be waived. Agencies are required to document every waiver in the case record pursuant to rule 5101: 2-48-22 of the Administrative Code.

Compliance with Adoption Training Requirements

Between October 1, 2015-September 30, 2016, licensing staff conducted 109 review visits and 72 recertification reviews of private and public agencies to determine compliance with applicable laws and rules for adoptive parent pre-service training. Specialists use the ODJFS 1271 - *Review of Assessment of Adoptive Parent Record* to measure compliance with training requirements. Of the 710 documents reviewed during the recertification and visit reviews, 14 records received a

finding of noncompliance for adoptive parent training. **This equates to 98 percent of the records achieving compliance.**

Findings of non-compliance are listed below.

- Agency began the homestudy assessment process prior to receipt of a fully completed JFS 01691 signed by the adoptive parent(s).
- Agency did not document that each person seeking adoption approval successfully completed preservice training prior to approving the homestudy.
- When a waiver of training requirements was granted by the agency, there was no documentation present in the case record for granting the waiver.
- The required contents for each adoptive family case record were not present.

In all instances of non-compliance, agencies were required to submit a CAP to their licensing specialist. Licensing staff reviewed and approved the CAP and provided technical assistance to avoid future non-compliance.

Staff in ODJFS Licensed Facilities

Staff training requirements are addressed in OAC rule 5101:2-9-03. The table below identified the training requirements for residential care staff.

Training for Residential Care Staff	Training Hours	Time Frame for Completion	
Orientation	20 hours	30 days after date of hire	52 hours of training 1st year of employment
Initial Training*	32 hours	first year of employment	
Ongoing Training	24 hours	Every year following completion of training during an employee's first year	24 hours each year

**The agency must ensure all child care staff hired possess a current American Red Cross, American Heart Association, or equivalent first aid and cardiopulmonary resuscitation (CPR) certification at the time of hire or within six months following the date of hire.*

***The agency must ensure all staff receive annual training in the use of restraint technique as applicable to their agency policies and functions.*

Compliance with Staff Training Requirements

Between October 1, 2015-September 30, 2016, licensing specialists conducted 72 review visits and 109 recertification reviews of private and public agencies to determine compliance with applicable laws and rules for staff training. There were 38 overall areas of non-compliance related to staff development and evaluation (OAC 5101:2-9-03) found during the reviews. Specialists use the ODJFS 1330 - *Review of Child Care Worker Training* and the ODJFS 3329 - to measure compliance with staff training requirements. Of the 931 documents reviewed during the 72

recertification and visit reviews, 53 records received a finding of noncompliance for staff training. **This equates to 94 percent of records achieving compliance.**

In all instances of non-compliance, agencies were required to submit a CAP to their licensing specialist. Licensing staff reviewed and approved the CAPs and provided technical assistance to avoid future non-compliance.

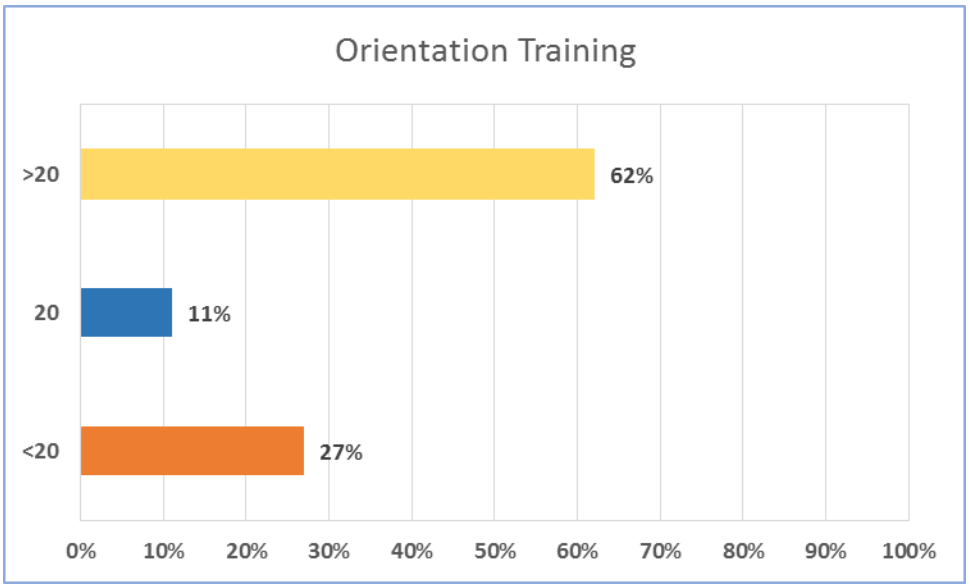
Evaluation of Agency Training

The Bureau of Foster Care Licensing conducted a survey of public and private residential agency direct care staff in December 2016 to determine: (1) the overall effectiveness of agency training programs; and (2) how well training for agency staff addressed the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Orientation

In order to determine if agencies provided a minimum of twenty hours of orientation within the first thirty days after the date of hire the following question was posed: *How many hours of orientation did you complete within the first 30 days of employment?* Respondents were given three choices to select from: Less than 20, 20, and More than 20 hours.

Results from the survey revealed that 62 percent of survey respondents received more than the minimum required number of hours of orientation training within the first 30 days of employment. Eleven percent of survey respondents received the required number of training hours and 27 percent of survey respondents indicated they received less than 20 hours of orientation training within their first 30 days. It should be noted that some of the respondents may have been on the job for less than 30 days and may still receive more training by the 30th day of their employment. The following table provides a graphic depiction of the results.



To gain further information on what training topics were covered during staff orientation, respondents were asked to select from a list of training topics. The following table presents information on training topics addressed during respondents' orientation training.

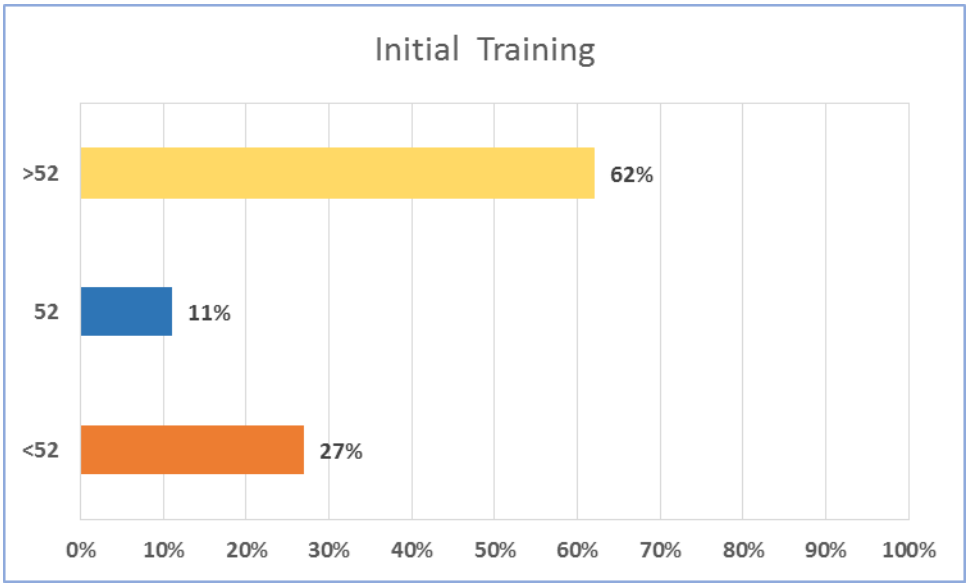
Orientation Training Topics	Response Rate
Reasonable and Prudent Standard of Normalcy	48.26%
Behavior Management Techniques	90.35%
Dealing with Incidents Involving Neighbors and Youth	57.53%
CPR/First Aid	94.98%
Principles and Practices of Child Care	74.13%
Trauma Informed Care	63.32%
Agency Emergency and Safety Procedures	90.35%
Independent Living Skills	61.39%
Discipline Policy	88.80%
Agency Procedures	89.96%
Physical Restraint	73.75%
Alternatives to Restraint	84.94%
Agency Goals/Mission	87.26%
How and When to Report Suspected Child Abuse or Neglect	85.33%
Agency Emergency Medical Plan	81.08%
Agency Structures	74.13%
Alternatives to Physical Restraint	82.24%
Universal Precautions	76.83%
Agency Community Engagement Plan	49.42%
Interviewing Youth	50.19%
How to Write an Incident Report	10.42%
Other (Please Specify)	

Other training topics noted by respondents included agency specific trainings related to restraint techniques, mental health, sexual abuse, food/meal preparation, and safety and juvenile sex offender trainings.

Initial Training

In order to determine if agencies provided a minimum of thirty-two hours of training during the first year of employment for a total of a minimum of 52 hours of training the following questions was asked: How many hours of training did you complete within the first year of employment? Respondents were given three choices to select from: Less than 52, 52, or More than 52 hours.

Results from the survey revealed that 62 percent of the respondents met or exceeded the requirement for obtaining 52 hours of initial training. Thirty-eight percent of respondents had not received 52 hours of training during their first year of employment. It should be noted that some of the respondents may have been employed for less than one year at the time they completed the survey. They still may receive the 52 hours of required training by the time they reach the end of their first year of employment. The following graphic depicts these results.



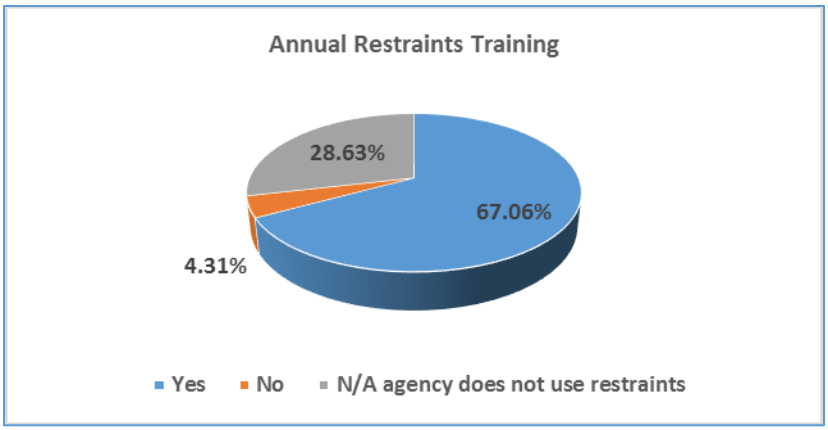
Additionally, the agency must ensure all child care staff hired possess a current American Red Cross, American Heart Association, or equivalent first aid and cardiopulmonary resuscitation (CPR) certification at the time of hire or within six months following the date of hire. Ninety-seven percent of respondents indicated they received First Aid/CPR training within their first six months of hire. The remaining 3 percent of respondents may have had a current American Red Cross, American Heart Association, or equivalent first aid and cardiopulmonary resuscitation (CPR) certification at the time of hire.

Ongoing Training

Following the first year of training, OAC requires each child care staff person to receive at least twenty-four hours of annual training related to agency policy, procedure, rules and the population that the agency serves, as well as training in the reasonable and prudent parent standard as described in division (C) of section 5103.162 of the Revised Code. Staff reported they received ongoing training in the following topics.

Ongoing Training Topics	Response Rate
Reasonable and Prudent Standard of Normalcy	40.63%
Behavior Management Techniques	68.75%
Dealing with Incidents Involving Neighbors and Youth	41.80%
CPR/First Aid	69.14%
Principles and Practices of Child Care	54.69%
Trauma Informed Care	54.69%
Agency Emergency and Safety Procedures	58.59%
Independent Living Skills	50.39%
Discipline Policy	60.55%
Agency Procedures	62.89%
Physical Restraint	54.69%
Alternatives to Restraint	63.67%
Agency Goals/Mission	59.38%
How and When to Report Suspected Child Abuse or Neglect	58.59%
Agency Emergency Medical Plan	54.30%
Agency Structures	47.66%
Alternatives to Physical Restraint	61.72%
Universal Precautions	52.34%
Agency Community Engagement Plan	37.50%
Interviewing Youth	39.45%
How to Write an Incident Report	60.55%
Other (Please Specify)	18.75%

Agencies must ensure all staff receive annual training in the use of restraint techniques as applicable to their agency policies and functions. Of those reporting their agency utilizes restraint techniques, the majority of respondents indicated they received annual training in the use of restraints. The following graph presents the results of taking restraint training.



Addressing Skills & Knowledge Needs of Residential Staff

In order to determine if training staff received prepared them to effectively perform their job duties they were asked the following question: *The training provided by my employer prepared me effectively to perform my job duties?* Respondents were provided the following choices when responding to the question: Strongly Agree, Agree, Neutral/Neither agree nor disagree, Strongly Disagree, Other. The majority of respondent (85%) felt that training received had prepared them for their job duties. Responses to the question are depicted below.

Strongly Agree	Agree	Neutral/Neither agree nor disagree	Strongly Disagree	Other
49.42%	35.14%	12.36%	3.09%	0%

The department was interested in finding out: (1) overall satisfaction of the training and (2) if there were any topics that weren't covered that they feel they needed to help them do their job. Listed below are comments received:

Satisfaction with training

- *I feel my employer, has me more than ready to do my job and do it well.*
- *It is a lot of information coming at you at once, but very needed to understand the importance of our roles.*
- *My training that I have received has actually advanced me in the program to become the residential manager.*
- *My training has helped me tremendously to complete my job duties.*
- *I was very satisfied with the training I have received from my employer.*
- *We have greatly increased training quality and focus groups have been run to continue improvement of [the] training program.*
- *Training is ongoing and encouraged by my employer. Wide variety of related topics covered annually along with the core training.*
- *I feel our agency is very supportive in assessing and providing needed training.*
- *[My agency] is very big on training, if anything comes up that they feel we need they will have no problem seeing we get it.*
- *[My agency] ensures that all of their employees have the proper tools to do the job expected!*
- *Training does seem to get better as we progress.*
- *[My agency] does a wonderful job with our training, retraining and asking what and where we feel we need extra training on.*
- *When I was hired, we did not do any job shadowing, which would have been beneficial, but now they do offer that. They also increased the amount of training new hires receive since my hire, as well as yearly training and team building for all staff.*
- *Training was excellent; however, no matter how hard you try some things are learned by experience. Overall the training I received did well preparing me for this line of work."*

Additional training needed

Generally, respondents expressed a desire for specific topics or information related to a specific population of children served. One theme that emerged was the desire for more training on how to care for children with mental health needs. Listed below are additional training identified which they felt was needed in order to help them do their job.

- Working with children that have severe mental health.
- Understanding the different diagnoses that the children come in with.
- Overview of the common mental health issues.
- Youth Mental Health First Aid.
- Mental health diagnoses and behaviors.
- Learning theories
- Art of observation
- Self-care

Some respondents wanted additional trainings specific to their agency's administrative function or climate. Listed below are topical areas they would like to be addressed.

- Staff motivation, Team building & Job burnout.
- Understanding "our roles" and the communication chain among management, HR, supervisors, medical and clinical staff.
- Agency expectations of staff.
- Ethics class for clinical staff.

Respondents also noted their desire for health and safety refreshers, and how to document critical incidents. The follow comments were included in the surveys:

- *The training that I have received is very good. I just wish there were more training about other things, such as what to do when a child is injured, cleaning a wound when medics can't come in time cleaning up blood spills. Reminders of CPR.*

Although there were few respondents who reported dissatisfaction with training, agencies should hire qualified staff and assess their training needs. Recorded frustrations include not having prior experience with caring for children, and having to make adjustments to an ever-changing environment. Listed below are comments received:

- *I think there should be an orientation type training that will help prepare for working with youth in residential care.*
- *We never received training on conflict resolution or disciplinary actions for children. The demographic of residential staff is young and right out of college. We don't really have experience raising children so the transition was hard and more specific and intensive training would have been useful instead of a "learn as you go" mentality, which is definitely the case but to perform the job in the most beneficial way, we would have needed more training.*

Summary of Items

The OCWTP's E-Track system provides a central repository for PCSAs to document and track staff's completion of both initial and ongoing training requirements. OCWTP assesses caseworker, supervisor, caregiver, and adoption curricula on an ongoing basis. Revisions to existing curricula are based on: (1) feedback collected from E-Track evaluation surveys and RTC on-site visits with county agencies, (2) the latest research on child welfare practice; (3) recent revisions to Ohio Administrative Code rules; and (4) modifications to SACWIS. In addition to traditional classroom-based training, the OCWTP offers a variety of other learning options for caseworkers, supervisors, adoption assessors, agency leaders and foster caregivers, including distance and blended learning interventions through E-Track, coaching, and Guided Application and Practice Sessions (GAPs). OCWTP trainers are carefully screened, trained, and certified. They must have the appropriate course content knowledge, the necessary adult training skills,

and the ability to promote culturally-competent practice. Trainers must maintain a minimum average performance score to continue training for the OCWTP.

ODJFS Licensing Specialists review Training Proposals from PCPAs and/or PNAs that seek to operate a preplacement training program or a continuing training program for prospective foster/adoptive applicants and currently certified foster parents. Once approved to operate a preplacement training program or a continuing training program, agencies are required to submit a new proposal to operate their program every two years. All approved programs are mandated to evaluate their training program every two years to ensure its effectiveness.

During visit reviews and recertification reviews, ODJFS Licensing Specialists monitor compliance with training requirements for staff in ODJFS licensed facilities.

Title IV-E courts have accessed training made available through OCWTP, OFC's SACWIS team, and through the Supreme Court of Ohio's Roundtables.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Ohio's PCSAs conduct a safety assessment and a comprehensive family assessment to identify family strengths and needs in response to screened-in reports of child maltreatment. One consistent assessment tool set is utilized for all screened-in reports of child abuse or neglect, regardless of the initial pathway assignment to Alternative Response or Traditional Response. As noted under the Case Review Systemic Factor, strengths and concerns (or needs) that are based on the family assessment are included on the Case Plan or Alternative Response Family Services Plan. In addition to listing the concerns, the worker and case plan members jointly identify activities and services that are designed to reduce the risk and address safety issues of the children. The Case Plan or Family Services Plan also addresses the agency's role in assisting the family as well as details how and when the family's progress will be measured.

Services to enable children to remain safely with their parents, or help children in foster and adoptive placement achieve permanency are identified by the caseworker and family throughout the life of the case, including any of the following phases: (1) Safety Assessment; (2) Safety Planning; (3) Family Assessment; (4) Ongoing Assessment; (5) AR Family Services Planning/Case Planning; (6) Case Reviews; (7) Semiannual Administrative Reviews; (8) Reunification Assessment; and/or (9) Risk Re-assessment. When a PCSA identifies that a child is in immediate danger of serious harm because the parent, guardian, or custodian of the child has a chemical dependency problem, or substance abuse is the basis for a court adjudication of child abuse, neglect or dependency, the agency is responsible for referring the caregiver for screening, assessment, treatment or testing. Referrals must be made to an alcohol or drug addiction program certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Ohio Revised Code 340.15 identifies families in the child welfare system as a prioritized population to receive needed substance abuse treatment.

Per Ohio Administrative Code 5101:2-40-02, PCSAs are required to provide families with access to the following services:

- Adoption Services;

- Case management Services;
- Counseling;
- Diagnostic Services;
- Emergency Shelter;
- Help Me Grow (for children ages 0-3);
- Homemaker Services (unless a waiver is granted by ODJFS);
- Home Health Aid Services (unless a waiver is granted by ODJFS);
- Information and Referral;
- Life Skill Services;
- Protective Day Care (unless a waiver is granted by ODJFS);
- Substitute Care;
- Therapeutic Services; and/or
- Unmarried Parent Services.

PCSAs must also make at least three of the following services available to the families they serve:

- Community Education;
- Crisis Services;
- Day Treatment;
- Emergency Caretaker Services;
- Employment and Training;
- Environmental Management;
- Parent Aid Services;
- Parent Education; and/or
- Volunteer Services.

PCSA directors are required to submit a Letter of Assurance to ODJFS, OFC by January first of every year which asserts all of the following:

- All mandated supportive services are available to children and families in need of services without regard to income, race, color, national origin, religion, social status, handicap, or sex.
- There is a commitment to maintaining and improving the quality of services designed to support families and protect children.
- There is a commitment to meeting staff resource requirements of the state and/or county civil service system.
- There are written policies and procedures for reviewing and resolving complaints concerning the provision of supportive services.

Ohio has undertaken several methods to determine service needs and to develop programming based on data-driven findings. These include, but are not limited to: the Ohio Needs Assessment for Child Welfare Services, on-going Child Protection Oversight and Evaluation (CPOE) case reviews, the State Health Assessment/State Health Improvement Plan, required Community Plans for behavioral health services, and Medicaid Network Adequacy requirements.

Ohio Needs Assessment for Child Welfare Services

In January, 2016, ODJFS completed the *Ohio Needs Assessment* to identify service needs of children and families coming to the attention of PCSAs. In addition to the analysis of service needs, this study also sought to identify the most effective interventions designed to meet those service needs.

The needs assessment was designed to answer the following questions:

1. What concerns are children and families served by Ohio's child welfare system experiencing?
2. Are there constellations of concerns evident among the children and families?
3. What are the effective evidence-based interventions identified in peer-reviewed literature that address the concerns of children and families?
4. What do national experts in the field recommend as the most effective service interventions for children and families?
5. What services are children and families currently receiving?
6. What additional evidence-based services are needed to address the concerns?

The needs assessment employed a seven-phase methodology:

1. Identification of primary and secondary data sources;
2. Use of assessment data collected in Ohio's Statewide Automated Child Welfare Information System (SACWIS) to identify Case Profiles, which reflect the patterns of assessed adult and child concerns across the child welfare population;
3. Completion of a systematic literature review to determine evidence-based interventions to address child and family concerns identified in the SACWIS Case Profiles;
4. Completion of a survey of national experts to determine effective evidence-based interventions for abused, neglected or dependent children and their families experiencing multiple concerns and to solicit expert judgments on the likelihood families would engage in services;
5. Matching of SACWIS, Medicaid, Supplemental Nutrition Assistance Program (SNAP), TemporaryAssistance to Needy Families (TANF), and Child Care services data to determine how many services are currently being provided;
6. Data analysis; and
7. Determination of future service needs.

Data on cases active between July 1, 2013 and June 30, 2014 served as the baseline for ODJFS' analysis of concerns of children and families and services provided.

Analysis of Addressed Concerns

Utilizing a technique of statistical analysis known as cluster analysis, ODJFS analyzed assessment data for 91,586 cases. This analysis resulted in the identification of Case Profiles that represent the most prevalent patterns of concerns assessed across families and children served by Ohio's PCSAs. Through the cluster analysis, 60 unique Case Profiles were identified, with the top 35 Case Profiles encompassing 80% of the statewide caseload served during the observation window. The assessed concerns that comprise these Case Profiles include: Domestic Violence; Emotional Illness (Parent); Parenting; Physical Illness (Parent); Cognitive Difficulty (Parent); Substance Abuse (Parent); Financial and Resource Needs; Homelessness; Self-Protection (Child); Stress (Parent); Abuse, Neglect, Dependency; Emotional Behavioral Needs (Child); Physical, Cognitive, Social Needs (Child); Substance Abuse (Child); Sexual Abuse (Child); Sight, Hearing, Speech; Aging out of Care; and Teen Pregnancy.

Identification of Effective Service Interventions

Through a systematic review of the literature published over the past ten years across a variety of disciplines (e.g., psychology, sociology, social work, developmental science, behavioral science, health), ODJFS sought to identify effective evidence-based interventions designed to address the concerns that comprise the Case Profiles. Through this literature review, a comprehensive database of evidence-based interventions appropriate for the child welfare population was developed. This database includes information on 450 evidence-based interventions that address a wide range of concerns reflected in the Case Profiles (e.g., substance abuse, emotional/behavioral needs, and domestic violence). Information in the database includes the populations for which each intervention was designed, ratings of effectiveness for each intervention, and web links for additional information.

Calculation of Service Need

Building on the Case Profiles analysis and literature review, ODJFS then conducted a survey of national experts designed to elicit subject matter experts' professional opinions regarding the most beneficial interventions to meet the needs presented by the various Case Profiles, along with the experts' assessment of the likelihood of completion of recommended services. A total of 85 experts from across the nation participated in this comprehensive survey. Through the survey, the experts were asked to examine a subset of Case Profiles, make specific service recommendations for the concerns identified in the profiles, and assess the likelihood of service benefit and/or the likelihood of family cooperation with the service. Survey data from the national experts was utilized to impute the percentage of cases with each presenting concern that would need (and likely avail themselves of) a service response. These data were then utilized to calculate an unduplicated count of cases in need of a particular Service Category (see discussion on services below).

Identification of Services Provided

In order to identify the services families received during the observation window, ODJFS matched and examined data from five large data systems: (1) SACWIS; (2) Medicaid Claims data; (3) Supplemental Nutrition Assistance Program (SNAP) data; (4) Temporary Assistance to Needy Families (TANF) data, and (5) Child Care data. Since each data system was developed independently and used different terms to refer to the same service (e.g., mental health counseling, psychotherapy), it was critical to establish a set of core service categories in order to map data from these five different systems to a common set of terms (below).

Adult-Related Service Categories	Child-Related Service Categories
Medical	Medical
Psychotherapy	Psychotherapy
Parenting	Sight, Hearing and Speech
Domestic Violence	Child Education
Drug Diagnostic	Parenting (Teen Pregnancy)
Drug In-Patient or Out-Patient	
Financial Support	

Findings

Upon determining the number of cases needing a response within each service category as well as the number of services provided, ODJFS was able to calculate the net service need within each service category. The following tables capture the service categories for children and adults, the corresponding case concerns addressed by each service category, the number of cases needing a response within each service category, the number of cases receiving services within each service category, and the net number of cases needing services in each category.

Adult-Related Service Needs

Service Category	Corresponding Case Concerns Addressed by the Service Category	Number of Cases Needing a Service within the Service Category	Number of Cases Receiving Services within the Service Category	Net Number of Cases Needing Services within the Service Category
Medical	Physical Illness Substance Abuse Emotional Illness	17,870	25,351	(7,481)
Psychotherapy	Cognitive Difficulty Domestic Violence Stress Emotional Illness Self-Protection Parenting Abuse, Neglect,	33,798	21,660	12,138
Parenting	Cognitive Difficulty Stress Self-Protection Parenting Abuse, Neglect,	33,473	4,302	29,171
Domestic Violence	Domestic Violence	12,735	4,472	8,263
Drug Diagnostic	Substance Abuse	11,506	5,488	6,018
Drug In- and Out-Patient	Substance Abuse	11,506	7,729	3,777
Financial Support	Financial Homelessness	9,522	5,969	3,553

Child-Related Service Needs

Service Category	Corresponding Case Concerns Addressed by the Service Category	Number of Cases Needing a Service within the Service Category	Number of Cases Receiving Services within the Service Category	Net Number of Cases Needing Services within the Service Category
Medical	Physical, Cognitive, Social Sexual Abuse Emotional Behavioral Teen Pregnancy Substance Abuse (Child)	22,074	20,870	1,204
Psychotherapy	Physical, Cognitive, Social Sexual Abuse Emotional Behavioral	21,128	17,868	3,260
Sight, Hearing & Speech	Sight, Hearing & Speech	417	401	16
Child Education	Aging Out of Care Teen Pregnancy	462	131	331
Parenting	Teen Pregnancy	87	34	53

Application of Findings

ODJFS presented the findings of the needs assessment to the Ohio General Assembly in May of 2016, including cost data to inform future planning efforts. ODJFS will complete a comprehensive update of this statewide needs assessment no less than every five years in alignment with federal requirements for the development of the state's Title IV-B Child and Family Services Plan (CFSP). Aligning the needs assessment with the CFSP provides an opportunity to integrate the needs assessment findings into statewide strategic planning efforts on an ongoing basis. In addition, the Department continues to work with sister agencies to promote use of the evidence-based practices identified in the literature review component of Needs Assessment. For additional information about Ohio's Needs Assessment for Child Welfare Services, go to: http://jfs.ohio.gov/PFOF/PDF/NeedsAssessment.stm

Child Protection Oversight Evaluation (CPOE)

During CPOE case reviews, ODJFS and the PCSA determine if concerted efforts were made to provide services to the family to prevent the children's entry into foster care, or re-entry following reunification (Item #2). Results from 87 of 88 public children services agencies (PCSA) reviewed during CPOE Stage 10 indicated there were 644 applicable cases for review. (One county's review was ongoing as of the writing of this report.) Of the 644 applicable cases reviewed, **94**

percent of the cases (605 cases) were rated as a Strength and 6 percent (39 cases) were rated as an Area Needing Improvement.

PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

- Services were provided to families to increase protective capacities of parents and to reduce child vulnerability.
- Agency records contained evidence of regular communication between workers and service providers to assess and reassess the value and effectiveness of services.
- Agencies engaged family members in identification of services to assure safety and prevent removal of children from the home.
- Services were identified and provided for families which were specific to the needs presented by the families.
- Services were regularly assessed during Case Reviews and Semiannual Administrative Reviews, and modifications occurred to the Case Plan if other service needs were identified.
- When children were removed from their home without provision of services, the action was necessary to ensure safety.
- Interviews conducted with case participants indicated that services were helpful and all needs were addressed. During interviews with parents whose children were in substitute care, parents indicated they had been kept informed about all aspects of the case and felt involved in the process of reunification.
- Agencies continued to provide services six months following reunification to ensure safety.
- Excellent documentation on what services were provided and discussion of service needs with families.

Similarly, Title IV-E Courts also demonstrated strong performance in this area of practice. Partial results from twenty-six IV-E Courts reviewed during CPOE Stage 10 indicated there were 31 applicable cases for review. Of the 31 applicable cases reviewed, 100 percent of the cases were rated as a Strength. The following effective practices were noted during the reviews:

- Prior to a child's removal, court staff assessed whether the removal was necessary to ensure the child's safety and the safety of the community.
- Services were provided immediately following court ordered removals.
- Services were provided which met the unique needs of the child and ensured the child's safety.
- Concerted efforts were being made to reunify children and arrange for appropriate services aimed at preventing re-entry into care.
- Provided services to parents/kin to support reunification.

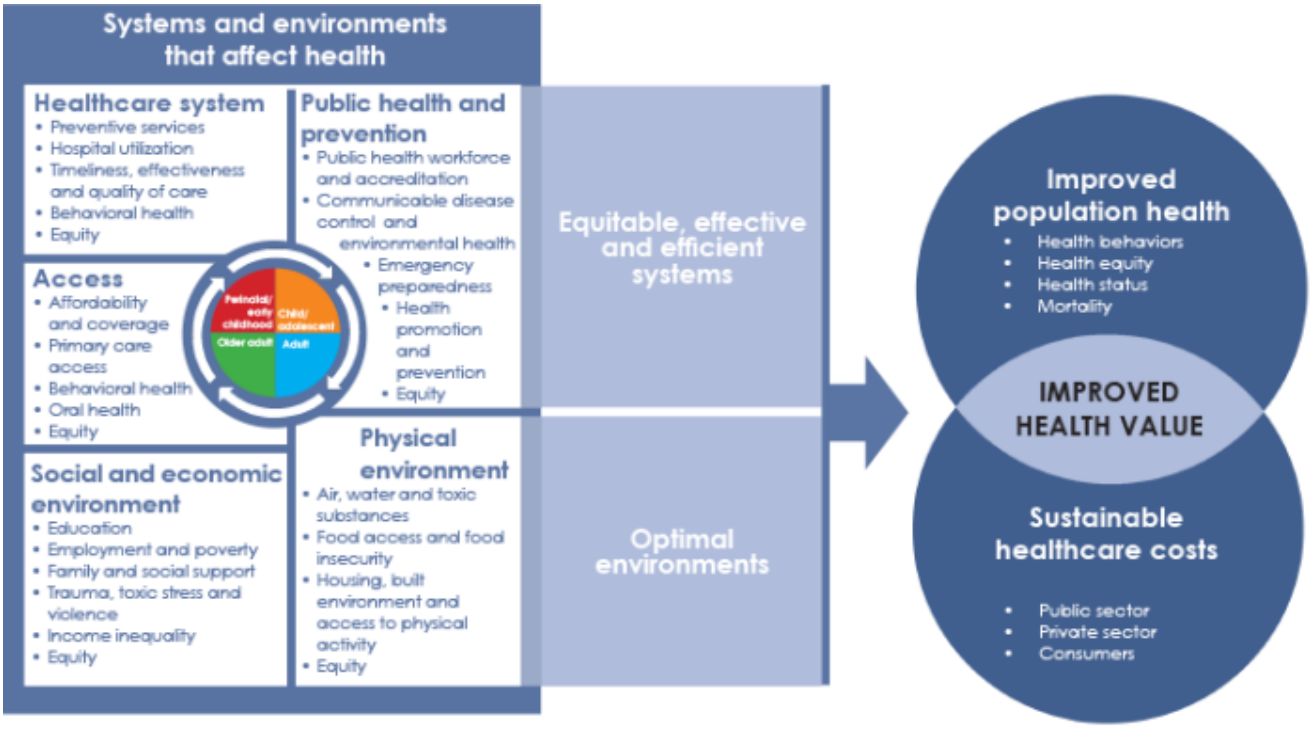
Further examination of CPOE Stage 10 data for Item 12 revealed that of the applicable cases reviewed, 79 percent of PCSA cases (829 cases) were rated as a Strength. IV-E Court cases that were applicable for review indicated that 71 percent of the cases were rated as a Strength. In cases which were rated as a Strength agencies: (1) made concerted efforts to assess the needs of children, parents, and foster parents to identify the services necessary to achieve case goals and adequately addressed the issues relevant to the agency's involvement with the family, and (2) provided appropriate services.

State Health Assessment/State Health Improvement Plan

In September 2015 and under the auspices of the Office of Health Transformation (OHT), the Ohio Department of Medicaid (ODM) and the Ohio Department of Health (ODH) contracted with the Health Policy Institute of Ohio (HPIO) to facilitate stakeholder engagement and provide guidance on improving population health * planning. The primary objectives of this project are to:

- Provide recommendations to strengthen Ohio's population health planning and implementation infrastructure; and
- Align population health priority areas, measures, objectives and evidence-based strategies with the design and implementation of the Primary Care Medical Home (PCMH) model.

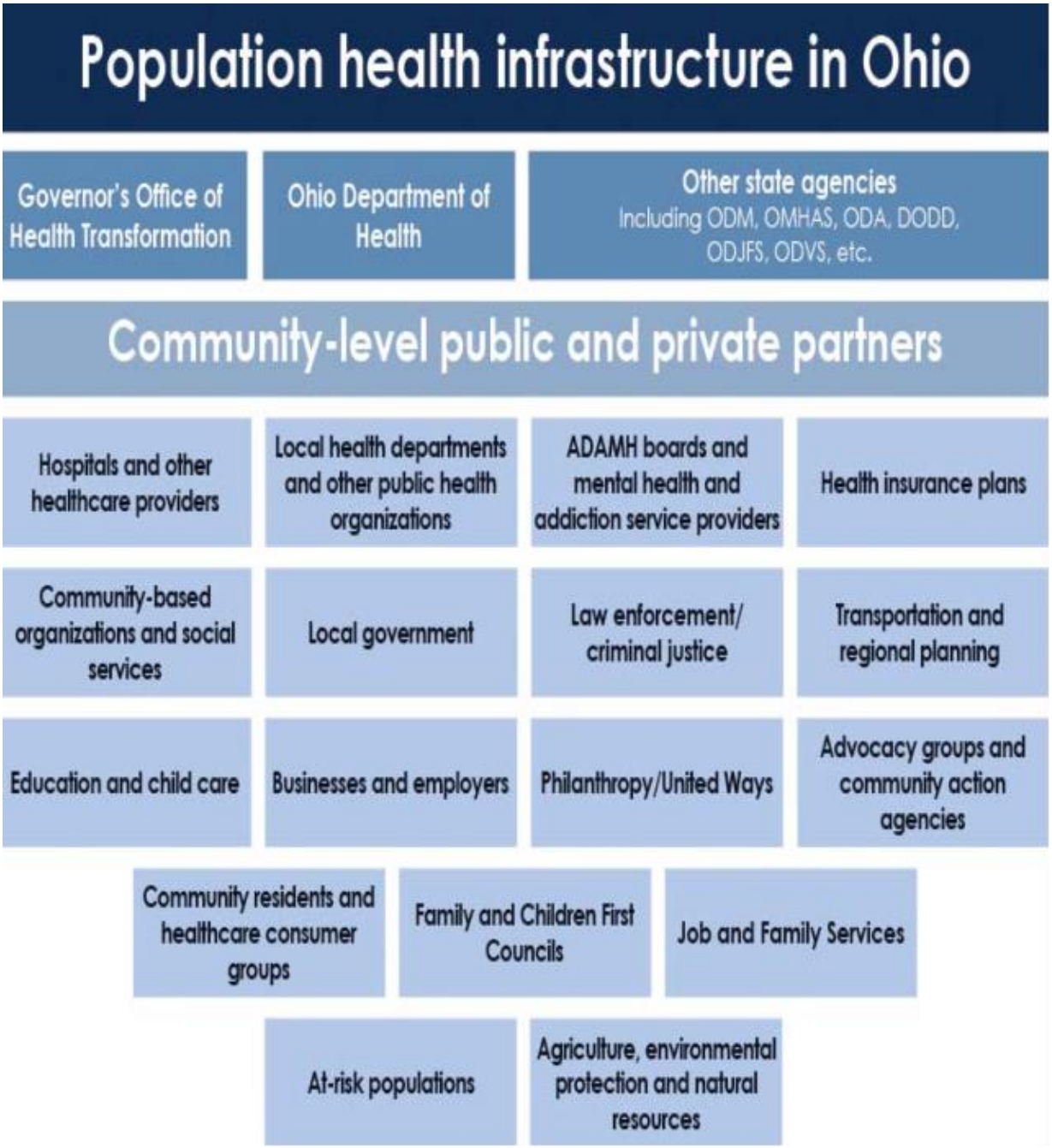
"Population health" requires that factors outside the traditional healthcare system (e.g., social, economic, environmental issues) be addressed in order to effectively improve health outcomes.

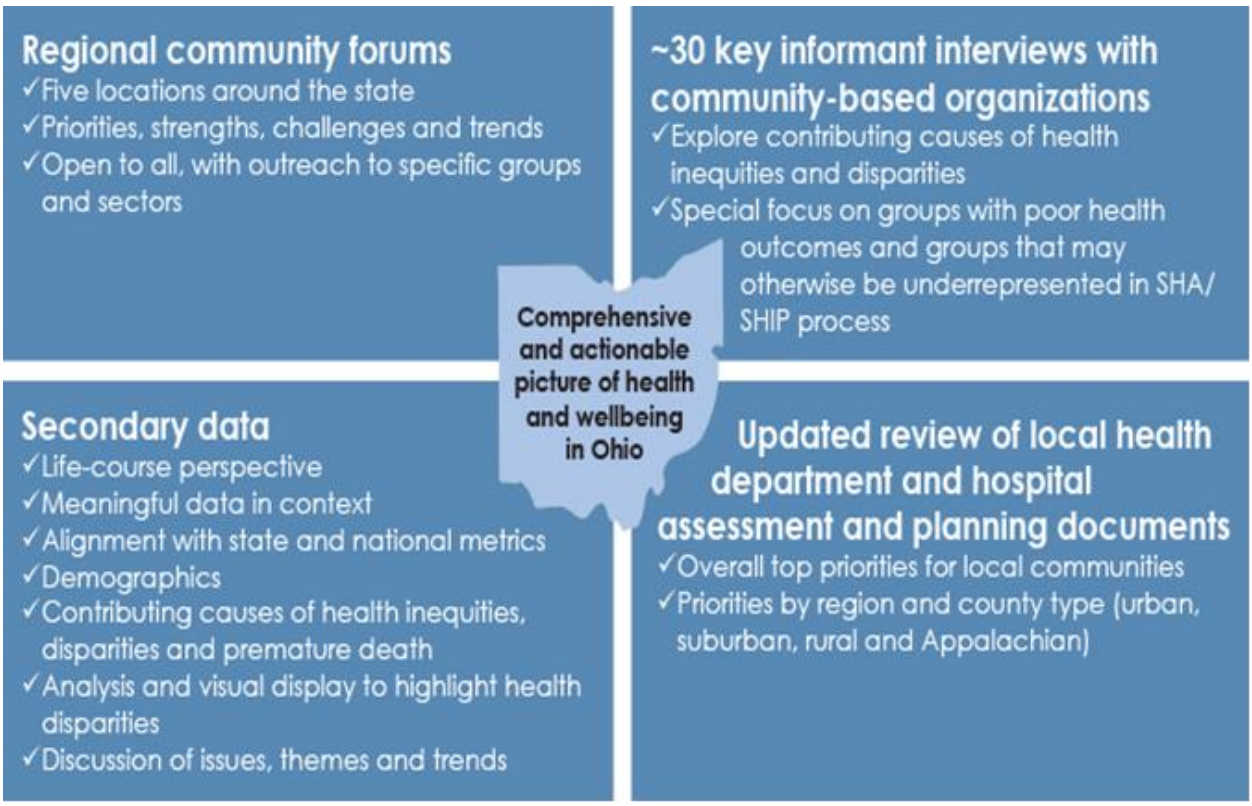


World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

For additional information about population health, go to: **http://www.healthpolicyohio.org/wp-content/uploads/2014/11/WhatIsPopHealth_PolicyBrief.pdf**

HPIO has undertaken a comprehensive approach to completing this work. Meetings with multi-system partners, representing both public and private partners, are held monthly. In addition, HPIO conducted a series of regional forums throughout the state in the spring of 2016 in order to obtain additional input from local consumers, providers, and advocacy groups. The inclusiveness of this process is illustrated in the charts below.


Population health infrastructure in Ohio
Governor's Office of Health Transformation
Ohio Department of Health
Other state agencies
Including ODM, OMHAS, ODA, DODD, ODJFS, ODVS, etc.
Community-level public and private partners
Hospitals and other healthcare providers
Local health departments and other public health organizations
ADAMH boards and mental health and addiction service providers
Health insurance plans
Community-based organizations and social services
Local government
Law enforcement/ criminal justice
Transportation and regional planning
Education and child care
Businesses and employers
Philanthropy/United Ways
Advocacy groups and community action agencies
Community residents and healthcare consumer groups
Family and Children First Councils
Job and Family Services
At-risk populations
Agriculture, environmental protection and natural resources



For additional information on Ohio's approach to improving population health outcomes, go to: **http://www.healthpolicyohio.org/populationhealth/**

For more information about the planning process, go to:

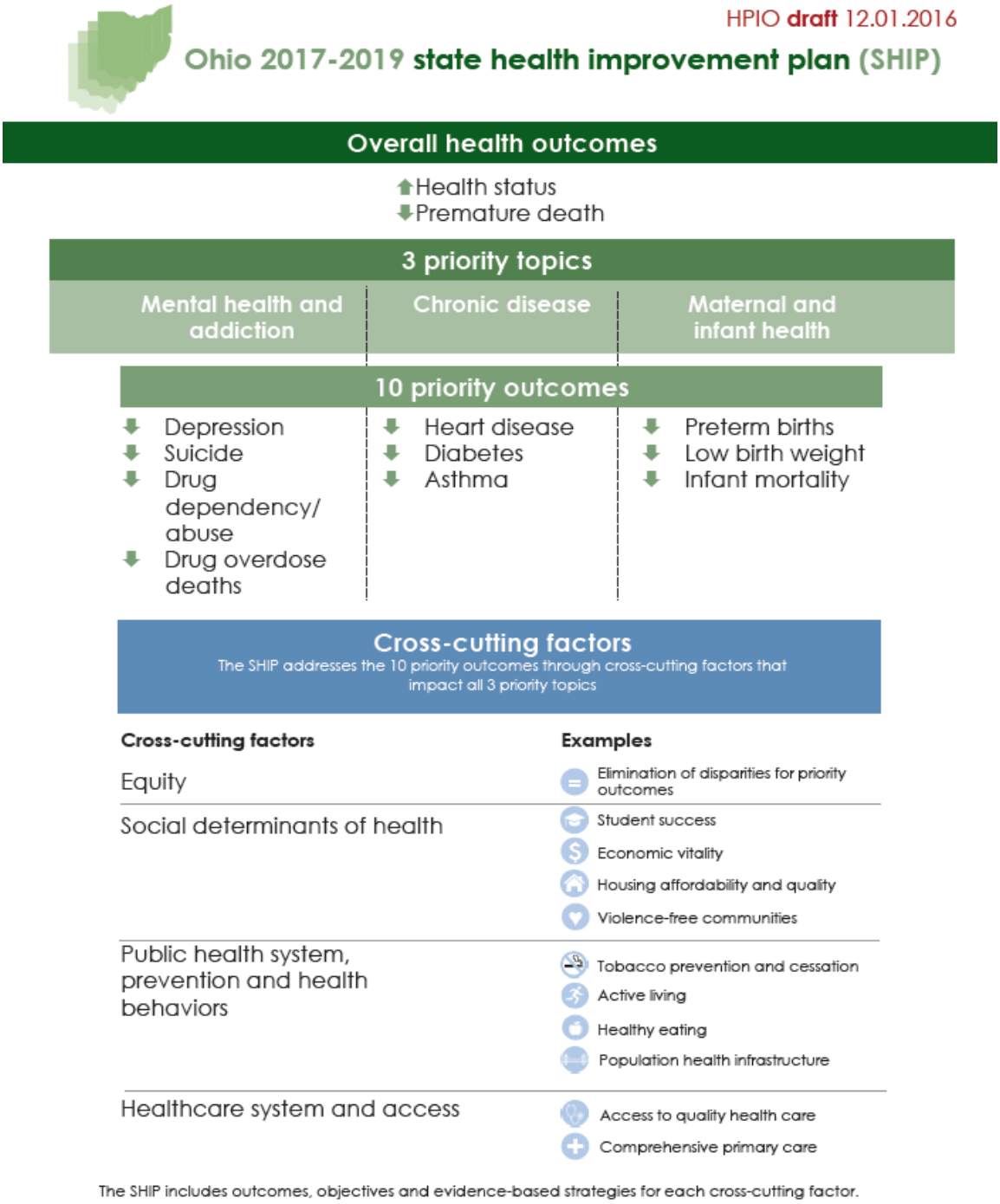
http://www.healthpolicyohio.org/wp-content/uploads/2016/01/SIMreport_Final_SHA_SHIP_Recommendations.pdf

Two (of many) factors required to be considered when selecting health priorities for the state included:

1. Measureable objectives, an evaluation framework, and mechanisms for on-going monitoring and communication of progress; and

2. Evidence-based strategies that link primary care with community-based population health activities and address upstream social determinants of health.

At the end of the process, three priorities were identified for targeted state efforts: Mental Health and Addiction, Chronic Disease, and Maternal and Infant Health. The graphic from HPIO below illustrates the proposed draft objectives of Ohio's 2017-2019 State Health Improvement Plan:



To view the Logic Model guiding Ohio's development of its State Health Assessment and State Health Improvement Plan, go to:

http://www.healthpolicyohio.org/wp-content/uploads/2016/05/SHA_SHIP_LogicModel_04082016.pdf

OhioMHAS Community Plan Requirements

In Ohio, behavioral health services are administered through a county/regional board system. The color-coded map below identifies the coverage areas of individual Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board areas:

As a means of ensuring local behavioral health priorities are targeted for intervention and that state-identified goals are met, each board is required to submit an annual Community Plan to the OhioMHAS. Statutorily-mandated requirements of the Plan are as follows:

Environmental Context of the Plan/Current Status
1. Describe the economic, social, and demographic factors in the board area that will influence service delivery. Note: With regard to current environmental context, board may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.
Assessment of Need and Identification of Gaps and Disparities
2A. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any. a. Need Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers, and

consumers in assessing needs, evaluating strengths and challenges, and setting priorities for treatment and prevention.

b. Child service needs resulting from finalized dispute resolution with the Family and Children First Council.

c. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals.

d. Service and support needs determined by Board Recovery Oriented System of Care assessments.

e. Needs and gaps in facilities, services, and supports given the Continuum of Care definitions.

2B. Inventory of Facilities, Services, and Supports currently available to residents of the Board Area.

Strengths and Challenges in Addressing Needs of the Local System of Care

3. Strengths:

   a. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment?

   b. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.

4. Challenges:

   a. What are the challenges within your local system in addressing the findings of the needs assessment, including the Board meeting the Ohio Revised Code requirements of the Continuum of Care?

   b. What are the current and/or potential impacts to the system as a result of those challenges?

   c. Identify those areas, if any, in which you would like to receive assistance from other Boards and/or state departments.

5. Cultural Competency:

   - Describe the Board's vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision.

Priorities

6. Considering the Board's understanding of local needs, the strengths and challenges of the local system, what has the Board set as its priorities for service delivery, including treatment and prevention for populations. Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the Board's response to question 2d, "Assessment of need and Identification of Gaps and Disparities":

   a. Federal and State Priorities:
      1. Trauma-Informed Care;

2. Prevention and/or decrease of opiate overdoses and/or deaths;
3. Suicide prevention.

b. Local Priorities.

For additional information about Ohio's required community plans for behavioral health services, go to: http://mha.ohio.gov/Default.aspx?tabid=153

Medicaid Network Adequacy

For many families served by child welfare who are eligible for Medicaid, PCSAs work with their Medicaid providers to access the full array of medically-necessary services. These include, but are not limited to, diagnostic screening, assessment, and treatment across the continuum of community-based, residential and inpatient settings. Providers include generalists and specialists in the fields of physical health care, behavioral health care, oral health, and specialized therapeutic supports.

Effective January 1, 2017, Ohio's foster children and children adopted from the foster care system categorially transitioned from fee-for-service to a Managed Care system of health care coverage. (In the past, PCSA directors had the option of enrolling foster children into a managed care plan; however, the majority of the foster care population remained in a fee-for-service structure due to the plans' original regional structure and the need to ensure continuity of care for children who may be placed out of county. All Managed Care Plans are now required to maintain statewide networks). Regular meetings were held among ODM, ODJFS, PCSAs, Managed Care Plans and other interested parties to address issues needed to ensure a smooth transition, including:

- Clarification of rules and responsibilities;
- Simplified enrollment processes through the PCSAs;
- Flexibility in choice among the 5 statewide Managed Care Plans;
- Care management;
- Timeliness of required medical screenings and assessments for children in foster care;
- Streamlined eligibility determination;
- Access to needed services, including specialized care;
- Coding foster youth in the system to facilitate information sharing and expedited authorization processes; and
- Health outcome measurement.

To address these issues, ODM instituted specific plan requirements to ensure continuity of care during the transition period. ODM further demonstrated commitment to children involved in the child welfare system by financially supporting placement of five Medicaid positions within the ODJFS, Office of Families and Children. Once hired, these staff will serve as regional technical consultants and liaisons with PCSAs, CDJFSs, Managed Care Plans, and providers to ensure appropriate health and supportive client services are provided timely.

ODM's Provider Agreements with Managed Care Plans include requirements to ensure adequate network coverage throughout the state based on a standardized formula. In addition, all plans must ensure members have access to medically-necessary services defined in the Ohio Medicaid fee-for-service program. These include, but are not limited to:

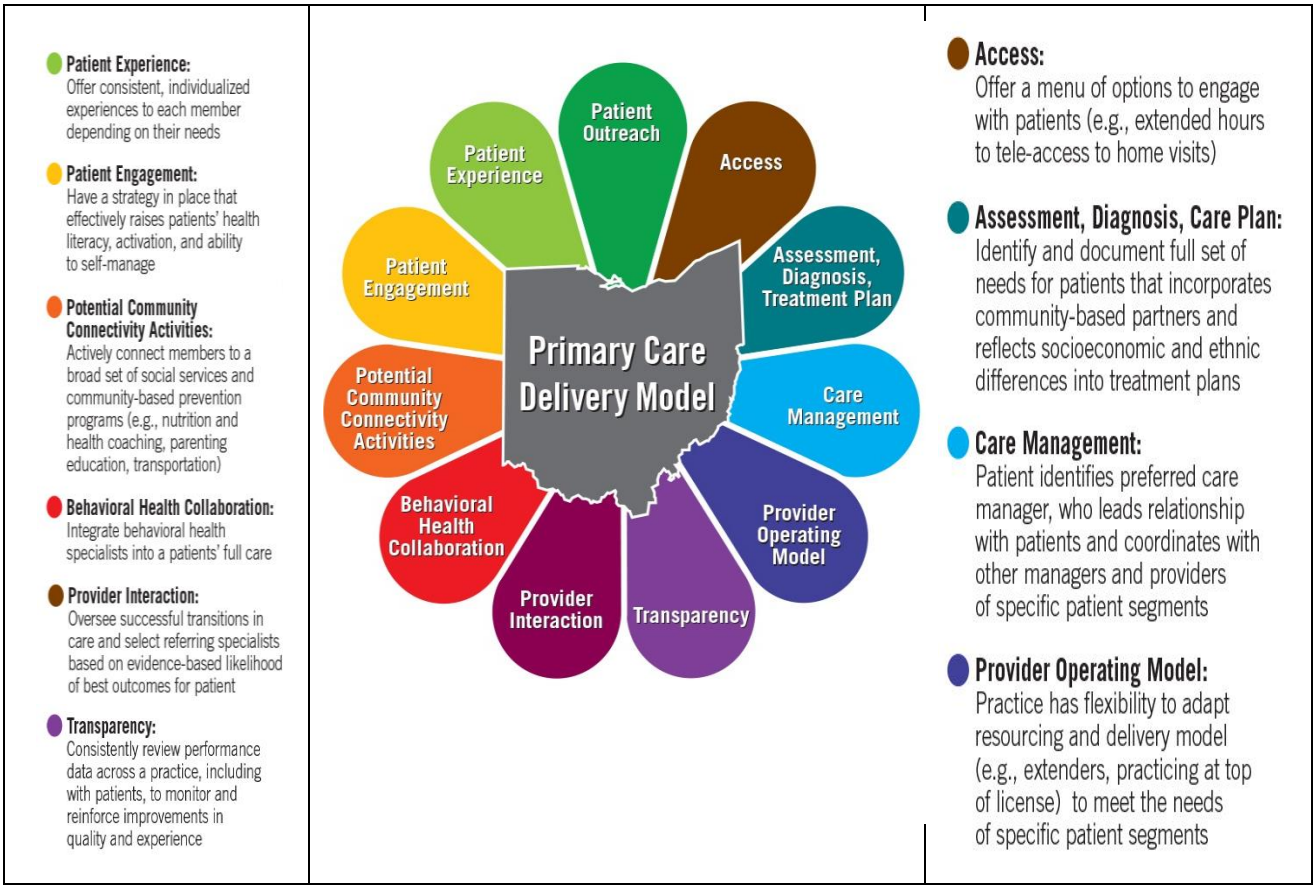
- Inpatient hospital services
- Outpatient hospital services;
- Physical services;

- Laboratory and X-ray services;
- Screening, diagnosis and treatment services to children under the age of 21 (i.e., EPSDT);
- Family planning services and supplies;
- Home health and private duty nursing;
- Physical therapy;
- Prescription drugs;
- Dental services;
- Durable medical equipment and medical supplies;
- Vision services, including eye glasses;
- Immunizations; and
- Telemedicine.

One of the biggest advantages to transitioning the foster population from a fee-for-service to a managed care structure is the level of monitoring conducted by ODM to ensure patients receive timely and appropriate services through their contracted provider networks. Aligning with ODJFS' monitoring and oversight requirements for foster children's use of psychotropic medications, it is anticipated that future Medicaid Managed Care provider performance measures will include the following HEDIS indicators:

- Use of Multiple Concurrent Antipsychotics in Children and Adolescents; and
- Metabolic Monitoring for Children and Adolescents on Antipsychotics.

The graphic below illustrates the model of integrated care Ohio is using to promote a comprehensive, "whole child" approach to health care service delivery.



Collaborative Initiatives to Ensure a Robust Service Array

To specifically address specialized or emerging service needs, ODFJS continues to partner with other state agencies and/or the Supreme Court of Ohio to establish holistic interventions. Some of these collaborative initiatives are alphabetically listed and described below.

Building Mental Wellness and the Pediatric Psychiatry Network

Building Mental Wellness (BMW), a Mental Health Learning Collaborative, has designed clinical resources to assist primary care physicians in effectively identifying and managing mental health issues. The scope of work for this project includes:

- Developing tools to promote screening, diagnosis, practice-based interventions, cross-system collaboration, and pharmaceutical management;
- Establishing a learning collaborative of high volume Medicaid practices; and
- Utilizing improvement science to support use of quality metrics.

BMW team members have developed clinical recommendations for key psychiatric diagnoses (including screening, diagnosis, and treatment) to help educate patients, families/caregivers, and child serving systems about appropriate medication use. In addition, specific strategies have been implemented to improve staff competency in child welfare, courts, schools, and mental health systems that frequently interface with the children and their families/caregivers.

BMW also promotes the use of *Pediatric Psychiatry Network* (PPN) linkages. Through this effort, academic experts and faculty from Ohio's seven colleges of medicine, children's hospitals, and

community mental health centers provide second opinion consultation to colleagues with high risk prescribing practices (e.g., off-label use of AAPs, concomitant prescribing, dosages outside of therapeutic ranges, and prescribing for very young children).

For additional information about BMW, go to:
http://www.abms.org/media/114682/ohio-chapter-aap_king_qi-forum-2016-poster-challenge.pdf

Dental Care

ODJFS-OFC continues to work with the ODH to increase utilization of public oral health care services by families involved in the child welfare system. The ODH has instituted specialized programming in an effort to increase service accessibility. These initiatives include:

- School Programs**:**
    1) The Bureau of Oral Health Services assists local agencies with implementing and maintaining school-based dental sealant programs. With parental consent, teams of dental hygienists and dental assistants place sealants on children's teeth in accordance with a dentist's written instructions.
    2) The Fluoride Mouth Rinse Program helps to prevent tooth decay and is available to elementary schools in non-fluoridated communities and/or those that serve a majority of students from low-income families.

- Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) is a program offered by the Ohio Dental Association in partnership with the ODH to assist Ohioans with special health care needs and/or financial barriers to obtain dental care. Eligible patients are matched with volunteer OPTIONS dentists who have agreed to reduce fees.

- Dental Treatment Programs in Ohio are generally operated by local health departments, health centers, hospitals and other community-based organizations. These programs offer sliding fee schedules or reduced fees.

- Healthy Start/ Healthy Families is one of Ohio's Medicaid programs through which children (up to age 19) and pregnant women can obtain low cost dental care.

- Dentist Shortage Areas and Loan Repayment Programs allow dentists and dental hygienists who are working in underserved areas to apply for repayment of school loans.

Early Childhood Mental Health Consultation

Ohio's Early Childhood Mental Health Consultation (ECMHC) Program is designed to improve outcomes for young children (infants - six years old) who are at risk for abuse or neglect, and/or who demonstrate poor social skills or delayed emotional development. ECMHC services include:

- Clinical consultation to early childhood programs regarding:
    - Problem identification;
    - Referral processes;
    - Classroom management strategies;
    - Maternal depression;

  - Parental substance abuse;
  - Domestic violence; and
  - Other stressors on young children's well- being.

- Guidance to family members (including parents, kinship caregivers and foster parents) to increase skills in creating nurturing environments for young children.

ECMHC promotes statewide use of evidence-based behavioral health practices as a means of delivering effective, cost-efficient care. Some of these include: *Devereux Early Childhood Assessments (DECA)*; *The Incredible Years Program for Parents, Teachers, and Children*; *The Edinburgh Postnatal Depression Screen (EPDS); The Therapeutic Interagency Preschool Program; Trauma Focused Cognitive Behavioral Therapy; Positive Behavior Supports;* and *Teaching Tools for Young Children with Challenging Behaviors.* In addition, OhioMHAS, ODJFS, and ODE continue to encourage use of the core competencies, established in 2009, as a staff development tool. To view the competencies, go to:

http://mha.ohio.gov/Portals/0/assets/Prevention/EarlyChildhood/core-competencies.pdf

Engaging the New Generation to Achieve Goals through Empowerment (ENGAGE)

ENGAGE utilizes a system of care approach to address the multiple needs of youth and young adults in transition (ages 14-21) with behavioral health conditions. To ensure programming for those most at risk, the target population requires past, current, or risk of involvement with child welfare, juvenile/criminal justice, and/or homelessness. For statewide consistency, the implementation strategy uses evidence-based High-Fidelity Wrap Around service coordination with incorporated components from the Transition to Independence Process (TIP) model.

Ohio's multi-level approach to statewide system of care implementation has four components:

- Workforce development;
- Capacity building;
- Evaluation and continuous improvement; and
- Fidelity.

ENGAGE also features a Family Advisory Council and a Youth Advisory Council as critical components to the project.

For more information about ENGAGE, go to: http://www.fcf.ohio.gov/Initiatives/ENGAGE.aspx

Family-Centered Services and Supports (FCSS)

FCSS provides flexible funding to support provision of needed non-clinical services and supports to families of children (ages 0-21) with multi-system needs. The initiative is jointly funded by ODJFS (Title IV-B dollars) and state funds from the Ohio Departments of Mental Health and Addiction Services (OhioMHAS), Youth Services (DYS), and Developmental Disabilities (DODD). Ohio Family and Children First administers the program; implementation is conducted through the local Family and Children First Councils in each county. Use of these funds requires that needs be specifically identified on an individualized service coordination plan which is jointly developed with the family.

The children served through FCSS have complex needs, are involved with multiple systems, and require comprehensive interventions. Often, the children are on the verge of placement. With FCSS and the provision of community-based treatment, over 95% of the children served, since the project launched in July 2004, have been able to safely remain in their homes.

For more information regarding FCSS, go to:
http://www.fcf.ohio.gov/Initiatives/SystemofCare(FCSS).aspx

The Governor's Cabinet Opiate Action Team (GCOAT)

In 2011, Ohio Gov. John R. Kasich announced the establishment of the Governor's Cabinet Opiate Action Team to fight opiate abuse. Members of the team include representatives from: The Ohio Departments of Medicaid (ODM), Health (ODH), OhioMHAS, ODJFS, Education (ODE), Public Safety, Aging, DYS, Rehabilitation and Correction (DRC), and Veterans' Services (DVS); the Governor's Office of Health Transformation; the Bureau of Workman's Compensation; the Ohio Attorney General's Office; the Ohio National Guard; and the State Boards of Medicine, Pharmacy, and Nursing. The Team has undertaken numerous strategies to comprehensively address the problems associated with opiate addiction throughout the state. Some of these include:

- Improving access to treatment and recovery supports, including housing and employment;
- Expanding use of Ohio's opioid prescribing guidelines and the prescription drug monitoring program;
- Increasing law enforcement drug interdiction efforts;
- Increasing availability of Naloxone to reverse overdoses;
- Increasing criminal penalties for trafficking;
- Developing and implementing public awareness campaigns and prevention programs.

ODJFS is currently working with members of the team to further address "Plans of Safe Care" for infants born prenatally exposed to substances.

For more information about GCOAT, go to: http://mha.ohio.gov/Default.aspx?tabid=779

Integrating Professionals for Appalachian Children (IPAC)

IPAC specializes in young child health and wellness. IPAC is comprised of nineteen community agencies in Athens, Hocking, Meigs and Vinton Counties (Athens City School District; Athens County Family and Children First Council; Athens Meigs Educational Service Center; the Appalachian Rural Health Institute; the Corporation for Appalachian Development; The Dairy Barn Arts Center; Family Healthcare, Inc.; Greater Athens Soccer Association; Health Recovery Services, Inc.; Help Me Grow; Tri-County Mental Health and Counseling, Inc.; the Ohio University: College of Osteopathic Medicine, College of Osteopathic Medicine Community Health Programs, College of Health Sciences and Professions, Hearing, Speech and Language Clinic, Psychology and Social Work Clinic, and Scripps College of Communication; University Medical Associates, Pediatrics; and the Youth Experiencing Success in School Program).

The program provides services to children (birth- 8) and their families. Many of the children served have multiple developmental concerns. IPAC programming includes, but is not limited to:

- Home visitation;
- Developmental screening and assessment;
- Early childhood mental health consultation;
- Intervention services provided via a cross-disciplinary team;

- Intensive behavioral health treatment services; and
- School-based violence prevention programs.

For additional information about IPAC, go to: http://www.ipacohio.org/about-ipac

The Maternal Opiate Medical Support (MOMS) Program

The number of pregnant women addicted to opiates in Ohio has continued to rise over the past several years. Statewide admission data documents that this problem exists in all 88 counties. The majority of these women are not engaged in prenatal treatment. To combat this problem, OhioMHAS, ODM, and the OHT jointly launched the *Maternal Opiate Medical Support (M.O.M.S.)* project in August, 2013. This three-year project utilized a Maternity Care Home model of care to provide counseling, medication-assisted treatment, case management, and related supports (e.g., transitional housing, child care) to:

- Improve maternal and fetal outcomes;
- Increase family stability; and
- Reduce infant hospital costs of care.

To achieve these goals, a multi-disciplinary Statewide Clinical Advisory Panel developed a toolkit, which set forth guidelines and best practices for establishing a Maternal Care Home for opioid dependent pregnant women. Use of the toolkit was then piloted in four demonstration sites across the state:

- CompDrug (Franklin County);
- First Step Home (Hamilton County);
- Health Recovery Services (Athens County); and
- MetroHealth Medical Center (Cuyahoga County).

Ohio contracted with The Ohio Colleges of Medicine Government Resource Center (GRC) and the Health Services Advisory Group (HSAG) to develop and implement the MOMS model of care toolkits; oversee the project's quality improvement efforts, and conduct the evaluation. Monthly webinars were held with pilot sites, state partners, and members of the clinical advisory panel to facilitate peer learning and promote practice improvement. Performance measures related to early identification and engagement, use of clinical best practices, and treatment retention are currently being collected

To view the decision trees for care of opiate-dependent women, go to:

http://momsohio.org/healthcare-providers/decision-trees/decisiontree-attributes/MOMS-Decision-Tree_F3_12-8-15.pdf

Knowing children, especially infants, are of high risk in situations where parental substance abuse exists, the MOMS program developed a cross-system training curriculum to facilitate collaboration among medical personnel, treatment providers, child welfare and patients. The training features information about mandated reporting, development of plans of safe care, child welfare processes, use of Medication Assisted Treatment, expectations associated with recovery, and needed supports to ensure safety. To view the curriculum, go to:

http://momsohio.org/child-welfare-worker/child-welfare-attributes/MOMS%20Child%20Welfare%20Training_Final_3-21-16.pdf

For additional information about MOMS, go to: http://momsohio.org/

Medicaid School Program (MSP)

Ohio's Medicaid School Program (MSP) is codified in the Ohio Revised Code. This program provides enrolled school districts throughout the state the ability to obtain partial federal reimbursement for medically-necessary services identified on a Medicaid-eligible student's Individualized Education Plan.

Eligible medically-necessary services, include, but are not limited to:

- Occupational therapy;
- Physical therapy;
- Speech therapy;
- Audiology services;
- Nursing services;
- Mental health services; and
- Psychological and neuropsychological testing.

All MSP services must be provided by a qualified professional in a specified practice field. The students' needs are identified through structured assessments and testing. Per statute, services rendered must be consistent with acceptable professional standards of medical and healing arts practice in regard to type, frequency, scope and duration.

Other covered services, supplies and equipment include:

- Specialized medical transportation services.
- Targeted case management services, including:
  - Gathering information regarding the child's preferences, needs, abilities, health status and supports;
  - Assuring case file documentation of prescribed services;
  - IEP-related care planning in coordination with the child's medical home and service providers, including making recommendations for assessments based on progress reviews; and
  - Monitoring the implementation of the child's IEP to ensure it effectively addresses the child's needs.
- Medical supplies and equipment deemed medically-necessary while the child is attending school.

For more information about Ohio's Medicaid School Program, go to:
http://medicaid.ohio.gov/RESOURCES/Publications/ODMGuidance/MedicaidSchoolProgram.aspx

The Ohio Intimate Partner Violence Collaborative is a joint initiative of ODJFS and the Supreme Court of Ohio that is funded through Ohio's Children's Justice Act Grant. The Collaborative increases the safety and well-being of children exposed to domestic violence by enhancing the skills of child welfare professionals working with families impacted by domestic violence and building collaborative relationships among child welfare agencies and their community partners, including domestic violence advocates and service providers, the courts, law enforcement, and many others.

Ohio Minds Matter

Over the past several years, Ohio has undertaken a multi-faceted approach to addressing the issue of psychotropic medication use within the foster care population. Ohio's strategy includes: advancing utilization of prescribing guidelines; promoting use of trauma-related developmental screening; and improving access to evidence-based treatments as essential components of increasing safety and reducing inappropriate use of medication. Partners in this effort include, but are not limited to: the OhioMHAS, ODM, and ODH; PCSAs; child health care providers; juvenile justice personnel; and representatives of local school districts.

In September 2012, the Kasich Administration announced the launch of *Ohio Minds Matter*, a three-year project designed to:

- Increase timely access to safe and effective psychotropic medications and other treatments for children;
- Improve pediatric patient health outcomes; and
- Reduce potential medication-related adverse effects.

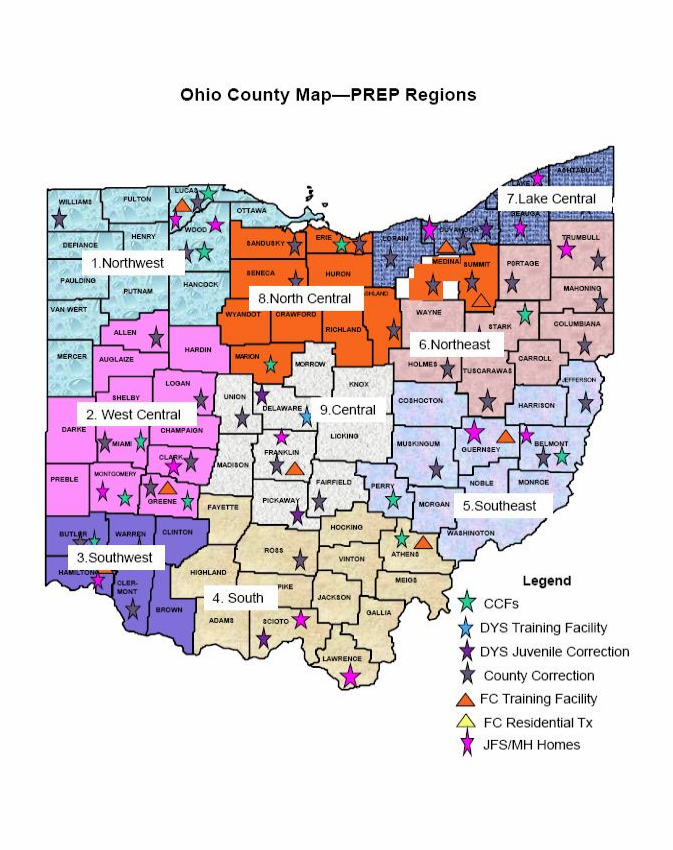
Through this quality improvement initiative, Ohio:

- Developed technical resources and clinical guidelines to advance safe and effective prescribing practices.
- Provided second opinion consultation, educational outreach, and technical assistance to encourage supportive peer learning environments.
- Increased knowledge and understanding of parents/ caregivers, child-serving systems (e.g., child welfare, schools, juvenile courts) and pediatric patients about safe and effective use of psychotropic medications.
- Developed tools to promote shared decision-making between foster youth and their health care providers. (See the Individualizing Services section for more details.)

For additional information about Ohio Minds Matter, go to: http://ohiomindsmatter.org

Personal Responsibility and Education Program (PREP)

ODH, in partnership with the ODJFS and ODYS, is working to reduce teen pregnancy and sexually transmitted infection among Ohio's youth, ages 14-19, who are in foster care or involved with the juvenile justice system. Through the federally-funded *Personal Responsibility and Education Program (PREP) for Foster Care and Adjudicated Youth,* nine regional collaboratives have been established to comprehensively assess and address the needs of these high risk populations. The regions were specifically designed to maximize state and local resources (e.g., location of child welfare training centers, juvenile justice institutions, residential treatment centers, and community-based correction facilities). The map below illustrates the geographic service delivery areas of this statewide initiative.



In addition, PREP trains service providers on how to conduct training on the evidence-based, *Reducing the Risk* (RtR) pregnancy prevention model, as adapted for PREP. For the purposes of this initiative, three additional life skill development topics: healthy relationships, financial literacy, and education and career success were integrated into RtR. The curriculum was selected by a state level advisory council comprised of: state department representatives, association members, foster parents, advocates, and service providers. This train-the-trainer model continues to enhance professional development of direct care staff at the local level, and sustains pregnancy prevention and life skills education for youth in Ohio's foster care and juvenile justice systems. As of May 2016, **3,423 youth** received training on health issues from **1,079 trained PREP facilitators**, through **237 PREP agencies.**

Through PREP, ODJFS also partnered with the ODH and ODYS to present six-hour trauma trainings across the state. *Think Trauma: A Training for Staff in Juvenile Justice and Residential Settings* combined with *Essential Elements* from T*he National Child Trauma Stress Network Child Welfare Training* were offered free of charge to PREP facilitators, child welfare staff, and foster parents affiliated with PREP provider agencies. In addition, biological parents were welcomed to attend with agency approval. The sessions were specifically tailored for front-line caregivers and staff. Components of the training included:

- Think Trauma - Trauma and Youth in Child Caring Systems:
  - Defining trauma and traumatic stress;
  - Recognizing how trauma reminders trigger behavior and their relationship to violence;
  - Identifying the role of resiliency;

  - Knowing what can happen when we take a trauma-informed approach to care with youth.

- Trauma's impact on development:
  - Identifying the key developmental tasks at each stage and impact of trauma;
  - Learning methods to get development "back on track".

- Survival coping strategies:
  - Defining coping strategies- reframing violence, substance use and self-injury;
  - Understanding survival coping;
  - Learning alternative strategies;
  - Building a safety plan.

For more information about PREP, go to:
https://www.odh.ohio.gov/odhprograms/chss/ad_hlth/Personal%20Responsibility%20Education%20Program%20for%20Foster%20Care%20and%20Adjudicated%20Youth.aspx

For more information about Ohio's efforts to promote trauma-informed care, see below.

Statewide System Reform Program (SSRP)

The SSRP is a federally- supported (OJJDP) planning initiative designed to expand and enhance family drug treatment courts in targeted areas of the state. Current efforts focus on:

- Improving identification of families in the child welfare system who would benefit from a family drug court intervention through use of universal substance abuse screening tools;
- Identifying and removing barriers to client participation in family drug courts;
- Promoting use of evidence-based practices; and
- Designing an evaluation model that captures comparative client outcome associated with:
  - Recurrence of child maltreatment,
  - Foster care placements,
  - Substance abuse treatment compliance,
  - Employment, and
  - Justice involvement.

For additional information about Ohio's SSRP, go to:
http://www.cffutures.org/files/SSRP_Profile_Ohio.pdf

Trauma-Informed Care (TIC)

In recognition that families in the child welfare system typically experience multiple and complex traumas, Ohio has launched multiple strategic initiatives designed to improve access to a continuum of effective behavioral health care services. A summary of these projects follows.

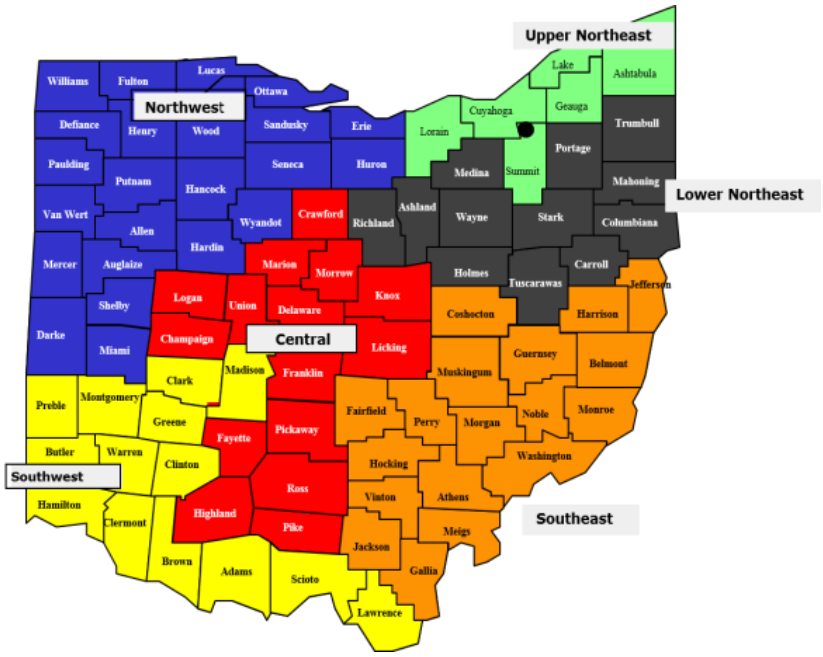
Ohio's Trauma Informed Care Initiative

In 2013, OhioMHAS established a statewide project designed to expand availability of effective services by increasing practioners' competency in TIC practices. The objectives of this work are to:

- Increase awareness of trauma as a public health concern;
- Enhance the array of local services by identifying gaps in programming, promoting best practices, and fostering use of community linkages; and
- Provide training and establish regional learning communities.

Team members of this public-private partnership reflect a broad range of constituencies. Representatives include the: Ohio Hospital Association; Public Children Services Association of Ohio (PCSAO) Ohio Association of County Behavioral Health Authorities; Ohio Association of Child Caring Agencies; County Boards of Developmental Disabilities; Ohio Provider Resource Association; Ohio Human Trafficking Commission; Center for Innovative Practices; Center for the Treatment and Study of Traumatic Stress; Ohio Primary Parent Advisory Council; Ohio Women's Network; Ohio Board of Regents; OhioMHAS; DODD; ODH; ODJFS; ODM; and the Ohio Departments of Aging, Education (ODE), and Youth Services (DYS).

Through this group, Ohio established six Regional Trauma-Informed Care (TIC) collaboratives in 2015. The map that follows illustrates how the regions are configured.



These sites serve to:

- Identify regional strengths, champions and areas of excellence to facilitate TIC implementation;
- Identify regional gaps, weaknesses and barriers for TIC implementation;
- Develop a repository of expertise and shared resources within the region to facilitate local and statewide TIC implementation;
- Train individuals to disseminate TIC principles and best practices; and
- Develop specific implementation strategies to effectively address the needs of specialty populations (e.g., the developmentally disabled, children, older adults, and those challenged by addiction).

For additional information about Ohio's statewide TIC Initiative, go to: http://mha.ohio.gov/traumacare

Local Trauma Informed Care Initiatives -*The National Child Traumatic Stress Network (NCTSN)*

Over the past several years, Ohio has been selected to implement seven separate NCTSN initiatives. The projects have been located in metropolitan areas of the state: Cuyahoga, Franklin, Hamilton, Lucas, and Summit counties. Although these projects have been completed, the NCTSN work continues to serve as a foundation for Ohio's development of trauma-informed child welfare practices and expansion of traumatic focused treatment within the behavioral health system. Descriptions of the specific projects follow.

- ***The Regional Center of Excellence for the Treatment and Study of Adverse Childhood Events*** prepared communities to screen, assess, and treat traumatized children in a 9 county area of Northeast Ohio. Through this project, standardized screening for adverse childhood events (ACEs) was implemented at targeted points of entry throughout Akron Children's Hospital's continuum of care. Children who had been exposed to ACEs were then referred for trauma-focused treatment in their communities. In addition, the Center educated medical and children's mental health providers on use of evidence-based trauma-informed interventions.

- ***Transforming Care for Traumatized Youth in Child Welfare*** assessed children (4-18 years old) believed to be at risk for traumatic stress disorders, and provided evidence-based interventions when indicated. In addition, the grantee, Mental Health Services, Inc. (MHS), provided training to child welfare line staff and supervisors to promote use of trauma-informed practices. Previously, this site was also awarded NCTSN funding to implement the ***Children Who Witness Violence Program*.** That project provided 24-hour/day trauma response services to children and families referred to MHS by police officers following incidents of domestic or community violence.

- ***The Mayerson Center*** **adapted two evidence-based interventions to serve young children in deployed military families, and traumatized adolescents in juvenile justice and residential treatment centers.** This work addressed complex trauma via adaptation of the *Parent-Child Interaction Therapy (PCIT)* model, and *Trauma and Grief Focused Component Therapy for Adolescents.* Project implementation included: training protocols and resources, train-the trainer toolkits, and web-based training opportunities. Previously, the Mayerson Center, located in The Children's Hospital of Cincinnati, also received NCTSN funding as a **Trauma Treatment Replication Center** for a child abuse evaluation, treatment, and research. The Center continues to train community providers on evidence-based child and adolescent trauma treatment.

- ***Nationwide Children's Hospital*** developed a trauma-informed service delivery system that served youth with severe psychiatric disorders and complex trauma. Specialized training conducted to implement this work included: *Dialectical Behavior Therapy, Trauma-Focused Cognitive Behavior Therapy with Selective Serotonin Reuptake Inhibitor Medication Treatment*; care management; expansion of evidence-based practices within the community; and evaluation of cultural appropriateness of strategies.

- ***The Cullen Center for Children, Adolescents, and Families*** provided evidence-based, multisensory trauma-focused therapies. Services were targeted to youth and families who had experienced community violence, child abuse, traumatic loss, serious illness and injury, and domestic violence.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

> Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.
>
> - Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

At the completion of the Round 2 CFSR, HHS highlighted Ohio's ongoing efforts to ensure services provided to children and families served by the child welfare system were individualized so as to best meet their unique needs. As previously noted, these services are identified and reviewed throughout the life of the case (i.e., during risk and safety assessments, family assessments, case planning, case reviews, and establishment and implementation of support activities, and when preparing for family reunification).

Child and family involvement in identification of individualized strengths and needs is the foundation upon which a tailored case plan and subsequent effective service delivery are built. To this end, ODJFS requires that case plans include documentation of:

- Identified strengths for each member of the case plan;
- Concerns identified through the family assessment;
- Specific activities and services to be completed by each member of the case plan;
- The agency's role in assisting the family;
- How a placement meets the child's unique needs and meets case plan goals (when applicable);
- Identified services for the caregiver and the agency's role in ensuring provision of them (when applicable);
- Independent living programs and targeted skill development (when applicable); and
- A description of how the parent, guardian, custodian and child (if appropriate) were given the opportunity to participate in the development of the case plan.

ODJFS monitors local case planning and service delivery via various components of the CPOE review. Should an agency not address all case plan requirements, ODJFS provides technical assistance to address identified concerns and a Quality Improvement Plan (QIP) may be required.

Under a state-supervised, county-administered structure, Ohio has the flexibility to implement and test different models to facilitate the development of individualized case plans and service delivery. ODJFS continues to partner with other state agencies and/or the Supreme Court of Ohio to increase family engagement and individualized service provision. Some of the initiatives designed to meet these objectives are highlighted below.

- Differential Response (DR) is a statewide practice that utilizes a non-adversarial approach to family engagement and best practice strategies to facilitate family-driven service delivery. Individualizing case plans is foundational to effective DR implementation. Ohio has published *Ohio Differential Response* which outlines the principles and core element of the state's two-track child protective services (CPS) system. Some of the underlying tenets include:
    - CPS practice is based on safety-focused engagement and partnership with families and communities.
    - Families have strengths and resources; it is the job of CPS to tap into them and help the family apply them to keep their children safe.
    - Families' values and cultural traditions must be identified, understood, and respected.
    - Families are the experts; honor the family's wisdom about its circumstances, strengths, and needs.
    - Most families can be partners in achieving child safety.
    - Families are more than the presenting concerns that brought them to the attention of the child protection agency.
    - Families are helped through connections with their natural support networks and with community services and resources, when appropriate.
    - Services are provided based on need, child safety, and risk of maltreatment.
    - Efforts are expended to fill service gaps in order to be responsive to the needs of families.
    - Service plans and case plans are developed in partnership with the family and written in language that the family understands.
    - Services are family-driven and family requests are honored, unless child safety is compromised.

  ODJFS and the Differential Response Leadership Council have made concerted efforts to provide guidance to the counties in regard to developing workers' skills necessary for effective DR practice. The *Ohio Differential Response* booklet contains ten "Practice Profiles" that provide behavioral descriptions of practice expectations for the following ten essential skill areas:
    - Engagement: How to effectively join with the family to establish common goals concerning child safety, well-being, and permanency.
    - Assessment: How to gather information about reported concerns and family needs, evaluate the relevance of that information, and identify family strengths and community resources that may be applied to address those concerns and needs.
    - Partnership: How to be respectful and have meaningful collaboration with families to achieve shared goals.
    - Planning: How to set goals, develop strategies, and schedule tasks to accomplish goals.
    - Implementation: How to identify and apply the most effective and culturally appropriate services, resources and processes to meet the goals.
    - Evaluation: How to monitor outcomes of services plans and system programs to determine if desired goals are being achieved; and if not, how to use this information to appropriately revise goals and strategies.
    - Advocacy: How to recognize individual or group needs; provide intervention on behalf of a client/client group; communicate with decision-makers; and secure needed services.
    - Communication: How to effectively send and receive information within the appropriate context.

- Cultural Competency: How to interact with the family without making assumptions; respect and learn from the family's unique characteristics and strengths; acknowledge and honor the diversity within and across cultures; and apply skills to the partnership with the family.
- Collaboration: How to establish and maintain mutually beneficial relationships with community partners to achieve safety, permanency, and well-being of children and families.

Together, ODJFS and the Ohio Differential Response Leadership Council are promoting development of these skill sets through training, coaching, mentoring, technical assistance, and use of the Practice Profile companion tools for caseworkers and supervisors. To facilitate consistent application of DR practices, these activities are integrated in Ohio's CFSP strategies to further embed the Profiles in supervision and staff development.

- Engaging the New Generation to Achieve their Goals through Empowerment (ENGAGE) utilizes a system of care approach to address the multiple needs of youth and young adults in transition who have behavioral health conditions, and who are/were/ or at risk of involvement with child welfare, juvenile justice, and/or homelessness. A Youth Advisory Council and a Family Advisory Council are integral components of this initiative. Together, they ensure youth and family voice in public policy development, program design, and shared decision-making in regarding to treatment choices.

  The ENGAGE Youth Advisory Council has launched several initiatives designed to heighten awareness of children's mental health issues, decrease stigma, and increase youth participation/membership. These include, but are not limited to:
  - Maintaining an ENGAGE Youth Facebook page;
  - Implementing an ENGAGE Youth Text Alert System;
  - Designing and distributing a YouTube video to highlight the Council's work. To view the video, go to: http://www.namiohio.org/nami_ohio_mental_health_apparel

  ENGAGE facilitates use of effective youth- and family-driven services via implementation of the High Fidelity Wrap Around model of care coordination and the Transition to Independence Process (TIP) program. To ensure consistent practice, standardized training has been developed and is in the final stage of statewide implementation at the time of this writing. Cultural competency in working with specific targeted populations (e.g., those of African American and Hispanic descent, LGBTQ youth, those with developmental disabilities and/or specific impairments) is included in these sessions.

- Family-Centered Services and Supports (FCSS) provide local communities with flexible funding to improve statewide access to needed non-clinical interventions by families of children with multi-system involvement. To be utilized, services must be identified on an *Individualized Family Services Plan,* which is jointly written by the youth, parents/caregivers and members of a multi-disciplinary team under the auspices of the local Family and Children First Council.

  The Councils are required to identify the child's service and support needs at the point of intake, regardless of whether the child is receiving services or supports to address that need. To be accepted into the service coordination process and to receive FCSS, the child must have at least two needs representing multiple system issues. The top three categories of need have consistently been: Mental Health, Poverty, and Special Education**.**

The chart below provides the most recent information currently available about the specific services and supports that were provided to address these needs:

Type of Service/Support Provided	Percent of total services and supports provided	Number/Percent of Families Receiving Service/Support
Service Coordination	26.1%	2212/ (54%)
Respite	16.8%	1423/ (35%)
Social/Recreational Supports	15.6%	1322/ (32%)
Transportation	10.1%	855/ (21%)
Structured activities to improve family functioning	7.4%	628/ (15%)
Non-clinical in-home parenting/coaching	5.8%	494/ (12%)
Mentoring	5.2%	437/ (11%)
Parent Advocacy (other than PAC)	4%	336/ (8%)
Parent Education	4.3%	363/ (9%)
Adaptive Equipment	2.8%	240/ (6%)
Non-clinical Parent Support Groups	.9%	78/ (2%)
Youth/Young Adult Peer Support	.9%	74/ (2%)
Other	.2%	17/ (0%)
Total	100%	8,568

- Helping Ohio Parent Effectively (HOPE) sites recruit, train and prepare parents who were formerly involved with the child welfare system to serve as peer mentors to parents with open cases. In addition, HOPE parent partners provide training to system personnel to improve program and policy design and increase use of effective family engagement practices. Ohio currently has six HOPE pilot counties (Athens, Cuyahoga, Montgomery, Richland, Stark, and Trumbull) implementing parent partner programming. Outcomes from other jurisdictions implementing similar parent partner programs reflect strengthened family engagement, increased family participation in case planning, and markedly improved outcomes for children and families, including increased likelihood of successful reunification.

- ODJFS Bureau of Civil Rights offers training to Department staff and county personnel throughout the state on requirements and methods of meeting the needs of individuals with Limited English Proficiency (LEP). (By definition, an individual with LEP is unable to speak, read, write or understand the English language at a level that permits him or her to interact effectively with health and social service agencies and providers.) ODJFS requires that LEP customers who access services from the Department, its county partners and contractors be offered interpretation services timely and at no charge. Interpreters used must meet identified professional conduct and ethical practice standards, including but not limited to: behaving in a respectful, courteous, and culturally competent manner; communicating empathy; maintaining confidentiality; recognizing the customer's self-determination; and being accurate. In addition, all entities affiliated with ODJFS must provide written notification about language access rights in qualified non-English languages in brochures, booklets, outreach materials, recruitment information and other materials that are routinely distributed. ODJFS

also requires that each county agency submit a LEP plan to the Department detailing how they provide assistance to individuals with LEP.

- Ohio's Mental Illness Developmental Disabilities Coordinating Center of Excellence (MIDD CCOE) is jointly funded by the Ohio Department of Mental Health and Addiction Services, Department of Developmental Disabilities and the Ohio Developmental Disabilities Council to address systemic gaps in serving this population. ODJFS utilizes this resource to train professionals and paraprofessionals in how to effectively address the concerns of individuals with MIDD, including use of trauma-informed care techniques to de-escalate crises. In addition, the MIDD CCOE provides expert assessments and treatment recommendations free of charge. ODJFS shares this resource with PCSAs and other local partners throughout the state for assistance in developing specialized plan goals and activities to best meet the needs of individual children and family members. For additional information about Ohio's MIDD CCOE, go to: http://dodd.ohio.gov/Initiatives-and-Partnerships/Pages/CCOE.aspx

- Ohio Minds Matter (OMM) promotes safe and effective use of psychotropic medications by children enrolled in Medicaid, particularly those in foster care. As previously described, OMM utilized a multi-pronged implementation design. Two components essential to provision of individualized health care service provision were:

  - Educational opportunities for youth, parents/caregivers, and child-serving system personnel regarding behavioral health conditions, treatment options, and medication use; and
  - Shared-decision making tools to increase patient involvement in health care decisions.

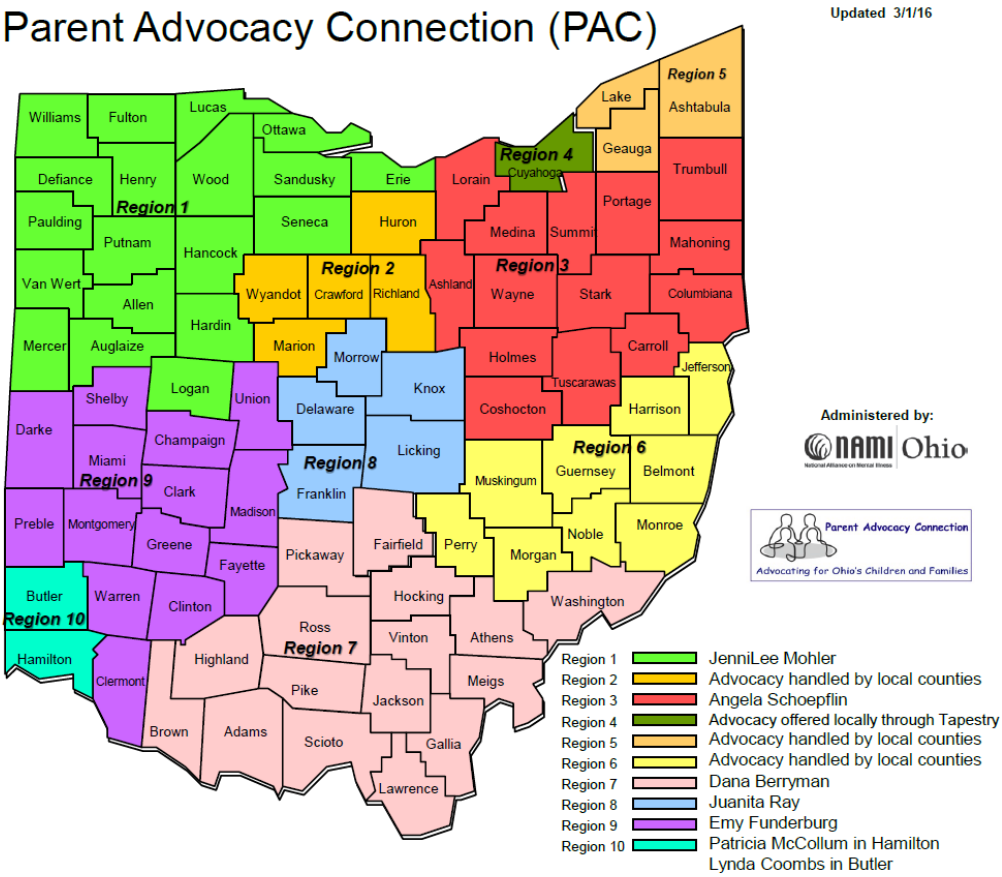
  Recognizing that traditional references to family may be traumatizing for some children in care, the OMM Advisory Committee worked directly with members of the Ohio Youth Advisory Board to develop, test and implement the shared decision-making toolkit for foster youth. This guide is designed not only to specifically address medication use, but to increase the youth's personal responsibility for overall health and wellness. Based on the premise that better understanding of health issues and increased input into treatment decisions results in greater compliance, use of the toolkit has been especially targeted for youth in Independent Living programs in an effort to maintain consistent care following emancipation.
  To view the educational factsheets for youth and caregivers, go to:

  http://ohiomindsmatter.org/School_Agency.html
  To view the foster care toolkit, go to:
  http://ohiomindsmatter.org/documents/decision%20guide%20for%20foster%20care_F1.pdf
  To view the "toolkit in action"/shared decision-making videos, go to:
  http://ohiomindsmatter.org/modules/index.html

- The Parent Advocacy Connection (PAC) provides assistance to parents of multi-system involved children to increase family voice in service selection, improve care coordination, and reduce caregiver stress. Any family who has a child or adolescent receiving service coordination through the local Family and Children First Council is eligible to receive PAC assistance at no charge. PAC Advocates are highly trained volunteers (each advocate must successfully complete 70 hours of training annually, including multiple workshops on culturally competent interventions when working with various population groups) who have been mentored by experienced advocates prior to working independently with families. All

advocates are required to pass a BCII background check every two years. Empowerment surveys at case closure indicate a high level of satisfaction with PAC services. The average rating given to the survey response: *my advocate provided me with valuable information, support and taught me new advocacy skills* is 4.6/5.

PAC is funded through a blend of federal child welfare dollars (Title IV-B) combined with State General Revenue Funds from OhioMHAS, DODD and DYS. The program is administered by the Ohio Chapter of the National Alliance on Mental Illness. This statewide program is implemented through a ten region structure (as illustrated by the map below).



- <u>Parenting Teen Residential Facilities</u> licensed by ODJFS require that each minor parent be provided with programming to develop parenting skills. These sessions can be taught on an individual basis and/or in a group setting. In addition, the program must ensure that the teen parent is enrolled in school on a full-time basis during the school year; or working toward completion of a general education development (GED) certificate; or enrolled in school on a part-time basis or working toward a GED certificate and employed in a part-time job or have documentation of actively seeking employment during the school year; or if he or she has completed his or her education plan, be employed full time or actively seeking employment.

- ProtectOHIO, Ohio's Title IV-E Waiver program, targets use of Family Team Meetings and enhanced kinship caregiver supports to increase family involvement in Case Plan activities:
    - Family Team Meetings (FTM) bring immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) together to jointly create achievable, individualized case plan goals that lead to lasting safety and permanency for the children. The approach features regular meetings which are facilitated by a trained professional who empowers families to actively plan and implement solutions. In addition, the model requires that additional meetings be held whenever the family is experiencing a critical event so as to stabilize the situation.

    - Kinship Supports ensure kinship caregivers have the resources they need to meet the child's physical, emotional, financial and basic needs. The strategy includes home and needs assessments, support planning, and service referral and provision. Each ProtectOHIO demonstration site has dedicated staff to complete specific activities, assessments and individualized caregiver support plans.

  The Human Services Research Institute (HRSI) has been conducting on-going independent evaluations on ProtectOHIO throughout the various phases of the project. The most recent findings (2016) demonstrated that Ohio's implementation of FTM and Kinship Supports resulted in improved child and family outcomes. Specifically, these included:

    - Higher likelihood of placement with kin than foster care when out-of-home placement was necessary;
    - Greater placement stability;
    - Fewer days in out-of-home care;
    - Shorter case episodes; and
    - Lower likelihood of re-entry into out of home care.

  While only 15 of 88 Ohio public children services agencies participate in ProtectOHIO, they comprise more than one-third of Ohio's child welfare population. Ohio's CFSP includes several activities that are integrated with the state's Title IV-E Waiver project and aim to build on the successful practices implemented through the waiver.

- Specialized Training on Developmental Disabilities (DD) is offered to local child welfare agency staff through the OCWTP to increase knowledge and enhance worker skills. These sessions focus on both children and adults. Specific courses include, but are not limited to:
    - Specific Developmental Disorders in Children and Adolescents;
    - Identification and Assessment of Children and Adolescents with DD;
    - Educational Issues for Children and Adolescents with DD;
    - Casework, Treatment, Advocacy, Supportive Services for Children & Adolescents with DD;
    - Parenting Challenges with Children and Adolescents with DD;
    - Adults with DD;
    - Identification and Assessment of Adults with DD;
    - Specific Developmental Disorders in Adults (Effects on Parenting);
    - Casework, Treatment, Supportive Services, and Advocacy for Adults with DD; and
    - Parenting Challenges for Adults with DD.

Summary of Items

Ohio has in place statewide policy, a comprehensive assessment and case planning model that is utilized in all 88 counties, and a robust SACWIS application that supports the assessment and case planning processes statewide. Data from Ohio's Child Protection Oversight and Evaluation process reflects that Ohio's PCSAs perform well in providing services to the family to protect the child (ren) in the home, and to prevent removal or re-entry into foster care, with this area of practice being rated as a "Strength" in 94 percent of cases reviewed. ODJFS also has invested considerable efforts in developing effective cross-system collaborations to enhance the state's service array. Furthermore, the state has implemented several strategies to promote and support individualized service planning and delivery to meet each family's unique needs.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

> Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

OFC continues to engage in significant efforts to improve the organization's responsiveness to the community we serve – Ohio's public and private child welfare agencies. In 2010, ODJFS was awarded a federal grant for a three-year implementation project with the Midwest Child Welfare Implementation Center (MCWIC). This project, known as Partners for Ohio's Families (PFOF), aimed to improve outcomes for the children and families who come into contact with Ohio's child welfare system by enhancing OFC's work with local public and private agencies across the state.

Although OFC's work with MCWIC officially ended in September 2013, OFC has retained its principles by maintaining engagement with public and private agency partners through the PFOF Advisory Board and the Regional Technical Assistance model. The internal OFC Solutions Through Empowerment and Partnership (STEP) team also continues to meet monthly to address issues of organizational culture and climate that potentially impact the office's ability to advance innovation and adhere to its vision, mission and principles.

In addition, OFC has established a permanent vehicle for stakeholder input on the states' child welfare administrative rules available online at: http://www.ohiorulereview.org/. This website offers stakeholders the opportunity to comment on the Ohio Administrative Code Rules that govern programs for Ohio's families and children, including child and adult protection, substitute care, adoption and related funding and administrative functions. This process facilitates ongoing input from local public children service agencies, private network agencies, private child placing agencies, IV-E Courts and other associations and community agencies, resulting in more effective policies.

Collaboration in Implementing the State's CFSP & APSR

OFC has employed a highly collaborative process for the development and implementation of its CFSP. State and local partners and stakeholders have been involved at each level of the process in a variety of ways, including:

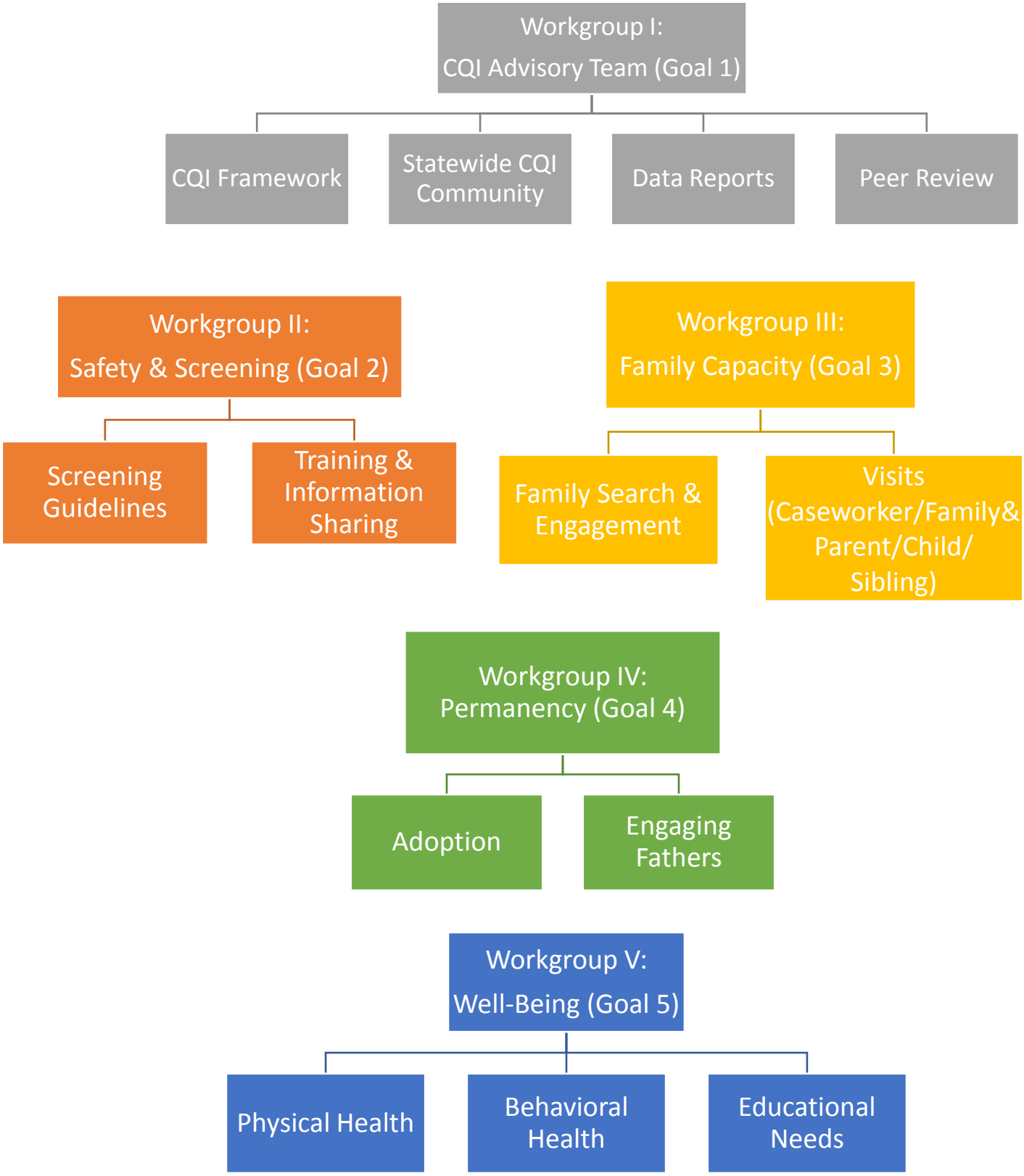
- The formation of implementation workgroups to focus on specific activities of each of the CFSP goals;

- Utilization of Ohio's extensive, existing collaborative infrastructure to support various plan activities; and

- Initiation of education and dialogue with partners and stakeholders about the Child and Family Services Review and assessment of Ohio's strengths and areas needing improvement in preparation for the Round 3 review.

The following diagram presents Ohio's CFSP implementation workgroup structure. PCSAs of all sizes and regions of the state are represented on each of the workgroups.

Ohio CFSP Implementation Workgroups



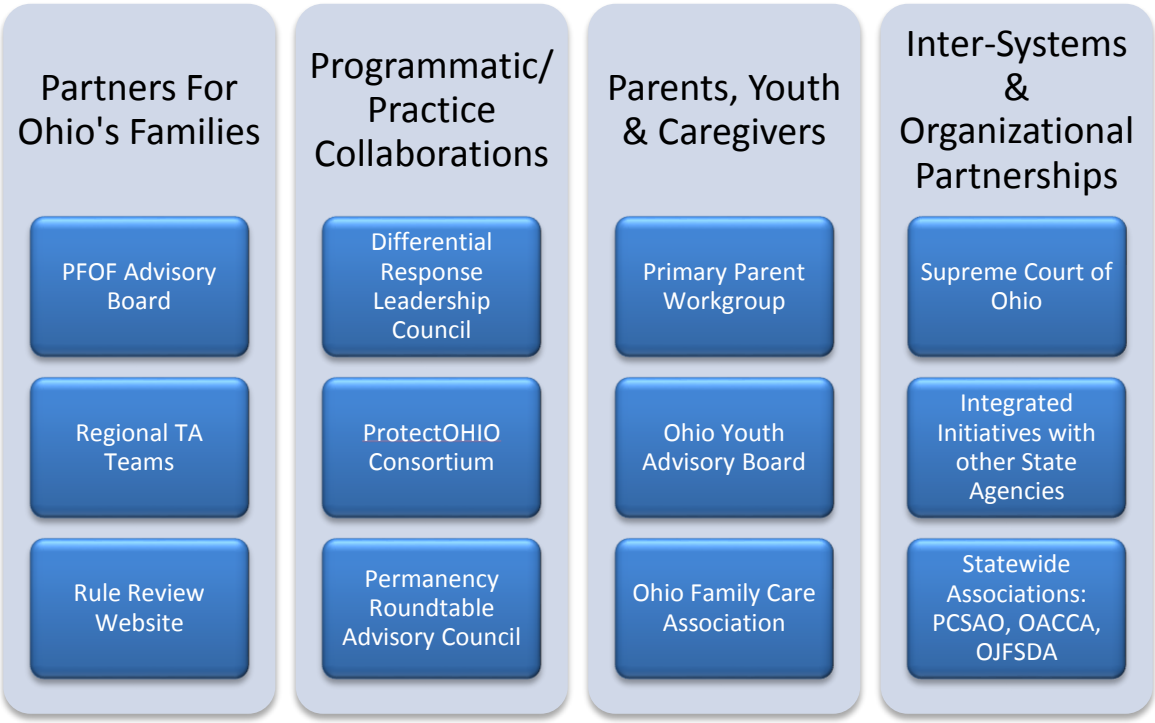
When the workgroups were formed, data from CPOE and SACWIS, ROM and BIC reports, and other applicable data were shared to help inform how each group would approach its work (e.g., CPOE Stage 8 and CPOE Stage 9 quantitative and qualitative data on Parent/Child/Sibling Visits and Caseworker Visits with Parents and Children; SACWIS Visitation Report; survey of child welfare staff to determine what should be addressed in Family Search and Engagement training). Updated data is regularly provided to ensure workgroups and subcommittees are making decisions based on timely information. The workgroups and their subcommittees make recommendations about how particular activities are implemented as well as any proposed modifications to the plan.

Other Avenues for Stakeholder Engagement & Collaboration

In addition to the CFSP implementation workgroups, OFC continues to work with a wide array of local and state child welfare stakeholders through other channels. Ohio's strong collaborative infrastructure provides multiple avenues for partnership that are well-institutionalized. These partnerships include a number of different leadership bodies and feedback loops involving: PCSAs, private agencies, local courts, tribal representatives, youth, birth parents, adoptive parents, kinship providers and caregivers. In addition, the Ohio Child Welfare Training Program, the Supreme Court of Ohio, and state agency partners (e.g., the Ohio Department of Medicaid, OhioMHAS, ODH, ODE, DYS, DODD) share accountability for the development, implementation, and evaluation of Ohio's CFSP. Together, these partners make adjustments, as needed, to the objectives, interventions and benchmarks contained in the plan.

Following is a graphical representation of Ohio's collaboration infrastructure and narrative descriptions of how this infrastructure informs and supports ongoing policy and programmatic improvements.

Ohio Collaboration Infrastructure



1. Collaboration through Partners for Ohio's Families (PFOF)

OFC Regional Technical Assistance Model: Through the Partners for Ohio's Families initiative, OFC established five regional technical assistance teams. These cross-program teams include Technical Assistance Specialists, Foster Care Licensing Specialists, Child Welfare Policy Developers, and SACWIS staff. Through this team structure, county public children services agencies and private child placing agencies have a consistent set of contacts within the state office – a "go to" source for the range of questions or needs that may arise in day-to-day practice. Likewise, members of the team can quickly tap one another's expertise in order to provide timely technical assistance on a wide variety of issues. Each of the five teams periodically conducts regional events for the public and private agencies and Title IV-E courts within the region. These regional meetings provide an important forum for discussion and feedback loops with OFC's local partners. The CQI Advisory Team is examining ways to leverage the existing regional team structure to enhance Ohio's statewide CQI efforts.

OFC Rule Review Website: During the Partners for Ohio's Families (PFOF) initiative, OFC and local partners completed a comprehensive rule review of all 271 child welfare rules in Ohio's Administrative Code. To provide an open forum for stakeholder input within this process, a rule review website was established where stakeholders could review rule language and provide comments or suggestions for revision. As noted previously, OFC has transitioned this website from the Midwest Child Welfare Implementation Center to an in-state host in order to make this valuable tool a permanent avenue for stakeholder input. The web address is: http://www.ohiorulereview.org.

PFOF Advisory Board: The Partners for Ohio's Families (PFOF) Advisory Board is a leadership body formed through the PFOF initiative. The PFOF Advisory Board is comprised of representatives of local public and private child welfare agencies, OFC, and other child welfare stakeholders, such as the Supreme Court of Ohio, the Public Children Services Association of Ohio, and the Ohio Association of Child Caring Agencies. The Board serves as a forum to promote a sustainable and collaborative partnership to improve Ohio's child welfare system. The Advisory Board receives periodic updates on the implementation of Ohio's CFSP and provides guidance and feedback on Ohio's CFSP implementation efforts.

SACWIS Enhancements: OFC's SACWIS team regularly collaborates with public children services agencies and private agencies to develop SACWIS enhancements through Joint Application Design (JAD) sessions and other forums for user feedback, including surveys, HelpDesk inquiries, and planning teams for specific projects, such as the Permanency Roundtable pilot. Feedback from users was utilized in the development of Ohio's CFSP and continues to inform implementation of SACWIS-related activities in the plan.

2. Programmatic Collaboration with Local & State Stakeholders

Differential Response Leadership Council: Ohio's guiding body for the implementation of Differential Response, the Leadership Council, is comprised of representatives of county public children services agencies, OFC and the Ohio Child Welfare Training program. This group was initially formed in 2007 to guide the development of Ohio's Alternative Response pilot but has continued to monitor Ohio's progress in implementing a Differential Response (DR) system, examine data related to DR implementation, make recommendations for needed policy or practice adjustments, and serve as mentors for the implementation of high-quality DR practice. The recommendations of the Leadership Council informed the development of many aspects of Ohio's CFSP, and this group continues to collaborate on the implementation of the CFSP. In particular, the Leadership Council is our primary avenue of collaboration for those activities in the plan

designed to promote high fidelity implementation of Ohio's DR practice model and activities connected to the continued growth of the Alternative Response pathway.

ProtectOHIO Consortium: Similar to Ohio's Differential Response Leadership Council, the ProtectOHIO Consortium serves as the guiding body for Ohio's Title IV-E Waiver Demonstration Project. Like the Leadership Council, this group of county representatives meets regularly with OFC staff members and serves as our primary avenue of collaboration for CFSP activities connected to Ohio's Title IV-E Waiver.

Permanency Roundtable Advisory Council: In 2015 and 2016, Ohio continued its work with Casey Family Programs to expand the use of Permanency Roundtables and Youth-Centered Roundtables within the state. In launching this pilot initiative in 2014, OFC, the Public Children Services Association of Ohio (PCSAO) and Casey Family Programs came together with interested Ohio counties to form a Permanency Roundtable Advisory Council. The Advisory Council has continued to support Ohio's PRT work and the addition of five new counties in the pilot (along with the six original pilot sites). At the quarterly council meetings all pilot agencies continue to bring successes as well as challenges to the group. The Advisory Council members work together to troubleshoot and come up with solutions for identified issues. The work of the Advisory Council is informing the implementation and evaluation of Permanency Roundtables and Youth-Centered Roundtables in Ohio – one of the key strategies included in our state CFSP.

Level of Care Pilot Design Team: Level of Care Pilot - OFC launched a Level of Care pilot at the direction of the Ohio General Assembly in 2015. OFC, eleven public children services agencies (Athens County Children Services Board, Clark County Department of Job and Family Services, Franklin County Children Services, Greene County Department of Job and Family Services, Guernsey County Children Services, Knox County Department of Job and Family Services, Madison County Department of Job and Family Services, Montgomery County Department of Job and Family Services, Morrow County Department of Job and Family Services, Stark County Department of Job and Family Services, Summit County Children Services Board) and ten private agencies (Sojourners, Oesterlen, Village Network, House of New Hope, Pathways For Children, Buckeye Ranch, Bair Foundation, SAFY, House of Samuel, Beech Brook) are working in partnership to implement and evaluate the use of the Child and Adolescent Needs and Strengths (CANS) assessment tool in matching youth coming into foster care with the most appropriate placement based on the level of care indicated by the tool. Similar to other collaborative efforts, a pilot Design Team was formed, with representatives of all participating agencies. The pilot is another of the key strategies included in Ohio's CFSP.

3. <u>Inter-Systems & Organizational Collaborations</u>

Partnership with the Supreme Court of Ohio: OFC has a rich history of collaboration with the Supreme Court of Ohio demonstrated through the state's last CFSR Program Improvement Plan and throughout the implementation of previous Child and Family Services Plans. OFC continues to partner with the Court and other system stakeholders through the Supreme Court of Ohio's Advisory Committee on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency. The recommendations of these leadership bodies were integral to the development of Ohio's CFSP, and OFC continues to partner with the Court on CFSP implementation activities. For example, the Supreme Court of Ohio has joined OFC's Continuous Quality Improvement Advisory Team. In addition, ODJFS and the Supreme Court of Ohio partner on the implementation of activities under Ohio's Children's Justice Act grant and

Ohio's Court Improvement Project, and the Court was a key partner in the implementation of Ohio's Title IV-E Program Improvement Plan.

Partnership with other State Agencies: OFC has taken a robust approach to partnership with the various child and family services systems within the state of Ohio. Partners from the education, health, mental health and addiction services, and Medicaid systems directly participated in the development of Ohio's CFSP and continue to participate in implementation efforts through their contributions to the CFSP Implementation Workgroups. In addition, through the various integrated and ongoing inter-systems initiatives detailed within this APSR, these service systems continue to partner in the implementation and ongoing assessment of Ohio's 2015 – 2019 CFSP.

Statewide Associations: OFC has established strong collaborations with the Public Children Services Association of Ohio (PCSAO), the Ohio Job and Family Services Directors' Association (OJFSDA), and the Ohio Association of Child Caring Agencies (OACCA). ODJFS regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the federal Child and Family Services Review (CFSR). In addition, OACCA, PCSAO and OJFSDA participate on a number of different stakeholder leadership bodies alongside ODJFS, including the Partners for Ohio's Families Advisory Board and several of the programmatic collaborations noted above. Through these avenues, the associations are able to provide input on behalf of their membership on issues related to the implementation of the CFSP.

Partnership with Casey Family Programs: Casey Family Programs has been a strong partner to Ohio since 2007 on a number of important child welfare initiatives, including Differential Response, the Ohio Intimate Partner Violence Collaborative, and Permanency Roundtables. Casey assists Ohio in sponsoring regular convenings of the state's metro counties. These "Metro County Strategy Days" provide an opportunity for the metro counties to discuss shared challenges and promising practices. These meetings have also become an important feedback loop in Ohio's CFSR and CFSP implementation efforts. OFC regularly participates in these convenings and has utilized this venue as a forum for discussion regarding the CFSR, statewide outcomes, and implementation of the CFSP.

4.) Collaboration with Youth, Parents & Caregivers

Consultation with Youth:

The Overcoming Hurdles In Ohio Youth Advisory Board (OHIO YAB)
ODJFS has made concerted efforts to involve youth in making decisions that impact foster care. The Overcoming Hurdles In Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of youth, ages 14-24, who are or who have been involved in the foster care system. With financial support from ODJFS, OHIO YAB establishes and develops county and regional youth advisory boards to increase opportunities for youth to have input into the policies and practices that impact current and former foster youth. OHIO YAB meets quarterly to discuss issues and share information with the ODJFS Transitional Youth Coordinators. OHIO YAB's 2016-2017 Strategic Plan targets: outreach and policy, transitional housing, education, employment, independent living preparation, and increasing the youth's voice in court. To view a copy of the OHIO YAB Strategic Plan, go to:

http://www.pcsao.org/perch/resources/OhioYAB/2016StrategicPlan.pdf

The Ohio Independent Living Association (OHILA)

The Ohio Independent Living Association (OHILA) has been established to specifically address the needs of services for foster youth, aged 14 years and older. OHILA's membership is comprised of county caseworkers/Independent Living Coordinators, as well as staff from other public and private agencies that serve older foster youth. ODJFS meets with OHILA quarterly to discuss program and policy issues facing youth who will likely age out of the system.

Engaging the New Generation to Achieve their Goals through Empowerment (ENGAGE) Youth Advisory Council

As previously noted, ODJFS has also been actively involved in the OhioMHAS' federal System of Care Implementation Grant, ENGAGE. The project specifically targets youth and young adults in transition, ages 14-21 years, who have behavioral health care challenges and current or past child welfare involvement. The ENGAGE Youth Advisory Council encourages and supports youth voice in matters of public policy, program development and personal treatment decisions. In addition to serving on the State Level Management Team, the Youth Advisory Council has established 28 local chapters throughout Ohio to increase opportunities for youth involvement. To ensure statewide sustainability following completion of the grant, the Council has partnered with YouthMOVE national.

For additional information regarding the ENGAGE Youth Advisory Council, go to:

http://www.namiohio.org/nami_ohio_mental_health_apparel

For additional information about YouthMOVE Ohio, go to: https://ohioyouthmove.org/

Consultation with Parents:

Helping Ohio Parent Effectively (HOPE)

OFC continues to partner with Casey Family Programs to support county child welfare agencies' development of successful primary parent partner programs. (Primary parent partners are birth, adoptive, foster parents or kinship parents who were previously involved with the child welfare system who now serve as mentors or supports for parents who currently have open child welfare cases.) Using their experiences, Primary Parent Partners connect as advocates and mentors in a way that is affirming, fear-reducing and solution-focused.

ODJFS has committed significant staff resources to supporting the Helping Ohio Parent Effectively (HOPE) project, including establishing a designated Project Coordinator to co-facilitate quarterly workgroup meetings, present workshops on primary parent activities at local and statewide conferences, and provide technical assistance to pilot counties. Through HOPE, OFC partners with primary parents, members of the Ohio Primary Parent Advisory Council (OPPAC), the Ohio Family Care Association (OFCA), the Public Children Services Association of Ohio (PCSAO), Parent Advocacy Connection (National Alliance on Mental Illness Ohio), the Ohio Children's Trust Fund, Casey Family Programs, as well as the six HOPE Pilot counties: Cuyahoga County Department of Children and Family Services, Richland County Children Services, Trumbull County Children Services, Stark County Job and Family Services, Athens County Children Services, and Montgomery County Department of Job and Family Services. In addition, HOPE often meets with representatives from service provider agencies, family courts, and ADAMHS Boards to discuss issues facing families currently in the child welfare system.

Topics typically include: barriers to reunification, programming needed for timely achievement of permanence, and effective strategies for communication and client engagement.

Ohio Family Care Association

To increase resource families' participation, ODJFS has partnered with the Ohio Family Care Association (OFCA). OFCA serves adoptive, foster, kinship, primary, and respite families throughout Ohio. The association is dedicated to improving the lives of children and their families by shaping policy and practice through support, advocacy and education. To this end, ODJFS has provided financial assistance to OFCA for development and implementation of programming to support the HOPE project.

Specifically, OFCA has been tasked with:

- Developing a curriculum for individuals who have been identified as possible leaders of future primary parent support groups;
- Establishing criteria for primary parent leaders/facilitators;
- Developing and implementing a training manual for parent support groups; and
- Launching primary parent support groups in three counties.

Ohio Grandparent Kinship Coalition (OGKC)

Kinship care continues to be a major resource for children who are unable to safely remain in their own homes. To better meet the needs of kinship providers, ODJFS partners with the Ohio Grandparent Kinship Coalition (OGKC). OGKC was established in 1998 with the goal of supporting and advocating for grandparents and other kinship caregivers raising children. The Coalition meets bimonthly to identify service barriers and propose solutions to government and other agencies serving grandparents and other kinship care providers. Membership includes kinship caregivers, as well as state and local child welfare representatives, and service providers. ODJFS has a designated staff member to advance these efforts.

Consultation with Tribes

While there are no federally recognized tribes in Ohio, approximately 1-2 percent of the state's population is of Native American heritage. In order to provide more culturally competent, effective services to Native American families involved in the child welfare system, ODJFS has reached out to the Native American Indian Center of Central Ohio (NAICCO) for guidance and assistance. In addition, OFC refers PCSAs, service providers and Native American families to NAICCO for consultation and services.

(NAICCO), a 501(c) (3) non-profit agency is dedicated to improving the lives of American Indian and Alaskan Native (AI/AN) people throughout Ohio. NAICCO's mission is "to serve, protect, and promote AI/AN interests, concerns, needs, and services; and to advocate for the preservation and revitalization of AI/AN identities, cultures, values, rights, traditions, belief systems, spirituality, and wellness."

ODJFS first began its collaboration with NAICCO through the implementation of a three-year Circles of Care grant awarded to the organization in 2011 by the Substance Abuse and Mental Health Services Administration (SAMHSA). Through its work on the Circles of Care initiative, NAICCO established itself as a statewide leader by working to:

- Integrate AI/AN culture into the helping professions;
- Increase understanding among helping professionals of the impact of cultural, social and historical factors in the lives of individuals of AI/AN heritage; and
- Develop of an effective systemic approach to delivering culturally appropriate and responsive services to AI/AN people.

In addition to working with OFC, NAICCO is an official site for The Ohio Benefit Bank. In this capacity, NAICCO offers assistance to those applying for local, state and federal assistance. Benefit programs include, but are not limited to: the Supplemental Nutrition Assistance Program (SNAP); Women, Infants and Children (WIC); USDA Child Nutrition Programs; Medicaid, Medicare; Prescription Assistance; Home Energy Assistance Program (HEAP); Child Care Assistance; Ohio Works First (TANF Cash Assistance); the Golden Buckeye Program; the Senior Community Service Employment Program; and Big Brothers/Big Sisters "Amachi" Youth Mentoring Program.

Summary of Item

OFC continues to make concerted efforts to sustain a high level of collaboration in its working relationships with public and private agency partners in order to improve outcomes for children and families. The Partners for Ohio's Families (PFOF) initiative has demonstrated results in strengthening the relationship between OFC and local partners. Additionally, a diverse array of stakeholders has been engaged in the implementation of Ohio's CFSP in a variety of ways, including review of the state's progress and outcomes in order to make adjustments to the plan as needed. Ohio continues to demonstrate a strong commitment to cultivating avenues for collaboration with parents, youth and resource families.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

> Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

ODJFS continues to work closely with the Ohio General Assembly, other state agencies and local PCSAs to ensure that the state's services under the CFSP are coordinated with services and benefits of other federal or federally-assisted programs serving the same population. These include, but are not limited to: Medicaid, Medicare, federally and state-supported behavioral health services, the Social Services Block Grant (Title XX), Title 1 (education funding), the Individuals with Disabilities Education Program (IDEA), state and federally-supported child care programs (e.g., Step Up to Quality, Head Start), juvenile justice initiatives, Court Improvement Projects, Child Abuse Prevention and Treatment Act programming, the federally-funded Personal Responsibility and Education Program, specialized programming for those with developmental disabilities, the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Workforce Innovation and Opportunity Act, Educational Training Vouchers, the Chafee Foster Care Independence Act, and multiple grants funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Many projects utilizing these funding streams have been described in detail throughout Ohio's Statewide Assessment. Additional finance and programmatic strategies are presented below.

General Child Welfare Funding

As a state-supervised and county-administered child welfare system, all child welfare costs in Ohio are funded through a blend of federal, state and local funds. ODJFS allocates federal and state funds to county agencies, which can be used to support child welfare programs in their communities. Funds allocated are Title IV-B Part I and Part II, Title XX, TANF Title XX Transfer, TANF, Title IV-E Chafee/ETV and state General Revenue Funds, which can be used as a portion of match for required federal funds. In addition, Title IV-E Foster Care and Adoption Funds are passed through to the county agencies as partial reimbursement for placement costs and administrative costs. Local commissioner appropriation and county-specific levy funds are used to match required federal funds or used to pay for children and/or services not eligible under the aforementioned federal funding streams. In SFY 2015, child welfare costs in Ohio equaled approximately $1.093 billion all funds. (Federal = $360M, State = $86M, Local = $647M).

Targeted Child Welfare Innovations

Ohio has taken significant steps to ensure effective coordination of CFSP services with other state, federal and federally-assisted programs. Through Ohio's mid-biennial budget review process in June of 2014, an additional $10 million in state child welfare funding was allocated to counties through House Bill 483 of the 130th Ohio General Assembly. This included $3.2 million to match eligible federal Title IV-B funds and federal Title IV-E Chafee funds. These state matching funds were provided according to controlling allocation methodology to all 88 county

public children services agencies. These funds provided the match for approximately $9.6 million in federal funds.

In addition to these matching funds, H.B. 483 established a Child Welfare Funding Workgroup to make recommendations to the Director of the Ohio Department of Job and Family Services about a distribution method for the remaining $6.8 million in funding. The Workgroup was instructed to "…investigate children service programmatic or financial gaps; identify best practices currently employed at the county level; identify human service program areas of overlap and linkages and coordinate with the Adult Protective Services funding Workgroup in ODJFS." The Workgroup was asked to focus its recommendations on specific areas including adoption, visitation, re-entry and recurrence – all areas targeted under the state's CFSP. Workgroup membership included the Directors of the Ohio Departments of: Job and Family Services, Aging, Developmental Disabilities, Medicaid, and Mental Health and Addiction Services; the Governor's Office of Health Transformation; the Office of Budget and Management; members of both chambers of the state legislature; the Office of the Governor; the Public Children Services Association of Ohio; the Ohio Job and Family Services Directors' Association; the County Commissioners Association of Ohio; a county PCSA representative; and the Assistant Director of ODJFS and Deputy Director of the Office of Families and Children.

The Workgroup considered several options and recommended that all $6.8 million be allocated to an Innovation and Efficiency Fund. Through this fund, grants were made to public children services agencies following a brief application submission. Per the Workgroup's recommendations, the proposals were "scored and evaluated based on the extent to which the proposal reflected efficiency or innovation to address a clearly stated concern, contained a thoughtful implementation plan, a method to benchmark the project and demonstrated value."

ODJFS received 83 applications from both individual agencies and multiple agencies applying together with regional proposals. Counties of all sizes submitted a variety of requests, reflecting both applicants' creativity and the tremendous diversity of the state. Each county was allowed to apply individually for up to $250,000; counties could apply jointly for another $250,000. *To maximize the use of these state funds, ODJFS asked counties to review and adjust their budgets as appropriate to include any federal matching funds.*

Fifty-two counties or joint county proposals were selected to receive Innovation and Efficiency (I&E) funding. Examples of the types of strategies funded through this grants include:

- Expanded use of mobile technology to provide maximum flexibility for caseworkers to complete SACWIS documentation while working in the field and to utilize as a tool in working with families (e.g., helping link families with benefits through online application processes completed in the field).
- Upgrades to visitation centers to promote greater frequency and quality of visits between parents and their children (e.g., purchase of a camper to utilize as a mobile visitation center in a rural area without public transportation; video equipment to record parent/child interactions and use as a coaching tool with parents).
- Transportation services to facilitate access to services and family visits.
- Staff training in Trauma-Informed Care.
- Document imaging to convert files to electronic filing systems.
- New service programs and upgrades/enhancements to existing services such as:
    - The Kinship program;
    - Alternative Response enhancement;
    - Mental Health Services;

- Family Connections Therapeutic Visitation Program;
- ENGAGE Program;
- Mediation and Parenting Services;
- Foster to Adopt Families Recruitment Projects;
- Legal Custody Transfer Assistance Program;
- Family Team Meeting Facilitators;
- Parent Education Services with expanded visitation hours to accommodate family needs;
- Intensive Case Management/Review, Parenting Coach and Court Liaison Services;
- START Program (Sobriety, Treatment, and Recovery Team);
- Trauma Focused Training Program;
- Intensive Home Case Management Services;
- Intensive Intervention Program;
- Child care services for families to be able to attend education programs; and
- Addressing Child Protection Oversight and Evaluation (CPOE) needs through monitoring and technology.

Required reports on grant deliverables (i.e., approved activities, milestones achieved, barriers encountered, measureable data, and outcomes) demonstrated positive results, with noted increases in efficiency and implementation of needed program improvements.

Comprehensive Case Management and Employment Program (CCMEP) - Braiding TANF and WIOA

Ohio's teens and young adults, ages 16-24, face higher rates of unemployment than any other age group. Many fail to complete high school, and encounter additional barriers to reaching their full potential including homelessness, substance abuse, teen pregnancy and mental health issues. Addressing these issues and barriers in a coordinated way is essential to breaking the cycle of poverty.

The state of Ohio has created an innovative framework for serving low-income Ohioans ages 16 to 24, through an integrated intervention that combines the Temporary Assistance for Needy Families (TANF) program and the Workforce Innovation and Opportunity Act (WIOA) Youth program. Designed to assist one of Ohio's most vulnerable populations, the Comprehensive Case Management and Employment Program (CCMEP) provides employment and training services to eligible, low-income individuals based on a comprehensive assessment of employment and training needs as well as a basic skills assessment. CCMEP is jointly funded with existing TANF and WIOA dollars.

Since July 1, 2016, individuals needing TANF and/or WIOA Youth Program assistance have been served through CCMEP as a single population under a consolidated system of service delivery. The following individuals ages 16 to 24 are required to participate in CCMEP: low-income in-school and out of school youth considered to have a barrier to employment and registered for a WIOA program, and participants in the Ohio Works First (OWF) program who are work eligible. In addition, the following individuals ages 16 to 24 may volunteer to participate in CCMEP: participants in the OWF program who are not work eligible, and individuals receiving benefits or services through the prevention, retention, and contingency (PRC) program, within 30 days of receiving a benefit.

CCMEP takes a coordinated, holistic approach to stabilizing individuals and families by addressing the myriad of factors that contribute to poverty and unemployment, including health, housing, education, transportation and child care. Participants are provided targeted services to specifically support goals outlined in individual opportunity plans. The program offers a range of

services to help individuals achieve goals related to obtaining employment, increasing earnings and/or obtaining a certificate or credential. These include: tutoring or study skills training, alternative secondary school services, or dropout recovery services; paid and unpaid work experiences (including summer employment opportunities, pre-apprenticeship programs, internships and job shadowing, and on-the-job training opportunities); occupational skills training; education offered concurrently with workforce preparation activities; leadership development opportunities; adult mentoring; entrepreneurial skills training; financial literacy education; comprehensive guidance and counseling; labor market and employment information; activities to prepare youth to transition to post-secondary education and training; and supportive services including access to drug and alcohol abuse counseling, health care, transportation, child care, housing, uniforms and work-related tools, educational testing and reasonable accommodations for youth with disabilities.

CCMEP's success is driven by the client's active participation in the program as well as regular, meaningful engagement by case managers. Individuals participating in CCMEP are required to commit to participating in activities outlined in their individual opportunity plan for a minimum of 20 hours per week. CCMEP case managers are required to engage with participants at least every 30 days, or if a participant is receiving intensive case management, at least every 14 days.

Recognizing that the needs of youth involved in Ohio's child welfare system continue to require holistic interventions, OFC continues to work with CCMEP and other programs for emancipating and transitioning youth. These include, but are not limited to: the Chafee Foster Care Independence Program, Educational Training Vouchers, the ENGAGE project, the PREP program, Medicaid, Opportunities for Ohioans with Disabilities job placement and retention services.

Family-Centered Services and Supports

Ohio continues to ensure more efficient service delivery to families jointly served by multiple agencies through the blending of funding streams across systems and use of centralized care coordination. The Cabinet's Family-Centered Services and Supports (FCSS) project reflects the state's cross-system commitment to implementing a coordinated continuum of services and supports for children, ages 0-21, with multi-system needs and their families. This initiative is jointly funded by ODJFS (Title IV-B dollars) and state funds from OhioMHAS, DYS, and DODD. These dollars are appropriated to local Family and Children First Councils to provide non-clinical, family-centered services and supports. These funds provide the needed programming that is not covered by insurance; typically, they are used in conjunction with Medicaid-funded community-based treatment. Since the inception of FCSS in 2004, 95 percent of all children served through this initiative avoided removal and have been able to safely remain in their homes. (Please see the *Service Array* and *Individualizing Services* sections of this report for additional details about Family-Centered Services and Supports.)

Summary of Item

ODJFS has a long-established history of working with state and local partners to ensure that families involved with Ohio's child welfare system receive services that are coordinated with other federal or federally-assisted programs. Through these partnerships, Ohio is able to maximize use of available dollars to design and implement innovative programs that achieve positive outcomes for children and families.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention
Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

> Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

Purpose - Authoritative Charge

The ODJFS, Office of Families and Children, Bureau of Foster Care Licensing is responsible for ensuring the adequate and competent management of agencies that offer care to children in out-of-home settings. Particularly, ODJFS –through the Bureau –must pass upon the fitness of agencies that provide foster care, adoption, and residential services to children and/or their families. PCSAs, PNAs, and PCPAs are monitored by the Bureau to ensure compliance with administrative, governance, fiscal, child services and treatment, and operational standards as prescribed by:

- ORC Chapters: 5103 and 3107;
- OAC Chapters: 5101:2-01, 5101:2-05, 5101:2-7, 5101:2-9, 5101:2-48; and
- OAC Chapters: 5101:2-33; 5101:2-39, 5101:2-42, 5101:2-44, 5101:2-47, and 5101:2-52.

FCLPM – Compliance Scope

Compliance is measured against applicable Codes that govern the functions for which each agency is certified or approved to operate. The Foster Care Licensing Procedures Manual (FCLPM) stipulates how the Bureau collectively manages its responsibilities to assure adequate Code compliance and agency "fitness" (ORC 5103.03). The FCLPM is a compilation of procedures established to assist Agency Licensing/Certification staff. Since its inception in 1991, the FCLPM has been utilized to provide instructions to Licensing/Certification staff on how to complete and process compliance "studies". The FCLPM is arranged by chapters and covers the various studies conducted and completed by staff relative to ODJFS certification and approval processes. The FCLPM refers to studies as a series of announced and unannounced inspections and/or investigative reviews. Studies are conducted by Agency Licensing/Certification Specialists throughout the agency's certification/approval period. The FCLPM is utilized by the Bureau to promote consistency in conducting and completing compliance studies. Agency Licensing/Certification Specialists and their managers rely on information obtained through studies to determine whether an individual agency meets the acceptable level of Code compliance.

Overview of FCLPM Activities

On average, 255 agencies are inspected by Agency Licensing/Certification staff. This may include over 1200 physical site inspections, policy and/or record reviews, and interviews of child residents, foster parents, and/or agency staff. All inspections and onsite agency visits are conducted during business hours between 8:00 am and 5:00 pm, excluding travel time, unless the licensing supervisor has been notified and the agency is in agreement. At each entrance

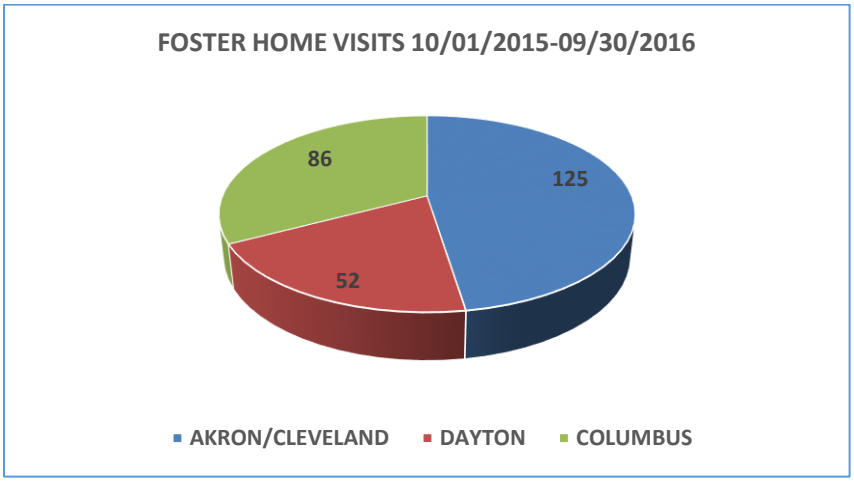
conference, the length of time needed to complete each study is established with the agency. At the conclusion of each on-site inspection and other activities listed above, the assigned licensing/certification specialist will complete the relevant review tool(s), share findings with the agency, compile review material and forward this information to the field office licensing supervisor for review and approval. The supervisory staff reviews and approves the work performed by the Agency Licensing/Certification staff to ensure accuracy, completeness, and consistency throughout the Ohio Foster Care Licensing program (OFCL). Procedures that fall outside of routine activities must be shared and discussed with Bureau management.

Foster Home Visits

Licensing/Certification Specialists conduct foster home visits to verify the agency's assessment of the home. In addition, the visit allows the foster caregiver to provide feedback regarding agency services.

The Licensing/Certification Specialists must visit at least four foster homes (excluding pre-adoptive infant homes), chosen from the list submitted for the review or from SACWIS, any time during the agency's two-year certification period. Licensing/Certification Specialists use a standard tool, the JFS 01348 *Safety Audit*, to complete a review of the foster home. The JFS 01348 covers site and safety requirements, sleeping arrangements, care of a foster child, transportation and other areas as identified in OAC. Licensing specialists compare their completed form with the agency's completed JFS 01348 *Safety Audit of the Foster Home* to identify any discrepancies. Any areas of noncompliance identified on the JFS 01348 *Safety Audit of the Foster Home* are reviewed by the Licensing/Certification Specialist and documented on the *Summary of Findings of Noncompliance*. During the period of October 1, 2015-September 30, 2016, Licensing/Certification Specialists conducted 263 foster home reviews. The following charts display the number of foster homes reviewed by ODJFS Regional Offices.

Columbus/Toledo	**86**
Dayton	**52**
Akron/Cleveland	**125**



Findings from the review are listed below:

- During the review period, two (2) agencies were cited for noncompliance with OAC 5101:2-5-20 (K) (10) for violations pertaining to the agency's failure to ensure that the assessor appropriately assessed the physical environment of the foster home during the initial certification.
- During the review period, three (3) agencies were cited for noncompliance with OAC 5101:2-5-24 (E) (7) for violations pertaining to the agency's failure to ensure that the assessor appropriately assessed the physical environment of the foster home during the recertification.
- During the review period there were zero (0) findings of noncompliance with OAC 5101:2-5-30 (E) (1) which requires them to ensure that the assessor appropriately assessed the physical environment of the foster home when a change of address occurred.
- During the review period, three (3) agencies were cited for noncompliance with OAC 5101:2-5-28 (E) pertaining to the agency's failure to conduct an investigation of alleged rule violation(s) within established timeframes.

Agencies cited for noncompliance developed CAPs to address cited areas. Implementation of the CAP occurred 30 days from approval of the CAP by ODJFS.

Waivers

ODJFS does not grant waivers to agencies: (1) operating children's residential centers; (2) operating group homes; (3) operating or providing independent living arrangements; (4) operating residential parenting facilities; and (4) operating children's crisis facilities. However, OAC 5101:2-5-18 permits ODJFS to grant waivers for relative foster homes when the request is for a non-safety issue. Waivers shall only be considered on a case by case basis. Agencies are required to record any waivers granted in SACWIS. During the period of October 1, 2015-September 30, 2016, agencies entered nine foster home waivers in SACWIS.

At the time of publication of this report, OAC 5101:2-42-18 was being amended to incorporate the recommendations of an established Children and Family Services Plan workgroup charged with exploring and developing a statewide kinship home assessment. The following is a brief explanation of the proposed changes as identified in the draft transmittal letter titled *Amendments to Ohio Administrative Code Rule 5101:2-42-18 and JFS 01447 and new form JFS 01447I*.

- OAC 5101:2-42-18, *PCSA and PCPA approval of placements with relative and nonrelative substitute caregivers* sets forth requirements for the assessment of relative and non-relative (kinship) caregivers for the placement of children who are unable to remain in their own homes. This rule has been amended to provide clear timelines for the initiation and completion of the assessment, as well as notification of approval or denial to the caregiver. Additionally, language regarding disqualifying offenses and rehabilitation standards has been amended in an effort to provide PCSAs and PCPAs with more flexibility when assessing kinship caregivers who might otherwise not meet more stringent requirements applied to licensed foster and adoptive caregivers.

- The amended rule has been edited to require PCSAs and PCPAs to use the JFS 01447 *Assessment of relative or nonrelative substitute caregiver*. This letter also transmits revisions to the JFS 01447 as well as a new form JFS 01447I *Instructions for completing JFS 01447, Assessment of relative or nonrelative substitute caregiver*. The JFS 01447

has been edited to reflect amendments to OAC 5101:2-42-18. The JFS 01447I has been created to provide PCSAs and PCPAs with guidance when completing the JFS 01447.

Enforcement and Revocation

OAC 5101:2-42-05 states placement decisions rest with the custodial agency, which chooses a substitute care setting that is consistent with the best interest and special needs of the child. OAC 5101:2-42-18 requires the custodial agency, prior to placing a child with a relative or nonrelative substitute caregiver, to conduct an assessment of the suitability of the placement setting and on an annual basis, complete a home assessment to assure that the placement continues to meet the requirements of this rule for approval of the placement. Custodial agencies are also required to conduct caseworker visits and contacts with children in substitute care–to assess the child's safety and well-being within the substitute care setting. This would include any new information regarding the child and the substitute care setting which would impact the substitute caregiver's willingness or ability to care for the child, per OAC 5101:2-42-65.

If the agency determines there is cause for Denial of Initial Certification, Denial of Recertification or Revocation of a Foster Home Certificate, OAC 5101:2-5-28 provides guidelines for agencies that wish to proceed with enforcement action against a foster home. There is a process identified in OAC 5101:2-7-14 which discusses foster parent notification, and circumstances that require an agency to recommend enforcement action against the foster caregiver. The agency must provide written notification of specific rule noncompliance to the foster caregiver using the JFS 01315 *Notification of Denial of Initial Certification, Recertification or Revocation of a Foster Home* form. On the JFS 01315 form, the agency must reference the specific rule cite with which the foster home is not in compliance. Space is also provided on the form to indicate how the foster home is not in compliance with the referenced rule. If the agency decides to proceed with an enforcement recommendation to ODJFS, it must follow OAC 5101:2-5-26 and OAC 5101:2-5-27 which provides information on the Revocation, Denial of Initial Certification or Denial of Recertification of a Foster Home Certificate and the procedures to terminate the foster home certificate.

If ODJFS determines the agency has submitted sufficient information or cause to proceed with the agency's recommendation to deny or revoke a foster home certificate, ODJFS notifies the applicant or foster caregiver pursuant to OAC Chapter 5101:6-50. A copy of the notice is sent to the recommending agency which is required to immediately notify any other agency which may have a foster child placed in the foster home. If a foster home application or certificate has been denied or revoked pursuant to Chapter 119 of the Revised Code, the applicant or person to whom the certificate was issued is not eligible for any ODJFS children services license or certification for five years from the date of denial or revocation or the exhaustion of all appeals, whichever is later.

During the period of October 1, 2015-September 30, 2016, agencies recommended 38 foster homes for enforcement action. Of these homes, six had placements at the time the incident occurred that led to the decision to recommend revocation or denial of recertification to ODJFS. Placement decisions are determined by the custodial agency, and agencies have the discretion to remove children or place them in respite pending the outcome of their investigation.

External Reviews

In 2015 the State of Ohio Office of Internal Audit conducted a review of the Foster and Adoptive family and Agency Certification process to determine if adequate internal controls exist in the

initial and recertification process. Adequate internal controls establish supervisor reviews and ensure that processes are followed and completed timely and consistently.

ODJFS is responsible for ensuring the fitness of agencies to provide foster care, adoption and residential services to children and/or their families throughout the licensing/certification process, as well as after the license/certification is obtained. These services are largely provided by PCSAs, PCPAs and PNAs in collaboration with ODJFS. In Ohio, the responsibility for administering foster care, adoption and residential services for children and families rests with public and private agencies certified by ODJFS. The role of ODJFS is to ensure compliance with administrative, governance, fiscal, program and treatment standards as required by Ohio Revised Code and Ohio Administrative Code.

The audit measured if standardized management controls were present to identify incomplete or inaccurate information and to final approve the work of staff. The results of the audit were that both the Initial Licensing/Certification Process and the Recertification Process were well controlled with few needed improvements. During October 1, 2015-September 30, 2016, Licensing/Certification Specialists and management completed the following volume of work with internal controls intact and working:

Study Type	Total
Amendment	99
Certification	19
Complaint	100
PCSA Review	44
Policy Revision	47
Recertification	86
Recruitment Plan	4
Training Plan	14
Visit	100
Grand Total	**513**

Summary of Item

Statewide policy and a standardized system to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds are in place. The Foster Care Licensing Procedures Manual (FCLPM) guides ODJFS Licensing/ Certification Staff in applying standards consistently. All 255 agencies certified by ODJFS to operate in Ohio are visited by Agency Certification staff at least annually with foster home visits conducted during the agency's certification period. Waivers may be granted for relative foster homes when the request is for a non-safety issue. For foster home enforcement actions, the recommending agency forwards its request for revocation, denial of recertification or denial of certification to ODJFS for final approval or disapproval. Placement decisions rest with the custodial agency, which chooses a substitute care setting that is consistent with the best interest and special needs of the child. Adequate internal controls establish supervisor reviews and ensure that processes are followed and completed timely and consistently.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

> Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

Overview

Since 1993, Ohio Revised Code (ORC) 2151.86 has required any entity that employs persons to be responsible for a child's care in out-of-home care to conduct criminal records checks for public and private agency direct care staff prior to hire. It also requires the administrative director of any entity that designates a person as a prospective foster and/or adoptive caregiver or applicant, to request criminal records checks of these persons prior to certification, and every four years thereafter. OAC 5101:2-5-09, 5101:2-5-09.1 and 5101:2-48-09 identifies the frequency and manner by which criminal records checks are to be conducted. All criminal records checks must be conducted using ORC 2151.86 as the reason for fingerprinting.

ODJFS staff in the Bureau of Foster Care Licensing ensure that criminal background checks are in compliance with the ORC and OAC provisions regarding safety checks for: licensed foster homes; adult members of the household; approved adoptive homes; respite care providers; volunteers; college interns; and employees of certified residential centers and group homes.

Background Checks on Prospective/Current Foster Parents and Adult Members of the Household

OAC 5101:2-5-09.1 requires agencies to request the Bureau of Criminal Identification and Investigation (BCII) conduct a criminal records check for prospective and current foster caregivers and any household member over age 18. An authentication number or Transaction Control Number (TCN) is assigned to a person's fingerprints when they complete a BCII check. This TCN is how the person is identified in RAPBACK 2.0 (for further information on RAPBACK refer to the special RAPBACK section in this narrative). Agencies are required to enter the unique TCN on the BCII report in SACWIS, which verifies the information (to ensure it is not more than one year old or of poor quality). For agencies that are not SACWIS live, the agency provides the TCN number on the JFS 01317 or the JFS 01318, and ODJFS staff enters the information. BCIIs are required to be completed every four years. If the agency does not enter the information as required in SACWIS, the BCII will expire and they must complete a new BCII. A provider cannot be licensed

or approved in SACWIS without the TCN number. Once the provider home is licensed or approved, SACWIS enrolls them in RAPBACK population.

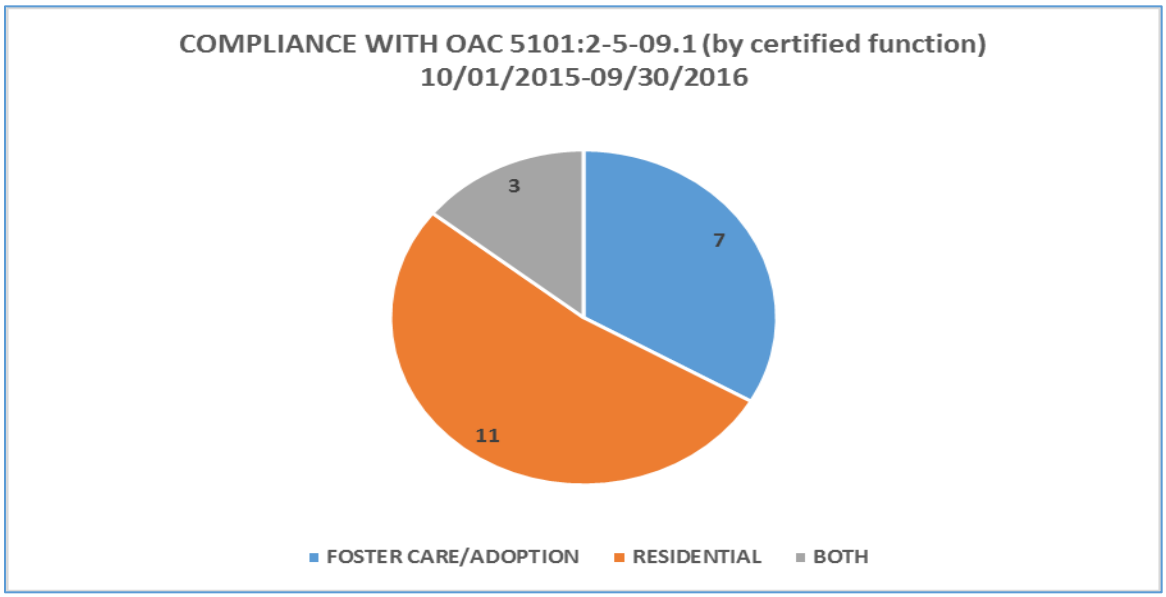
Background Checks on Prospective Adoptive Parents and Adult Members of the Household

OAC 5101:2-48-10 outlines the requirement for public and private agencies to conduct a criminal records check on prospective adoptive parents and adult members of the prospective adoptive parent's household pursuant to the procedures set forth in ORC 2151.86. Licensing staff conducted 99 additional review visits and 63 recertification reviews to private and public agencies between October 1, 2015-September 30, 2016. Seven areas of noncompliance were identified. Agencies were required to submit CAPs, which the licensing specialists reviewed and approved.

Prohibitive Offenses and Eligibility for Rehabilitation for Hiring

OAC 5101:2-5-09 includes agency personnel requirements and prohibited convictions for employment. Agencies are required to conduct background checks prior to employment and review this information to determine if there are prohibitive offenses and eligibility for rehabilitation for hiring. The rules also include a requirement for agencies to conduct an FBI check if the prospective employee has not resided in the state for five years.

Licensing staff conducted 99 additional visit and 63 recertification reviews of private and public agencies between October 1, 2015-September 30, 2016. Fifty-seven areas of noncompliance were identified. Agencies were required to submit CAPs, which the licensing specialists reviewed and approved. The following graphic depicts the number of areas of non-compliance by agency certification function.



Background Checks of Respite Care Providers, College Interns and Volunteers

OAC 5101:2-5-13 requires agencies to conduct criminal records checks pursuant to rule 5101:2-5-09.1 of the Administrative Code for approved respite care providers, college interns and

volunteers prior to employment or providing respite care, whichever is applicable. Licensing staff conducted 99 additional review visits and 63 recertification reviews to private and public agencies between October 1, 2015-September 30, 2016 and did not find any areas of noncompliance with this requirement.

Notification of Charges of a Criminal Offense

Licensing staff monitor agency compliance with OAC 5101:2-7-14 (F) which requires a foster caregiver to notify the recommending agency within twenty-four hours of any charge of any criminal offense brought against the caregiver or any adult resident of his home, and OAC 5101:2-7-14 (G), which states:

> "*A foster caregiver shall notify the recommending agency within twenty-four hours of any charge or complaint brought against any resident of the foster caregiver's home who is at least twelve years of age, but less than eighteen years of age for committing an act that if committed by an adult would constitute a criminal offense. Pursuant to section 5103.0319 of the Revised Code, a foster caregiver shall also notify the recommending agency in writing within twenty-four hours if a resident of the foster caregiver's home is at least twelve years of age, but less than eighteen years of age, and has been convicted of or pleaded guilty to any of the offenses listed in appendix A to this rule, or has been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation. The notification is also required for any conviction or adjudication of delinquency resulting from a violation of an existing or former law of this state, any other state, or the United States that is substantially equivalent to any of the offenses."*

Licensing staff conducted 99 additional visit and 63 recertification reviews of private and public agencies between October 1, 2015 –September 30, 2016 and found no areas of noncompliance with this requirement.

RAPBACK

ORC 109.5721 and OAC 5101: 2-33-80 outline the requirements for the Retained Applicant Fingerprint Database Information Exchange (RAPBACK). In 2008, the superintendent of the Bureau of Criminal Identification and Investigation established RAPBACK, which is a database of fingerprints of individuals, including ODJFS foster and/or adoptive provider member or placements over the age of 18, on whom the Bureau has conducted criminal records checks for the purpose of determining eligibility for employment with, licensure by, or approval for adoption by ODJFS or a certified recommending agency.

When a foster and/or adoptive provider or household member or placement is arrested, convicted or pleads guilty to any offense matches a person in the ODJFS RAPBACK population, a 'Hit' occurs, and the AG notifies the recommending public or private agency of the offense. The recommending agency receives the notification for purposes of determining the individual's eligibility for continued employment or licensure or approval. They are required to affirm or disaffirm the "Hit" and if affirmed, submit the JFS 01301 *Retained Applicant Fingerprint Database Post Notification Report* in SACWIS (or submit to the ODJFS enforcement area if not SACWIS live) to ODJFS within 10 business days after taking action on the information received from BCII. Licensing staff review the information in the JFS 01301s during recertification and additional visit

reviews to ensure the agency has followed up on the RAPBACK 'Hit" and addressed the issue per rule requirements. Licensing staff conducted 99 additional review visits and 63 recertification reviews of private and public agencies between 1October 1, 2015-September 30,2016 and found no areas of noncompliance with this requirement.

Monitoring Compliance

In addition to the monitoring visits described above, ODJFS has engaged in the following activities:

- Developed a process to receive and securely store BCII and FBI information on private agency staff in facilities certified by the State of Ohio and foster/adoptive parents and applicants, as required in OAC 5101:2-5-09.1 and 5101:2-48-09, to OFC staff for review. This process was successfully piloted during the IV-E review.

- Continued conversations with the Ohio Attorney Generals' office and was able to identify a process to receive this information from their office directly. However, due to limitations within their system in identifying whether the person/subject of the criminal records check was a provider, applicant or employee and their affiliated agency, the decision was made to utilize the background check system ODJFS-OIS staff specifically tailored for this purpose. ODJFS obtained approval from the FBI to securely receive and store criminal records check information in June 2016.

- Continued to review criminal background checks through a sample record review of newly certified/recertified foster parents and newly approved/updated adoptive parents. The recertification reviews included monitoring of how each agency followed up on RAPBACK hits. Agencies are required to develop CAPs to address any findings of non-compliance related to RAPBACK or background checks. Each CAP submitted specifies:
    - What the agency is going to do to correct an area of noncompliance;
    - How noncompliance would be prevented in the future;
    - Who in the agency would be responsible for the implementation of the corrective action plan; and
    - How the agency would document that the corrective action plan has been implemented.

- Used several mechanisms to inform agencies of the plan to review 100 percent of background checks, including several First Fridays (http://jfs.ohio.gov/PFOF/PDF/FF-20160101.stm), meetings and trainings with various public and private agency stakeholders and organizations, word of mouth by Licensing Specialists and revision of the Foster Care Licensing Policy Manual to reflect the policy change. OFC has also included a clarification to OAC that provides the required ORC section 2151.86 for agencies to request their background checks for employees and foster caregivers. This language was also added to the JFS 01290 *Application for Certification of Agency Functions* as an additional reminder to JFS certified agencies and applicants.

In December 2016, ODJFS published a draft procedure letter titled *Criminal Records Procedures for Direct Care Staff, Foster and/or Adoptive Caregivers and Applicants*. The procedure letter identified the process to receive and review all BCII and FBI information for public and private agency direct care staff in facilities certified by the ODJFS and foster and/or adoptive caregivers and applicants as required in OAC 5101:2-5-09.1 and OAC 5101:2-48-09.

ODJFS foster care licensing specialists will be reviewing criminal records checks for all current direct care staff, foster and/or adoptive caregivers and applicants to ensure agencies have

completed these using ORC 2151.86 as the reason fingerprinted. For the initial phase of 100 percent review of criminal background checks, all agencies will be required to submit a list (as applicable) of direct care staff, foster and/or adoptive caregivers and applicants. Agencies will be required to provide the requested information in phases. Any agency certified for any of the following functions will be required to submit this information by February 3, 2017:

- To operate children's residential center(s).
- To operate group home(s).
- To operate or provide independent living arrangements.
- To operate residential parenting facilities.
- To operate children's crisis care facilities.
- To operate private, nonprofit therapeutic wilderness camp(s).

Any agency certified for any of the following functions will be required to submit this information by March 3, 2017:

- To act as a representative of ODJFS in recommending pre-adoptive infant foster homes for certification.
- To act as a representative of ODJFS in recommending family foster homes for certification.
- To act as a representative of ODJFS in recommending treatment foster homes for certification.
- To act as a representative of ODJFS in recommending medically fragile foster homes for certification.
- To accept temporary, permanent or legal custody of children.
- To place children for foster care or adoption.
- To participate in the placement of children for foster care or adoption.

Agencies that are certified for multiple functions may submit the required information in separate batches according to the deadlines identified above. After the initial lists and background check information are received, agencies will be required to submit updated information (new direct care staff, newly licensed or approved foster/adoptive caregivers, and any foster/adoptive caregivers who have been recertified) by the last business day of the calendar quarter. (June, September, December, March). After the initial phase, agencies will be permitted to submit the required documentation at any time as long as it is prior to the identified deadlines.

Addressing the Safety of Foster Care and Adoptive Placements for Children

During Semiannual Administrative Reviews, PCSAs and PCPAs are required to document on the SAR form “how each child’s current placement, whether in own home or out-of-home placement (including relative placement, regardless of custody status), provides for the child’s specific safety needs and is appropriately meeting the child’s basic and special needs.” This process also applies to children placed out-of-state.

During CPOE Stage 10, compliance in addressing safety concerns of children in foster care and adoptive placements is monitored when rating Item 3, F of the CFSR Round 3 instrument. During CPOE Stage 10, only two cases (<1 percent of cases reviewed) have been identified where the agency did not adequately address safety concerns of children who were in substitute care placement (one child was in a foster home and the other child was in residential care).

Summary of Item

ODJFS has engaged its system partners from the Ohio Department of Mental Health and Addiction Services, the Ohio Attorney General's Office, and the Ohio Supreme Court in monitoring compliance with background check requirements. Multiple methods are being used by ODJFS to ensure compliance with safety check requirements.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

Overview

Multiple methods are used to recruit foster and adoptive homes based upon the characteristics of children in the Temporary or Permanent Custody of PCSAs. Recruitment efforts occur at both the State and County Level in order to address the needs of children.

One source which informs recruitment efforts is data on the race and ethnicity of children in care and the race and ethnicity of current foster parents/adoptive parents.

Race of Children in Custody

During FFY2016, review of data on the Race of children in the Temporary Custody of PCSAs revealed that over half of the children were identified as White (56.17%). The next highest racial group in Temporary Custody were identified as Black/African American (31.10%).

The following Table provides a statewide breakdown of children in Temporary Custody by Race.

Children in the Temporary Custody of the State by Race for FFY2016

Race	Cohort Population- TC	Statewide Totals	Percent Race Statewide
AIAN	13	17,646	0.07%
Asian	32	17,646	0.18%
Black/AA	5488	17,646	31.10%
Multi-race	2044	17,646	11.58%
NHPI	13	17,646	0.07%
Other/Missing Information	147	17,646	0.83%
White	9909	17,646	56.15%

When examining county specific data it was identified that 92 percent of the counties in Ohio (81) have between 59 percent and 100 percent of children in their Temporary Custody who were identified as White. Three counties have between 53 percent and 66 percent of children in their Temporary Custody identified as Black/African American.

As with children in Temporary Custody, children in the Permanent Custody of PCSAs were predominately identified as White (58.99%). The next highest racial group in the Permanent Custody of PCSAs were identified as Black/African American (28.58%).

The following Table provides a statewide breakdown of children in Permanent Custody by Race.

Children in the Permanent Custody of the State by Race for FFY2016*

Race	Cohort Population-	TC Statewide Totals	Percent Race Statewide
AIAN	3	4367	0.07%
Asian	10	4367	0.23%
Black/AA	1248	4367	28.58%
Multi-race	514	4367	11.77%
NHPI	3	4367	0.07%
Other/Missing Information	13	4367	0.30%
White	2576	4367	58.99%

***Four counties did not have any children in Permanent Custody

When examining county data it was identified that 93 percent of the counties were predominately White. Six counties had between 23 percent and 46 percent of children in their Permanent Custody identified as Black/African American.

Ethnicity of Children in Custody

For FFY 2016 there were 5.32 percent of children in the Temporary Custody of PCSAs who were identified as Hispanic and 91.86 percent who were identified as Non-Hispanic. Missing Ethnicity data was identified for 2.82 percent of the population. Examination of Permanent Custody data indicated that 4.56 percent of the children were identified as Hispanic and 94.14 percent were identified as Non-Hispanic. Missing Ethnicity data was identified for 1.31 percent of the population.

Race of Licensed Foster Parents

Persons who are licensed as Foster Parents may also be dually approved for adoptive placement. During FFY 2016 there were 8,686 licensed foster parents. Foster parents were primarily identified as White in 66.84% of the population. The next largest proportion of foster parents were identified as Black/African American at 30.27 percent.

The following table contains information on the racial makeup of licensed foster parents.

Licensed Foster Parents (Applicant 1 Only) During FFY 2016 by Race

Category Label	Count by Race	Total Foster Parents	Percent Race
AIAN	8	8686	0.09%
Asian	29	8686	0.33%
Black/AA	2629	8686	30.27%
Multi-race	114	8686	1.31%
NHPI	9	8686	0.10%
Other/Missing Information	91	8686	1.05%
White	5806	8686	66.84%

When examining county data it should be noted that in counties in which there is a large proportion of Black/African American children in the Temporary or Permanent Custody of the agency there are foster/adoptive parents who reflect the race of children in care. For example in Cuyahoga County 65.97 percent of the children in Temporary Custody were Black-African American and, in turn, 70.12 percent of their licensed foster parents were Black/African American.

Ethnicity of Foster Parents

FFY 2016 indicated that 1.59 percent of the licensed foster parents were identified as Hispanic, 95.57 percent were identified as Non-Hispanic and there was missing data for 2.84 percent of the population. During MEPA reviews, agencies have shared how they are engaging in targeted recruitment efforts to encourage more Hispanic families to become foster parents/adoptive parents.

Availability of Homes for Siblings

Ohio supports the placement of siblings together. ORC 5103.0317 indicates a foster home shall not receive more than five foster children except "to accommodate a sibling group or the remaining members of a sibling group." If a foster home has less than five foster children placed, the home may accept one additional sibling group that causes the foster home to exceed the limit of five foster children. The foster home that accepts a sibling placement in this circumstance shall not exceed a total of ten children in the home.

During CPOE Stage 10, reviewers assessed whether concerted efforts were made to ensure that siblings were placed together unless a separation was necessary to meet the needs of one of the siblings. Findings from the review indicate a 95 percent compliance rate for placing siblings together unless a separation was necessary to meet the needs of one of the siblings.

State Recruitment Efforts

The Dave Thomas Foundation for Adoption (DTFA) Partnership

To keep older children with lengthy placement histories from lingering in the foster care system in Ohio and further assure the population of adoptive families reflects the ethnic and racial diversity of children needing permanency, ODJFS began a partnership with the Dave Thomas Foundation for Adoption in July, 2012. At that time, ODJFS allocated $2.3 million, including $1.1 million in state funding, to hire specialized, child-focused recruiters whose sole mission is to find adoptive families or other permanency (legal custody/reunification) for older children in foster care. In state fiscal year 2013, the amount allocated was increased to just over $3.4 million per fiscal year, and the target population expanded to include children in a planned permanent living arrangement (PPLA) status. The contract has been renewed through state fiscal year 2017. Using the renowned child-focused, *Wendy's Wonderful Kids* (WWK) program model, recruiters across Ohio work to match and place children between the ages of 9 and 17, who have been awaiting adoption for more than two years or those who are in the legal status of PPLA. WWK strategies include: an initial referral process; relationship building; in-depth case record reviews; child-specific family search efforts; assessments; child readiness efforts; network capacity building; and child-focused recruitment plans.

Outcomes directly relating to the WWK program continue to be realized. To date, forty-six recruiters under contract work to implement an aggressive, statewide recruitment strategy aimed at moving Ohio's longest-waiting children from foster care into adoptive families and other types of permanency. The model has been successful in finalizing 74 adoptions from July 1, 2015 through March 31, 2016, bringing the total to 240 finalized adoptions since the inception of the ODJFS contract, including several sibling groups. As of March 31, 2016, 688 children were enrolled in Ohio's WWK program. From July 1, 2015 to March 31, 2016, 133 children have been matched, bringing the total to 538 since the program's inception. There are 77 children in pre-adoptive placements, as of March 31, 2016. Just over 6% of the children on current caseloads are in the PPLA status.

The program benefits children who are most at risk of aging out of care, including:

- older youth (the average age is 14, and 40% are sixteen or older);
- sibling groups (57% are part of a sibling group);
- children with special needs (64% have at least one identified special need);
- children who were in care many years before Wendy's Wonderful Kids (on average, 2,084 days);
- those who have had multiple placement settings (10% had 10 or more placements prior to being referred to WWK);
- children in congregate care (42% of the children being served are in a group home, institution or are incarcerated); and
- children who have had an adoption disrupt (11% experienced a failed adoption prior to WWK).

Refer to the Update to the Plan for Improvement (Section III) of the APSR for additional information on ODJFS' partnership with the Dave Thomas Foundation for Adoption this past year.

County Adoption Incentive Payments

The Ohio Adoption Incentive Program was created in 2012. This program provides up to $1.5 million per year in financial incentives to Public Children Services Agencies (PCSAs). The agencies become eligible for the incentive money when they finalize adoptions for the target populations of youth under 9 and youth who are 9 and over. Each county's finalizations for the target populations are averaged for the previous three-year period to establish the baseline. Any county exceeding its baseline will receive an incentive payment for each finalized adoption over the baseline. The county must then reinvest the incentive money received to support adoption activities during the SFY.

During SFY 2015, Ohio provided $1,036,750 in county incentive payments. A total of $692,250 was split among thirty-eight counties for their work in finalizing adoptions of children under the age of 9 years old. The incentive payments for this younger target population ranged from $3,250 to $91,000. For finalizations of children 9 years and older, a total of $344,500 was split among twenty counties. The counties who exceeded the baseline for the older population received payments ranging from $6,500 to $39,000. In total, forty-five PCSAs received an adoption incentive payment in SFY 2015.

Communication was sent to all county directors on April 15, 2016 stating that the amount of the adoption incentive payments will be calculated differently moving forward if the entire $1.5 million is not spent each year. Furthermore, beginning in SFY 2017 incentive funds will not be used to draw down additional Title IV-E Adoption Administrative funds.

Casey Family Programs Partnership

Casey Family Programs has continued to support Ohio's Permanency Roundtable (PRT) work through the addition of five counties in 2015. Casey's support has made it possible for the pilot counties to receive specialized training, expert consultation and peer-to-peer connections with other agencies that have used PRTs successfully.

PRTs give PCSAs a structured process for identifying individualized and realistic strategies for overcoming the obstacles to permanency that youth in their care may be facing. The three goals of each PRT are to: (1) expedite legal permanency for the child; (2) stimulate thinking and learning about ways to accelerate permanency; and (3) identify and address systemic barriers to timely permanency.

The 11 participating PCSAs — Athens County Children Services Board, Butler County Department of Job and Family Services, Clark County Department of Job and Family Services, Fairfield County Department of Job and Family Services, Guernsey County Children Services Board, Hamilton County Department of Job and Family Services, Mahoning County Children Services Board, Montgomery County Department of Job and Family Services, Summit County Children Services Board, Stark County Department of Job and Family Services and Trumbull County Children Services Board — are partnering with OFC, Capital University's Family and Youth Law Center and PCSAO to lead the implementation of this practice model.
The Ohio PRT project focuses on youth 12 and older who have been in care for at least 17 months. The process is two-part and youth-centered. It begins with an internal agency meeting to discuss the youth's history, identify future goals and create a permanency action plan. This plan is shared with the youth for input. The youth's involvement is considered vital to the process, and no meeting after this point occurs without the youth's participation. The second phase is a facilitated conversation (or conversations) between the youth and the professionals who seek to achieve the PRT goals. The following questions are explored:

- What will it take for this youth to achieve permanency?
- What can we do that has been tried successfully before?
- What can we do that has never been tried?
- What can we do concurrently to help this youth achieve permanency?
- How can we engage the youth in permanency planning?

An evaluation of the initial six-county pilot is looking at such outcomes as time to permanency, placement stability and reduction in restrictiveness of placement. The pilot continues to be successful, and Casey Family Programs and ODJFS will expand the pilot to additional counties in state fiscal year 2017.

Refer to the Update to the Plan for Improvement (Section III) of the APSR for additional information on ODJFS' partnership with the Casey Family Programs including Youth-Centered PRTs this past year.

Family and Youth Law Center – Capital Law School, Columbus, Ohio

ODJFS utilizes the Family and Youth Law Center (FYLaw), formerly known as the National Center for Adoption Law & Policy, for additional recruitment purposes. FYLaw is responsible for staffing the Ohio Adoption Photolisting website (OAPL) in concert with AdoptUSKids.

OAPL highlights waiting children who are in the permanent custody of Ohio public children services agencies and for whom families are being sought. A photo and brief profile is posted for each child as well as caseworker contact information. FYLaw reviews new profiles as they are added to the photolisting to ensure all information provided about the children is appropriate and safe and also arranges for Spanish translations of profiles as they are added to the site. FYLaw's other OAPL responsibilities include responding to questions from OAPL administrators regarding use of the site, setting up usernames and passwords for new users, and maintaining monthly site usage statistics.

General information such as who may adopt, the adoption home study process, adoption subsidies available, costs associated with adopting, access to adoption records and information on interstate adoptions can also be found on this website. In addition, OAPL provides links to ODJFS publications such as the *Ohio Adoption Guide* and the *Adoption Subsidies Guide* and lists information about ongoing events, trainings and meetings, which FYLaw updates regularly.

FYLaw continues to prepare monthly sets of profiles of waiting children from OAPL for circulation within the ODJFS internal broadcast network, an initiative that started in September of 2014. On June 2, 2015, FYLaw held a webinar for OAPL administrators. The webinar covered the following topics: general introduction to the site and how to get started; writing effective profiles/enhancing profiles; how to increase the exposure of kids listed on OAPL; how to properly include health information/diagnoses while balancing privacy; how to update and remove profiles; and other miscellaneous technical assistance issues.

As of March 21, 2016, there were 400 total individual child listings (297 active) and 71 total sibling group listings (26 active) posted on OAPL.

FYLaw responds to all new Ohio AdoptUSKids inquiries about adoption or foster care and continues to regularly follow up with individuals with pending cases. A FYLaw staff attorney also serves as a direct resource for clients who contact AdoptUSKids directly with specific questions and conducts research to respond to these inquiries and provides appropriate referrals as needed. From June 1, 2015 to March 21, 2016, 460 new Ohio AdoptUSKids inquiries were made. It is expected ODJFS will continue to collaborate with FYLaw, whose mission is to work within child welfare, adoption, and juvenile justice systems to support positive outcomes for children, youth, and families.

General Foster Care and Adoption Recruitment Update

In August 2015, ODJFS updated the *Ohio Adoption Guide.* The guide is a resource for potential adoptive families that helps give them the information needed to locate the right agency for them and that discusses the entire adoption process from inquiry to home study completion, searching for a child, being matched with a child, adoption subsidy information and post adoption services. ODJFS has been collaborating with the Ohio Family Care Association (OFCA) to develop the *Guide for Ohio Resource Families*. This guide will provide a variety of information and resources for foster, adoptive and kinship families in Ohio.

In September 2015, the Public Children Services Association of Ohio (PCSAO) released *Recruiting Foster and Adoptive Caregivers: A Guide for Public Children Services Agencies* to assist counties in implementing and maintaining successful recruitment strategies in their local communities. ODJFS staff reviewed this guide and provided input and technical assistance.

ODJFS invited all PCSA and private agency partners to participate in a webinar training held by the National Resource Center for Diligent Recruitment (NRCDR) on February 25, 2016. The

webinar was titled *Recruiting, Developing, and Supporting Resource Families in Rural Communities* and was an interactive peer to peer training that several counties participated in.

Local Agency Recruitment Efforts

In addition to utilizing the above services, Ohio agencies employed several other strategies to recruit families for waiting children during this past year. Some of these included:

- Registering children with FYLaw and the U.S. Health and Human Services' AdoptUSKids Website;
- Placing information on waiting children on the local agency's website;
- Distributing child specific recruitment flyers at adoption events;
- Participating in the Statewide Matching Expo on July 17, 2015 hosted by ODJFS;
- Hosting online virtual mixers designed to provide information to potential adoptive families about children available for adoption;
- Partnering with faith-based organizations to recruit families;
- Conducting searches for significant adults noted in the child's case file;
- Sponsoring "Foster and Adoption Parties" designed to provide information to potential families about foster care and adoption programs and the need for resource homes;
- Hosting foster and adoptive parent recognition banquets and other honorary events;
- Participating in adoption fairs;
- Profiling waiting children in newspapers, and on television and radio spots; including linking PCSAs with the organization Grant Me Hope, which creates professional videos of waiting children to air on local television news programs;
- Publishing agency calendars which feature harder to place youth who are available for adoption;
- Collaborating with community partners (e.g., schools, churches, libraries, service organizations) to promote recruitment events;
- Working with foster parent associations to identify recruitment strategies and ensure retention of existing resource families; and
- Hosting family-centered, child-friendly events including movie nights and game nights in order to recruit new families and help retain current foster and adoptive families.

Comprehensive Recruitment Plans

Public and private agencies implement strategic recruitment plans aimed at promoting public awareness and/or foster and adoptive parent recruitment. Pursuant to OAC 5101:2-5-13, 5101:2-48-05, each foster care and adoption agency is required to develop and implement a comprehensive recruitment plan that describes diligent recruitment of families which reflect the diversity of the children for whom homes are needed. These recruitment plans are submitted and reviewed by ODJFS to ensure compliance with the Multiethnic Placement Act, 42 U.S.C.A. 1996 (B), as amended by Section 1808 of the Small Business Job Protection Act of 1996 (MEPA), and the Civil Rights Act of 1964 (Title VI) to ensure that Race, Color, or National Origin does not interfere with foster care and adoption processes. In addition, ODJFS requires that agencies conduct child-specific recruitment efforts when prospective adoptive families cannot be identified within their own agency.

In circumstances of non-compliance, ODJFS provides technical assistance to the agency which includes, but is not limited to: the issue of noncompliance and needed revision(s), discussions about the basis of the regulation, and sharing information about other agencies' successful recruitment efforts. ODJFS also monitors MEPA compliance via announced and unannounced onsite agency visits and recruitment plan implementation reviews. During these visits, ODJFS staff reviews the agency's data profiles and compares that information with state-level data to determine whether changes are needed in the recruitment plan's design or implementation.

MEPA Biennial Comprehensive Self-Assessment Report

PCSAs, PCPAs certified to perform the foster/adoption function and PNAs certified to perform the foster/adoption function are required to submit a *MEPA Biennial Comprehensive Self-Assessment Report* by March first of every even numbered year. One of the components of the self-assessment requires the agency to address the following:

- Whether its foster care and/or adoption recruitment plan includes information on efforts to diligently recruit foster caregivers and/or adoptive parents that reflect the racial and ethnic backgrounds of the population of children in foster care and available for adoption.
- Methods for targeting individuals as foster caregivers/adoptive parents where there is a disparity between the racial and/or ethnic groups of children in care and the racial/ethnic groups of foster or adoptive parents certified/approved currently.

The *MEPA Biennial Comprehensive Self-Assessment Report* is discussed during MEPA reviews of public and private agencies, which occur on a 24-month cycle. The discussion of recruitment efforts with PCSAs includes a presentation of data on children in the temporary and permanent custody of the agency by race and ethnicity as well data on foster parents/adoptive homes by race and ethnicity. OFC staff and agency staff then determine if a disparity exists between the racial and/or ethnic groups of children in care and the racial/ethnic groups of foster or adoptive parents. If a disparity exists, further discussion occurs on what recruitment efforts will be used to reduce the disparity.

MEPA reviews conducted with private agencies (agencies that have contracts with PCSAs to provide foster and/or adoptive services) include a discussion of statewide data on the number of children in the temporary and permanent custody of the PCSAs by race and ethnicity as well data on foster parents/adoptive homes by race and ethnicity licensed/certified by the agency. OFC staff and agency staff then determine if a disparity exists between the racial and/or ethnic groups of children in care and the racial/ethnic groups of foster or adoptive parents. If a disparity exists, further discussion occurs on what recruitment efforts will be used to reduce the disparity.

As noted above, child-specific recruitment efforts are required when the custodial agency has yet to identify a family for the child. MEPA Cycle V commenced on March 1, 2014 and concluded on February 28, 2016. During MEPA Cycle V, 912 child case records were reviewed to determine if there were families presented at the most recent matching conference. If there were no families presented, the reviewers assessed whether the agency engaged in child-specific recruitment efforts prior to the most recent matching conference. Failure to engage in child-specific recruitment efforts would require the agency to develop a Corrective Action Plan (CAP). The vast majority (81 out of 88) of Ohio's PCSAs were found to be in compliance on this area of the review. The seven PCSAs not in compliance at the time of review were required to develop a CAP to address how they would come into compliance with the requirement to engage in child-specific recruitment efforts prior to the next matching conference.

Foster Care and Adoption Proclamation Months

As of March 10, 2016, Ohio had over 13,700 children residing in foster homes or other out-of-home placement settings. Of that number, nearly 2,400 children are waiting to be adopted. Many of the approximately 1,000 young adults who "age-out" of care each year are without permanent connections. The data is significant in that it demonstrates the need to continually raise the public's awareness, to recruit additional foster and adoptive families who are willing and able to meet the significant needs of the children who are in need of homes in Ohio, whether permanently or temporarily. Additionally, Ohio is working to support existing families, so that experienced foster and adoptive families are able to continue providing much needed services to children in care.

Ohio has annually recognized May as National Foster Care Month and November as National Adoption Month. The purpose of the recognition is to acknowledge the efforts of child welfare practitioners and caregivers across the state responsible for providing care to children that have been abused, neglected or dependent. Public service announcements were prepared to recognize and celebrate both months. PCSA, private child placing agencies (PCPA), and private non-custodial agencies (PNAs) are encouraged to continue to support their resource families. The Governor acknowledged adoptive and foster families and kinship families for the work and service provided. Across the state, events were held to honor foster and adoptive parents for their dedication to vulnerable children.

Use of Out-of-State Placements

Per Ohio's 2016b AFCARS submission, 423 of the 18,881 (2.24%) children reported in the foster care file were placed outside of the state of Ohio. The following table reflects the placement types of these children:

Placement Type	Count of Children
Adoptive Placement	116*
Certified/Approved Non-Relative	5
Certified/Approved Relative	129
Children's Residential Center	118
Foster Home	49*
Group Home	2
Licensed Medical/Educational Facility	4

These numbers include relatives who are approved to adopt or are certified foster parents.

The above numbers demonstrate that the multiple recruitment methods used at the state and local level has resulted in 116 adoptive placements and 129 placements with Certified/Approved

Relatives. For 125 of Ohio's children, the most appropriate placement setting was in a Children's Residential Center, Group Home, or Licensed Medical/Educational Facility in another state who could meet their specialized treatment needs. ODJFS reached out to several agencies who have utilized out-of-state placement settings to gather more information about the types of needs and services that required placement of youth outside of Ohio. The most common presenting concerns included adolescents with diagnosed personality disorders with extreme self-injurious behaviors, older youth with developmental disorders exhibiting aggressive behaviors, youth demonstrating conduct disorder behaviors posing significant threats to community safety, and youth demonstrating sexually aggressive behaviors. These youth were placed in secure facilities with a range of therapeutic interventions tailored to the specific needs of these populations. ODJFS continues to meet with the Ohio Association of Child Caring Agencies in an effort to develop programming to meet the specialized service needs of our youth.

Summary of Item

Policies are in place that require public and private agencies to actively recruit applicants as foster caregivers and/or adoptive caregivers. A monitoring system is in place to review agencies' recruitment plans and also whether child-specific recruitment efforts are being made. There is strong collaboration with public and private agencies to work on statewide recruitment initiatives. Multiple strategies are used to recruit applicants and increase public awareness of the need for foster and adoptive homes at both the state and local levels.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.
>
> Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

In the State of Ohio, the Interstate Compact on the Placement of Children (ICPC) is decentralized. This means that each county PCSA is its own ICPC office, and the ODJFS office handles non-PCSA cases. OAC 5101:2-52-04 requires each agency to:

- Submit two packets containing the results of the home assessment to the compact or deputy compact administrator of the sending state within sixty days from the date in which the PCSA received the request. Each packet shall contain the following information:
    - The home assessment narrative.
    - A written statement that assures:
        - The prospective caregivers were provided all available information about the child.
        - The agency's recommendation of the approval or denial of the placement resource is based on the caregivers' ability and willingness to care for the specific child proposed for placement.
        - A signed 100A form from the sending state or territory, equivalent to the JFS 01661, approving or denying the placement of the child.
        - All required attachments to the narrative in accordance with the rule for the type of home that is the subject of the assessment, such as copies of criminal background checks, references, etc.

If an initial home assessment cannot be completed and a recommendation made within sixty days, the PCSA sends a written notice of the delay to the compact or deputy compact administrator of the sending state or territory prior to the expiration of the sixty day period.

In FFY 2015, Ohio submitted a total of 692 home study requests to other states. Compared to FFY 2014, that is an increase of 19 (3%) requests to other states. The primary reason for requests was completion of a relative or parent home study. The top states Ohio sends referrals to are Kentucky, Florida, West Virginia and Indiana.

A total of 625 incoming home study requests were received from other states in FFY 2015. This is a decrease of 64 (10%) from the previous federal fiscal year. The majority of interstate requests made to Ohio by other states continue to be for parent and relative home studies. The top states Ohio receives requests from are Kentucky, Pennsylvania, Indiana, Georgia, Florida, and Michigan.

The following table presents information by Quarter on the type and number of incoming home study requests received and the type and number of outgoing home studies requested.

	Quarter 1 October 1, 2014 – December 31, 2014				**Quarter 2 January 1 2015 – March 31, 2015**				**Quarter 3 April 1, 2015 – June 30, 2015**				**Quarter 4 July 1, 2015 – September 30, 2015**			
	Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Parent	32	19%	30	22%	37	27%	28	14%	49	33%	52	28%	37	22%	24	14%
Relative	69	41%	59	43%	42	30%	96	50%	51	34%	71	38%	76	45%	92	53%
Public Adoption	19	11%	11	8%	14	10%	16	8%	13	9%	23	12%	18	11%	21	12%
Private Adoption	28	17%	27	19%	32	23%	31	16%	23	15%	23	12%	21	12%	20	12%
Foster	20	12%	11	8%	14	10%	23	12%	13	9%	17	9%	17	10%	16	9%
Non ICPC Study Requests	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%
Total	**168**	**100%**	**138**	**100%**	**139**	**100%**	**194**	**100%**	**149**	**100%**	**187**	**100%**	**169**	**100%**	**173**	**100%**

To assess compliance with P.L. 109-239, requirements for completion of home studies requested/received from another State within 60 days, the following data was analyzed:

Time Frame	Quarter 1 October 1, 2014 – December 31, 2014	Quarter 2 January 1 2015 – March 31, 2015	Quarter 3 April 1, 2015 – June 30, 2015	Quarter 4 July 1, 2015 – September 30, 2015
% of studies done in 30 days	11%	12%	14%	20%
% of studies done in 60 days	12%	13%	12%	14%
Total % completed in under 60 days	23%	25%	26%	34%

Compared to last year's figures, these percentages are lower (average for each year: 28.75 percent to 27 percent.) The data is gathered from the SACWIS system and the "Date Home Study narrative sent" field is user-entered. A limitation of the data is that the user often enters the date when the entire home study is completed and approved as opposed to the completion date of the home study narrative which is necessary to show compliance with timeframes. This error would result in the data reflecting lower than actual compliance rates. ODJFS hosts quarterly meetings with local county ICPC staff and will continue to provide technical assistance to address this issue in order to improve data entry. In addition, ODJFS is seeking ways to expand county participation in these quarterly meetings.

The State of Ohio Deputy Compact Administrator held ICPC trainings in five locations across the state between September 5, 2015 and October 17, 2016. Counties from the regions were invited to attend the trainings, but were also offered to attend other training locations if they could not attend in their region. ODJFS also provided official guidance in the form of a procedure letter dated August 17, 2016 on entering ICPC data into SACWIS. The letter states:

"This letter provides guidance to Public Children Services Agencies (PCSAs) regarding entering data for cases involving the Interstate Compact on the Placement of Children (ICPC) in the Statewide Automated Child Welfare Information System (SACWIS.) In order to maintain compliance with Administrative Code (OAC) rules 5101:2-33-23, 5101:2-33-70, and 5101:2-52-04, and provide accurate data for federal reporting, all available information for cases involving ICPC must be entered into SACWIS.

When there is an existing case for which the PCSA has sent an ICPC request to another state, an ICPC record must be created on the existing case. When a PCSA receives an ICPC request from another state, the PCSA is responsible for creating an ICPC case and then creating the ICPC record on that case, or linking an intake to an already existing ICPC case and creating a new ICPC record on that case. The PCSA is responsible for completing every field on the ICPC record for which information is available.

The data that must be entered includes entering the date the home study narrative was sent to the requesting state in the appropriate date field on the ICPC record and entering the date of final approval or denial. These date fields can be found on the "Request Info" tab of the ICPC record. This information is necessary to show compliance with PL 109-239, which requires the narrative portion of the home study be sent to the requesting state within 60 days."

Summary of Item

ODJFS uses the data available in SACWIS to monitor the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placement for waiting children statewide. Ohio is one of three decentralized states with regard to the ICPC. When an agency either needs to initiate a request to another state or receives one from another state, the agency enters certain data into the SACWIS system. The data above indicates that agencies are considering and following through on making requests when placement resources are located out of state. As indicated above, in FFY 2015, there was an increase of 3 percent in Ohio's out of state requests. Ohio experienced a decrease of 10 percent with regards to incoming requests, bringing the totals back down to FFY 2013 levels. The overall percentage of all home studies completed by Ohio within 60 days for FFY 2015 is 27 percent. One barrier identified with the data is that the user may be entering the date the entire home study was approved as opposed to the date the home study narrative was submitted, which is the date that is needed to accurately calculate compliance with timeframes. The ODJFS State ICPC office holds quarterly meetings with the local county offices, has held regional trainings this past year, and provides regular technical assistance to address these issues and will continue to address this with the counties in order to improve upon the entry and quality of this data to support ongoing monitoring of statewide improvement.

APPENDIX A

Family Team Meeting Information for Ongoing and Ongoing AR Cases Open 10/01/2014-6/20/2016					
Agency Name	Open Ongoing or Ongoing AR Cases	Counts with FTM in Case Episode	Counts with an Initial Planning FTM in Episode	Counts with Parent or Custodian Attending Initial Planning FTM	Percent of Initial Planning FTM with a Parent/Custodian in Attendance
Adams County Children Services Board	152	0	0	0	N/A
Allen County Children Services Board	548	2	2	1	50.00%
Allen County Juvenile Court	1	0	2	0	N/A
Ashland County Department of Job and Family Services	126	1	0	0	N/A
Ashtabula County Children Services Board	305	150	113	62	54.87%
Athens County Children Services Board	209	42	0	0	N/A
Auglaize County Department of Job and Family Services	64	0	0	0	N/A
Belmont County Department of Job and Family Services	149	79	77	53	68.83%
Belmont County Juvenile Court	1	1	1	1	100.00%
Brown County Department of Job and Family Services	196	0	0	0	N/A
Butler County Children Services	951	178	9	9	100.00%
Carroll County Department of Job and Family Services	39	0	0	0	N/A
Champaign County Department of Job and Family Services	80	2	2	0	0.00%
Clark County Department of Job and Family Services	423	140	117	73	62.39%
Clark County Juvenile Court	2	0	0	0	N/A
Clermont County Department of Job and Family Services	453	32	0	0	N/A
Clermont County Juvenile Court	4	0	0	0	N/A
Clinton County Job and Family Services- Child Protection Unit	160	1	1	1	100.00%
Columbiana County Department of Job and Family Services	286	1	1	0	0.00%
Coshocton County Job & Family Services	176	67	46	37	80.43%
Crawford County Department of Job and Family Services	233	177	168	122	72.62%
Cuyahoga County Division of Children and Family Services	7574	63	46	26	56.52%
Cuyahoga County Juvenile Court	5	0	0	0	N/A
Darke County Department of Job and Family Services	74	1	1	1	100.00%
Defiance County Department of Job and Family Services	72	0	0	0	N/A
Delaware County Department of Job and Family Services	150	0	0	0	N/A

Family Team Meeting Information for Ongoing and Ongoing AR Cases Open 10/01/2014-6/20/2016					
Agency Name	Open Ongoing or Ongoing AR Cases	Counts with FTM in Case Episode	Counts with an Initial Planning FTM in Episode	Counts with Parent or Custodian Attending Initial Planning FTM	Percent of Initial Planning FTM with a Parent/Custodian in Attendance
Erie County Department of Job and Family Services	246	1	0	0	N/A
Erie County Juvenile Court	1	0	0	0	N/A
Fairfield County Department of Job and Family Services	357	148	110	63	57.27%
Fairfield County Juvenile Court	3	0	0	0	N/A
Fayette County Department of Job and Family Services	112	0	0	0	N/A
Franklin County Children Services Board	6358	2042	739	472	63.87%
Fulton County Department of Job and Family Services	45	0	0	0	N/A
Gallia County Children Services Board	65	0	0	0	N/A
Geauga County Department of Job and Family Services	183	0	0	0	N/A
Greene County Department of Job & Family Services	470	300	237	174	73.42%
Guernsey County Children Services Board	130	3	0	0	N/A
Guernsey County Juvenile Court	1	0	0	0	N/A
Hamilton County Department of Job and Family Services	2651	421	127	91	71.65%
Hamilton County Juvenile Court	6	0	0	0	N/A
Hancock County Job and Family Services	96	0	0	0	N/A
Hardin County Department of Job and Family Services	128	41	34	18	52.94%
Hardin County Juvenile Court Agency	2	0	0	0	N/A
Harrison County Department of Job and Family Services	84	0	0	0	N/A
Harrison County Juvenile Court	1	0	0	0	N/A
Henry County Department of Job and Family Services	53	0	0	0	N/A
Highland County Job & Family Services- Children Services Division	217	77	55	30	54.55%
Hocking County Children Services Board	114	0	0	0	N/A
Holmes County Department of Job and Family Services	65	21	20	12	60.00%
Huron County Department of Job and Family Services	136	1	0	0	N/A
Jackson County Department of Job and Family Services	91	1	0	0	N/A
Jefferson County JFS- Children Services Division	191	3	0	0	N/A
Jefferson County Juvenile Court	4	0	0	0	N/A
Knox County Department of Job and Family Services	167	2	0	0	N/A
Lake County Department of Job and Family Services	361	0	0	0	N/A

Family Team Meeting Information for Ongoing and Ongoing AR Cases Open 10/01/2014-6/20/2016					
Agency Name	Open Ongoing or Ongoing AR Cases	Counts with FTM in Case Episode	Counts with an Initial Planning FTM in Episode	Counts with Parent or Custodian Attending Initial Planning FTM	Percent of Initial Planning FTM with a Parent/Custodian in Attendance
Lawrence County Department of Job and Family Services	107	0	0	0	N/A
Licking County Department of Job and Family Services	467	0	0	0	N/A
Logan County Children Services Board	187	0	0	0	N/A
Lorain County Children Services Board	794	510	430	246	57.21%
Lorain County Juvenile Court	4	1	1	0	0.00%
Lucas County Children Services	1444	13	2	2	100.00%
Madison County Department of Job and Family Services	105	1		0	N/A
Mahoning County Children Services Board	501	48	44	17	38.64%
Marion County Children Services Board	284	2	1	0	0.00%
Medina County Department of Job and Family Services	139	71	68	41	60.29%
Meigs County Department of Job and Family Services	168	0	0	0	N/A
Mercer County Department of Job and Family Services	106	0	0	0	N/A
Miami County Children Services Board	166	0	0	0	N/A
Miami County Juvenile Court	1	0	0	0	N/A
Monroe County Department of Job and Family Services	25	1	0	0	N/A
Montgomery County Job & Family Services	2531	114	9	3	33.33%
Montgomery County Juvenile Court	5	0	0	0	N/A
Morgan County Department of Job and Family Services	51	0	0	0	N/A
Morrow County Department of Job and Family Services	63	0	0	0	N/A
Multi-County Juvenile Attention System	1	0	0	0	N/A
Muskingum County Children Services Board	421	248	248	174	70.16%
Noble County Department of Job and Family Services	33	0	0	0	N/A
Ottawa County Department of Job and Family Services	55	0	0	0	N/A
Ottawa County Juvenile Court	1	0	0	0	N/A
Paulding County Department of Job and Family Services	36	0	0	0	N/A
Perry County Children Services Board	136	0	0	0	N/A
Pickaway County Department of Job and Family Services	93	1	0	0	N/A
Pike County Children Services Board	114	0	0	0	N/A

Family Team Meeting Information for Ongoing and Ongoing AR Cases Open 10/01/2014-6/20/2016					
Agency Name	Open Ongoing or Ongoing AR Cases	Counts with FTM in Case Episode	Counts with an Initial Planning FTM in Episode	Counts with Parent or Custodian Attending Initial Planning FTM	Percent of Initial Planning FTM with a Parent/Custodian in Attendance
Portage County Department of Job and Family Services	394	258	220	166	75.45%
Preble County Department of Job and Family Services	169	3	0	0	N/A
Putnam County Department of Job and Family Services	39	0	0	0	N/A
Richland County Children Services Board	843	525	371	232	62.53%
Ross County Job and Family Services, Children's Division	392	0	0	0	N/A
Ross County Juvenile Court	1	0	0	0	N/A
Sandusky County Department of Job and Family Services	163	1	0	0	N/A
Scioto County Children Services Board	206	1	1	0	0.00%
Seneca County Department of Job and Family Services	52	0	0	0	N/A
Shelby County Department of Job and Family Services	114	0	0	0	N/A
Stark County Job and Family Services	773	386	328	254	77.44%
Summit County Children Services	1672	764	442	324	73.30%
Trumbull County Children Services Board	499	175	0	0	N/A
Tuscarawas County Job and Family Services	164	176	0	0	N/A
Union County Department of Job and Family Services	120	0	0	0	N/A
Van Wert County Department of Job and Family Services	42	0	0	0	N/A
Vinton County Department of Job and Family Services	120	0	0	0	N/A
Warren County Children Services	327	0	0	0	N/A
Warren County Juvenile Court	2	0	0	0	N/A
Washington County Children Services Board	135	0	0	0	N/A
Wayne County Children Services Board	316	176	126	73	57.94%
Williams County Department of Job and Family Services	94	0	0	0	N/A
Wood County Dept. JFS	141	0	0	0	N/A
Wyandot County Department of Job and Family Services	22	0	0	0	N/A

APPENDIX B

Case Plans Approved October 1, 2014-June 20,2016					
AGENCY NAME	CASE PLANS	BIO MOM ON SIGNATURE PAGE	% CASE PLAN WITH BIO MOM ON SIGNATURE PAGE	BIO MOM ON SIGNATURE PAGE AND PARTICIPATION FLAG SELECTED	% OF Case Plans WITH BIO MOM ON SIGNATURE PAGE WHERE PARTICIPATION FLAG IS RECORDED AS 'YES'
Adams County Children Services Board	378	100	26.46%	80	80.00%
Allen County Children Services Board	1455	794	54.57%	646	81.36%
Allen County Juvenile Court	2	0	0.00%	0	N/A
Ashland County Department of Job and Family Services	286	118	41.26%	88	74.58%
Ashtabula County Children Services Board	738	383	51.90%	103	26.89%
Ashtabula County Juvenile Court	28	1	3.57%	0	0.00%
Athens County Children Services Board	758	393	51.85%	300	76.34%
Auglaize County Department of Job and Family Services	129	70	54.26%	58	82.86%
Belmont County Department of Job and Family Services	313	149	47.60%	125	83.89%
Belmont County Juvenile Court	24	9	37.50%	9	100.00%
Brown County Department of Job and Family Services	515	241	46.80%	205	85.06%
Butler County Children Services	2564	1474	57.49%	1119	75.92%
Carroll County Department of Job and Family Services	85	37	43.53%	34	91.89%
Champaign County Department of Job and Family Services	175	60	34.29%	57	95.00%
Clark County Department of Job and Family Services	1030	335	32.52%	275	82.09%

Case Plans Approved October 1, 2014-June 20,2016					
AGENCY NAME	**CASE PLANS**	**BIO MOM ON SIGNATURE PAGE**	**% CASE PLAN WITH BIO MOM ON SIGNATURE PAGE**	**BIO MOM ON SIGNATURE PAGE AND PARTICIPATION FLAG SELECTED**	**% OF Case Plans WITH BIO MOM ON SIGNATURE PAGE WHERE PARTICIPATION FLAG IS RECORDED AS 'YES'**
Clermont County Department of Job and Family Services	1304	180	13.80%	150	83.33%
Clinton County Job and Family Services- Child Protection Unit	607	382	62.93%	350	91.62%
Columbiana County Department of Job and Family Services	729	379	51.99%	192	50.66%
Coshocton County Job & Family Services	393	193	49.11%	160	82.90%
Crawford County Department of Job and Family Services	533	418	78.42%	364	87.08%
Cuyahoga County Division of Children and Family Services	16583	5924	35.72%	4846	81.80%
Cuyahoga County Juvenile Court	1	1	100.00%	1	100.00%
Darke County Department of Job and Family Services	159	87	54.72%	62	71.26%
Defiance County Department of Job and Family Services	162	60	37.04%	53	88.33%
Delaware County Department of Job and Family Services	351	85	24.22%	77	90.59%
Erie County Department of Job and Family Services	598	419	70.07%	292	69.69%
Fairfield County Department of Job and Family Services	995	327	32.86%	289	88.38%
Fairfield County Juvenile Court	18	5	27.78%	5	100.00%
Fayette County Department of Job and Family Services	209	61	29.19%	56	91.80%
Franklin County Children Services - NYAP	2236	950	42.49%	591	62.21%

Case Plans Approved October 1, 2014-June 20,2016					
AGENCY NAME	**CASE PLANS**	**BIO MOM ON SIGNATURE PAGE**	**% CASE PLAN WITH BIO MOM ON SIGNATURE PAGE**	**BIO MOM ON SIGNATURE PAGE AND PARTICIPATION FLAG SELECTED**	**% OF Case Plans WITH BIO MOM ON SIGNATURE PAGE WHERE PARTICIPATION FLAG IS RECORDED AS 'YES'**
Franklin County Children Services - PFSN	2806	1840	65.57%	1468	79.78%
Franklin County Children Services Board	11271	3283	29.13%	2453	74.72%
Fulton County Department of Job and Family Services	107	64	59.81%	63	98.44%
Gallia County Children Services Board	127	25	19.69%	20	80.00%
Geauga County Department of Job and Family Services	500	96	19.20%	82	85.42%
Greene County Department of Job & Family Services	1240	669	53.95%	475	71.00%
Guernsey County Children Services Board	324	66	20.37%	57	86.36%
Guernsey County Juvenile Court	4	1	25.00%	1	100.00%
Hamilton County Department of Job and Family Services	7611	4506	59.20%	3594	79.76%
Hamilton County Juvenile Court	7	3	42.86%	3	100.00%
Hancock County Job and Family Services	283	56	19.79%	42	75.00%
Hardin County Department of Job and Family Services	249	104	41.77%	82	78.85%
Hardin County Juvenile Court Agency	1		0.00%	0	N/A
Harrison County Department of Job and Family Services	169	50	29.59%	46	92.00%
Harrison County Juvenile Court	1	1	100.00%	1	100.00%
Henry County Department of Job and Family Services	142	59	41.55%	55	93.22%

Case Plans Approved October 1, 2014-June 20,2016					
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Highland County Job & Family Services- Children Services Division	659	497	75.42%	94	18.91%
Hocking County Children Services Board	276	79	28.62%	75	94.94%
Holmes County Department of Job and Family Services	198	61	30.81%	55	90.16%
Huron County Department of Job and Family Services	297	109	36.70%	98	89.91%
Jackson County Department of Job and Family Services	159	52	32.70%	46	88.46%
Jefferson County JFS-Children Services Division	334	141	42.22%	139	98.58%
Jefferson County Juvenile Court	2	1	50.00%	1	100.00%
Knox County Department of Job and Family Services	302	121	40.07%	108	89.26%
Lake County Department of Job and Family Services	926	602	65.01%	475	78.90%
Lawrence County Department of Job and Family Services	161	82	50.93%	80	97.56%
Licking County Department of Job and Family Services	973	358	36.79%	273	76.26%
Logan County Children Services Board	486	310	63.79%	221	71.29%
Logan County Family Court	1	1	100.00%	1	100.00%
Lorain County Children Services Board	1719	218	12.68%	167	76.61%
Lorain County Juvenile Court	5	4	80.00%	4	100.00%
Lucas County Children Services	3904	2444	62.60%	2003	81.96%

Case Plans Approved October 1, 2014-June 20,2016					
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Madison County Department of Job and Family Services	180	76	42.22%	70	92.11%
Mahoning County Children Services Board	1175	435	37.02%	375	86.21%
Marion County Children Services Board	671	376	56.04%	243	64.63%
Medina County Department of Job and Family Services	351	12	3.42%	11	91.67%
Meigs County Department of Job and Family Services	258	159	61.63%	128	80.50%
Meigs County Juvenile Court	5	2	40.00%	2	100.00%
Mercer County Department of Job and Family Services	261	150	57.47%	110	73.33%
Miami County Children Services Board	397	165	41.56%	154	93.33%
Miami County Juvenile Court	8	2	25.00%	2	100.00%
Monroe County Department of Job and Family Services	41	11	26.83%	10	90.91%
Monroe County Juvenile Court	3	1	33.33%	1	100.00%
Montgomery County Job & Family Services	5975	2219	37.14%	1877	84.59%
Montgomery County Juvenile Court	24	14	58.33%	14	100.00%
Morgan County Department of Job and Family Services	94	38	40.43%	34	89.47%
Morrow County Department of Job and Family Services	179	134	74.86%	119	88.81%
Multi-County Juvenile Attention System	26	0	0.00%	0	N/A

Case Plans Approved October 1, 2014-June 20,2016					
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Muskingum County Children Services Board	885	246	27.80%	211	85.77%
Muskingum County Juvenile Court	4	0	0.00%	0	N/A
Noble County Department of Job and Family Services	71	12	16.90%	11	91.67%
Ottawa County Department of Job and Family Services	121	28	23.14%	20	71.43%
Ottawa County Juvenile Court	1	1	100.00%	1	100.00%
Paulding County Department of Job and Family Services	58	28	48.28%	25	89.29%
Perry County Children Services Board	295	170	57.63%	150	88.24%
Pickaway County Department of Job and Family Services	225	54	24.00%	48	88.89%
Pike County Children Services Board	276	24	8.70%	22	91.67%
Portage County Department of Job and Family Services	801	547	68.29%	462	84.46%
Preble County Department of Job and Family Services	381	238	62.47%	216	90.76%
Putnam County Department of Job and Family Services	79	31	39.24%	28	90.32%
Richland County Children Services Board	1981	450	22.72%	376	83.56%
Ross County Job and Family Services, Children's Division	708	79	11.16%	56	70.89%
Ross County Juvenile Court	7	0	0.00%	155	N/A
Sandusky County Department of Job and Family Services	419	188	44.87%	155	82.45%

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Scioto County Children Services Board	509	183	35.95%	101	55.19%
Seneca County Department of Job and Family Services	180	135	75.00%	131	97.04%
Shelby County Department of Job and Family Services	325	137	42.15%	101	73.72%
Stark County Job and Family Services	2168	1140	52.58%	994	87.19%
Summit County Children Services	4127	1998	48.41%	1561	78.13%
Summit County Juvenile Court	14	4	28.57%	4	100.00%
Trumbull County Children Services Board	1393	263	18.88%	221	84.03%
Trumbull County Juvenile Court	4	0	0.00%	0	N/A
Tuscarawas County Job and Family Services	463	203	43.84%	175	86.21%
Union County Department of Job and Family Services	256	65	25.39%	52	80.00%
Van Wert County Department of Job and Family Services	117	54	46.15%	54	100.00%
Vinton County Department of Job and Family Services	158	29	18.35%	23	79.31%
Warren County Children Services	844	53	6.28%	51	96.23%
Warren County Juvenile Court	1	0	0.00%	0	N/A
Washington County Children Services Board	316	131	41.46%	107	81.68%
Wayne County Children Services Board	1047	651	62.18%	547	84.02%
Williams County Department of Job and Family Services	242	99	40.91%	94	94.95%

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Wood County Department of Job and Family Services	367	205	55.86%	186	90.73%
Wyandot County Department of Job and Family Services	43	19	44.19%	19	100.00%

Case Plans Approved October 1, 2014-June 20, 2016					
Agency Name	Case Plans	Bio-Dad, Alleged Dad, or Legal Father on Signature Page	% Case Plan with Bio-Dad, Legal Father, or Alleged Father on Signature Page	Bio-Dad, Alleged Dad, or Legal Father on Signature Page and Participation Flag Selected	% of Case Plans with Bio-Dad, Alleged Dad, or Legal Father on Signature Page where Participation Flag is Recorded as '"Yes"
Adams County Children Services Board	378	57	15.08%	43	75.44%
Allen County Children Services Board	1455	703	48.32%	510	72.55%
Allen County Juvenile Court	2	0	0.00%	0	
Ashland County Department of Job and Family Services	286	65	22.73%	50	76.92%
Ashtabula County Children Services Board	738	312	42.28%	75	24.04%
Ashtabula County Juvenile Court	28	2	7.14%	2	100.00%
Athens County Children Services Board	758	280	36.94%	197	70.36%
Auglaize County Department of Job and Family Services	129	44	34.11%	33	75.00%
Belmont County Department of Job and Family Services	313	101	32.27%	75	74.26%
Belmont County Juvenile Court	24	7	29.17%	4	57.14%
Brown County Department of Job and Family Services	515	122	23.69%	95	77.87%
Butler County Children Services	2564	1157	45.12%	755	65.25%
Carroll County Department of Job and Family Services	85	18	21.18%	16	88.89%
Champaign County Department of Job and Family Services	175	30	17.14%	29	96.67%
Clark County Department of Job and Family Services	1030	207	20.10%	158	76.33%
Clermont County Department of Job and Family Services	1304	136	10.43%	114	83.82%
Clinton County Job and Family Services- Child Protection Unit	607	313	51.57%	268	85.62%

Case Plans Approved October 1, 2014-June 20, 2016					
Agency Name	Case Plans	Bio-Dad, Alleged Dad, or Legal Father on Signature Page	% Case Plan with Bio-Dad, Legal Father, or Alleged Father on Signature Page	Bio-Dad, Alleged Dad, or Legal Father on Signature Page and Participation Flag Selected	% of Case Plans with Bio-Dad, Alleged Dad, or Legal Father on Signature Page where Participation Flag is Recorded as '"Yes"
Columbiana County Department of Job and Family Services	729	296	40.60%	141	47.64%
Coshocton County Job & Family Services	393	132	33.59%	113	85.61%
Crawford County Department of Job and Family Services	533	376	70.54%	311	82.71%
Cuyahoga County Division of Children and Family Services	16583	2956	17.83%	1818	61.50%
Cuyahoga County Juvenile Court	1	0	0.00%	0	0.00%
Darke County Department of Job and Family Services	159	51	32.08%	34	66.67%
Defiance County Department of Job and Family Services	162	26	16.05%	23	88.46%
Delaware County Department of Job and Family Services	351	64	18.23%	57	89.06%
Erie County Department of Job and Family Services	598	369	61.71%	228	61.79%
Fairfield County Department of Job and Family Services	995	210	21.11%	184	87.62%
Fairfield County Juvenile Court	18	2	11.11%	2	100.00%
Fayette County Department of Job and Family Services	209	22	10.53%	20	90.91%
Franklin County Children Services - NYAP	2236	762	34.08%	327	42.91%
Franklin County Children Services - PFSN	2806	1537	54.78%	894	58.17%
Franklin County Children Services Board	11271	1975	17.52%	1015	51.39%
Fulton County Department of Job and Family Services	107	54	50.47%	49	90.74%
Gallia County Children Services Board	127	9	7.09%	7	77.78%
Geauga County Department of Job and Family Services	500	75	15.00%	62	82.67%

Case Plans Approved October 1, 2014-June 20, 2016					
Agency Name	Case Plans	Bio-Dad, Alleged Dad, or Legal Father on Signature Page	% Case Plan with Bio-Dad, Legal Father, or Alleged Father on Signature Page	Bio-Dad, Alleged Dad, or Legal Father on Signature Page and Participation Flag Selected	% of Case Plans with Bio-Dad, Alleged Dad, or Legal Father on Signature Page where Participation Flag is Recorded as '"Yes"
Greene County Department of Job & Family Services	1240	407	32.82%	275	67.57%
Guernsey County Children Services Board	324	27	8.33%	25	92.59%
Guernsey County Juvenile Court	4	0	0.00%	0	
Hamilton County Department of Job and Family Services	7611	2804	36.84%	1789	63.80%
Hamilton County Juvenile Court	7	1	14.29%	1	100.00%
Hancock County Job and Family Services	283	37	13.07%	24	64.86%
Hardin County Department of Job and Family Services	249	55	22.09%	32	58.18%
Hardin County Juvenile Court Agency	1	0	0.00%	0	
Harrison County Department of Job and Family Services	169	43	25.44%	34	79.07%
Harrison County Juvenile Court	1	0	0.00%	0	
Henry County Department of Job and Family Services	142	31	21.83%	27	87.10%
Highland County Job & Family Services- Children Services Division	659	462	70.11%	70	15.15%
Hocking County Children Services Board	276	44	15.94%	41	93.18%
Holmes County Department of Job and Family Services	198	36	18.18%	33	91.67%
Huron County Department of Job and Family Services	297	61	20.54%	56	91.80%
Jackson County Department of Job and Family Services	159	38	23.90%	31	81.58%
Jefferson County JFS-Children Services Division	334	62	18.56%	60	96.77%
Jefferson County Juvenile Court	2		0.00%	0	

Case Plans Approved October 1, 2014-June 20, 2016					
Agency Name	Case Plans	Bio-Dad, Alleged Dad, or Legal Father on Signature Page	% Case Plan with Bio-Dad, Legal Father, or Alleged Father on Signature Page	Bio-Dad, Alleged Dad, or Legal Father on Signature Page and Participation Flag Selected	% of Case Plans with Bio-Dad, Alleged Dad, or Legal Father on Signature Page where Participation Flag is Recorded as '"Yes"
Knox County Department of Job and Family Services	302	73	24.17%	67	91.78%
Lake County Department of Job and Family Services	926	532	57.45%	376	70.68%
Lawrence County Department of Job and Family Services	161	42	26.09%	41	97.62%
Licking County Department of Job and Family Services	973	292	30.01%	199	68.15%
Logan County Children Services Board	486	209	43.00%	150	71.77%
Logan County Family Court	1		0.00%	0	
Lorain County Children Services Board	1719	160	9.31%	98	61.25%
Lorain County Juvenile Court	5	2	40.00%	2	100.00%
Lucas County Children Services	3904	1577	40.39%	1118	70.89%
Madison County Department of Job and Family Services	180	18	10.00%	15	83.33%
Mahoning County Children Services Board	1175	140	11.91%	126	90.00%
Marion County Children Services Board	671	223	33.23%	117	52.47%
Medina County Department of Job and Family Services	351	6	1.71%	6	100.00%
Meigs County Department of Job and Family Services	258	75	29.07%	58	77.33%
Meigs County Juvenile Court	5	1	20.00%	1	100.00%
Mercer County Department of Job and Family Services	261	105	40.23%	62	59.05%
Miami County Children Services Board	397	115	28.97%	105	91.30%
Miami County Juvenile Court	8	2	25.00%	2	100.00%
Monroe County Department of Job and Family Services	41	10	24.39%	9	90.00%
Monroe County Juvenile Court	3	1	33.33%	1	100.00%
Montgomery County Job & Family Services	5975	922	15.43%	780	84.60%

Case Plans Approved October 1, 2014-June 20, 2016					
Agency Name	Case Plans	Bio-Dad, Alleged Dad, or Legal Father on Signature Page	% Case Plan with Bio-Dad, Legal Father, or Alleged Father on Signature Page	Bio-Dad, Alleged Dad, or Legal Father on Signature Page and Participation Flag Selected	% of Case Plans with Bio-Dad, Alleged Dad, or Legal Father on Signature Page where Participation Flag is Recorded as '"Yes"
Montgomery County Juvenile Court	24	0	0.00%	0	
Morgan County Department of Job and Family Services	94	22	23.40%	22	100.00%
Morrow County Department of Job and Family Services	179	110	61.45%	89	80.91%
Multi-County Juvenile Attention System	26		0.00%	0	
Muskingum County Children Services Board	885	154	17.40%	133	86.36%
Muskingum County Juvenile Court	4	0	0.00%	0	
Noble County Department of Job and Family Services	71	7	9.86%	6	85.71%
Ottawa County Department of Job and Family Services	121	21	17.36%	16	76.19%
Ottawa County Juvenile Court	1	0	0.00%	0	
Paulding County Department of Job and Family Services	58	15	25.86%	13	86.67%
Perry County Children Services Board	295	97	32.88%	88	90.72%
Pickaway County Department of Job and Family Services	225	31	13.78%	28	90.32%
Pike County Children Services Board	276	16	5.80%	14	87.50%
Portage County Department of Job and Family Services	801	492	61.42%	349	70.93%
Preble County Department of Job and Family Services	381	169	44.36%	145	85.80%
Putnam County Department of Job and Family Services	79	16	20.25%	15	93.75%
Richland County Children Services Board	1981	229	11.56%	189	82.53%
Ross County Job and Family Services, Children's Division	708	63	8.90%	40	63.49%
Ross County Juvenile Court	7	0	0.00%	0	

Case Plans Approved October 1, 2014-June 20, 2016					
Agency Name	Case Plans	Bio-Dad, Alleged Dad, or Legal Father on Signature Page	% Case Plan with Bio-Dad, Legal Father, or Alleged Father on Signature Page	Bio-Dad, Alleged Dad, or Legal Father on Signature Page and Participation Flag Selected	% of Case Plans with Bio-Dad, Alleged Dad, or Legal Father on Signature Page where Participation Flag is Recorded as '"Yes"
Sandusky County Department of Job and Family Services	419	138	32.94%	104	75.36%
Scioto County Children Services Board	509	113	22.20%	61	53.98%
Seneca County Department of Job and Family Services	180	122	67.78%	113	92.62%
Shelby County Department of Job and Family Services	325	122	37.54%	89	72.95%
Stark County Job and Family Services	2168	889	41.01%	700	78.74%
Summit County Children Services	4127	1580	38.28%	1011	63.99%
Summit County Juvenile Court	14	0	0.00%	0	
Trumbull County Children Services Board	1393	195	14.00%	140	71.79%
Trumbull County Juvenile Court	4	0	0.00%	0	
Tuscarawas County Job and Family Services	463	152	32.83%	123	80.92%
Union County Department of Job and Family Services	256	35	13.67%	26	74.29%
Van Wert County Department of Job and Family Services	117	40	34.19%	40	100.00%
Vinton County Department of Job and Family Services	158	11	6.96%	7	63.64%
Warren County Children Services	844	38	4.50%	34	89.47%
Warren County Juvenile Court	1	0	0.00%	0	
Washington County Children Services Board	316	79	25.00%	66	83.54%
Wayne County Children Services Board	1047	492	46.99%	382	77.64%
Williams County Department of Job and Family Services	242	70	28.93%	67	95.71%
Wood County Dept. JFS	367	119	32.43%	106	89.08%
Wyandot County Department of Job and Family Services	43	13	30.23%	13	100.00%