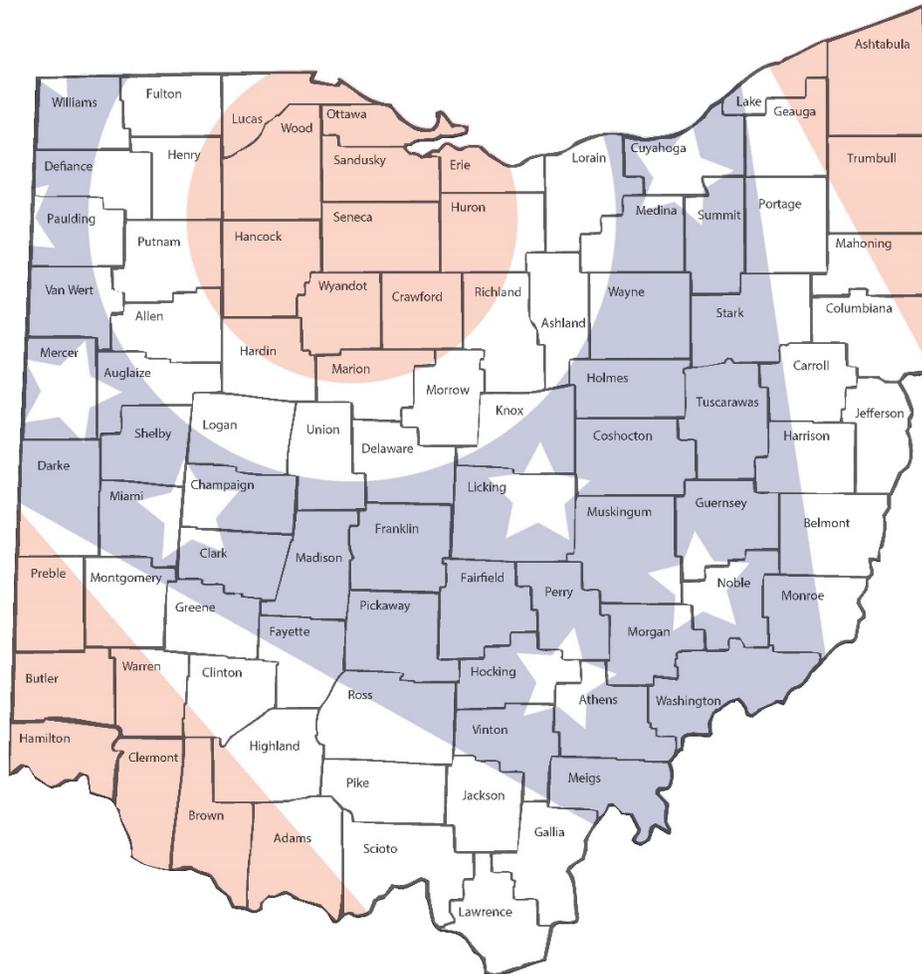


Appendix E

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 2018

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 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 2017.

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

The workgroup drafted a CAPMIS Screening Guidelines ~~document and~~ document and the draft document was reviewed and feedback was received from ODJFS-OFC Senior Management and ODJFS Legal. Further work needs to occur on the draft Guidelines prior to dissemination for review by stakeholders.

Training Update

Activities during this update period focused on supporting the Ohio Child Welfare Steering Committee’s approval requiring all OCWTP trainers to attend the CAPMIS training of trainers (TOT). This standard of expectation for existing and incoming Ohio Child Welfare Training Program trainers was established in June 2017. The CAPMIS TOT offers foundational information and allows trainers/coaches to begin to make the links between their content expertise and CAPMIS language and concepts. It will increase OCWTP trainers/coaches’ knowledge and ability to support best practices throughout the Ohio child welfare continuum. A general understanding of the CAPMIS tools and how they are utilized in assessment, decision making and service planning will equip trainers/coaches to connect their subject matter expertise to their training. For example: trainers/coaches will be able to help foster caregivers understand how their observations of a child’s behaviors can impact the ongoing assessment and service planning for that

child and help caseworkers better understand where and when to capture pertinent opiate addiction information and how to use it to inform critical case decision making.

The Ohio Department of Job and Family Services state staff is responsible for providing the CAPMIS TOT sessions throughout the state for trainers to attend.

CAPMIS TOT REQUIREMENTS:

1. Effective August 1, 2017, all current trainers/coaches were required to take a CAPMIS TOT. Trainers/coaches have one year from the above date to meet the requirement. If feasible, each RTC will host at least one CAPMIS TOT at their location during the first year.
2. Beginning August 2017, all prospective OCWTP trainers/coaches were required to participate in a CAPMIS TOT. New trainers/coaches will have one year from their approval date to complete the requirement. The OCWTP commits to offering this TOT, at minimum, on a quarterly basis.

MONITORING PLAN:

1. IHS Trainer Development staff were responsible for developing a system for tracking participation in the CAPMIS TOT.
2. IHS Trainer Development staff will send reminders to trainers/coaches who have not taken the TOT encouraging them to register.
3. IHS Trainer Development staff informed RTCs via the Trainer Development Work Team of trainers who have not taken the TOT.

MARKETING PLAN:

1. All trainers received an e-mail through *Constant Contact* informing them of this requirement.
2. *Common Ground* (June 2017) published an announcement about this requirement.
3. RTCs placed announcements in their facilities.
4. OCWTP representatives had face to face conversations with trainers.

PROVIDED SESSIONS:

LOCATION	DATE HELD
Central Ohio Regional Training Center (Franklin)	7/11/2017
Southwest Ohio Regional Training Center (Clermont)	9/21/2017
Northwest Ohio Regional Training Center (Lucas)	11/02/2017
Central Ohio Regional Training Center (Franklin)	12/04/2017
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Central Ohio Regional Training Center (Franklin)	5/09/2018
Central Ohio Regional Training Center (Franklin)	5/14/18
Northwest Ohio Regional Training Center (Lucas)	6/13/2018

OCWTP TRAINER UPDATE:

TOTAL	ATTENDED	ENROLLED	OUTSTANDING
226	147	42	37

Three enhanced CAPMIS trainings were to be developed to include case planning, case review and reunification assessment by June of 2017. Considerable time was spent in the development and review process for the case planning curriculum, handouts and activities. Although last year’s update anticipated the case planning curriculum would be finalized by June 2017, the materials were not finalized until February 2018. ODJFS policy staff piloted the case planning curriculum in Cuyahoga County on March 8,

2018, and March 9, 2018. Due to the necessity of providing additional time with the review and development of the case planning curriculum, time frames for the development of the case review and reunification assessment curricula are being reassessed.

The casework practice work team has developed a workshop review process for all new workshop proposals received by the OCWTP. The team continues to review 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, and domestic violence. The casework practice work team has met once a month over the past year.

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 continued 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 CAPMIS trainers, and the University of Cincinnati on the case review and semi-annual administrative review (SAR) tools. 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 within the case review tool. 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.

The SACWIS finalization of the Family Case Plan, Case Review and SAR tools was temporarily delayed due to priority programming within SACWIS. This time allowed for an office wide collaboration to consider the recommendations from the final report of the CAPMIS evaluation and the future data needs of the department as informed by the early findings from the CFSR. An internal collaborative effort was developed to include Dr. Steven Howe from the University of Cincinnati, representation from each area within the Bureaus of Child and Adult Protection Services, Automated Systems, and Systems and Practice Advancement. The data from the CAPMIS evaluation was examined. Reports of child abuse and neglect screened in during calendar year 2013 began the observation window for the CAPMIS evaluation. The internal workgroup wanted to replicate the data queries for more recent years to determine if the trends were consistent across a three-year period. Queries used in the evaluation were run for calendar years 2014, 2015, and 2016 and confirmed the trends identified in the evaluation remain present. The collaboration reviewed the recommended SACWIS enhancements and progress of the tool revisions. Several additional recommendations were made and joint application and design sessions are being planned to include the additional scope of work.

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 Spring of 2019. SACWIS and CPS program staff plan to conduct additional webinars for PCSAs and ODJFS staff to introduce 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. The Bureau of Systems and Practice Advancement within ODFJS is planning to assist PCSAs with pre-implementation activities by reviewing and monitoring PCSA data of inactive cases to aid in the closure of cases that should not require implementation of the revised CAPMIS tools. 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

Ohio presented at the 2017 National CRP Conference on May 11, 2017, in Anchorage, Alaska. 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. 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.

ODJFS has worked closely with The Ohio State University project team and developed three Citizen Review Panels (CRP). The CRPs are based in Athens, Franklin and Hamilton County. The panels are structured around the child protective services program outcome related to permanency, safety and well-being. 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 SACWIS data reports is in process.

Four primary goals for Ohio's CRPs were established:

- (1) Three statewide panels work collaboratively together to make meaningful recommendations to ODJFS on the state of child welfare in Ohio.
- (2) The Safety Panel in Central Ohio will create actionable and measurable recommendations for the improvement of the structure and organization of training for child welfare caseworkers and supervisors in Ohio.
- (3) The Permanency Panel in Southeast Ohio will create actionable and measurable recommendations for the improvement of recruitment and retention of foster and kin families.
- (4) The Well Being Panel in Southwest Ohio will create actionable and measurable recommendations for the improvement of the quality and timeliness of mental health services for children involved with the child welfare system.

SAFETY PANEL:

The Safety Panel, located in Franklin County, is focused on the structure and organization of training for new Child Welfare Caseworkers and Child Welfare Supervisors in Ohio. One of the primary goals is to analyze if the training program is related to the high turnover rate at PCSAs. The panel distributed surveys to all Child Welfare Caseworkers and Child Welfare Supervisors in Ohio on January 29, 2018, to assess their opinions of the timing and content of the new hire training. In Ohio, newly employed child welfare caseworkers and child welfare supervisors complete an initial state mandated training program completed at regionalized training facilities. This is to be completed during the first year of employment and is supplemented with county PCSA trainings. The panel is currently evaluating which pieces of training are most beneficial, if the timing of training is complementary to a new caseworker's assignment of cases, and how the state mandated training compares with aspects of training received at the county PCSA.

PERMANENCY PANEL:

The Permanency Panel, located in Athens County, continues to focus on the recruitment and retention of foster and kinship families in Ohio. Panel members have reviewed a large amount of “real time” data including; the current number of children in care, the number of children placed in foster homes versus kinship homes, the number of children placed in their home or adjoining county, the number of providers licensed by PCSAs, and the characteristics of those providers. The data was provided by the Ohio Department of Job and Family Services. The panel continues to analyze this data to examine how the current recruitment and retention practices are working and provide suggestions for innovative approaches.

WELL-BEING PANEL:

The Well-Being Panel, located in Hamilton County, developed three strategies to examine how public children services agencies (PCSAs) across Ohio ensure timely mental health referrals for children in agency custody. The panel compiled a list of all the accredited behavioral health agencies in Ohio and identified community partners with which PCSAs have contracted. The panel will continue to assess and compare all the accredited mental health agencies in Ohio with those agencies contracted with PCSAs over the next year. The contracting between PCSAs and behavioral health providers is believed to streamline the referral process for children involved with the child welfare system needing behavioral health services. Committee members participated in SACWIS case reviews over the past year and are in the process of developing a referral process for open cases where children are in PCSA custody.

Information and data will be shared through annual meetings, annual reports and responses from ODJFS in a formal report created by the team from The Ohio State University. The annual meetings will be held to select topic areas for the panel to ensure the needs of the CRPs across Ohio are met, share lessons learned and review each other’s annual reports. The annual reports will be submitted to ODJFS summarizing the activities, analyses and recommendations of the three panels. ODJFS will provide responses to the recommendations of each panel. Annual review of the panels activities and recommendations were submitted to ODJFS on May 15, 2018. The annual meeting for all panel members was held on May 21, 2018. The first annual report and executive summary for Ohio’s CRP Program under the structure implemented through the contract with the Ohio State University (OSU) containing the panel’s recommendations was released on May 29, 2018.

State Response to Panel Recommendations

[Per the Child Abuse Prevention and Treatment Act, the state has six months to develop responses to the recommendations contained within the report. ODJFS will be eliciting feedback on the report and recommendations from stakeholders. The OSU project team will be providing presentations to program stakeholders over the next few months.](#)

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 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 Seventeenth Annual Report issued September 30, 2017. This report includes reviews of child deaths that occurred in 2016 and aggregate reviews for 2012-2016. There is a two-year delay in the data reported by the Committee due to confidentiality issues and policies that require resolution of criminal investigations before data can be sent to the SCFRAC.

Child Fatality Review Findings

2012-2016 Key Findings

For the four-year period 2012-2016, 6,952 reviews were completed for 7,516 child deaths, which is 93 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 (2,379) of deaths reviewed were to black children and 57 percent (3,990) were to 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 72 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 3 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-eight percent of reviewed sleep-related deaths were for infants between 29 days and 1 year of age.
- Infant co-sleeping with others (which increases the risk of suffocation) was reported at time of death for 53 percent of reviews.
- Secondhand smoke exposure was reported for 35 percent of reviews.
- Infants were put to sleep on their back (a safe sleep practice) in only 44 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 forty-one 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).

- Seventy percent of infant deaths reviewed were for infants 28 days or younger.
- Eighty-two percent of reviews were due to medical causes.
- Sixty-four percent were born at or before 36 weeks of gestation.
- Twenty-four percent of mothers smoked during pregnancy.
- Eighty-two 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 (23 percent) and cancer (16 percent) were the two leading medical causes of death (excluding categories indicated as 'other').
- Forty 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 (26 percent) and congenital anomalies (16 percent) were the two leading medical 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 (26 percent), congenital anomalies (14 percent), and neurological/seizures (11 percent) were the three leading medical causes of death (excluding categories indicated as 'other').
- Forty-two percent of deaths reviewed were deemed probably preventable.

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

- Vehicular (37 percent) and weapons (31 percent) injuries were the two leading external causes of death.
- Fifty-seven percent of deaths reviewed were deemed probably preventable.

Homicide Reviews

Four percent of the deaths reviewed were homicides.

- Sixty-six percent of homicide reviews were for males.

- Fifty percent of homicide reviews were for black children.
- Weapon use accounted for 80 percent of homicide reviews, most frequently through the use of a firearm (54 percent).
- Twenty-one percent of homicide perpetrators were parents (biological, step or adoptive).

Suicide Reviews

Three percent of the deaths reviewed were suicides.

- Eighty-one percent of suicide reviews were for white children.
- Sixty-five percent of suicide reviews were for males.
- Most frequently, asphyxia (60 percent) was the cause of death.

Accident Reviews

Fourteen percent of the deaths reviewed were accidents.

- Infants (31 percent) and children age 15-17 years (24 percent) had the highest incidence of accidents.
- Thirty-seven 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 (82 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.

- Fifty-seven percent of asphyxia reviews were for infants.
- Twenty-two percent of the external deaths reviewed were caused by vehicular injuries.
- Forty-nine percent of vehicular reviews were for children 15-17 years old.
- Fifteen percent of bicycle, motorcycle, or ATV related deaths reported helmets were used properly.
- Twenty percent of external deaths reviewed were caused by weapon injuries.
- Forty-six percent of weapon reviews were for children 15-17 years old.
- Sixty-eight percent of weapon reviews were classified as homicide.
- Nine percent of the external deaths reviewed were caused by drowning.
- Thirty-eight percent of drowning reviews occurred in open water.
- Five percent of external deaths reviewed were caused by fires, burns, or electrocutions.
- Forty-four percent of reviews classified as fire had working smoking detectors.
- Three 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 of all reviews conducted were deemed probably preventable by local CFR teams. As child age increases, the probability of a death being deemed preventable generally increases.

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

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 University of Cincinnati's (U of C) CAPMIS evaluation report was finalized in October 2017. The extensive evaluative report has a wealth of information encapsulating evaluation methodology, data analytics, stakeholder focus group intelligence, research findings, and recommendations for the future of Ohio's child protection assessment model. ODJFS held regional presentations for PCSA staff on the findings from the University of Cincinnati's evaluation of the Comprehensive Assessment Planning Model-Interim Solution (CAPMIS). Steven Howe, Ph.D. provided an overview of the conclusions, findings and recommendations resulting from the evaluation. The presentations were offered in five regions throughout the state. The following chart outlines the dates, time and venue locations where the presentations were offered.

Location	Address	Date	Time
Central - ODJFS	4020 East Fifth Avenue, Columbus, Ohio 43219	5/22/17	9-12 1-4
Southwest Regional Training Center	420 Wards Corner Road, Loveland, Ohio 45140	6/01/17	9-12
East Central Regional Training Center	Guernsey County CSB, 274 Highland Avenue Suite 100, Cambridge, Ohio 43725	6/07/17	9-12
Northeast Regional Training Center	264 South Arlington Street Akron, Ohio 44306	6/14/17	9-12
Wood CDJFS	1928 East Gypsylane Road Bowling Green, Ohio 43402 Use the Children's Services Entrance	6/21/17	9-12

Findings

- County and supervisor differences arise in part from differences in supervisor training, supervisory practices, and on-boarding practices.
- There are striking county differences in intake case management all the way from how cases are screened to how final case decisions are made.

- There are technological barriers to making good assessments, and these apply to the reassessment of safety and the reassessment of risk, which are supposed to be a part of nearly every CAPMIS assessment.
- The way that CAPMIS is used, and to some extent how it is designed, does not support critical thinking.
- SACWIS enhancements could substantially improve use of, and user support, for CAPMIS.

Recommendations

- ODJFS should emphasize more training for supervisors, and not just new supervisors. Inducements should be offered to encourage existing supervisors for whom further CAPMIS training is not required to participate. The recent state decision to provide CAPMIS training to intact teams (i.e., caseworkers and their supervisors in the same workshops) is a perfect response.
- ODJFS should stress the importance of doing assessments right the first time. Educating caseworkers and supervisors about the consequences of “misses” is important. Doing an assessment right the first time may require more home visits. At the time the Family Assessment, for example, is completed and approved, the caseworker should have gained in-depth knowledge of the family.
- Every time safety or risk is assessed or re-assessed, SACWIS should display the most recent assessment(s) side-by-side with the assessment underway.
- Change expectations for supervision so that caseworkers are expected to bring completed CAPMIS assessments to their meetings with their supervisors.
- ODJFS should develop a dashboard, perhaps like its CFSR monitoring system, that would show the state how counties are doing on indicators of progress toward implementing these recommendations, and that could be used by the counties to show how its supervisors or even individual caseworkers are doing on the same indicators.

ODJFS, with Dr. Howe’s assistance, held strategic internal meetings to further review the evaluation findings and determine next steps for Ohio. Representatives from SACWIS, Bureau of Systems and Practice Advancement, and Bureau of Child and Adult Protection along with senior leadership participated in the internal meetings.

MONTH	Confirmed Date	Topic
August	Th – 8/24/17	Session 1- Safety
September	Th – 9/28/17	Session 2- Actuarial Risk Assessment
October	Th – 10/19/17	Session 3- Risk Assessment
November	F – 11/17/17	Session 4- SACWIS and Case Decision
December	Th – 12/07/17	Session 5- SACWIS and Data

Differential Response Update

In State Fiscal Year 2017-18, Ohio continued to support activities to sustain Differential Response practice model fidelity across the entire child protection system:

Data reports to track overall county performance on fidelity measures can be obtained in the Business Intelligence Channel. The *AR Intake Summary Report* shows how many reports are being categorically assigned to the Alternative Response and Traditional Response pathways.

- From May 1, 2017 to May 1, 2018, Ohio screened in 86,576 reports of Child Abuse and Neglect (CA/N).
- 41,511 were assigned to the AR pathway (48%) This reflects a slight increase in statewide percentage of reports being assigned to the Alternative Response pathway, which was previously 45%.
- 45,065 were assigned to the TR pathway (52%)

The Supervisory Coaching Toolkit includes a case record review tool to help supervisors assess and provide feedback to workers on skills noted in their SACWIS documentation of their work with families. The case review tool also will help caseworkers achieve fidelity to the Differential Response practice model and drive improvement in both their clinical competency and case documentation practice. ODJFS has encouraged Supervisors to use the case review tool to track their staff's practice model fidelity and implement suggested coaching techniques to improve the practice. DR Policy staff joined the Statewide CQI sub-committee and have co-facilitated monthly webinars on each of the ten Ohio Practice Profile skills to assist with educating casework staff (going back to basics skills) and providing sustainability coaching activities to strengthen their practice and model fidelity across the state.

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 Ohio Practice Profiles. Additionally, ODJFS will continue providing opportunities to strengthen Ohio's child protection system by encouraging agencies to participate in coaching and sustainability activities.

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) continues to undergo revision and has not been finalized. Caseworker Revisions to integrate CAPMIS, Differential Response and SACWIS are still planned for Core Module 1 (Family Centered Child Welfare Practice). This module continues to be under revision. Core Module 7 (Child Development) and Core

Module 8 (Separation, Placement, and Reunification in Family-Centered Child Protective Services) are currently under revision.

Effective August 1, 2017, all current trainers/coaches were required to take a CAPMIS TOT. Trainers/coaches have one year from the above date to meet the requirement. If feasible, each RTC will host at least one CAPMIS TOT at their location during the first year. Beginning August 2017, all prospective OCWTP trainers/coaches were required to participate in a CAPMIS TOT. New trainers/coaches will have one year from their approval date to complete the requirement. The OCWTP commits to offering this TOT at minimum on a quarterly basis.

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TOTAL	ATTENDED	ENROLLED	OUTSTANDING
226	147	42	37

Three enhanced CAPMIS trainings were to be developed to include case planning, case review and reunification assessment by June of 2017. Considerable time was spent in the development and review process for the case planning curriculum, handouts and activities. Although last year’s update anticipated the case planning curriculum would be finalized by June 2017, the materials were not finalized until February 2018. ODJFS policy staff piloted the case planning curriculum in Cuyahoga County on March 8, 2018, and March 9, 2018. Due to the necessity of providing additional time with the review and development of the case planning curriculum, development of the case review and reunification assessment curricula will be reassessed.

The casework practice work team has developed a workshop review process for all new workshop proposals received by the OCWTP. The team continues to review 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. The casework practice work team has met once a month over the past year.

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 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.

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 completed recertification in June 2017 and are expected to be recertified again in June 2019, which will allow them to maintain certification through 2021. The recertification process includes online testing, video observations, consultations, and performance reviews.

Historically, the Ohio Intimate Partner Violence Collaborative has invited all counties to participate individually, or as cohorts. As the IPV Collaborative administration has changed over this past year, so has the strategy of getting the training to all interested counties. The new program manager has diligently connected with those PCSA’s that had not received Safe and Together training and has made considerable progress with obtaining their commitment.

Safe and Together training continues to be offered to counties that have expressed an interest. The training module was condensed from nine days to four days, which could be offered in split sessions (days 1-2 and then days 3-4). Since offering this new option, there were five new counties currently being trained, and six previously trained counties were provided with booster/refresher trainings.

Safe and Together Core 1-4 curricula will be offered at the eight regional training centers across the state beginning fall 2018, which will provide counties and PCSA staff more flexibility in taking advantage of this important training. Ten additional counties indicated through a recent survey that they would be interested in receiving the 4-day Core training, nine of those would be willing to attend it at their RTC.

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 continue to develop 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 *Child Abuse and Neglect - A Reference for Medical Professionals* 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 for Safe and Healthy Children 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. These opportunities allow PSANE to retain competence, meet continuing education requirements and maintain quality assurance for experienced Ohio RNs and APNs as Pediatric Sexual Assault Nurse Examiners.

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-day didactic PSANE Instruction and Assessment Courses to ensure that participating nurse practitioners have assessment skills and telemedical capability to maintain quality of programming. On June 4-5, Ohio's consortium of children's hospitals, through its project lead, The Mayerson Center for Safe and Healthy Children, hosts a two-day didactic PSANE Instruction and Assessment Course to ensure that participating nurse practitioners have assessment skills and telemedical capability to maintain quality of programming. PSANE skills and

competence undergo ongoing assessment and quality assurance through peer to peer and participating physician review.

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 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. Statewide Peer Review of Forensic Interviews is held the third Thursday of every month.
2. *The Annual Peer Review Retreat*
Approximately 11 sites participate on an ongoing basis; other sites may participate as need arises. The opportunity to join peer review is announced at each Beyond the Silence (Ohio's forensic interviewing) training. Ongoing peer review and support are critical quality assurance and continuing education components of the forensic interviewing program supported through these funds.

A state-wide peer review retreat was held on November 17, 2017. Two presentations were used to promote discussion and guide discussion: Dr. Pratima Shanbhag from Cincinnati Children's Medical Center presented on sentinel injuries and Center for Disease Control guidelines for HIV testing and prophylactic treatment in children. Two forensic interviewers from Nationwide Children's Hospital – Center for Family Safety and Healing spoke about identifying and overcoming blocks to disclosure.

This annual activity allows participants in statewide peer review to receive continuing education on a specialized topic. It also provides statewide Children's Advocacy Center and partner agency staff an opportunity to interact in person, which we believe enhances the on-line critiquing experience for participants.

Beyond the Silence Forensic Interview Training

Oversight for Ohio's forensic interviewing instructional and training program, *Beyond the Silence*, continues to be offered through the Mayerson Center for Safe and Healthy Children. Instructional sessions are linked to the Ohio Child Welfare Training Program and held at regional training centers unless an on-site session appear more appropriate or needed. The curriculum meets the National Children's Alliance standard for forensic interview training. The manual was revised to include the OJJDP Publication, [Child Forensic Interviewing: Best Practices](#). Recommendations from this paper have been added to the curriculum. 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 have been trained through this initiative.

Two levels of instruction are offered through the programming: a three-day introductory (BTS 1) course and a three-day advanced (BTS 2) course. Since the trainings are held at the regional training centers, they attract a multi-county audience, with a multidisciplinary audience often representing serving 6-10 counties. Twelve BTS 1 and four BTS 2 sessions have been held or are scheduled to be held before June 30, 2018.

This year, BTS project staff had extensive communication with representatives from Cuyahoga County (Cleveland) to schedule forensic interview training to support the developing child advocacy center's move towards accreditation through the National Children's Alliance. Cleveland has been the nation's largest metropolitan area to not have access to an accredited child advocacy center.

Services to Substance Exposed Newborns Update

To ensure compliance with The Comprehensive Addiction and Recovery Act of 2016 (CARA), changes were made to Ohio Administrative Code (OAC) rules, specifically Chapter 5101:2-36 Assessment and Investigation rules which include the screening of referrals made to public children services agencies (PCSA). The OAC rules guide Ohio's 88 Public Child Services Agencies (PCSA) in screening referrals which identify children and adults impacted by substance abuse. This process and the provision of ongoing services will address 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 which addresses the health and substance use disorder treatment needs of the infant and the affected family or caregiver.

Ohio was under a PIP for CAPTA compliance during the past year and has successfully completed all activities addressed within the PIP. On April 16, 2018, Ohio Administrative Code Chapter 5101:2-36 Assessment and Investigation was passed through JCARR and approved. Phase 1 SACWIS enhancements, which capture the States required information for reporting data to the National Child Abuse and Neglect Data System (NCANDS) has been completed and put into production on May 5, 2018. The required data to collect is: the number of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder; the number of infants with safe care plans; and the number of infants for whom service referrals were made, including services for the affected parent or caregiver. The enhancements for Phase I included intake screening, intake disposition, safety assessment and family assessment. Phase II will include additional enhancements, which request detailed information on the plan of safe care and progress, in the case plan, case review, SAR, and case closure. Testing for the enhancements related to CARA have been completed.

A SACWIS webinar was created and offered to PCSAs and community partners on April 17, 2018 which included a walkthrough of all enhancements related to CARA. The webinar focused on compliance and monitoring methods of plans of safe care. SACWIS will be able to identify all cases in which a plan of safe care has been implemented for a family. The Family Assessment will provide the family's progress and identify the cases in which a plan of safe care has been implemented and the PCSA is providing ongoing services to the family. Monitoring of ongoing protective services cases for families with an effective plan of safe care will occur through service planning activities. Formalized documentation of the monitoring will occur every 90 days within the case review. This webinar has been placed in the SACWIS Knowledge base for future reference. In addition, information related to CARA (Completing Substance Abuse and CARA Information on an Intake, Overview of CARA and Substance Abuse Mandated Reporter Questionnaire Form, CARA Collaboration Guide, Q & A for SACWIS CARA enhancements) has been placed in the SACWIS Knowledge Base for reference.

Education and training efforts lead by ODJFS Policy staff have been ongoing. The audience for these trainings and presentations have included PCSAs, community stakeholders and partners. In addition, information related to CARA and the impact of the changes required to CAPTA on PCSAs and community providers have been presented at several conferences. These trainings and presentations will continue throughout 2018. Various stakeholder discussions continue in the PCSAO Rules Review Committee, Regional PCSA meeting and the Neonatal Abstinence Syndrome Workgroup. The NAS workgroup is a cross

system collaboration convened by the Ohio Department of Mental Health and Addiction Services to comprehensively address the needs of infants prenatally exposed to substances. Representatives on this group include representatives from the following: The Ohio Department of Job and Family Services; the Ohio Department of Health; the Ohio Department of Medicaid; the Ohio Department of Education; The Ohio Department of Developmental Disabilities; the Governor's Office of Early Childhood; Nationwide Children's Hospital; Wheeling Hospital; and Akron Children's Hospital.

In conjunction with the Ohio Perinatal Quality Collaboration, we have conducted regional meetings throughout the state to discuss Plan of Safe Care requirements for infants with prenatal substance exposure and their families. Through these efforts, we worked with nearly 500 medical professionals in the Spring of 2018. For additional information refer to Appendix B: Health Care Oversight and Coordination Plan Update.

ODJFS continues to make efforts to educate and engage system partners in CARA implementation efforts. OFC will continue to seek venues for engaging key partners, and outreach and training efforts are ongoing. For example, ODJFS, OFC staff will be presenting to the Ohio Chapter of the American Academy of Pediatrics, PCSAs, Akron Children's Hospital, Board of Developmental Disabilities, Northwest Regional Team meeting, CORTC Directors and Liaisons meeting.

Additionally, OFC staff regularly participate in meetings of the Statewide System Improvement Program (SSIP) through the Supreme Court of Ohio. There were numerous conversations throughout the year with the counties and stakeholders engaged in this effort, as many of the CARA requirements are aligned with the goals of the SSIP initiative for Family Dependency Treatment Courts.

The Governor's Assurance Statement certifying full compliance with CARA provisions has been signed.

ODJFS continues to enhance the development of resources, services and educational materials to support county PCSAs in the implementation of CARA within Ohio. As a state supervised, county administered system, Ohio is exploring the development of a process for dissemination of CAPTA monies to support local development of interagency collaborations and services to address 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. ODJFS will also support the development of a state and local level interagency collaborative work team. The interagency work team will have the primary responsibility for gathering information from the local level, monitor direct service provision and make recommendations to the state to further enhance Ohio's process of referring, screening, providing services and case management of the implementation of the plans of safe care.

Additionally, Ohio is in the process of enhancing the state's assessment model. In order to further support PCSAs to develop and successfully implement CARA requirements, Ohio will specifically assess the way the model addresses, documents and reviews the provision of services with infants and families impacted by substance abuse. This process may include tool revisions or enhancements, development and distribution of training or educational resources, data collection and SACWIS administrative reports, and SACWIS functionality.

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: 484
 - Screening of such reports: 826
 - Assessment of such reports: 2,668
 - Investigation of such reports: 2,668
- **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	12
African American	109
White	490
Undetermined	133
Unknown	46
Missing Data	2283
Total	3073

AGE	# EMPLOYEES
20-30 Years	196
31-40 Years	150
41-50 Years	86
51-60 Years	29
61 Years & Over	5
Missing Data	2607
Total	3073

GENDER	# EMPLOYEES
Male	266
Female	1715
Unknown/Missing Data	1092
Total	3073

- **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 could 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) as of September 30, 2017 is 10.53 cases; and 28.55 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 3,609. Note that the number reported last year was 1,035. Changes were made to Ohio's SACWIS system in October of 2016, forcing the user to answer these questions. Previously, the question defaulted to 'Not Applicable' and users would skip over the question. The changes have allowed much more accurate reporting on this item.

- **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 2017, 5482 children under age three (3) who had a substantiated child abuse/neglect report were eligible to receive services under Help Me Grow.

In FFY 2017, 39,454 reports linked to 34,636 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 in Ohio's SACWIS 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 2017, 47 children exited from PCSA custody to commitment to the Ohio Department of Youth Services. This reflects the total of legal custody status terminations recorded with a reason of 'Custody to DYS'. This does not include the number of child that are committed to DYS that are not in the legal custody status of a PCSA or not in the child welfare population.

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.

Sources of Data on Child Maltreatment Deaths

Ohio continues to use SACWIS data to report child fatalities as a result of child maltreatment to NCANDS via the child file.

ODJFS has explored other options for obtaining additional child maltreatment fatality data from sources other than public children services agencies for inclusion in the NCANDS Agency File. Through these efforts, it has been determined that:

1. Data analysis and reporting by the Statewide Child Fatality Review Committee (SCFRAC) is on a two-year delay. Information provided in the SCFRAC annual report is from the calendar year two years previous, and therefore, not applicable to the NCANDS reporting year.
2. Information from the county medical examiners' offices is contained in the death records maintained by the Office of Vital Statistics (OVS) housed within the Ohio Department of Health. Currently, Ohio does not have the ability to crosswalk fatality data between SACWIS and Ohio's vital statistics. ODJFS requested and received child fatality data from the OVS. The report includes all deaths, regardless of cause, occurring in individuals 18 years of age and under. However, the children were not able to be reconciled with the child fatality data in Ohio's SACWIS.
3. Law enforcement data does not provide accurate child maltreatment fatality information. There is no statewide organization that collects child fatality data from law enforcement agencies (e.g., municipal, county and township entities). Reporting by law enforcement agencies is voluntary and inconsistent. In addition, the information is limited only to those maltreatment fatalities that were the subject of a criminal investigation.

As a result of this review, the timeliness and accuracy from the various sources was found to be of insufficient quality to support inclusion in Ohio's NCANDS submission.

The SACWIS *Child Fatality or Near Fatality Summary Report* displays detailed data for all recorded incidents of fatalities and near fatalities in a single report. The report can be generated by both agency and state users. State users can generate a statewide report as well as an agency specific report. The report displays details of each fatality or near fatality such as the location of the fatality and near fatality,

the child's demographic information, incident date, roles and relationships of involved parties, and custody status. The report currently displays fatality and near fatality statistics for reports of child abuse and/or neglect on additional Excel tabs.

Additionally, the Office of Families and Children has started a workgroup to create a procedure for reviewing child fatalities in Ohio. The planning includes involvement of local Public Children Services Agencies to review fatalities and near fatalities with the goal of identifying systemic improvements. The team has also proposed making information from the reviews readily available to the public. Additional discussions have been planned for SFY2019 prior to implementation.

CAPTA/BASIC STATE GRANT BUDGET SUMMARY FY 2015 - 2019				
PROGRAM	FFY 2015	FFY 2016	FFY 2017	FFY 2018
CRP/CRB	\$75,000	\$90,000	\$412,800	\$412,800
CASA/GAL Training	\$145,000	\$150,000	\$152,450	\$150,000
Differential Response	\$300,000	\$300,000	\$0.00	\$0
P-SANE	\$125,000	\$125,000	\$125,000	\$63,600
CAPMIS Study	\$500,000	\$300,000	\$298,115	\$0
CARA				\$2,220,913
TOTAL^	\$1,145,000	\$965,000	\$988,365	\$2,847,313

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