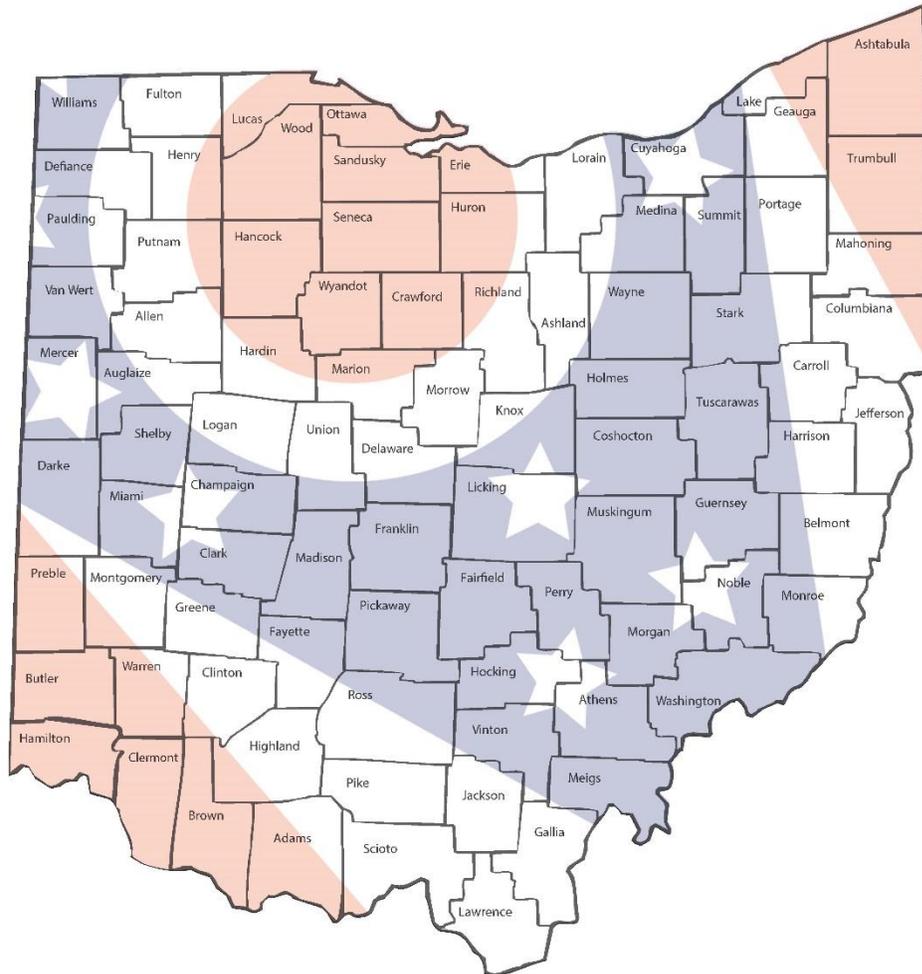


Appendix E

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



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

June 2017

Child Abuse Prevention and Treatment Act (CAPTA)

Introduction

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

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

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

Changes to State Law

Ohio has not enacted any statutory changes that would affect CAPTA program eligibility since the last update was submitted in 2016.

Significant Changes to the Previously Approved CAPTA Plan

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

CAPTA Update

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

1. Improving the intake, assessment, screening and investigation of reports of child abuse and neglect.
2. Improving case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
3. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols, including the use of differential response.
4. Developing, strengthening, and facilitating training including:
 - a. Training regarding evidence-based strategies, including the use of differential response,

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

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

Screening Update

In January 2015 a workgroup was formed and began meeting to address screening and pathway assignment practices. Since the inception of the workgroup, current members of the workgroup continue to include fifteen Public Children Services Agency (PCSA) staff representing all Ohio County population sizes (small, small-medium, medium, large, metro and major metro); Office of Family and Children (OFC) policy, Child Protection Oversight and Evaluation (CPOE) Technical Assistance, Foster Care Licensing, and SACWIS staff; and one member representing The Institute for Human Services (IHS)/Ohio Child Welfare Training Program (OCWTP). PCSA representation includes both line staff and management. In total there are 25 workgroup members.

Since the last reporting period, in-person workgroup meetings have taken place on: July 28, 2016; August 31, 2016; September 28, 2016; October 27, 2016, March 6, 2017; and April 24, 2017. GoTo meetings were held on November 21, 2016 and December 15, 2016. There is an agenda for the workgroup meetings and meetings are followed up by meeting minutes.

During the course of the aforementioned workgroup meetings, the workgroup completed Neglect, Physical Abuse, Sexual Abuse, Domestic Violence, Out of Home Care, Dependency, Family In Need of Services (FINS), and Information and Referral (I&R) categories which have been implemented into the draft screening guidelines document. The workgroup reviewed, provided feedback and finalized

screening guideline categories from the three smaller work teams pertaining to Neglect, Physical Abuse, Sexual Abuse, Domestic Violence, and Dependency. The large workgroup reviewed and finalized draft screening categories for Out of Home Care, FINS, and I&R classifications. Devising a separate category for Domestic Violence and Out of Home Care is one structural enhancement to the existing CAPMIS screening guidelines.

Other enhancements made to the existing Screening Guidelines include:

- A section after the screening categories dedicated to Pathway Assignment providing screeners with guidance in determining the appropriate pathway, Alternative Response or Traditional Response, for screened in reports of child abuse and/or neglect. A flow chart related to pathway assignment was integrated within the Pathway Assignment section.
- An “introduction” was incorporated into the screening guidelines providing an overview of the screening process, identifying skills necessary for a screener, and providing direction to screeners on obtaining and documenting relevant information imperative to the screening decision.
- A Frequently Asked Questions (FAQ) section in order to provide screeners with additional guidance and assistance regarding situations they may encounter when taking a call and processing an intake report.
- Statutory regulations pertaining to the Human Trafficking and Comprehensive Addiction and Recovery Act (CARA) law.

The workgroup completed a draft CAPMIS Screening Guidelines document since the last reporting period. The draft document of the enhanced CAPMIS Screening Guidelines was submitted to ODJFS, Office of Families and Children (OFC) Senior Management staff and ODJFS Legal for initial review and feedback on May 3, 2017. Once the initial ODJFS-OFC review and feedback of the draft CAPMIS Screening Guidelines document is completed, the CAPMIS Screening Guidelines will be submitted for review to identified stakeholders.

It is this workgroup’s continued recommendation that the State screening guidelines be made interactive by populating SACWIS with screening questions and information specific to a screening category which would assist screeners when taking and documenting intake reports.

Training Update

Activities during this update period have primarily focused on setting a standard of expectation for existing and incoming Ohio Child Welfare Training Program trainers and the development of new practice and application focused CAPMIS trainings. The Ohio Child Welfare Steering Committee approved requiring all OCWTP trainers to attend the CAPMIS training of trainers (TOT). A process is under development to determine if any exceptions exist, if any trainer would require a more advanced knowledge of CAPMIS, and how to engage trainers in attending the CAPMIS TOT

. Two CAPMIS TOTs were held during the reporting period; one in June of 2016 and another in April of 2017.

Three enhanced CAPMIS trainings were to be developed to include case planning, case review and reunification assessment by June of 2017. Significant time has been spent in the development and review process for the case planning curriculum, handouts and activities. It is anticipated the case planning curriculum will be finalized by June 2017. As a result of the additional time spent in the review and development of the case planning curriculum, the case review and reunification assessment

curricula deadlines will be renegotiated during the next contract period. They will be due in the state fiscal year (SFY) 2019.

The casework practice work team has developed a workshop review process for all new workshop proposals received by the OCWTP. The team has reviewed six workshop proposals to encourage a cross walk of CAPMIS concepts into pertinent non-standardized trainings with a focus on issues such as substance abuse, mental health, domestic violence, etc. This process has presented opportunities for the regional training center coordinators to engage several trainers in discussions regarding how their training may be impacted by CAPMIS and encourage attendance in the CAPMIS TOT.

The casework practice work team has met seven times during the year to support the development and rollout of enhanced CAPMIS curricula, coaching and training. The casework practice work team will continue to focus on the development of ongoing activities for the implementation plan for rollout of the enhanced CAPMIS curricula and trainers to include:

- Recruitment of additional CAPMIS trainers and coaches.
- Development of strategies for marketing the enhanced CAPMIS curricula.
- Bi-Monthly guidance and learning opportunities via a trainer CAPMIS list serve to CAPMIS trainers.
- Bi-annual information sharing “Curriculum GAP Sessions.”
- Monitor trainers of standardized CAPMIS workshops.
- Monitor coaching activities.
- Identify and pilot creative opportunities to train/coach staff and supervisors on the standardized CAPMIS workshop content in small counties.
- Provide GAP sessions regarding CAPMIS tools.
- Establish a process for ensuring communication between trainer of GAP session (prior to the GAP) and trainer who provided CAPMIS training (if different), and after the GAP.
- Establish a process for ensuring communication between trainer of GAP session (prior to the GAP) and TAS or agency director to ensure the trainer is aware of any issues regarding current CAPMIS practice at agencies attending the GAP. Establish a process for follow up conversation, as needed, between the GAP trainer and the agency director and TAS.
- Work with trainers to implement CAPMIS knowledge and skill, to include assessment, safety planning and service planning, into non-standardized workshops as relevant.
- Communicate to PCSA Executive Directors, Supervisors and Administrators regarding the benefits of CAPMIS training.
- Explore the possibility of using E-Track to notify supervisors about resources for supporting CAPMIS practice (such as the benefits of team training) and to support transfer of learning.
- Explore ways to provide ongoing CAPMIS best practice updates to PCSAs.
- Identify which counties have in-house trainers and coaches and develop their knowledge specific to CAPMIS and other child protection best practice concepts by inviting them to the CAPMIS Training of Trainers (TOT) and providing existing resources.
- Identify advantages and disadvantages of a recommended post-core menu of learning interventions (e.g., recommended learnings for second year caseworkers; additional learning interventions to develop skill in topics taught in Core).
- Develop and implement marketing strategies to encourage agencies to support post-core skill building activities.

Objective 2: Improving Case Management, Including Ongoing Case Monitoring, and Delivery of Services and Treatment Provided to Children and their Families

Case Planning Tools Update

Following input from the Differential Response Leadership Council and development of the Family Case Plan, work began with the SACWIS team to discuss system needs and modification of existing functionality and reports. CPS program staff continue working with SACWIS staff on developing SACWIS functionality, business rules and reports to support the family case plan. Additionally, CPS program staff gathered feedback from PCSAs, Ohio Child Welfare CAMPIS trainers, and the University of Cincinnati on the case review and semi-annual administrative (SAR) tools. The case review was redesigned as a result of stakeholder input. The SACWIS functionality of the case review and SAR tools were separated within SACWIS. Joint application development and design sessions were held with SACWIS staff and CGI to enhance the reassessment of safety and the family's strengths, and needs as well as a review of service progress. Field guides and information icons were incorporated in the SACWIS screens to enhance resources and instructional information availability and frequency of utilization at the county level.

A six month phase in of cases will be utilized to incorporate the revised family case plan, case review and SAR tools upon release of the SACWIS functionality in the winter of 2017. SACWIS staff and CPS program staff conducted four webinars for PCSAs and ODJFS staff which introduced the revised tools and enhanced SACWIS functionality. A memo will be released to inform PCSAs and Title IV-E juvenile courts of the SACWIS functionality and business rules to allow each agency to plan for internal processes and caseload management structures to successfully streamline cases into the new tools during the six-month phase in timeline. SACWIS and CPS program staff will offer learning labs approximately four to six weeks prior to the release date of the SACWIS build. The learning labs will include a guided view of the new functionality as well as provide participants with an opportunity to practice utilizing the new functionality.

Ohio's Citizen Review Panel Program Update

During Calendar Year 2016, the State of Ohio continued to comply with the CAPTA requirement to maintain a minimum of three citizen review panels by contracting with the Stark County Juvenile Court Citizen Review Board (CRB); and collaborating with two existing statewide boards, the Statewide Child Fatality Review Advisory Committee (SCFRAC) and the Overcoming Hurdles in Ohio (OHIO) Youth Advisory Board (OHIO YAB).

In 2016, CASA coordinated and held quarterly Citizen Review Panel meetings with more than 100 community participants. This is the sixth year for this project and Panels have been held in 18 counties during that time. This year included a Panel in Miami County (a mostly rural county near Dayton), Clinton County (a very rural County near Cincinnati), Stark County (a mostly metropolitan County including Canton), and a fourth county to be held in early June. Attendees at the CRP meetings were invited by local juvenile court judges and were intended to represent a cross section of professionals and other individuals from the area with an interest in, and knowledge of, the foster care system. This included children services agency staffs, court personnel, CASA program staff and volunteers, school administrators, service providers, foster care parents and providers, local attorneys, and other interested parties.

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

1. How is the ESSA being implemented?

2. What are the goals and differences of emancipation vs. permanency?
3. Is the reasonable and prudent parent standard improving normalization for children in care?
4. What will the ODJFS Bridges project need to address?
5. What is leading to the opioid epidemic and how do we work with it?

The professionals who gathered together this past year to discuss items of interest surrounding Ohio's use of foster care were engaged and thoughtful. They responded receptively to comments made and discussed openly the strengths and weaknesses of the current system within which they all work.

Specific observations and recommendations to improve Ohio's child welfare system were sought through the Citizen Review Panels and included the following:

- The passing of ESSA is seen as potentially a positive change; however, more needs to be done to fully, consistently, and successfully implement it.
- Counties are looking forward to the implementation of ODJFS' project "Bridges," as passed by the Ohio legislature last year, to support 18 -21 year olds and recommend the potential services be available close to the youths' existing community when appropriate.
- Although the "reasonable and prudent parent standard" was adopted last year by House Bill 213 to help bring normalcy to the lives of youth in care, more education and sharing of ideas and practice needs to be given to local child care agencies.
- Recruitment of more foster homes continues to be a top priority, particularly in rural areas, and significant state and federal efforts in this area would be greatly appreciated.
- Create more placement options for youth that cannot be maintained in foster care placement.
- Work needs to continue in eliminating disincentives to kinship care such as government hurdles and financial burdens.
- Although more funding is always welcome, it is particularly frustrating when funding is eliminated from proven successful services that address acknowledged issues such as social workers in schools.
- A more comprehensive approach to drug addiction and services needs to be provided particularly in regards to the over use of prescription drugs with youth in care and the growing opioid epidemic.

Statewide Child Fatality Review Advisory Committee (SCFRAC) Update

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

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

suicides, homicides and child abuse deaths. The review process and analysis of the data results in the identification of risk factors and provides direction for prevention activities.

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

The following data summary is taken from the Ohio Child Fatality Review Sixteenth Annual Report issued September 30, 2016. There is a two-year delay in the data reported by the Committee due to confidentiality issues and policies that require resolution of criminal investigation before data can be sent to the SCFRAC.

Child Fatality Review Findings

2011-2015 Key Findings

For the five-year period 2011-2015, reviews were completed for 7,117 child deaths, which is 95 percent of the child deaths reported by the Ohio Bureau of Vital Statistics. Deaths that were not reviewed include cases still under investigation or involved in prosecution, out of state deaths reported too late for thorough review, and late-year deaths for which death certificates had not yet been processed through vital statistics offices.

Black children and boys of all races died at disproportionately higher rates than white children and girls of all races for most causes of death. Thirty-four percent (2,429) of deaths reviewed were to black children and 57 percent (4,076) were to boys of all races. Their representation in the general population is 17 percent for black children and 51 percent for boys of all races. Ninety-one percent of reviews were for non-Hispanic children.

Reviewed cases are categorized by manner and by cause of death. Manner of death is a classification of deaths based on the circumstances surrounding a cause of death and how the cause came about. The five manner of death categories on the Ohio death certificate are natural, accident, homicide, suicide, or undetermined/ pending/unknown.

- Natural deaths accounted for 71 percent of all deaths reviewed.
- Accidents (unintentional injuries) accounted for 14 percent of the deaths reviewed.
- Homicides accounted for 4 percent of the deaths reviewed.
- Suicides accounted for 4 percent of the deaths reviewed.
- Seven percent of the deaths reviewed were of an undetermined, pending, or unknown manner.

Sleep Related Reviews

Sixteen percent of the infant deaths reviewed were sleep-related.

- Eighty-nine percent of reviewed sleep-related deaths were for infants between 29 days and 1 year of age.
- Co-sleeping was reported at time of death for 53 percent of reviews.

- Second-hand smoke exposure was reported for 32 percent of reviews.
- Infants were put to sleep on their back in 40 percent of reviews.

Child Abuse and or Neglect Reviews

Two percent of the deaths reviewed were related to child abuse and/or neglect.

- Eighty-two percent of child abuse/neglect reviews were for children younger than 5 years of age.
- In 44 percent of the reviews, the perpetrator was a parent (biological, step or adoptive).

Reviews by Age Groups

Sixty-eight percent of the deaths reviewed were infants (birth-364 days old).

- Sixty-nine percent of reviews were for infants 28 days or younger.
- Eighty-three percent of reviews were due to medical causes.
- Sixty-three percent were born at or before 36 weeks of gestation.
- Twenty-two percent of mothers smoked during pregnancy.
- Eighty percent of deaths reviewed were deemed probably not preventable by local CFR teams.

Ten percent of the deaths reviewed were children 1-4 years old.

- Congenital anomalies (12 percent) and drowning (11 percent) were the two leading causes of death (excluding categories indicated as 'other').
- Thirty-seven percent of deaths reviewed were deemed probably preventable by local CFR teams.

Five percent of the deaths reviewed were children 5-9 years old.

- Cancer (17 percent) and vehicular injuries (14 percent) were the two leading causes of death (excluding categories indicated as 'other').
- Thirty percent of deaths reviewed were deemed probably preventable by local CFR teams.

Seven percent of the deaths reviewed were children 10-14 years old.

- Cancer (14 percent), asphyxia (13 percent), and vehicular injuries (13 percent) were the three leading causes of death (excluding categories indicated as 'other').
- Forty-one percent of deaths reviewed were deemed probably preventable.

Ten percent of the deaths reviewed were children 15-17 years old.

- Vehicular (24 percent) and weapons (23 percent) injuries were the two leading causes of death.
- Fifty-eight percent of deaths reviewed were deemed probably preventable.

Homicide Reviews

Four percent of the deaths reviewed were homicides.

- Sixty-three percent of homicide reviews were for males.
- Fifty-two percent of homicide reviews were for black children.
- Weapon use accounted for 82 percent of homicide reviews, most frequently through the use of a firearm (55 percent).
- Forty-four percent of homicide perpetrators were parents (biological, step or adoptive).

Suicide Reviews

Four percent of the deaths reviewed were suicides.

- Eighty-five percent of suicide reviews were for white children.
- Sixty-seven percent of suicide reviews were for males.
- Most frequently, asphyxia (63 percent) was the cause of death.

Accident Reviews

Fourteen percent of the deaths reviewed were accidents.

- Infants (32 percent) and children age 15-17 years (24 percent) had the highest incidence of accidents.
- Thirty-six percent of accident reviews were due to vehicular causes.

Medical Causes

Seventy-one percent of the deaths reviewed were due to medical causes.

- Most deaths due to medical causes (79 percent) were to infants less than 1 year of age.
- The most frequent medical cause of death was prematurity (45 percent).

External Causes

Twenty-three percent of deaths reviewed were due to external causes.

- Thirty-one percent of the external deaths reviewed were caused by asphyxia.
- Fifty-seven percent of asphyxia reviews were for infants.
- Twenty-two percent of the external deaths reviewed were caused by vehicular injuries.
- Forty-eight percent of vehicular reviews were for children 15-17 years old.
- Fourteen percent of bicycle, motorcycle, or ATV related deaths reported helmets were used properly.
- Twenty-one percent of external deaths reviewed were caused by weapon injuries.
- Forty-eight percent of weapon reviews were for children 15-17 years old.
- Seventy percent of weapon reviews were classified as homicide.
- Nine percent of the external deaths reviewed were caused by drowning.
- Forty-two percent of drowning reviews occurred in open water.
- Five percent of external deaths reviewed were caused by fires, burns, or electrocutions.
- Forty-six percent of reviews classified as fire had working smoking detectors.
- Four percent of external deaths reviewed were caused by poisoning.
- Fifty-eight percent of poisoning reviews indicated prescription drugs as the substance.

Preventability

Twenty-four percent (1,708) of all reviews conducted were deemed probably preventable by local CFR teams. As child age increases, the probability of a death being deemed preventable increases.

- Eighty-eight percent of accident reviews deemed probably preventable.
- Ninety percent of homicide reviews deemed probably preventable.

Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB)

Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people, age 14 – 24, who have experienced foster care. The organization has been in operation since July 2006. Their mission is to be the knowledgeable statewide voice that influences policies and practices that affect all youth who have or will experience out of home care. Ohio CASA continues to be

an active supporter of this group attending quarterly meetings, participating in other related events, and seeking the input and advice of these young adults when appropriate.

Citizen Review Panels (CRP) Planning Update

The Ohio Department of Job and Family Services, Office of Families and Children is preparing to officially launch three new Citizen Review Panels (CRP) effective July 1, 2017. With the launch, the existing Citizen Review Panels the Stark County Juvenile Court Citizen Review Board (CRB); the Statewide Child Fatality Review Advisory Committee (SCFRAC); and the Overcoming Hurdles in Ohio (OHIO) Youth Advisory Board (OHIO YAB) will no longer serve as CRPs.

The Ohio State University (OSU) project team has successfully developed three locally-based panels in Athens, Franklin and Hamilton counties. The panels are structured around the child protective services program outcomes related to permanency, safety and well-being respectively.

Project activities for the past fiscal year have concentrated on member recruitment, training, strategic planning and establishment of operational guidelines for the panels. New member orientation training was provided in a combined panel session on March 13, 2017. During breakout sessions at the training, panel members identified the key system issues to be addressed by their panels, as well as the SACWIS data elements they believe will be helpful in their analyses. The panels are focusing on the recruitment and retention of foster and kinship homes (permanency); the timing of supervisory training across the state (safety); and the timeliness to connection to behavioral health and educational services (well-being). Work to develop and provide the SACWIS data reports is in process.

Each panel held its individual strategic planning meeting in May. A combined panel meeting was held via teleconference on June 5, 2017 to develop the over-arching strategic plan for the program. Panels will begin their regular bi-monthly meeting schedules after July 1, 2017.

Ohio's proposal to present at the 16th national Citizen Review Panel Conference in Anchorage, Alaska was accepted. The workshop entitled, *Ohio CRP Redesign*, focused on the process undertaken in Ohio and included lessons learned throughout the course of creating the new panels. (Presented on May 11, 2017) Information on the specific orientation training curriculum that was developed, recruitment efforts, and the process for providing child welfare data to the panels was also shared.

State Response to Panel Recommendations

The recommendations made by the citizen review panels regarding expansion of services to youth to age 21 continues to be a priority of the OFC. Ohio's Fostering Connections legislation was signed into law by the Governor on June 13, 2016. The state has focused on program development to support this major recommendation since June 2016.

Program and Staff Development Update

CPS program staff continue to be responsible for: program and policy development; provision of technical assistance; legislative reviews; and serving as subject matter experts for numerous statewide initiatives and programs including, but not limited to, SACWIS, Differential Response, the Ohio IPV Collaborative, Child Protection Oversight and Evaluation monitoring, and the Ohio Child Welfare Training Program. Basic State Grant funds will be allocated, as needed, for CPS staff to attend meetings, training workshops and conferences on all of the above child protective services practice initiatives. The program work described above continues. In addition, Basic Grant funds were used during the past state fiscal year to support staff's attendance at the annual State Liaison Officer's meeting.

Objective 3: *Enhancing the General Child Protective System by Developing, Improving and Implementing Risk and Safety Assessment Tools and Protocols, Including the Use of Differential Response*

Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS) Update

The CAPMIS evaluation is winding down. The project concludes June 30, 2017. Although ODJFS does not have the University of Cincinnati's (U of C) final evaluation report at this point in time, the preliminary results suggest the model is sound and the assessments of safety and risk as implemented in CAPMIS are largely consistent with child welfare assessment instruments used elsewhere. However, the researchers made recommendations as to how Ohio could improve the application of CAPMIS in the field. For example, the researchers suggest that ODJFS focus training efforts on Ohio's county supervisors who oversee the child protective services work in the field. The data suggest it is the supervisors who remain longer in the field of child welfare as compared to line caseworkers. A bolstering of this group's CAPMIS knowledge has the potential to drive practice improvement specifically related to assessment and service planning.

Additionally, the recommendations include removing several of the actuarial risk assessment items and combining others. The recommendations to enhance the model will be made in the coming year and result in a renaming of Ohio's assessment model to the Comprehensive Assessment and Planning Model (CAPM). Lastly, the U of C project team suggests that SACWIS enhancements could substantially improve use of, and user support, for CAPMIS. For example, every time safety or risk is assessed or re-assessed, SACWIS could display the most recent assessment(s) side-by-side with the assessment underway. ODJFS will be exploring all final recommendations the U of C project team puts forth in the final evaluation report.

Differential Response Update

In State Fiscal Year 2017, Ohio continued to support activities to sustain Differential Response model fidelity across the entire child protection system:

- **Encouraging use of the supplemental toolkits to support model fidelity of Differential Response (DR) Practice Profiles Guide** – The Caseworker Self-Assessment and Supervisory Coaching toolkits were finalized and circulated electronically in December 2015 (JFS 01055 and JFS 01056). Regional in-person meetings were held in May 2016 and October 2016 which included discussion themes from counties that were experiencing an increase in heroin/opiate cases. Several of the participating counties reported that they were struggling with staff turnover, which contributed to difficulties in the management of complex caseloads and created time barriers to fully utilizing the DR supplemental tools developed to support practice fidelity.
- **Integration of DR Practice Profiles into the Caseworker and Supervisor Core Trainings** – OCWTP integrated Differential Response practices into Caseworker Core Modules 2, 4, 5, 6 and their corresponding Learning Labs. The Supervisory Core training modules were also revised to incorporate DR best practice skill components into its training workshops.
- **Technical Assistance, Coaching and Consultation to support DR** - ODJFS continues to provide sustainability consultation and technical assistance for supervisory/managerial staff and one-on-one coaching to support DR systems within county agencies upon request. OFC Policy staff will also continue to offer participation in community forums and DR in-person meetings in each region to encourage peer to peer consultation and community collaboration.

Additionally, the Institute for Human Services offers individualized DR coaching and sustainability opportunities by DR trainers upon request.

- **Strengthening DR Practice** – Ohio continues to pay close attention to the growth and development of the practice with quarterly data analysis of pathway assignment percentages and pathway change rates in SACWIS. In 2016, Ohio continues to screen 45% of child abuse and neglect reports to the Alternative Response pathway and 55% to the Traditional Response pathway. Ohio’s pathway change rate for 2016 is 9.25% and 19.5% of the screened in AR cases remain open for ongoing services.

Sustainability and Future Goals

Ohio will continue to invest resources in developing supports to strengthen model fidelity, promote continued development of best practice, and increase our focus on sustainability of the Differential Response system. ODJFS plans to focus future efforts on enhancing overall casework practices with greater utilization of the DR Practice Profiles and encouraging primary parent participation at all levels within child protection. Additionally, ODJFS will continue providing opportunities to strengthen Ohio’s child protection system by encouraging agencies to partner with IHS for individual coaching and sustainability planning.

Objective 4: Developing, Strengthening, and Facilitating Training

Agency Training Update

CPS program staff continue to be focused on setting a standard of expectations for existing and incoming Ohio Child Welfare Training Program trainers, the development of new practice and application focused CAPMIS trainings, and revising caseworker CORE trainings with CAPMIS content.

A draft of Caseworker Core Module 3 (Legal Aspects of Family-Centered Child Protective Services) has been submitted for review of the integration of CAPMIS, Differential Response, and SACWIS. This is currently under review by ODJFS legal with a subsequent review by CPS program staff planned. Caseworker Revisions to integrate CAPMIS, Differential Response and SACWIS are still planned for Core Module 1 (Family Centered Child Welfare Practice), Core Module 7 (Child Development), and Core Module 8 (Separation, Placement, and Reunification in Family-Centered Child Protective Services). A pilot of the revised curricula for Core Modules 1, 3, 7 and 8 will be forthcoming as well.

The Ohio Child Welfare Steering Committee approved requiring all OCWTP trainers to attend the CAPMIS training of trainers (TOT). A process is under development to determine if any exceptions exist, if any trainer would require a more advanced knowledge of CAPMIS, and how to engage trainers in attending the CAPMIS TOT. Two CAPMIS TOT’s were held in June of 2016 and April of 2017.

Three enhanced CAPMIS trainings were to be developed to include case planning, case review and reunification assessment by June of 2017. Significant time has been spent in the development and review process for the case planning curriculum, handouts and activities. It is anticipated the case planning curriculum will be finalized by June. As a result of the additional time spent in the review and development process of the case planning curriculum, the case review and reunification assessment curricula deadlines will be renegotiated during the next contract period.

As noted under Objective 1, the casework practice work team has developed a workshop review process for all new workshop proposals received by the OCWTP. The team has reviewed six workshop proposals

to encourage a cross walk of CAPMIS concepts into pertinent non-standardized trainings with a focus on issues such as substance abuse, mental health, domestic violence, etc. This process has presented opportunities for the regional training center coordinators to engage several trainers in discussions regarding how their training may be impacted by CAPMIS and encourage attendance in the CAPMIS TOT.

Additionally, the casework practice work team has met seven times during the year to support the development and rollout of enhanced CAPMIS curricula, coaching and training. The casework practice work team will continue to focus on the development of ongoing activities for the implementation plan for rollout of the enhanced CAPMIS curricula and trainers as detailed within Objective 1.

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

Update

The Ohio Intimate Partner Violence Collaborative (Collaborative) is a partnership among CAND, ODJFS, Casey Family Programs, Ohio Domestic Violence Network (ODVN), Ohio Children’s Trust Fund, HealthPath Foundation of Ohio, and FYLaw. By forging community partnerships that support a holistic response to intimate partner violence (IPV) within a differential response framework, the Collaborative aims to reduce trauma to, and removal of, children who are exposed to this form of violence.

2016-2017 Milestones

Training: David Mandel & Associates (DMA) was selected in 2010 to train four demonstration sites on its Safe and Together™ model, a strengths-based, behaviorally focused, perpetrator pattern-based approach to IPV. Safe and Together™ uses skills-based training to strengthen workers’ assessment, client engagement, and interviewing capacity. There is a strong emphasis on cross-systems collaboration, and community partners are encouraged to participate in training alongside caseworkers. Now known as The Safe and Together Institute (formerly DMA), the Institute continues to provide direction, information, and oversight to ten (10) Ohio-based trainers, through regular telephone conferences with project facilitators, conference calls to discuss training and practice issues, biannual trainer meetings, and pre- and post-training discussions and documentation. All trainers will complete a recertification process by the end of fiscal year 2016-2017, which will allow them to maintain certification through fiscal year 2017-2018. The process will include online testing, video observations, consultations, and performance reviews.

A total of 48 counties will have been trained in the *Safe and Together*™ model by the end of this fiscal year, and 5 of these have repeated the foundational training days at least once for new and untrained staff.

To be selected to participate in the training counties must:

1. Have experience in differential response implementation;
2. Express interest in, and full commitment to, the entire training;
3. Meet logistical criteria that allow for greater efficiency in training smaller counties; and

4. Commit to providing feedback on the trainers and training experience through post-training evaluations.

Current efforts focus on internal sustainability practices, implementation strategies, and post-training support opportunities.

Work Plan: Ohio's post-training county supports include conference calls, webinars, safe father engagement trainings, live webinars and trainings addressing the intersection of opioid abuse and domestic violence, regional advanced practice trainings and technical assistance aimed at enhancing practice for child welfare leadership and project partners.

Planning Group Activities: The Collaborative continues to promote and disseminate "The Impact of Batterers on Children: An Ohio Model Community Response Protocol," which was released in mid-2015.

Additional Project Support: Community Technical Assistance (TA) and readiness assessment delivered by ODVN. ODVN is funded by the HealthPath Foundation of Ohio and ODJFS. County children services agencies and their community partners have taken advantage of a menu of TA activities aimed at increasing model fidelity and strengthening partnerships across systems. To date, 27 of the 48 counties trained in the *Safe and Together*TM model will have been offered Community TA.

The Subcommittee will continue to support rollout of *Safe and Together*TM through June 30, 2018; by that date all counties that voluntarily elect to implement the model will have been fully trained and supported through initial implementation.

Proposed Activities: It is projected that instead of providing training to county regional cohorts, *Safe and Together* core training will now be offered through the Ohio Child Welfare Training Program. The Ohio Child Welfare Training Program manages and implements all required child welfare training for child welfare professionals across the state. This is managed through eight regional training centers throughout the state. Offering *Safe and Together*TM through this platform will allow for more flexibility in training scheduling, will allow for more counties to take advantage of the *Safe and Together*TM curricula, and promote sustainability of the training model. In addition, technical assistance days and advanced regional training days will also be offered to interested counties. Counties will also have the opportunity to engage in the entire *Safe and Together*TM curricula should they so choose. Ohio will continue to coordinate:

- a. County training activities;
- b. Outreach/collaboration with the Ohio Child Welfare Training program, the Institute of Human Services, and the regional training centers;
- c. Oversight of trainer activities;
- d. Distribution and application of the Statewide Planning Group's model community response protocol;

- e. Facilitation of the Ohio IPV collaborative workgroup sessions, including discussion with a multi-disciplinary representation of IPV professionals and service providers; and
- f. Communication activities.

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

- a. Recertification opportunities;
- b. Webinars, conference calls, and advanced in-person trainings;
- c. Technical assistance;
- d. Periodic telephone conferences; and
- e. In-person meetings.

Future focus will support activities to:

- a. Administer and oversee the Ohio Intimate Partner Violence Collaborative.
- b. Ensure that county child welfare staff and local partners have the necessary skills and competencies to effectively implement the *Safe and Together*[™] model while maintaining child safety.
- c. Ensure that *Safe and Together*[™] certified staff have the necessary skills and competencies to effectively work with county child welfare agencies implementing the *Safe and Together*[™] model.

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

Over the next two years, the Collaborative will coordinate a sustainability plan that aims to promote counties' internal capacity for model implementation and the increased use of in-state expertise in model practices.

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

Improving Public Education Relating to the Role and Responsibilities of the Child Protection System Update

The substantive information to report for the 2017 update is in regards to the *Child Abuse and Neglect - A Reference for Medical Professionals*. The manual is presently under revision to reflect the changes as a

result of the Comprehensive Addiction and Recovery Act (CARA) of 2016. The references to illegal substance abuse will be revised to reflect all substances whether legal or illegal.

The *Child Abuse and Neglect - A Reference for the Community* will be updated in the coming months to reflect the CARA changes. Work on revising this reference guide will begin in the next state fiscal year.

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

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

Interagency Collaboration Update

Pediatric Sexual Assault Nurses

The ODJFS continues to support the Pediatric Sexual Assault Nurse Examiners (PSANE) program through a grant to the Mayerson Center for Safe and Healthy Children. The Mayerson Center trains medical providers from medically underserved Ohio communities to conduct skilled, medical evaluations for sexual abuse and severe physical abuse cases. Previous reports have documented the objectives and benefits of Ohio's long-term investment.

PSANE Instruction

Over the past year, Ohio's consortium of children's hospitals, through its project lead, The Mayerson Center for Safe and Healthy Children (Mayerson), hosted two five day didactic PSANE Instruction and Assessment Courses to ensure that participating nurse practitioners have assessment skills and telemedical capability to maintain quality of programming. Last year, the training was expanded from four to a full five days to be compliant with national PSANE training requirements. Nurses from Cincinnati Children's, Akron Children's, Dayton Children's and Adena Hospitals were in attendance.

One two-day didactic was provided for PSANEs. Objectives included:

- Completing a peer case review.
- Discussing pediatric forensic interviewing techniques and how they apply to the MRDD adult population.
- Identifying risks and interventions for suicide among adolescents.
- Discussing Child and Family Traumatic Stress Intervention (CFSTI), as a short-term therapy option to prevent PTSD.
- Reviewing the appropriate use touch DNA testing and identify updates in evidence collection.
- Identifying improvements, successes and challenges of Ohio PSANE programs.
- Reviewing procedures for patient care and evaluation of sexual assault.
- Discussing examples of challenging examination findings.
- Reviewing appropriate use of HIV post-exposure prophylaxis.

Peer Review of Forensic Interviews

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

1. *Monthly collaborative peer reviews of participants' sexual abuse interviewing skills.* Monthly web-based peer review sessions are provided to Ohio's Child Advocacy Centers. A survey of participants was conducted and participants would also like to expand the peer review sessions to include relevant articles and speakers in addition to critiquing forensic interviews.
2. *The Annual Peer Review Retreat*
The Annual Peer Review Retreat was held in November 2016. During this day-long session, participants heard from Kirsten Minnie, an intelligence analyst from the Department of Homeland Security who spoke about human trafficking and Dr. Amanda Brownell who presented a case study of Medical Child Abuse (Munchausen Syndrome by Proxy).

This annual activity allows participants in statewide peer review to receive continuing education on a specialized topic. It also provides all of our statewide CAC and partner agency staff an opportunity to interact in person which enhances the on-line critiquing experience for participants. There were 38 participants from Athens, Clark, Fairfield, Franklin, Hamilton, Licking and Medina Counties.
3. *Competent and timely technical support during each remote video conference.* Lync Web Meetings is the technology utilized to have remote sites participate in peer review. Invitations are sent to all of the 26 Ohio children's advocacy centers. In addition, participants in the Beyond the Silence Forensic Interviewing Training Program can join as well. Technical support is provided to the sites as needed to join these sessions.

Beyond the Silence Forensic Interview Training

Oversight for Ohio's forensic interviewing instructional and training program, *Beyond the Silence*, continues to be offered through Mayerson. Instructional sessions continue to be offered through the Ohio Child Welfare Training Program regional training centers and on-site as needed and appropriate.

The curriculum meets the National Children's Alliance standard for forensic interview training. The manual was revised this year to include the OJJDP Publication, *Child Forensic Interviewing: Best Practices*. Recommendations from this paper have been added to the curriculum.

We have trained law enforcement officers, children's services workers, developmental disabilities workers, victim's advocates, prosecutors, nurses and hospital social workers from 43 of the 88 counties to date.

Services to Substance Exposed Newborns Update

ODJFS established an internal workgroup in September of 2016 to begin work to ensure Ohio is compliant with the amendments to CAPTA as a result of the Comprehensive Addiction and Recovery Act of 2016, which was signed into law on July 22, 2016. These changes relate to infants and families affected by substance abuse, more specifically Ohio's current opioid crisis.

To ensure compliance with CARA, changes to Ohio Administrative Code (OAC) rules have been drafted, specifically the Chapter 36 assessment/investigation rules which include the screening of referrals made to public children services agencies (PCSA). The rules have been through Ohio's formal clearance process for public comment and are in process for finalization. The OAC rules will guide Ohio's PCSAs in screening and the provision of ongoing services, addressing the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a

Fetal Alcohol Spectrum Disorder. The OAC rules require a Plan of Safe Care that addresses the health and substance use disorder treatment needs of the infant and the affected family or caregiver.

Definitions for terms referenced in the CARA, specifically: plan of safe care, substance exposed infant, and substance affected infant, have been defined and added to OAC 5101:2-1-01. The rule containing the definitions is currently moving through the rule promulgation process. In addition, the OAC has been amended to include both legal and illegal substance abuse in reference to infants born addicted.

As CARA stresses the critical need for a multi-systems approach in establishing the Plan of Safe Care, the internal ODJFS workgroup has created documents to share with PCSAs, PCSAO, legal, community partners, treatment providers, hospitals, mandated reporters, etc., which outline their respective roles and responsibilities in establishing a Plan of Safe Care for the infants and families impacted by substance abuse. ODJFS will provide education to PCSAs and community partners on the requirements specific to their organizations. This education should improve how mandated reporters gather information from families and caregivers, allowing PCSAs to make better informed decisions which will positively impact the safety, permanency and well-being of these identified infants.

Enhancements were made to Ohio's Statewide Automated Child Welfare Information System (SACWIS) in October 2016 to ensure Ohio is compliant with CARA's data collection requirements and to ensure Ohio is positioned to report the required data elements to the National Child Abuse and Neglect Data System (NCANDS) in the coming year. The SACWIS enhancements included the addition of required questions, which include whether substance abuse is being reported by the referent and what type(s) of substance(s). In addition, SACWIS was revised to capture infant positive toxicology, which will allow Ohio to gather the required data on the number of infants identified as being affected or exposed to both illegal and legal substance abuse. The SACWIS bureau is currently partnering with the policy bureau to further enhance SACWIS to capture data elements needed to address CARA requirements. These enhancements will include capturing the number of infants for whom a plan of safe care was developed and the number of infants for whom a referral was made for appropriate services, including services for the affected family or caregiver. Policy and SACWIS enhancements in progress are outlined in the Program Improvement Plan submitted with this report. When these changes are completed, Ohio will submit its Governor's Assurance Statement certifying full compliance with CARA provisions.

Update on Implementation of the Justice for Victims of Trafficking Act of 2016

Ohio reported out in 2015 that provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as identified in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102) were in place. These include the following:

- Ohio's statewide automated child welfare information system was enhanced in order to identify and record allegations of child sex trafficking at the point referral information is received by an Ohio public children services agency.
- Ohio Administrative Code rule 5101:2-33-26 *The County Child Abuse and Neglect Memorandum of Understanding* addresses standards and procedures for handling and coordinating joint investigations of reported cases of child abuse and neglect including sharing of investigative reports and procedures specific to human trafficking of a child.

- Ohio’s public children services agencies are to cross-report to law enforcement child abuse reports that allege a criminal offense. This includes human trafficking cases involving a minor child.
- Ohio is not electing to apply the sex trafficking portion of the definition of child abuse and neglect and sexual abuse to persons over the age of 18 but less than 24 years of age.

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

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

Update to Annual State Data Report

Child Protective Service Workforce

- **The number of child protective service personnel responsible for the:**
 - Intake of reports filed in the previous year: 467
 - Screening of such reports: 800
 - Assessment of such reports: 2,714
 - Investigation of such reports: 2,714
- **Data on the education, qualifications and training of personnel and demographic information of personnel (section 106(d)(10)(A-C))**

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

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

are also required to complete 12 hours of training on domestic violence within the first two years of employment.

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

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

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

RACE	# EMPLOYEES
Multi race	8
African American	104
White	464
Undetermined	124
Unknown	31
Missing Data	2374
Total	3105

AGE	# EMPLOYEES
20-30 Years	192
31-40 Years	165
41-50 Years	80
51-60 Years	34
61Years & Over	8
Missing Data	2626
Total	3105

GENDER	# EMPLOYEES
Male	274
Female	1653
Unknown/Missing Data	1178
Total	3105

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

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

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

As recorded in SACWIS (taking into consideration the inconsistencies with data recording noted above), the average caseload for an Intake Worker (screening, assessment/investigation) is 9.69 cases; and 25.54 cases for assessment/investigation Supervisors.

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

As a state-supervised, county-administered CPS system, staffing and workload policies are established by local agencies. The workload data reflected in SACWIS is consistent with the information published in the 2017 *PCSAO Fact Book* (13th edition). The PCSAO Factbook is a reference guide assembled by the Public Children Service Association of Ohio. The 2017 PCSAO Factbook statistics indicate that Ohio's average caseload was 12 cases. It does not differentiate between Intake and Ongoing Workers nor does it provide an average caseload size for Supervisors.

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

There are data fields Ohio's SACWIS that capture information on children alleged at the time of the report, to be affected by illegal substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder (FASD). The number of children alleged to be impacted by FASD, illegal substance abuse or withdrawal symptoms was 1,035.

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

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

In FFY 2016, 5154 children under age three (3) who had a substantiated child abuse/neglect report were eligible to receive services under Help Me Grow.

In FFY 2016, 36,274 reports linked to 31,830 different cases were screened in for Alternative Response and referred to preventive services.

Juvenile Justice Transfers

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

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

In FFY 2016, 37 children exited from PCSA custody to commitment to the Ohio Department of Youth Services.

CAPTA Fatality and Near Fatality Public Disclosure Policy

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

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CAPTA/BASIC STATE GRANT BUDGET SUMMARY FY 2015 - 2019					
PROGRAM	FFY 2015	FFY 2016	FFY 2017	FY 2018	FFY 2019
CRP/CRB	\$75,000	\$90,000	\$412,800		
CASA/GAL Training	\$145,000	\$150,000	\$152,450		
Differential Response	\$300,000	\$300,000	\$0.00		
P-SANE	\$125,000	\$125,000	\$125,000		
CAPMIS Study	\$500,000	\$300,000	\$298,115		
TOTAL[^]	\$1,145,000	\$965,000	\$988,365		

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