

2019 ANNUAL PROGRESS AND SERVICES REPORT



Office of Families and Children

June 29, 2018

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I. General Information

Ohio Department of Job and Family Services

The Ohio Department of Job and Family Services (ODJFS) supervises county offices, located throughout the state, that provide an array of services to Ohioans in need. The mission of ODJFS is to: “improve the well-being of Ohio's workforce and families by promoting economic self-sufficiency and ensuring the safety of Ohio's most vulnerable citizens.”

Programs ODJFS supervises include: cash and food assistance; publicly funded child care; child support; unemployment compensation; workforce job-training programs; adult protective services; and child welfare services. ODJFS information systems support Ohio's service delivery system. Information systems include the: County Finance Information System (CFIS); CRIS-E; Child Support Web Portal; Support Enforcement Tracking System (Child Support); Child Care Information Data System (CCIDS); Employer Resource Information Center (ERIC); ODJFS Benefits; OhioHereToHelp.com; OhioMeansJobs; Ohio Database for Adult Protective Services (ODAPS) application; Ohio Database for Adult Protective Services (ODAPS); and Statewide Automated Child Welfare Information System (SACWIS).

ODJFS, under the provisions contained in the Ohio Revised Code (ORC), is authorized to:

- Act as the single state agency to administer federal payments for foster care and adoption assistance made pursuant to Title IV-E. (ORC 5101.141)
- Administer funds received under Title IV-B of the "Social Security Act," 81 Stat. 821 (1967), 42 U.S.C.A. 620, as amended, and the "Child Abuse Prevention and Treatment Act," 88 Stat. 4 (1974), 42 U.S.C.A. 5101, as amended. (ORC 5103.07)
- Administer the provision of social services funded through grants made under Title XX along with the Departments of Mental Health and Developmental Disabilities. (ORC 5101.46)
- Oversee the Interstate Compact on the Placement of Children. (ORC 5103.233)
- Distribute funds to counties for a part of the counties' costs for children services. (ORC 5101.14)
- Establish and maintain a uniform statewide automated child welfare information system. (ORC 5101.13)
- Fund the Ohio Child Welfare Training Program. (ORC 5103.32)
- Administer Title IV-A programs. (ORC 5101.80, 5107.03)
- Adopt rules governing the management of institutions or associations for children, except for facilities under the control of the Department of Youth Services. (ORC 5103.03)
- Adopt rules governing the requirements of public and private agencies that act on behalf of ODJFS to: recommend pre-adoptive infant foster homes, family foster homes, medically fragile foster homes, and treatment foster homes for certification; and/or accept temporary, permanent or legal custody of children, participate in the placement, or placement of children in foster homes or for adoption; and/or operate group homes, Children's Residential Centers, Residential Parenting facilities, Children's Crisis Care Facilities and private, non-profit, therapeutic wilderness camps, and agencies that operate or provide independent living arrangements.(ORC 5103.03, 5103.54, 5153.16)
- Issue certificates and licenses to recommended foster and/or adoptive caregivers, as well as agencies that act on behalf of ODJFS to: recommend pre-adoptive infant foster homes, family foster homes, medically fragile foster homes, and treatment foster homes for certification; and/or

accept temporary, permanent or legal custody of children, participate in the placement, or placement of children in foster homes or for adoption; and/or operate group homes, Children's Residential Centers, Residential Parenting facilities, Children's Crisis Care Facilities and private, non-profit, therapeutic wilderness camps, and agencies that operate or provide independent living arrangements. (ORC 5103.03, 5103.54, 5153.16)

- Administer and coordinate federal and state funding for publicly funded child care. (ORC 5104.30)
- Adopt rules governing the operations of child day-care centers, parent cooperative centers, part time centers, drop-in centers, and school-age child care centers, type A and Type B homes, and in-home aides. (ORC 5104).

Office of Families and Children (OFC)

Within ODJFS, the Office of Families and Children (OFC) is the designated work unit responsible for state level administration and oversight of the following children and adult services programs:

- Adult Protection
- Adoption
- Child Abuse and Neglect Prevention
- Child Protection
- Child Welfare and Adult Protection Funding
- Child Welfare and Adult Protection Training Programs
- Foster and Kinship Care
- Intersystem and Judicial Collaboration
- Licensing of foster care homes, group homes, and children's residential facilities
- Transitional Youth
- Continuous Quality Improvement

OFC is under the direction of a deputy director; the office is comprised of five bureaus and one statutorily established board (Refer to Appendix A for the Table of Organization). The following information provides a synopsis of each bureau's area of responsibility.

Bureau of Automated Systems

The Bureau of Automated Systems develops and maintains the Statewide Automated Child Welfare Information System (SACWIS). SACWIS serves as Ohio's child welfare system of record.

Available 24 hours a day, 7 days a week, SACWIS is a web-based system used by more than 8,700 individuals at Public Children Services Agencies, Title IV-E Juvenile Courts, and Private Network Agencies. A majority of the users are child welfare caseworkers. The system contains historical and current child abuse/neglect information and flags safety hazards to alert caseworkers in their daily assessment/investigation activities. SACWIS also initiates: (1) monthly adoption subsidy payments for over 19,000 adopted children; (2) monthly reimbursement payments for Title IV-E foster care maintenance; and (3) monthly reimbursement payments for foster care training.

The bureau is also responsible for: (1) generating and transmitting monthly Medicaid eligibility information to the Medicaid Information Technology System (MITS) for approximately 37,177 children; (2) maintaining and responding to requests generated through the SACWIS and OFC Help Desks; (3) responding to ongoing data requests; and (4) transmitting federally mandated reports (Adoption Foster Care Analysis Reporting, Child and Family Services Review Performance Measures, National Child Abuse Neglect Data Systems, National Youth in Transition Data).

Bureau of Child and Adult Protection

The Bureau of Child and Adult Protection develops policy and Ohio Administrative Code (OAC) rules that govern the operation of programs serving Ohio's children and families or elderly adults. This includes policies, procedures and programs for: (1) Children's Protective Services, including Differential Response; (2) substitute care services (adoption, foster care and kinship care, permanency, licensing); and (3) Adult Protective Services. Additionally, the bureau manages targeted services for older youth in substitute care (Transitional Youth).

The Bureau also maintains and responds to requests generated through Ohio's Central Registry, Putative Father Registry, and the Adoption Assessor Registry. Oversight and administration of the Interstate Compact for the Placement of Children (ICPC), the Ohio Child Welfare Training Program (OCWTP), the Ohio Human Services Training System (OHSTS), and Ohio's University Partnership Program also fall within the bureau's responsibilities.

Bureau of Foster Care Licensing

The Bureau of Foster Care Licensing administers all foster care licensing functions and adopts rules governing the requirements of the 265 public and private agencies that act on behalf of ODJFS to:

- recommend 8,918 pre-adoptive infant foster homes, family foster homes, medically fragile foster homes, and treatment foster homes for certification; and/or
- accept temporary, permanent or legal custody of children, participate in the placement, or placement of children in foster homes or for adoption; and/or
- operate group homes, Children's Residential Centers, Residential Parenting facilities, Children's Crisis Care Facilities; private, non-profit, therapeutic wilderness camps, and agencies that operate or provide independent living arrangements.

The Bureau also conducts, as needed, complaint and illegal operation investigations; initiates enforcement actions; and conducts criminal record check reviews using BCI, FBI, employment and training information for foster/adoptive caregivers and agency employees to ensure compliance with Ohio Revised Code and Ohio Administrative Code regulations; manages RAPBACK (Retained Applicant Fingerprint Database Information Exchange) for any foster caregiver and adult household member who is subject to a criminal records check.

Additionally, the Bureau reviews foster care recruitment plans for private child placing agencies and private non-custodial agencies who contract with public children services agencies (PCSA) for foster care and adoption services to ensure compliance with Multiethnic Placement Act provisions.

Bureau for Systems and Practice Advancement

The Bureau for Systems and Practice Advancement works to improve outcomes for children and families served by the child welfare system by: (1) engaging in effective communication and collaboration with other state partners (e.g., the Supreme Court of Ohio, the Ohio Department of Mental Health and Addiction Services, the Department of Youth Services, the Department of Education, the Department of Developmental Disabilities, and the Department of Medicaid); and (2) leading the effort to implement a statewide Continuous Quality Improvement (CQI) system for child welfare.

The Bureau works with state and local child welfare partners to develop and implement Ohio's Child and Family Services (Title IV-B) Plan (CFSP) and the Child and Family Services Review (CFSR) and Program Improvement Plan. Federal reports on CFSP and CFSR activities are prepared by the Bureau.

Additionally, the Bureau oversees the quality assurance system, Child Protection Oversight and Evaluation (CPOE). CPOE is designed to improve services and outcomes for families and children. Current CPOE monitoring activities occur on a 24-month cycle, resulting in each PCSA being reviewed every two years. PCSA strengths and opportunities for improvement are supported through the provision of technical assistance by ODJFS staff. Measurement of PCSA practice is based upon agency-specific data gathered from SACWIS and on-site case reviews. Throughout the process, ODJFS and the PCSA engage in systematic and focused problem-solving by analyzing data to determine achievement of outcomes. After a PCSA review is completed, the PCSA may be required to develop a Plan for Practice Advancement (PPA) to address areas needing improvement. This Bureau also conducts reviews of PCSA compliance with the Multiethnic Placement Act during CPOE reviews.

A new section within the Bureau was created to provide Medicaid Technical Assistance to support the transition of youth from Medicaid fee-for-service to Ohio's managed care plans. This includes children currently in foster care, as well as children who have been adopted from foster care.

Bureau of Fiscal Accountability

The Bureau of Fiscal Accountability: (1) manages all OFC budget and fiscal activities; (2) works with state and federal representatives to oversee OFC budget development; (3) oversees state, federal and grant fiscal management, reporting and fiscal forecasting; and (4) develops cost reports and audit filing processes for public and private agencies (including the establishment of federal foster care reimbursement ceilings that enable agencies to receive reimbursement for children in care).

The IV-E Policy Section: (1) develops policies and OAC rules governing the operation of programs serving Ohio's children and families through Adoption Assistance and Title IV-E Foster Care Maintenance and Adoption Assistance; (2) oversees Ohio's Title IV-E grant agreements with 34 Juvenile Courts to provide Title IV-E supported child welfare services on behalf of unruly and delinquent children; (3) oversees Ohio's federal Title IV-E waiver program, ProtectOHIO; and (4) coordinates various OFC administrative functions.

Young Adults and the Courts

Within the Office of the Deputy Director a project manager is responsible for: (1) overseeing systemic initiatives to improve the investigation and prosecution of child abuse and neglect (e.g., development of

child advocacy centers, forensic interviewing, training for guardians ad litem, first responders for minor victims of human trafficking); (2) coordinating Children's Justice Act and the Court Improvement Program (Supreme Court of Ohio) federal grants; and (3) collaborating with the Supreme Court of Ohio to improve outcomes for the families and children served by Ohio's courts. Additionally, the project manager coordinates programming to improve outcomes for children and families who come into contact with Ohio's child welfare system by improving the manner in which OFC supports the work of its public and private child serving agencies and improving targeted measurements of internal culture and climate that are linked to outcomes for clients.

In addition, a new team has been established in this area to implement Ohio's new Fostering Connections program entitled Bridges. Ohio's extension of Title IV-E for the 18-21-year-old population was launched in February 2018. This effort represents the first time in Ohio's history that a child welfare program is state-administered. The team has implemented policy and program infrastructure needed to serve young adults as they emancipate from the custody of Ohio's PCSAs.

Ohio Children's Trust Fund

The Ohio Children's Trust Fund (OCTF) was established by the Ohio legislature in 1984 to support efforts designed to prevent child abuse and neglect. It does this by providing funds for primary and secondary child abuse and neglect prevention programs. These funds are distributed at both regional and statewide levels. For the regional level, funds are distributed to each Regional Child Abuse and Child Neglect Prevention Council. There are eight regional prevention councils: Northwest Ohio Regional Prevention Council; Northeast Ohio Regional Prevention Council; Central Ohio Regional Prevention Council; Great Lakes Ohio Regional Prevention Council; Western Ohio Regional Prevention Council; Eastern Ohio Regional Prevention Council; Southwest Ohio Regional Prevention Council; and Southeast Ohio Regional Prevention Council. Each child abuse and child neglect regional prevention council is led by a regional prevention coordinator, who collaborates with the appointed members of the council to ensure prevention services are provided to families. On the statewide level, funds are provided to Strengthening Families Ohio, Ohio Infant Safe Sleep Campaign, Human Trafficking Prevention, and Capital University, Family and Youth Law Center via a pilot program to provide services for at risk families. In addition to distributing funds, OCTF provides subject matter expertise and training and technical assistance, responds to public and professional inquiries, develops outreach materials, and researches literature and data.

Additionally, OCTF coordinates and staffs the statutorily established Ohio Children's Trust Fund Board and manages revenue from surcharges on birth and death certificates; divorce and dissolution decrees; Community Based Child Abuse Prevention federal grant funds; and private donations (individuals, organizations, corporations).

Child Welfare Service Delivery

Ohio's child welfare system operates within a State-Supervised and County-Administered structure. Section 5153.16 of the Ohio Revised Code (ORC) outlines the duties of county public children services agencies to provide public care or protective services to children and families and directs the Ohio Department of Job and Family Services under ORC 5153.166 to adopt rules governing public children services agencies' performance of their duties. Under this structure, counties have a great deal of

flexibility in the administration of state policies, and ODJFS has made substantial efforts to fully engage local partners in decision-making, planning and policy development to support practice improvements.

Collaboration

As outlined in Ohio's Child and Family Services Plan submission, the 2015-2019 CFSP was developed through a comprehensive and collaborative process centered on a Continuous Quality Improvement (CQI) framework. OFC has carried this collaborative approach forward into the implementation phase of the plan. Child welfare stakeholders and system partners have been engaged in the implementation of the plan in a variety of ways, including:

- The formation of implementation workgroups to accomplish the various goals, objectives, interventions and benchmarks within Ohio's CFSP;
- Utilization of Ohio's extensive infrastructure for collaboration to support various activities included within the plan; and
- Educational efforts and dialogue with partners and stakeholders about the Round 3 Child and Family Services Review (CFSR), the CFSR Program Improvement Plan (PIP), and assessment of Ohio's strengths and areas needing improvement.

CFSP Implementation Workgroups

Implementation workgroups comprised of OFC staff and system partners were formed to lead specific activities outlined in Ohio's CFSP, which are aligned under the five overarching goals of the CFSP:

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

To date, more than 120 stakeholders (in addition to OFC staff) have formally participated in CFSP implementation activities through OFC's CFSP workgroup structure, and dozens more have participated through other already established stakeholder groups such as Ohio's Differential Response Leadership Council, the Permanency Roundtable Advisory Council, the Ohio Primary Parent Partners Workgroup and the Partners for Ohio's Families Advisory Council.

Members of the CFSP Implementation Workgroups include staff from across all bureaus and program areas of the Office of Families and Children, county child welfare representatives, private agency partners, the Ohio Child Welfare Training Program, and system partners from the Supreme Court of Ohio, the Ohio Department of Medicaid, the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Education, and the Ohio Department of Health.

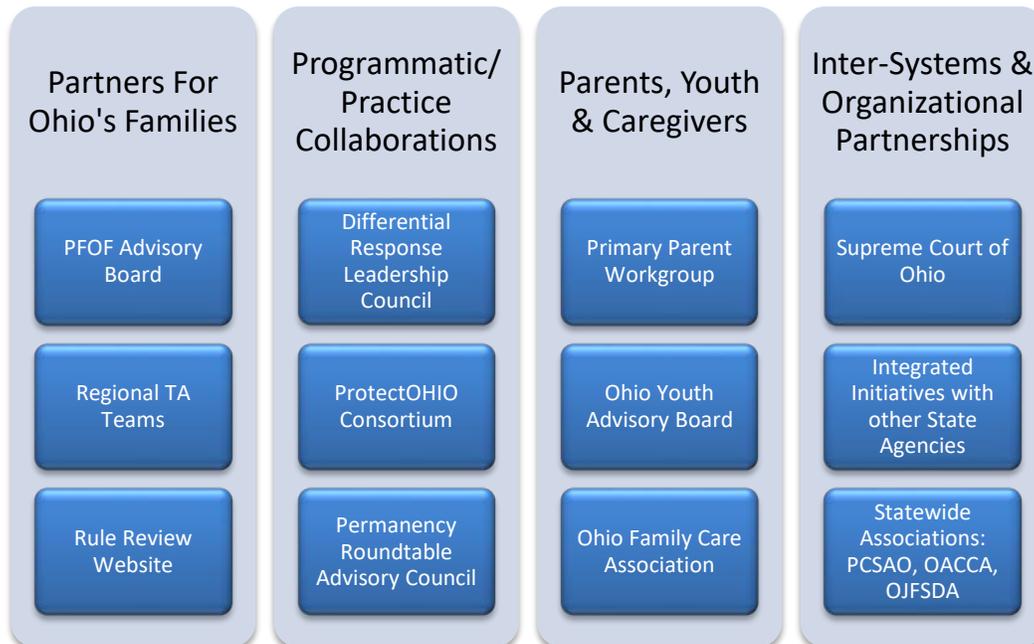
The workgroups and their subcommittees make recommendations about how particular activities are implemented as well as recommendations for needed modifications to the plan. These recommendations have been incorporated in the “Update to the Plan for Improvement and Progress Made to Improve Outcomes” section (Section III) of this Annual Progress and Services Report.

Additional Efforts to Engage Stakeholders

In addition to the CFSP Implementation Workgroups, OFC continues to engage a wide array of local and state child welfare stakeholders through a number of other channels. As noted in last year’s APSR submission, Ohio has developed a strong collaboration infrastructure with multiple avenues for partnership that are well-institutionalized. These channels have provided forums to engage partners in assessing the state’s progress in implementation of the CFSP and making adjustments as needed to the objectives, interventions and benchmarks contained in the plan. All recommendations for adjustments to the plan have been noted in the “Update to the Plan for Improvement and Progress Made to Improve Outcomes” section of this Annual Progress and Services Report.

Following is a graphical representation of Ohio’s collaboration infrastructure and narrative descriptions of how this collaboration infrastructure informs and supports the implementation of the CFSP.

Ohio CFSP Collaboration Infrastructure



1. Collaboration through Partners for Ohio's Families (PFOF)

OFC Regional Technical Assistance Model: Through the Partners for Ohio's Families initiative, OFC established five regional technical assistance teams. These cross-program teams include Technical Assistance Specialists, Foster Care Licensing Specialists, Child Welfare Policy Developers, and SACWIS staff. Through this team structure, county public children services agencies and private child placing agencies have a consistent set of contacts within the state office – a “go to” source for the range of questions or needs that may arise in day-to-day practice. Likewise, members of the team can quickly tap another's expertise in order to provide timely technical assistance on a wide variety of issues. Each of the five teams periodically conducts regional events for the public and private agencies and Title IV-E courts within the region. These regional meetings provide an important forum for discussion and feedback loops with OFC's local partners. The CQI Advisory Team is examining ways to leverage the existing regional team structure to enhance Ohio's statewide CQI efforts.

OFC Rule Review Website: During the Partners for Ohio's Families initiative, OFC and local partners completed a comprehensive rule review of all 271 child welfare rules in Ohio's Administrative Code. To provide an open forum for stakeholder input within this process, a rule review website was established where stakeholders could review rule language and provide comments or suggestions for revision. OFC has transitioned this website from the Midwest Child Welfare Implementation Center to an in-state host in order to make this valuable tool a permanent avenue for stakeholder input. The web address is: <http://www.ohiorulereview.org>.

PFOF Advisory Board: The Partners for Ohio's Families (PFOF) Advisory Board is a leadership body formed through the PFOF initiative. The PFOF Advisory Board is comprised of representatives of local public and private child welfare agencies, OFC, and other child welfare stakeholders, such as the Supreme Court of Ohio, the Public Children Services Association of Ohio (PCSAO), and the Ohio Association of Child Caring Agencies (OACCA). The Board serves as a forum to promote a sustainable and collaborative partnership to improve Ohio's child welfare system. The Advisory Board receives periodic updates on the implementation of Ohio's CFSP and provides guidance and feedback on Ohio's CFSP implementation efforts.

SACWIS Enhancements: OFC's SACWIS team regularly collaborates with public children services agencies and private agencies to develop SACWIS enhancements through Joint Application Design (JAD) sessions and other forums for user feedback, including surveys, HelpDesk inquiries, and planning teams for specific projects, such as the Permanency Roundtable pilot. Feedback from users was utilized in the development of Ohio's CFSP and continues to inform implementation of SACWIS related activities in the plan.

2. Programmatic Collaboration with Local & State Stakeholders

Differential Response Leadership Council: Ohio's guiding body for the implementation of Differential Response, the Leadership Council, is comprised of representatives of county public children services agencies, OFC and the Ohio Child Welfare Training program. This group was initially formed in 2007 to guide the development of Ohio's Alternative Response pilot but has continued to monitor Ohio's progress in implementing a Differential Response (DR) system, examine data related to DR implementation, make recommendations for needed policy or practice adjustments, and serve as mentors for the implementation of high-quality DR practice. The recommendations of the Leadership Council informed

the development of many aspects of Ohio's CFSP, and this group continues to collaborate on the implementation of the CFSP. In particular, the Leadership Council is the primary avenue of collaboration for those activities in the plan designed to promote high fidelity implementation of Ohio's DR practice model and activities connected to the continued growth of the Alternative Response pathway.

ProtectOHIO Consortium: Similar to Ohio's Differential Response Leadership Council, the ProtectOHIO Consortium serves as the guiding body for Ohio's Title IV-E Waiver Demonstration Project. Like the Leadership Council, this group of county representatives meets regularly with OFC staff members and serves as the primary avenue of collaboration for CFSP activities connected to Ohio's Title IV-E Waiver.

Permanency Roundtable Advisory Council: Ohio continued its work with Casey Family Programs to expand the use of Permanency Roundtables and Youth-Centered Roundtables within the state. In launching this pilot initiative in 2014, OFC, the PCSAO and Casey Family Programs came together with interested Ohio counties to form a Permanency Roundtable Advisory Council. At quarterly council meetings all pilot agencies continue to bring successes as well as challenges to the group. The Advisory Council members work together to troubleshoot and come up with solutions for identified issues. The work of the Advisory Council is informing the implementation and evaluation of Permanency Roundtables and Youth-Centered Roundtables in Ohio – one of the key strategies included in the state CFSP.

3. Collaboration with Youth, Parents & Caregivers

Ohio Youth Advisory Board: The *Overcoming Hurdles in Ohio Youth Advisory Board* (OHIO YAB) is a statewide organization of young people (aged 14-24) who have experienced foster care. OHIO YAB exists to be the knowledgeable statewide voice that influences policies and practices that affect all youth who have or will experience out-of-home care. ODJFS continues to provide funding for OHIO YAB. OHIO YAB's 2017 Strategic Plan focus includes: outreach and policy, transitional housing, education, employment, independent living preparation, workforce development, and increasing the youth's voice in court. OFC highly values the perspective of the Youth Advisory Board and has worked to integrate several Advisory Board recommendations into policy and programming, including several strategies targeted in the CFSP.

HOPE (Helping Ohio Parent Effectively) Primary Parent Workgroup: In collaboration with Casey Family Services, the Public Children Services Association of Ohio, and the seven participating Ohio counties, OFC serves as a member of the HOPE primary parent workgroup. HOPE is a statewide family engagement initiative designed to utilize primary parent's experience with the child welfare system to engage and advocate for parents currently involved with the child welfare system. Accordingly, primary parents use their lived experience to serve as peer mentors for current child welfare involved parents by ensuring they have the knowledge and support to achieve the best permanency plan for their children while supporting the parent's recovery, if applicable. This is accomplished by helping recipient parents work with foster/kinship caregivers, caseworkers, and community resources in a way that is affirming, fear-reducing, and solution-focused. HOPE is a key strategy included in Ohio's CFSP.

Ohio Family Care Association (OFCA): OFC partners with OFCA to support more effective collaboration among child welfare professionals, resource families (adoptive, kinship, foster, and respite caregivers), and birth families. Collaborative efforts with OFCA are reflected in several activities within the CFSP, including Ohio's work to implement parent partner programming (described above), efforts to improve

agency practices on engaging fathers and kin, work to address barriers for kinship caregivers, and efforts to engage resource families in a mentoring or partnering capacity with birth families.

4. Inter-Systems & Organizational Collaborations

Partnership with the Supreme Court of Ohio: OFC has a rich history of collaboration with the Supreme Court of Ohio demonstrated through the state’s CFSR Program Improvement Plan and throughout the implementation of previous Child and Family Services Plans. OFC continues to partner with the Court and other system stakeholders through the Supreme Court of Ohio’s Advisory Committee on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency, which serves as Ohio’s Children’s Justice Act Task Force. The recommendations of these leadership bodies were integral to the development of Ohio’s CFSP, and OFC continues to partner with the Court on CFSP implementation activities. For example, the Supreme Court of Ohio has joined OFC’s Continuous Quality Improvement Advisory Team. In addition, ODJFS and the Supreme Court of Ohio partner on the implementation of activities under Ohio’s Children’s Justice Act grant and Ohio’s Court Improvement Project, and the Court was a key partner in the implementation of Ohio’s Title IV-E Program Improvement Plan and the CFSR PIP.

Partnership with other State Agencies: OFC has taken a robust approach to partnership with the various child and family services systems within the state of Ohio. Partners from the education, health, mental health and addiction services, and Medicaid systems directly participated in the development of Ohio’s CFSP and continue to participate in implementation efforts through their contributions to the CFSP Implementation Workgroups. In addition, through the various integrated and ongoing inter-systems initiatives detailed within this APSR, these service systems continue to partner in the implementation and ongoing assessment of Ohio’s 2015 – 2019 CFSP.

Statewide Associations: OFC has established strong collaborations with the PCSAO, the Ohio Job and Family Services Directors’ Association (OJFSDA), and OACCA. ODJFS regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the federal CFSR. In addition, OACCA, PCSAO and OJFSDA participate on a number of different stakeholder leadership bodies alongside ODJFS, including the Partners for Ohio’s Families Advisory Board and several of the programmatic collaborations noted above. Through these avenues, the associations are able to provide input on behalf of their membership on issues related to the implementation of the CFSP.

Partnership with Casey Family Programs: Casey Family Programs has been a strong partner to Ohio since 2007 on a number of important child welfare initiatives, including Differential Response, the Ohio Intimate Partner Violence Collaborative, and Permanency Roundtables. Casey assists Ohio in sponsoring regular convenings of the state’s metro counties. These “Metro County Strategy Days” provide an opportunity for the metro counties to discuss shared challenges and promising practices. These meetings have also become an important feedback loop in Ohio’s CFSR and CFSP implementation efforts. OFC regularly participates in these convenings and has utilized this venue as a forum for discussion regarding the CFSR, statewide outcomes, and implementation of the CFSP.

Collaboration with Tribes: Although there are no federally-recognized tribes located within Ohio, ODJFS continues its work to develop partnerships with tribal representatives within the state. The Native American Indian Center of Central Ohio (NAICCO), a 501(c)(3) non-profit dedicated to improving the lives of American Indian and Alaskan Native (AI/AN) people throughout Ohio, has proven to be a helpful

resource to OFC as we work with counties on issues impacting families with tribal heritage in the state. OFC and NAICCO continue to discuss possible development of formalized training and technical assistance opportunities to enhance engagement of Native American families served by Ohio's child welfare system.

Alignment with CFSR Collaboration Efforts

Implementation of the CFSP is closely aligned with collaborative efforts on the federal CFSR. As noted in last year's APSR submission, joint examination with stakeholders of statewide strengths and areas in need of improvement from CFSR Round 2 informed the development of Ohio's CFSP. Each strategy included in the CFSP was designed to build upon existing strengths or to address areas of practice needing improvement, with the ultimate goal of improving Ohio's safety, permanency and well-being outcomes.

OFC's CQI Advisory Team examined both state options for the CFSR onsite review – a traditional review completed with federal partners or a review process conducted by the state. The CQI Advisory Team recommended that Ohio conduct its own review. As part of Ohio's CFSP implementation efforts, the Advisory Team made recommendations for the development of an inter-agency peer review process. The concept of peer review was integrated into Ohio's CFSR methodology, and the CQI Advisory Team will continue to examine how peer review may be leveraged as an ongoing resource for counties after the CFSR.

OFC has shared information with child welfare partners and stakeholders on Ohio's implementation of the CFSR and the CFSR PIP. Presentations have been conducted on the CFSR for executive leadership and administrators of Ohio's public children services agencies through PCSAO, Ohio's juvenile court judges and magistrates through the Supreme Court of Ohio's Judicial College, Ohio's Title IV-E Courts, the Ohio Association of Child Caring Agencies' conference, and the OFC Continuous Quality Improvement Advisory Team.

OFC has also published a series of articles on the CFSR in its "First Friday" newsletter. The articles have included an overview of the CFSR process and the selection of counties which are partnering with ODJFS in the review; announcement of the CFSR Peer Reviewers; and an article detailing the connections between the CFSR, the CFSP and CQI efforts. In the April 3, 2018 edition the CFSR Round 3 results were presented as well as information on PIP development.

Collaboration on Ohio's Title IV-E PIP

The Children's Bureau conducted a primary review of the Ohio Department of Job and Family Services' Title IV-E foster care program in September 2013. Ohio was found not in substantial compliance and developed a Program Improvement Plan (PIP) designed to correct areas of non-compliance. Ohio's PIP was approved by the Children's Bureau in September 2014. ODJFS engaged various stakeholders in the development and implementation of Ohio's Title IV-E PIP, including: the Supreme Court of Ohio, the Ohio Attorney General's Office, the Ohio Department of Mental Health and Addiction Services, local judges and magistrates, prosecutors, PCSAs and Title IV-E courts.

Ohio completed all activities for the four outcomes in the approved Program Improvement Plan in August 2015. The final report was submitted to ACF in September 2015.

During the week of October 31, 2016, the Children’s Bureau, Administration for Children and Families conducted a secondary review of Ohio’s Title IV-E foster care program. In a letter dated April 25, 2017, the Children’s Bureau determined the state’s tile IV-E foster care program was in substantial compliance with federal eligibility requirements for the period under review.

Ongoing Collaboration

ODJFS plans to continue the avenues for stakeholder engagement and collaboration described above throughout the implementation of the 2015 – 2019 Child and Family Services Plan. Additional CFSP Implementation Workgroups will be formed as needed to address future components of the CFSP. OFC will also use other existing channels, as noted above, as we work with our partners on an ongoing basis to:

- Examine the state’s data – both qualitative and quantitative findings gathered from case reviews, statewide administrative data, stakeholder feedback, training system data and other sources;
- Reach data-informed conclusions about strengths in practice as well as areas in need of improvement;
- Assess statewide progress on the implementation of the CFSP, including successes and barriers or challenges to implementation;
- Monitor the impact of the plan on outcomes;
- Identify other prospective solutions; and
- Make needed adjustments to the CFSP.

Periodic updates on the progress of initiatives included in Ohio’s CFSP are provided through presentation and discussion in various venues such as PCSAO Executive Directors Meetings, quarterly CQI Advisory Team meetings, Supreme Court of Ohio Advisory Committee on Children, Families and the Courts and Children’s Justice Act Task Force meetings, and workshops at the PCSAO and OACCA annual conferences.

II. Update on Assessment of Performance

Pursuant to guidance received from the Children's Bureau – Region 5, Administration for Children & Families, ODJFS was not required to do an update since the Round 3 CFSR Report was issued and contained all the necessary updates for this section of the APSR. Refer to: <http://jfs.ohio.gov/ocf/CFSR-OH-FinalReport-2017.stm>

The CFSR PIP was also submitted on June 4, 2018 and contained additional information on assessment of performance.

III. Update to the Plan for Improvement and Progress Made to Improve Outcomes

Introduction

This update to Ohio’s Plan for Improvement includes a progress report on all activities scheduled for Year four of the Child and Family Services Plan. Unless otherwise noted, interventions and benchmarks for Year 5 are not included in this update. Revisions are noted within this section and are included in an updated chart of Goals, Objectives, Interventions and Benchmarks (Appendix H).

ODJFS has included updated performance data based on the state’s current performance on the CFSR data indicators, the results of the state’s ongoing case review process (CPOE Stage 10), and the results from Round 3 of the CFSR. Wherever possible throughout this section of the APSR, interim data or related performance measures are also included under the subheading ***Progress Measures***.

For each objective and intervention identified in the CFSP, updates on Ohio’s progress on Year 4 Benchmarks are noted under the subheading ***Progress Report***. Where feedback loops were established in support of the goals and objectives of the CFSP, these are identified under the subheading ***Feedback Loops***. Other, ongoing avenues for stakeholder feedback are also noted throughout this section within the progress reports for each benchmark.

Implementation Supports

As noted in the CFSP submission, the design of Ohio’s CFSP reflects the principles of implementation science. Thus, the required supports, or “drivers,” needed for quality implementation processes are embedded seamlessly throughout the plan. These include, but are not limited to:

- CQI tools to support staff performance improvement;
- Resources to address the unique needs of supervisory staff and agency leadership in facilitating change;
- Data system enhancements to support effective decision-making; and
- A variety of interventions designed to address systemic barriers and enhance inter-systems collaboration and supports.

Goal 1: Ohio will strengthen its child welfare statewide Continuous Quality Improvement (CQI) system to drive practice improvement resulting in better outcomes for the safety, permanency and well-being of Ohio’s children and families.

<p>Measures:</p> <ol style="list-style-type: none"> 1.) Development of a CQI Action Plan to track specific issues, identify action steps and anticipated results, and to document the actual results of the action steps and lessons-learned over time. 2.) Improved performance on targeted case review items and data indicators to be determined by Ohio’s CQI Advisory Team. 	<p>Updated Performance:</p> <ol style="list-style-type: none"> 1.) Development of Ohio’s CQI infrastructure and action plan is ongoing. See narrative below. 2.) Updated performance data are included for each CFSP Goal. These measures reflect Ohio’s performance on the revised CFSR National Standards, results from CPOE Stage 10, and results from the CFSR.
<p>Goal 1: Objective 1 Further develop Ohio’s statewide CQI infrastructure.</p>	

Update on Progress Made to Improve Outcomes

Feedback Loops:

As noted in last year’s APSR submission, Ohio has instituted a CQI Advisory Team to support the ongoing development of Ohio’s statewide system of Continuous Quality Improvement in child welfare. The Advisory Team includes representatives of county public children services agencies of all CPOE size categories and regions across the state, private child welfare services agencies, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the statewide associations for Ohio’s public and private agencies, and all bureaus within the Office of Families and Children.

As set forth in its charter:

The OFC CQI Advisory Team is a leadership body dedicated to improving outcomes for the children and families served by Ohio’s child welfare system. The Advisory Team will accomplish this goal by guiding the implementation of the Continuous Quality Improvement (CQI) plan included within Ohio’s 2015-2019 Title IV-B Child and Family Services Plan. Through effective collaboration among child welfare partners, the Advisory Team will:

- Develop a fully-articulated, written framework to serve as the foundational document for Ohio’s statewide system of CQI for child welfare;
- Make recommendations to increase the accessibility and integrity of data for child welfare professionals in a variety of roles (front-line practitioners, supervisors, child welfare agency administrators, state staff and partners);
- Serve as champions for the development of a statewide “CQI Community” and make recommendations to support increased sharing of information and resources related to CQI across agencies;

- Make recommendations for the design of a multi-county Peer Review process and explore the feasibility of integrating county Peer Review with CPOE and/or CFSR Round 3 case reviews;
- Serve as an ongoing leadership forum to provide guidance on Ohio’s statewide system of CQI; and
- Promote a sustained focus on advancing practice and improving outcomes for children and families.

Five CQI Advisory Team subcommittees have been established to focus on the following areas of Ohio’s CQI plan:

- **Statewide CQI Community:** This Subcommittee is responsible for establishing a mechanism for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources. Along with information-sharing, this Subcommittee is responsible for recommendations to support a statewide “CQI Community of Practice.” This Subcommittee’s work is ongoing.
- **Peer Partnership:** This Subcommittee was charged with designing a multi-county and/or regional Peer Review structure to be implemented on a pilot basis. With this Subcommittee’s input, Ohio integrated a peer review component into its state-led CFSR. This Subcommittee will continue to plan for the feasibility of an ongoing Peer Review Network as a resource for counties after the CFSR.
- **Data Reports:** This Subcommittee is responsible for making recommendations to guide the development of user-friendly, standardized data reports; make data more accessible to practitioners, supervisors and agency administrators; and strengthen statewide use of performance data. This Subcommittee’s work is ongoing.
- **New Initiatives:** This Subcommittee is responsible for monitoring, identifying, and recommending projects to support new and current child welfare initiatives. The subcommittee will also be responsible for developing and implementing such projects to align and further advance the mission and goals of child welfare initiatives through partnership with public and private agencies.
- **CQI Framework:** This Subcommittee was charged with developing a written CQI Framework to include a description of Ohio’s overarching CQI process and detailed recommendations based on CQI best practices, Children’s Bureau recommendations, the recommendations of national child welfare organizations (such as NAPCWA), and local CQI methods. This Subcommittee has completed its charge.

Intervention 1: Develop a written CQI Framework to include a description of Ohio’s overarching CQI process and detailed CQI recommendations.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.
- 3) Completed in Year 2.
- 4) Completed in Year 2.

- 5) Completed in Year 2.

Intervention 2: Establish a mechanism for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 2.

Benchmark 3: Implement best solution/option identified that matches stakeholder needs. (Years 3-5)

Progress Report:

An Ohio Child Welfare Learning Collaborative (OCWLC) was established in January of 2018 and is an outgrowth of the Statewide CQI Community Subcommittee, which is part of the larger Statewide CQI Advisory Council. The OCWLC was designed to: 1) support the development of a network of child welfare professionals, working in various roles and capacities, across the state; 2) share and support CQI efforts across and between public agencies, private agencies, and IV-E courts; 3) create and sustain tools to help agencies develop and maintain a learning culture within their organization; and 4) to ultimately improve safety, permanency, and well-being outcomes for children and families involved with Ohio's child welfare system.

- 1) **Develop and plan a series of Practice Profile Webinars to help public and private agency staff improve fundamental social work practice skills.**

On January 24, 2018, OCWLC began offering a monthly webinar series focused on the Differential Response Practice Profiles to help public and private agency staff use simple CQI activities to improve fundamental social work practice skills. The profiles describe 10 core behaviors that guide best casework practice: engaging, assessing, partnering, planning, implementing, evaluating, advocating, demonstrating cultural and diversity competence, communicating, and collaborating. Each monthly 1.5-hour session is designed to highlight a practice profile skill, give examples of the skill in action, teach participants how to assess their own skill level in this area, and provide tips for supervisors on how to coach others to advance this skill. Subsequent webinars were held on February 28, 2018, March 28, 2018, April 25, 2018, May 23, 2018, and June 27, 2018. The remaining dates for the series are: July 25, 2018; August 22, 2018; September 26, 2018; October 24, 2018; November 28, 2018; and December 19, 2018.

- 2) **Establish the OCWLC list serve and email box.**

Child welfare professionals across the state can sign-up for the OCWLC list serve to receive learning resources related to the CQI process and Ohio's Practice Profiles. This email box also acts as a means for individuals and agencies to ask questions and establish a network with their peers and colleagues across the state. For example, if an agency wants to improve a specific practice or process they can reach out through this email box and the CQI team will put them in touch with others across the state that have had success in improving that specific practice or process. The OCWLC list serve was launched on January 8, 2018.

3) Utilize the monthly First Friday publication to highlight the OCWLC ‘Back to Basics’ approach and the Practice Profile of the month. ‘

The CQI Corner is a recurring column promoting continuous quality improvement in child welfare. CQI is an ongoing cycle of evaluation, improvement and implementation. Most child welfare professionals are familiar with CQI on a macro level – for example, to monitor new programs – but CQI is equally effective on a daily casework practice level.

Each month, public and private agencies and IV-E courts are invited to submit articles to share and highlight how they are using CQI in daily casework practice. ODJFS is also aligning these CQI examples with the profile of the month to help reinforce ideal practice in our work with families and children.

4) Create the OCWLC webpage to post links to the Practice Profiles Webinars, practical application tools, and best practice resources to promote continual learning.

This page can be accessed at the following link: <http://ifs.ohio.gov/ocf/Ohio-Child-Welfare-Learning-Collaborative.stm>.

Through the creation and utilization of multiples avenues/forums for child welfare professionals across the state to share and receive policies, protocols, tools, and resources related to CQI; the OCWLC hopes to maximize its reach and impact safety, permanency, and well-being outcomes for families and children involved with Ohio’s child welfare system.

Intervention 3: Establish CQI Coaching for ODJFS and county Public Children Services Agencies (PCSAs) through the Ohio Child Welfare Training Program (OCWTP).

Benchmarks:

- ~~1) Collaborate with OCWTP to develop CQI Coaching goals, objectives and activities that are aligned with Ohio’s CQI Framework. (Year 4)~~
- ~~2) Collaborate with OCWTP to identify qualified CQI Coaches. (Year 4)~~
- ~~3) Implement CQI Coaching program and evaluate the impact of the program through ongoing participant feedback. (Years 4-5)~~

Progress Report:

Due to the extensive work required to conduct Ohio’s Round 3 CFSR and develop the CFSR Program Improvement Plan (PIP), this Intervention needed to be eliminated.

Intervention 4: Develop and pilot test a multi-county/regional Peer Review process.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 3.
- 3) Completed in Year 3.

Benchmark 4: Establish final recommendations regarding the ongoing implementation of regional/multi-county Peer Review. ~~(Year 4)~~ **(Year 5)**

Progress Report:

During the February 8, 2018 meeting of the Peer Review/Partnership Subcommittee, the team discussed the use of public and private agency reviewers during the CFSR. It was noted that the training provided by ODJFS assisted them in being an equal partner in the CFSR case review and case participant interviews. It was recommended that the sub-committee should look at the process used and consider using peer reviewers when a county requests assistance in evaluating their cases. Additionally, an email request was made to the CQI Advisory Group members for copies of their agency's peer review tools to solicit further ideas regarding implementation of regional/multi-county peer reviews.

However, due to the extensive turnover in membership, including the chairs of the Subcommittee, during the year this benchmark has been moved to Year 5. A new co-chair has just been appointed and a request for new members to join this subcommittee has been made.

Goal 1: Objective 2

Increase accessibility of SACWIS data and improve data integrity to support CQI activities.

Update on Progress Made to Improve Outcomes

Intervention 1: *Update standardized data reports for new federal CFSR measures and develop user friendly reports on state and county performance on critical child and family outcomes to be shared regularly with stakeholders.*

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 2.

Benchmark 3: Provide counties with multiple options for reviewing/receiving performance reports based upon user preferences/needs. (Years 1-5)

Progress Report:

The *Comprehensive Visitation Report* was automatically generated and distributed to specified contacts via email. Additional critical reports are available to users via SACWIS on-line reports, Results Oriented Management (ROM) and our Business Intelligence Channel (BIC). Additional ROM deliverables to automate report distribution are included in the contract for State Fiscal Year 2019.

In addition to increasing the number of reports available under the SACWIS and ROM platforms, Ohio has acquired state of the art software called SAS Visual Analytics and SAS Visual Statistics. Ohio is the third government to purchase this software, and the first child welfare entity. The strength of this software is that it produces cloud based calculations on multiple databases simultaneously. Initial plans include deploying a real-time dashboard to counties focusing on improving their assessment protocols. Counties will view multiple graphics on one page showing analyses, such as the number of investigations, length of

time to complete the Safety Assessment, length of time to obtain supervisor approval of the Safety Assessment, length of time to see the ACV for the first time, number of visits during the investigation phase, levels of risk, and decision to close or transfer the case to on-going. Some of the above measures are currently available, but they each exist in a separate report, making it difficult to see important patterns at a glance.

Benchmark 4: Implement strategies to increase awareness of data trends, performance indicators and data integrity priorities in collaboration with stakeholders and state CQI, Monitoring, Policy and SACWIS staff. (Years 1-5)

Progress Report:

ROM maintains reports that show current performance against CFSR measures. Data from the CFSR performance measures was also shared with stakeholders, state staff, IV-E Courts and Public Children Services Agencies (PCSAs) during the CFSR Exit meetings conducted on March 12, 2018 and March 13, 2018 by HHS and via the CFSR Round 3 Final Report. During CPOE Stage 11, a discussion occurs on data trends, performance indicators, and data integrity priorities.

However, since 2015 Ohio has awaited the Children’s Bureau’s computer syntax to compute the Federal Performance Measures. Ohio believes this syntax is a crucial element in a well-functioning environment, centered on improvement. To this end, Ohio has cooperated with the Children’s Bureau, whenever it has requested, in testing the syntax and providing feedback. Unfortunately, the Children’s Bureau has refused to release a final version of syntax that would allow Ohio to see itself as the Children’s Bureau sees Ohio. Ohio’s inability to run this syntax against its own data hampers direct improvement efforts on the Federal measures. Ohio believes these measures are well conceptualized, and would be among the most helpful data that could be provided to PCSAs. In absence, Ohio has continued to inform its partners other measures and trends in individual and group meetings with counties, meetings at the Supreme Court of Ohio, and in CQI meetings. (Note: Per email from Barbara Putyra on April 17, 2018, the Children’s Bureau does not expect the CFSR measures to be included in the PIP.)

Intervention 2: Collaborate with the Ohio Child Welfare Training Program (OCWTP) to integrate SACWIS into identified OCWTP trainings to improve data entry and integrity.

Benchmark 1: OCWTP will develop a set of self-instructional tools to train staff on SACWIS, including: online modules, using detailed screen shots and accompanying verbal and print instructions, and quick-start guides for groups of SACWIS functions. (Years 1-5)

Progress Report:

As of April 11, 2018, analytics for CFSP Year 4 indicate 6,806 views of 13 pages – a 59% increase over 2017. Below is a list of the SACWIS resources and corresponding number of views per resource:

Resource	Views
Linking Case Services to Case Plan Concerns	748
Quick Start Guides	701
Completing a Case Review	557
Completing a SAR	607
Adding Placement Information to the Case Plan	482
Recording a Case Service	584
Linking and Unlinking Visitation Plans to the Case Plan	464
Recording Person Characteristics Records	404
Linking Intakes to an Adoption Case	493
Adding a Service Referral within a Case Service	526
Completing a Service Review within a Case Review	518
Completing Health Information for the JFS 1443 (Child's Education and Health Information Report)	385
Completing Education Information for the JFS 1443 (Child's Education and Health Information Report)	337

By June 30, 2018, it is anticipated several of the above tools will be revised to reflect upgrades in SACWIS functionality for caseworkers and supervisors. Additionally, it is anticipated the following SACWIS self-instructional tools will be developed for the following:

- Family assessments
- Safety assessments
- Coding activity logs
- Ending case services (placement)
- Ending case/service participants
- AFCARS
- How to manage SACWIS notifications
- County transfers
- Approvals

Benchmark 2: OCWTP will provide SACWIS learning labs for select prioritized trainings. (Years 2-5)

Progress Report:

Caseworker Core Learning Labs

During CFSP Year 4, 146 Caseworker Core Learning Labs were held with 2,045 attendees, and an additional 41 labs scheduled by June 30, 2018 with 451 registered to date. These learning labs follow Caseworker Core workshops and focus on completion of CAPMIS tools in SACWIS. During these learning labs, each participant enters case information into the SACWIS learning environment.

Name of Learning Lab	Workshops conducted between July 1, 2017 to March 30, 2018	Workshops scheduled between April 1, 2018 to June 30, 2018
Learning Lab: <i>Assessing Family Strengths and Needs and Risk of Future Harm</i>	38	9
Learning Lab: <i>Assessing Safety and Controlling Safety Threats</i>	36	9
Learning Lab: <i>Assessment Skills for Gathering Facts in Child Protective Services</i>	34	10
Learning Lab: <i>Service Planning</i>	38	13

Additionally, OCWTP staff revised SACWIS training environment cases for Casework Core learning labs to:

- Correct all trainee slot case participants' date of birth to reflect proper ages of participants.
- Correct identified inconsistent case details across all 225 trainee case scenarios to align across all RTCs.

It is anticipated that by June 30, 2018, 50 additional SACWIS cases will be replicated for Caseworker Core Modules IV and VI to accommodate increased offerings of Caseworker Core. Contract staff replicated SACWIS sample case setup in the training environment for 25 additional trainee slots for Caseworker Core Learning Labs.

Assessor Learning Lab

Documenting the Assessment for Child Placement in SACWIS is a highly specialized learning lab that provides instruction for adoption and foster care assessors on how to document the Assessment for Child Placement (the home study) in SACWIS. This learning lab was offered three times with a total of 17 participants and is scheduled to be offered three more times before June 30, 2018. Three sessions were cancelled. It was offered or scheduled in six of the eight regions.

Benchmark 3: SACWIS coaches will be prepared and deployed through OCWTP to assist PCSA staff in person or through web-based interface. (Years 1-5)

Progress Report:

OCWTP maintains a list of SACWIS coaches. Between July 1, 2017 and April 15, 2018, SACWIS coaching was requested and implemented in three counties across the state with caseworkers and supervisors.

Benchmark 4: OCWTP trainers will be provided with information and technical assistance to help them integrate SACWIS screens into identified and prioritized, trainer-developed workshops. (Years 3-5)

Progress Report:

During this time period the following OCWTP activities have occurred:

- SACWIS information was incorporated into module two of the Bridges training series, *Implementing the Bridges Program*. The Bridges training series trains staff and supervisors on Ohio's new foster care extension program.
- In a training entitled, *Supervising Quality Case Planning*, supervisors bring CAPMIS tools (family assessments and case plans) from their own units to practice key supervision strategies and case planning concepts to help them develop their caseworkers' skills in case planning. Between July 1, 2017 and April 15, 2018, the course was trained five times with 47 participants. One additional training is scheduled for June 6, 2018.

This benchmark has been discussed numerous times by various OCWTP work teams. OCWTP staff believe it is unrealistic to think that many of the trainers could adequately handle instruction and discussion about SACWIS. As a result, OCWTP staff approached one of the SACWIS coaches to develop written instructions, with SACWIS screen shots to explain how to enter data for priority topic areas (substance abuse, domestic violence, mental health). This will be distributed during training and will also be posted online. Other topic areas will be identified as needed.

Benchmark 5: ODJFS will collaborate with OCWTP to provide workshops for child welfare supervisors on SACWIS reports and how to use BIC and ROM to mine data from SACWIS to track case-related activities and generate reports to support agency CQI activities. (Years 1-5)

Progress Report:

Managing for Outcomes: Using SACWIS Data to Improve Unit Performance was offered one time during CFSP Year 4 with nine supervisors in attendance.

Intervention 3: Develop practice fidelity measures and companion reports based on Ohio's Differential Response Practice Profiles that can be used by direct services staff and their supervisors to drive practice improvement efforts.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.
- 3) Completed in Year 3.

Benchmark 4: Track correlations between child and family outcomes and level of fidelity to the practice model. (Years 4-5)

Progress Report:

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

- 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 assist supervisors assess and provide feedback to workers on skills noted in their SACWIS documentation of their work with families. The case review tool will also 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. As of the writing of this status report, there were no supervisors who could confirm consistent use of the case review tools and had not utilized other tracking methods to monitor correlations between child and family outcomes based upon fidelity to the practice model.

DR/Policy staff joined the Statewide CQI Committee and have featured monthly webinars on each of the ten Ohio Practice Profile skills to assist with educating casework staff with back to basics skills and providing sustainability coaching activities to strengthen practice and model fidelity across the state.

Intervention 4: Continue SACWIS enhancements to improve data collection and timely and accurate reporting.

Benchmark 1: Implement all steps required to complete Ohio's AFCARS improvement plan. (Years 1-5)

Progress Report:

Ohio's AFCARS Improvement Plan was successfully completed in May 2017. Ohio's SACWIS team continues to modify the AFCARS code to account for the new Bridges (Fostering Connections) population.

Benchmark 2: Provide timely and accurate submissions of federal data. (Years 1-5)

Progress Report:

All federal reports, including AFCARS, NCANDS, NYTD, and IV-B Visitation were submitted timely.

Benchmark 3: Collaborate with stakeholders to develop a plan to address SACWIS federal compliance findings and address ongoing user needs. (Years 1-5)

Progress Report:

Ohio has utilized the 2-year transition period to determine whether or not Ohio will become a CCWIS state. During this time period, Ohio's SACWIS Integrated Project Team has worked to provide users with numerous fixes, enhancements and new functionality to meet their business needs. Ohio's child welfare information system was noted as a strength in the CFSR Round 3 Final Report.

Goal 1: Objective 3
Further integrate CQI into Ohio's Technical Assistance and CPOE Review Processes.

Update on Progress Made to Improve Outcomes

Intervention 1: Integrate Ohio's Differential Response Practice Profiles and CAPMIS (assessment model) quality review into the Child Protection Oversight and Evaluation (CPOE) review process.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 2.
- 3) Completed in Year 3.
- 4) Completed in Year 3.

Benchmark 5: Revise new CPOE components as needed after pilot and implement statewide. (Years 3-5)

Progress Report & Feedback Loops:

CPOE Stage 11 was revised to move from a micro, compliance driven review, to a systemic practice driven review. The CFSR ORSI tool is used to conduct the review, with the same lens as the CFSR. This will allow ODJFS to determine if the issues in the 73 counties are the same as the identified systemic issues of the 15 counties that participated in the CFSR Round 3. In addition, the report format was revised to mirror the federal CFSR report, and also moved from a regurgitation of the review tool on each case to focusing on the big picture, systemic issues. The inclusion of data reports to support or provide a different perspective on the case review findings are also a major component of the report. Lastly, the continuous quality improvement plan has changed and been renamed to the Plan for Practice Advancement (PPA). The focus has changed from addressing every item the agency did not achieve to an overarching, results oriented approach.

Following conclusion of the first quarter of CPOE Stage 11 reviews, as well as each remaining quarter, a survey will be sent to participating counties requesting feedback on the revised CPOE method of review.

Intervention 2: Revise CPOE protocol to strengthen use of performance data.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.

Benchmark 3: Prepare and provide all PCSAs with a county-specific performance report on key measures during the CPOE review cycle. Include comparison data for similar counties within the performance report. (Year 3-5)

Progress Report:

Status Update Reports were provided during CPOE Stage 10. For each Item reviewed, information was provided on the level of performance by case type (substitute care, alternative response, in-home).

Additionally, at the conclusion of CPOE Stage 10 a *Comprehensive Child Protection Oversight and Evaluation Stage 10 Report* was disseminated to counties. Included in the report was information on:

- Compliance by case type for all items reviewed.
- Compliance by CPOE Size Grouping (major-metro, metro, large, medium, medium-small, small).
- CPOE Stage 10 results in comparison to CPOE Stage 9 results.
- Identified Strengths and Areas Needing Improvement for all items reviewed.

To facilitate discussion of CPOE Stage 10 results at OFC Regional meetings, each of the 5 regions received their own results. Regional results presented information on how the region performed in comparison to State performance for each item.

Intervention 3: Create an agency self-assessment tool for PCSAs to complete as part of the CPOE process. This tool would connect to and support agencies' individual CQI or Quality Assurance processes.

Benchmarks:

- 1) Completed in Year 3.
- 2) Pilot the agency self-assessment tool with volunteer sites. (Year 4)
- 3) Revise the self-assessment tool as needed after pilot testing and assess the feasibility of full statewide implementation. (Years 4-5)

Progress Report & Feedback Loop:

The self-assessment tool was presented to PCSAO and the CQI Advisory Board for feedback. The pilot counties and the first quarter CPOE Stage 11 counties have completed the self-assessment tool. Feedback from the TASs has been positive and revisions are currently not needed. At the conclusion of CPOE Stage 11, counties/courts will be surveyed on their perceived usefulness of the tool and results will be used to determine if modifications are needed. Additionally, it should be noted that data captured in the Self-Assessments has been used to design strategies/interventions for the CFSR PIP.

Intervention 4: Establish process to strengthen inter-rater reliability for CPOE reviews and Quality Improvement Plan (QIP) development.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 1.
- 3) Completed in Year 1.

Benchmark 4: Technical Assistance Managers will separately review (w/ each TAS) at least one case per quarter for accuracy. (Years 1-5)

Progress Report:

QA level 1 reviews are conducted on a random sample of cases by the Technical Assistance Managers (TAMs). QA Level 2 is also conducted by the TAMs on other TAMs QA Level 1 cases. In addition, in December 2017 and January 2018 the Technical Assistance Specialists (TAS) and TAMs met to discuss rating discrepancies. Any unresolved issues were reviewed by the TAMs and written directions were

provided. It is important to note, that for the majority of issues, referring to the CFSR instructions and frequently asked questions would provide direction.

Intervention 5: Enhance OFC Regional Technical Assistance process to incorporate CQI practices.

Benchmarks:

- 1) Regional Technical Assistance Teams will regularly review data (e.g., county self-assessments, SACWIS data, CPOE and licensing site visit results) for the PCSAs and private agencies within their region. (Years 1-5)
- 2) Team members will proactively offer the counties and agencies in the region an opportunity to jointly review and discuss their data. (Years 1-5)
- 3) Per county and agency requests, the team will consult with the private agency or PCSA to develop an appropriate action plan and assess progress. (Years 1-5)

Progress Report:

CPOE Stage 10 results were compiled by OFC Region and were issued in a Regional Report format so that teams could discuss results from a more regional focused perspective. Additionally, specified reports are listed in the CPOE 11 Framework. Technical assistance staff review these reports with agency staff at their CPOE entrance conferences. Technical assistance specialists also provide data as part of agency's CPOE reports.

Regional Teams meetings have served as a forum for soliciting comments and discussing upcoming changes in rules governing licensing, child protection, ICWA, Kinship/Child Care, CARA, IV-E, and Bridges. Due to retirement of staff in counties, requests have been received for technical assistance on IV-E Eligibility, which was provided. A metropolitan county also requested a reporting training on the Results Oriented Management (ROM) and SACWIS reporting training, which was provided to assist the agency in utilizing data for CQI. An additional ROM and SACWIS regional training was provided to representatives from five smaller northern counties.

Goal 1: Objective 4
Apply CQI principles to improve casework practice and supervision.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen implementation of Ohio's CAPMIS assessment and case planning model.

Benchmarks:

- 1) Completed in Year 3.
- 2) Completed in Year 2.

Benchmark 3: In collaboration with OCWTP, integrate CAPMIS, Differential Response, and SACWIS into Caseworker Core training modules. (Years 1-5)

Progress Report:

By June 2018 IHS will have:

- Made final revisions to the Caseworker Core Module: *Legal Aspects of Family-Centered Child Protective Services* to include CAPMIS and Differential Response concepts. There are no applicable SACWIS concepts to be included in that workshop.
- Made first draft revisions of the Caseworker Core Modules: *Child Development: Implications for Family-Centered Child Protective Services*, and *Separation, Placement, and Reunification in Family-Centered Child Protective Services* to include CAPMIS and SACWIS concepts.

Benchmarks:

- 4) Completed in Year 3.
- 5) Completed in Year 2.
- 6) Completed in Year 2.
- 7) Completed in Year 2.

Intervention 2: Develop resources to promote fidelity to the practices detailed in Ohio's Differential Response Practice Profiles.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.
- 3) Completed in Year 2.
- 4) Completed in Year 2.

Intervention 3: Provide professional development resources to assist supervisors in implementing effective supervision practices.

Benchmark 1: In collaboration with OCWTP, develop and provide training, coaching and Guided Application and Practice sessions for supervisors on the facilitation of group supervision and use of a case consultation and information sharing framework. (Years 1-5)

Progress Report:

OCWTP maintains the following series of trainings and Guided Application and Practice sessions to support supervision of Differential Response. These courses have been available for several years and, as a result, requests for the trainings have decreased.

- *Group Supervision that Supports Family Engagement*
 - 1 session held with 6 participants; 1 session scheduled with 7 participants.
- *Coaching in Child Welfare: Using the Practice Profiles*
 - No sessions scheduled.
- *Differential Response – Lessons Learned*
 - No sessions scheduled.
- *Differential Response – What's Next?*

- 1 session scheduled but canceled due to low registrants.
- *Group Supervision Using the Clinical Consultation Framework*
 - No sessions scheduled.
- *Supervising Differential Response*
 - No sessions scheduled.

Benchmark 2: Completed in Year 1.

Intervention 4: Improve the quality and frequency of caseworker visits with parents and children.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.
- 3) Completed in Year 2.
- 4) Completed in Year 2.
- 5) Completed in Year 2.

Goal 1: Objective 5
 Implement innovative and evidence-based or evidence -informed child welfare practices to improve safety, permanency and well-being outcomes for children and families.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen Ohio’s implementation of Differential Response and expand use of the Alternative Response pathway statewide where appropriate.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.

Benchmark 3: Utilize DR Sustainability Consultation and other technical assistance opportunities to discuss screening and pathway assignment. (Years 1-5)

Progress Report:

ODJFS continues to provide technical assistance, consultation and one-on-one coaching to support DR systems within county agencies upon request. Additionally, the Institute for Human Services (OCWTP) continues to offer individual DR coaching and sustainability opportunities upon county request.

During this reporting period, OFC DR/Policy staff joined the Statewide CQI Committee and worked on the development of monthly webinars on each of the Ohio Practice Profile skills to assist with educating back to basics and providing sustainability activities to strengthen practice model fidelity across the state. The Webinar series commenced on January 24, 2018 with a Practice Profile Overview. Over 350 participants joined the Webinar (51 PCSAs, 17 private agencies, and 8 Title IV-E courts). The next Webinar addressed

Engaging and there were 375 participants (45 PCSAs, 12 private agencies, 4 IV-E courts). For the next Webinar *Assessing* was addressed. A total of 270 participants were on the Webinar (44 PCSAs, 11 private agencies, 3 IV-E Courts). *Partnering* was the focus of the next Webinar and there were 250 participants (44 PCSAs, 13 private agencies, and 3 IV-E courts). In May *the Planning Webinar* was held. Participant Feedback indicated:

- Great resource for new caseworkers
- Some felt it was too basic for seasoned workers.
- People liked the practical application tools.
- Some would like to see more discussion on the practical applications.
- Liked hearing from others who are currently doing the work.
- Some view the profiles as a great structure but believe it takes too much time to implement these practices as described.

To view the Webinars, go to:

<http://jfs.ohio.gov/ocf/Ohio-child-Welfare-Learning%20Collaborative.stm>

Benchmark 4: Completed in Year 1.

Intervention 2: Strengthen and expand implementation of the Safe & Together model for working with families impacted by domestic violence.

Benchmarks:

- 1) Completed in Year 3.
- 2) Completed in Year 3.
- 3) Completed in Year 3.

Intervention 3: Expand implementation of Casey Family Programs' Permanency Roundtable model.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.

Benchmark 3: Partner with Casey Family Programs and OCWTP to expand implementation of Permanency Roundtables to additional cohorts of counties. (Years 2-5)

Progress Report & Progress Measures:

Ohio continues to partner with Casey Family Programs to expand the implementation of Permanency Roundtables (PRTs). PRTs provide counties with an opportunity for structured case consultation designed to generate solutions and overcome barriers to permanency faced by youth in foster care. The objective of the PRT approach is to expedite permanency and ensure that all options have been exhausted. PRTs also seek to ensure that each child or youth has at least one permanent connection in his or her life. Thirteen counties are now involved in the implementation of the PRT model as two new counties joined the program at the end of 2017 and an additional county joined in January 2018. At quarterly meetings

all agencies continue to bring successes as well as challenges to the group. The counties continue to work together to troubleshoot and come up with solutions for each other's issues.

This past year the PRT Advisory Council has focused on evaluation and expansion. It was decided to fully evaluate the program and an external evaluator was needed. PCSAO contracted with Steven R. Howe and Associates to conduct the evaluation and a data sharing agreement was signed with ODJFS. Mr. Howe presented the final findings at the November 2017 council meeting. The evaluation shows that:

- Youth who became eligible for PRT after the start of the initiative had better permanency outcomes than youth who had reached the point of eligibility prior to the initiative, regardless of whether they received PRT. By 36 months in custody, 38 percent of youth eligible for PRT post-implementation had achieved permanency compared with only 27 percent pre-implementation. By 48 months in custody, the corresponding figures were 54 percent and 36 percent.
- Agency representatives believed that this key finding—that the implementation of PRT had effects on all eligible youth, not just those who received the intervention—was consistent with their sense that the initiative had changed the culture of their agencies regarding youth outcomes. To assess this possibility, outcomes were examined for youth who were never in custody long enough to become PRT eligible. Custody episodes starting prior to the initiative resulted in permanency within 12 months for 65 percent of youth. But for custody episodes starting after the start of the initiative, 86 percent of youth had achieved permanency within 12 months.

The evaluation, the first in-depth analysis in the nation of the youth-centered PRT focus employed in Ohio, demonstrates the efficacy of the model for agencies that struggle with achieving permanency for older long staying foster youth. The full evaluation can be found at:

<http://www.pcsao.org/pdf/misc/PREvaluationFinal2018.pdf>

As stated above, through leadership provided by the PRT Advisory Council, the Permanency Roundtable project expanded in 2017. Three counties, Clermont, Licking and Warren, joined the project and are considered round Three counties. Round Two counties include Stark, Mahoning, Trumbull, Butler and Clark. Round One counties include Montgomery, Fairfield, Guernsey, Summit and Athens.

Training System Implementation

The OCWTP maintained a continuum of Permanency Roundtable trainings to include a values training for caregivers and community stakeholders, and values, skills and youth-centered skills trainings for staff. In 2017, PRT Skills Refresher training was added to the continuum.

In 2017, high priority training needs data was collected and shared with PRT trainers who developed new PRT Learning Labs and Guided Application and Practice (GAP) sessions. These included:

- *Engaging Youth and Support People in the PRT Process (Learning Lab)*
- *Preparing Youth and Support People for the Youth Centered PRT (GAP)*
- *PRT Facilitator Skill Building (GAP)*

The chart below lists PRT trainings held between July 1, 2017 and March 31, 2018 as well as those trainings scheduled between April 1, 2018 and June 30, 2018.

	Number conducted between July 1, 2017 and March 31, 2018	Number cancelled	Number scheduled between April 1, 2018 and June 30, 2018
<i>PRT Values for Staff</i>	8	0	
<i>PRT Values for Caregivers</i>	1	2	
<i>PRT Values for Stakeholders</i>	13	2	
<i>PRT Skills</i>	7	2	
<i>Youth Centered PRT</i>	3	4	3
<i>PRT Skills Refresher</i>	0	0	
<i>Learning Lab: Engaging Youth and Support People in the PRT Process</i>	2	4	
<i>GAP: Preparing Youth and Support People for the Youth Centered PRT</i>	0	3	
<i>GAP: PRT Facilitator Skill Building</i>	2	1	

In the upcoming year, ODJFS plans to continue to partner with the counties, the PCSAO, Casey Family Programs and the OCWTP to expand implementation in the three new counties as well as expand to additional youth in all project counties.

Intervention 4: Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTMs.

Benchmark 1: Completed in Year 2.

Benchmark 2: In collaboration with OCWTP, expand training on the FTM model. (Years 3-4)

Benchmark 3: Provide technical assistance to support new counties in implementing FTMs effectively. (Years 3-5)

Progress Report:

The ProtectOHIO Family Team Meeting (FTM) model is taught through a two-day classroom training titled *ProtectOHIO: Engaging Parents in the Process*. To expand offerings of this training, a blended learning course was developed in 2017. The blended learning course consists of two components:

- *ProtectOHIO FTM: Engaging Parents in the Process (Self-Directed)* – This online training is designed for FTM facilitators and caseworkers. Course content consists of an overview of the ProtectOHIO waiver and FTMs, the benefits of these meetings, and the roles and responsibilities of facilitators and caseworkers. This course can be substituted for the Day 1 classroom training.
- *ProtectOHIO FTM: Engaging Parents in the Process (Day 2; six-hour classroom training)* – This training is designed for FTM facilitators. Course content consists of an overview of the phases of

a FTM including goals, tasks and facilitation skills, meeting practice, and skill- building activities for facilitators. This component is instructor-led due to the amount of facilitated practice involved.

The chart below lists ProtectOHIO FTM trainings held between July 1, 2017 and March 31, 2018 as well as those trainings scheduled between April 1, 2018 and June 30, 2018:

Workshop	Number conducted between July 1, 2017 and March 31, 2018	Number cancelled	Number scheduled between April 1, 2018 and June 30, 2018
<i>ProtectOHIO: Engaging Parents in the Process-Facilitation Skills Training (Day 1)</i>	0	0	0
<i>ProtectOHIO: Engaging Parents in the Process-Facilitation Skills Training (Day 2)</i>	1	0	0

Self-Directed Training	Number of attendees between July 1, 2017 and April 5, 2018	Number cancelled
<i>ProtectOHIO FTM: Engaging Parents in the Process (Self Directed)</i>	36	NA

Due to the successful outcomes attributed to FTMs, the training is open to all public children services agency staff and Title IV-E juvenile court staff interested in learning and incorporating FTM into daily practice.

Intervention 5: Implement parent partner programming as a strategy to strengthen family engagement and improve permanency outcomes.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 3
- 4) Completed in Year 2.

Benchmark 3: Pending the outcomes of the pilot and resource availability, expand implementation of Parent Partner programming to new county cohorts. (Years 4-5)

Progress Report:

Helping Ohio Parent Effectively (HOPE) began in 2013 as a strategy to promote parent engagement in the Ohio Child Welfare system through primary parent partnership. In 2014, Cuyahoga County Children and Family Services, Richland County Children Services and Trumbull County Children Services were selected as the initial primary parent partner grant recipients. Stark County was later selected in 2015 and in 2016,

Athens and Montgomery Counties joined. In 2018, Fairfield County was selected as the newest HOPE county. OFC continues to partner with Casey Family Programs and PCSAO to support these agencies as they work to develop, expand, and sustain their primary parent partner programs. HOPE is led by an Advisory Council comprised of Birth Parent Leaders, staff from the seven participating HOPE county agencies, ODJFS, OFCA, PCSAO, and Casey Family Programs.

On October 20, 2017, the Advisory Council held its first annual primary parent partner recognition banquet. Forty-seven parents, advocates, state leaders, and child welfare professionals came together to celebrate primary parent partners and leaders and to inspire other parents and leaders to engage in the growing movement to raise the birth parent voice. China Darrington, a well-known inspired lived experience parent, recovery coach, and peer supporter served as the keynote speaker. She shared her experience conquering addiction and serving as a peer and inspiration to other parents working to overcome issues to safely raise their own children. Darrington reminded us that: “parent partners cannot fix anyone; but they can walk alongside of them [parents] during their journey to help them make the best decisions in what seems to be an impossible situation.” Darrington was recently named 2017 Northeast Ohio Regional Training Center Trainer of the year.

Cuyahoga continues to utilize parent partners at neighborhood collaborative centers to serve as support to birth families by attending team decision making meetings, conducting comfort calls, and community outreach activities. During this review period, two of the parent partners were hired as part time employees by the community collaborative center to provide not only primary parent mentoring and support to child welfare involved families, but to also provide services to other families seeking support and resources from the community collaborative.

Richland County parent partners continue to provide support and advocacy to parents through family team meetings. Richland parent partners also provide community outreach by accompanying Richland County staff to speaking engagements and by serving as panel members at various trainings and conferences. To grow and sustain their program, Richland has been reviewing their case transfer list to identify potential HOPE parent partners.

Stark County parent partners have begun to demonstrate ownership of their HOPE program by taking initiative and making recommendations for program changes/enhancements. Stark parent partners are utilized as support in family team meetings, parent orientation, follow up calls to invite parents to case reviews, facilitate meet and greets for parents, and provide panel presentations. Stark also continues to use family wizard to branch communication through birth families and foster parents. Stark recently created a flyer for foster parents titled “99 things to talk about with birth parents”. The flyer suggests topics such as clothing size changes, upcoming events, and medical appointments. The agency has encouraged foster parents to use the program and parent partners encourage birth parents to use it. Since implementation, the number of accounts has doubled. Stark is planning for every foster parent to have an account; the expectation is shifting to required instead of optional.

Athens County identified two Hope parent partners who were subsequently hired by a contracted community behavioral health provider. These parent partners will have a dual role as Primary Parent Partners with HOPE and as Peer Support Recovery Coaches with the Ohio Sobriety Treatment and Recovery Teams (OhioSTART) model. In this role, Athens parent partners are involved in family team meetings as well as monthly team meetings and phone calls with parents.

Trumbull is actively recruiting new parent partners and revising their program structure. Their parent partners have been used to conduct orientation for new involved parents and assigned to cases to provide advocacy and support to parents.

Montgomery County initially experienced challenges recruiting parent partners and gaining buy-in from staff. Recently, they were able to identify two parent partners to facilitate parent support group meetings for parents involved in the child welfare system.

Fairfield County plans to use HOPE to provide a full continuum of services to families with open active cases. At the intake level parent partners will help to engage families who are reluctant to interact with agency staff or resistant to engaging in services. At the ongoing level, parent partners will attend family team meetings and case reviews to provide support and guidance to families. During the planning year, Fairfield County will be expected to satisfy the following deliverables:

- Establish a planning team: Identify and submit a list of individuals that will be part of the planning team. The list should include names, positions, and role on the team.
- Complete three listening sessions: To aid in the planning process, Fairfield County is expected to host three separate facilitated discussions with: current and/or former parents who were/are PCSA clients; substitute caregivers; and caseworkers. The sessions should be designed to elicit meaningful feedback regarding their experiences with the child welfare system, ideas for building enhanced partnerships between the PCSA and parents, and to engage these groups in the planning process.
- Submit an Interim Status Report: An analysis of the process and steps taken to complete the listening sessions and a compilation of feedback received; lessons learned, and recommendations for future planning sites.
- Submit an Implementation Plan: This plan will include a detailed explanation of the type of services the Parent Partner Program the agency has designed. This will include how the plan will be implemented, a timeline, staff involved, data collection and analysis plan, recruitment and sustainability plan, and a forecast of the program costs.
- Submit a Final Report: An update to the interim report which includes an analysis of the process and steps taken to complete the listening sessions and a compilation of feedback received; lessons learned, and recommendations for future planning sites.

In addition to these deliverables, Fairfield County will be expected to attend quarterly advisory meetings and complete the *Building a Better Future* Training.

All of the other parent partner sites continue to use various methods to recruit and retain parent partners. Parents are recruited through referrals from caseworkers or other agency staff, through closed case mining, and through referral from other parent partners. Parent partners are also recruited through the Succeed Program. Through partnership with the Ohio Family Care Association (OFCA), Succeed serves as a primary parent support group with county agencies. Through this partnership, OFCA is responsible for training current succeed facilitators and recruiting and training new succeed facilitators. On March 22, 2018 and March 23, 2018, a SUCCEED Facilitator Training Conference was held for new facilitators. There were twenty-eight participants (including seventeen primary parents trained as Facilitators, and eleven workers trained as Agency Liaisons), and eight trainers (including two primary parent Trainers in Training, two Primary Parent Trainers, and four Professional Trainers) for a total of thirty-six in

attendance. Training evaluations indicated that the conference was excellent and OFCA considered it a strong success for the participating counties. Additionally, OFCA has recruited three additional counties to join the four existing pilot counties.

One of the current goals of the HOPE Advisory Council is to increase community engagement and awareness of HOPE and to promote primary parent mentoring. To this end, HOPE conducted several panel presentations at various conferences including, but not limited to, the Ohio Association of Child Care Agencies Conference, Ohio Family Care Association Conference, Addiction Studies Institute Conference, Public Children Services Association of Ohio Conference, and to OhioSTART stakeholders. The committee also contacted University Partnership Program (UPP) representatives from all eight participating universities to offer presentations for students and/or groups. Scheduling for presentations will begin in the Fall of 2018.

Intervention 6: Continue implementation of the Wendy's Wonderful Kids (WWK) model for child-specific recruitment efforts.

Benchmark 1: Provide training for caseworkers and administrators on the WWK model to foster increased support among practitioners and agency leaders. (Years 1-5)

Progress Report:

A new learning management system, DTFA University, was launched on July 25, 2017 and houses all training materials, including resources, templates, and online learning modules. All recruiters and supervisors have access to this secured website. As new recruiters and supervisors are added, a compliance path is assigned, registering them to review three online learning modules, *Introduction to the Child-Focused Recruitment Model*, *Initial Case Referral and Caseworker Meeting*, and *Initial Meeting with the Child*, as well as to review the WWK Database Handbook. Each new recruiter and supervisor has 60 days to complete the compliance path. Grants Managers monitor their progress to ensure completion. A transcript is available for each user revealing what curriculum has and has not been completed. In addition, DTFA University houses the *Child-Focused Recruitment Model for Caseworkers* online module. Recruiters and supervisors continue to present the online training to referring caseworkers and supervisors as needed.

Two Ohio specific trainings were held in 2017. On March 31, 2017 two Grants Managers provided training to Cuyahoga County senior managers, on the importance of permanency and the WWK program. On September 21, 2017 DTFA General Counsel, Melinda Haggerty, provided training on the importance of permanency and the WWK program at the Celebrate Kids CASA conference.

Each year, DTFA implements Outcome Improvement Plans with WWK recruiters who do not meet their adoption goals. DTFA will require WWK recruiters who are struggling to meet goals due to identified philosophical issues within referring PCSAs, to provide the adoption workers in that county with the training. This will also target those counties where workers are resistant to the possibility of permanency for older youth and those youth with special needs. DTFA continues to explore options to disseminate the training and encourage referring PCSA workers across the state to take the online training.

Benchmarks:

- 2) Completed in Year 1.
- 3) Completed in Year 1.

Intervention 7: Through Ohio Children’s Trust Fund, continue to support implementation of evidence-based prevention strategies.

Benchmark 1: On an annual basis, convene a workgroup, including research partners, parent representatives, and evidence-based program providers to review and make recommendations regarding evidence-based prevention programs being implemented across the state as well as new programming. (Years 1-5)

Progress Report:

Since the 2018 APSR submission, the Ohio Children’s Trust Fund (OCTF) continued to rely upon the input of stakeholders to prioritize the implementation of evidence-based and evidence-informed promising practices through its regional model.

The Trust Fund convened regional needs assessment workgroups that were composed of research partners, child abuse and neglect prevention experts, and community members to conduct eight regional baseline comprehensive needs assessments that assess the current health and stability of Ohio families as they pertain to the prevention of child abuse and neglect statewide. Regional partners utilized the results of the needs assessments in selection of child abuse and neglect prevention evidence-based and evidence-informed services to be implemented in each county throughout the state.

Emphasizing the importance of engaging key stakeholders and partners in reviewing the evidence-based and evidence-informed child abuse prevention programming, the eight regional prevention councils each held several application review workgroups that included dozens of participants representing multiple fields, such as: statewide associations and organizations; community non-profit agencies, Ohio Universities as well as state and county agencies. Several regions included parent representatives and current program providers in their review process as well.

In examining the program(s) proposed within each application, reviewers evaluated applicant compliance with regional prevention council strategies to address child abuse and neglect, regional OCTF funding guidelines, as well as applicant adherence to evidence-based and evidence-informed program developer requirements. Each reviewer assessed whether the evidence-based and/or evidence-informed program(s) proposed within each application for local implementation represented a logical and appropriate response to local and regional child abuse and neglect prevention needs.

Reviewers also shared their firsthand knowledge of and/or their experience in delivering specific evidence-based and evidence-informed programming, and they provided the Trust Fund with funding recommendations as well as suggestions for modifications to OCTF programming application criteria.

Continuing to engage parents and partners, the regional prevention councils began adding stakeholders to their councils as both voting and non-voting council members. Council members review and monitor the progress of vendors selected to provide evidence-based and evidence-informed programming and to

evaluate the vendor's outreach and services for efficacy against the regional prevention council's needs assessment and prevention strategies.

Benchmark 2: Provide training and technical assistance to county partners regarding the implementation of evidence-based prevention programming. (Years 1-5)

Progress Report:

Since the 2018 APSR submission, the Ohio Children's Trust Fund provided support and technical assistance to grantees on the following topics:

- Prevention programs and family support
- Promoting protective factors and reducing risk factors
- Marketing, messaging and public awareness
- Cultural competence, disproportionality
- Collaboration and partnerships for prevention
- Fiscal leveraging
- Research on prevention and child maltreatment
- Evidence-based and evidence-informed programs and practices
- Home visiting
- Program evaluation and data management (logic model)
- Program monitoring and continuous quality improvement
- Strategic planning via regional prevention plan development
- Grant reporting requirements

OCTF staff provided programmatic guidance on day-to-day operational questions as well as provided substantive programmatic expertise and technical assistance. Guidance and technical assistance were provided through ongoing individualized technical assistance, online webinars and in-person trainings.

Ongoing Individualized Technical Support and Technical Assistance

Grantees received one-on-one support and technical assistance to address specific challenges and opportunities related to program delivery and management. Topics addressed through individual support and technical assistance included evidenced-based practices, recruitment and retention, data collection, how to use the FRIENDS Protective Factors Survey database, evaluation and continuous quality improvement and community-building/collaboration. Staff also provided technical assistance to help regional prevention councils improve compliance with OCTF April 2017 funding guidelines as well as incorporate OCTF April messaging into their local campaigns. Support was delivered via phone, email, GoToMeeting and site visits.

Regional Prevention Councils and Regional Prevention Coordinator Network Calls

Trust Fund staff worked alongside its regional prevention coordinating entities to ensure the regional councils and workgroups (comprised of county partners) were convening to implement evidence-based and evidence-informed programming throughout Ohio. The OCTF participated in council meetings and workgroup meetings to address any questions that arose before, during and after these meetings as this regional model took shape across Ohio. Furthermore, Trust Fund staff conducted numerous site visits and

participated in weekly and bi-weekly phone calls with its regional and county partners to provide technical assistance and guidance.

The OCTF also convened four networking meetings with its regional prevention coordinating entities in an effort to collaborate and discuss best practices, challenges and successes, uniform data collection methods and evaluation tactics. Through these partnerships, the Trust Fund worked to ensure that regional prevention coordinators had a uniform understanding regarding the implementation of regional activities inclusive of awareness campaigns, evidence-based and evidence-informed child abuse and child neglect prevention services, data collection and reporting, as well as general operating items pertaining to the councils and workgroups.

Trainings

Parent Café Training and Technical Assistance

Since the 2018 APSR submission, the Trust Fund continued to provide support for its network of certified Strengthening Families (SF) Ohio Parent Café Trainers and Coordinators. Through this model, trained trainers conduct local trainings in their communities, as well as throughout the state, to train additional providers to be SF Ohio Parent Café Coordinators. Participants who attended these trainings were taught how to do the following:

- Recruit and Train Parent Café Parent Hosts;
- Plan for and Deliver Parent Cafés; and
- Follow Parent Café Best Practices.

The Parent Café Best practices support the Ohio Parent Café values, which are:

- Protective factors are supported for families through the Parent Cafés;
- Parents are respected for their wisdom and experience and they are supported as their child's first and best teacher; and
- Parents report a benefit from their participation in Parent Cafés and sessions are relevant to the parent population being served.

To date, 4 individuals have attended the required trainings and have completed the full certification process to train other organizations as Strengthening Families Ohio Parent Café Coordinators. An additional 53 individuals have been trained by these trainers to provide Parent Cafés in their communities. Furthermore, 9 providers across the state have completed the process to be certified SF Parent Café Coordinators.

Incredible Years Training and Technical Assistance

The Trust Fund offered training for multiple Incredible Years programming. The specific programs included in this training were: (1) Incredible Years Basic Parent Group Leader training; (2) Incredible Years School Age Parent Group Leader training; and (3) Incredible Years Dina Small Group Leader Training. All three trainings were offered in Troy, Ohio as a majority of attendees were from the Western region of the state. These trainings were facilitated by a certified Incredible Years trainer.

The Incredible Years Basic Parent training covers in-depth the Basic Parenting (Preschool) and Toddler programs designed to promote positive parenting strategies and to assist parents in managing children’s behavior problems. After attending this 3-day training, participants are credentialed to lead group sessions for the Incredible Years Toddler program and the Incredible Years Preschool Basic (ages 3-6) program.

The Incredible Years School Age Parent training prepares group leaders to lead the school age program which teaches leaders to assist parents in the following content: special time (play), academic, social and emotional coaching, praise and incentives, rules and responsibilities, limit setting, prosocial discipline, problem solving and ways to foster children’s development at school. After attending this 1-day supplemental course, participants are credentialed to lead group sessions for the Incredible Years School Age program.

The Incredible Years Dina Small Group training prepares professionals who work with children with a better understanding of how to promote children’s non-aggressive ways to solve common conflicts, appropriate classroom behaviors, and positive social skills with other children and adults. This training prepares professionals on how to teach children to understand feelings, problem-solve, regulate emotions, learn how to be friendly and how to talk with friends, and how to do their best in school. After attending this 3-day training, participants are credentialed to lead group sessions for the Incredible Years Dina Small Group program.

A breakdown of the number of attendees per training is provided below:

Type of Training	Number of Trainings	Attended
IY Basic Parent	1	19
IY School Age Parent	1	13
IY Dina Small Group	1	15
Total	3	21 Unduplicated

A total of 21 professionals attended either one, two, or all three of the trainings provided. By offering this full suite of program training, providers in attendance were able to serve both parents and children with much needed evidence-based child abuse and child neglect prevention programming.

Keeping Children Safe: Child Abuse and Neglect Training for Early Childhood Professionals

The Trust Fund, in collaboration with the Ohio Department of Job and Family Services Child Care and Early Child Development, created a one-hour web-based training for all childcare providers based on the Keeping Children Safe: Child Abuse and Neglect Training for Early Childhood Professionals curriculum. As part of Ohio Administrative Code (OAC) 5101:2-12-10, all childcare providers are required to take a one-hour child abuse overview course which is valid for two years, within the first thirty days of hire. Information provided in this course is prevention focused, based on the Strengthening Families Protective Factors, and describes to viewers how to recognize when extra assistance is needed for oneself and for the families they serve.

The Trust Fund served as the lead for this project, contracting with a vendor to develop the course content based on the Keeping Children Safe: Child Abuse and Neglect Training for Early Childhood Professionals curriculum. This course went live for users on December 31, 2016. While the website that houses this web-based training course is unable to track the total number of completions for the course, there have been over 10,000 visits to the course page since its launch.

Work continued to be underway to revise the six-hour training for this curriculum. A workgroup composed of partners from diverse backgrounds, such as current trainers, community service providers with expertise in the Strengthening Families Framework, law enforcement, legal, childcare, child welfare, and child abuse and child neglect prevention, was convened in FFY 2016 to revise and update the curriculum. Workgroup members continued to provide input in FFY 2017 to complete the revisions to this curriculum, but a final revised version has not been completed at this time. It is anticipated that this revised curriculum will be completed in FFY 2018. Overall, these enhancements in the curriculum and varying training implementation approaches will ultimately provide more effective training for our early childhood professionals.

The Trust Fund also maintained the OCTF website, as well as the OCTF Facebook page and the OCTF Twitter and Instagram accounts (@OhioCTF), as a vehicle for all grantees to share information and resources. The OCTF website can be accessed at the following site: <http://jfs.ohio.gov/octf/> and the OCTF Facebook page at: <https://www.facebook.com/OhioChildrensTrustFund>.

Benchmark 3: On a semi-annual basis, conduct peer review groups to assess model fidelity of evidence-based programs supported by the Ohio Children’s Trust Fund. (Years 1-5)

Progress Report:

The Ohio Children’s Trust Fund conducts peer review groups to assess model fidelity of evidence-based and evidence-informed programs through its regional prevention councils, which meet at minimum, quarterly. Through these peer group collaborations, council members assess the services provided, and ensure that providers are delivering programming according to developers’ requirements. In several regions, providers are invited to attend these quarterly council meetings to give in-person updates as to the status of service delivery throughout the counties in the region. With this regional approach, providers have begun viewing each other as resources to share best practices and discuss model fidelity requirements.

As previously stated, the OCTF also convened four, quarterly networking meetings with its regional prevention coordinating entities during this reporting period in an effort to collaborate and discuss best practices, challenges and successes, uniform data collection methods and evaluation tactics. Through these partnerships, the Trust Fund worked to ensure that regional prevention coordinators had a uniform understanding regarding the implementation of regional activities inclusive of awareness campaigns, evidence-based and evidence-informed child abuse and child neglect prevention services, data collection and reporting, as well as general operating items pertaining to the councils and workgroups.

Goal 2: Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.

Measures:

- 1.) Percentage of all children who were the subject of a screened-in report of child maltreatment during a 12-month period (regardless of disposition type) who are the subject of an additional screened-in report within 12 months of the initial report.
- 2.) The rate of victimization per 100,000 days of all children in agency custody during a 12-month period.
- 3.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate timely investigations of reports of maltreatment.
- 4.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to provide services to the family to prevent children’s entry into agency custody or re-entry after a reunification.
- 5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care.

Updated Performance:

- 1.) Recurrence of Maltreatment:
9.8% (FY14-FY15) - Risk Standardized Performance
- 2.) Maltreatment in Care:
13.43 (15A-15B, FY15) – Risk Standardized Performance
- 3.) 80% of cases reviewed demonstrated timely investigations of reports of maltreatment. (CPOE Stage 10)
56% of cases reviewed demonstrated timely investigations of reports of maltreatment. (CFSR Round 3)
- 4.) 94% of cases reviewed demonstrated concerted efforts to provide services to the family to prevent children’s entry into agency custody or re-entry after reunification. (CPOE Stage 10)
72% of cases reviewed demonstrated concerted efforts to provide services to the family to prevent children’s entry into agency custody or re-entry after reunification. (CFSR Round 3)
- 5.) 59% of cases reviewed demonstrated concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care. (CPOE Stage 10)
52% of cases reviewed demonstrated concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care. (CFSR Round 3)

Goal 2: Objective 1

Improve screening and pathway assignment practices to assure accuracy in decision-making and to support high-quality assessments.

Update on Progress Made to Improve Outcomes

Intervention 1: Enhance existing statewide screening guidelines to include sample screening questions and Differential Response pathway assignment examples.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 1.
- 3) Completed in Year 3.

Progress Report & Feedback Loops:

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.

During the course of 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 drafted a CAPMIS Screening Guidelines 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.

It is this workgroup's continued recommendation that the State screening guidelines be interactive though populating screening questions and SACWIS knowledge base articles specific to a screening category which would assist screeners when taking and documenting intake reports.

Stakeholder feedback channels and recommendations of the committee regarding this Intervention is to be completed in Year 5.

Benchmark 4: Disseminate to counties statewide. ~~(Year 4-5)~~ **(Year 5).**

Progress Report:

This benchmark could not begin due to further work needed on the draft CAPMIS Screening Guidelines. As a result, the benchmark will commence in Year 5.

~~**Intervention 2: Develop and implement specialized training for screeners.**~~

~~**Benchmark 1:** Develop brief online tutorials with content specifically designed for screeners. (Years 3-4)~~

~~**Benchmark 2:** In collaboration with OCWTP, develop an advanced training curriculum to complement revised statewide screening guidelines to include the following content:~~

- ~~● Assessment of safety at screening;~~
- ~~● The "who, what, why, when & how" of report documentation;~~
- ~~● Identifying family strengths;~~
- ~~● Beginning the family search and engagement process; and~~
- ~~● Identifying domestic violence and human trafficking.~~
- ~~● Learning Lab regarding entering information into SACWIS.~~

~~(Years 3-4)~~

~~**Benchmark 3:** Create training implementation plan to include pilot testing, evaluation of training effectiveness, and revision of materials. (Year 4)~~

~~**Benchmark 4:** Statewide implementation of finalized training. (Year 4)~~

~~**Benchmark 5:** Ongoing evaluation of training effectiveness. (Years 4-5)~~

Progress Report:

This intervention and the respective benchmarks (1-5) could not be accomplished due to the extensive amount of time that was required to review, develop, and implement enhancements to the existing state screening guidelines. As a result, this Intervention has been removed.

~~*Intervention 3: Provide ongoing peer support and technical assistance for screeners and screening decision makers.*~~

~~*Benchmark 1:* Offer quarterly conference call or webinar opportunities for screeners and screening decision makers. (Year 4-5)~~

~~*Benchmark 2:* Offer semi-annual opportunities for face-to-face learning and peer support for screeners through Guided Application to Practice (GAP) sessions. (Year 3,4)~~

Progress Report:

This intervention and the respective benchmarks could not be accomplished due to the extensive amount of time that was required to review, develop, and implement enhancements to the existing state screening guidelines. As a result, this Intervention has been removed.

Goal 2: Objective 2
Improve casework practice to ensure safe environments for children either at home or in out-of-home care.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen caseworker assessment skills and use of the CAPMIS Assessment model.

Benchmark 1: See update for Goal 1, Objective 4, Intervention 1. (Years 1-5)

Progress Report:

Refer to update for Goal 1, Objective 4, Intervention 1.

Intervention 2: Improve the quality and timeliness of initial face-to-face contacts with children and families.

Benchmark 1: Completed in Year 1.

Benchmark 2: Through CPOE and regional teams, provide technical assistance to identify barriers impacting quality and timeliness of initial contacts and work with agencies to develop Quality Improvement Plans on this item as needed. (Years 1-5)

Progress Report & Progress Measures:

The changes in the PPA process in CPOE Stage 11 will capture barriers to the quality and timeliness of initial contacts. The CFSR results provided additional information on the cause of the problems. Those findings indicated that the initial contacts are generally at least attempted but continued face to face attempts are not always made every five business days. It appears that the longer it takes to make the face to face contact, the more unlikely the continued attempts are made. A new report entitled the *Intake Assessment Lifecycle* Report was released into Ohio's SACWIS in 2017. This report is included in the list of reports to be reviewed with agencies for CPOE Stage 11 and includes information on intake initiation, face to face contact, and safety assessment timeliness. This report was the topic of a recent

First Friday article, in an effort to provide information on how agencies can use data to improve performance. The CFSR Round 3 Program Improvement Plan will also address this issue.

While the *Intake Assessment Lifecycle* Report is intake based, the new person-based *Intake Assessment/Investigation Face-to-Face Contact* Report released into SACWIS in May of 2018 provides information on intake initiations and face-to-face contact for all intake participants. The Southwest Regional Team discussed the new report during their April 11, 2018 meeting and the Southeast Region Team discussed the report during their May 8, 2018 meeting.

Intervention 3: Promote fidelity to the practices detailed in Ohio's Differential Response Practice Profiles

Benchmark 1: Completed in Year 2.

Intervention 4: Improve the quality and frequency of ongoing caseworker visits with children and families.

Benchmark 1: Completed in Year 2.

Intervention 5: Develop and implement a standardized process for matching children with out-of-home providers.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 1.
- 3) Completed in Year 2.
- 4) Completed in Year 3.

Goal 2: Objective 3

Enhance systemic capacity to track the safety of children in out-of-home care.

Update on Progress Made to Improve Outcomes

Intervention 1: Completed in Year 1.

Intervention 2: Completed in Year 2.

Intervention 3: Completed in Year 3.

Goal 3: Families will have enhanced capacity to provide for their children’s needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to assure safety.

<p>Measures:</p> <ol style="list-style-type: none"> 1.) Percentage of all children who enter agency custody within a 12-month period who are subsequently discharged to reunification, relative placement, or guardianship within 12 months. 2.) Re-entry: Percentage of the above population that re-enters agency custody within 12 months of their discharge. 3.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate concerted efforts to assess and address service needs to prevent children’s entry into agency custody or re-entry after a reunification. 4.) At a minimum, 95% of cases reviewed will demonstrate child and family involvement in case planning. 	<p>Updated Performance:</p> <ol style="list-style-type: none"> 1.) Permanency in 12 months for Children entering foster care: 49.5% (13B-16A)- Risk Standardized Performance 2.) Re-entry to foster care within 12 months: 11.2% (13B-16A) – Risk Standardized Performance 3.) 94% of cases reviewed demonstrated concerted efforts to assess and address service needs to prevent children’s entry into agency custody or re-entry after reunification. (CPOE Stage 10) 72% of cases reviewed demonstrated concerted efforts to provide services to the family to prevent children’s entry into agency custody or re-entry after reunification. (CFSR Round 3) 4.) 81% of cases reviewed demonstrated child and family involvement in case planning. (CPOE Stage 10) 66% of cases reviewed demonstrated child and family involvement in case planning. (CFSR Round 3)
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Goal 3: Objective 1
 Promote safety-focused engagement and transparent partnering with families to assure safety, permanency and well-being.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen Ohio’s implementation of Differential Response and expand use of the Alternative Response pathway statewide.

Benchmark: Please see Goal 1, Objective 5, Intervention 1.

Progress Report:

Refer to update for Goal 1, Objective 5, Intervention 1.

Intervention 2: Strengthen fidelity of the Family Team Meeting (FTM) model and promote greater use of FTMs.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 4.

Progress Report:

Refer to update for Goal 1, Objective 5, Intervention 4, Benchmark 3.

Benchmark 2: Please see Goal 1, Objective 5, Intervention 4.

Progress Report:

Refer to progress report under Goal 1, Objective 5, Intervention 4. Analyses continue to be conducted to examine how case length differs between those families in demonstration counties receiving FTM and matched cases from comparison counties. No significant differences were found. It has become common practice for non-demonstration counties to adopt FTM to engage families due to the successful outcomes. Thereby the significant differences that were evident in the early phases of the waiver have continued to decrease. However, significant differences were found when there was high-fidelity to the FTM model.

Intervention 3: Strengthen and expand implementation of the Safe & Together model for working with families impacted by domestic violence.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 2.

Progress Report:

All Benchmarks outlined in Goal 1, Objective 5, Intervention 2 were completed in Year 3.

Intervention 4: Implement parent partner programming as a strategy to strengthen family engagement and improve permanency outcomes.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 5.

Progress Report:

Refer to update for Goal 1, Objective 5, Intervention 5.

Goal 3: Objective 2

Improve casework practice to assure that parents and children are involved in the development and ongoing review of case plans.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen implementation of the CAPMIS assessment and case planning model.

Benchmark 1: Please see Goal 1: Objective 4, Intervention 1.

Progress Report:

Refer to update for Goal 1, Objective 4, Intervention 1.

Intervention 2: Build skills in effective Family Search and Engagement practices.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.
- 3) Completed in Year 1.

Benchmark 4: OCWTP will identify and work with trainers to develop additional Family Search and Engagement trainings that help workers develop critical skills. (Years 2-5)

Progress Report:

OCWTP representatives participate on ODJFS' Family Search and Engagement (FSE) Work Team. This work team is comprised of two subcommittees:

- Assessment of FSE Training Needs & Development of FSE Toolkit: This subcommittee released the FSE toolkit in March 2018 <http://jfs.ohio.gov/ocf/Family-Search-and-Engagement-Toolkit.stm>
- Kinship Homestudy and Establishing and Maintaining Family Connections: This subcommittee released a kinship homestudy form May 2017 <http://www.odjfs.state.oh.us/forms/num/JFS01447>

OCWTP representatives also participated in planning and facilitating the 2017 Family Finding Convening. Hosted by Waiting Child Fund (now Kinnect), the convening is designed to advance authentic family-centered engagement in Ohio by educating, creating dialogue, and building partnership among key stakeholders in the field of child welfare.

Family Search and Engagement Overview, a two-hour asynchronous online course, was completed by 61 people as of April 1, 2018. RTCs recommend new staff take this online course. Summit County has made it a requirement for new staff. In addition, the OCWTP offers numerous standardized and trainer-developed trainings that address FSE. The chart below lists FSE trainings held between July 1, 2017 and April 1, 2018.

Workshop	Number of Sessions	Number of Attendees
<i>Introduction to Family Search and Engagement</i>	0	0
<i>Trends in Permanency: Applying What We Have Learned</i>	1	20
<i>Family Search and Engagement: The Path to Best Practice</i>	2	16
<i>Overview of Fatherhood: Empowering Fathers to Improve the Lives of Children</i>	3	31
<i>Searching and Documenting Your Family Tree</i>	3	28
<i>Semi Annual Review: A Tool to Assist in Reaching Permanency</i>	5	49

Intervention 3: Build skills to support increased engagement of fathers and paternal relatives.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 2.
- 3) Completed in Year 3.

Intervention 4: Improve the quality and frequency of ongoing caseworker visits with children and families.

Benchmark 1: Please see Goal 1: Objective 4, Intervention 4.

Progress Report:

All Benchmarks under Goal 1, Objective 4, Intervention 4 were achieved in Year 2.

Intervention 5: Promote fidelity to the practices detailed in Ohio’s Differential Response Practice Profiles.

Benchmark 1: Please see Goal 1, Objective 4, Intervention 2.

Progress Report:

All Benchmarks under Goal 1, Objective 4, Intervention 2 were achieved in Year 2.

Goal 3: Objective 3
Enhance systemic capacity to address service array and effectiveness.

Update on Progress Made to Improve Outcomes

Intervention 1: Complete statewide needs assessment to identify availability of needed services and service gaps.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 3.

Intervention 2: Increase use of data to inform program planning and implementation.

Benchmarks:

- 1) Completed in Year 3.
- 2) Completed in Year 3.

Benchmark 3: Work with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to jointly develop and evaluate programming designed to treat substance abuse within the child welfare population: child, youth and adult. (Years 1-5)

Progress Report:

The Ohio Department of Mental Health and Addiction Services (OhioMHAS), Office of Research and Evaluation conducts ongoing analyses of emerging trends, unmet needs and quality of services rendered. This information is used to inform policy and program development. During this past year, ODJFS and OhioMHAS continued to partner on several initiatives designed to effectively treat families in the child welfare system who are challenged by substance abuse. Some of these are described below; contracted evaluators are identified within parentheses.

- **Trauma-Informed Care** promotes effective interventions and treatment for those who have experienced trauma.
- **The Maternal Opiate Medical Support (MOMS) program** holistically addresses the needs of pregnant women addicted to opioids and their children (Evaluator: Ohio Colleges of Medicine, Government Resource Center).
- **The Addiction Treatment Program** provides medication-assisted treatment to offenders participating in select certified drug court programs (Evaluator: Treatment Research Institute).
- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** reduces morbidity and mortality of alcohol and other drug use through early intervention and the integration of medical and behavioral health approaches (Evaluator: Wright State University).
- **Empowering the New Generation to Achieve Goals through Empowerment (ENGAGE)** utilizes a system of care approach to address the multiple needs of youth and young adults in transition who have behavioral health conditions and are/were at risk of involvement with child welfare, juvenile justice, and/or homelessness.
- **Mental Illness-Developmental Disabilities Coordinating Center of Excellence** enhances local communities' capacity to effectively treat individuals with co-occurring diagnoses (Evaluator: Wright State University).
- **Research on the Use of Seclusion and Restraint Among Child and Adolescent Providers.**
- **State Epidemiological Outcomes Workgroup** examines behavioral health data to determine issues related to use, consequences, risk and protective factors.

- **Substance Abuse and Mental Illness Coordinating Center of Excellence** provides technical assistance for implementation of best practices that improve outcomes for people with addiction, mental illness, and co-occurring disorders (Evaluator: Case Western Reserve University).
- **The Center for Innovative Practices Coordinating Center of Excellence** promotes implementation of evidence-based practices for youth and their families to reduce use of costly out-of-home care.

For additional information regarding these initiatives go to:

<http://mha.ohio.gov/Default.aspx?tabid=151>

Goal 3: Objective 4

Apply CQI principles to address child removals and timely reunification and to reduce re-entry of children into agency custody.

Update on Progress Made to Improve Outcomes

Intervention 1: Examine child removal and placement data to analyze statewide and county trends.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 2.

Benchmark 3: Share data analysis with stakeholders and gather their feedback to support interpretation of the data. (Years 2-5)

Progress Report:

A series of reports, such as the ones below, were developed and shared with a cross-section of partners. Figure 1 shows for the BA cohort, the number and percent of children removed from their homes by age group. Figure 2 depicts the number and percent of Children Removed Per Month by Calendar Year. Figure 3 presents the number of children who entered in each year and received permanency by length of stay. Figure 4 shows, for children entering care in each calendar year and discharged, the number and percent of children in each discharge category. Figure 5 shows for the children who entered care in CY2016 and received permanency within 12 months of entry, the percent returning to custody within one year of exit. The consensus is that the reports can be helpful to PCSAs but need strong narratives to aid in interpretation.

	Total No. Entering at Each Age Group	Age at Entry					Total Entering	Percent Entering				
		Less than 1 year	1 - 5 years	6 - 12 years	13 - 17 years	Age Error		Less than 1 year	1 - 5 years	6 - 12 years	13 - 17 years	Age Error
cohort												
Entered between 4/1/10 & 3/31/11	10,639	1,816	3,056	2,424	3,340	3	100.0%	17.0%	28.7%	22.7%	31.3%	
Entered between 4/1/11 & 3/31/12	10,744	1,767	3,103	2,486	3,379	9	100.0%	16.4%	28.8%	23.1%	31.4%	
Entered between 4/1/12 & 3/31/13	10,456	1,752	2,860	2,484	3,357	3	100.0%	16.7%	27.3%	23.7%	32.1%	
Entered between 4/1/13 & 3/31/14	11,120	1,842	3,093	2,763	3,412	10	100.0%	16.5%	27.8%	24.8%	30.6%	
Entered between 4/1/14 & 3/31/15	11,128	1,820	2,904	2,901	3,497	6	100.0%	16.3%	26.0%	26.0%	31.4%	
Entered between 4/1/15 & 3/31/16	11,922	1,944	3,160	3,181	3,626	11	100.0%	16.3%	26.5%	26.6%	30.4%	
Entered between 4/1/16 & 3/31/17	12,929	2,043	3,605	3,631	3,643	7	100.0%	15.8%	27.8%	28.0%	28.1%	
Entered between 4/1/17 & 3/31/18	11,303	1,881	3,208	3,192	3,008	14	100.0%	16.6%	28.3%	28.2%	26.6%	1%

Figure 1: For the BA cohort, the number and percent of children removed from their homes by age group.

EntryYear	Total No. Entering Per Month	Month of Entry											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
CYear 2010	10,453	668	722	1,037	984	896	984	880	974	815	870	847	776
CY 2011	10,765	779	860	974	942	977	830	950	1,003	991	839	858	762
CY 2012	10,449	821	821	950	816	963	852	856	1,012	840	890	833	795
CY 2013	11,077	868	854	877	936	966	977	966	993	973	1,078	889	700
CY 2014	10,972	846	857	939	915	1,064	906	893	956	986	1,064	761	785
CY 2015	11,684	877	824	1,097	1,081	954	1,008	1,046	972	1,108	997	858	862
CY 2016	12,419	960	934	1,142	1,104	992	967	936	1,340	1,120	1,027	1,020	877
CY 2017	13,732	1,137	1,131	1,278	1,136	1,164	1,137	1,003	1,261	1,190	1,226	1,072	997
CY 2018	1,117	1,098	19	0	0	0	0	0	0	0	0	0	0

EntryYear	Total Entering	Percent Entering											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
CYear 2010	100.0%	6.3%	6.9%	9.9%	9.4%	8.5%	9.4%	8.4%	9.3%	7.7%	8.3%	8.1%	7.4%
CY 2011	100.0%	7.2%	7.9%	9.0%	8.7%	9.0%	7.7%	8.8%	9.3%	9.2%	7.7%	7.9%	7.0%
CY 2012	100.0%	7.8%	7.8%	9.0%	7.8%	9.2%	8.1%	8.1%	9.6%	8.0%	8.5%	7.9%	7.6%
CY 2013	100.0%	7.8%	7.7%	7.9%	8.4%	8.7%	8.8%	8.7%	8.9%	8.7%	9.7%	8.0%	6.3%
CY 2014	100.0%	7.7%	7.8%	8.5%	8.3%	9.6%	8.2%	8.1%	8.7%	8.9%	9.6%	6.9%	7.1%
CY 2015	100.0%	7.5%	7.0%	9.3%	9.2%	8.1%	8.6%	8.9%	8.3%	9.4%	8.5%	7.3%	7.3%
CY 2016	100.0%	7.7%	7.5%	9.1%	8.8%	7.9%	7.7%	7.5%	10.7%	9.0%	8.2%	8.2%	7.0%
CY 2017	100.0%	8.2%	8.2%	9.3%	8.2%	8.4%	8.2%	7.3%	9.1%	8.6%	8.9%	7.8%	7.2%
CY 2018	100.0%	98.2%	1.7%	0	0	0	0	0	0	0	0	0	0

Figure2: Number and Percent of Children Removed Per Month by Calendar Year

	Total No. Entering Per Month	Length of Stay Until Exit										
		Within 7 Days	Between 7 & 30 Days	Between 1 & 3 Months	Between 3 & 6 Months	Between 6 & 9 Months	Between 9 & 12 Months	Between 12 & 15 Months	Between 15 & 18 Months	Between 18 & 21 Months	Between 21 & 24 Months	Between 24 & 27 Months
cohort												
Entered between 4/1/10 & 3/31/11	7,320	1,053	494	1,118	979	820	854	652	390	302	236	176
Entered between 4/1/11 & 3/31/12	7,514	1,125	539	1,127	999	808	839	642	420	317	259	209
Entered between 4/1/12 & 3/31/13	7,357	1,117	558	1,047	977	872	831	611	418	322	247	178
Entered between 4/1/13 & 3/31/14	7,897	1,075	578	1,192	1,025	893	858	704	459	362	267	212
Entered between 4/1/14 & 3/31/15	7,675	955	406	1,126	964	928	893	771	540	377	268	224
Entered between 4/1/15 & 3/31/16	7,969	1,143	417	1,222	1,037	943	943	814	501	410	301	160
Entered between 4/1/16 & 3/31/17	6,994	1,123	442	1,338	1,095	989	1,003	654	263	81	6	0
Entered between 4/1/17 & 3/31/18	2,878	874	287	969	539	193	16	0	0	0	0	0

Figure 3: Number of children who entered in each year and received permanency by length of stay.

EntryYear	Total No. Entering Per Calendar Year	Discharge Status								
		Reunification with parent(s) or primary caretaker(s)	Living with other relative(s)	Guardianship	Adoption	Runaway	Transfer to another agency	Emancipation	Death of child	Still in Care
CYear 2010	10,453	5,173	2,294	365	1,368	95	66	867	10	215
CY 2011	10,765	5,160	2,551	407	1,387	99	65	823	18	255
CY 2012	10,449	5,258	2,362	357	1,419	105	34	729	6	179
CY 2013	11,077	5,569	2,608	427	1,277	112	49	636	16	383
CY 2014	10,972	5,461	2,503	414	1,135	102	44	563	10	740
CY 2015	11,684	5,669	2,644	443	800	98	34	456	17	1,523
CY 2016	12,419	5,153	2,541	430	249	125	39	309	13	3,560
CY 2017	13,732	3,265	1,534	235	11	81	25	92	5	8,484
CY 2018	1,117	69	23	3	0	3	0	1	0	1,018

EntryYear	Total Entering	Percent Discharged								
		Reunification with parent(s) or primary caretaker(s)	Living with other relative(s)	Guardianship	Adoption	Runaway	Transfer to another agency	Emancipation	Death of child	Still in Care
CYear 2010	100.0%	49.4%	21.9%	3.4%	13.0%	9%	6%	8.2%		2.0%
CY 2011	100.0%	47.9%	23.6%	3.7%	12.8%	9%	6%	7.6%	1%	2.3%
CY 2012	100.0%	50.3%	22.6%	3.4%	13.5%	1.0%	3%	6.9%		1.7%
CY 2013	100.0%	50.2%	23.5%	3.8%	11.5%	1.0%	4%	5.7%	1%	3.4%
CY 2014	100.0%	49.7%	22.8%	3.7%	10.3%	9%	4%	5.1%		6.7%
CY 2015	100.0%	48.5%	22.6%	3.7%	6.8%	8%	2%	3.9%	1%	13.0%
CY 2016	100.0%	41.4%	20.4%	3.4%	2.0%	1.0%	3%	2.4%	1%	28.6%
CY 2017	100.0%	23.7%	11.1%	1.7%		5%	1%	6%		61.7%
CY 2018	100.0%	6.1%	2.0%	2%	0	2%	0		0	91.1%

Figure 4: For children entering care in each calendar year and discharged, the number/percent of children in each discharge category.

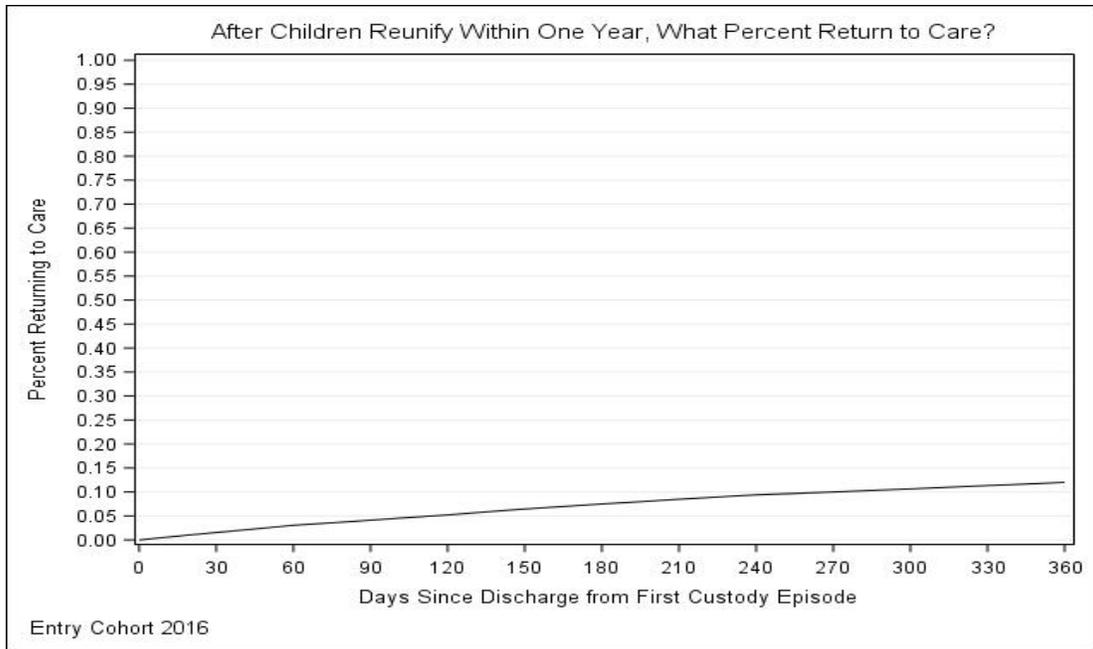


Figure 5: Of children who entered care in CY2016 and received permanency within 12 months of entry, the percent returning to custody within one year of exit.

Intervention 2: Examine data of children who entered agency custody in a 12-month period and were discharged within 12 months to reunification, living with a relative, or guardianship and then re-entered agency custody within 12 months of their discharge to determine root causes.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 1.
- 3) Completed in Year 3.

Benchmark 4: Share data analysis with stakeholders and gather their feedback to support interpretation of the data. (Years 2-5)

Progress Report:

A variety of analysis (such as those shown in Goal 3, Objective 2, Intervention 1, Benchmark 3) were done. The cross-section of staff said that the data were illuminating (e.g., a small proportion of children are returning over time, 5% within 90 days of discharge). It was decided to improve how these data are presented to ease the ability to interpret them by a wider audience.

Intervention 3: Evaluate completion of the CAPMIS Reunification Assessment tools, including a qualitative analysis of the content and application of the tool to the decision-making process.

Benchmark 1: Please see Goal 1, Objective 4, Intervention 1.

Progress Report:

Refer to update presented under Goal 1, Objective 4, Intervention 1.

Goal 4: Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.

Measures:

- 1.) Placement Stability: Of all children who enter agency custody in a 12-month period, what is the rate of placement moves per 1,000 days in care?
- 2.) Percentage of children who have been in foster care for 12-23 months that achieve permanency within 12 months.
- 3.) Percentage of children who have been in foster care for 24 months or more that achieve permanency within 12 months.
- 4.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will include appropriate permanency goals for each child in care.
- 5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to achieve reunification, guardianship, adoption or other planned permanent living arrangement.
- 6.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children's relationship with these close family members.
- 7.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address the needs of children, parents and foster parents.

Updated Performance:

- 1.) Placement Stability:
3.50 moves per 1,000 days in care (15B-16A)- Risk Standardized Performance
- 2.) Permanency in 12 months for children in foster care 12-23 months:
47.3% - (15B-16A) Risk Standardized Performance
- 3.) Permanency in 12 months for children in foster care 24+ months:
30.6% (15B-16A) - Risk Standardized Performance
- 4.) **72%** of cases reviewed included appropriate permanency goals for each child in care. (CPOE Stage 10)
73% of cases reviewed included appropriate permanency goals for each child in care. (CF SR Round 3)
- 5.) **80%** of cases reviewed demonstrated concerted efforts to achieve reunification, guardianship, or other planned permanent living arrangement. (CPOE Stage 10)
56% of cases reviewed demonstrated concerted efforts to achieve reunification, guardianship, or other planned permanent living arrangement. (CF SR Round 3)
- 6.) **89%** of cases reviewed demonstrated concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children's relationship with these close family members. (CPOE Stage 10)
71% of cases reviewed demonstrated concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children's relationship with these close family members. (CF SR Round 3)
- 7.) **79%** of cases reviewed demonstrated concerted efforts to assess and address the needs of children, parents and foster parents. (CPOE Stage 10)
52% of cases reviewed demonstrated concerted efforts to assess and address the needs of children, parents and foster parents. (CF SR Round 3)

Goal 4: Objective 1

Increase quality and frequency of visitation between parents and children and sibling groups while children are placed in out-of-home care.

Update on Progress Made to Improve Outcomes

Intervention 1: Provide technical assistance to PCSAs to support implementation of best practices for visitation.

Benchmarks:

- 1) Provide technical assistance to PCSAs regarding policy requirements for visitation, accurate documentation of visits in SACWIS, and information about successful program models or practices implemented by other PCSAs. (Years 1-5)
- 2) Completed in Year 2.
- 3) Completed in Year 3.

Progress Report & Feedback Loops:

During the reporting period, the Family and Caseworker Visits Workgroup broke out into two sub-workgroups. The Resource Workgroup made recommendations to the CPS Policy area to revise the SACWIS Visitation Knowledge Base articles and the Documentation Subcommittee Workgroup developed recommendations to the SACWIS team to incorporate three templates within the SACWIS Application in order to streamline and support high quality documentation. The three suggested templates were: (1) *Visitation Observation Template* (used when observing parent/child supervised visits); (2) Home Visit Template for Intake (used for face-to-face and telephone contacts during the assessment phase of the case); and (3) Home Visit Template for Caseworker Visits with Parents/Guardians/Custodians/Caregivers and Children (includes unique fields based on the visit type – e.g., children on a Safety Plan, emancipated youth, parent/caregiver). OFC is currently examining options for implementing the template recommendations in a manner that would not create an unintended consequence of inadvertently encouraging greater use of “copy and paste” by staff entering visit information.

In addition to the workgroup’s efforts to identify resources and develop new methods to support quality visits and documentation of those visits, the state has taken a proactive approach to addressing performance on caseworker visits. As noted in previous sections of this report, the SACWIS *Comprehensive Visitation Report* was adapted to generate a monthly email summary report to agency directors and children services administrators. Technical assistance has been provided to PCSAs in a variety of venues on the *Comprehensive Visitation Report* and ways counties can ensure the accuracy of their data and track performance improvement. As Ohio’s CFSR cases were reviewed, it was noted that there were problems with both visitation occurring and with the quality of the visits that did occur. Due to the concerns regarding quality, resources from the Capacity Building Center for States regarding quality contacts were shared with the 15 CFSR counties. Additionally, links to these resources were posted to the Ohio Child Welfare Learning Collaborative website. On May 23, 2018, a ODJFS Practice Profiles webinar on planning was held and presenters discussed how caseworkers can prepare for quality visits with families. Presenters also discussed how supervisors can help workers to prepare for visits. Ohio is also working on modifications to the SACWIS *Comprehensive Visitation Report* to ensure that the population

of persons pulling into the report mirrors the CFSR and CPOE sample populations. This is anticipated to be completed in the fall of 2018.

Intervention 2: Collaborate with OCWTP to provide training for foster parents and caseworkers on the importance of encouraging the parent/child relationship and the necessity of participating in the case plan goal of reunification and “mentoring” biological parents in the process.

Benchmark 1: Completed in Year 2.

Benchmark 2: Collaborate with OCWTP to expand use of the Fundamentals of Fostering course on working with birth parents and other specialized training curricula that support quality visitation between parents and children. (Years 1-5)

Progress Report:

Relating to Primary Families: Challenges, Issues, and Strategies, one of the trainings in the Fundamentals of Fostering series, was offered one time (10 participants) and is scheduled five more times before June 30, 2018. It is offered or scheduled in four of the eight regions.

Goal 4: Objective 2

Improve services and supports for kinship caregivers to promote increased placement stability and permanency.

Update on Progress Made to Improve Outcomes

Intervention 1: Seek statutory revisions as recommended by the Supreme Court of Ohio’s Subcommittee on Responding to Child Abuse, Neglect and Dependency to address barriers for kinship caregivers and promote consistency among courts with jurisdiction over kinship caregiver relationships.

Benchmark 1: Completed in Year 2.

Benchmark 2: Upon enactment of statutory changes related to kinship care, review and update Ohio Administrative Code as needed. (Years 2-5)

Progress Report:

House Bill 49 passed on June 29, 2017 and allocated \$15 million in TANF funds per state fiscal year to establish a kinship child care program. Policy staff within the Office of Families and Children and the Office of Family Assistance worked collaboratively to define program eligibility requirements and procedures for implementing the kinship child care program. Ohio Administrative Code rule 5101:2-40-06, *Kinship Child Care Program* became effective on May 1, 2018. A system for tracking the use of these funds has been established in an effort to collect data that will inform future policy development as needed.

House Bill 126, which was introduced in 2017, provides for the required establishment of a statewide kinship navigator program. If passed, this legislation requires ODJFS to divide the state into as few as five or as many as twelve regions where kinship navigators will operate to provide information and referral

services and assistance in obtaining support for kinship caregivers. The legislation has been referred to the Community and Family Advancement Committee as of March 21,2017. There are no updates available since that date.

Intervention 2: Partner with the Subcommittee to develop legal informational resources for kinship caregivers.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 1.
- 3) Completed in Year 1.

Intervention 3: Review current data regarding kinship and other relative placements to identify trends.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.
- 3) Completed in Year 3.

Intervention 4: Utilize Ohio’s Title IV-E Waiver to strengthen services and supports for kinship caregivers and evaluate the impact of targeted strategies.

Benchmark 1: Implement and evaluate a Kinship Supports Strategy through Ohio’s Title IV-E Waiver. (Years 2-5)

Progress Report:

Ohio demonstration counties continue to enhance successful outcomes utilizing the kinship support strategy. Kinship supports is a core strategy of the demonstration which increase attention to and support for kinship caregivers and their families, ensuring that kinship caregivers have the support they need to meet the child’s physical, emotional, financial and basic needs. The strategy includes a set of core activities specifically related to the kinship caregiver including home assessment, needs assessment, support planning, and service referral and provision. Kinship Supports has been implemented through various models (One-worker approach, Two-worker approach, and Hybrid approach) within the demonstration counties. Some level of kinship support has been adopted by a number of non-demonstration counties due to the significant beneficial outcomes. Evaluation has found that child placed with kin and whose families received intervention services:

- Experienced greater placement stability (significantly fewer placement moves) than children placed in foster care in comparison counties.
- Reached permanency in significantly fewer days than children placed in foster care in comparison counties.
- Were significantly less likely to experience abuse or neglect after exiting care than children exiting foster care in comparison counties.
- Were significantly less likely to reenter out-of-home care after exiting care than children placed in foster care in comparison counties.

Goal 4: Objective 3
Achieve timely, legal permanency for children.

Update on Progress Made to Improve Outcomes

Intervention 1: Continue to work with the Supreme Court of Ohio to improve permanency decision timeframes, including appellate decisions.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 2.
- 3) Completed in Year 3.
- 4) Completed in Year 3.
- 5) Completed in Year 1.

Intervention 2: Expand implementation of Casey Family Programs' Permanency Roundtable and Youth-Centered Roundtable model.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 3.

Progress Report:

Refer to update for Goal 1, Objective 5, Intervention 3.

Intervention 3: Continue implementation of the Wendy's Wonderful Kids model for child-specific recruitment efforts.

Benchmark 1: Please see Goal 1, Objective 5, Intervention 6.

Progress Report:

Refer to update for Goal 1, Objective 5, Intervention 6.

Intervention 4: Enhance CPOE protocol to utilize data to address identified issues and highlight best practices.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.

Intervention 5: Build skills in effective Family Search and Engagement practices.

Benchmark 1: Please see Goal 3, Objective 2, Intervention 2.

Progress Report:

Refer to update for Goal 3, Objective 2, Intervention 2, Benchmark 1.

Goal 4: Objective 4
Improve outcomes for youth exiting foster care and transitioning to adulthood.

Update on Progress Made to Improve Outcomes

Intervention 1: Develop a process to facilitate information-sharing about effective practices and services for transitioning youth with public children services agencies, private child placing agencies, and private non-custodial agencies.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.
- 3) Completed in Year 2.

Intervention 2: Increase the access of youth to Independent Living services.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 3.
- 3) Completed in Year 2.

Benchmark 4: Continue support for the Ohio Youth Advisory Board. (Years 1-5)

Progress Report:

The Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people across Ohio ages 14-24. Their mission statement is: "We exist to be the knowledgeable statewide voice that influences policies and practices that effect all youth who have or will experience out of home care." The OHIO YAB believes in the power of youth voice and actively works to establish and develop county and regional youth advisory boards. It also works to influence policies and practice that impact current and former foster youth. OHIO YAB meets quarterly, and the ODJFS Transitional Youth (TY) staff regularly attend these meetings to gather and share valuable programming and service information with the youth. ODJFS continues to provide funding for OHIO YAB.

County caseworkers/Independent Living Coordinators who provide transportation for youth to attend the OHIO YAB meetings have the opportunity to participate in a separate meeting as part of the Ohio Independent Living Association (OHILA). The OHILA meeting is for any PCSA or private entity providing independent living services to foster youth age 14 and above. This organization affords a great opportunity for networking on behalf of the youth.

ODJFS staff participated in the Annual Ohio Youth Advisory Board Member Retreat where current and former foster youth discussed opportunities to communicate to the state legislature about the importance of sibling visitation and the necessity of encouraging legislation that makes law enforcement mandatory reporters to the children services. They also discussed opportunities and programs that are designed for foster youth feedback and ways to connect current and former foster youth to local resources.

While ODJFS was developing their extended foster care program, Bridges, staff ensured that youth voice was present throughout the process. Besides having regular meetings with current and former foster youth, ODJFS staff also held regular focus groups and listening sessions with youth in different placement settings and with different permanency outcomes. Additionally, OFC staff continue to attend the quarterly Ohio Youth Advisory Board (OYAB) meetings. These meetings have breakout sessions which allows the youth and young adults in attendance to provide input on several topic areas. Bridges takes this opportunity to speak with current and former foster youth not involved with the program, and receive their input and feedback on Bridges.

In SFY2019, ODJFS will be conducting focus groups with Bridges Participants who are enrolled and receiving services through Bridges to gather the young adults feedback on the program and services they are receiving, learn of areas of opportunity to improve their experience in the program, and to evaluate marketing materials and communications. Staff has prepared questions and talking points to facilitate discussion. These questions inquire into the young adults' enrollment experience and overall process, interactions with Bridges staff, services that are they are receiving, and give participants an opportunity to provide feedback regarding the program as a whole. ODJFS will contact the young adults directly to invite them to the focus group in their respective regions. There will be assistance with transportation and lunch will be provided. Focus Groups will be held throughout SFY2019, with plans to hold eight (8) with at least one (1) focus group being held within each of the 5 regions statewide.

Intervention 3: Increase staff and caregiver awareness of Independent Living and Transitional Youth service and program needs.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 2.

Benchmark 3: Collaborate with OCWTP to expand use of specialized trainings (e.g., Positive Youth Development, Maintaining Permanent Connections, and Transition Planning) for workers and caregivers on working with Independent Living Youth and Transitional Youth. (Years 1-5)

Progress Report:

The OCWTP offers four standardized trainings for caregivers of transitioning youth. The National Resource Center for Youth Development' (NRCYD) Independent Living series is a set of three trainings (total 24 hours) and the other training, *Fostering Self-Reliance in Children and Youth: Roots and Wings*, is part of the Fundamentals of Fostering series. In addition, the OCWTP maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on independent living. The tables below provide statewide data on both standardized and non-standardized course offerings between July 1, 2017 and June 30, 2018 on independent living for staff, caregivers, and adoptive parents, including some joint sessions. By the end of FY 2018, 61 sessions will have been offered.

OCWTP Standardized Courses

Independent Living Series/ Fundamentals of Fostering	Sessions Offered	Attendance	Sessions Scheduled
<i>Positive Youth Development: The Vital Link</i>	2	14	1
<i>Life Long Connections: Permanency for Older Youth</i>	6	73	1
<i>Engaging Youth in Transition Planning</i>	5	48	1
<i>Fostering Self-Reliance in Children and Youth: Roots and Wings</i>	5	68	2

OCWTP Non-Standardized Courses

Independent Living	Sessions Offered	Sessions Scheduled
Training for caseworkers	14	12
Training for caregivers	22	13

Note: Report does not include *Foster Parent College* courses offered to caregivers through the OCWTP.

Benchmark 4: Completed in Year 2.

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

Measures:	Updated Performance:
<p>1.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate diligent efforts to meet children’s educational needs.</p>	<p>1.) 92% of cases reviewed demonstrated diligent efforts to meet children’s educational needs. (CPOE Stage 10) 85% cases reviewed demonstrated diligent efforts to meet children’s educational needs. (CFSR Round 3)</p>
<p>2.) At a minimum, 95% of cases reviewed will demonstrate diligent efforts to address children’s health needs.</p>	<p>2.) 85% of cases reviewed demonstrated diligent efforts to address children’s health needs. (CPOE Stage 10) 80% of cases reviewed demonstrated diligent efforts to address children’s mental/health needs. (CFSR Round 3)</p>
<p>3.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to address children’s mental/behavioral health needs.</p>	<p>3.) 92% of cases reviewed demonstrated concerted efforts to address children’s behavioral health needs. (CPOE Stage 10) 79% of cases reviewed demonstrated concerted efforts to address children’s mental/behavioral health needs. (CFSR Round 3)</p>
<p>4.) At a minimum, 95% of cases reviewed will demonstrate adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody.</p>	<p>4.) 100% of the foster care cases reviewed demonstrated adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody. (CPOE Stage 10)</p>

Goal 5: Objective 1
Work collaboratively with partner agencies to address non-academic barriers to student success.

Update on Progress Made to Improve Outcomes

Intervention 1: Assess state and local capacity to address non-academic barriers to student success.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 3.

Intervention 2: Promote consistent use of comprehensive Early Childhood Assessments and application of social-emotional development standards developed by Ohio’s Early Learning Challenge grant.

Benchmark 1: Increase the number of early childhood learning centers that implement the additional program standards associated with Ohio’s Tiered Quality Rating and Improvement System. (Years 1-5)

Progress Report:

Programs eligible to participate in Step Up to Quality (SUTQ) include:

- State-funded preschool programs;
- Early Head Start and Head Start programs;
- Early Learning and Development programs funded under section 619 of part B IDEA and Part C IDEA;
- Early Learning and Development Programs funded under Title I of ESEA;
- Early Learning and Development Programs receiving funds from the State’s Child Care Development Fund program:
 - Center-based
 - Family- based

Progress Measures:

Since Ohio received its federal Early Learning Challenge Grant in 2012, the state has seen a 60% increase in programs meeting SUTQ eligibility standards. This increase translates to more than 3,000 SUTQ-rated programs statewide. Moreover:

- Ohio increased the number of programs achieving 3-, 4-, or 5-star ratings from 19% at baseline to 66% of those rated;
- One hundred percent of state-funded preschool programs have achieved SUTQ star ratings (less than 1% had star ratings at the beginning of the grant);
- Almost 100% of special education preschool programs are now SUTQ rated; and
- Ohio has grown from 9.8 % of its publicly funded child care programs being SUTQ rated to more than 31%.

By July 1, 2020, all programs that receive subsidies from the Ohio Department of Education (ODE) will be monitored through SUTQ and required to achieve a rating of 3, 4, or 5 stars to maintain financial support.

Benchmark 2: Completed in Year 3.

Intervention 3: Increase awareness of non-academic barriers to student success and establish mechanisms to address them.

Benchmark 1: Completed in Year 1.

Benchmark 2: To be reported on in Year 5.

Benchmark 3: To be reported on in Year 5.

Benchmark 4: To be reported on in Year 5.

Benchmark 5: Completed in Year 2.

Benchmark 6: Promote establishment of positive school climates and expanded models of school-based behavioral health services through implementation of OhioMHAS' Safe Schools/Healthy Students grant. (Years 2, 3, 4)

Progress Report:

To streamline cross-system needs assessment requirements and facilitate broad dissemination of best practices, Ohio chose to align the activities of three federal grants designed to address non-academic barriers to student achievement. The Safe Schools Healthy Students, Project AWARE (Advancing Wellness and Resilience in Education), and School Climate Transformation grants were organized under the umbrella of Healthy Schools and Communities Resource Teams (HSCRT). Together, these grants focus on developing positive school climates, promoting child and youth wellness, reducing school violence, increasing positive behavior choices, and increasing awareness and access to mental health services. Collective project goals are to:

- Promote healthy interpersonal relationships and improve academic achievement through the development of children's social and emotional skills;
- Enhance students' ability to master developmentally appropriate tasks and cope with adversity;
- Improve joint planning and implementation of student programs through increased family, school and community partner engagement;
- Prevent or reduce substance use through implementation of environmental strategies;
- Identify and address issues and conditions that contribute to unsafe conditions and violence in schools;
- Raise awareness of mental/behavioral health issues among school-aged youth;
- Provide training to detect and respond to mental health challenges and crisis in children and young adults; and
- Increase access to mental/behavioral health supports for children, youth and families.

During this reporting period, multiple tools and resources were developed to raise awareness and address students' behavioral health needs. These include compendia and webinars on:

- Mental health, social-emotional and behavioral screening and evaluation;
- School climate surveys;
- Activities to enhance student motivation and engagement;
- Universal screening;
- Referral pathways for mental health supports; and an
- Electronic registry of effective and evidence-based practices.

In addition, over 1,400 Ohioans were trained in Youth Mental Health First Aid. Seven new information briefs were also developed and promoted through electronic distribution platforms statewide:

- Positive Behavioral Intervention Supports for Parents: A Primer
- Human Trafficking: What Schools Needs to Know
- Teen Dating Violence: What Schools, Parents and Youth Need to Know
- Non-Suicidal Self Injury: What It Is, Why Does It Happen, and How Can We Help?
- Sexual Assault/Abuse: Information for Schools, Caregivers and Peers

- Physical Activity and Its Contribution to Overall Well-Being for Students
- Teen Suicide: Prevention, Intervention, and Postintervention

The statewide HSCRT convened nine times during this reporting period. The following topics were featured during these meetings:

- Ohio's Suicide Prevention Efforts, and Ohio's Prevention Licensure Changes;
- Cultural and Linguistic Competency;
- Ohio's Early Childhood Mental Health Initiative ~ Promoting Early Childhood Social and Emotional Learning and Development;
- Building Positive Relationships with Parents;
- The work of Prevention First and NAMI in Ohio;
- Disparity Impact~ an Examination of Culture;
- HSCRT Grant outcomes and future planning; and
- Determining Collective Impact of HSCRT.

For additional information about Safe Schools Healthy Students, go to:

<http://mha.ohio.gov/Default.aspx?tabid=908>

For addition information about Project AWARE Ohio, go to:

<http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Project-AWARE-Ohio>

For additional information about School Climate Transformation, go to:

https://education.ohio.gov/getattachment/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/PBIS_Annual-Report-2016-17-Com-Final-V3.pdf.aspx

Benchmark 7: Promote use of Mental Health Networks for School Success (where available).
(Years 2 & 4)

Progress Report:

The Ohio Mental Health Network of School Success (OMHNSS) is designed to help schools, community agencies, and families work together to meet the needs of students with non-academic barriers to educational success. Housed at the University of Miami, OMHNSS works in partnership with Project AWARE Ohio to expand the availability of effective school-based services through a network of six regional collaboratives. OMHNSS provides preservice training to future clinicians, in-service training for educators and mental health professionals, as well as direct clinical and consultative services to school districts and community partners.

This past year, OMHNSS continued disseminate the *Mental Health, Social-Emotional, and Behavioral Screening and Evaluation Compendium* and the *Universal Screening Guidance* through statewide electronic methods, and presentations at two conferences this past year. To view the entire array of statewide resources, go to:

<http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Project-AWARE-Ohio/Project-AWARE-Ohio-Statewide-Resources>

OMHNSS also compiled compendia for local community's reference when developing school-based programming:

- Mental Health, Social-Emotional & Behavioral Screening and Evaluation;
- Social Behavioral Research;
- School Climate Surveys;
- School Wide Universal Screening;
- Activities to Enhance Motivation and Engagement.

To view these in more detail, go to: <http://resources.oberlinkconsulting.com/#> and click on "Compendiums". This link, <http://resources.oberlinkconsulting.com/#>, also provides additional information on:

- Ohio's registry of effective practices;
- Protocols, to facilitate effective referrals for mental health services and supports;
- Information Briefings; and
- e-News articles.

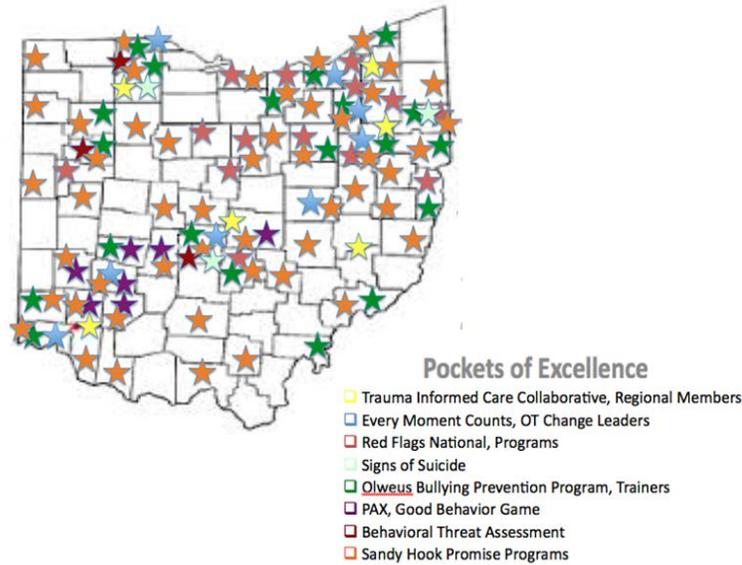
This past year, OMHNSS also conducted the following webinars:

- Universal Screen for Behavioral and Mental Health Issues;
http://resources.oberlinkconsulting.com/uploads/compendiums/School-Wide_Universal_Screening_Webinar.mp4
- What Parents Want Professionals to Know;
- Connecting with Parents; and
- Ask a Parent.

To promote local collaboration, OMHNSS maintains an interactive website of school and community-based services. To view this tool, go to:

<http://www.continuum.oberlinkconsulting.com/index.php?country=US&state=OH>

In addition, OMHNSS has established *Pockets of Excellence* to promote shared learning and implementation of evidence-based interventions. Highlighted programs included: the Olweus Bullying Prevention Program; PAX, The Good Behavior Game; Trauma Informed Care; Behavioral Threat Assessments; Red Flags; Actively Caring; Every Moment Counts; Signs of Suicide; and Sandy Hook Promise Programs: Say Something, Start with Hello, Safety Assessment and Intervention, and Youth Mental Health First Aid. The map below illustrates where these programs are currently operating in Ohio.



Intervention 4: Promote use of parent advocates to increase family participation in educational planning for their children.

Benchmark 1: Completed in Year 3.

Benchmark 2: Partner with Ohio’s Primary Parent Workgroup to promote use of educational advocates for families in need. (Years 2-5)

Progress Report:

A PAC representative sits on the Primary Parent Workgroup and provides updates and information to the group regarding PAC resources.

Goal 5: Objective 2
 Increase workforce capacity to address the educational needs of foster children.

Update on Progress Made to Improve Outcomes

Intervention 1: Increase child welfare and school personnel’s awareness of educational issues impacting students involved in the child welfare system.

Benchmark 1: Provide information to school personnel about the unique needs of foster children, including: the impact of child abuse and neglect on development, placement instability, and ways to promote positive school transitions. (Years 2 & 4)

Progress Report:

During this reporting period, ODE hired a staff person to focus solely on meeting the educational needs of children in foster care. Together, ODE and ODJFS completed the following activities to increase educational personnel's understanding of the unique needs of children in foster care and to promote positive school transitions:

- Presented workshops at 2 statewide conferences in both the education and child welfare fields;
- Facilitated collaborative meetings between school districts and county custodial agencies to improve cross-system response at the local level;
- Sent out periodic communications to all public districts regarding their responsibilities to foster youth;
- Maintained a website to provide guidance, resources, and tools for serving students in foster care; and
- Provided direct technical assistance to schools, districts, special advocates, county agencies, and private agencies daily regarding policy interpretation and case-specific interventions.

Benchmark 2: Provide information to PCSA personnel regarding opportunities to address educational issues (e.g., opportunities for credit recovery, Positive Behavioral Interventions and Supports, supplemental supports and services). (Years 2 & 4)

Progress Report:

In addition to the activities noted above, ODJFS also:

- Jointly presented a workshop with ODE at the Fostering Pathways for Success Conference. Topics covered included:
 - ESSA implementation;
 - Requirements for Student Success Plans;
 - Career development opportunities and programs throughout a child's k-12 education.
- Jointly met with members of the PFOF Advisory Council to discuss local ESSA implementation requirements and issues (e.g., immediate enrollment, development of cooperative transportation finance strategies).
- Met with the Ohio Independent Living Association to discuss ESSA mandates.
- Met with members of the Ohio Youth Advisory Board (comprised of youth in foster care) regarding student rights and opportunities associated with ESSA, as well as Ohio's student success plans and career development programs.

Intervention 2: Leverage programming targeted to older students transitioning from care.

Benchmark 1: Completed Year 3.

Benchmark 2: Provide information to PCSAs regarding potential partnerships with Opportunities for Ohioans with Disabilities, the Ohio Department of Education (Office of Exceptional Students, the Career Information System), WIA (The Ohio Apprenticeships Program), the Board of Regents (Ohio Reach) and other programming for youth aging out of care (ETVs, Chafee). (Years 1-5)

Progress Report:

OFC Transitional Youth Program staff collaborates with Ohio Reach and Workforce Development’s WIA (Ohio Apprenticeships Program) to offer an annual conference for foster youth ages 14 and older and their PCSA caseworkers and adult supporters (foster parents, mentors, etc.). The Fostering Pathways to Success conference was held on October 12, 2017 and included vendors who provided youth with information about post-secondary educational and vocational options to explore with hands-on demonstrations, as well as information about housing options, Medicaid coverage, a resume clinic and job search opportunities through enrollment in OhioMeansJobs.com and the upcoming CCMEP programming. Youth and PCSA’s also received information about Bridges, ETV, NYTD and how to use Chafee funding to support transitioning youth in developing their Independent Living Skills.

Goal 5: Objective 3
Increase awareness of best health practices to facilitate informed decision-making.

Update on Progress Made to Improve Outcomes

Intervention 1: Increase awareness of child welfare staff regarding recommended timelines for health screenings and assessments.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 3.

Intervention 2: Increase health care professionals’ knowledge of patient engagement techniques.

Benchmark 1: Completed in Year 2.

Intervention 3: Promote youth self-advocacy in regard to participation in health care decisions.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 3.

Goal 5: Objective 4
Increase access to health care services.

Update on Progress Made to Improve Outcomes

Intervention 1: Monitor health care service utilization by children in custody of a PCSA.

Benchmark 1: Completed in Year 2.

Intervention 2: Promote Medicaid enrollment for eligible individuals.

Benchmarks:

- 1) Work with the Ohio Department of Medicaid to develop marketing strategies to increase initial enrollment and re-determined eligibility for coverage. (Years 1-5)
- 2) Work with PCSAs to facilitate youth enrollment in a Medicaid Managed Care plan prior to emancipation from care. (Years 1-5)

Progress Report:

Youth who have emancipated from foster care are categorically eligible for Medicaid Managed Care coverage until age 26. During this reporting period, the Ohio Department of Medicaid (ODM), Bureau of Technical Assistance and Compliance continued to work with ODJFS, OFC to increase Medicaid enrollment of former foster care youth.

On January 1, 2017, Ohio's foster care and adoption (from foster care) populations began the systemic migration from a fee-for-service to a Managed Care service delivery model. To better meet the unique needs of child welfare, ODM financially supported the establishment of a Medicaid section within the ODJFS, Office of Families and Children. The Section became fully staffed in April 2017 and has enabled the departments to work more efficiently to address systemic issues (e.g., MITS-SACWIS interface) and coverage issues impacting individual children.

Additional information about this transition is included in Appendix B, *Ohio's Health Care Oversight and Coordination Plan Update*.

Intervention 3: Work with the Ohio Department of Health (ODH) and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure health concerns are addressed timely.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 3.

Intervention 4: Encourage providers to work in under-served areas of the state via implementation of loan repayment and scholarship programs administered by the Ohio Departments of Health (ODH), and Mental Health and Addiction Services (OhioMHAS).

Benchmark 1: Collaborate with ODH and OhioMHAS to increase use of telemedicine. (Years 4-5)

Progress Report:

The state of Ohio has undertaken several efforts to improve access to needed care through the use of telemedicine. The Ohio Department of Medicaid has established standards of care and reimbursement rates to permit delivery of telehealth services by Ohio Medicaid providers. In addition, Ohio Revised Code 4731.296 permits the delivery of health care services by out of state medical providers through development and implementation of an Ohio telemedicine certification process.

The OhioMHAS has also established a formalized process to improve continuity of patient care between Ohio's psychiatric hospital system and local providers. Through the Telehealth initiative, local clinicians participate in treatment discussions and discharge planning sessions in real time. In addition, telehealth promotes involvement of family members and other supportive individuals selected by the patient by providing alternate avenues of participation which were previously unavailable. For additional information about Ohio's State Psychiatric Hospital Telehealth initiative, go to: <http://mha.ohio.gov/Treatment/Telehealth>

Benchmark 2: Collaborate with ODH to promote use of Advance Practice Nurses and Physician Assistants. (Years 3-5)

Progress Report:

Last year, Ohio passed legislation to broaden the scope of Physician Assistant (PA) practice, added licensure status to PAs, and expanded the number of PAs a physician is allowed to supervise concurrently. Taken together, these changes permit greater flexibility in PAs' roles in treatment, and increase availability of health care in underserved areas of Ohio. In addition, the Nurse Corps programs provides loan repayment and scholarship programs for nurses, including advance practices nurses.

Benchmark 3: Partner with ODH and OhioMHAS to promote the use of loan repayment programs which encourage providers to work in under-served areas of the state. (Years 1-5)

Progress Report:

The Ohio Department of Health, Primary Care Office coordinates various state and federal workforce programs to increase access to care in rural and urban underserved areas of the state. As of June 2018, there are 315 providers practicing through these programs, including 169 primary care, dental and mental health providers in the National Health Service Corps Scholarship and Loan Repayment Programs; 52 primary care physicians, dentists and dental hygienists in state loan repayment programs; and 94 primary care and sub-specialty physicians in visa waiver programs. All of the providers recruited or retained to practice in underserved areas through these workforce programs are required to serve all patients regardless of their ability to pay.

In addition, the OhioMHAS also administers a loan repayment program for those who choose to work in the regional state hospitals. During this past year, 20 psychiatrists participated in this program. To learn more about Ohio's Regional Psychiatric Hospitals, go to: <http://mha.ohio.gov/Default.aspx?tabid=96>

Goal 5: Objective 5

Increase workforce capacity to effectively address the issue of trauma within the child welfare population.

Update on Progress Made to Improve Outcomes

Intervention 1: Work with OhioMHAS, the Ohio Association of County Behavioral Health Authorities (OACBHA), the Ohio Council of Behavioral Health and Family Services Providers, and higher education to improve identification and dissemination of effective trauma-informed practices.

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 3.

Benchmark 3: Provide guidance to PCSA administrators regarding the development of effective trauma-informed policies and practices to reduce and address issues of secondary trauma experienced by child welfare workers. (Years 4-5)

Progress Report:

As part of Ohio’s application for the 21st Century Cures Act, the OhioMHAS emphasized the need to provide trauma resources for first responders tasked with addressing the immediate impacts of the state’s opioid epidemic. Given the related demands on child welfare staff, PCSA personnel were identified as a targeted population for these efforts. To that end, OhioMHAS contracted with the Center for Innovative Practices at Case Western Reserve University to provide regional secondary trauma sessions throughout the state in the Spring of 2018. To view an example of one of the sessions, go to: <https://www.youtube.com/watch?v=M-az7cDb048&feature=youtu.be>

In addition, OhioMHAS is in the process of developing a video series highlighting the perspectives of compassion fatigue often experienced by first responders to reduce stigma, promote normalcy and provide opportunities for sharing personal recommendations about self-care techniques.

Intervention 2: *Work with OCWTP and the National Child Traumatic Stress Network to provide training to PCSA staff on implementation of trauma-informed client engagement strategies and related case plan services.*

Benchmark 1: Continue to expand offerings of the Trauma Tool Kit. (Years 1-5)

Progress Report:

National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Training Toolkit

The NCTSN Child Welfare Trauma Training Toolkit has been regularly offered since 2010. During CFSP Year 4, Franklin County (CORTC) offered the full series. Attendance at the sessions was eight for the first two sessions and one for session three. The last session was cancelled due to low attendance. Greene County (WORTC) and Summit County (NEORTC) have the series scheduled to be completed prior to June 30, 2018.

Additional training for caseworkers

The table below is a sampling of training provided to caregivers during CFSP Year 4.

Trauma Training for Caseworkers	Sessions Offered	Sessions Scheduled
<i>Beyond the Bruises: An Overview of Domestic Violence</i>	3	2
<i>Beyond the Bruises: Effects of Domestic Violence on Children</i>	3	2

Trauma Training for Caseworkers	Sessions Offered	Sessions Scheduled
<i>Helping Children Heal Through Books</i>	0	1
<i>The Impact of Emotional Abuse</i>	3	1
<i>Children Grieve, Too</i>	0	1
<i>Fostering Healing, Resiliency, and Hope for Traumatized Children</i>	5	0
<i>Girls, Trauma, and Delinquency</i>	5	3
<i>Interventions for Children Who Have Suffered Trauma</i>	0	1
<i>Removed: Strategies for Hope and Healing</i>	2	0
<i>Wounded Child, Healing Home</i>	1	2
<i>Promoting Successful Futures by Addressing Child Traumatic Stress</i>	0	1
<i>Trust-Based Relational Intervention: Introduction</i>	3	0
<i>Trust-Based Relational Intervention: Connecting Principles</i>	1	0
<i>Trust-Based Relational Intervention: Correcting Principles</i>	0	1
<i>Building a Teen's Capacity for Relationships</i>	3	0
<i>A Layman's Guide to Understanding the Brain</i>	1	0
<i>PTSD and Children</i>	1	0
<i>Trauma-Informed Case Management</i>	1	0
<i>The Power of Healing: Using Trust-Based Relational Intervention (TBRI)</i>	1	0

NCTSN Caring for Children who have Experienced Trauma

This series, a companion series for caregivers and adoptive parents, has been regularly offered since 2010. Two of the four sessions are scheduled to be held prior to June 30, 2018.

Additional trauma training for caregivers

The table below is a sampling of training provided to caregivers during CFSP Year 4.

Trauma Training for Caregivers	Sessions Offered	Sessions Scheduled
<i>TBRI: Introduction</i>	3	1
<i>TBRI: Connecting Principles</i>	1	0
<i>TBRI: Correcting Principles</i>	0	1
<i>Trauma Systems Therapy for Foster Caregivers</i>	1	2
<i>The healing Power of Connection</i>	1	0
<i>Bedtime Behaviors for Traumatized Children</i>	4	2
<i>Girls, Trauma, and Delinquency</i>	2	2
<i>Interventions for children Who Have Suffered Trauma</i>	3	1

Trauma Training for Caregivers	Sessions Offered	Sessions Scheduled
<i>Removed: Strategies for Hope and Healing</i>	3	0
<i>Wounded Child, Healing Home</i>	0	1
<i>Becoming a Trauma-Competent Caregiver</i>	2	2
<i>Helping Children Heal Through Books</i>	1	2
<i>Children Grieve, Too</i>	0	1
<i>Dealing with the Effects of Complex Trauma</i>	0	2
<i>Effects of Domestic Violence and Abuse on Children</i>	0	1
<i>Infant and Toddler Attachment</i>	2	0
<i>Trauma-Informed Discipline</i>	0	1
<i>Fostering Healing, Resilience, and Hope for the Traumatized Child</i>	3	0
<i>Self-Care for Caregivers Who are Parenting Traumatized Children</i>	2	0
<i>Babies' Brains: Applications for Caregivers</i>	1	0
<i>Babies' Brains: The Basics for Caregivers</i>	2	0
<i>Beyond the Bruises: Effects of Domestic Violence</i>	1	0
<i>The Impact of Emotional Abuse</i>	1	0
<i>The Neuroscience of Attachment</i>	2	0
<i>The Hurts of Foster Care: Secondary Trauma</i>	1	0
<i>Understanding Trauma and Trauma Bonding When Caring for Victim of Human Trafficking</i>	3	0
<i>Overcoming Trauma</i>	1	0
<i>Trauma-Informed Discipline</i>	6	0

Bridges

Trauma-Informed Practice, a three-hour training, was developed as part of the Bridges training series. The Bridges training series trains staff and supervisors of Ohio's new foster care extension program. This module has been offered three times and will be offered an additional three times prior to June 30, 2018.

Goal 5: Objective 6
Improve monitoring and oversight of psychotropic medication use for children placed in substitute care.

Update on Progress Made to Improve Outcomes

Intervention 1: Continue implementation of the Ohio Minds Matter Initiative.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 2.
- 3) Completed in Year 2.

Intervention 2: Disseminate best practice information to PCSA staff, foster parents, caregivers, residential and group home staff, and other providers and team members.

Benchmark 1: Scheduled for Year 5.

Benchmark 2: Promote use of the *Ohio Minds Matter* website. (Years 1-5)

Progress Report:

During this reporting period, Ohio has continued to participate in a national study to compare multi-state policies and practices developed to oversee psychotropic medication use by children in foster care. Rutgers University leads this initiative on behalf of the Patient-Centered Outcomes Research Institute. Other participating states include: Texas, Washington and Wisconsin. The study includes key stakeholder interviews, focus groups of former foster children, and Medicaid claims data analysis.

Throughout this process, ODJFS has continued to update PCSAs and other stakeholders about national recognition of Ohio's model and to promote its use locally. Efforts include: presentations to the Partners for Ohio's Families Advisory Board, articles in *First Friday*, and individualized technical assistance provided to local PCSAs about use of the tools.

Goal 5: Objective 7
Enhance Ohio's response to the substance abuse within families served by the child welfare system.

Update on Progress Made to Improve Outcomes

Intervention 1: Monitor substance abuse service utilization by families involved with Ohio's child welfare system.

Benchmark 1: Completed Year 2.

Progress Report:

Although this Benchmark was achieved in Year 2 it should be noted that Ohio has begun its Needs Assessment. Cross-matching of children between and among systems is not yet completed. The table below shows the number of Screened-In and Screened-In AR reports that were flagged as having possible substance abuse issues by the reporter.

Substance	Number of Screened-In/AR	Percent of Screened-In/AR
AMPHETAMINES	613	1%
BARBITURATES	65	0%
BENZODIAZEPINES	638	1%
COCAINE	3,682	7%
CODEINE	51	0%
HEROIN	3,670	7%
HYDROMORPHONE	20	0%
LSD	48	0%
MDMA	108	0%
METHAMPHETAMINE	3,200	6%
METHODONE	253	1%
MORPHINE	72	0%
OPIATES	2,683	5%
OTHER	1,674	3%
PHENCYCLIDINE	38	0%
PROPOXYPHENE	2	0%
SUBOXONE	859	2%
TETRAHYDROCANNABINOL	10,230	20%
UNKNOWN TO REFERRAL SOURCE	4,118	8%

Intervention 2: *Work with OCWTP, OhioMHAS, and providers to develop training for child welfare personnel regarding addiction, family dynamics, and child safety.*

Benchmarks:

- 1) Completed in Year 1.
- 2) Completed in Year 2.
- 3) Completed in Year 2.

Benchmark 4: Integrate substance abuse information and learning opportunities into existing venues, newsletters and other communications. (Years 1-5)

Progress Report:

By June 30, 2018, the OCWTP plans to have repeated its monthly webinar series called Lunchtime LIVE (Learning Interactions with Valued Experts). This series uses state and national experts in substance abuse issues to present a topic and then examine how the topic applies to work with families across child welfare, court, and behavioral health systems. The series includes resources and tools to facilitate additional individual learning and team applications. Topics included implementing the Comprehensive Addiction and Recovery Act (CARA) and fentanyl safety issues and child welfare

This year's webinar series will be introduced to 12 communities participating in the Supreme Court's Statewide System Improvement Program (SSIP); to agency directors at their quarterly meeting and to new executive's orientation meeting; to 16 counties participating in the OhioSTART (Sobriety, Treatment and Reducing Trauma) initiative funded by the Attorney General's office and managed by the Public Children Services Association of Ohio (PCSAO).

The OCWTP approved and prepared 14 subject matter experts from the area of substance abuse to train in the OCWTP system. Trainers represent the both the treatment and prevention systems. Several also have experience in foster and adoptive care.

IHS staff updated a standardized five-module curriculum entitled, *Supporting Families with Substance Use, Mental, and Co-Occurring Disorders* written by the National Center of Substance Abuse and Child Welfare in June 2017. During CFSP Year 4:

- Staff conducted two sessions of a Training on Content for new substance abuse trainers to prepare them to train the curriculum. This TOC included a content on how to facilitate conversations with participants related to safety and risk around substance use disorders.
- Modules 1-5 of this standardized curriculum were piloted in the southern region of the state.
- Two rounds of Module 1-5 of the standardized curriculum were held in SEORTC and CORTC. An additional four rounds are scheduled in the next fiscal year.

OCWTP staff assisted with recruiting and coaching presenters in response to solicitations for the Addiction Studies Institute in August. Three presentations related to best practices in Child Welfare and Addictions were presented at this national conference.

The OCWTP maintained the new website (www.osatg.org) as a "one-stop shop" that includes local, state and national resources to assist child welfare system staff and caregivers with families impacted by substance abuse. This year a new partner page was added for the OhioSTART initiative to provide access to training registration and resources.

OCWTP staff provided training and technical assistance for three counties on implementing a universal screening protocol through a grant each received from ODJFS.

Intervention 3: Partner with OhioMHAS, the Governor's Cabinet Opiate Action Team, and the Supreme Court of Ohio to comprehensively address the growing problem of addiction, including but not limited to, opioid dependence.

Benchmark 1: Completed in Year 2.

Benchmark 2: Partner with the Supreme Court of Ohio, OhioMHAS and local partners to establish and develop effective Family Treatment Courts. (Years 1-5)

Progress Report:

The Statewide System Reform Program (SSRP) has been retitled as the Statewide System Improvement Program (SSIP) and is in its final year. During this three-year initiative, the first two years was devoted to developing a multi-year strategic plan to implement statewide and countywide improvements. The third-year focus is to pilot key strategies with the goal of gathering data to determine the effect of their system

change and inform proposals for implementation statewide. During this last year of implementation, which is from October 1, 2017 to September 30, 2018, Ohio's sites are encouraged to revisit goals and timelines. The purpose of SSIP remains to expand the scale and scope of Family Dependency Treatment Courts (FDTC) to serve all families in the child welfare system affected by parental substance use disorders more effectively and improve child, parent, and family outcomes.

The Center for Children and Family Futures (CCFF) continues to provide in depth training and technical assistance to SSIP grantees. Five grantee states received funding for this program; Alabama, Ohio, New York, Iowa and Colorado. As a result of federally funded initiatives, the number of FDCs has increased nationwide from 10 in 1999 to 450 in 2017.

In Ohio, the Supreme Court of Ohio continues to partner with ODJFS, the Ohio Department of Mental Health and Addiction Services (OHMAS), and the Ohio Department of Medicaid. Each of these partners has members who participate in the governance structure of three formalized levels; the Core Committee, the Joint Subcommittee, and the Executive Oversight Committee.

The SSIP in Ohio currently has 11 demonstration sites who have fully functioning Family Treatment Courts. Five new sites have been added and supportive funds are being distributed to these sites to continue with expansion and infusion goals.

Priorities developed for demonstration sites include:

- Access to additional resources and support services
- Intensive case management tracking capacity
- Expanded ability to serve more families
- Enhanced treatment services
- Language access services

The following seven practice ingredients have been identified in effective FDCs:

1. An early system of identifying families in need of Substance Use Disorder (SUD) treatment
2. Timely access to assessment and treatment services
3. Increased management of recovery services and compliance with SUD treatment
4. Family-centered treatment services and parent-child relationships
5. Increased judicial oversight
6. Systematic responses for participant behavior
7. Collaborative non-adversarial approaches and efficient cross-system communication

Highlights for the year include the following:

- Modifications were made to the SACWIS database to include sections specific to identification of substance use as a factor through universal screening. The modification included an option to select whether or not a screening tool was administered and if the parent was referred to a SUD assessment.
- All 11 demonstration sites implemented a formal universal screening protocol across their respective jurisdictions resulting in large policy shifts and increased collaboration between CWS, treatment, and the courts.

- Implementation of formal information sharing protocols to enhance local cross-system collaboration. The protocol specifically outlined the information needed from each stakeholder about each family through the life of the case.
- Developed the Permanency Docket Quarterly, which provides a profile of the children in out of home placement, removal reasons, length of stay in care, the type of exits from care, and incoming caseloads. Each measure contains data at both the county and state level to allow for a quick review of overall permanency trends across the state. This report is updated quarterly and available on the Supreme Court of Ohio’s website.
- GRC developed oversight mechanisms to improve the accuracy of behavioral health data, enhance capacity to monitor participant progress, and monitor overall treatment provider performance.

Ohio continues to have an agreement with the Ohio Colleges of Medicine Government Resource Center (GRC). Continuous performance monitoring, data collection and analysis of each of Ohio’s sites progress is completed and a quarterly summary report is provided to the three formalized Committees. This quarterly report includes improvement tools such as trend charts to track performance over time and identify changes in performance related to policy and other events. On a quarterly basis GRC develops and provides the Supreme Court data for each SSIP demonstration site which includes a comparison of each sites’ performance metrics relative to the aggregate performance of the other demonstration sites. GRC developed an informed consent for FDTC participants to provide courts with the necessary authority to share identifying information for linking to administrative data. A standardized reporting format courts can use to collect data elements is required for this linkage. The new OBHIS dataset administered by OhioMHAS to gather performance measures related to Reduced Substance Use, Employment, and Criminal Justice Involvement has been established. The universal screen in SACWIS to capture more reliable information about substance abuse has been a great source of data collection. The proof of concept evaluation demonstrated that administrative data could be used to evaluate the performance of the SSIP demonstration in Ohio. Findings suggested that SSIP participation had a significant positive effect on SUD treatment participation and retention.

A SSIP Annual Grantee Meeting was held in Washington DC on January 31, 2017 and February 1, 2018.

Goal 5: Objective 8
 Enhance service coordination and delivery models to promote holistic responses to behavioral health needs.

Update on Progress Made to Improve Outcomes

Intervention 1: Work with ODH and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure behavioral health concerns are addressed timely.

Benchmarks:

- 1) Completed in Year 2.
- 2) Completed in Year 3.
- 3) Completed in Year 3.
- 4) Completed in Year 3.

Intervention 2: Increase youth participation in behavioral health care decisions.

Benchmark 1: Completed in Year 3.

Benchmark 2: Provide information to foster youth regarding behavioral health and how to effectively participate in one's own treatment. (Years 2 & 4)

Progress Report:

At the Fostering Pathways to Success Conference held on October 12, 2017, OFC's newly established Managed Care team facilitated a workshop for transitioning foster youth and young adults who had already emancipated from foster care. The workshop was entitled, "The Future is Now: Presenting the Medicaid Managed Care Benefits Package". It provided young adults with information on the benefits of managed care. It introduced Ohio's five managed care provider plans and provided the new Medicaid Hotline number for help or technical assistance.

Foster youth were provided with this vital information regarding their physical and behavioral health and were encouraged to sign up for their eligible medical benefits at the Medicaid kiosk that was available during the FPS conference. Additionally, foster youth were offered an opportunity to receive valuable resource information about suicide prevention hotline services that were offered from a participating vendor, the Crisis Text Line (Text 4Hope to 741 741).

IV. Update on Service Description

Child and Family Services Continuum

Ohio's publicly-funded child welfare services continuum includes robust programming to support the following essential functions: (1) Child Abuse and Neglect Prevention; (2) Child Maltreatment Assessment and Intervention; (3) Child Placement and Family Reunification; (4) Efforts to Secure Permanent Homes for Children; and (5) Preparation and Support of Youth Transitioning from Care. Section III: Update to the Plan for Improvement contains information on activities directed to expanding and strengthening the range of existing services and developing and implementing services to improve child outcomes through service coordination across systems and within systems.

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)

Title IV-B, subpart I funds support development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. Programs and services are designed to:

- Protect and promote the welfare of all children;
- Prevent the neglect, abuse, or exploitation of children;
- Support at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner;
- Promote the safety, permanence, and well-being of children in foster care and adoptive families; and
- Provide training, professional development and support to ensure a well-qualified child welfare workforce.

ODJFS issues the federal Title IV-B, subpart 1 allocation to public children services agencies (PCSA) for expenditures incurred in the delivery of children services to ensure that all children are raised in safe, loving families. ODJFS issues Title IV-B funding in two separate allocations; one for direct services and one for administrative costs.

The methodology used to distribute available funds to counties statewide is as follows:

- 40% is distributed equally among all PCSAs; and
- 60% is distributed based upon the county's number of children below 100% of the federal poverty level as compared to the statewide total number of children below the federal poverty level, utilizing the most recent available United States Census Bureau figures.

Expenditures are reimbursed with 75% federal Title IV-B, subpart 1 funds. The county must use eligible state funding or provide local funds at a 25% match rate for the nonfederal share.

In addition, ODJFS utilizes Title IV-B, subpart I funds to support the Ohio Child Welfare Training program, Regional Training Centers, and the University Partnership Program and to reimburse both public and private agencies for their efforts in training foster and adoptive parents.

For further information, refer to Part II of the CFS-101 Form (see Appendix G).

Promoting Safe and Stable Families Program (Title IV-B, subpart 2)

Family Preservation Services

Family preservation funds support a wide variety of programs designed to help children remain safely in their own homes or to safely return to their families if they have been removed. Family Preservation Services are provided throughout the life of the case (i.e., during the assessment/investigation process, during the safety planning process, when an order of protective supervision is issued by the court, or at any time a case is open for services).

Programs and services provided include:

- Placement prevention services (e.g., intensive family preservation programs designed to help children at risk of foster care placement remain safely with their families);
- Programs designed to improve parenting (e.g., increase knowledge of child development and appropriate discipline techniques, enhance personal coping mechanisms, develop budgeting skills, and increase knowledge of health and nutrition);
- Infant Safe Haven programs;
- Alternative Response services to prevent removal of children into foster care;
- Respite care of children to provide temporary relief for parents and other caregivers (including foster parents); and
- Aftercare services following family reunification to promote stability.

These dollars are also used to support counties' efforts to preserve families in crisis. ODJFS issues the emergency services assistance allocation (ESAA) as two separate allocations to reimburse PCSAs for direct and administrative costs associated with providing emergency support to children and families. ODJFS communicates the grant availability and liquidation period for these allocations through the county finance information system (CFIS). Funds must be expended by the grant availability period and reported no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the county agency. The methodology used to distribute available funds is as follows:

- (1) ODJFS allocates forty per cent of the statewide allocation equally among all PCSAs; and
- (2) ODJFS allocates sixty per cent of the statewide allocation is based on each county's population of children less than one hundred per cent of the federal poverty level as compared statewide in the same category, utilizing the most recent available calendar year data from the U.S. bureau of census figures.

ODJFS reimburses the PCSAs for allowable direct and administrative ESAA preservation expenditures with seventy-five per cent Title IV-B, subpart 2 funds. The PCSA shall use eligible state funding or provide local funds at a twenty-five per cent match rate for the nonfederal share.

Family Support Services

In SFY 2018, Family-Centered Services and Supports (FCSS) funds were allocated through the Ohio Department of Mental Health and Addiction Services to provide services supports to children and youth needed to safely maintain them in their own homes. The FCSS funds are comprised of ODJFS Title IV-B federal funds that are matched with state general funds from OhioMHAS, ODODD, and ODYS. The FCSS funds are available on a reimbursement basis to the county Family and Children First Councils (FCFC) that meet specific requirements.

The target population for Family-Centered Services and Supports (FCSS) is youth (ages 0 through 21) with multi-systemic needs and who are receiving service coordination through the county FCFC. Service coordination is provided by FCFCs according to the Ohio Revised Code section 121.37(C) mandate, with many counties also providing Wraparound as a way to coordinate needs for those with a higher complexity of needs. FCSS funding is designed to meet the unique needs of children and families identified on the county FCFC individualized family service coordination plan (IFSCP) developed through the service coordination process and/or to support the FCFC service coordination process, as described in the county service coordination mechanism. To read more about the purpose and criteria established for use of these funds, refer to the Ohio Family and Children First (OFCF) website <http://www.fcf.ohio.gov/Initiatives/System-of-Care-FCSS>.

The eighty-eight (88) county FCFCs requesting FCSS funds were required to submit a SFY 18 Semi-Annual Report by February 1, 2018. The following is a summary of the information provided in those reports.

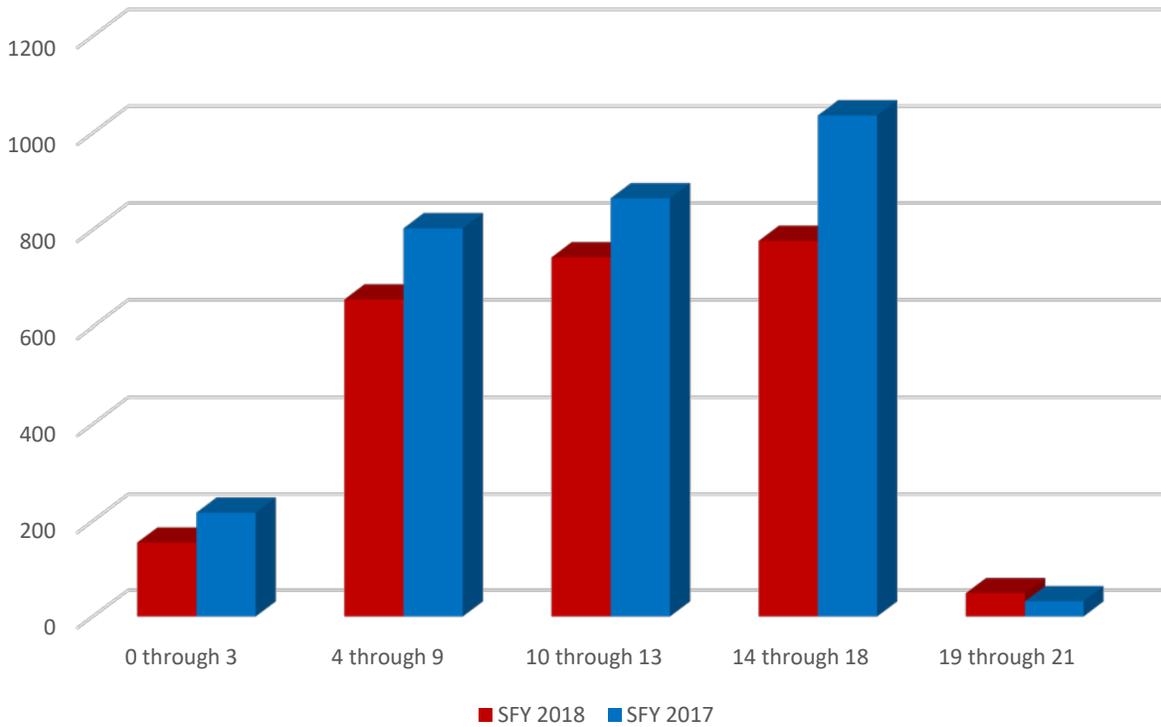
Total Number and Ages of Children Served

The total number of children served between the ages of 0-21 during the first half of SFY 2018 was **2,380**. This is **573 less children than were served during the first half of SFY 2017 (2,953)**.

The **14 through 18-year-old age group (777 children) is the largest age group** of youth being served through FCFC Service Coordination with FCSS funds. The age range of 10 through 13 was the second highest (743) and the age range of 4 through 9 was the third highest (656). There were more youth served in the 19 through 21-year-old age range than in the first half of SFY 2017 (49).

The graph and table below show a comparison of the number of children served in the first six months of SFY 2018 and SFY 2017 in each age group and the percent of the total children served in each age group during the current fiscal year.

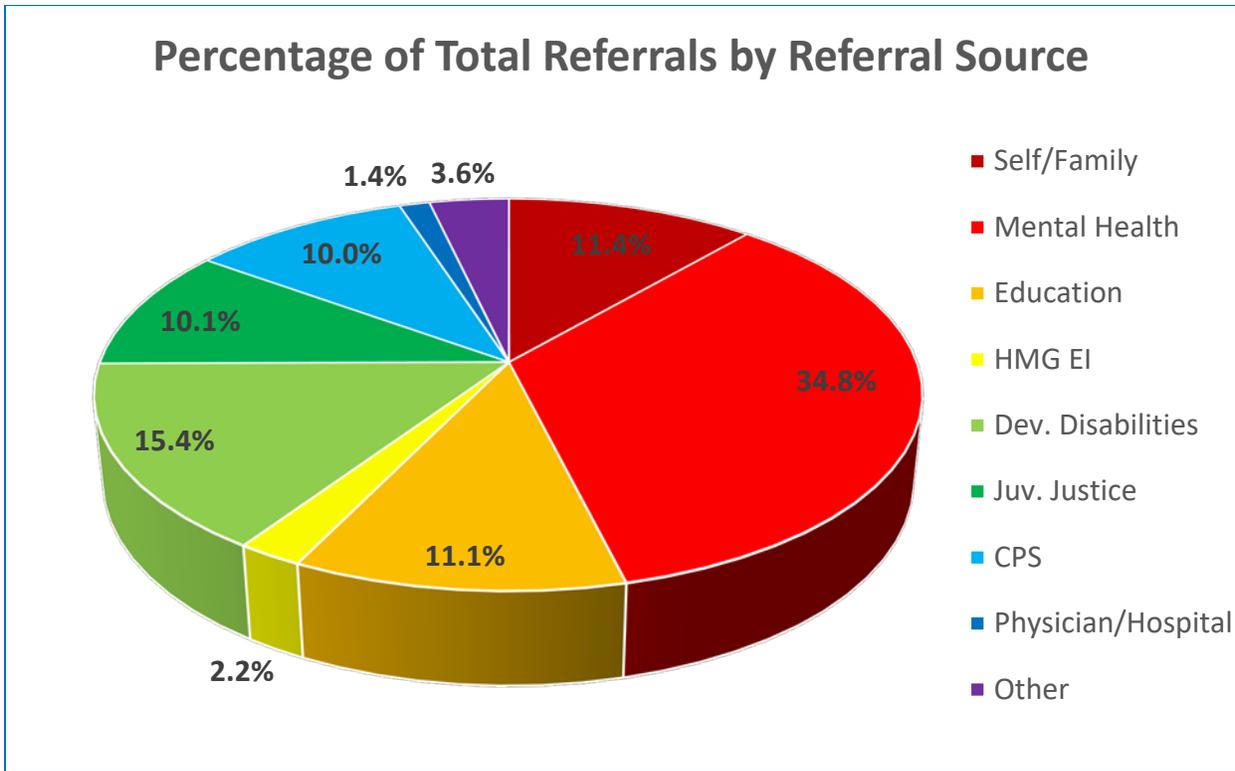
Ages of Youth/Young Adults Served 1st half SFY 2018 and SFY 2017



Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
SFY 2018	155	656	743	777	49	2,380
Percent of Total in Age Group	6.5%	27.6%	31.2%	32.6%	2.1%	100%

Number of Referrals by System

Beginning with SFY 2017, we began tracking where the referrals to FCFC Service Coordination/ Wraparound were originating by system. Data was grouped across the seven most frequent referrers to FCFC Service Coordination with all other referrers captured under “Other.”



Total Number of Families Served

FCFC service coordination is a family-focused process, and thus, addresses the needs of the identified youth and their families. The **total number of families served in the first 6 months of SFY 2018 was 1,869 compared to 2,166 families served in the first half of SFY 2017.**

Children's Service/Support Needs by Category Identified at Intake

The FCSS guidance asked the FCFC to report the identified child's service or support needs at the point of intake, whether or not the child was currently receiving services or supports to address that need at the point of intake. A child or youth must have two or more identified needs to be accepted into the service coordination process.

- There were **5,129 identified needs** (average 2.16 needs per child) during the first half of SFY 2018. The total needs are lower than the 7,770 needs identified in the first half of SFY 2017, and the average needs per child are down from the average of 2.63 per child.
- The top three identified need categories over the past six fiscal years, including the first half of SFY 2018, have consistently been: **Mental Health (60.5% of children had this identified need), Poverty (37.2%) and Special Education (37.6%)**. When combined, these three categories account for 3,219 of the identified needs, or 63% of the total identified needs among 13 categories.
- Beginning in SFY 2014, counties were asked to track the number of youth who presented with a need for supports specific to those on the Autism Spectrum. This need was identified in 12.5% of the youth (297), which is a decrease from the first half of SFY 2017.

The table below shows the number of needs identified in each category.

Category of Service/Support Need	# of Children Presenting with this Need at Intake-SFY18	% of Children with this Need SFY18	% of Children with this Need SFY17	% of Children with this Need SFY16	% of Children with this Need SFY15	% of Children with this Need SFY14	% of Children with this Need SFY13
Mental Health	1439	60.5%	59.7%	57.9%	57.5%	56%	58.5%
Poverty	886	37.2%	43.8%	48.6%	45.4%	50.3%	50.3%
Special Education	894	37.6%	40.7%	43.7%	39.4%	42%	44.1%
Developmental Disability	584	24.5%	26.1%	25.5%	24%	24.8%	27.6%
Unruly	421	17.7%	20.3%	21%	20.1%	18.3%	16.4%
Child Neglect	274	11.5%	11.5%	15%	14%	12.7%	14.7%
Physical Health	202	8.5%	10.2%	11.8%	12.5%	11.6%	12.4%
Delinquent	191	8%	11.1%	11.6%	11.2%	12%	10.5%
Autism	297	12.5%	13%	15.2%	11%	10.8%	NA
Child Abuse	189	7.9%	9.9%	10.5%	10.2%	9.5%	11.6%
Alcohol/Drug	156	6.6%	8.2%	7.4%	7.6%	8.3%	7.4%
Help Me Grow	84	3.5%	4.4%	5.3%	4.6%	6.1%	5.4%
No Primary Care Physician	119	5%	3.8%	9.8%	3.5%	5.4%	14.2%
Total Needs	5129						

FCSS Funded Services and Supports Provided through FCFC Service Coordination

County FCFCs were asked to provide information about the number of different types of services and supports paid for with FCSS funds through FCFC Service Coordination when that service/support was written into a family’s Individual Family Service Coordination Plan (IFSCP). The service/support categories were more clearly defined and the way the services/supports are to be counted was more clearly

explained in preparation for SFY 2013 reporting. Therefore, five years of data is available for this part of the summary report to assure valid comparisons.

The **total number of various types of services/supports** provided with FCSS funding during the first half of SFY 2018 was **3,625**, which is a decrease from the first half of SFY 2017 (4,821).

- **Service coordination accounted for 34% of all types of services** provided and was the most frequently reported individual type of service/support for which FCSS funds were used. All families must be enrolled in FCFC Service Coordination to access FCSS funding; however, some counties have additional funding to also support the operational costs of service coordination and/or Wraparound.
 - 55 counties (63%) reported using FCSS funds to assist in the support of service coordination and to provide other services and supports for families in service coordination.
 - 24 counties (27%) reported that they used none of the FCSS funds to support the FCFC service coordination process, and used all of their funds to provide services and supports to families.
 - 7 counties (8%) used their total FCSS allocations to assist in the support of the service coordination process.
 - 2 counties (2%) reported not spending any of its allocation during the first 6 months of SFY 2018.

The chart below provides the details of the frequency of all service types reported.

Type of Service/Support Provided	Number/% of Families Receiving Service/Support in 1st half of SFY 18	% of total services & supports provided in 1 st half of SFY 18	% of Families Receiving Service/Support in 1 st half of SFY 17	% of total services & supports provided in 1 st half of SFY 17	% of Families Receiving Service/Support in 1 st half of SFY16	% of total services& supports provided in 1 st half of SFY16
Service Coordination	1238/ (66.2%)	34.2%	63.7%	28.6%	62.8%	29%
Social/Recreational Supports	656/ (35.1%)	18.1%	37.1%	16.7%	34.1%	15.8%
Respite	481/ (25.7%)	13.3%	24.2%	10.8%	21.2%	9.8%
Transportation	334/ (17.9%)	9.2%	27.1%	12.2%	23%	10.6%
Structured activities to improve family functioning	286/ (15.3%)	7.9%	18%	8.1%	16.6%	7.7%

Type of Service/Support Provided	Number/% of Families Receiving Service/Support in 1st half of SFY 18	% of total services & supports provided in 1 st half of SFY 18	% of Families Receiving Service/Support in 1 st half of SFY 17	% of total services & supports provided in 1 st half of SFY 17	% of Families Receiving Service/Support in 1 st half of SFY16	% of total services& supports provided in 1 st half of SFY16
Non-clinical in-home parenting/coaching	151/ (8.1%)	4.2%	10.9%	4.9%	16.7%	4.9%
Mentoring	164/ (8.8%)	4.5%	12.6%	5.6%	12.8%	5.6%
Parent Education	77/ (4.1%)	2.1%	9.3%	4.1%	12.8%	3.9%
Parent Advocacy	120/ (6.4%)	3.3%	8.3%	3.7%	9.2%	4.2%
Safety and Adaptive Equipment	103/ (5.5%)	2.8%	7.2%	3.2%	7%	3.3%
Youth/Young Adult Peer Support (new category)	2/ (0.1%)	0.1%	0.8%	0.3%	2.1%	0.9%
Non-clinical Parent Support Groups	6/ (0.3%)	0.2%	1.6%	0.7%	1.7%	0.8%
Other	7/ (0.4%)	0.2%	1.6%	0.4%	0.7%	0.3%
Total	3625	100%	-----	100%	-----	100%

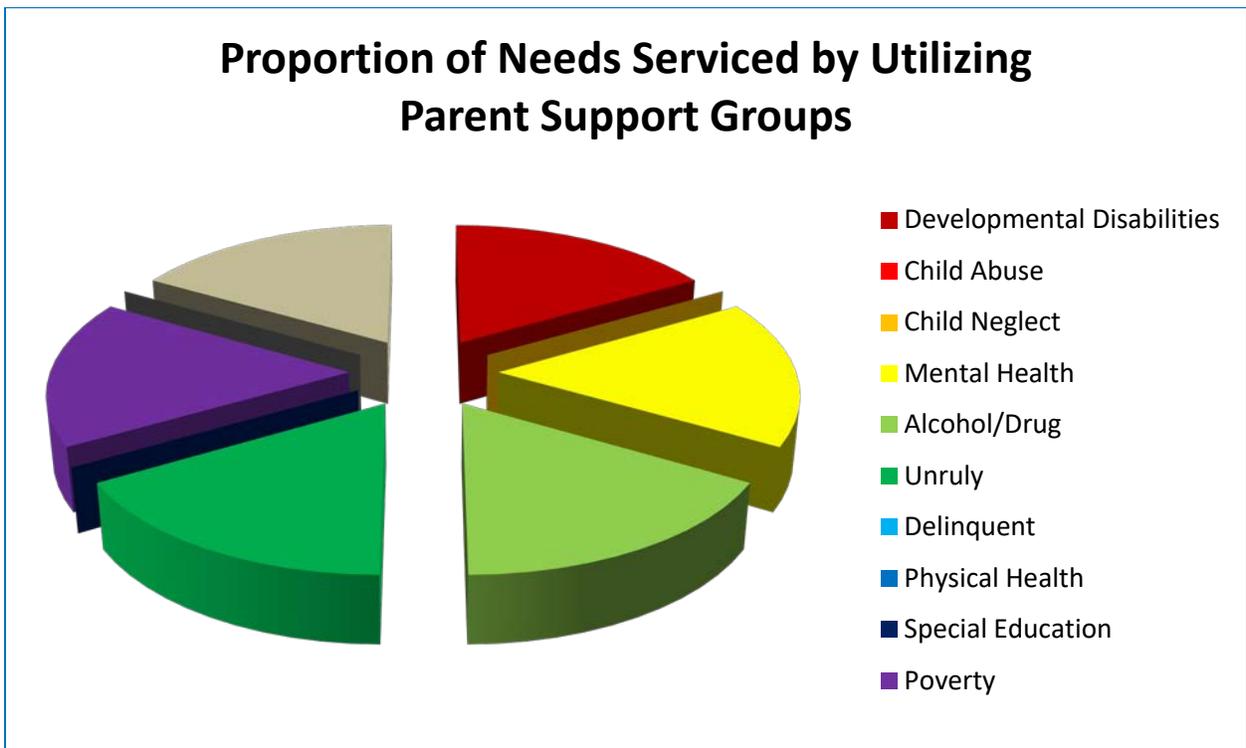
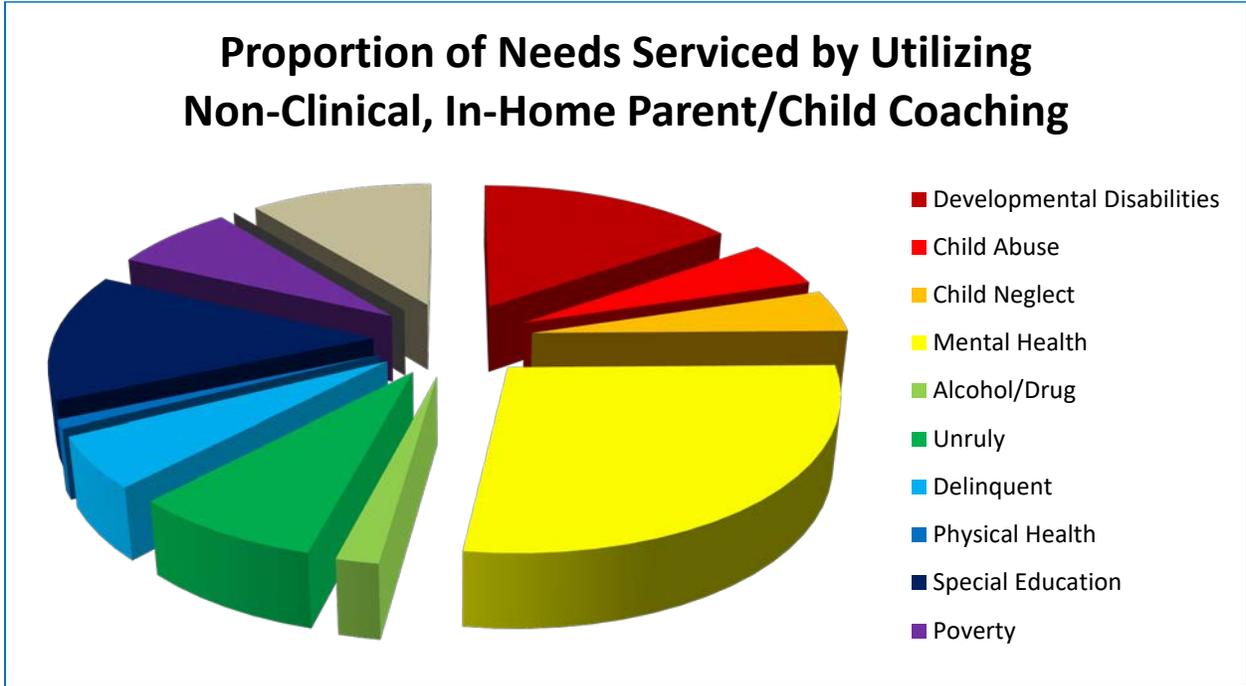
Number of Children/Families connected to a primary care physician during Service Coordination

Beginning in SFY 2013, families entering FCFC service coordination were asked if they and/or their children have a primary care physician. The families of those children without a primary care physician have the opportunity to be connected to one during the service coordination process. In the first half of SFY 2018 there were 72 children identified during the intake process who did not have a primary care physician. This is 103 less than in the first half of SFY 2017 (275). Perhaps this is an indication that multi-system families are being connected to primary care earlier and at a much higher rate than in previous years. Of the 72 total children in SFY 2018 that were identified to be without a primary care physician, 66 were connected to a physician during the service coordination process. No FCSS funds were used to provide medical services. The benefit for the families is to be connected to a physician with the goal of better integrating physical and behavioral health.

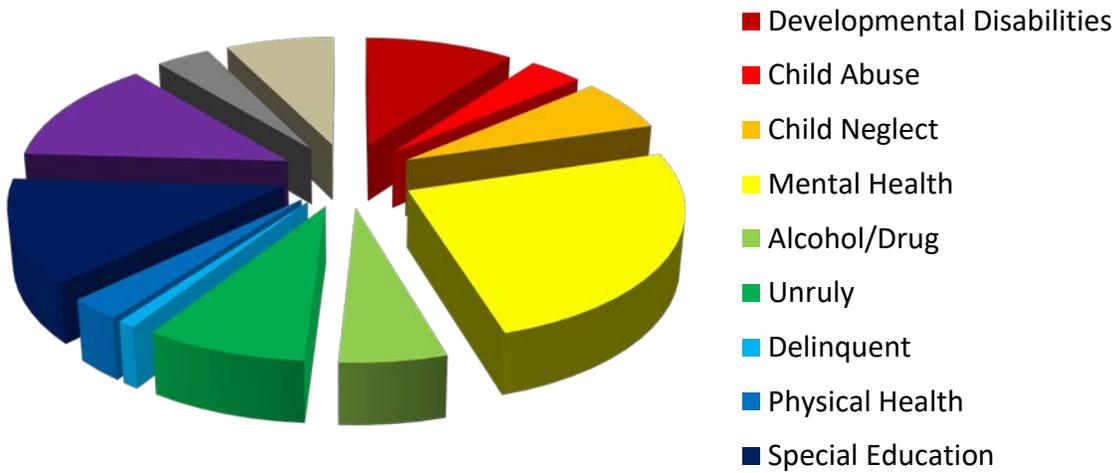
Service Utilization by System

Beginning in SFY 2017, data collection began that supported analysis of how the needs identified at enrollment intersected with the use of the identified services and supports provided listed in the

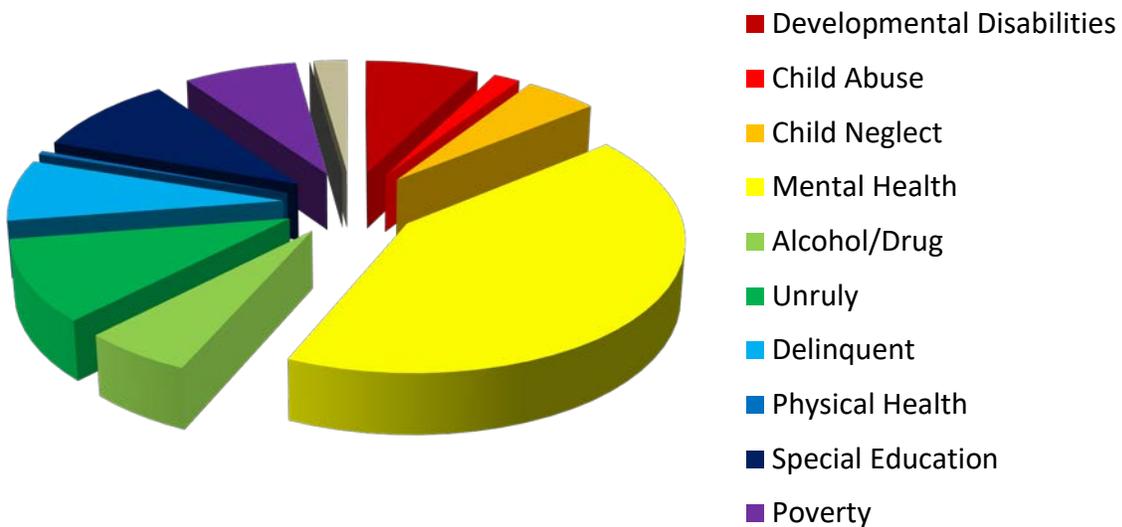
individualized family service plan. The following charts illustrate the distribution of those services and supports by primary system of care.



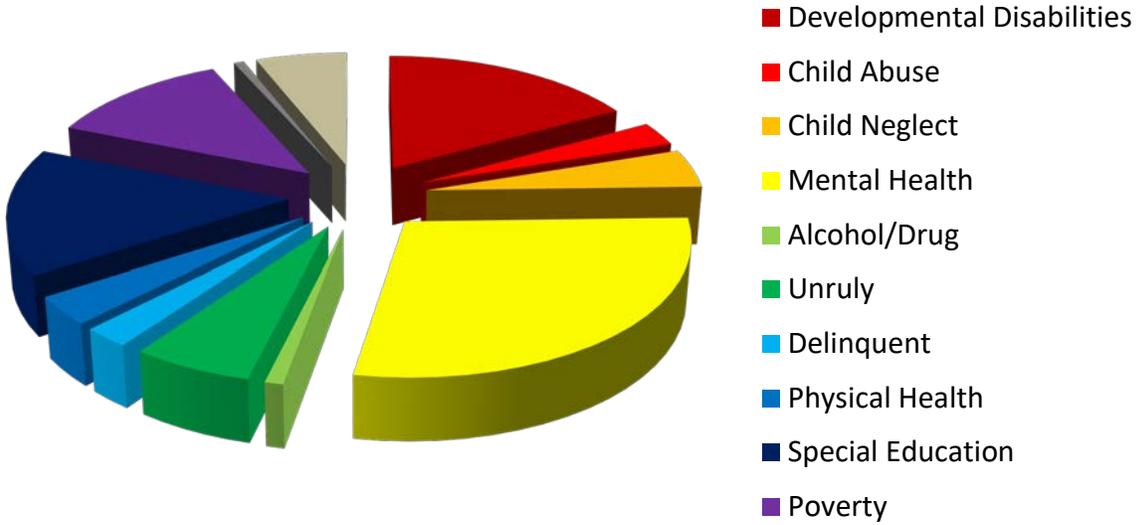
Proportion of Needs Serviced by Utilizing Parent Education



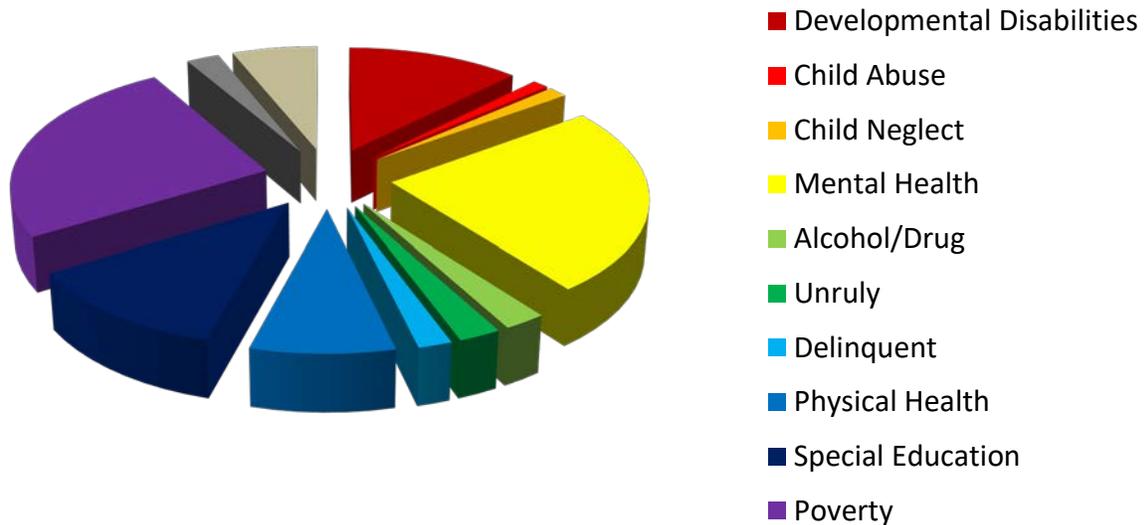
Proportion of Needs Serviced by Utilizing Mentoring



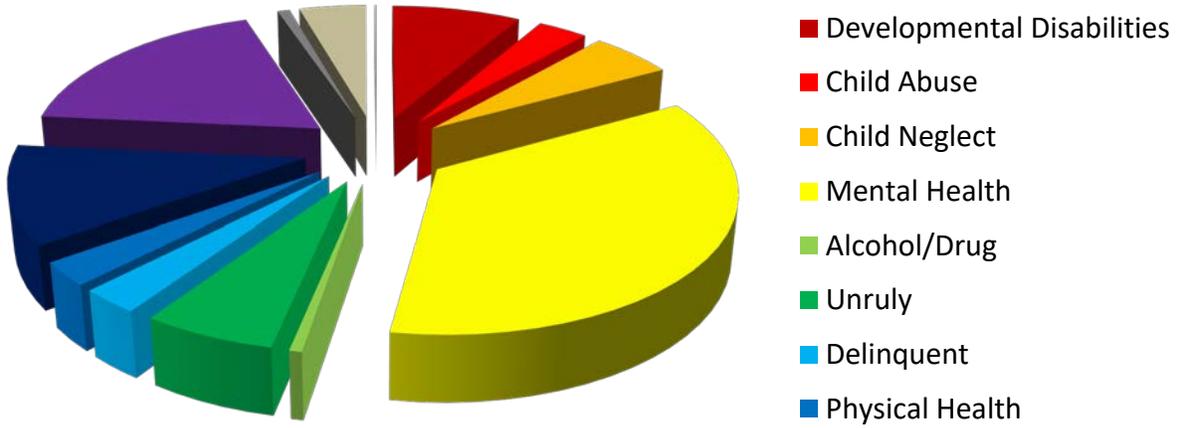
Proportion of Needs Serviced by Utilizing Respite Care



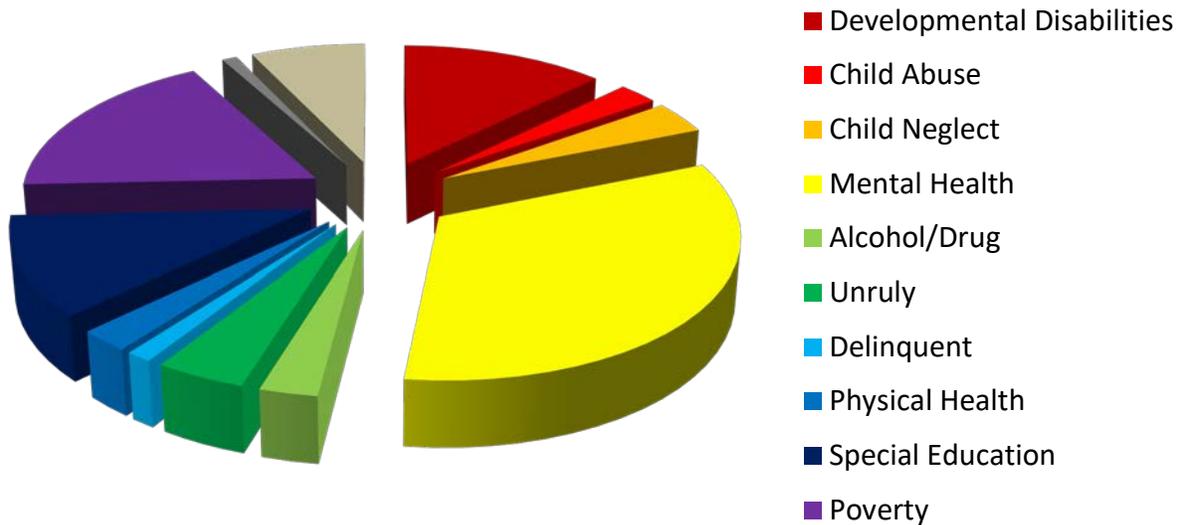
Proportion of Needs Serviced by Utilizing Transportation



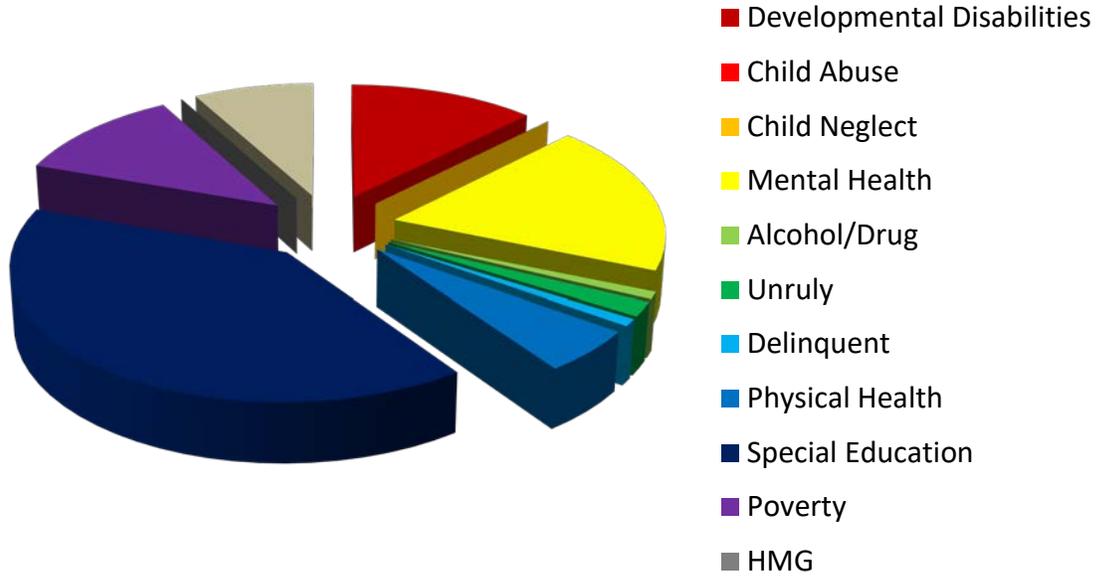
Proportion of Needs Serviced by Utilizing Social-Recreational Supports



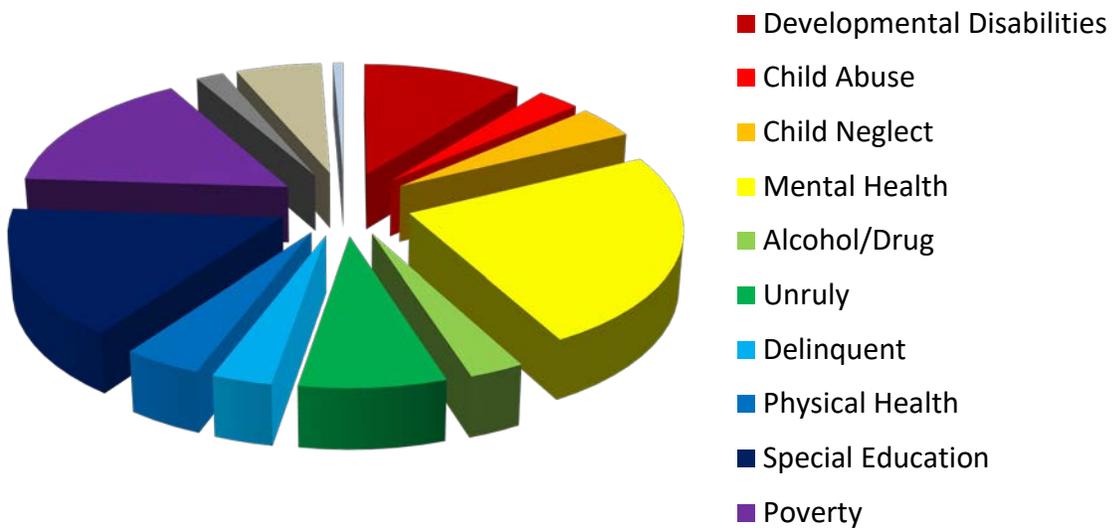
Proportion of Needs Serviced by Utilizing Structured Activities to Improve Family Functioning



Proportion of Needs Serviced by Utilizing Parent Advocacy



Proportion of Needs Serviced by Utilizing Service Coordination



Conclusion

This summary provides a snapshot of how the FCSS funds were used by counties during the first half of SFY 2018. The significant decrease in the number of youth and families served in the first half of SFY 2018 is being attributed to the delay in the release of FCSS funding.

It should be remembered that the number of youth and families served through FCFC Service Coordination/Wraparound and the services and supports included in this report only include those supported through FCSS funding. FCFCs may use other available funding, especially at the local level, to serve referred families, provide needed services and supports and to support the FCFC Service Coordination/Wraparound Process. In addition, services and supports needed by youth and families may not meet the criteria of FCSS funding. Often, the FCFC Service Coordination/Wraparound teams find community resources that are donated or have no cost associated with the service or support. In addition, FCSS funding is not used unless other resources have been exhausted. As reported by the county FCFCs, these funds are highly valued to meet the needs of families when other funding sources are unavailable to meet the unique family needs.

These children are at the highest risk for failure within our traditional service systems, and are often on the verge of placement outside of their homes. Additionally, these are not youth have more than one need. The power of this type of service coordination/Wraparound with the support of FCSS funding is the opportunity for families to creatively design integrated family service plans with trusted and unique teams.

The reporting connected to the use of FCSS funding demonstrates how these funds and the FCFC Service Coordination Process are leading to a cost-effective method of obtaining better outcomes for the children and families being served. The required SFY 2018 FCSS Annual Report is due in August 2018. That report will contain additional information about the family goal attainment success rate and the numbers of children placed out of home while being served through FCFC Service Coordination and supported with FCSS funding.

Family Reunification Services

Family reunification services are provided to a child and his or her caregivers to facilitate a safe and timely return home following placement in a substitute care setting. Use of these funds is restricted to the 15-month period that begins on the date that the child returns home. Family Reunification Services include:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Mental health services;
- Assistance to address domestic violence;
- Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries;
- Peer-to-peer mentoring and support groups for parents and primary caregivers;
- Services and activities designed to facilitate access to and visitation of children by parents and siblings;
- Transportation to or from any of the services and activities described above.

ODJFS issues the Emergency Services Assistance Allocations (ESAA) for Family Reunification funded under federal Title IV-B, subpart 2 to PCSAs for the purpose of reunification of the family unit in crisis. The ESAA for Family Reunification allocation reimburses PCSAs for the direct and administrative costs of providing emergency support services for children and/or families in order to facilitate safe and timely family reunification. ODJFS communicates the grant availability and liquidation period for these allocations through the CFIS. Funds must be expended within the grant availability period and reported no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the county agency.

The methodology used to distribute available funds is as follows:

- 40% of statewide funding is distributed evenly among all PCSAs; and
- 60% of statewide funding is distributed to PCSAs based upon the number of children below the federal poverty level in each county as compared to the statewide total number of children below the federal poverty level, utilizing the most recent available U.S. Census Bureau figures.

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. ODJFS allocates State General Revenue Funds at a 25% match rate for the nonfederal share

Adoption Promotion and Support

Ohio offers a program known as Post Adoption Special Services Subsidy (PASSS). PASSS is available to all adoptive families (i.e., international, private attorney, public or private agency) in Ohio, with the exception of stepparent adoptions. PASSS provides funding to families for the reasonable costs of allowable services to address the child's physical, emotional or developmental disability. The child's qualifying condition may have existed before the adoption petition was filed or developed after the adoption petition was finalized if attributed to factors in the child's pre-adoption or biological family's background or medical history.

The amount of PASSS funding is negotiated after adoption finalization. Limitations include eligibility criteria and availability of state funding. PASSS is a payment source of last resort to be utilized when other sources have been exhausted or are not available to meet the needs of the child. PASSS provides assistance when the amount of funding needed exceeds the adoptive family's private resources. PASSS is capped at \$10,000 per fiscal year; however, families may request an additional \$5,000 per child, per fiscal year under extraordinary circumstances. Applications for assistance are assessed by a review committee. PASSS funding requests can be approved in whole or in part, based on the needs of the child and the circumstances of the adoptive family.

PASSS is funded 75% through Title IV-B, Part II and 25% through Ohio's General Revenue Fund (GRF).

Adoptive families continue to secure last resort funds for services to address their child's special needs. The special needs approved for PASSS included, but was not limited to the following:

- Acute EEG
- Medical Equipment
- Mental health Counseling

- Neurofeedback
- Occupational Therapy
- Physical Therapy
- Psychiatric Counseling
- Psychological Counseling
- Reactive Attachment Therapy
- Residential Treatment
- Respite Medical Surgical
- Respite Mental Health
- Speech Therapy
- Substance Abuse Counseling
- Therapeutic Foster Care

Adoptive parents who receive PASSS funds must pay at least five percent of the total cost of all services provided to the child. This co-payment may be waived if the gross income of the child’s adoptive family is less than two hundred percent of the federal poverty guideline. If the gross income of the child’s adoptive family is at or above two hundred per cent of the federal poverty guideline, the PCSA may lower the co-pay percentage of the total cost or waive it. If waived or lowered below five percent, this will result in a local share payment percentage for the county agency. If the service amount is higher than the approved amount, the adoptive parent is responsible for the co-pay percentage amount and the overage cost of the service. The determination of the Federal Poverty Guidelines for family size is based upon information published in the Federal Register, Vol. 83, No. 12, January 18, 2018, pp. 2642 - 2644.

Agencies can process applications, claim reimbursement electronically, as well as produce detailed reports on funds (e.g., services requested and utilized, amounts approved or denied, and the demographics of the families that use PASSS). As of March 31, 2018, nearly 876 applications for PASSS have been received for SFY 2018. Over \$5.2 million has been approved to cover special services for adopted children. ODJFS has reimbursed just under \$2 million of the funds requested.

[Service Category Percentages and Rational](#)

Ohio expends Title IV-B Subpart 2 funds as follows:

- Family preservation = 23%;
- Community-based family support = 24%;
- Time-limited family reunification = 20%; and
- Adoption promotion and support services = 22%.

All categories are designed to assist families and children either through county allocation or statewide programing. Percentages allocated to each category are based on historical spending patterns for various services. As such, the services provided and spending patterns change over time depending on local needs and priorities. Adjustments are made to each category in order to effectively respond to the needs of the community agencies and families we serve.

For further information, refer to Part II of the CFS-101 form (see Appendix F).

Populations at Greatest Risk of Maltreatment

In the 2018 APSR Addendum, it was noted that it was critical to address the core inter-related concerns of Emotional and Mental Health, Parenting Skills, Domestic Violence, and Substance Abuse. The following Table provides an update on how these concerns were addressed during this reporting period.

Concerns	Program to Address	Update on Activities
Emotional and Mental Health	Medicaid Expansion	Ohio continued to increase access to needed behavioral health care services through expansion of Medicaid health care coverage.
	Increased use of Patient-Centered Medical Homes	Ohio continued to expand use of Patient-Centered Medical Homes and Integrated Treatment Models.
	State Health Improvement Plan	Ohio's comprehensive statewide health plan; addressed improving provision of behavioral health services as a targeted objective of this work. (Refer to Appendix B)
	Trauma-Informed Care	Ohio continues to promote use of Trauma-Informed Care strategies and use of evidence-based programming through its multi-disciplinary state and local level teams. (Refer to Goal 5, Objective 5, Interventions 1 and 3 Updates)
	Telehealth	OhioMHAS will continue to develop and promote use of telehealth options in targeted areas to increase access to needed care. (Refer to Goal 5, Objective 4, Intervention 4)
Parenting Skills	Family-Centered Services and Supports (FCSS)	Parenting education and peer support continued to be offered statewide through the Cabinet's Family-Centered Services and Supports (FCSS) project. (Refer to IV: Update on Service Description)
	OCTF Regional Prevention Councils	A regional structure for the Ohio Children's Trust Fund (OCTF) local child abuse and child neglect prevention efforts was established. Each council is comprised of county prevention specialists who are appointed either by the county's Board of County Commissioners or by the OCTF Board. As part of this regional strategy, the Regional Prevention Coordinators convene meetings and facilitate discussions for both the Council and established workgroups for each region. The Coordinator collaborates with the county prevention specialists to conduct the work on behalf of the council. (Refer to Goal 1, Objective 5, Intervention 7)
	Strengthening Families	Through OCTF support, Ohio increased its capacity to provide "Strengthening Families" as a means of building parental protective factors throughout the state regions. (Refer to Goal 1, Objective 5, Intervention 7)
	Early Childhood Mental Health	Ohio continued to increase parental competencies through implementation of the Early Childhood Mental Health Program and dissemination of evidence-based programming. (Refer to IV: Update on Service Description)

Concerns	Program to Address	Update on Activities
<p style="text-align: center;">Substance Abuse</p>	<p style="text-align: center;">Maternal Opiate Medical Support (M.O.M.S.)</p>	<p>Ohio launched M.O.M.S.2.0 utilizing a portion of funding received through the federal <u>21st Century Cures Act</u>. (Refer to IV: Update on Services Description)</p>
	<p style="text-align: center;">Ohio START (Sobriety, Treatment, and Reducing Trauma)</p>	<p>With support of the Ohio Attorney General’s Office, Ohio has implemented the START program. START provides targeted interventions to families in the child welfare system who are challenged by opioid substance use disorders. Partnership in the program consists of the following entities: Ohio Attorney General’s Office, Casey Family Programs, Public Children Services Agencies (PCSAs), Institute for Human Services, Ohio State University’s College of Social Work, Voinovich School of Leadership and Public Affairs at Ohio University, Ohio Mental Health & Addiction Services (OMHAS), the Ohio Department of Job and Family Services (ODJFS), behavioral health providers, and juvenile/family courts.</p> <p>The goal of START is to provide specialized victim services, such as intensive trauma counseling, to children who have suffered victimization due to parental drug use. The program will provide drug treatment for parents of children referred to the program. One of the key elements of this program is the utilization of family peer mentors who will be paired with a child welfare caseworker to provide intensive case management services. The program stresses the importance of a wraparound approach for at risk parents and their families. Grant funding is being used to develop strategic partnerships between county PCSAs and local agencies to ensure the delivery of the wrap around services to families with co-occurring drug abuse and child maltreatment. Primary focus is to ensure the child is safe and receiving trauma-informed services while supporting and providing the parent with trauma-informed recovery services to promote long-term stability and sobriety.</p> <p>There are 17 counties covered by the grant, which includes Athens, Brown, Clinton, Fairfield, Fayette, Gallia, Highland, Hocking, Jackson, Lawrence, Meigs, Perry, Pickaway, Pike, Ross, Scioto and Vinton. These PCSAs will work directly with the victims, abused and neglected children, and their families. The children involved are the victims who have at least one parent that has a substance use disorder (SUD) and has mistreated the child. The child and the family will be identified by the PCSAs through the screening and assessment process. The Ohio State University College of Social Work and the Voinovich School of Leadership and Public Affairs at Ohio University will be collecting data</p>

Concerns	Program to Address	Update on Activities
		throughout the grant term to determine the effectiveness of this program. (Refer to https://csw.osu.edu/wp-content/uploads/2017/04/2017-4-April_Ohio-START.pdf)
	Use of Medication Assisted Treatment (MAT)	Through implementation of the 21 st Century Cures Act, Ohio worked to increase the workforce capacity of medical professionals who can administer MAT as well as the number of patients that can be served by each of these providers. (Refer to Appendix B: Health Care Plan)
	Medicaid Expansion	Ohio continues to increase access to needed behavioral health care services through expansion of Medicaid health care coverage.
	Increased use of Patient-Centered Medical Homes	Ohio continues to expand use of Patient-Centered Medical Homes and Integrated Treatment Models.
	State Health Improvement Plan	This past year, Ohio developed a comprehensive statewide health plan; improving provision of behavioral health services is a targeted objective of this work.
	Family Drug Courts	Through the SSRP increased the number of family drug courts as well as to infuse family drug court principles into other systems. (Refer to Goals 5, Objective 7, Intervention 3)
	Prescription Guidelines	Ohio has established prescription guidelines regarding use of opioid medications. Training and monitoring of prescriptions is on-going. In addition, Governor Kasich released specific regulations associated with safe prescribing practices on August 30, 2017. (Refer to Appendix B. Health Care Plan)
	Early Childhood Mental Health Consultation	This program has helped to improve outcomes for at-risk children less than six years, having impaired social or emotional development stemming from, among other stressors, parental substance abuse. (Refer to Section IV, Early Childhood Mental Health Consultation.)
Domestic Violence	Safe and Together	This Model provided a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators to enhance the safety and well-being of children.... (See Dorothy for scope of efforts)
	Early Childhood Mental Health Consultation	This program has assisted in improving the to improve outcomes for at-risk children less than six years, having impaired social or emotional development stemming from, among other stressors, domestic violence. (Refer to Section IV, Early Childhood Mental Health Consultation.)

Characteristics of Families and Children at Risk

During this reporting period we again examined the characteristics of children at risk using two methodologies with an observation window between May 1, 2017 and April 30, 2018. The differences in the two methods can be understood from the following figure. There can be four types of cases. Type 1 consists of cases that were open prior to May 1, 2017 and remained open past the closing of the observation window. Type 2 involves cases beginning before the observation window, but closed during the observation window. Type 3 opened during the observation window and remained open after April 30, 2018. Type 4 consists of cases opened and closed during observation period.

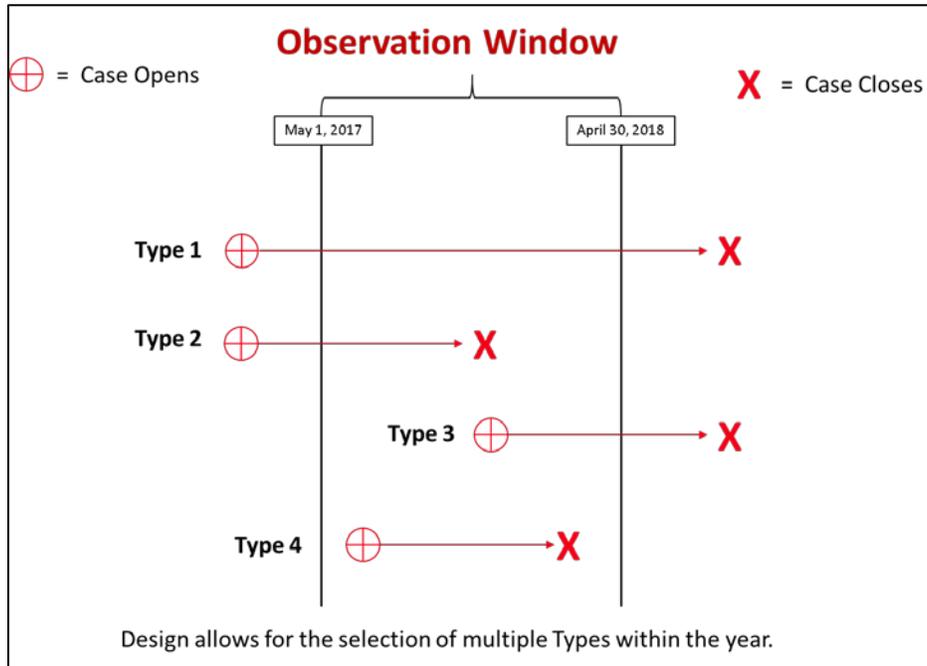


Figure 1. Relationship between Time and Types of Cases

The first method uses all four types of cases. As such, it provides an important perspective consisting of cases open during the observation period.

For these cases, SACWIS data were extracted from a broad array of assessment tools and caseworker narratives on a battery of child and parent concerns. These concerns are shown in Figure 2.

- Child:
- Sight, Speech, and Hearing
 - Physical Cognitive Social
 - Emotional Behavior
 - Positive Toxicology in Infants
 - Abuse, Neglect, Dependency
 - Sex Abuse
- Parent:
- Parenting Difficulties
 - Physical Illness
 - Emotional Illness
 - Domestic Violence
 - Substance Abuse
 - Financial Distress
 - Stress
 - Homelessness
 - Cognitive Problems

Figure 2. Concerns

Table 1 shows the number and percent of cases with each of the concerns.

	Sight Hearing Speech (Child)	Physical Cognitive Social (Child)	Emotional Behavior (Child)	Positive Tox (Child)	Abuse, Neglect, Dependency (Child)	Sex Abuse (Child)	Parenting Difficulties (Parent)	Physical Illness (Parent)	Emotional Illness (Parent)	Domestic Violence (Parent)	Substance Abuse (Parent)	Financial Distress (Parent)	Stress (Parent)	Homeless (Parent)	Cognitive (Parent)	Number of Cases
Total Cases	1,451	35,343	42,555	2,257	21,335	5,132	44,741	22,681	43,289	39,353	40,117	23,369	34,135	9,685	11,188	93,619
Percent of Cases	2%	38%	45%	2%	23%	5%	48%	24%	46%	42%	43%	25%	36%	10%	12%	100%

Table 1: Number and percent of concerns.

Nearly half of all cases (93,619) have a child with an emotional behavior problem, and parents with difficulties in parenting, emotional illness, domestic violence, or substance abuse. Table 1 is helpful to reflect the larger demands on the organization, but it does not allow one to understand the interrelationships between and among each concern. For instance, how many families have emotional illness and domestic violence? How many have domestic violence and children with physical, cognitive, or social problems. To answer these questions, requires a profile analysis. This type of analysis is a very popular technique used in multiple industries.¹ A profile analysis is done by statistically analyzing the concerns from one case, and comparing it

¹ These industries include: (1) Financial Analysts determine which stocks to purchase by examining various commodities to determine future demand, and then buy and sell individual stocks based upon the performance of the larger commodity group; (2) Retail Merchants use profiles develop marketing strategies to tailor goods or services to specific individuals;(3) Physicians use profile analysis to group symptoms into specific diseases; (4) Geneticists look for clusters of genes that, given the right environmental circumstances, produce certain illnesses given certain environmental circumstances.

to the concerns in the next case, and calculating a measure of similarity (also known as a “distance measure”) between the two cases are. This process of comparing each case to every other case repeats until all cases have been analyzed. The “distance” measure across all cases are grouped by how similar they are. These groups are Profiles. The result of this profile analysis is Table 2. Table 2 shows the percent of cases within each profile having each of the concerns. The columns represent each of the concerns. The rows contain the profiles². The cells are shaded by the proportion of cases. A cell with a high percent of cases with a concern is shaded red. Cells shaded green have a lower percentage of cases with each concern. Also displayed are the number and percent of cases in each profile. Here’s what we can tell about Profile 1:

- Has 1,500 cases, or 1.6% of the cases active during the observation window.
- 1% of the cases had at least one child with a Sight, Hearing, or Speech issue.
- 17% of the cases had at least one child physical, cognitive, social problems.
- 89% of the cases had at least one child with an emotional or behavior problem.
- 1% had an infant with a positive toxicology report.
- 85% of the cases had at least one child with a substantiated or indicated Abuse, Neglect, or Dependency Report.
- 45% of the cases had at least one child with a substantiated or indicated sex abuse report.
- 3% of the parents had difficulties in parenting.
- 64% of the parents had a Physical illness.
- 51% of the parents had an Emotional illness.
- 79% of the parents’ Domestic violence.
- 93% of the parents had Substance Abuse issues.
- 2% of the parents were experiencing financial distress.
- 19% of the parents were experience high levels of stress.
- 3% of the parents were struggles with Homelessness.
- 3% of the parents had difficulties in Cognition.

² The number of the profile has no analytic meaning: A seven is no better or worse than a ten. In other words, they are nominal values.

Profile	Sight Hearing Speech (Child)	Physical Cognitive Social (Child)	Emotional Behavior (Child)	Positive Tox (Child)	Abuse, Neglect, Dependency (Child)	Sex Abuse (Child)	Parenting Difficulties (Parent)	Physical Illness (Parent)	Emotional Illness (Parent)	Domestic Violence (Parent)	Substance Abuse (Parent)	Financial Distress (Parent)	Stress (Parent)	Homeless (Parent)	Cognitive (Parent)	Number of Cases	Percent of Cases with Profile	Rank by Number of Cases (1=Highest No. of Cases; 25=Lowest)
1	1%	17%	89%	1%	85%	45%	3%	64%	51%	79%	93%	2%	19%	3%	3%	1,500	1.6	21
2	12%	38%	89%	3%	95%	87%	22%	75%	98%	12%	85%	36%	24%	65%	3%	525	0.56	39
3	1%	12%	29%	1%	83%	8%	9%	25%	99%	95%	21%	3%	15%	4%	4%	1,749	1.87	15
4	1%	87%	80%	2%	99%	76%	3%	17%	99%	89%	96%	92%	96%	14%	29%	4,824	5.15	4
5	1%	93%	95%	1%	82%	9%	3%	86%	93%	16%	98%	77%	29%	5%	71%	793	0.85	33
6	0%	10%	23%	1%	94%	25%	3%	4%	80%	3%	35%	33%	30%	6%	6%	3,307	3.53	7
7	8%	41%	96%	0%	98%	84%	4%	81%	97%	85%	68%	89%	93%	77%	5%	1,595	1.7	20
8	0%	2%	8%	1%	23%	11%	3%	4%	3%	96%	2%	1%	23%	8%	1%	4,845	5.18	3
9	0%	5%	6%	9%	25%	78%	1%	18%	12%	15%	93%	33%	6%	28%	2%	1,253	1.34	27
10	0%	92%	94%	0%	67%	8%	14%	9%	90%	97%	4%	13%	74%	3%	28%	1,672	1.79	17
11	2%	10%	19%	2%	97%	8%	2%	74%	96%	85%	93%	89%	66%	35%	60%	1,083	1.16	28
12	0%	4%	100%	0%	10%	6%	11%	5%	5%	13%	5%	1%	6%	3%	2%	6,217	6.64	2
13	3%	32%	30%	24%	98%	97%	10%	90%	96%	81%	98%	95%	95%	6%	5%	1,319	1.41	24
14	7%	94%	53%	0%	96%	22%	4%	82%	93%	22%	7%	82%	20%	8%	71%	798	0.85	32
15	1%	96%	96%	0%	97%	12%	10%	73%	10%	11%	11%	47%	17%	26%	4%	1,254	1.34	26
16	0%	94%	15%	1%	70%	56%	16%	9%	19%	86%	16%	4%	8%	5%	43%	567	0.61	38
17	0%	93%	97%	0%	14%	11%	5%	2%	2%	97%	18%	11%	8%	15%	3%	1,285	1.37	25
18	1%	91%	97%	0%	98%	11%	3%	64%	72%	18%	4%	5%	78%	2%	41%	1,844	1.97	14
19	4%	6%	97%	0%	78%	6%	25%	87%	48%	11%	19%	61%	8%	4%	3%	440	0.47	40
20	14%	84%	87%	9%	99%	99%	1%	84%	98%	3%	89%	94%	98%	38%	59%	882	0.94	30
21	1%	13%	16%	1%	43%	44%	3%	79%	95%	75%	28%	4%	79%	5%	58%	610	0.65	37
22	0%	99%	98%	1%	1%	2%	1%	9%	1%	0%	10%	1%	11%	8%	3%	2,770	2.96	9
23	17%	98%	97%	2%	99%	84%	25%	96%	99%	98%	89%	55%	94%	4%	73%	2,151	2.3	11
24	0%	74%	11%	46%	80%	87%	1%	12%	39%	12%	98%	18%	66%	5%	5%	1,026	1.1	29
25	1%	10%	94%	1%	99%	13%	4%	17%	92%	82%	88%	13%	98%	21%	28%	1,951	2.08	12
26	0%	90%	92%	1%	46%	5%	3%	2%	96%	37%	82%	9%	68%	2%	3%	2,261	2.42	10
27	0%	2%	73%	1%	25%	30%	5%	91%	85%	64%	22%	4%	41%	3%	2%	1,864	1.99	13
28	11%	100%	97%	1%	98%	17%	4%	94%	99%	95%	89%	97%	94%	59%	83%	1,634	1.75	18
29	0%	100%	0%	4%	7%	3%	4%	8%	6%	18%	18%	2%	1%	4%	3%	3,012	3.22	8
30	0%	0%	0%	1%	3%	4%	5%	3%	3%	0%	0%	1%	1%	3%	1%	21,587	23.06	1
31	0%	2%	3%	5%	18%	1%	2%	8%	12%	28%	100%	4%	25%	1%	3%	4,349	4.65	5
32	3%	89%	93%	1%	25%	30%	5%	91%	85%	64%	22%	4%	9%	5%	7%	1,337	1.43	23
33	13%	90%	26%	26%	97%	97%	2%	87%	96%	82%	97%	86%	30%	62%	6%	770	0.82	34
34	1%	7%	4%	1%	9%	12%	2%	4%	78%	84%	13%	44%	11%	46%	3%	825	0.88	31
35	1%	5%	10%	1%	95%	70%	2%	8%	91%	77%	93%	28%	92%	9%	1%	3,536	3.78	6
36	0%	93%	92%	1%	92%	46%	2%	9%	39%	10%	93%	20%	20%	43%	655	0.7	36	
37	3%	78%	94%	0%	73%	0%	22%	97%	95%	7%	51%	85%	95%	7%	4%	764	0.82	35
38	3%	85%	82%	1%	88%	1%	4%	96%	86%	99%	93%	92%	90%	4%	1%	1,605	1.71	19
39	2%	90%	49%	2%	97%	11%	1%	81%	96%	49%	98%	8%	93%	16%	5%	1,740	1.86	16
40	0%	86%	83%	1%	95%	4%	4%	5%	27%	89%	93%	59%	28%	7%	10%	1,420	1.52	22

Table 2. Profile Analysis

The most common profile (number 30) consists of 23% of the cases, and has little to no concerns. The second most common profile (number 12) and the most prominent concern is child emotional illness. The third is high in domestic violence. The fourth most common profile is Profile 4, which is extremely high for children having physical, cognitive, or social problems, emotional behavior issues, a substantiated abuse/neglect/dependency report, and sex abuse and for parents, emotional illness domestic violence, substance abuse, financial distress, and stress. The fifth most common profile is Profile 31, and largely consists of families with substance abuse. The sixth most common profile is Profile 35. These cases have children with substantiated/indicated abuse, neglect, dependency reports, sex abuse reports, and parents with emotional illness, domestic violence, and substance abuse. These six profiles, out of forty, account for nearly half of all cases.

The second analyses uses cases that were opened between May 1, 2017 and April 30, 2018. This is depicted as Type 3 and Type 4 cases in Figure 1. The advantage to this method includes being able to determine new issues and patterns agencies are experiencing and allowing for sequential comparative results over time. What's occurring now?

Cases Opened Between of May 1, 2017 and April 30, 2018								
Profile	No. of Cases	Percent Of Cases	No. of Child	Percent of children	Number of Children with S/I Reports	For Every 100 Kids in Profile, No. with S/I Report	Number Entering Placement	For Every 100 Kids in Profile, No. Placed Out of Home
1	1,086	1.5%	2,647	1.5%	702	26.5	244	9.2
2	301	0.4%	683	0.4%	302	44.2	206	30.2
3	1,384	1.9%	3,288	1.9%	261	7.9	104	3.2
4	2,787	3.9%	7,481	4.3%	2,810	37.6	1,524	20.4
5	502	0.7%	1,361	0.8%	69	5.1	160	11.8
6	2,436	3.4%	5,411	3.1%	822	15.2	353	6.5
7	916	1.3%	2,412	1.4%	1,092	45.3	848	35.2
8	4,191	5.9%	9,778	5.7%	786	8.0	62	0.6
9	944	1.3%	1,986	1.2%	946	47.6	109	5.5
10	1,361	1.9%	4,136	2.4%	323	7.8	77	1.9
11	721	1.0%	1,684	1.0%	93	5.5	203	12.1
12	5,242	7.4%	13,175	7.6%	989	7.5	125	0.9
13	626	0.9%	1,341	0.8%	707	52.7	485	36.2
14	487	0.7%	1,262	0.7%	139	11.0	137	10.9
15	956	1.3%	2,774	1.6%	213	7.7	122	4.4
16	447	0.6%	1,281	0.7%	423	33.0	38	3.0
17	1,105	1.6%	3,320	1.9%	228	6.9	25	0.8
18	1,367	1.9%	3,674	2.1%	207	5.6	171	4.7
19	306	0.4%	784	0.5%	90	11.5	48	6.1
20	443	0.6%	1,124	0.7%	559	49.7	381	33.9
21	452	0.6%	1,047	0.6%	253	24.2	67	6.4
22	2,384	3.4%	6,531	3.8%	82	1.3	65	1.0
23	1,134	1.6%	3,088	1.8%	1,190	38.5	799	25.9
24	673	0.9%	1,509	0.9%	689	45.7	194	12.9
25	1,476	2.1%	3,744	2.2%	146	3.9	209	5.6
26	1,772	2.5%	4,875	2.8%	169	3.5	141	2.9
27	1,457	2.0%	3,759	2.2%	219	5.8	138	3.7
28	1,050	1.5%	2,940	1.7%	304	10.3	534	18.2
29	2,568	3.6%	6,570	3.8%	185	2.8	25	0.4
30	18,077	25.4%	37,703	21.8%	1,836	4.9	227	0.6
31	3,655	5.1%	8,197	4.7%	164	2.0	71	0.9
32	958	1.3%	2,642	1.5%	395	15.0	142	5.4
33	422	0.6%	1,041	0.6%	517	49.7	424	40.7
34	687	1.0%	1,592	0.9%	126	7.9	50	3.1
35	2,364	3.3%	5,261	3.0%	2,264	43.0	670	12.7
36	483	0.7%	1,361	0.8%	284	20.9	87	6.4
37	455	0.6%	1,208	0.7%	108	8.9	120	9.9
38	1,078	1.5%	3,123	1.8%	52	1.7	215	6.9
39	1,260	1.8%	3,238	1.9%	170	5.3	256	7.9
40	1,151	1.6%	3,567	2.1%	133	3.7	79	2.2
Total	71,164	100.0%	172,598	100.0%	21,047	12.2	9,935	5.8

Table 3. Number/Percent of cases, Number of children, Percent Substantiated/Indicated Report, Number and Rate per 100 Placed

From Table 3, one can determine the number of cases and children opened in the observation window per Profile. For each profile, one can see the number of children who had a substantiated/indicated report, the rate per 100 children in that profile, the number of children and the rate per 100 children placed in out of home care.

Figure 3 examines the relationship between the profiles and the rate of SI and the rate of Placement.

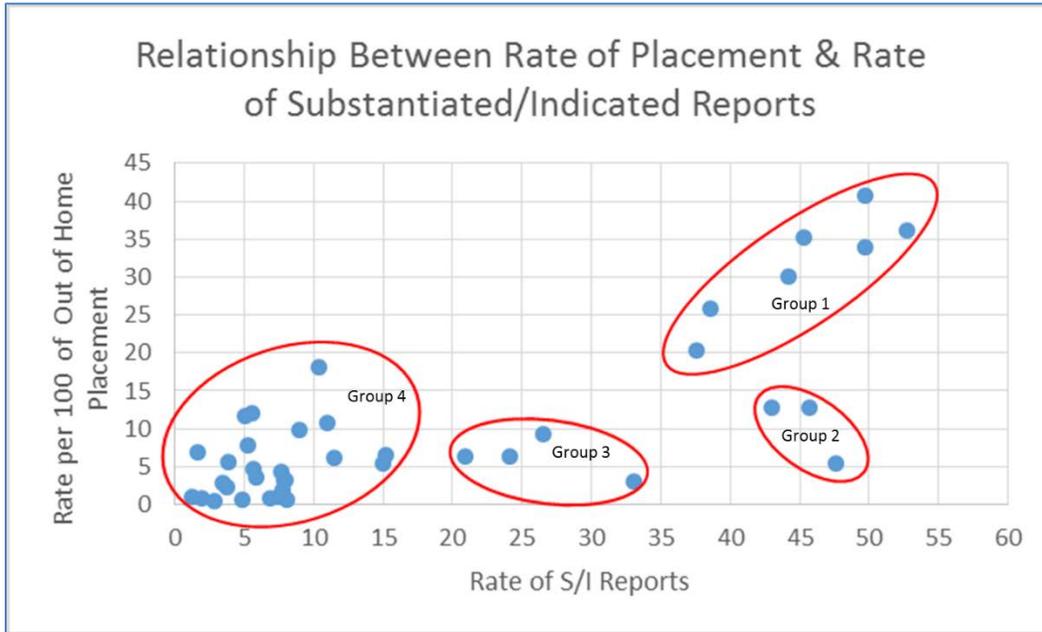


Figure 3. Relationship between rate of placement and rate of substantiated/indicated reports

When examining Figure 4, Figure 5, Figure 6, and Figure 7, four distinct groups can be established based on the rates of substantiated/indicated reports and placements.

- Group 1 has a high rate of substantiated/indicated reports and high rate of placement
 - 3.8% of the total caseload
 - 2,708 cases
 - 6,601 children
- Group 2 has a high rate of substantiated/indicated reports and low to moderate rate of placement
 - 5.6% of the total caseload
 - 3,991 cases
 - 8,756 children
- Group 3 has a moderate rate of substantiated/indicated reports and low rate of placement
 - 3.5% of the total caseload
 - 2,468 Cases
 - 6,336 children
- Group 4 has a low rate of substantiated/indicated reports and low to moderate rate of placement
 - 87% of the total caseload
 - 62,007 cases
 - 150,905 cases

Profile	Sight Hearing Speech (Child)	Physical Cognitive Social (Child)	Emotional Behavior (Child)	Positive Tox (Child)	Abuse, Neglect, Dependency (Child)	Sex Abuse (Child)	Parenting Difficulties (Parent)	Physical Illness (Parent)	Emotional Illness (Parent)	Domestic Violence (Parent)	Substance Abuse (Parent)	Financial Distress (Parent)	Stress (Parent)	Homeless (Parent)	Cognitive (Parent)
2	12%	38%	89%	3%	95%	87%	22%	77%	98%	12%	85%	36%	24%	65%	3%
7	8%	41%	96%	0%	98%	84%	4%	81%	97%	85%	68%	89%	93%	77%	5%
13	3%	32%	30%	24%	98%	97%	10%	90%	96%	81%	98%	95%	95%	6%	5%
20	14%	84%	87%	9%	99%	99%	1%	84%	98%	3%	89%	94%	98%	38%	59%
33	13%	90%	26%	26%	97%	97%	2%	87%	96%	82%	97%	86%	30%	62%	6%

Figure 4: Group 1 Profiles: High Rate of Substantiated/Indicated Reports and High Rate of Placement

Profile	Sight Hearing Speech (Child)	Physical Cognitive Social (Child)	Emotional Behavior (Child)	Positive Tox (Child)	Abuse, Neglect, Dependency (Child)	Sex Abuse (Child)	Parenting Difficulties (Parent)	Physical Illness (Parent)	Emotional Illness (Parent)	Domestic Violence (Parent)	Substance Abuse (Parent)	Financial Distress (Parent)	Stress (Parent)	Homeless (Parent)	Cognitive (Parent)
9	0%	5%	6%	9%	25%	78%	1%	18%	12%	15%	93%	33%	6%	28%	2%
24	0%	74%	11%	46%	80%	87%	1%	12%	39%	12%	98%	18%	66%	5%	5%
35	1%	5%	10%	1%	95%	70%	2%	8%	91%	77%	93%	28%	92%	9%	1%

Figure 5: Group 2: High Rate of Substantiated/Indicated Reports and Low to Moderate Rate of Placement

Profile	Sight Hearing Speech (Child)	Physical Cognitive Social (Child)	Emotional Behavior (Child)	Positive Tox (Child)	Abuse, Neglect, Dependency (Child)	Sex Abuse (Child)	Parenting Difficulties (Parent)	Physical Illness (Parent)	Emotional Illness (Parent)	Domestic Violence (Parent)	Substance Abuse (Parent)	Financial Distress (Parent)	Stress (Parent)	Homeless (Parent)	Cognitive (Parent)
1	1%	17%	89%	1%	85%	45%	3%	64%	51%	79%	93%	2%	19%	3%	3%
16	0%	94%	15%	1%	70%	56%	16%	9%	19%	86%	16%	4%	8%	5%	43%
21	1%	13%	16%	1%	43%	44%	3%	79%	95%	75%	28%	4%	79%	5%	58%
36	0%	93%	92%	1%	92%	46%	2%	9%	39%	10%	93%	20%	9%	20%	43%

Figure 6: Group 3: Moderate Rate of Substantiated/Indicated Reports and Low Rate of Placement

Profile	Sight Hearing Speech (Child)	Physical Cognitive Social (Child)	Emotional Behavior (Child)	Positive Tox (Child)	Abuse, Neglect, Dependency (Child)	Sex Abuse (Child)	Parenting Difficulties (Parent)	Physical Illness (Parent)	Emotional Illness (Parent)	Domestic Violence (Parent)	Substance Abuse (Parent)	Financial Distress (Parent)	Stress (Parent)	Homeless (Parent)	Cognitive (Parent)
3	1%	12%	29%	1%	83%	8%	9%	25%	99%	95%	21%	3%	15%	4%	4%
4	1%	87%	80%	2%	99%	76%	3%	17%	99%	89%	96%	92%	96%	14%	29%
5	1%	93%	95%	1%	82%	9%	3%	86%	93%	16%	98%	77%	29%	5%	71%
6	0%	10%	23%	1%	94%	29%	3%	4%	90%	3%	35%	33%	30%	6%	6%
8	0%	2%	8%	1%	23%	11%	3%	4%	3%	96%	2%	1%	23%	8%	1%
10	0%	92%	94%	0%	67%	8%	14%	4%	90%	92%	4%	13%	74%	3%	28%
11	2%	10%	19%	2%	97%	8%	2%	74%	96%	85%	93%	89%	66%	35%	60%
12	0%	4%	100%	0%	10%	6%	11%	5%	5%	13%	5%	1%	6%	3%	2%
14	7%	94%	53%	0%	96%	22%	4%	82%	93%	22%	7%	82%	20%	8%	71%
15	1%	96%	96%	0%	97%	12%	10%	2%	73%	10%	11%	47%	17%	26%	4%
17	0%	93%	97%	0%	14%	11%	5%	2%	2%	97%	18%	11%	8%	15%	3%
18	1%	91%	97%	0%	98%	11%	3%	64%	72%	18%	4%	5%	78%	2%	41%
19	4%	6%	97%	0%	78%	6%	25%	87%	48%	11%	19%	61%	8%	4%	3%
22	0%	99%	98%	1%	2%	1%	1%	9%	1%	0%	10%	1%	11%	8%	3%
23	17%	98%	97%	2%	99%	84%	29%	96%	99%	98%	89%	55%	94%	4%	73%
25	1%	10%	94%	1%	99%	3%	4%	17%	92%	82%	88%	13%	98%	21%	28%
26	0%	90%	92%	1%	46%	5%	3%	2%	96%	37%	82%	9%	68%	2%	3%
27	0%	2%	73%	1%	40%	6%	7%	3%	81%	97%	93%	47%	41%	3%	2%
28	11%	100%	97%	1%	98%	17%	4%	94%	99%	95%	89%	97%	94%	59%	83%
29	0%	100%	0%	4%	7%	3%	4%	8%	6%	18%	18%	2%	1%	4%	3%
30	0%	0%	0%	1%	3%	4%	5%	3%	3%	0%	0%	1%	1%	3%	1%
31	0%	2%	3%	5%	18%	1%	2%	8%	12%	28%	100%	4%	25%	1%	3%
32	3%	89%	93%	1%	25%	30%	5%	91%	85%	64%	22%	4%	9%	5%	7%
34	1%	7%	4%	1%	9%	12%	2%	4%	78%	84%	13%	44%	11%	46%	3%
37	3%	78%	94%	0%	73%	7%	22%	97%	95%	4%	51%	85%	95%	7%	4%
38	3%	85%	82%	1%	88%	1%	4%	96%	86%	99%	93%	92%	90%	4%	1%
39	2%	90%	49%	2%	97%	11%	1%	81%	96%	49%	98%	8%	93%	16%	5%
40	0%	86%	83%	1%	95%	4%	4%	5%	27%	89%	93%	59%	28%	7%	10%

Figure 7: Group 4: Low Rate of Substantiated/Indicated Reports and Low to Moderate Rate of Placement

Based upon the results noted above, Ohio will continue to support programs and services that were effective in addressing the core inter-related concerns of Emotional and Mental Health, Parenting Skills, Domestic Violence, and Substance Abuse.

Services for Children under the Age of Five

Data

ODJFS conducts extensive data analyses regarding the child welfare population, including identifying those children who are particularly vulnerable to maltreatment. A SACWIS point-in-time snapshot of Ohio's population of children in care on June 1, 2018 shows 866 children ages 0-5 in permanent custody. When examining the length of time these children are in care, the mean number of days these children have spent in custody, to date, is 784 days while the median number of days is 735. The mean number of days that these children have spent in permanent custody, to date, is 236 days while the median number of days is 171.

The SACWIS point in time snapshot of Ohio's population of children in care on June 1, 2018 identifies 5,348 children ages 0-5 in temporary custody. The mean number of days for children in this age group to have spent in custody, to date, is 273 while the median number of days in custody is 226.

Child Welfare Policy

Per Ohio Administrative Code 5101:2-40-02 *Supportive Services for Prevention of Placement, Reunification and Life Skills*, PCSAs must provide an array of supportive services for children and families (either directly or through community service providers). These mandated services include "Help Me Grow" early intervention services for children under the age of 3. "Help Me Grow" services include developmental evaluations and assessments, speech and hearing services, family training and counseling, home visits, occupational or physical therapy, social and psychological services and service coordination. Ohio policy requires PCSAs to refer all children under the age of three to "Help Me Grow" for early intervention services if there is a substantiated report of child abuse or neglect. PCSAs must also refer any infant who has been born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Cross-System Programming for Young Children Under the Age of 5

Early Learning and Development Standards

On October 9, 2012, the State Board of Education adopted Ohio's Early Learning and Development Standards to advance the assessment and teaching of young children. These standards were designed through a collaborative process of child-serving agencies to better reflect the comprehensive development of children, birth through age 5. Team members included representatives from: ODE, ODJFS, ODH, Ohio Department of Mental Health (now known as OhioMHAS), the Ohio Department of Developmental Disabilities, and the Governor's Office of Health Transformation. This team worked with national experts, providers, subject matter experts and other stakeholders to fully develop the standards

and promote their consistent application statewide. Implementation sites included pre-school programs, Head Start centers, family-based child care settings, and day care programs.

The links below provide detailed descriptions of each of the standards.

- [Introduction](#)
- [Social-Emotional Development](#)
- [Approaches Toward Learning](#)
- [Cognitive Development and General Knowledge \(including Math, Science and Social Studies\)](#)
- [Language and Literacy Development](#)
- [Physical Well-Being and Motor Development](#)
- [Implementation Guides](#)

To view a short video about the standards, go to:

<http://education.ohio.gov/Topics/Early-Learning/Early-Learning-Content-Standards>

Ohio's Kindergarten Readiness Assessment

At the beginning of each school year (through November 1), children enrolled in Ohio's public school kindergarten programs undergo the Kindergarten Readiness Assessment (KRA). This tool is based on the early learning standards (above) and measures each student's knowledge and abilities in: social skills, language and literacy, mathematics, science, social studies, physical well-being and motor development. While earlier iterations of the KRA were formalized, one-on-one evaluations of literacy, the current version is integrated into daily instruction. Most of it is completed via teacher observation of the child in class or during recess. As such, it is conducted in a more natural setting, and the students are less anxious. Completion of the tool facilitates development of individualized educational interventions based on each child's responses. Teachers then share the results with the child's parents/caregivers to foster partnership with family members and facilitate the child's academic success.

The results of the state's third administration were as follows: 40.6 percent (47,836) of Ohio's kindergarten students were Demonstrating Readiness, meaning they entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction. An additional 36.3 percent (42,756) of these children were Approaching Readiness and needed supports to be able to engage with kindergarten-level instruction. As many as 23.1 percent (27,279) of children were Emerging in Readiness, meaning they needed significant support to engage in kindergarten-level instruction.

Through use of the KRA, teachers are provided the information needed to tailor individual student interventions, based on each child's strengths and needed supports. To view a short video about Ohio's KRA, go to:

<http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Ohios-Kindergarten-Readiness-Assessment>

Early Childhood Mental Health Consultation

Ohio's Early Childhood Mental Health Consultation (ECMHC) Program is designed to improve outcomes for young children (infants - six years old) who are at risk for abuse or neglect, and/or who demonstrate poor social skills or delayed emotional development. ECMHC services include:

- Clinical consultation to early childhood programs regarding:
 - Problem identification;
 - Referral processes;
 - Classroom management strategies;
 - Maternal depression;
 - Parental substance abuse;
 - Domestic violence; and
 - Other stressors on young children's well- being.

- Guidance to family members (including parents, kinship caregivers and foster parents) to increase skills in creating nurturing environments for young children.

ECMHC promotes use of evidence-based behavioral health practices as a means of delivering effective, cost-efficient care. Some of these include: *Devereux Early Childhood Assessments (DECA)*; *The Incredible Years Program for Parents, Teachers, and Children*; *The Edinburgh Postnatal Depression Screen (EPDS)*; *The Therapeutic Interagency Preschool Program*; *Trauma Focused Cognitive Behavioral Therapy*; *Positive Behavior Supports*; and *Teaching Tools for Young Children with Challenging Behaviors*. In addition, OhioMHAS, ODJFS, and ODE continue to encourage use of the core competencies, established in 2009, as a staff development tool. To view the competencies, go to:

<http://mha.ohio.gov/Portals/0/assets/Prevention/EarlyChildhood/core-competencies.pdf>

During this past year, OhioMHAS continued to distribute *Grow Power~ Ohio Kids Matter*. This toolkit provides information to parents to promote their child's social-emotional development. To view the materials, please click on the following links displayed on the right-hand side of the graphic below.



Grow Power

Videos:

- [Packet Overview](#)
- [Packet Part 2](#)
- [Packet Part 3](#)

Printable materials:

- [ECMH Consultation](#)
 - [Guide for Moms, Dads & Caregivers](#)
- [Help Me Grow Early Intervention](#)
- [Help Me Grow Intervención Temprana](#)
- [Safe Sleep](#)
- [School-to-Prison Pipeline](#)
- [FLIP IT poster](#)
- [Healthy Eating](#)

Maternal Opiate Medical Support Program

Over the past several years, ODJFS, the Ohio Department of Mental Health and Addiction Services, the Department of Medicaid, and the Governor’s Office of Health Transformation have partnered to comprehensively address the challenges of substance use disorders and child maltreatment. These efforts included a pilot project designed to holistically address the needs of pregnant women addicted to opioids and their children. The “MOMS” (Maternal Opiate Medical Support) project was an initiative designed to improve outcomes for 300 women and babies by engaging expectant mothers in a combination of counseling, medication-assisted treatment (MAT), case management, and non-clinical services that promote recovery (e.g., housing, transportation, child care).

The goals of MOMS were to improve maternal and fetal outcomes, increase family stability, and reduce costs associated with neonatal abstinence syndrome. Compared to a matched Medicaid comparison cohort, MOMS participants received more prenatal care and behavioral health services during pregnancy and after delivery; were more likely to receive MAT during pregnancy and after delivery; and had better outcomes with child protective services post-delivery. Specific findings included:



In recognition of the outcomes achieved, **MOMS** was featured in the [2017 Report to Congress on Medicaid and CHIP](#).

Currently, the Ohio Department of Mental Health and Addiction Services has launched **MOMS 2.0** with federal funding received from 21st Century Cures Act. Over the next two years, ADAMHS Boards and local MAT providers will lead community efforts to expand MOMS in Akron, Athens, Canton, Cincinnati, Columbus, Toledo, Youngstown and Warren.

MOMS Plus is a separate initiative led by the Ohio Perinatal Quality Collaborative (OPQC). Members of the Collaborative include the Ohio Department of Medicaid, the Ohio Department of Health, the Ohio Association of Community Health Centers, the March of Dimes, the Centers for Disease Control and Prevention, the Ohio Colleges of Medicine Government Resource Center, and the Ohio Medical Technical Assistance and Policy Program. As part of the MOMS Plus initiative, the OPQC has established seven (7) sites throughout the state to further advance collaborative care for pregnant women with Opioid Use Disorders. Hospitals serve as lead coordination point for these projects. Locations include the following counties, though patients served often live in neighboring areas: NW (Lucas); SW (Hamilton); SE (Athens) Central (Franklin, Muskingum, Ross, Scioto); NE (Cuyahoga, Summit, Trumbull, Mahoning); and West Central (Allen, Clark, Montgomery, Warren).

For additional information about the MOMS project, see Appendix B, *Ohio’s Health Care Oversight and Coordination Plan Update*.

Services for Children Adopted from Other Countries

Ohio continues to provide inter-country adoption services through training, homestudy and post-adoption services (e.g., Post Adoption Special Services Subsidy program).

To ensure the safety of children adopted abroad, agencies must conform to standards governed by ODJFS through the Ohio Administrative Code (OAC) and Ohio Revised Code (ORC). Every PCSA, private child placing agency (PCPA) and private non-custodial agency (PNA) approved or certified by ODJFS involved in processing international adoptions is to adhere to all state and federal requirements pertaining to adoption. PCPAs and PNAs undergo oversight and monitoring by ODJFS to include reviews of case records, policies and procedures to ensure compliance with the ORC, the OAC and their own agency policies.

Update of Children Previously Adopted

In calendar year 2017, 589 of the children in foster care for at least one day were reported as previously adopted. Only seven of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 392 do not have their birth country listed.

The primary removal reasons for the children with previous adoptions were:

- | | |
|---------------------------------|-----|
| ➤ Abandonment | 5 |
| ➤ Alcohol Abuse of Parent | 2 |
| ➤ Caretaker’s inability to cope | 29 |
| ➤ Child’s Behavioral Problem | 126 |

➤ Death of Parents	2
➤ Delinquency	69
➤ Dependency	224
➤ Drug Abuse of Child	2
➤ Drug Abuse of Parent	2
➤ Emotional Maltreatment	3
➤ Inadequate Housing	1
➤ Incarceration of Parent	1
➤ Neglect	51
➤ Physical Abuse	25
➤ Relinquishment	11
➤ Sexual Abuse	19
➤ Sibling Removal	6
➤ Unruly Status Offender	11

The current permanency goal (or last goal if the case is now closed) for those same children was:

➤ Adoption	214
➤ Independent Living/Emancipation	60
➤ Maintain in own home/prevent removal	55
➤ Permanent Placement with a Relative	15
➤ PPLA	44
➤ Return Child to Parent	159
➤ No goal listed(likely short term placements)	42

The age of the child when the previous adoption finalized:

➤ 0	29
➤ 1-3	162
➤ 4-6	180
➤ 7-9	103
➤ 10-12	72
➤ 13-15	22
➤ 16-17	4
➤ Unable to determine	17

Gender breakdown:

➤ Female	273
➤ Male	316

ODJFS policy continues to work with the SACWIS staff to enhance the reporting of children who were previously adopted that come back into the child welfare system. The *Preventing Sex Trafficking and Strengthening Families Act* (PL 113-183) added requirements of certain data for states to collect including:

- The number of children who enter foster care under supervision of the state after finalization of an adoption or legal guardianship.
- Information concerning the length of the prior adoption/guardianship.
- The age of the child at the time of the prior adoption/guardianship.
- The age of the child when the child subsequently entered foster care.
- The type of agency involved in making the prior adoption/guardianship.
- Other factors to better understand the issues associated with the child's post-adoption/post-guardianship entry into foster care.

Some of the above data is already tracked in the SACWIS system. OFC policy and the SACWIS team will continue to work together to incorporate the data listed that is not already in the system as well as the following data:

- Date of previous adoption
- Reason for disruption/dissolution
- Plan for the child
- Type of adoption (public, private, international)
 - Document which agency/state involved.
 - For International - Document if adoption was finalized in other country or USA or not yet finalized.
 - For International - Document country of origin.

This initiative is currently on the SFY19 IDA for SACWIS development.

V. Program Support

Training and Technical Assistance Provided to Counties

Staff development, technical assistance and training activities in support of the goals and objectives of the CFSP are identified in Section III: Update to the Plan for Improvement and Progress Made to Improve Outcomes. Training and technical assistance provided to counties during the fourth year of the CFSP are discussed in detail in Section III of this report.

State Technical Assistance or Capacity Building Needs

A request was made for technical assistance from the Capacity Building Center for States on a supervisory-coaching model. ODJFS had a conference call on March 16, 2018 where background information was provided on CAPMIS, the Practice Profiles, and Rapid Safety Feedback. Following the call, an on-site meeting occurred on April 10, 2018 to discuss supervisory coaching options. Notes of the meeting were not provided. At this time ODJFS will not pursue this request.

Evaluation

Ohio has a strong tradition of participation in research and evaluation activities, which is continuing through the 2015 - 2019 CFSP cycle. Several new and continuing evaluation projects are directly connected to the interventions included in Ohio's five-year strategic plan. These evaluation activities include:

- ProtectOHIO Title IV-E Waiver Demonstration with the Human Services Research Institute;
- Permanency Roundtable pilot evaluation in partnership with Casey Family Programs;
- CAPMIS evaluation;
- Predictive Analytics; and
- Quality Improvement Center for Workforce Development project

In addition to the above evaluation activities, the statewide training and professional development offerings are assessed and evaluated. Evaluation results are used to revise curriculum. (Refer to Section III of the APSR).

Management Information System

Ohio is on target with the enhancements to SACWIS outlined in the 2015-2019 CFSP.

Quality Assurance System

Ohio is on target with strengthening its child welfare statewide Continuous Quality Improvement (CQI) system. Section III of this report provides information on CQI efforts during Year 4.

VI. Consultation and Coordination with Tribal Representatives

Demographic Data

There are no federally recognized tribes within the state of Ohio. The most recent data from the U.S. Census Bureau estimates that 0.3% of Ohio's state population is of American Indian or Alaskan Native heritage alone. Another 2% identify as 'two or more races,' which may include individuals of Native American ancestry. A point-in-time data query of SACWIS reflects that on March 31, 2018, there were 279 children with 'American Indian' listed as a Race and/or Ethnicity in the custody of child welfare agencies across Ohio. Of those children in custody, there were no records that listed 'American Indian' as the only race identified. (All 279 records had at least one other race identified.)

More than half of the children of Native American heritage in the custody of public children services agencies in Ohio were in four counties. On the date of the query, Summit County had the highest number of Native American children in custody (52), followed by Franklin County (51), Clermont County (25), and Wood County (15). The remaining children of Native American heritage were in the custody of 44 other agencies across the state.

Compliance with ICWA

[SACWIS Functionality and Data](#)

Since July 1, 2017, 122 ICWA Records have been created in SACWIS on children in custody:

- 96 indicate a possible tribal affiliation; 26 do not identify any tribe
- The potential tribal affiliation of the 96 records are as follows:
 - Absentee-Shawnee Tribe of Oklahoma Indians - 3
 - Blackfeet Tribe of Montana – 5
 - Cherokee Nation – 48
 - Choctaw Nation of Oklahoma – 1
 - Eastern Band of Cherokee Indians – 9
 - Eastern Shawnee Tribe of Oklahoma – 3
 - Las Vegas Paiute Tribe – 1
 - Navajo Nation – 5
 - Onondaga Nation of New York – 1
 - Seneca Nation of Indians – 2
 - Seneca-Cayuga Tribe of Oklahoma – 1
 - Shawnee Tribe – 6
 - Tonawanda Band of Seneca – 1
 - United Keetoowah Band of Cherokee Indians in Oklahoma – 10
- Of the 96 that indicate possible Tribal affiliation:

- One record indicates that the response received from the tribe identified the child as eligible for Tribal membership.
- 19 records indicate that a response was received from the tribe that the child is not eligible/not a member
- 76 have not received/recorded a response from the tribe

Many of the children have multiple ICWA records as more than one potential tribe has been identified for the child. When looking at individual children, 72 records have been created for children in custody.

[ICWA State Standards Update](#)

Public Children Services Agencies, Private Child Placing Agencies, and Private Non-Custodial Agencies are required to comply with ICWA as outlined in Administrative Code rules: 5101:2-53-01 through 5101:2-53-09. Within these rules, Ohio Administrative Code:

- Ensures consistency between state and federal ICWA definitions and regulations.
- Requires that agencies determine whether the child or his /her parents are members of a tribe – or are eligible for membership.
- Details the actions agencies must take when initiating a court action for custody of a child who is/may be eligible for tribal membership, regardless of whether a specific tribe has been identified.
- Specifies agency responsibilities when accepting a voluntary placement agreement for an Indian child from a parent, guardian or Indian custodian, including tribal notification requirements.
- Specifies agency requirements when conducting an emergency removal or taking involuntary custody of an Indian child, including notification requirements.
- Outlines the rights of parents of Indian children and agency responsibilities associated with the permanent surrender of a child who is determined to be an Indian child.
- Provides detailed criteria regarding the preferred placement settings and factors agencies must consider when selecting a temporary or permanent placement for a child who is determined to be an Indian child.

Chapter 5101:2-53 Ohio Administrative Code rules have been updated to incorporate the new federal regulations and the updated ICWA guidelines issued in June of 2016 by the Bureau of Indian Affairs. The updated rules were effective on February 1, 2018.

[Data on State Compliance with ICWA](#)

For this reporting period, compliance with ICWA was assessed using case reviews from round three of the Child and Family Services Review (CFSR). Item 9, Preserving Connections, on the CFSR Onsite Review Instrument captures information on ICWA compliance. Of the 71 cases reviewed, 48 contained documentation of sufficient inquiry with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian tribe. Seven of the cases that were reviewed identified that one or more children may be a member

of, or eligible for membership in, a federally recognized Indian tribe. Of those seven, four were found to have provided the tribe with timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights. Two of the cases reviewed were found to be out of compliance with placement of Indian children in accordance with ICWA placement preferences.

[Strategies to Improve ICWA Compliance](#)

As stated above, Chapter 5101:2-53 of the Administrative Code was updated and revised to incorporate the federal regulations governing ICWA and the accompanying updated guidelines that went into effect in December of 2016. The new rules went into effect on February 1, 2018.

Policy staff provided updates and guidance during a statewide rules training on September 20, 2017. Participants in this training included staff from public children services agencies, private child placing agencies, and Title IV-E courts.

ODJFS will seek to continue to improve ICWA compliance through:

- Updated policy guidance;
- Revision of Administrative Code rules, as needed;
- Provision of education on ICWA through statewide video conferences and/or conference workshops; and
- Provision of ongoing and case-specific technical assistance.

In addition, ODJFS will share promising practices and educational resources gathered through its participation on the State Indian Child Welfare Managers Workgroup. Furthermore, the Ohio Child Welfare Training Program will continue to provide PCSA staff with access to the National Indian Child Welfare Association's (NICWA) online training course on ICWA.

Consultation and Collaboration on the CFSP

During this reporting period, ODJFS has continued to develop its partnership with the Native American Indian Center of Central Ohio (NAICCO). NAICCO's mission is "to serve, protect, and promote American Indian and Alaska Native (AI/AN) interests, concerns, needs, and services; and to advocate for the preservation and revitalization of AI/AN identities, cultures, values, rights, traditions, belief systems, spirituality, and wellness." As such, NAICCO seeks to address the needs of native peoples regardless of specific tribal lineage. This is especially important since there are no federally recognized tribes in Ohio, and AI/AN are often isolated throughout the state's urban and rural areas.

Last year, NAICCO continued its partnership with the ODJFS, Office of Family Assistance as an *Ohio Benefit Bank* (OBB) site. Through this partnership, NAICCO is able to assist community members in filing applications for needed services and supports. OBB utilizes an on-line application process to determine eligibility for state and federal assistance programs, including:

- Food and Nutrition Programs:
 - Food Assistance;

- Women Infants and Children (WIC); and
- USDA Child Nutrition Programs.
- Healthcare Assistance Programs:
 - Health Care Programs for Families and Children;
 - Medicaid for the Aged, Blind and Disabled;
 - Medicare Premium Assistance;
 - Child and Family Health Services (CFHS);
 - Bureau for Children with Medical Handicaps (BCMh);
 - Extra Help for Medicare Part D; and
 - Ohio's Best Rx.
- Other Programs:
 - Home Energy Assistance Program (HEAP);
 - Child Care Assistance;
 - Ohio Works First Cash Assistance (OWF);
 - Golden Buckeye Program;
 - Senior Community Service Employment Program (SCSEP);
 - Big Brothers / Big Sisters "Amachi" Youth Mentoring Program; and
 - Voter Registration.

ODJFS first began its collaboration with NAICCO in 2011 through the organization's three-year, Circles of Care (COC) outreach efforts. NAICCO was awarded the COC by the Substance Abuse and Mental Health Services Administration (SAMHSA). Through its work on the COC initiative, NAICCO has established itself as a statewide leader by working to:

- Integrate AI/AN culture into the helping professions;
- Increase understanding among helping professionals of the impact of cultural, social and historical factors in the lives of individuals of AI/AN heritage; and
- Develop an effective systemic approach to delivering culturally appropriate and responsive services to AI/AN people.

OFC is continuing to explore development of regional training opportunities for child welfare staff, foster parents, and adoptive families. Proposed topics under consideration include workshops to increase awareness of Native American culture, and improve engagement skills when working with AI/AN families.

For an oral history of NAICCO's programs and services, including parenting classes and recovery supports, go to: <https://ehistory.osu.edu/videos/native-american-indian-center-central-ohio>

To view, *Staying Indian in Ohio*, a documentary produced by NAICCO, go to: <https://www.youtube.com/watch?v=hp15X7VMwak>.

VII. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly Visits Data

Ohio reports monthly visit numbers on an annual basis as required. Please see the chart below for the data submitted on December 6, 2017.

Aggregate number of children (unduplicated) who met the visitation criteria	22,640
Total number of monthly caseworker visits made to children	154,896
Total number of complete calendar months children in the reporting population for FY2017 spent in care	161,438
Total number of monthly visits made to children in the reporting population that occurred in the child's residence	135,571

Ohio achieved 95.95% compliance and surpassed the 95% federal target goal. The data also shows that Ohio is far exceeding the requirement that 50% of the visits occur within the child's residence. Ohio's data reflects that 84% of the monthly visits made to children occurred in their residence. Summary statistics were pulled from Ohio's SACWIS as of December 6, 2016 and met the compliance criteria described in ACYF-CB-PI-12-05. A sampling methodology was not utilized to fulfill the revised monthly caseworker data reporting requirements.

Status Update

As the data above indicate, Ohio is meeting both visitation performance standards. Ohio utilizes a variety of methods to ensure the monthly caseworker visits performance standards are met. Two Ohio Administrative Code (OAC) rules 5101:2-42-65 *Caseworker visits and contacts with children in substitute care* and 5101:2-48-17 *Assessor visits and contacts with children in adoptive homes prior to finalization* describe statewide standards for the content and frequency of caseworker visits for children in foster care. As will be described below, Ohio also continued use of the monthly caseworker visit grants.

Monthly Caseworker Visit Grant

Ohio continues to use the Monthly Caseworker Visit Grant funding as outlined in the CFSP. At this time, no changes have been made to the program.

Caseworker Visit Grants will be provided to PCSAs over the next five years to support staff salaries, travel expenses and other costs related to meeting the federal performance standards for caseworker visitation of children in substitute care. ODJFS issues caseworker visits funding in two separate allocations – one for direct services and one for administrative costs.

ODJFS communicates grant availability and liquidation periods for these allocations through the county finance information system (CFIS). Funds must be expended by the grant availability period and reported

no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the PCSA.

The following methodology is used to distribute available funds: PCSAs receive their portion of the total allocation based on the number of unduplicated children in substitute care by county divided by the total number of unduplicated children in substitute care in Ohio, based on the previous calendar year.

The caseworker visits allocation reimburses the PCSA for the direct cost of caseworker visits to children who are in the PCSA's custody. PCSAs report direct service expenditures on the JFS 02820 *Children Services Quarterly Financial Statement* and/or the JFS 02827 *Public Assistance (PA) Quarterly Financial Statement*.

The caseworker visits administrative allocation reimburses PCSAs for the administrative costs related to caseworker visits to children who are in the agency's custody. PCSAs may claim reimbursement of administrative costs for caseworker visits through the social services random moment sample (SSRMS) reconciliation/certification of funds process. Additionally, PCSAs may also request to transfer the caseworker visits administration allocation to the caseworker visits direct services allocation. A request to transfer funds is to be made by submitting a JFS 02725 Family Service Agencies and WIA Local Area Budget Transfer Request prior to the end of the period of availability.

Expenditures are reimbursed with 75% federal Title IV-B Subpart 2 funds. The PCSA must use eligible state funding or provide local funds at a 25% match rate for the non-federal share.

Ohio Administrative Code Rule Changes

Since the last APSR update, Ohio has not made additional changes to the visitation requirements contained in Ohio Administrative Code (OAC) rules.

Other Efforts to Ensure Performance Standards are Met

Through the work of Ohio's statewide CQI Advisory Team and OFC's SACWIS team, agencies now receive monthly data reports on caseworker visitation (beginning in June 2015). A summary report of the SACWIS Comprehensive Visitation Report is emailed directly to each PCSA director and children services administrator on the 15th of each month. This report provides each agency's percentages of visits met for children and parents for both in-home and custody cases each month. The visitation summary report contains aggregate data for each county agency – no case-specific information is available through this emailed summary. However, the full SACWIS *Comprehensive Visitation Report* is a powerful management tool that provides agencies with the ability to "drill down" to generate additional reports identifying which children and/or parents need visits completed each month. The monthly summary report enables PCSA leaders to keep close track of their agency's data, providing PCSAs greater opportunity to improve their practice in this area.

VIII. Adoption and Legal Guardianship Incentive Payments

On June 29, 2017, Ohio was notified of receipt of FFY2016 Adoption Incentive funds in the amount of \$827,163 and on September 6, 2017, Ohio was notified of receipt of FFY2017 Adoption Incentive funds in the amount of \$34,853. ODJFS has recently initiated the RFP process to develop a new 'brand' for foster care and adoption in Ohio, to include a state-of-the-art website as well as a statewide public awareness campaign. This new website will cover the entire continuum from a general awareness and public education standpoint, to those interested in finding more out about how to become foster and/or adoptive parents, to those who are current foster and/or adoptive parents who may need support or referrals to deal with a current situation. Through this expansive project, ODJFS plans to fully obligate and liquidate these funds by the end of the grant periods in 2018 and 2019 respectively.

In the summer of 2017, the Office of Families and Children concluded a Post Adoption Workgroup comprised of a number of public and private agencies and non-profit organizations serving adoptive families across Ohio. In April of 2018 the office wrapped up a similar workgroup, the Foster Care Advisory Group. The goal of both groups was to determine how best to support and engage those doing the challenging work of caring for Ohio's children, either temporarily through kinship and foster care, or permanently through adoption. The branding, website, and accompanying public awareness campaign is hoped to help meet some of those needs brought forth by both workgroups.

IX. Child Welfare Waiver Demonstration Activities

Ohio is a legacy state and has had a Title IV-E Waiver since 1997. The following outlines the history of the waiver since 1997.

- **Phase I – 1997 – 2003**
 - The first waiver period, allowed the waiver counties maximum flexibility in how they chose to use the flexible federal funds.
- **Phase II – 2004 – 2009**
 - The second waiver period, targeted waiver activities to one core intervention strategy, with each county required to implement Family Team Meetings (FTM), and at least one other strategy; Kinship Supports, Supervised Visitation, Enhanced Mental Health, Substance Abuse Services or Managed Care. However, some counties chose to participate in more than two strategies.
- **Phase III – 2010 – 2015**
 - The third waiver period further narrowed the focus to just two core interventions strategies: FTM and Kinship Supports. However, some waiver counties continued additional interventions that were producing positive outcomes for children and families in their communities.
 - On March 8, 2011, a five-year extension, of Ohio’s Title IV-E Waiver Demonstration Project titled ‘ProtectOHIO’, was approved by the Children’s Bureau, Administration for Children and Families, U S Department of Health and Human Services (ACF). This was the third five-year waiver extension, and was effective retroactive to **October 1, 2010 and through September 30, 2015**.
 - On April 10, 2015, ACF approved a short-term extension from October 1, 2015 through July 31, 2016, and on April 1, 2016 ACF approved a further short-term extension through September 30, 2016 to allow for consideration of Ohio’s request for approval of a fourth phase of the demonstration project.
- **Phase IV – 2016 - 2019**
 - The fourth waiver period continues with the focus of two core intervention strategies: FTM and Kinship Supports. However, some waiver counties continued additional interventions that were producing positive outcomes for children and families in their communities.
 - On October 6, 2016, Ohio received notification of the approval of the waiver extension with Amended Terms and Conditions accepted and signed on October 19, 2016, providing for continuation of Ohio’s Title IV-E Waiver Demonstration Project retroactive to **October 1, 2016 through September 30, 2019**.

ProtectOHIO participation is currently comprised of 15 of Ohio’s 88 county public children services agencies, which amounts to over one-third of Ohio’s child welfare population, and 16 control counties for comparison. The 15 demonstration counties continue to use Title IV-E funds flexibly to prevent the unnecessary removal of children from their homes and to increase permanency rates for children who are in out-of-home care. Of the 15 counties in participation, 14 are the original counties that participated in the initial five-year project (i.e., Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene,

Hamilton, Lorain, Medina, Muskingum, Portage, Richland and Stark), along with 1 additional county, Hardin, that joined participation in 2006.

During Phase IV of Ohio's Title IV-E Waiver Demonstration Project ODJFS and the ProtectOHIO Consortium selected two distinct "core intervention strategies" to serve as the continued focus of waiver activities. All 15 participating counties have continued to implement both core intervention strategies, which are briefly described below:

- **Family Team Meetings (FTM)**, which work to engage the family by bringing immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) together to jointly plan for child safety and make vital decisions regarding a child in or at risk of placement.
- **Kinship Supports**, which increase attention to and support for kinship caregivers and their families, ensuring that kinship caregivers have the support they need to meet the child's physical, emotional, educational, financial, and basic needs. The strategy includes a set of core activities specifically related to the kinship caregiver including home assessment, needs assessment, support planning, and service referral and provision.

In addition to these core strategies, participating counties also have had the option to spend flexible funds on other supportive services that prevent placement and promote permanency for children in out-of-home care.

Integration of Waiver Activities and the CFSP

ProtectOHIO Consortium

The Consortium continues to be a significant component of the waiver project and provides oversight for the demonstration. It consists of agency directors and/or upper level administrative staff of the 15 counties participating in the waiver, ODJFS staff, and members of the Human Services Research Institute (HSRI) evaluation team. Meetings are county driven and are chaired by one or more of the county agency directors. The meetings continue to provide an opportunity for the demonstration counties to share information and provide support, guidance and discuss emerging trends and practices with one another.

As the guiding body for Ohio's Title IV-E Waiver Demonstration, the Consortium also serves as a critical component of the CFSP's collaboration infrastructure, as described in Section I. The consortium has continued to be an important partner in the ongoing assessment and implementation of Ohio's five-year CFSP. During this reporting period, the ProtectOHIO Consortium met on May 23, 2017, July 25, 2017, September 26, 2017, November 14, 2017, January 23, 2018, March 27, 2018, and May 22, 2018. The focus of these meetings was to continue discussion on ways to increase fidelity to the strategies to improve outcomes for the Phase IV waiver extension, identify evaluation data, share placement data, fiscal data, and plan for sustainability of the proven core strategies. During this period and based on the Consortium's request, ODJFS has been providing several types of training in the areas of fiscal management, SACWIS entry and county reports to prepare the demonstration counties for the end of the waiver.

Quarterly meetings were also held during this period among three different subcommittees (Family Team Meeting, Kinship, and Fiscal) to plan for continued implementation of the intervention strategies and continuation of the waiver and evaluation. Of primary consideration for the Fiscal subcommittee will be evaluation of fiscal impact, budget neutrality, placement day costs, and long-term sustainability. The Fiscal subcommittee is in the process of developing a proposal for core fiscal training for all PCSAs to enhance knowledge and skills in fiscal management and utilization of funding streams in the most lucrative and efficient manner. The Consortium identified a primary consideration to be identification of issues and impact that the impending loss of Title IV-E waiver funding will have and plans for transition of agencies to the reimbursement model of Title IV-E funds versus the current model of up front flexible funding.

In addition, six Consortium members, ODJFS staff and evaluation members attended the Nineteenth Annual Child Welfare Waiver Demonstration Projects Meeting held in Washington, D.C. in June 2017.

On November 30, 2017, Ohio's Semi-annual Report (for the period of April 1, 2017 through September 30, 2017) was submitted to the Children's Bureau of the federal office of the Administration for Children and Families (ACF).

Coordination of Activities

Ohio's CFSP includes several activities that will continue to be integrated with the state's Title IV-E Waiver project. These include, partnering with the ProtectOHIO demonstration sites to:

- Strengthen the fidelity of the FTM model and promote greater use of FTMs by utilizing the statewide availability of training on the FTM model through the Ohio Child Welfare Training Program. The FTM model is taught through a two-day classroom training. To expand offerings of this training, a blended learning course was developed in 2017. The blended learning course consists of two components:
 - *ProtectOHIO FTM: Engaging Parents in the Process (Self-Directed)* – This online training is designed for FTM facilitators and caseworkers. Course content consists of an overview of the ProtectOHIO waiver and FTMs, the benefits of these meetings, and the roles and responsibilities of facilitators and caseworkers. This course can be substituted for the Day 1 classroom training.
 - *ProtectOHIO FTM: Engaging Parents in the Process (Day 2; six-hour classroom training)* – This training is designed for FTM facilitators. Course content consists of an overview of the phases of a FTM including goals, tasks and facilitation skills, meeting practice, and skill- building activities for facilitators. This component is instructor-led due to the amount of facilitated practice involved.
- Provide technical assistance to support effective implementation of FTMs in new areas of the state.
- Review current data regarding kinship supports and placements to identify trends, including the kinship caregiver survey findings analyzed by the ProtectOHIO research team.
- Strengthen services and supports for kinship caregivers and provide technical assistance to support effective implementation in new areas of the state to enhance positive permanency outcomes that have been recognized by utilization of the kinship support model.

To assure the effective coordination of these activities with the waiver demonstration project, the work plan to accomplish these CFSP benchmarks will be developed in consultation with the Consortium and its various Subcommittees. These include the ProtectOHIO Subcommittee on High Fidelity FTMs, the Kinship Strategy Subcommittee, and the Fiscal Subcommittee - each described below.

- High Fidelity FTM Subcommittee: OCWTP staff have developed a new blended training program which will include classroom training and web-based training on the FTM practice manual. The Subcommittee continues to formulate ideas on how to increase fidelity to the FTM model across counties. The evaluation team conducted additional analyses to explore whether ‘attendee’ or ‘timeliness’ fidelity components have more bearing on positive outcomes. Since the interim report findings were disseminated, showing that high fidelity FTM is associated with positive outcomes, the facilitator workgroup has taken several steps towards increasing fidelity to the model, including developing a subcommittee focused on conceptualizing strategies that could be implemented across rural and urban counties, and continually strategizing methods to overcome barriers naturally associated with family meeting interventions.
- Kinship Supports Strategy Subcommittee: The Kinship Supports Strategy Subcommittee continues its focus on improving methodologies and best practices for serving kinship caregivers and the children who are in their care due to an open child welfare case, regardless of custody status or supervision orders. The process and outcomes findings have helped to inform potential ways in which the kinship strategy could be refined. To enhance fidelity and service delivery, the Subcommittee developed the *ProtectOHIO Kinship Strategy (Self-Directed): Implementing the ProtectOHIO Kinship Manual* course in partnership with the Ohio Child Welfare Training Program. This online tool is a resource for caseworkers in ProtectOHIO counties and consists of three components: a workbook for caseworkers, a supervisor companion guide, and seven on-line presentations.
- Fiscal Subcommittee: This committee will continue to review and discuss current usage of funding and flexibility/creative ideas being utilized for services to children and families. The primary focus for this waiver period will be to identify issues related to loss of waiver funding, determine strategies for how counties will transition to the non-waiver funding model, and identify priorities for transition planning for the Consortium. However, it has already been identified that a great disparity exists between what research suggests is best for children and families and the reimbursement strategy behind the federal funding approach to the child welfare system in America.
 - In traditional child welfare practice, most federal funds are Title IV-E, designated for foster care services, and only a fraction of federal dollars can be spent on prevention and reunification services.
 - This is in direct conflict with an extensive amount of research that suggests that keeping children in their homes or placing them in the care of relatives is in the best interest of the child.
 - Therefore, the core hypothesis of the waiver is that “the flexible use of Title IV-E funds to provide individualized services to children and families will assist in prevention of placement, increase reunification rates for children in out-of-home care, decrease rates of reentry into out-of-home care, and reduce length of stay in out-of-home care.”

Coordination of IV-E Waiver & IV-B Programs and Services

Participation in the Title IV-E waiver demonstration has maximized counties' ability to provide services typically only funded through Title IV-B, including family preservation, family support, family reunification, and adoption support. The fiscal flexibility provided to the state's ProtectOHIO sites facilitates the delivery of needed services to prevent the unnecessary removal of children from their homes and increase permanency for those children who are placed in out-of-home care. Moreover, ProtectOHIO's core intervention strategies are founded on the essential components of family-driven case planning and service selection, which have been shown to result in positive child welfare outcomes. ProtectOHIO continues to be seen by the demonstration counties as a vital funding source and impetus for creativity and partnerships. Several themes continue to emerge from evaluation reports:

- It has been a validation of long-time processes and beliefs about best practice.
- In practice, it is the two strategies, FTM and Kinship Supports. They represent a better way of interacting with and engaging families, and at the same time provide more support for casework staff; both changes contribute to earlier and sustained permanency and safety.
- It is an invaluable resource because it is flexible, enabling agencies to have more to offer families and kinship caregivers, providing an opportunity to do something different, challenging workers and agencies overall to be creative and to do nontraditional things, and allowing the agencies to do prevention and to front-load services.
- It is systemic reform in that funding is not tied to one model of intervention and it gets funders (state and federal) out of case-level decisions.
- It has meant a culture change, involving more people in case decisions and in responding to individual needs, looking at new possibilities in community networks and enabling the PCSA to partner with other agencies.

X. Quality Assurance System

OFC Continuous Quality Improvement Initiative

Beginning with the development of Ohio's 2015-2019 Child and Family Services Plan, OFC launched a Statewide Continuous Quality Improvement (CQI) initiative. As noted in the CFSP, OFC's CQI initiative seeks to develop a statewide approach to CQI in Ohio's child welfare system that is:

- **Systematic** – CQI processes and procedures are well-articulated and consistently applied on a statewide basis.
- **Holistic** – The CQI process is based on a well-rounded approach, which includes multiple and varied data sources.
- **Data-driven** – Decisions are consistently informed by data, rather than conjecture.
- **Inclusive** – Local partners are consistently engaged in conversations to interpret data, understand its meaning, and develop targeted solutions.
- **Proactive** – CQI efforts are forward-thinking, ongoing, and seek to develop solutions to issues or concerns in a timely manner.

The CQI initiative is an extension of the efforts initiated under Ohio's work with the Midwest Child Welfare Implementation Center through the Partners for Ohio's Families project. OFC and our public and private agency partners have made great strides over the past few years through the Partners for Ohio's Families initiative working together to improve outcomes for children and families. The CQI initiative represents the progression of that effort through the development of a formalized structure to sustain continuous cycles of learning and improvement in partnership between the state and our public and private agency partners at the local level.

The CQI objectives outlined within Ohio's CFSP are to:

- Further develop Ohio's statewide CQI infrastructure for child welfare;
- Increase accessibility of SACWIS data and improve data integrity to support CQI activities;
- Further integrate CQI into OFC's technical assistance and CPOE review processes;
- Apply CQI principles to improve casework practice and supervision; and
- Implement innovative and evidence-based or evidence-informed practices to improve safety, permanency and well-being outcomes for children and families.

To accomplish these objectives, OFC formed a CQI Advisory Team which includes representation from all OFC bureaus, PCSAs from all CPOE size categories and regions of the state, private agency partners, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the Public Children Services Association of Ohio, and the Ohio Association of Child Caring Agencies. The Advisory Team's Charter includes a commitment from members to:

- Develop a fully-articulated, written framework to serve as the foundational document for Ohio's statewide system of CQI for child welfare;

- Make recommendations to increase the accessibility and integrity of data for child welfare professionals in a variety of roles (front-line practitioners, supervisors, child welfare agency administrators, state staff and partners);
- Serve as champions for the development of a statewide “CQI Community” and make recommendations to support increased sharing of information and resources related to CQI across agencies;
- Make recommendations for the design of a multi-county Peer Review process and explore the feasibility of integrating county Peer Review with CPOE and/or CFSR Round 3 case reviews;
- Serve as an ongoing leadership forum to provide guidance on Ohio’s statewide system of CQI; and
- Promote a sustained focus on advancing practice and improving outcomes for children and families.

As noted in the Update to the Plan for Improvement section of this APSR (Section III), five Subcommittees of the CQI Advisory Team were formed to accomplish the statewide CQI benchmarks outlined in Ohio’s CFSP. A status update on the progress of each of these subcommittees is included within the Update to the Plan for Improvement section of this APSR (Section III).

Child Protection Oversight and Evaluation (CPOE)

The Ohio Child Protection Oversight and Evaluation (CPOE) process is the centerpiece of Ohio’s Statewide Quality Assurance System. Ohio’s CPOE system was implemented more than twenty years ago as a systematic and consistent method to review child welfare practice at the county level. The CPOE quality assurance system provides a continuous cycle for assessment and improvement of performance. Each of Ohio’s eighty-eight (88) PCSAs is required by Ohio Administrative Code (OAC) to participate in this review process, which operates on a twenty-four-month cycle. CPOE is designed to improve services and outcomes for Ohio’s families and children through a coordinated review between the PCSAs and ODJFS. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four-month period.

As has been done with prior CPOE cycles, Ohio made enhancements for CPOE Stage 11 to better align CPOE processes with a Continuous Quality Improvement approach. Ohio’s state-led CFSR was the first critical step in this process. The 15 PCSAs who were involved in Ohio’s Round 3 CFSR and associated county IV-E courts will be excluded from CPOE Stage 11 because they will be involved in Ohio’s CFSR Round 3 Program Improvement Plan (PIP) and ongoing PIP reviews. For the remaining 73 PCSAs and 18 IV-E Courts, CPOE Stage 11 commenced in January of 2018.

CPOE Stage 11 was revised to move from a micro, compliance driven review, to a systemic practice driven review. The CFSR ORSI tool is used to conduct the review, with the same lens as the CFSR. This will allow ODJFS to determine if the issues in the 73 counties are the same as the identified systemic issues of the 15 counties that participated in the CFSR Round 3. In addition, the report format was revised to mirror the federal CFSR report, and moved from a regurgitation of the review tool on each case to focusing on systemic issues. Inclusion of data reports to support or provide a different perspective on the case review findings are also a major component of the report. Lastly, the continuous quality improvement plan has also changed and renamed to the Plan for Practice Advancement (PPA). The focus has changed from addressing every item the agency did not achieve to an overarching, results oriented approach.

Another change made in CPOE Stage 11 was inclusion of an agency Self-Assessment which is completed and submitted to ODJFS prior to their CPOE review. The Self-Assessment provides agencies/courts with the opportunity to evaluate their child welfare practice and identify strengths and opportunities for improvement. Areas address in the Self-Assessment include the following:

- General Agency Information
 - Agency Name and Address
 - Structure of Agency (e.g., Children Services Board, Double Combined CDJFS, Triple Combined CDJFS, Quadruple Combined CDJFS)
 - Whether there is a Juvenile Court IV-E Agreement with ODJFS
 - Whether the agency is supported by a levy
 - If the agency is COA Accredited, has a Child Advocacy Center, and is participating in any pilot initiatives
 - Number of current agency staff
 - Average caseload size
 - Average years of child welfare experience of staff
 - Turnover rate of staff for the last year
 - Recruitment and retention strategies
- Agency Assessment of Performance on Safety, Permanency, and Well-Being Outcomes
- Assessment of Systemic Factors (Information System, Quality Assurance System, Staff Training, Supervision and Staff Development, Service Array and Resource Development, Agency Responsiveness to the Community)

Sample Size and Mix

The table below reflects the number of cases which will be sampled by county size category.

County Size	Total Number of Cases Reviewed	IV-E Courts
Small	9	1
Small/Medium	9	1
Medium	13	3
Large	15	3
Metro	15	5
Major Metro	17	11

For each of the 73 PCSAs reviewed, ODJFS will identify the number of in-home cases and foster care cases for their sample period. ODJFS will then calculate each county’s percentage of in-home and foster care cases relative to their total number of cases identified for review. This procedure was found helpful during Ohio’s CFSR.

Foster Care Sampling Frame

The foster care sample will be based upon the procedures used during Ohio's state lead CFSR.

In-Home Services Sampling Frame

The in-home services sampling frame will be based upon the procedures used during Ohio's state led CFSR.

CPOE Case Review

The CFSR Round 3 *On-Site Review Instrument* will continue to be used during CPOE to review in-home and foster care cases. As in CPOE Stage 10, a sample of case participants will be interviewed. PCSA staff will participate in reviewing case records alongside ODJFS reviewers. This was found very helpful during CPOE Stage 10 since it provided a learning opportunity for PCSA staff.

During the CPOE Entrance Conference Technical Assistance Specialists (TAS) will facilitate discussions with county administrators and supervisory staff on:

1. The agency's Self-Assessment which addresses funding, staffing, initiatives, strategies and barriers to achieving Safety, Permanency and Well-Being Outcomes, and strategies and barriers to achieving CFSR Systemic Factors.
2. Various management tools and reports available to track, monitor and measure agency performance.

At the conclusion of the review, agencies/courts are provided with a CPOE Report which identifies Strengths and Areas Needing Improvement. Agencies/Courts will be working with their TAS in developing a PPA. The PPA is designed as a working document to strategically address areas of concern within a PCSA or Court. In developing the PPA, the PCSA or Court and TAS will determine which items are to be included in the PPA. Priority will be given to any areas directly impacting child safety. Activities may be added or removed from the plans if needed. Once PPA items are identified, the PCSA or Court is responsible for developing a plan that will ensure compliance with the item or rule. The plan should address workflow issues, identify parties responsible for implementing the plan, and indicate how improvement will be measured.

When developing the PPA, the PCSA or Court will be looking at overall agency performance over time (e.g., performance during the last CPOE review, performance between CPOE reviews, data reports) and not just each individual item identified in the CPOE Stage 11 Final Report. The PPA should include a holistic approach to addressing identified items. In planning activities to be included in the PPA, the PCSA or Court should consider the following:

- PCSA or Court development needs, including professional development/training needs;
- Clinical supervision activities;
- Policies and Procedures;
- Development of PCSA or Court workgroups;

- Internal agency case reviews;
- Cross-county partnerships;
- Resources available through the Regional Training Center (coaching, GAP sessions, training); and
- Resources available through the OFC Regional Technical Assistance Team.

CPOE Reporting

Throughout the two-year cycle, CPOE results will be compiled on a quarterly basis and shared with OFC staff, the Statewide CQI Advisory Team as well as other stakeholders. Information contained in these reports will be used by the Statewide CQI Advisory Team and OFC to: guide strategic areas of focus for statewide CQI efforts; inform CFSR PIP activities; and inform strategic priorities and programming.

At the conclusion of CPOE Stage 11 a comprehensive report of the full results of the CPOE cycle will be issued. It should be noted that as part of Ohio’s overall CQI strategy, changes in performance are tracked across CPOE cycles. Such performance changes are an indicator of progress made through the CPOE review process. Tracking this data provides an opportunity to examine which QIP/PPA strategies have been the most effective in impacting performance.

The following Table provides an overview of the CPOE Stage 11 process.

Child Protection and Oversight Evaluation (CPOE) Stage 11		
Activity	Timeframe	Additional information
Negotiate Entrance Date	More than 60 days prior to entrance date	Provide copies of review tools, and discuss: Primary contact person; self-assessment; observation of matching conference, overview of entrance conference including data reports; inviting Regional Training Center Coordinator to entrance and exit conference and the peer review process. If the agency wishes to forgo the peer process, their request on agency letterhead is sent to the Deputy Director.
Prepare Sample	More than 60 days prior to the negotiated entrance date	Save as excel spreadsheet prior to conducting case elimination and document on spreadsheet reason for elimination
Send Entrance letter	60 days prior to entrance date Allow five days for signatures	Include Self-Assessment and case sample
Review CPOE Stage 10 report and technical assistance.	Prior to entrance.	
High-level review of cases	Prior to on-site review	
Review Self-Assessment	At least 30 days prior to entrance send reminder to county to return it. Review at least 2 weeks prior to entrance conference.	

Child Protection and Oversight Evaluation (CPOE) Stage 11		
Activity	Timeframe	Additional information
Prepare entrance conference packet	Prior to entrance conference	Sign in sheet Agenda Data reports Additional information as appropriate.
Entrance Conference		Conduct entrance conference Sign-in sheet. Data and self-assessment discussion. Explain process, including interviews and observation of matching conference as appropriate and highlight changes from CPOE 10. Discuss how agency wants to receive completed tools (as cases are completed, all at same time, etc.) Either finalize or share with those present, peer process, agency contact, dates for review and target date for exit conference. Discuss including RTC coordinator at exit conference and benefits of including them. Coordinator will contact agency for permission to attend. Agency decision regarding sharing final report.
On-site Review	Attempt to complete case reviews in 90 days.	Provide agency with copies of completed tools as discussed with the agency.
Report Writing	Should be available for manager's review at least 120 days from entrance conference.	Can share draft at the exit conference, pending manager's approval.
Exit Conference preparations	3 days before exit, provide agency with copy of report for their review.	TAS contacts RTC coordinator with date and time, coordinator contacts agency for approval to attend. Prepare sign-in sheet, exit conference agenda and any applicable data reports as well as a draft PPA template.
Exit Conference		Review findings and observations. Discuss PPA template and the PPA process.

Child Protection and Oversight Evaluation (CPOE) Stage 11		
Activity	Timeframe	Additional information
Final report	Send to TAM at least 120 days from Entrance Conference via CPOETA mailbox.	TAM reviews and sends back for corrections. If approved, resends to CPOETA mailbox, attention of Bureau Chief.
PPA	<p><u>3-month PPA Implementation Review</u> following PPA approval. Discuss PPA implementation with PCSA or Court.</p> <p><u>6-month PPA case review</u>, negotiate date of the review within one month of the 6-month review.</p> <p><u>9-month review and PPA Adjustment, Discuss</u> PPA implementation, and effectiveness of PPA and any amendments needed to PPA.</p> <p><u>12-month PPA case review</u>, negotiate date of review within one month of the review.</p>	<p>TAS records results of each review on PPA document and provides document to PCSA or Court.</p> <p>Prior to 6-month PPA case review provide the PCSA or Court with a random sample of two cases to be reviewed at six-month review. Also request the PCSA or Court provide two additional cases they want reviewed. TAS and PCSA or Court review selected cases.</p> <p>Prior to 9- month review, TAS schedules review discussion within three months of the 6-month case review.</p> <p>Prior to 12--month PPA case review provide the PCSA or Court with a random sample of two cases to be reviewed at 12--month review. Also request the PCSA or Court provide two additional cases they want reviewed.</p>

QA/CQI Results and Ohio's CFSP

The *CFSR Statewide Assessment* provided a thorough and comprehensive description of how statewide administrative data and QA results from the CPOE review process have been used to assess statewide performance on each of the safety, permanency and well-being outcomes and the systemic factors. This comprehensive assessment has affirmed the overall direction of Ohio's strategic Child and Family Services Plan with minor adjustments as noted in the Update to the Plan for Improvement Section of the APSR (Section III).

XI. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

Refer to Appendix E: Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

XII. Chafee Foster Care Independence Program (CFCIP)

CFCIP Accomplishments and Planned Activities for FY 2019

In the 2015-2019 CFSP, Ohio outlined ten goals with regards to CFCIP services. Four of the goals have been achieved. A few of the goals are ongoing, with supportive activities that will continue on an annual basis. The information provided below details the state's specific accomplishments achieved and provides information on the planned activities for Fiscal Year 2019. ODJFS engages with partners in both the public and private sectors, including foster youth themselves, in a variety of ways to enhance programming to assist youth in the transition from foster care to achieved independence. Some of the goals also show how ODJFS coordinates services with other federal and state programs to bolster additional benefits for youth.

Goal 1: Development of a statewide Independent Living Skills Toolkit for IL practitioners and caregivers which encompasses hands-on activities and best practices to foster IL skill development for transitioning foster youth.

ODJFS Transitional Youth (TY) Programs Staff finalized the "Independent Living Skills Toolkit" for Ohio's transitioning foster youth, in partnership with county Independent Living (IL) caseworkers and county service providers that work with transitioning foster youth ages 14 and older. The Toolkit contains best practice engagement approaches and "hands on" activities to foster a youth's skill development in each of the eleven IL skill areas, as defined within Ohio Administrative Code 5101:2-42-19 *Requirements for the Provisions of Independent Living Services to Youth in Custody*. The Toolkit also offers suggested "soft skills" activities for younger teens and highlights activities throughout that may qualify for use of county's Chafee and TANF IL funding allocations.

The Transitional Youth (TY) Programs staff provided training and regional presentations across the state at local PCSAs (*Regional meeting details are below*). IL Skills Toolkit presentations were also held with the Supreme Court of Ohio and Title IV-E Juvenile Court staff during their technical assistance roundtable meetings on October 3, 2017 and April 10, 2018. During these sessions, TY staff emphasized to attendees that the Toolkit was intended to be used as a supplemental resource guide for IL practitioners and caregivers alongside of the agency's independent living classes and structured curriculum. The shared goal is to improve lifelong outcomes for transitioning foster youth.

The IL Skills Toolkit was disseminated electronically in a PDF format to County Independent Living Caseworkers, Juvenile Court and DYS staff and community service providers for immediate use. The agencies were asked to share this Toolkit broadly with other adult supporters. Hard copies of the Toolkit became available to order in February 2018 and are currently being disseminated broadly. County agencies can place an order and receive hardcopy binder inserts at no cost from the ODJFS Forms Central website. Supreme Court and Title IV-E Court staff received these inserts during their spring roundtable meeting. TY Program staff distributed inserts to all ODJFS Office for Families and Children's Central Office child welfare managers, policy developers and technical assistant staff.

Goal 2: Continue to host statewide and regional forums with CFCIP stakeholders, to include current and former foster youth.

ODJFS Transitional Youth (TY) Youth Program staff continues to host five regional Independent Living (IL) forums and one statewide event with all stakeholders each year. Participants invited to these events include public and private child protection staff, juvenile court staff and foster parents/adult supporters that work with transitioning youth ages 14 years or older.

The SFY2018 TY Regional meeting series focused primarily on the newly developed Independent Living (IL) Skills Toolkit. TY Program staff facilitated discussion on the use of the Toolkit by providing practical application and demonstration of hands-on activities that adult supporters can use daily to help develop their youth's Independent Living skills. The hands-on IL Toolkit activities were derived from the 11 key areas that mirrors the Ohio Administrative Code 5101:2-42-19, "Requirements for the Provision of Independent Living Services to Youth in Custody" which are as follows:

1. Academic support
2. Post-secondary educational support
3. Career preparation
4. Employment programs or vocational training
5. Budgeting and financial management
6. Housing, education and home management
7. Health education and risk prevention
8. Family support and healthy marriage education
9. Mentoring
10. Supervised Independent living
11. Room and board financial assistance

Below are a few examples used to provide practical applications that can be used daily to help develop foster youth's Independent Living skills.

Academic Support - Academic Counseling and Academic Support encompasses a broad array of strategies, including tutoring, supplemental courses, summer learning experiences, after school programs, teacher advisors, volunteer mentors, and alternative ways of counseling and instructing students.

Example:

- Caseworkers, foster parents, and/or caregivers should schedule timely appointment with the youth and their guidance counselor to review the youth's transcripts and identify/address their educational achievements and/or concerns.
- Discuss with youth what study skills are and why they're important. Work together to create a daily study schedule.
- For youth who struggle to keep up with homework assignments, the following activities can help:
 - Be aware of all the youth's school work, including projects, due dates and material needed.

- Work together to find additional resources for help completing assignments, such as books or online tutorials.
- Make sure the youth has a quiet place at home to study.
- Provide youth with cash incentives for improved grades and progress. Chafee and TANF independent living funds can be used for this purpose.

Career Preparation - It's important for youth to not just aspire to get a job, but to gain a career that can sustain them, and, most likely their family for a lifetime. Careers typically require some form of post-secondary education, whether that means a four-year college or vocational training.

Example:

- Have conversations with your youth about their hobbies, interests and skills so they can identify careers that match their interests.
- Show your youth how to use the Budget Calculator on **OhioMeansJobs.com**. By taking this 20-minute quiz about their interests and lifestyle, they'll be able to see the minimum salary they'll need to support that lifestyle.
- Help facilitate job shadowing, job tours and/or mentoring opportunities if these options are not available through their school or vocational center. Chafee and TANF independent living funds can be used to support these opportunities. For example, by paying for work attire, supplies or fees.
- Starting no later than age 16, encourage youth to pursue volunteer work experience, internships and part-time work.

Budget and Financial Management - Money management is an acquired skill that most of us learn through trial and error. Explain to youth that budgeting their money will help ensure that they will always have enough for the things they need.

Example:

- Share with youth some mock budgets that show all necessary expense categories and distinguish between necessities and desirables.
- Encourage youth to start preparing their future budgets, including rent, utilities and other living expenses.
- Help youth open a checking and saving account with minimal or no fees. Explain the difference between the two accounts and why it's important to keep money in a bank instead of at home:
 - It's safer.
 - They can earn interest.
 - They'll be more likely to avoid unplanned spending.

- Teach the youth about good shopping practices, such as:
 - Cleaning out their refrigerator prior to shopping to avoid buying duplicate items.
 - Looking at newspaper sale ads before shopping.
 - Not shopping when they're hungry.
 - Buying generic instead of name brand items.
 - Purchasing items on sale or clearance, if possible.

The Toolkit focuses on all these skills and services with detailed information, recommendations and resources for supporting normalcy and making sure the youth in care have the knowledge and skills they need to be self-sufficient not only when they turn 18, but years beyond. The IL Skills Toolkit training was well received by all attendees. Caseworkers have shared with ODJFS TY staff at stakeholder meetings on how they have used the Toolkit.

Annual Foster Youth Conference

On October 12, 2017 ODJFS, in partnership with Ohio Reach and the Family and Youth Law Center, hosted its annual Fostering Pathways to Success conference. This year conference theme was "Crossing Bridges to Your Future". The conference was a huge success, with over 500 youth and adults in attendance.

The conference offered an inspirational morning address by Secretary of State John Husted, who was adopted as child. Secretary Husted talked about his humble beginnings growing up in a small town in Ohio and how hard work and perseverance lead him to become Ohio's Secretary of State. The luncheon keynote presenter Melissa Roshan "Melro" Potter gave a dynamic motivational presentation. Melro was a former foster youth who was abused almost daily while in foster care. She became a teen mom, aged out of foster care with her son, and lived in a teen-parenting homeless shelter for years. Vowing to overcome, she embarked on a journey toward healing, but also became committed to encouraging others to rise from their painful pasts. Melro currently is a fashion model, a spokeswoman for Children Rights and a workshop presenter on trauma informed care practice.

Two tracks of educational workshops were offered for both youth and adults. Youth workshops included: Apprentice Ohio: A Path to a Great Career with no College Debt; Bridges from Foster Care to Self-Sufficiency; Build Friendships and Identify End-ships; College Readiness: Map Your Revolution and Step into Your Future; Human Trafficking: What You and Your Friends Need to Know; Interviewing Basic Skills; Pursuit of Stable Housing; and What's Cooking in Your Future to name a few. The Adult workshops included: Bridges and Opportunity for Ohio's Young Adults; Common Legal Issues Facing Young Adults; The Future is Now: Presenting the Medicaid Managed Care Benefit Package; Leveraging CCMEP and Bridges for Transitioning Youth; and Resilience: The Biology of Stress and the Science of Hope.

Resource kiosks were set up for youth to obtain information on the following: Crises Text Line; Education and Training Vouchers; Fostering Connection Clinic; Medicaid Sign-Up; National Youth in Transition Database: Take Your Survey; Suits for Success; and Voter Registration.

A Career and Educational track took place in the afternoon outside under a large tent where youth had an opportunity to learn how to enter various skilled trade apprenticeship programs, educational

opportunities and military services. Career and Educational vendors included: various apprenticeship program organizations (i.e., Ohio Operating Engineers Apprenticeship & Training Local 18, Electrical Trade Center, Ohio State Association of Plumber and Pipefitters); several colleges and universities, State Highway Patrol and the State Fire Academy; U.S. Armed Forces (Marines, Army, and National Guard); Job Corp; and Managed Care organizations.

Conference reviews from both youth and adult attendees were very favorable. A few comments from the youth included: 1) What, I learned from this conference is how to turn my pain into purpose. Finding who I am and what I want. I will strive for success as well as love for myself and the courage to be who I want to be; 2) Got inspired to following my dreams and what I want to do after I leave foster care; and 3) I loved it so much.

Adult comments included: 1) Outstanding job! 2) Best speaker ever! 3) Practical application to employment; 3) All sessions were wonderful; 4) Thanks for all your hard work and preparation; 5) Wonderful event, very informative; 6) Next conference I will bring more youth and adults.

The next Fostering Pathways to Success conference has been scheduled for August 6, 2018.

Annual TY Statewide Meeting

OFC's Transitional Youth (TY) Coordinators continued to partner with other organizations and host the Transitional Youth Programs Statewide Meeting with stakeholders in 2017. The annual Statewide Transitional Youth Meeting was held on May 8, 2017 and provided updated information on Ohio's new program initiatives that were introduced during the regional meetings in the Fall of 2016, including Comprehensive Case Management & Employment Program (CCMEP), Bridges and Managed Care. Participants learned what services and case management from these programs could do to help support our youth in foster care and the young adults that have emancipated.

More specifically this meeting focused on the new housing initiatives occurring across Ohio. Kate Lodge and Ruth Gillett presented on Cleveland's 100 – day challenge to end homelessness. The goal to ensure that homelessness among all youth and young adults is rare, and if it occurs, is brief and one-time was supported by "A Way Home America" and included a heavy partnership with young people with lived experience. The plan was to house 100 homeless youths in 100 days was met and exceeded as the group officially housed 105 young adults. To accomplish this task the group created a very grass roots type of plan starting with a by name list of young adults currently experiencing homelessness. They then identified landlords that were willing to rent to young adults with limited rental histories and created a resource list to use as needed. They also coordinated services with existing programs to support employment (CCMEP) and county agencies to assist with transportation assistance for those young adults in need. They created a navigator position to assist in identifying case management resources with county agencies and searched for private philanthropic funds to help with beds, lodging kits and other household essentials.

The audience also received an in depth look at the opportunities surrounding the Youth Homelessness Demonstration Project (HUD) awarded to two Ohio areas, Southeastern Ohio (rural) and Hamilton County (metro). This one-time (two-year renewable grant) demonstration project seeks to help the federal government learn how communities can successfully approach the goal of preventing and ending youth homelessness and how they can build a comprehensive system of care for young people, rather than implementing individual or unconnected projects that serve the population. Both teams plan to set a

standard for establishing authentic youth engagement by integrating youth voice in every community, “Nothing about us, without us”.

OFC again hosted the 2018 Statewide Transitional Youth Meeting on May 1, 2018. Discussions focused on engaging youth and families who are affected by Ohio’s opiate crisis. The goal was to provide those working with the target population with vital resource information to assist their collaborative work with transitioning foster youth (ages 14 years old and older) and their families. In addition, several new program initiatives were shared that can provide additional resources to strengthen families affected by the opiate crisis. The subject matter experts facilitating this discussion included:

- Caitlyn Tully – The Center for Family Safety and Healing (TCFSH) discussed Adverse Childhood Experiences (ACEs) and Trauma Responsive Care when serving families.
- Andrea Boxill – Ohio Department of Mental Health and Addiction Services - Governor's Cabinet Opiate Action Team provided guidance about prevention efforts and how to engage and support youth who are affected by the opiate epidemic in Ohio.
- Dr. Erin McKnight - Nationwide Children’s Hospital - Medication Assisted Treatment for Addiction (MATA), an outpatient program for adolescents and young adults (14 to 21 years of age) who are addicted to prescription opiates or heroin and seeking treatment.
- Fawn Gadel – PCSAO - Attorney General’s Ohio START (Sobriety, Treatment, and Reducing Trauma), an intervention program that provides specialized victim services to opiate affected children and families. Kristin Butts from Jackson County co-facilitated and shared their experiences as a pilot county for Ohio START.

It is anticipated that the next annual statewide Transitional Youth Meeting will be held in May 2019.

Goal 3: Continued Support for the Ohio Youth Advisory Board (OHIO YAB).

The Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people across Ohio ages 14-24. Their mission statement is: “We exist to be the knowledgeable statewide voice that influences policies and practices that effect all youth who have or will experience out of home care.” The OHIO YAB believes in the power of youth voice and actively works to establish and develop county and regional youth advisory boards. It also works to influence policies and practice that impact current and former foster youth. OHIO YAB meets quarterly, and the ODJFS Transitional Youth (TY) staff regularly attend these meetings to gather and share valuable programming and service information with the youth. ODJFS continues to provide funding for OHIO YAB.

County caseworkers/Independent Living Coordinators who provide transportation for youth to attend the OHIO YAB meetings have the opportunity to participate in a separate meeting as part of the Ohio Independent Living Association (OHILA). The OHILA meeting is for any PCSA or private entity providing independent living services to foster youth age 14 and above. This organization affords a great opportunity for networking on behalf of the youth.

ODJFS staff participated in the Annual Ohio Youth Advisory Board Member Retreat where current and former foster youth discussed opportunities to communicate to the state legislature about the importance of sibling visitation and the necessity of encouraging legislation that makes law enforcement

mandatory reporters to the children services. They also discussed opportunities and programs that are designed for foster youth feedback and ways to connect current and former foster youth to local resources.

While ODJFS was developing their extended foster care program, Bridges, staff ensured that youth voice was present throughout the process. Besides having regular meetings with current and former foster youth, ODJFS staff also held regular focus groups and listening sessions with youth in different placement settings and with different permanency outcomes. Additionally, OFC staff continue to attend the quarterly Ohio Youth Advisory Board (OYAB) meetings. These meetings have breakout sessions which allows the youth and young adults in attendance to provide input on several topic areas. Bridges takes this opportunity to speak with current and former foster youth not involved with the program, and receive their input and feedback on Bridges.

In SFY2019, ODJFS will be conducting focus groups with Bridges Participants who are enrolled and receiving services through Bridges to gather the young adults feedback on the program and services they are receiving, learn of areas of opportunity to improve their experience in the program, and to evaluate marketing materials and communications. Staff has prepared questions and talking points to facilitate discussion. These questions inquire into the young adults’ enrollment experience and overall process, interactions with Bridges staff, services that are they are receiving, and give participants an opportunity to provide feedback regarding the program as a whole. ODJFS will contact the young adults directly to invite them to the focus group in their respective regions. There will be assistance with transportation and lunch will be provided. Focus Groups will be held throughout SFY2019, with plans to hold eight (8) with at least one (1) focus group being held within each of the 5 regions statewide.

Goal 4: Continue to host and support statewide training venues that promote CFCIP services.

The OCWTP offers four standardized trainings for caregivers of transitioning youth. The NRCYD Independent Living series is a set of three trainings (total 24 hours) and the other training, *Fostering Self-Reliance in Children and Youth: Roots and Wings*, is part of the Fundamentals of Fostering series.

In addition, the OCWTP maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on independent living. The tables below provide statewide data on both standardized and non-standardized course offerings between July 1, 2017 and June 30, 2018 on independent living for staff, caregivers, and adoptive parents, including some joint sessions. By the end of FY 2018, 61 sessions will have been offered.

OCWTP Standardized Courses

Independent Living Series/Fundamentals of Fostering	Sessions Offered	Attendance	Sessions Scheduled
<i>Positive Youth Development: The Vital Link</i>	2	14	1
<i>Life Long Connections: Permanency for Older Youth</i>	6	73	1
<i>Engaging Youth in Transition Planning</i>	5	48	1
<i>Fostering Self-Reliance in Children and Youth: Roots and Wings</i>	5	68	2

OCWTP Non-Standardized Courses

Independent Living	Sessions Offered	Sessions Scheduled
<i>Training for caseworkers</i>	14	12
<i>Training for caregivers</i>	22	13

Note: Report does not include Foster Parent College courses offered to Caregivers through the OCWTP.

Goal 5: Promote the uniform application of CFCIP programming across jurisdictions (e.g., regions and counties).

Through technical assistance and best practice discussions at all Transitional Youth and IL events, OFC’s TY Coordinators and policy staff strive to support uniformity in programming across the state. Despite differences in demographics and resources in each region, TY Coordinators hope by introducing and sharing standard practices and resources with all five regions, youth in Ohio will have more uniform services and opportunities throughout the state. Counties continue to learn from one another through these peer-to-peer discussion opportunities.

Goal 6: Support special initiatives aimed at improving outcomes for children emancipating from foster care.

Ohio Reach Mentoring

Ohio Reach is an initiative that aims to improve post-secondary outcomes for foster care youth and alumni through leadership, empowerment, advocacy, research and networking (L.E.A.R.N.) In 2018, Ohio Reach will celebrate their tenth year of partnering with child welfare, youth with lived experience and private stakeholders.

In 2017, Ohio Reach welcomed new board member, Byron Tocheri. Mr. Tocheri is a Staff Attorney with the Family and Youth Law Center and fills the vacancy by former FYLaw board member Fawn Gadel. Mr. Tocheri has been with FYLaw a total of 4 years both as an extern and a staff attorney. His role focuses on assisting former foster youth and youth with juvenile justice involvement with their legal issues. Mr. Tocheri also assists with connecting former foster youth ages 18-21 with mentors through his involvement in the Columbus Area Mentoring Program (CAMP).

2018 will be the final grant year that Ohio Reach funds and monitors the progress of four colleges selected in 2015 to pilot Ohio Reach Mentoring Programs on their campuses. The four colleges originally selected included: Central State University, Columbus State Community College, Cuyahoga Community College and Ohio University. Additionally, in 2017 Ohio Reach extended the pilot to three existing programs at Hocking Tech, Bowling Green State University, and Sinclair Community College. This opportunity was made possible by a carryover of funds from the previous grant year.

In other changes, Ohio Reach also pledged to match funds in the Ohio Reach Mentee Scholarship fund in 2018 and is expanding the financial support to include graduate students in the eligibility pool for Ohio Reach Safety Net funds. Finally, Ohio Reach is funding 10 work study opportunities for the spring semester

2018 for the following institutions: Central State University, Columbus State Community College, Ohio University, Cuyahoga Community College and Sinclair Community College.

Ohio Reach Sustainability was an important focus of the board during 2017 and 2018 as they close out the final few months of the Attorney General's current grant. Ideas on how the board can continue to work without pause includes looking for additional grants, support from involved state agencies and private donors. A committee has been created to research and plan what funding is potentially available to help assist Ohio Reach with their current initiatives.

Ohio Personal Responsibility Education Program (PREP)

ODJFS continues to partner with The Ohio Personal Responsibility Education Program (PREP), which was previously administered by the Ohio Department of Health and is now managed by the Ohio Department of Youth Services. This program is part of a larger national abstinence program aimed at decreasing teen pregnancy rates and the spread of sexually transmitted infections in the state of Ohio for youth 14-19 years of age residing in foster care and the juvenile justice systems.

The Transitional Youth team maintained the PREP partnership which was originally developed during the Connecting the Dots Initiative in 2013. The OFC TY team attends the quarterly PREP coalition meetings, train the trainer events and other PREP sponsored activities. Both the PREP team and the TY team attend the Ohio Adolescent Health Partnership quarterly meetings offered by the Ohio Department of Health as well as the Ohio Independent Living Association Meetings. The OFC Transitional Youth team also extends invites to the PREP partners to attend all annual meetings and conferences offered by the TY program discussing Independent Living Services.

In May 25, 2017, the TY team attended the Region 9 PREP Coalition Meeting at Nationwide Children's Hospital and received an excellent presentation from Dr. Erin McKnight about the increasing rate of adolescents that are becoming addicted to opiates and how Nationwide Children's Hospital is providing a Medication Assisted Treatment for Addiction (MATA) program for teens ages 14-21. Such reckless use of substances is being closely addressed by PREP because it increases the risk of reckless sexual behavior.

The Ohio Department of Health (ODH) collaborated with the Ohio Department of Youth Services (DYS) and the Ohio Department of Job and Family Services (ODJFS) to train staff in their evidence-based pregnancy prevention programming and sexual health education, with the shared goal of providing health education and healthy lifestyle choices to youth and young adults who are at high-risk for early pregnancy and high rates of sexually transmitted infections (STI's). Ohio PREP curriculum includes pregnancy prevention, contraception, and STI and HIV prevention, as well as selected adulthood topics including healthy relationships, career and education planning, and financial literacy. The selected curriculum is *Reducing the Risk*, which is an evidence-based comprehensive abstinence and contraceptive education program for at-risk youth.

ODH contracted with Ohio University's Voinovich School of Leadership and Public Affairs to be the external evaluator. After four years of program implementation, Ohio PREP collected a variety of data to inform program performance and fidelity to the evidence-based model. This data includes youth entry and exit survey data, program fidelity and youth attendance records, and focus group interviews, as well as youth and agency staff opinions collected on surveys.

Primary Evaluation Findings

- Since inception, 3,664 Ohio youth attended at least one PREP session, and the majority (76%) entered the program through the juvenile justice system.
- A total of 2,371 youth completed 75% of the 15- to 16-hour PREP programming.
- Overall, Ohio youth engaged in PREP not only show increased knowledge of sexual health, prevention of pregnancy and STIs, but they also show improved intentions to use condoms and hormone-based birth control.
- Using a train-the-trainer model, over 1,400 Ohio social service and health workers participated in PREP facilitator training or retraining from program inception through July 2017.
- Among the facilitators trained to provide the intervention, Ohio PREP is increasing knowledge of STIs and knowledge of the rights of youth related to accessing reproductive health care.

Housing Initiatives

Ohio Housing Finance Agency Permanent Supportive Housing Project

In 2017 ODJFS continued to partner with the Coalition on Homelessness and Housing in Ohio (COHHIO) and the Ohio Housing Finance Agency (OHFA) to create an opportunity to support a housing project for transitional age youth and young adults. OHFA sought proposals to be considered for the 2018 Transition Aged Youth set-aside in the Permanent Supportive Housing Pool and created a subject matter expert panel to review the expected proposals. The panel included representatives from: A Place 4 Me, COHHIO, Corporation for Supportive Housing, Daybreak, Ohio Department of Mental Health and Addiction Services and Ohio Department of Job and Family Services. The panel was responsible for reviewing the proposals and issuing a primary and secondary recommendation letter for developments that best serve the needs of the target population, further state policy objectives to support transition aged youth, and evidence strong experience and capacity in serving special populations. In December 2017, Community Housing Network's proposed permanent supportive housing development, Marsh Brook Place, received the primary recommendation for the 2018 Qualified Allocation Plan's set aside for Transitioning Aged Youth and Columbus Metropolitan Housing Authority's proposed permanent supportive housing development, Scholar Housing III, received the secondary recommendation.

Marsh Brook Place will be in a suburban neighborhood in Franklin County and feature forty (40) units of permanent supportive housing. All participants will be men and women aged 18 – 24 with a certified disability. Marsh Brook Place residents will be the community's highest-need homeless youth aged 18-24. This high-need population will benefit from a non-time limited supportive housing approach with youth-centered services, a model previously unavailable in our community. Marsh Brook Place is expected to open in 2020.

Thirty (30) of Marsh Brook Place's units will be one-bedroom and the remaining ten (10) units will be two-bedroom. The two-bedroom units will help to address the need for housing small families with heads of households who are disabled, age 18-24, and homeless or at-risk of homelessness.

Blueprint for Change: Aligning Resources with Results

The *Blueprint for Change* seeks to ensure that all Ohioans have the benefit of housing stability. This means that all people in our state have access to a safe and affordable place to live, as well as the resources and supports (if necessary) to maintain their housing. Ideally, housing stability also means that people have choices in where they live, and if and when they move.

The Ohio Housing and Homelessness Collaborative was charged with facilitation of a cross-sector policy planning group to develop the State of Ohio Plan to End Homelessness and is committed to solving the most egregious form of housing **instability** – homelessness. The role of the Collaborative is to lead the state in efforts to prevent and end homelessness for all Ohioans.

At the time of this report, the final blueprint has not been publicized but the recent draft version puts ODJFS at the helm of several of the proposed strategies regarding the strategies listed below.

Employment and earnings

Strategy #1

- Action #8: Use the governor’s WIOA discretionary funds or other resources to fund Navigators, or similar positions within the Job Centers, that specifically work with CoC partners to facilitate participation in WIOA program and activities.
- Action #9: Create new public-private partnership based on the Connecticut and Massachusetts Secure Jobs Initiatives to pilot Ohio Means Jobs (OMJ) partnerships with Rapid Rehousing. <https://melvilletrust.org/work/secure-jobs-connecticut/?platform=hootsuite>
- Action #10: Convene CoC’s/providers with OMJ centers and partners and workforce boards and their providers to increase ability to serve people who experience homelessness.

Streamlined and Accessible systems and services

Strategy #1

- Action #13: Ohio Department of Jobs and Family Services(ODJFS) will assess for housing status across all programs and benefits.
- Action #14: Make provision of housing stabilization services, including access to PRC, a standard service for homeless singles and families.
- Action #15: Highlight local county health, behavioral health, employment, and human services agencies that prioritize and achieve results for people experiencing homelessness. Provide TA to help ODJFS agencies to be more effective at meeting needs of households who experience homelessness.

Strategy #3

- Action #19: Provide TANF funding for RRH in accordance with federal guidance on this topic (see rationale)
- Action #21: Build Ohio benefits comprehensive eligibility system that is accessible to all Continuum of Care partners, streamlined and mobile.

Strategy #4

- Action #23: Incentivize local PRC plans to include homelessness prevention that is community-based, well-resourced and well-advertised.
- Action #24: Train case managers in how to access benefits and support clients with re-certification.

Supporting effective local crisis response systems

Strategy #2

- Action #30: Provide SNAP-E&T funding to RRH programs for single adults to incorporate employment services into the program.
- Action #33: Creating discretionary funds that are flexible and can be used to resolve short term transitional issues (appliances, car repairs, bus tickets, utility payments, etc.) and increase access to existing funds.

Population Goal #3: Families with Children

- Action #53: Change ODJFS policy and practice to issue emergency childcare subsidies within 5 business days and to make families in rapid rehousing eligible to receive emergency childcare subsidies until they are employed and have been transitioned to regular childcare subsidy.
- Action #55: Encourage collaboration and publish guidance on how early childhood learning and homecare services can be integrated into rapid rehousing. Convene providers to share best practices and make policy and resource recommendations on improving needs to families.
- Action#57: Identify and promote child welfare – homeless crisis response system coordination/collaboration strategies.

Population Goal #4: Youth and Young adults

- Action #60: Incorporate an authentic youth voice to influence state policy and state departments
- Action #64: Publish guidance on how extended foster care supports can be used for rapid rehousing for transition age youth. Convene providers to share best practices.

HUD-funded Youth Homelessness Demonstration Project (YHDP)

In January 2017, Cincinnati (Hamilton County) was one of ten communities in the country selected by the U.S. Department of HUD to participate in the Youth Homelessness Demonstration Project (YHDP), with a goal of developing and implementing an innovative plan to end youth homelessness by 2020. Their plan, KEYS to a Future without Youth Homelessness, was written by Strategies to End Homelessness, Lighthouse Youth & Family Services, and partners from across the community. Central to the plan’s creation is a focus on equity through the empowerment of youth with lived experiences as well as dismantling oppression by addressing policies and rules that negatively impact people of color, women and LGBTQ individuals.

Southeastern Ohio is one of only four rural areas in the country to be awarded this federal grant to implement innovative approaches to ending youth homelessness. Local homeless agencies in Athens, Vinton, Meigs, Jackson, and Gallia counties will be partnering with The Coalition on Homelessness and Housing in Ohio (COHHIO) along with the Ohio Development Services Agency (ODSA) on behalf of the homeless system that includes southeast Ohio. COHHIO, a non-profit agency working to end homelessness throughout Ohio, will serve as the lead agency, collaborating with local partners to create a coordinated community plan and develop new projects to prevent and end youth homelessness in the five-county region.

Homelessness Prevention

The Youth At Risk of Homelessness (YARH) Implementation Grant is an opportunity awarded to Lighthouse Youth Services (LYS) to strengthen and coordinate state and local systems in Ohio to meet the needs of youth at risk of, or experiencing homelessness. ODJFS is represented as one of the key strategic partners in implementing this initiative with LYS. In researching and developing an implementation plan, over 35 community partners were identified and are participating in this process. In addition to the community partners, current and former foster youth have participated in planning and implementation.

The YARH grant provides funding to serve populations that historically have chronic homelessness. These populations include youth entering foster care between the ages of 14-17, youth aging out of foster care, and youth who are currently homeless (up to the age of 21). Identified areas of improvement have been defined as: social and emotional well-being; permanent connections; stable housing; and education and employment. The interventions that were identified and have been implemented in the last year to improve the above outcomes are Structured Sensory Interventions for Children, Adolescents and Parents (SITCAP) trauma therapy, high fidelity wraparound services, and hands-on life skills trainings. ODJFS participates in monthly key partner meetings. The primary focus of these meetings is to discuss implemented interventions and ways processes can be adjusted as populations are being served. ODJFS staff will continue to be a part of the YARH partnership with LYS through the remainder of the YARH implementation grant (September 2018) and will assist in providing data if LYS is selected for Phase 3, which will be a rigorous evaluation.

Bridges

On February 1, 2018, ODJFS' extended foster care program, 'Bridges,' began accepting applications. As of April 27, 2018, the program had received 101 applications: 94 were approved, 1 was denied, 1 was withdrawn, and 5 were pending. Through a competitive Request for Grant Agreement (RFGA) process, The Child and Family Health Collaborative of Ohio (referred to as 'The Collaborative') was selected by ODJFS as the grantee to deliver case management and support services to the young adults enrolled in Bridges. To ensure Bridges was marketed to youth still in custody, as well as those that had already aged-out but may still meet eligibility requirements, ODJFS and Collaborative staff partnered to develop a robust marketing plan. This included ODJFS developing a website at BridgestoSuccess.jfs.ohio.gov as well as purchasing advertisement on the social media sites, Facebook and Instagram, to market to age appropriate young adults and potential adult supporters. In addition, ODJFS has created many marketing materials to distribute to young adults, adult supporters, and community agencies. As Bridges continues to move forward, the program will look at our marketing strategies to reach those young adults who have already aged out of foster care but are still under the age of 21. A marked percentage of this population ends up homeless, so ODJFS plans to connect with homeless shelters to reach young adults who may be eligible. Staff are working with several partner agencies in the community to help build a resource network, including growing available and safe housing options for young adults in the program. A housing needs assessment was conducted by the Coalition on Housing and Homeless in Ohio (COHHIO) to identify the gaps and deficits in available and affordable housing for our population. ODJFS and Collaborative staff are also working with local foster care agencies across the state to recruit host homes for young adults. Partnering with OFC Bridges Staff, the SACWIS Project team designed and developed new functionality to support the case management needs of the program, including: Bridges Application and assessment tools, Bridges Plan, Bridges Review, and payment processing. Enhancements were also made to Legal Custody and Title IV-E eligibility and reimbursability to support the program. Due to the large scope of this work, Bridges SACWIS functionality was released into Production over multiple build cycles. Finally, during SFY2019 staff will amend Ohio Administrative Code rules in accordance with recommendations from our federal and external partners.

Data on the CFCIP and ETV population in Ohio

On April 1, 2018, Ohio had 4498 youth ages fourteen to twenty-one in the custody of public children services agencies (PCSAs) throughout the state. This accounts for just under 28% of the total number of youth in custody in Ohio on that day.

The custody types of these youth are:

Custody Type	Number of Youth	Percentage of Youth
Voluntary Placements	28	0.6%
Temporary Custody	2740	61%
PPLA	637	14%
Permanent Custody	1080	24%
Bridges Care and Placement	13	0.3%

Human Trafficking Prevention Efforts and Collaboration

According to SACWIS, in calendar year 2017, twenty-two children with substantiated or indicated case dispositions were victims of human trafficking. The following tables present information of trafficking designation counts, gender codes, race codes, ethnicity codes, and age at time of the report.

Trafficking Designation Counts for the 22 Victims

Designation	Frequency
Trafficked Child – Sexual Abuse	21
Trafficked Child – Forced Labor	1
Both Sexual Abuse and Forced Labor	1

Gender Codes

Designation	Frequency
Female	22
Male	0

Race Codes

Designation	Frequency
Black/African-American	6
Multi-Racial	3
White	13

Hispanic/Latino Code

Designation	Frequency
Hispanic	0
Non-Hispanic	21
Unknown	1

Age at Time of Report

Designation	Frequency
Under 10	0
11-15	8
16-17	14

The Office of Families and Children continues to collaborate with the Ohio Human Trafficking Task Force as well as many other state and county organizations to work on combating human trafficking in Ohio. Detailed information on the task force can be found at: <http://humantrafficking.ohio.gov>.

As a part of this effort, the Ohio Children's Trust Fund continues to issue prevention grants to fund human trafficking prevention programs to meet the Governor's Task Force Recommendation that called for the provision of youth prevention services to the at-risk youth population. A fourth round of funding was issued in 2018 and expansion of this work is planned for 2019. As reported in the previous APSR in the first three years of funding, a total of \$270,000 in grants were awarded to 22 organizations that received funding to implement four key prevention strategies in communities throughout Ohio. During the first three years, grant partners made significant strides in implementing prevention strategies:

- 45 potential victims were referred for services
- 856,077 individuals were reached through outreach and awareness efforts
- 4,390 youth and 2,870 adults received trafficking training

Grantee Highlight: Treetops Center for Children and Adolescents

Treetops Center for Children and Adolescents provides evidence-based play, art and animal-assisted therapy. In 2017, this organization received a grant from the Ohio Children's Trust Fund to develop and implement a Human Trafficking Prevention Program to educate high-risk children and adults in the community. Through the use of Body Awareness and Safety Education (BASE) training for children and parents, human trafficking information was incorporated into this curriculum to provide education to the

clients of Treetops Center for Children and Adolescents. As part of this grant, 27 children ages 3 to 17, as well as 14 caregivers, participated in the 8-week BASE training.

Furthermore, this grantee provided professional development training and education to members of the juvenile justice community and child welfare professionals. By targeting professionals in the county juvenile detention center, staff completed 3-hours of training to learn about the warning signs of human trafficking and how it can be identified and prevented in at-risk youth.

Promising Practices for Organizations Working with At-Risk Youth

The Ohio Children's Trust Fund continues to lead the Governor's Task Force initiatives to prevent the exploitation of at-risk youth and children. As a part of these prevention efforts, the University of Toledo's Human Trafficking and Social Justice Institute was supported by the Ohio Department of Higher Education, in collaboration with the Ohio Children's Trust Fund and the Governor's Ohio Human Trafficking Task Force, to assess human trafficking youth prevention focused literature, analyze the Ohio Children's Trust Fund's prevention mini grants, and share promising practices for effective human trafficking prevention.

As a result, the University of Toledo created a compendium of promising practices focusing on awareness, coalition building, direct prevention services, and data collection. The compendium also consists of essential components to include when providing direct prevention services to at-risk youth. The curriculum engages youth to see, think, judge, and act in the best interest of themselves and others when confronted with risky situations, including the potential for trafficking, as well as other forms of exploitation and abuse.

In 2018, the Ohio Children's Trust Fund, in partnership with the Governor's Ohio Human Trafficking Task Force, hosted the first facilitator training for professionals to implement the human trafficking prevention curriculum designed for at-risk youth. This one-day training was attended by 22 professionals across Ohio, and provided them with the tools to begin utilizing this multi-session curriculum in their work with youth. The Trust Fund has plans to further expand the use of this curriculum in 2019, as well as validate the evaluation tools developed as part of the curriculum, in an effort to expand the use of an evidence-based, human trafficking prevention curriculum.

While significant progress has been made in Ohio's fight against trafficking, it is critical that the state continues to build on existing efforts and focus on long-term recovery and employment options for survivors. Looking to 2018 and 2019, the Task Force will focus on supporting effective prevention programs, expanding the state's capacity to protect and empower victims and survivors and strengthening the resources available to prosecute traffickers. Child welfare focused priorities include:

- Continue to support the development of effective prevention efforts aimed at reaching at-risk youth and children, and promote a compendium of promising practices on reaching vulnerable youth.
- Continue to deliver relevant human trafficking training to staff and alternative placement staff, including trauma-informed care training where appropriate.
- Strengthen the response for minors through continued support of the Ohio Network of Children's Advocacy Centers.

- Build capacity of public children’s services agencies to respond and care for exploited children by strategically communicating and providing key human trafficking training opportunities.

Ohio Network of Child Advocacy Centers (ONCAC)

As reported in last year’s APSR, ODJFS continued its grant with the Ohio Network of Child Advocacy Centers (ONCAC). Due to the successes in those initial years, ONCAC was issued a continuation of that grant that remains to this day.

Today, the state partnership with children’s advocacy centers is a cornerstone of the Governor’s Task Force priority to identify and serve exploited children and youth. Between July 2013 and December 2017, Ohio’s children’s advocacy centers have identified 301 children and young adults as survivors of human trafficking and referred them for services. Importantly, the partnership continues to strengthen and inform the broader child welfare system response by providing training support, identifying system gaps and serving as a catalyst for change and increased awareness in local communities. Moving forward into 2019, a key component of this grant is to expand child advocacy services into counties and communities who are not currently covered by a child advocacy center, to ensure that child victims of human trafficking have access to much needed care.

In addition to serving as a safe space for children and youth to receive services, it is encouraging that many of Ohio’s children’s advocacy centers are leading local community anti-trafficking efforts. Since the program’s start in July 2013, a number of the centers are now driving local anti-trafficking coalitions in areas of the state formerly lacking a coordinated response effort. A map of Ohio’s anti-trafficking coalitions and contacts can be found at <http://www.humantrafficking.ohio.gov/coalitions.html>.

National Youth in Transition Database (NYTD) Update

All demographic, youth characteristic and outcome data for youth who have received independent living services is stored in the Ohio SACWIS Database and the National Youth in Transition Database Portal. To date, Ohio’s youth participation in follow-up Cohort Surveys has exceeded federal compliance standards. For Cohort 1 and Cohort 2 Surveys, ODJFS opted to survey a sample of the baseline population.

The 21-year-old follow-up survey information for Cohort 2 is being collected at this time. The data collection began October 1, 2017 and will continue through September 30, 2018. The federal outcome participation rate standard for the follow-up population is 60%. ODJFS is very grateful to all the counties who assisted in finding former foster youth and encouraging them to complete their survey. The state is encouraging incentivizing the young adult’s participation upon completing the NYTD survey. Adequate Chafee and TANF IL funds are available to incentivize youth participating in the survey.

ODJFS has engaged in an ongoing process of coordination with state and county staff to provide more clarity, technical assistance, and encouragement regarding NYTD requirements. Over the past year, ODJFS staff have partnered with public children service agencies to encourage continued efforts on survey completion for the follow-up population for Cohort 2. State staff members (policy, SACWIS and technical assistance) routinely monitor survey return results and alert each county agency as to the agency’s specific NYTD population and survey requirements in the existing FFY period. Methods of communication have included emails, one-on-one telephone calls, statewide and regional meetings and utilization of the SACWIS Helpdesk. Additionally, peer-to-peer guidance is encouraged between county agencies.

SACWIS staff attended the Ohio Fostering Pathways to Success conference on October 12, 2017 with the goal of informing youth about the NYTD Surveys as well as obtaining on the spot survey completion for eligible youth. During this event, youth had the opportunity to speak one-on-one with SACWIS staff about the NYTD Survey and submit the NYTD Survey, if eligible. A paper copy of the survey was given to those youth not yet eligible to take the survey. This effort is a reminder to the youth of the need for future survey completion and to prepare and inform the youth of the type of questions that are asked on the NYTD Survey.

The NYTD Statistical Report informs county child serving agencies of the total NYTD Cohort population details and statistics. The NYTD Statistical Report exists in SACWIS and can be accessed by each county child serving agency as an aid in cohort management and identification of outcomes. The report also identifies outcomes. The statistics can be monitored throughout each Federal Fiscal Year period. Additionally, SACWIS has a notification that prompts the user to survey eligible youth in agency custody and a report can be run by county for the young adults in the cohort sample population targeted to complete the follow-up survey.

Enhancements to the Independent Living Module in SACWIS were implemented in October of 2016. The enhancements allow agency users to more accurately record information regarding youth surveys including the ability to record exceptions for outcome responses such as incapacitation, incarceration, deceased, etc. Additionally, the enhancements allow the agency user to identify survey completion as a part of the user's daily work in SACWIS. The enhancements serve as an additional reminder that the NYTD survey needs to be completed and provides a way for caseworkers to verify that the survey was submitted. Future SACWIS NYTD functionality enhancements regarding increased account security, addition of NYTD Plus questions, and updated help and training screens are a few examples of what is planned.

NYTD data had been shared with Lighthouse Youth Services, Inc. to support the Youth at Risk of Homelessness Planning Grant (YARH) that ended in 2015. Data continues to be shared to support the three-year YARH implementation grant.

ODJFS continues to train Title IV-E court staff to utilize Ohio SACWIS. An overview and explanation of the NYTD Survey requirements are a part of the training. Also, ongoing technical assistance is offered to each court that is now live in SACWIS. Additionally, both ODJFS Policy and SACWIS staff attend the quarterly Title IV-E Court meetings.

Ohio reports basic information to NYTD regarding youth who received at least one independent living service paid for or provided by the state Chafee Foster Care Independence Program (CFCIP). A brief synopsis comparing the 17-year olds in Cohort 2 and Cohort 3 show the most significant changes in the areas of incarceration (down by 17%) and connections to an adult supporter (decreased by 9%). As the Cohort groups are completed further comparison of data will continue and the impact of services and support will indicate the strengths and areas of improvement that will need to take place for the benefit of the youth in foster care. The independent living services data snapshot for Ohio for FY 2013-2017 is shown on the following graphs:

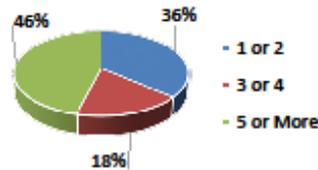
Youth Services
(FY 17 total served: 2,860 youth)

Includes information about all youth who received at least one independent living service paid for or provided by the state CFCIP agency.

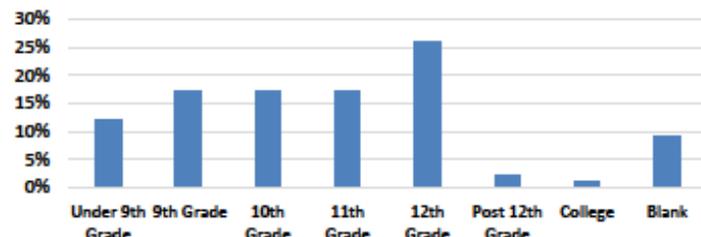
Characteristics of youth receiving services (FY 17)

Male	49%	In foster care	63%
Female	51%	In federally recognized tribe	0%
White	58%	Adjudicated delinquent	15%
Black	49%	Receiving special education	11%
American Indian	2%	Age range*	14-25
Other Race	1%	Mean age	18
Hispanic	5%	*Excludes outliers	

Number of services received (FY17)

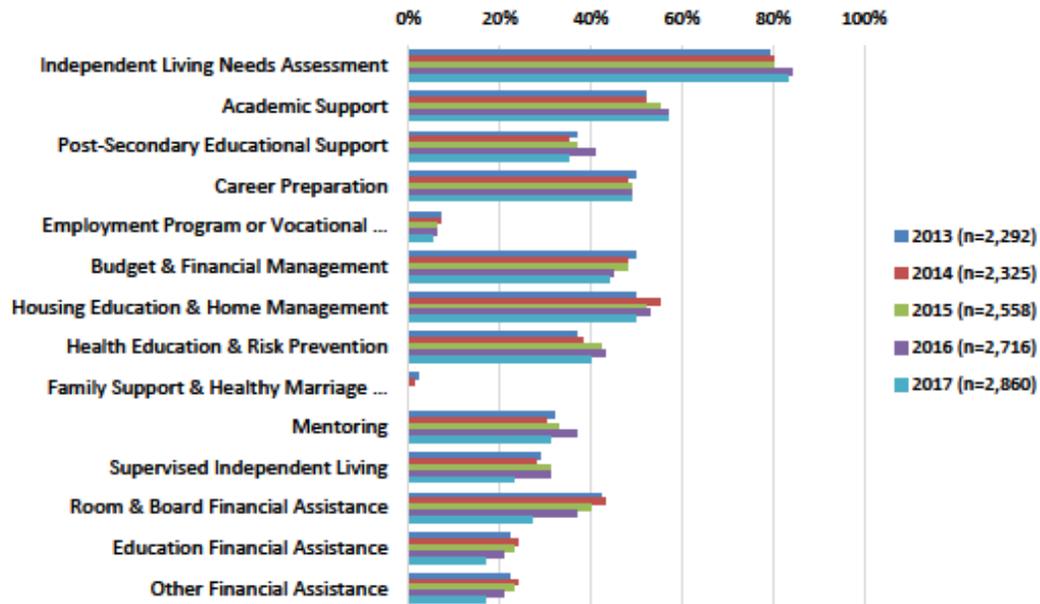


Education level of youth receiving (FY 17)



Type of services received (FY 13-17)

Percent of youth receiving each service (of total youth served)



This snapshot was prepared by the Children's Bureau and contains a summary of highlights from NYTD data reported by states between Fiscal Year (FY) 2013 and 2017. The data are current as of March 2018. Please contact NYTDinfo@ncfhs.gov if you have any questions about information in this data snapshot.

Youth Outcomes

Includes information about all youth who were eligible to take the NYTD survey

	Cohort 2		Cohort 3
	Baseline Population (17-year-olds in foster care, FY 14)	Follow-Up Population (19-year-olds, FY 16) Sample State	Baseline Population * (17-year-olds in foster care, FY 17)
Survey participation, FY 14-17	<p>1010 eligible 442 surveyed 44% surveyed</p>	<p>219 eligible 159 surveyed 73% surveyed</p>	<p>1030 eligible 507 surveyed 49% surveyed</p> <p>*Preliminary based on 17A and 17B report periods</p>
Characteristics of survey participants			
<i>Male</i>	54%	55%	54%
<i>Female</i>	46%	45%	46%
<i>White</i>	57%	60%	62%
<i>Black</i>	48%	45%	46%
<i>American Indian</i>	1%	1%	1%
<i>Hispanic</i>	2%	2%	4%
<i>In foster care</i>	100%	0%	100%
Reasons for non-participation			
<i>Youth declined</i>	38%	27%	42%
<i>Parent declined</i>	0%	0%	0%
<i>Incapacitated</i>	0%	0%	1%
<i>Incarcerated</i>	0%	0%	<1%
<i>Runaway/missing</i>	0%	0%	<1%
<i>Unable to locate</i>	0%	0%	0%
<i>Invalid participant/blank</i>	18%	0%	8%
Outcomes reported			
<i>Employed full- or part-time</i>	16%	40%	13%
<i>Receiving public assistance</i>	N/A	33%	N/A
<i>Finished high school or GED</i>	2%	49%	2%
<i>Attending school</i>	95%	42%	86%
<i>Referred for substance abuse treatment</i>	29% (in lifetime)	20% (in past 2 years)	26% (in lifetime)
<i>Incarcerated</i>	55% (in lifetime)	38% (in past 2 years)	38% (in lifetime)
<i>Had children</i>	5% (in lifetime)	8% (in past 2 years)	5% (in lifetime)
<i>Homeless</i>	15% (in lifetime)	29% (in past 2 years)	16% (in lifetime)
<i>Connection to adult</i>	94%	91%	85%
<i>Medicaid coverage</i>	84%	69%	70%

Moving forward, PCSAs are asked to survey all 17-year-olds within 45 days of their 17th birthday, regardless of whether the youth is receiving IL services and/or is in the sample cohort population. ODJFS will continue offering statistical reports to counties to accurately identify NYTD populations. This creates a rhythm that will not be lost by staff re-assignments, staff turnover and the break between cohort group surveys and federal fiscal year reporting.

NYTD Review Update

Based on the information in ACYF-CB-PI-17-01 issued on January 13, 2017, Ohio anticipates our NYTD Review will occur no sooner than 2020. ODJFS will inform stakeholders and others of the review in a variety of ways. General communication about the review will be transmitted via an email from Carla Carpenter, the OFC Deputy Director to agency directors including PCSA, Title IV-E courts and private agency directors, PCSAO and OACCA. An email will also go out to all county IL coordinators as well as Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) informing them of the upcoming review and providing them with the program instruction and guide. An article will also be written for First Friday newsletter to inform a more general but wider audience. The review will also be a topic at a variety of meetings including PFOF Advisory Board, IL/TY Regional and Statewide meeting, Ohio YAB, and OHILA quarter meetings and PFOF Regional Team meetings.

Education and Training Vouchers Program (ETV)

The Ohio Education and Training Voucher Program is a federally and state-funded, state-administered program designed to help former foster youth with school-related expenses. ODJFS has been the agency responsible for ETV since its inception in Ohio. ODJFS has been able to increase the financial supports for ETV at the rate of \$1,615,985 SFY2019 (80% federal dollars provided to Ohio, plus an additional 20% in state General Revenue Funds). Through contracted services with the Orphan Foundation of America (OFA), entitled Foster Care to Success (FC2S), ODJFS ensures that the Ohio-ETV program operates efficiently as follows:

- ODJFS promotes ETV online (www.fc2sprogram.org) and through community awareness activities. OFA coordinates with ODJFS on the development of materials outlining eligibility requirements and the implementation of community awareness and outreach programs directed toward qualified scholarship applicants.
- OFA (FC2S) ensures that eligibility requirements are met prior to each enrollment. Funding is limited and available on a first-come, first-served basis to eligible applicants. Students may receive up to \$5000 a year for qualified school-related expenses. Eligible individuals are those ages eighteen to twenty-three who are eligible for Chafee Independent Living Services and who exited foster care at age eighteen, or whose adoption from foster care was finalized after their sixteenth birthday. Students participating in the ETV program on their twenty-first birthday will remain eligible until their twenty-third birthday as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completing their course of study. Due to the passing of the Family First Prevention Services Act in February 2018 it is anticipated that changes to Ohio's ETV program will be forthcoming to increase the age limit eligibility until a young adult's twenty-sixth birthday and to allow students participating in the ETV program to have either consecutively or nonconsecutively a limit of five years or the age of twenty-six, whichever term limit comes first, to participate in the ETV program, as long as they are enrolled

in a post-secondary education or training program and are making satisfactory progress toward completing their course of study. In addition, eligible ETV applicants must:

- Be either U.S. citizens or qualified non-citizens;
 - Own personal assets (bank account, car, home, etc.) worth less than \$10,000; and
 - Be accepted into or enrolled in a degree, certificate or other accredited program at a college, university, technical, or vocational school.
- Ohio ETV utilizes a standard application process which includes a review of in-state resources that can support students' academic goals and provide personal support and enrichment opportunities. This includes collaborating with colleges, federal programs, civic organizations, community services and independent living programs located in the area.
 - Applicants must complete the standardized ETV form and submit documentation for each semester directly from the school to ETV confirming enrollment, including the cost of attendance and unmet need. Students from Ohio attending out-of-state institutions are eligible on the same basis as students who attend in-state schools. Required entrance and exit interviews are conducted for all students.
 - Awards are allotted on an annual basis to students who maintain at least a 2.0 Grade Point Average (GPA) or equivalent, demonstrate satisfactory progress toward achieving their degree or certificate, and who remain in good standing at the school. At the discretion of the program manager and the state coordinator, ETVs may be awarded for one semester to students whose grades fall below a 2.0 GPA.
 - During enrollment, Ohio ETV ensures enrollees maintain connections with needed supports through OFA. Students are enrolled in a mentoring program aimed at providing them with necessary educational assistance. In addition, eligible students are enrolled in the *Care Package Program*. Each enrollee is provided with three care packages per year containing age-appropriate necessities and extras that students want. The regularly scheduled packages are delivered as follows:
 - Fall: Back to school or within 14 days of acceptance into the ETV Program;
 - February: Valentine's Day; and
 - Late April: Final exams.

To avoid duplication of benefits and ensure that the total amount of ETV assistance to a youth does not exceed the total cost of attendance, ODJFS through contract with OFA, monitors the use of ETV funds to ensure:

1. Program funds are used for the purposes for which they were authorized, including, but not limited to, direct payment of tuition and other educational, living, and health-related expenses to the institution or service provider;
2. No student receives more than five thousand dollars (\$5,000.00) in ETV funds; and

3. ETV funds are not used to supplant any other existing federal funding designated for the same purpose.

Monthly reports are reviewed prior to issuance of payment to the OFA vendor. Program reports that are submitted to ODJFS' Ohio Independent Living State Coordinator are encrypted and password-protected. These reports detail:

- Student disbursements; and
- Administrative cost reimbursement.

Additionally, ODJFS can access, on-line, a real-time report that details:

- The number and status of every application;
- The amount and purpose of funding provided to each student; and
- Student reports, including contact information, grades, academic challenges, parenting information.

A comprehensive year-end report is also submitted, which includes the results of the program and the evaluation form. Details from the annual report for academic year 2016 to 2017 are outlined below.

ODJFS will continue to review monthly, quarterly and/or annual reports to ensure that the intended outcomes of the ETV program are met (i.e., to provide support and guidance to youth participating in the program throughout the students' post-secondary schooling, to build on the services of the Ohio Independent Living Program, and to provide a continuum of state services that help educate and train youth to enter the workforce). Information to be compiled and reviewed will include:

1. All ETV applications awarded in accordance with 42 USC Part 677, et seq. Each completed application includes a Student Financial Aid form, and after each funded semester, an official transcript is required. A review of the student's budget is completed to determine financial need and plan, including verification of student expenditures, prior to the issuance of a voucher package. Vouchers are then to be used only for allowable expenses such as housing, transportation, and child care.
2. The actual names of students assisted through the ETV Program listed with the actual college or vocational institution to receive payment, to be maintained on file for the duration of the CFSP period and/or in accordance with the program's retention plan.
3. The percentage of participating students graduating or successfully completing the academic or vocational program.
4. The number of students who, if they decide to discontinue their studies, complete the term rather than dropping out. Every attempt is made to work with the youth and help them develop a plan that includes next steps, career goals, opportunities, and available resources as determined by the exit interview and school records.

5. Post-program information regarding the students' completion/graduation and the percentage of students pursuing graduate studies is tracked.
6. Every attempt is made to collect data on employment and employment stability.

As of April 30, 2018, the following numbers of youth received funding to support their higher education needs through this program in:

- SFY 2009 482 students: Paid \$1,849,403.00
- SFY 2010 548 students: Paid \$1,917,508.75.00
- SFY 2011 543 students: Paid \$2,030,283.73.00
- SFY 2012 532 students: Paid \$2,030,284.00
- SFY 2013 442 Students: Paid \$1,627,008.00 (federal grant was reduced this year)
- SFY 2014 393 Students: Paid \$1,576,653.00
- SFY 2015 376 Students: Paid \$1,433,712.00
- SFY 2016 335 Students Paid \$1,433,712.00
- SFY 2017 339 Students Paid \$1,433,622.00
- SFY 2018 254 Students Paid \$882,510.00 (SFY 2018 will end 6/30/2018)

Annual Report Details: ETV Awards July 1, 2016 to June 30, 2017

- Total Ohio ETV Applications: 659
- Ineligible Applicants: 320
- Funded Students: 339
 - 147 New Students
 - 192 Returning Students

In academic year 2016-2017, all eligible Ohio youth who completed their applications and attended school were funded. Applications were reviewed per the ETV program plan with a goal of fully funding those with the greatest need and students who are progressing in their course of study as well as those soon to graduate. The class ranking of all students based on credit hours is:

206 freshman	61%
55 sophomore	16%
28 junior	8%
24 senior	7%
25 First Year Career/Tech	7%
1 Second Year Career/Tech	1%

Student Demographics:

Age of funded students:

Age	# of Students	Percentage of Total
17	13	4%
18	74	22%
19	80	24%
20	67	20%
21	58	17%
22	47	14%

Race of funded students:

African-American	193 (57%)	Latino	7 (2%)
Asian-American	2 (0.4%)	Mixed Race	37 (11%)
Caucasian	97(29%)	N/American	3 (0.6%)

Gender of funded students:

Male: 125 (37%)	Female: 214 (63%)
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Health Insurance:

Medicaid expansion legislation made coverage for all former foster youth up to age 26. If any respondent indicates they do not have health insurance it is a matter of information and application to enroll in a health insurance program.

Volunteerism and Work:

Studies show that youth who volunteer have increased self-esteem, engage with positive contacts and role models and develop workforce-transferrable skills and a better understanding of potential careers. In a competitive job market, volunteer work shows initiative and can be the experience needed to get a first job. FC2S urges students to get involved in campus and community-based activities and accurately record those experiences – tasks and skills, dates and duration, and to include this information on scholarship applications and their resumes.

Student Volunteering:

did not volunteer	190	59%
Performed volunteer work	149	41%

Work (Sixty-three percent of students reported they worked during the school year.) Of those 63% who work the number of hours are:

Hours worked	Percentage of Working Students
26+	35%
16-25	37%
10-15	26%
Less than 10	2%

Parenting Students

Of the 339 funded students, 63 students reported they are parents and 18 were expecting during the academic year. This is approximately 24% of ETV students are pregnant or parenting.

In regard to having reliable childcare 59% of the parenting students indicate they have reliable child care but 41% indicate they do not have reliable child care.

The barriers to success that face pregnant and parenting students are significant. Parenting ETV students have partners that are incarcerated, and some report that they suffer from mental health issues. These concerns exist in addition to the child-centered responsibilities that they must manage and their urgent need to obtain education and training that will lead to self-sustaining employment.

Without support from ETV to explain the potential difficulties that lie ahead, parenting students routinely withdraw or fail out because they lack child care, get into serious financial difficulties or do not know how to access and maintain the social service supports they need to pursue education and training. The ETV Team helps young parents anticipate, identify and work through the challenges they may encounter. The majority of obstacles they are likely to meet – such as child care, transportation and housing – must be addressed before they can actually attend classes and progress toward their goals.

- ETV helps student parents put together a daily schedule. For many, it is an hourly account of the responsibilities and obligations that are essential to their educational and personal success.
- All children get sick – this is a reality that young parents must be prepared to face. ETV works with them to develop and update back-up plans so that they know what they will do if they cannot take their child(ren) to daycare. Additionally, ETV helps them learn how to ask the right questions when their child is sick, how to access reliable information on the Internet (CDC, Mayo Clinic, etc.) and when to seek medical care.
- Often parenting students borrow excessively. As parents, their Cost of Attendance is higher than that of other students, thereby making them eligible for more student loan money. They are unaware of or do not understand how much they will have to pay back when they graduate, stop out, or fail out. ETV helps these students develop a monthly budget based on their combined funding and explains how they can pay for school and live without incurring excessive debt.
- ETV works with parenting students to help them identify and pursue a career path that will promote success.

Consultation with Tribes

While there are no federally recognized tribes within the state of Ohio, CFCIP services are provided to all eligible youth statewide as required by OAC. Independent living services are required for all youth in care,

beginning no later than age fourteen. Less than 1% of Ohio's ETV applicants identified as Native American. This is proportionate with Ohio's statewide population demographics.

As noted in Section VI: Consultation and Collaboration with Tribal Representatives, ODJFS continues to work on developing partnerships with tribal representatives within the state.

XIII. Targeted Plans

Targeted Plans

Please see the appendices to this APSR for the following targeted plans:

- Appendix B: Ohio's Updated Health Care Oversight and Coordination Plan for Children in the Child Welfare System
- Appendix C: Foster and Adoptive Parent Diligent Recruitment Plan Update
- Appendix D: Update to the 2015-2019 Staff Development and Training Plan

Please note Ohio's Disaster Plan was reviewed, and there are no updates needed to the plan that was submitted with Ohio's 2015 – 2019 CFSP.

Ohio has not been affected by a disaster and therefore has no information to report as to the utility or effectiveness of the existing disaster plan. During calendar year 2016 and to date in calendar year 2018 Ohio's ODJFS OFC staff have participated in meetings hosted by the Ohio Emergency Management Agency concerning the Ohio Emergency Operations Plan (Ohio EOP). ODJFS maintains the requirements that agencies maintain **disaster** preparedness plans. The requirements and guidance to agencies on the minimum processes for the agency to continue to operate during a disaster are outlined in Ohio Administrative Code rule.

XIV. Statistical and Supporting Information

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 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) 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.

Education and Training Vouchers

Name of State: Ohio

Appendix E

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2016-2017 School Year</u> (July 1, 2016 to June 30, 2017)	338	147
2017-2018 School Year* (July 1, 2017 to June 30, 2018)	276	118

Comments:

Please see Section XII: Chafee Foster Care Independence Program for additional information.

Inter-Country Adoptions

In Calendar Year 2017, 589 of the children in foster care for at least one day were reported as previously adopted. Only seven of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 392 do not have their birth country listed.

The primary removal reasons for the children with previous adoptions were:

➤ Abandonment	5
➤ Alcohol Abuse of Parent	2
➤ Caretaker's inability to cope	29
➤ Child's Behavioral Problem	126
➤ Converted, value missing	0
➤ Death of Parents	2
➤ Delinquency	69
➤ Dependency	224
➤ Drug Abuse of Child	2
➤ Drug Abuse of Parent	2
➤ Emotional Maltreatment	3
➤ Inadequate Housing	1
➤ Incarceration of Parent	1
➤ Neglect	51
➤ Physical Abuse	25
➤ Relinquishment	11
➤ Sexual Abuse	19
➤ Sibling Removal	6
➤ Unruly Status Offender	11

The current permanency goal (or last goal if the case is now closed) for those same children was:

➤ Adoption	214
➤ Independent Living/Emancipation	60
➤ Maintain in own home	55
➤ Permanent Placement with a Relative	15
➤ PPLA	44
➤ Return Child to Parent	159
➤ No goal listed (likely short term placements)	42

The age of the child when the previous adoption finalized:

➤ 0	29
➤ 1-3	162
➤ 4-6	180
➤ 7-9	103
➤ 10-12	72
➤ 13-15	22
➤ 16-17	4

- Unable to determine 17

Gender breakdown:

- Female 316
- Male 273

ODJFS policy continues to work with SACWIS staff to enhance the reporting of children who were previously adopted that come back into the child welfare system. The Foster Care and Adoption Recruitment Plan developed for the CFSP indicated that ODJFS would initiate an International Adoption Agency stakeholder group in SFY 2015 for the purpose of gathering information regarding the needs and availability of services to children adopted abroad. Based on the information discovered since that time regarding the lack of data on children who were previously adopted, it has been decided to delay establishing a stakeholder group until better data gathering methods have been developed. The *Preventing Sex Trafficking and Strengthening Families Act* (PL 113-183) added requirements of certain data for states to collect including:

- The number of children who enter foster care under supervision of the state after finalization of an adoption or legal guardianship.
- Information concerning the length of the prior adoption/guardianship.
- The age of the child at the time of the prior adoption/guardianship.
- The age of the child when the child subsequently entered foster care.
- The type of agency involved in making the prior adoption/guardianship.
- Other factors to better understand the issues associated with the child's post-adoption/post-guardianship entry into foster care.

Some of the above data is already tracked in the SACWIS system. OFC policy and the SACWIS team will continue to work together to incorporate the data listed that is not already in the system as well as the following data:

- Date of previous adoption
- Reason for disruption/dissolution
- Plan for the child
- Type of adoption (public, private, international)
 - Document which agency/state involved.
 - For International - Document if adoption was finalized in other country or USA or not yet finalized.
 - For International - Document country of origin.

This initiative is currently on the SFY18 IDA for SACWIS development.

ODJFS currently has a form (JFS 01670) to collect information on inter-country adoptions as required by federal law with regards to adoption disruption and dissolution. It is anticipated that by incorporating this form into SACWIS, the state will receive this data more consistently. During regional and statewide meetings as well as at a variety of other venues, ODJFS adoption policy staff continue to address the need

to track data in SACWIS and to submit the Inter-Country Adoption Data Collection form (JFS 01670) in the interim.

XV. Financial Information

Please see:

- Appendix F:
 - **Excel workbook:**
 - CFS-101, Part I for FY 2019;
 - CFS-101, Part II with planned expenditures for the use of FY 2019 funds;
 - CFS-101, Part III with estimated and actual expenditures of FY 2016 grants for the title IV-B, and, at state option, the CFCIP and ETV programs.
- Appendix G:
 - **PDF format copies** of the CFS-101, Parts I and III, **signed** by the appropriate official.